Japan Institute for Health Security/National Institute of Infectious Diseases/Department of Infectious Disease Surveillance

Acute Respiratory Infection Surveillance Weekly Report: Epidemiologic Situational Awareness

Week 34, 2026 (August 17, 2026 – August 23, 2026)

This report aims to systematically review and compile nationwide surveillance data on acute respiratory infections (ARI), and to provide epidemiological information to public health professionals and the general public. Influenza and coronavirus disease 2019 (COVID-19) are reported from ARI sentinel sites consisting of pediatrics and internal medicine departments, while respiratory syncytial virus (RSV) infection, herpangina, pharyngoconjunctival fever, and group A streptococcal pharyngitis are reported from pediatric sentinel sites.

Beginning April 7, 2025 (Week 15), the sentinel selection criteria were revised: Influenza/COVID-19 sentinel sites (approximately 5,000 medical facilities) were replaced by ARI sentinel sites (approximately 3,000 medical facilities), and the number of pediatric sentinel sites was reduced from approximately 3,000 to approximately 2,000. About 10% of those 3,000 sentinel sites send specimens to public health laboratories of each prefecture and are registered as ARI pathogen sentinel sites.

For patient surveillance, data from the most recent week are aggregated as of the compilation date, while data from previous weeks are presented as previously reported, without re-aggregation. For laboratory surveillance, data for all periods are aggregated as of the compilation date. The status of infectious disease activity is interpreted by considering both weekly “trends” and “levels.” Important notes are provided at the end of this report. Please note that the reported numbers are provisional and subject to revision.

Contents

Weekly Situation Overview

In week 34 of 2026 (August 17, 2026–August 23, 2026), the number of ARI cases per sentinel site was 36.30 (133,148 cases), representing an increase compared with the previous week. A total of 44 prefectures showed an increase in ARI cases per sentinel site compared with the previous week.

The number of cases reported per sentinel site for each disease was 1.18 for COVID-19, 1.11 for influenza, 1.09 for group A streptococcal pharyngitis, 0.67 for herpangina, 0.49 for RSV infection, and 0.26 for pharyngoconjunctival fever. A total of 167 new hospital admissions due to influenza were reported, representing an increase of 47 cases compared with the previous week. 316 new hospital admissions due to COVID-19 were reported, representing an increase of 29 cases from the previous week.

By age group, the highest number of reported cases was observed among individuals aged 10–59 years for influenza and COVID-19; 1–4 years for RSV infection, pharyngoconjunctival fever, and herpangina and 5–14 years for group A streptococcal pharyngitis.

Among specimens collected in week 34 of 2026 and reported by the time of analysis, 6 specimens tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 4 specimens tested positive for RSV, 1 specimen tested positive for influenza A virus, and no specimens tested positive for influenza B virus.

1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

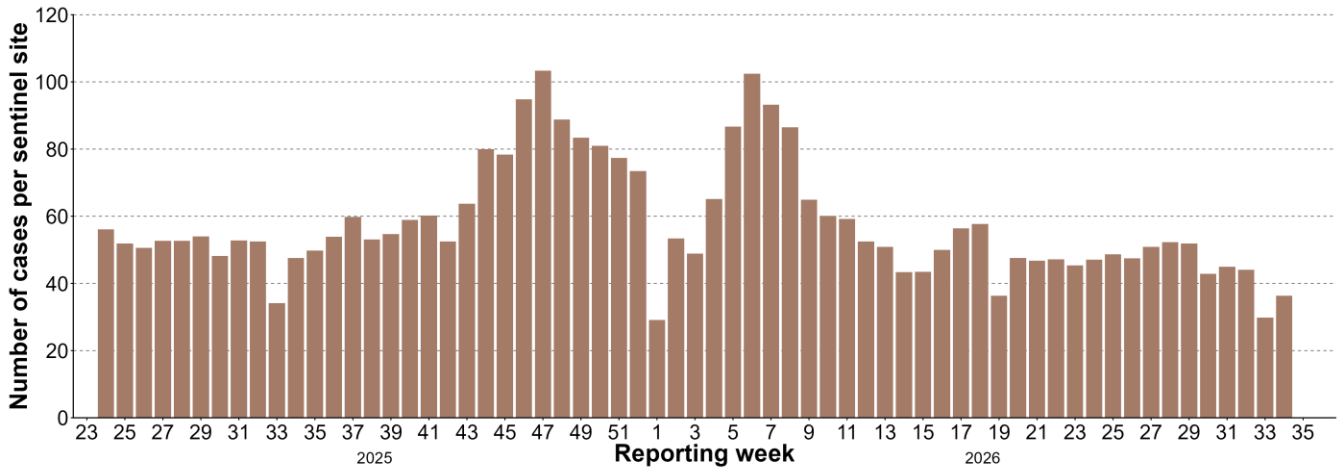
In week 34 of 2026, a total of 3,668 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 36.30 (133,148 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.22 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 1.11 for influenza (4,094 cases) and 1.18 for COVID-19 (4,353 cases) (Figure 1A). The number of reporting sentinel sites was 3,679.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.49 for RSV infection (1,090 cases), 0.26 for pharyngoconjunctival fever (573 cases), 0.67 for herpangina (1,481 cases), and 1.09 for group A streptococcal pharyngitis (2,420 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,214.

Regarding recent trends, influenza increased for 9 consecutive weeks, COVID-19 increased compared with the previous week, RSV infection decreased for 2 consecutive weeks, pharyngoconjunctival fever increased compared with the previous week, herpangina decreased for 3 consecutive weeks, and group A streptococcal pharyngitis increased compared with the previous week.

Figure 1. Weekly number of ARI cases reported per ARI sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026).

Figure 1A. Weekly number of influenza and COVID-19 cases reported per ARI sentinel site

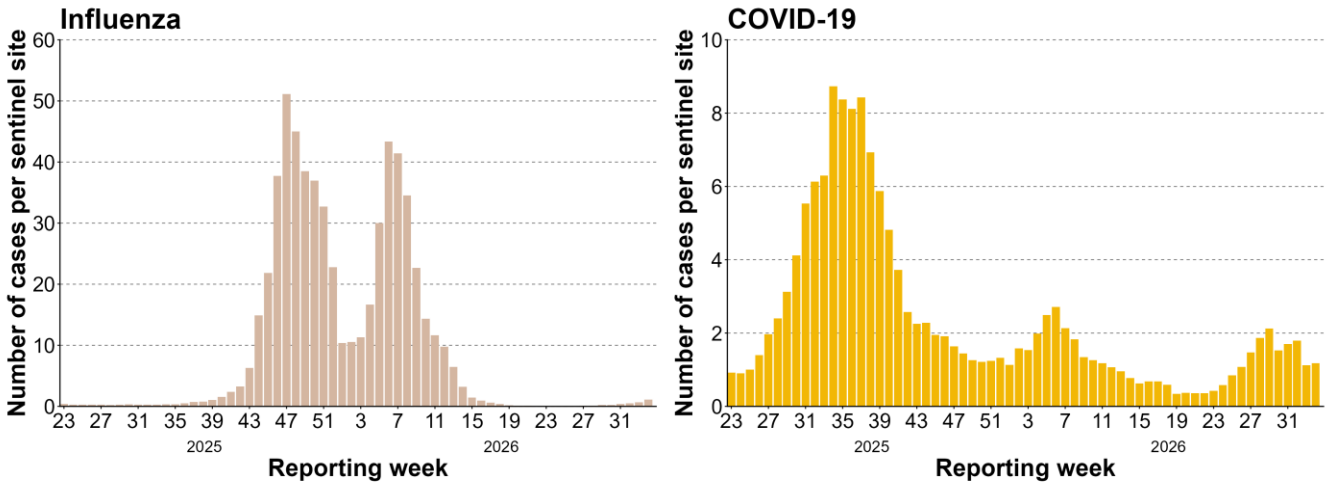
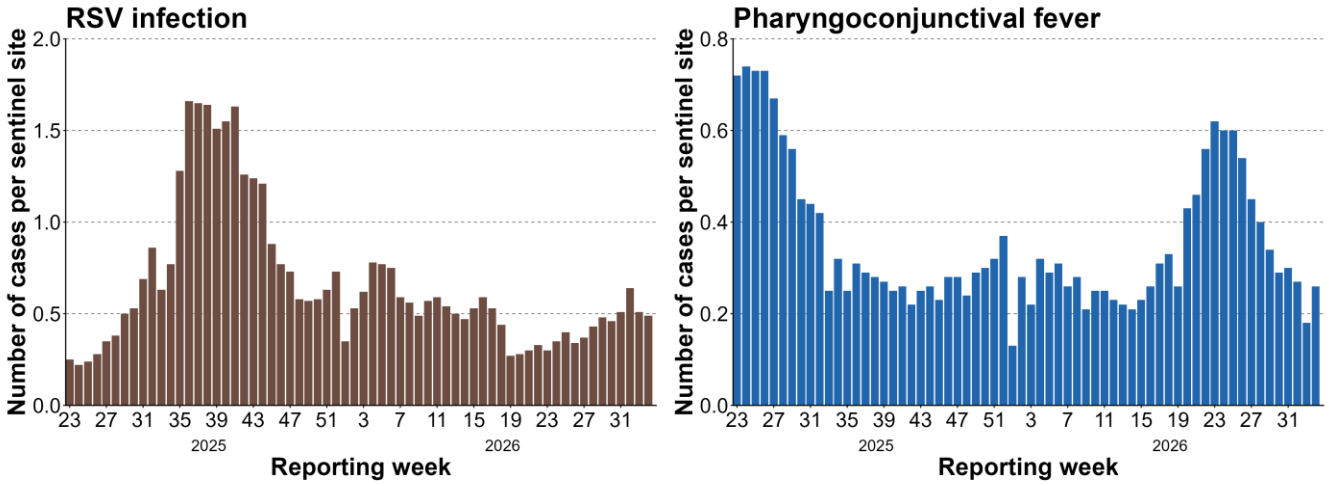
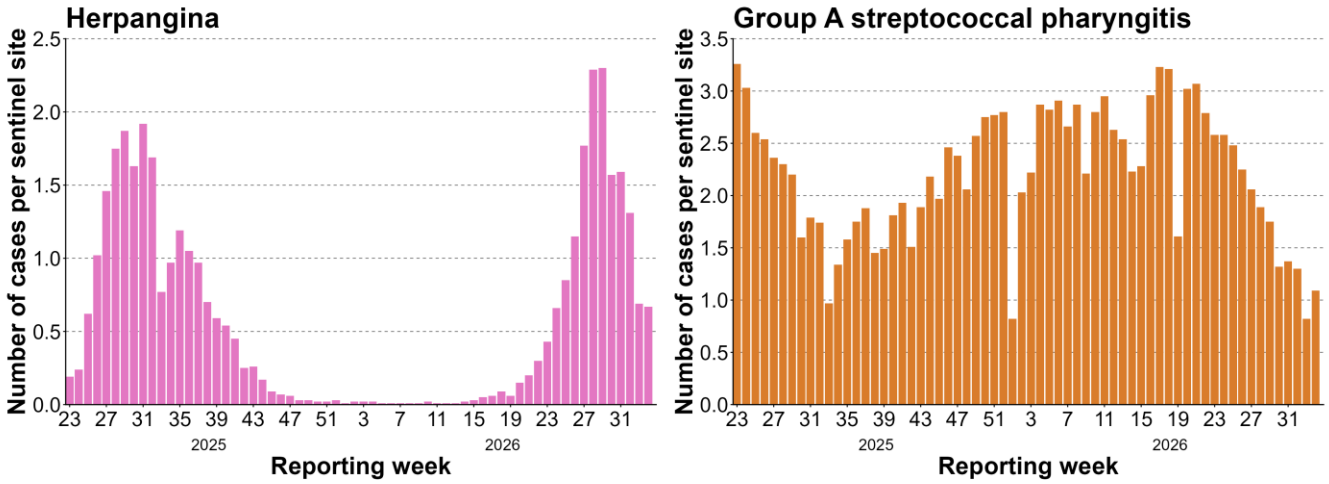


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

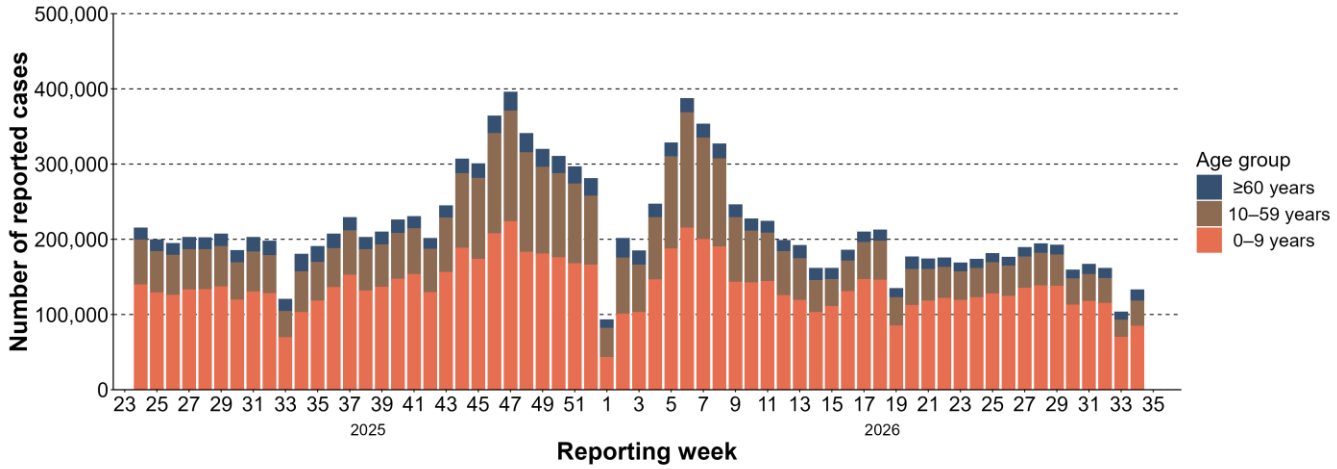
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 34 of 2026, the number of reported cases by age group was 84,925 cases among individuals aged 0–9 years (week-on-week ratio: 1.21), 33,720 cases among individuals aged 10–59 years (week-on-week ratio: 1.46), and 14,503 cases among individuals aged 60 years and older (week-on-week ratio: 1.39) (Figure 2).

For trends in reported cases by age group by disease, please refer to Table 1A and Table 1B.

Weekly reported cases by age group for influenza and COVID-19 are shown in Figures 2A and 2B. Among individuals aged 60 years and older, 485 influenza cases and 824 COVID-19 cases were reported among individuals aged 60 years and older; of these, 109 influenza cases and 262 COVID-19 cases were reported among individuals aged 80 years and older.

Figure 2. Weekly reported ARI cases by age group



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

Figure 2A. Weekly number of reported influenza and COVID-19 cases by age group

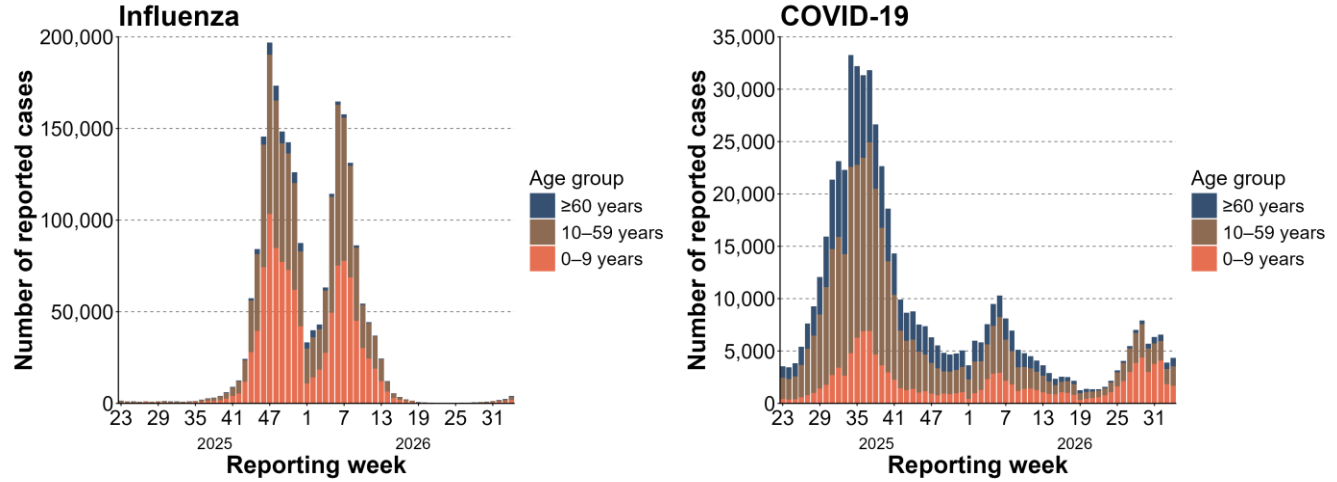
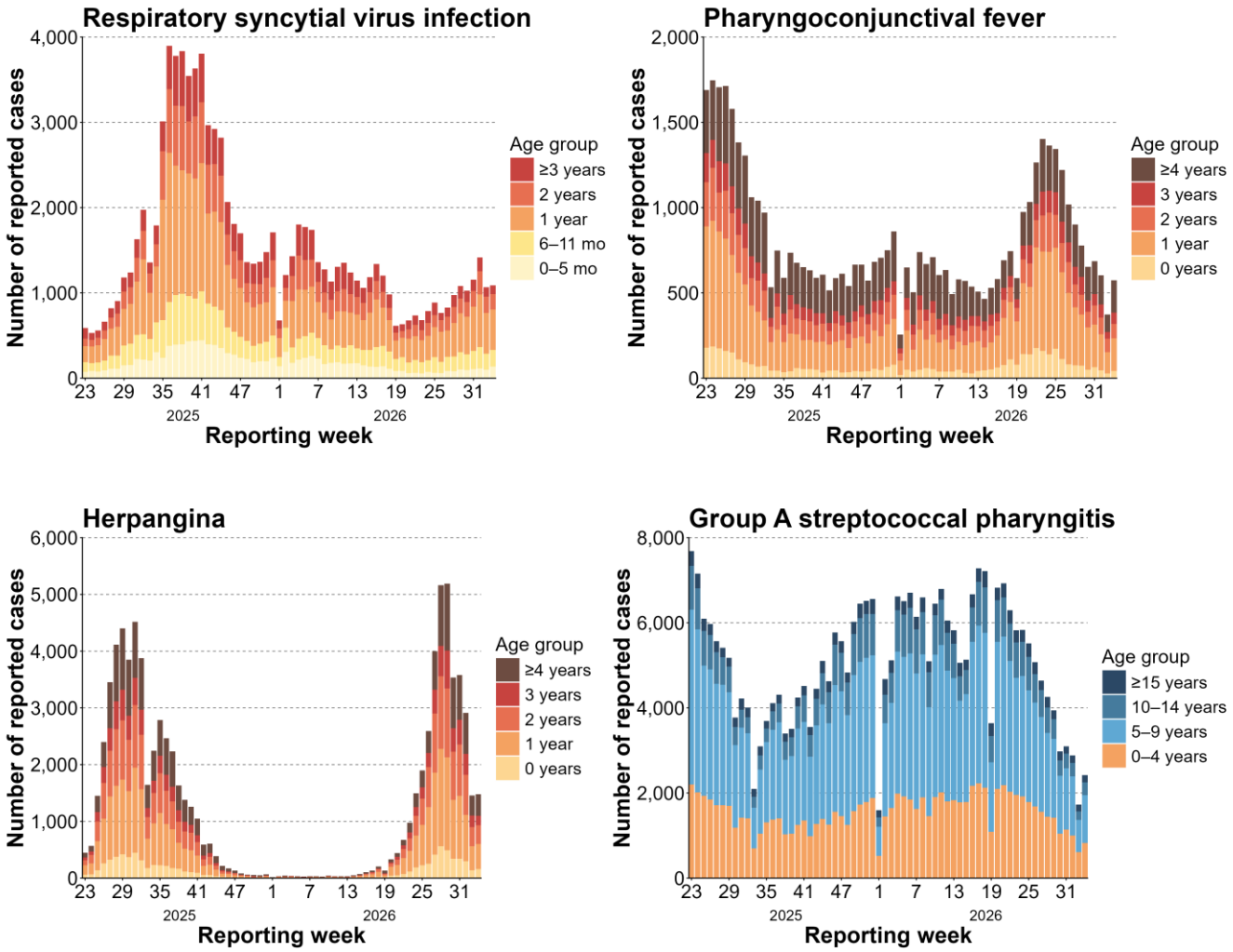


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

Table 1A. Reported cases and week-on-week ratio (values in parentheses) of influenza and COVID-19 by age group in week 34

Age group	Influenza	COVID-19
0–9 years	1,772	1,683
	(1.93)	(0.91)

Age group	Influenza	COVID-19
10–59 years	1,837	1,846
	(1.58)	(1.28)
≥60 years	485	824
	(1.45)	(1.37)
Total	4,094	4,353
	(1.69)	(1.12)

Table 1B. Reported cases and week-on-week ratio (values in parentheses) of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group in week 34

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	330	43	160	16
	(1.15)	(1.59)	(1.13)	(1.07)
1–4 years	737	399	1,045	811
	(0.97)	(1.45)	(0.96)	(1.35)
5–14 years	19	118	262	1,421
	(1.06)	(1.74)	(1.16)	(1.49)
≥15 years	4	13	14	172
	(1.33)	(4.33)	(2.33)	(1.07)
Total	1,090	573	1,481	2,420
	(1.02)	(1.54)	(1.02)	(1.40)

Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: August 17, 2026 – August 23, 2026)
Note: Data for the previous week were referred to the corresponding week's IDWR. Detailed age-specific reported case numbers are available in the IDWR (Category V infectious diseases under sentinel surveillance). When the number of

reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

1.3. Cases per Sentinel Site by Prefecture

In week 34 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Gunma (55.91), Saitama (54.18), and Tochigi (54.04) (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 44 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 22.42 to 55.91 (Figure 4).

The three prefectures with the highest numbers of cases per sentinel site by disease were Okinawa, Iwate, and Aomori for influenza; Shimane, Wakayama, and Tochigi for COVID-19; Fukui, Saga, and Okinawa for RSV infection; Nara, Shimane, and Tokushima for pharyngoconjunctival fever; Yamagata, Hokkaido, and Miyagi for herpangina; Ehime, Tottori, and Shimane for group A streptococcal pharyngitis (Table 3).

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 34

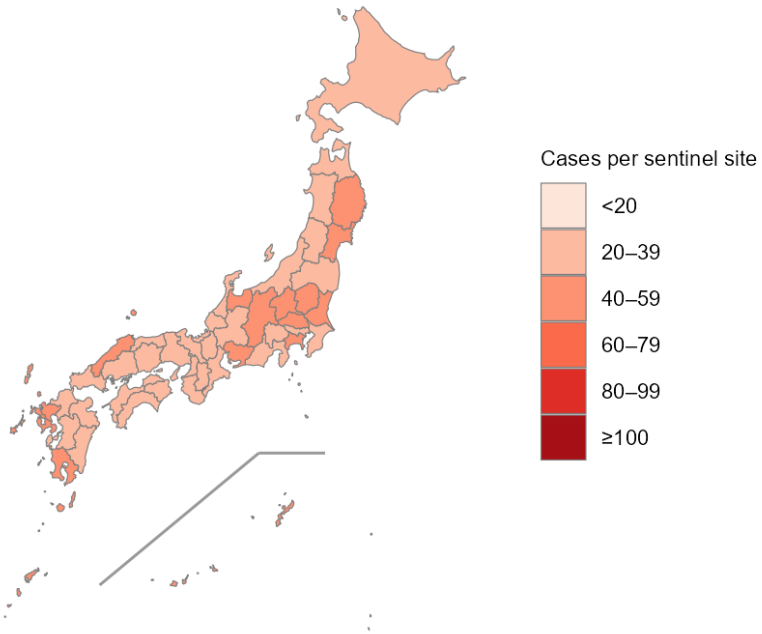
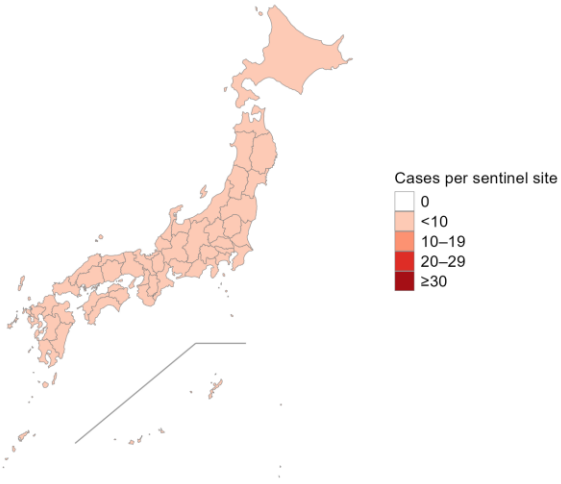
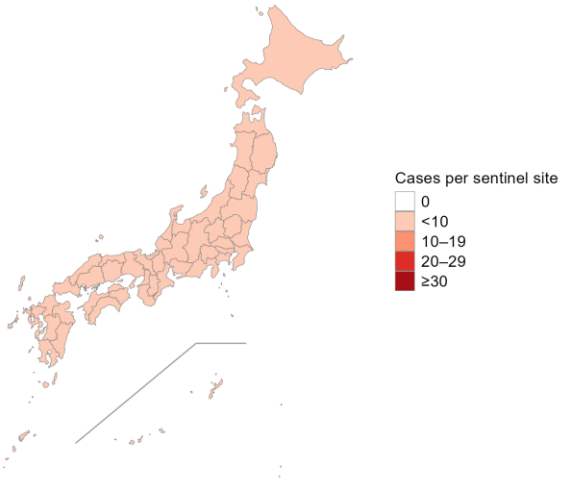


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 34

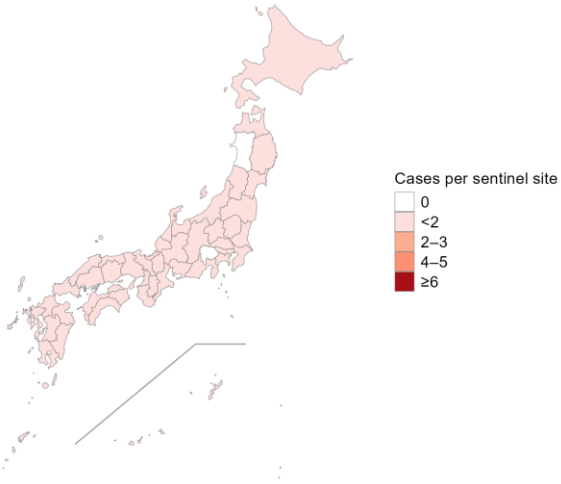
Influenza



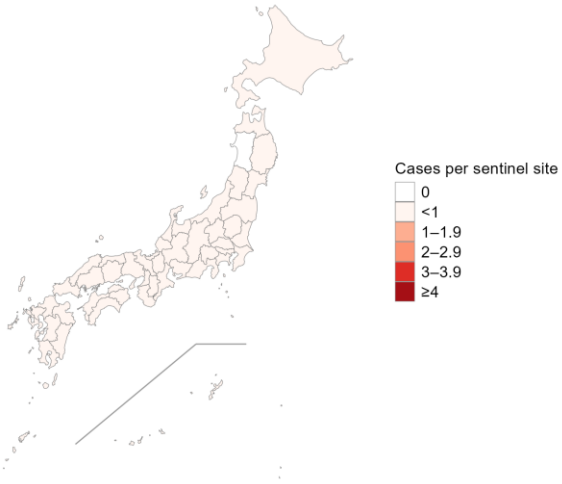
COVID-19



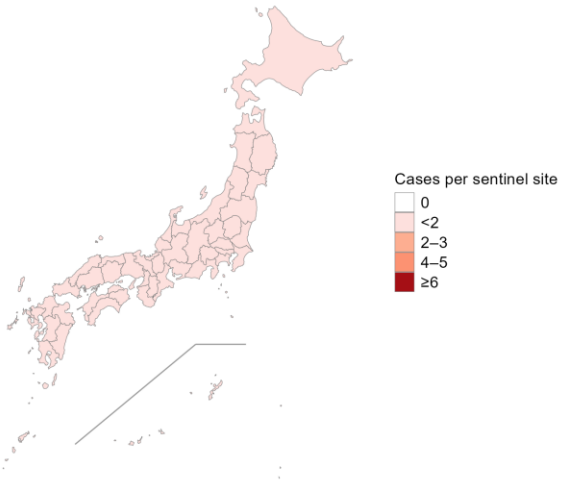
RSV infection



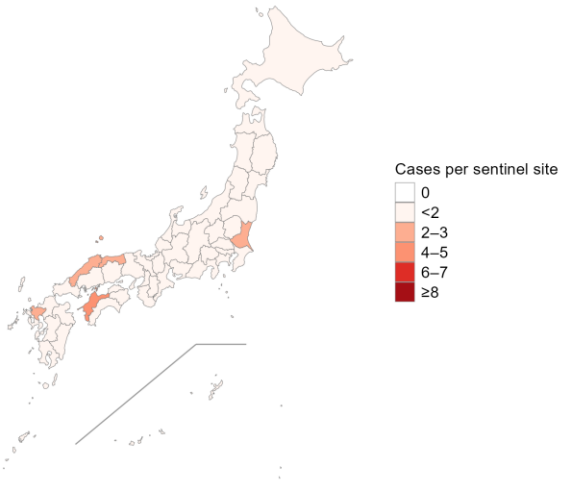
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: August 17, 2026 – August 23, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 34

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	4,455	27.16	1.20
Aomori	1,777	34.17	1.27
Iwate	1,984	47.24	1.38
Miyagi	2,676	48.65	1.61
Akita	671	26.84	1.20
Yamagata	1,517	39.92	1.29
Fukushima	1,878	39.13	1.17
Ibaraki	3,241	47.66	1.35
Tochigi	2,540	54.04	1.43
Gunma	2,404	55.91	1.34
Saitama	9,103	54.18	1.17
Chiba	6,965	38.91	1.54
Tokyo	13,340	34.74	1.31
Kanagawa	9,834	42.21	1.31
Niigata	1,945	37.40	1.18
Toyama	2,011	41.90	1.15
Ishikawa	1,685	35.85	1.15
Fukui	1,055	27.05	1.20
Yamanashi	900	25.71	1.36
Nagano	2,112	42.24	1.25
Gifu	1,434	31.87	1.32
Shizuoka	3,302	30.57	1.24
Aichi	6,839	41.96	1.32

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	1,711	25.92	1.01
Shiga	1,395	35.77	1.41
Kyoto	1,881	30.84	1.14
Osaka	6,391	22.42	1.40
Hyogo	4,963	30.83	1.54
Nara	998	23.76	1.61
Wakayama	1,280	28.44	1.20
Tottori	1,155	39.83	1.15
Shimane	822	41.10	0.94
Okayama	1,716	34.32	1.16
Hiroshima	2,947	31.69	1.53
Yamaguchi	2,189	35.89	1.15
Tokushima	782	23.70	1.48
Kagawa	731	31.78	0.92
Ehime	1,419	38.35	1.04
Kochi	1,256	33.95	0.97
Fukuoka	4,600	37.70	1.49
Saga	1,013	42.21	1.33
Nagasaki	2,116	42.32	1.27
Kumamoto	2,624	37.49	1.31
Oita	2,303	39.71	1.21
Miyazaki	907	32.39	1.20
Kagoshima	2,358	41.37	1.10
Okinawa	1,923	43.70	1.07

Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: August 17, 2026 – August 23, 2026)

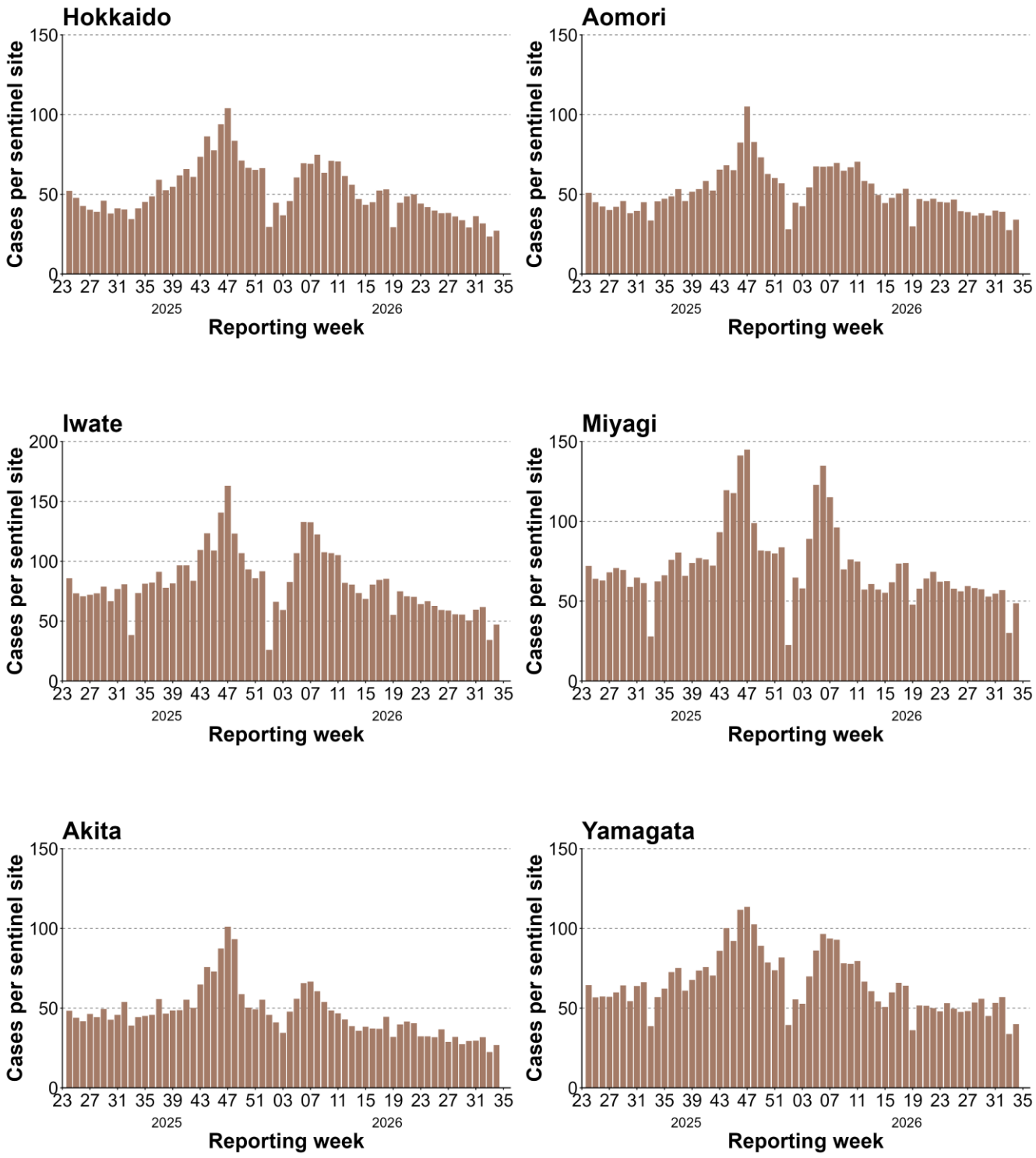
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

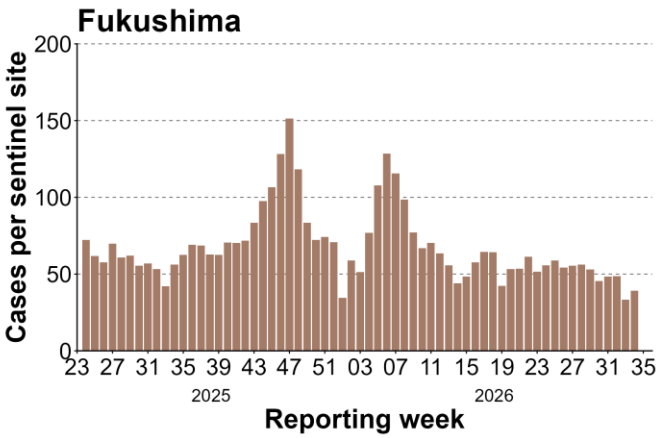
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 34

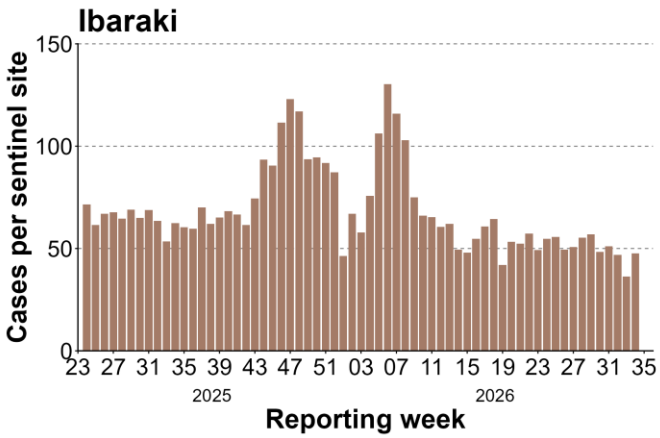
Infectious diseases	Prefectures		
Influenza	Okinawa (4.43)	Iwate (2.10)	Aomori (2.08)
COVID-19	Shimane (3.50)	Wakayama (2.89)	Tochigi (2.36)
RSV infection	Fukui (1.80)	Saga (1.67)	Okinawa (1.63)
Pharyngoconjunctival fever	Nara (0.92)	Shimane (0.91)	Tokushima (0.86)
Herpangina	Yamagata (1.62)	Hokkaido (1.44)	Miyagi (1.35)
Group A streptococcal pharyngitis	Ehime (4.10)	Tottori (2.74)	Shimane (2.55)

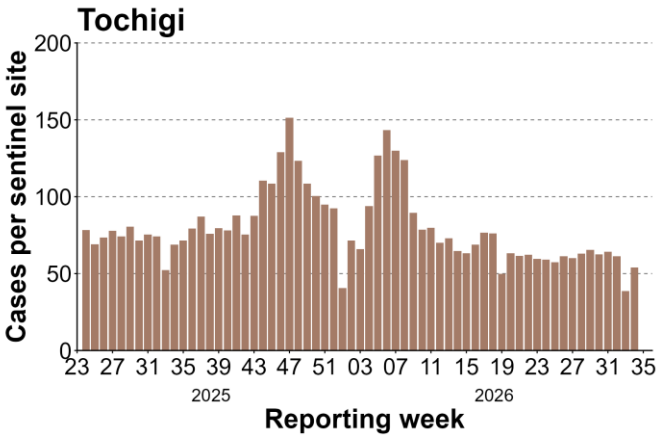
Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: August 17, 2026 – August 23, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

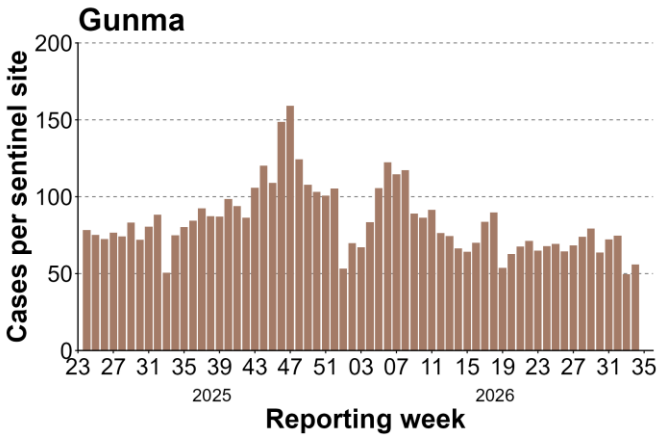
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

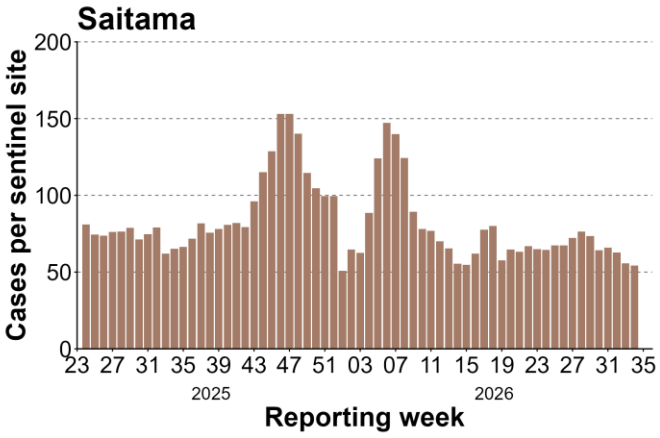


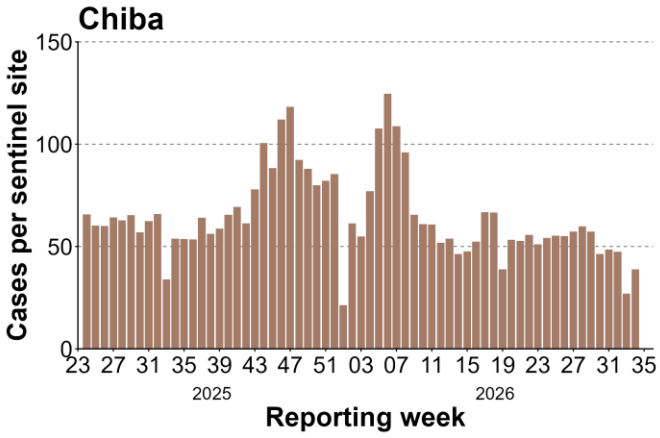

Fukushima
Cases per sentinel site
0
50
100
150
200
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

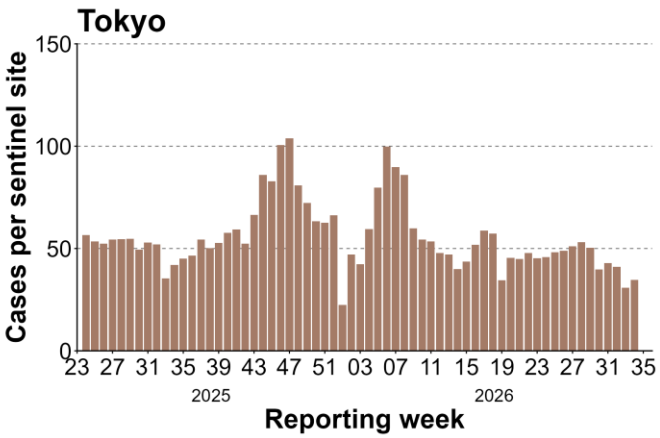

Ibaraki
Cases per sentinel site
0
50
100
150
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

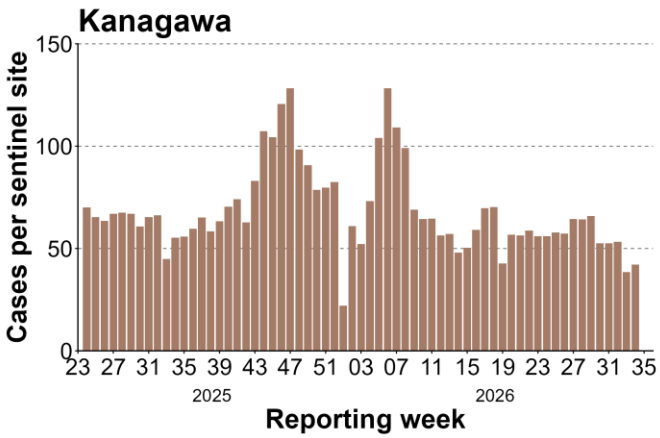

Tochigi
Cases per sentinel site
0
50
100
150
200
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

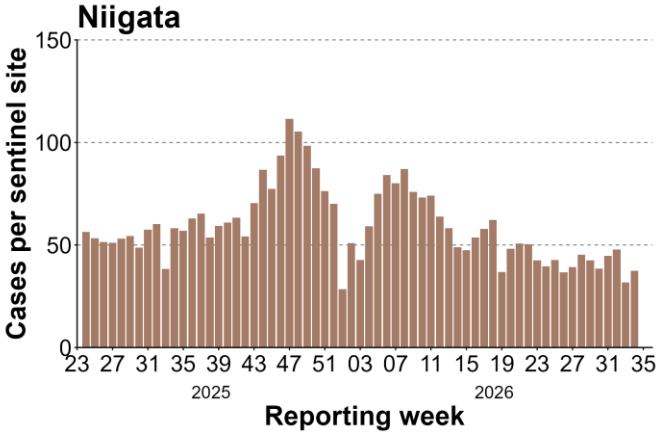

Gunma
Cases per sentinel site
0
50
100
150
200
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

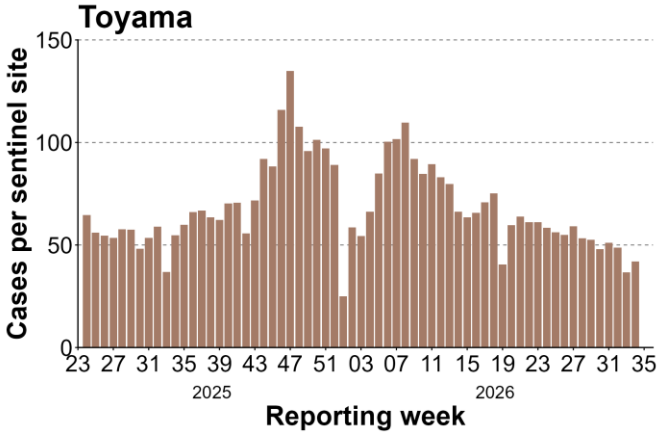

Saitama
Cases per sentinel site
0
50
100
150
200
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

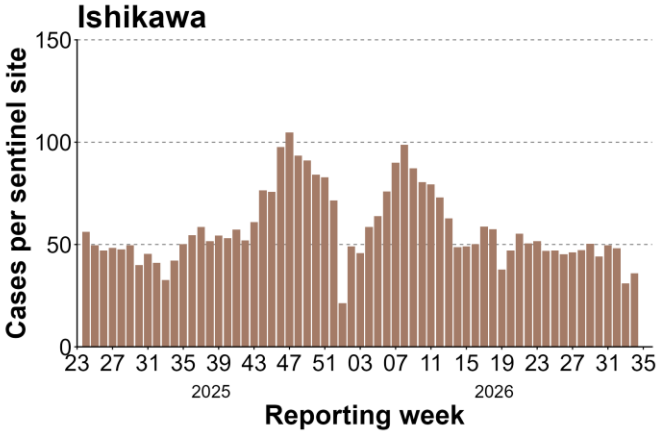

Chiba
Cases per sentinel site
0
50
100
150
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

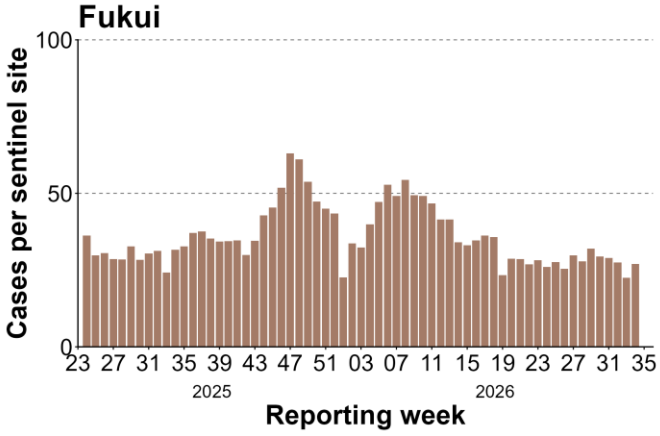

Tokyo
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

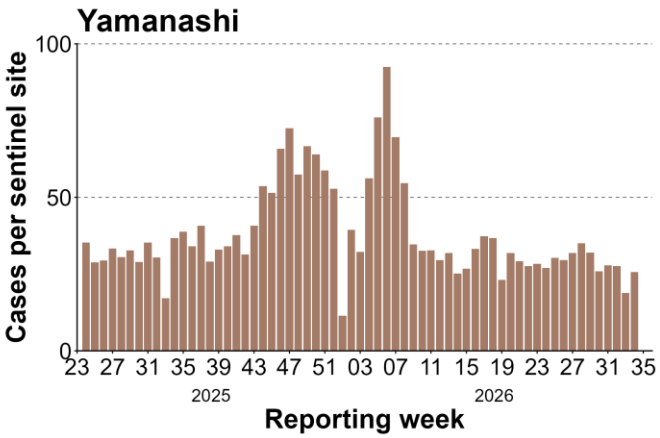

Kanagawa
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week

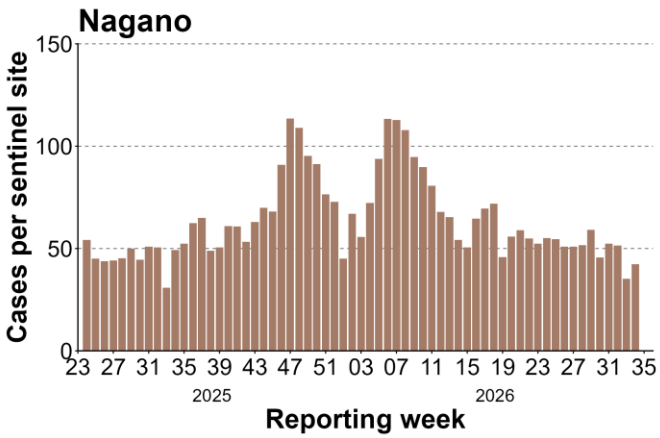

Niigata
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Toyama
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Ishikawa
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Fukui
Cases per sentinel site
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Yamanashi
Cases per sentinel site
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week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Cases per sentinel site
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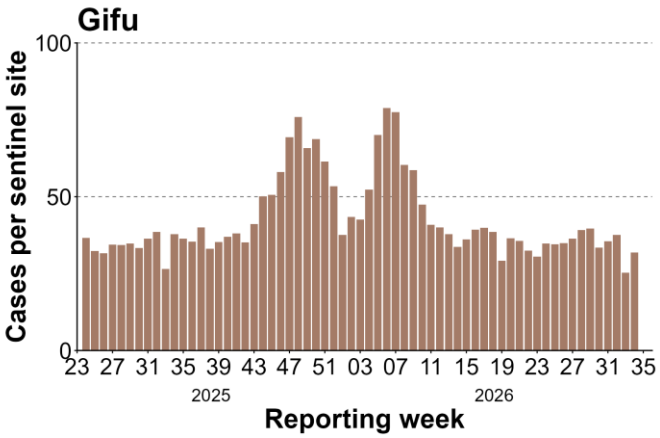
Reporting week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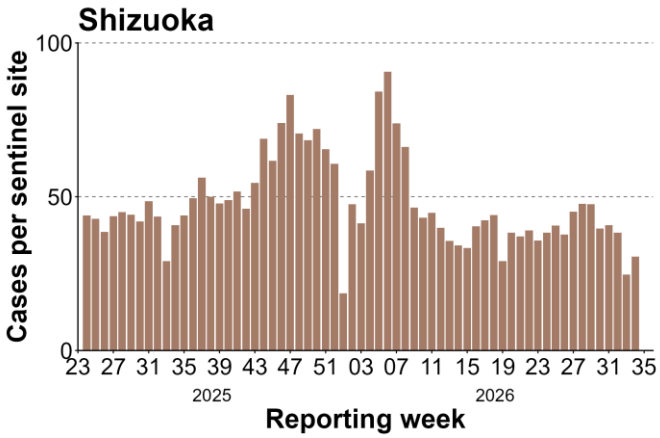
Reporting week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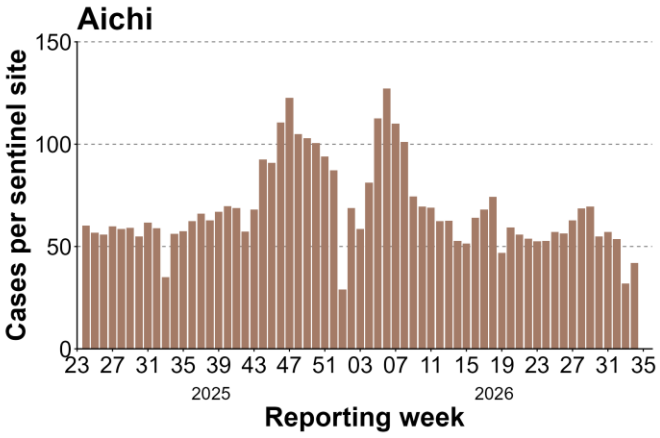
Reporting week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Cases per sentinel site
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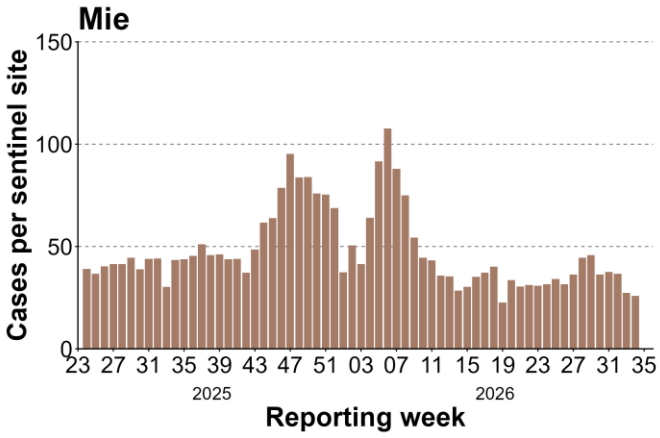
Reporting week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Cases per sentinel site
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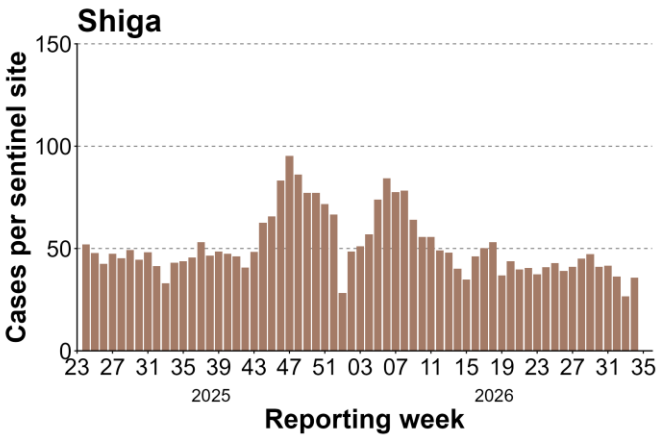
2025
2026
Reporting week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Cases per sentinel site
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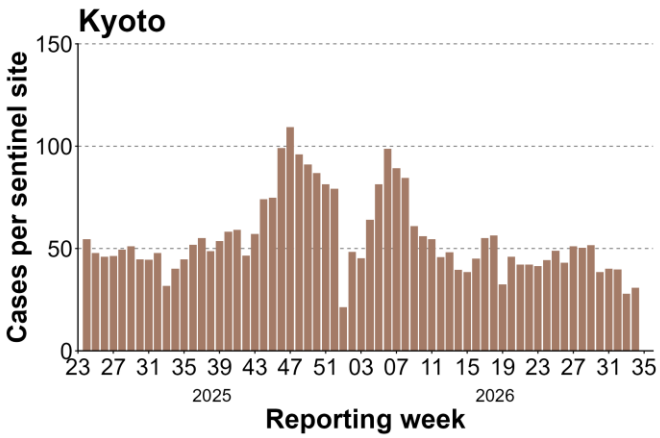
2026
Reporting week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Cases per sentinel site
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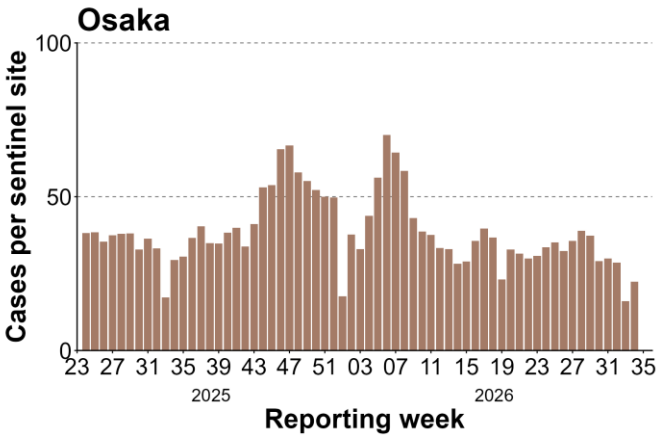
2026
Reporting week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Cases per sentinel site
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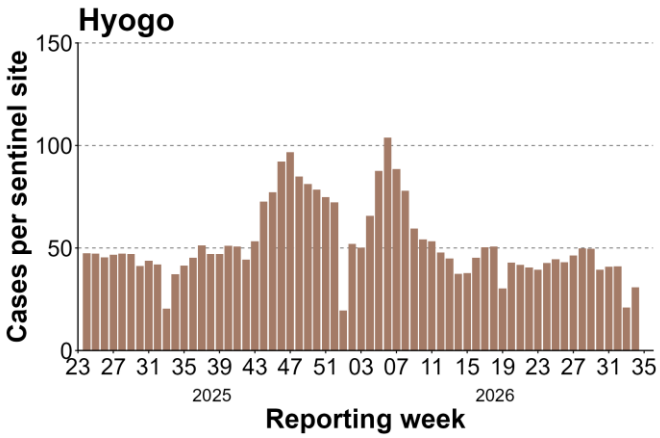
Reporting week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Cases per sentinel site
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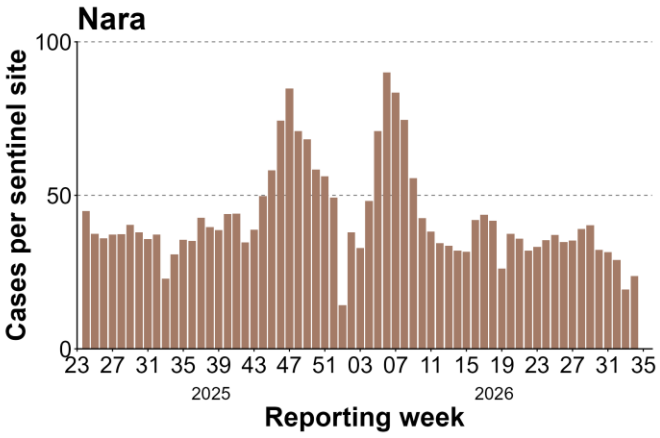
Reporting week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Cases per sentinel site
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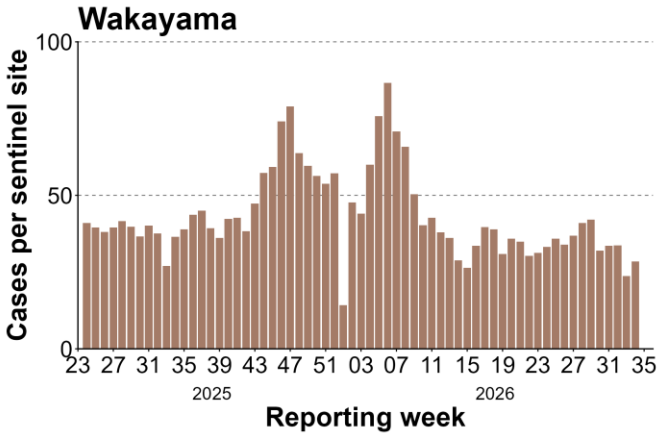
Reporting week


Wakayama
Cases per sentinel site
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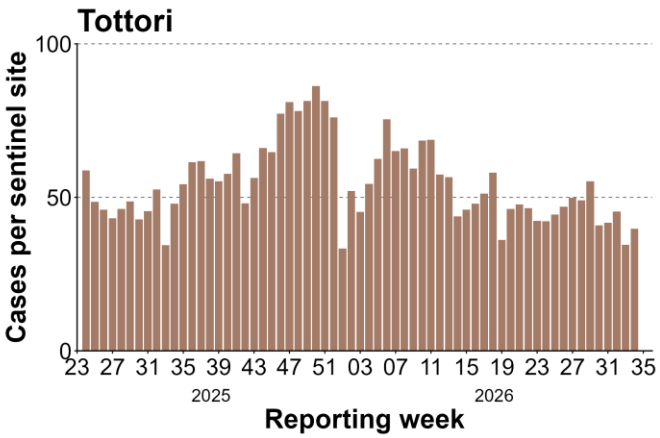
2026
Reporting week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Cases per sentinel site
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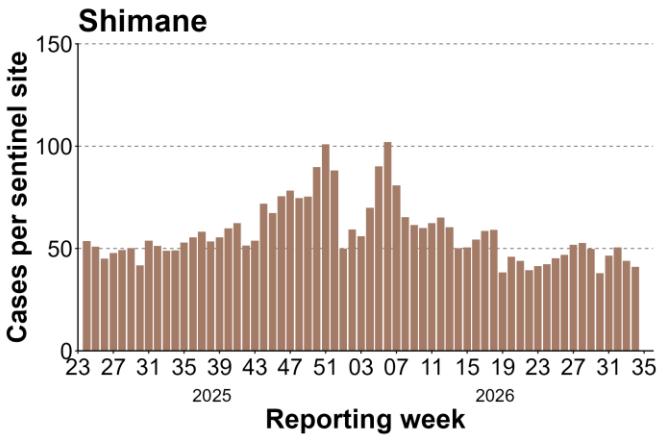
Reporting week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Cases per sentinel site
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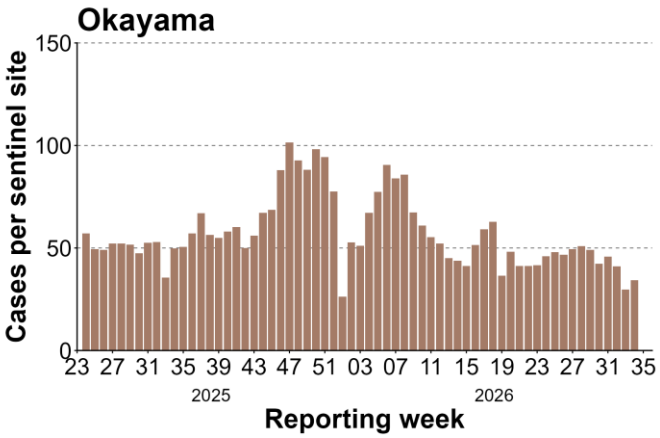
Reporting week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Cases per sentinel site
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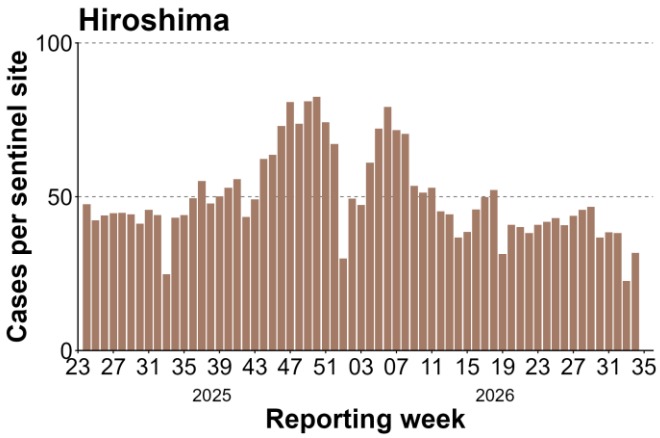
2025
2026
Reporting week


Hiroshima
Cases per sentinel site
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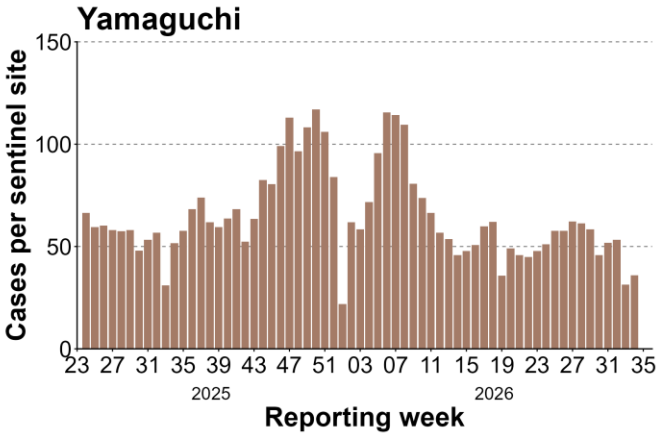
2025
2026
Reporting week


Yamaguchi
Cases per sentinel site
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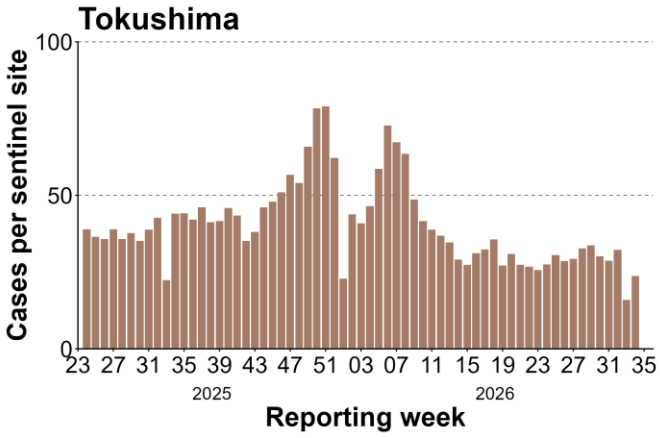
2025
2026
Reporting week


Tokushima
Cases per sentinel site
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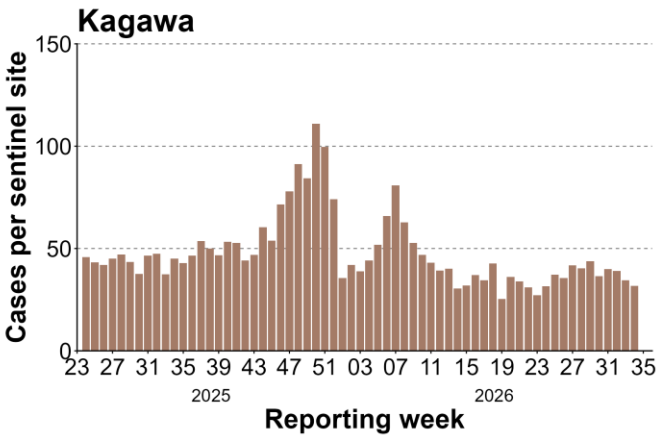
2025
2026
Reporting week


Kagawa
Cases per sentinel site
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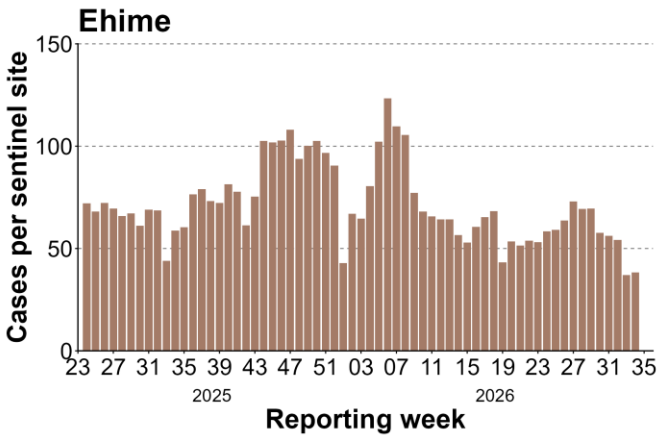
2025
2026
Reporting week


Ehime
Cases per sentinel site
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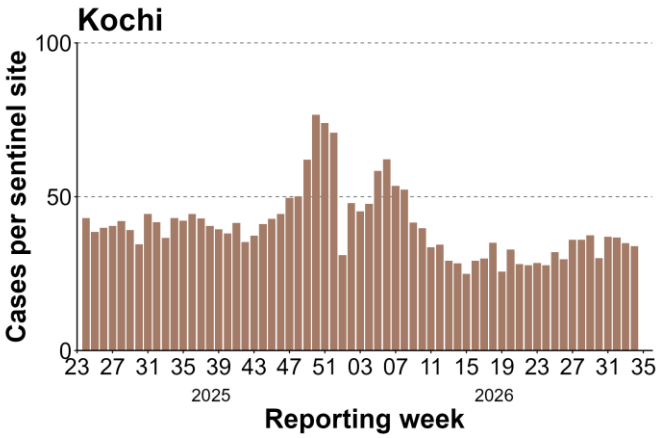
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Kochi
Cases per sentinel site
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23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
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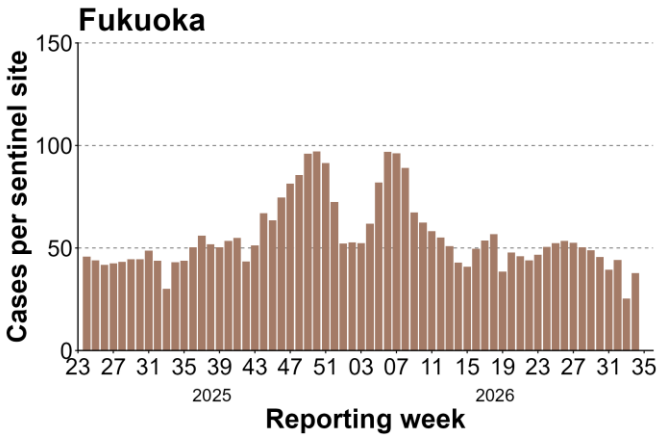
Reporting week


Fukuoka
Cases per sentinel site
150
100
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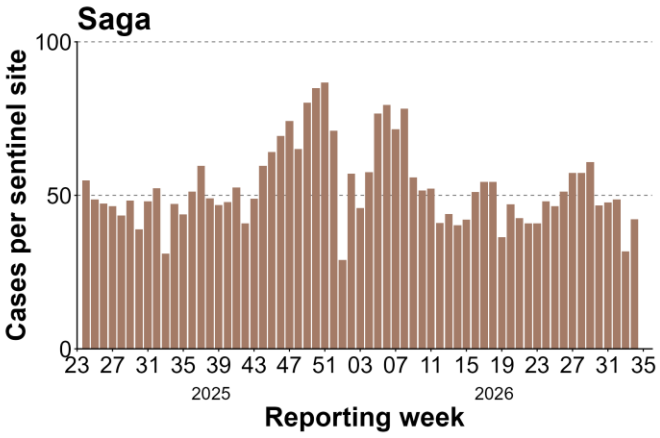
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Saga
Cases per sentinel site
100
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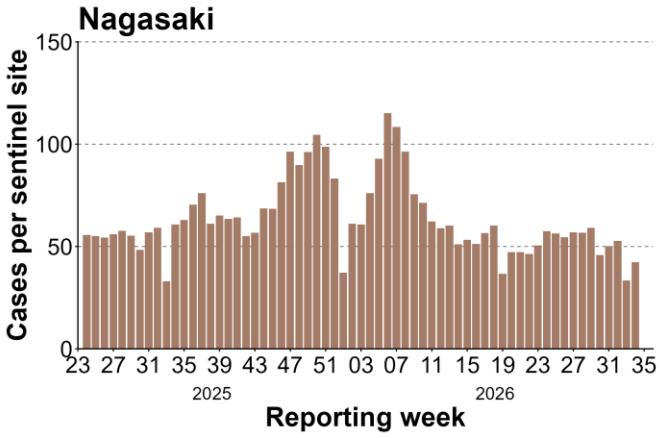
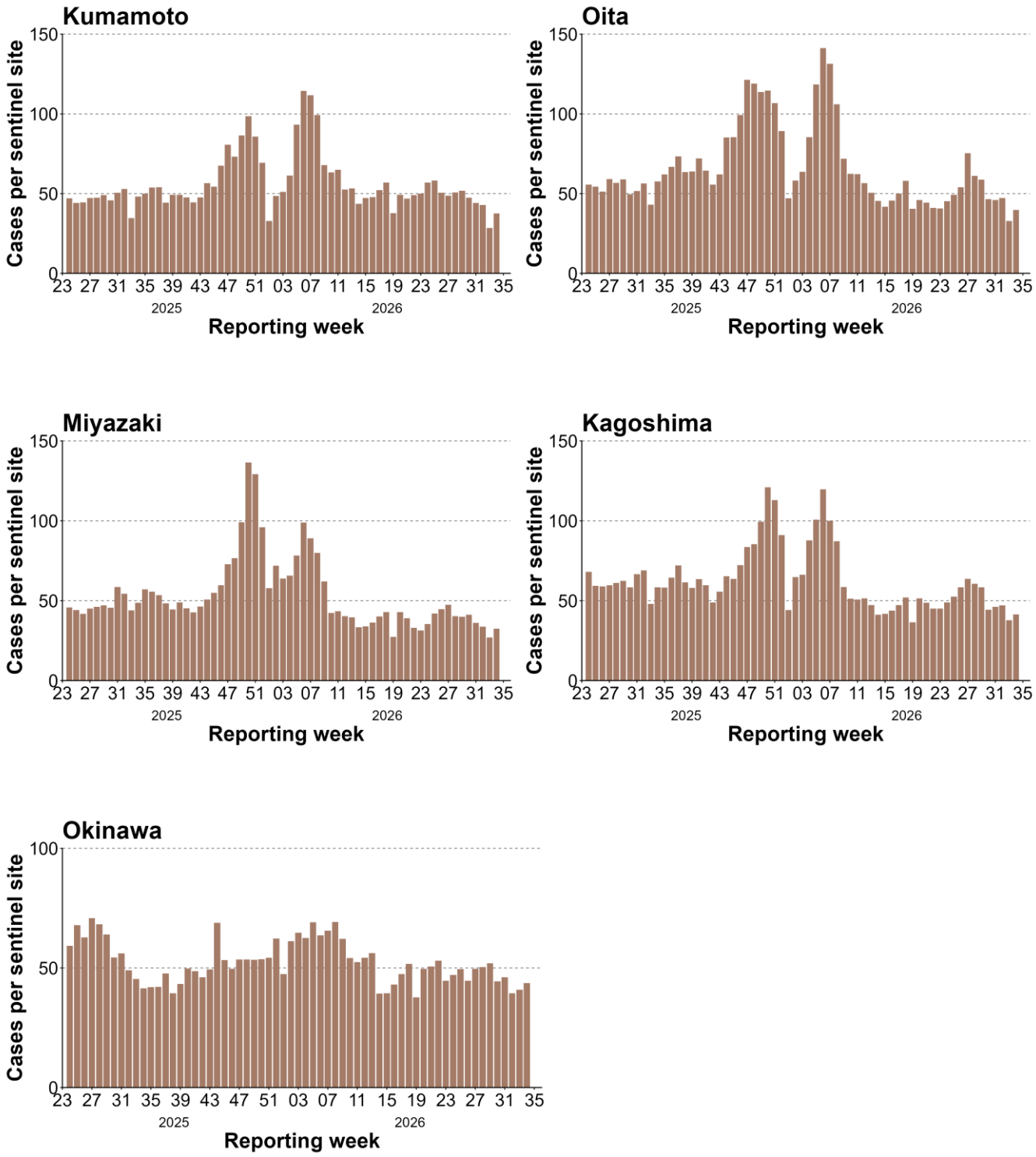
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week


Nagasaki
Cases per sentinel site
150
100
50
0
23 27 31 35 39 43 47 51 03 07 11 15 19 23 27 31 35
2025
2026
Reporting week



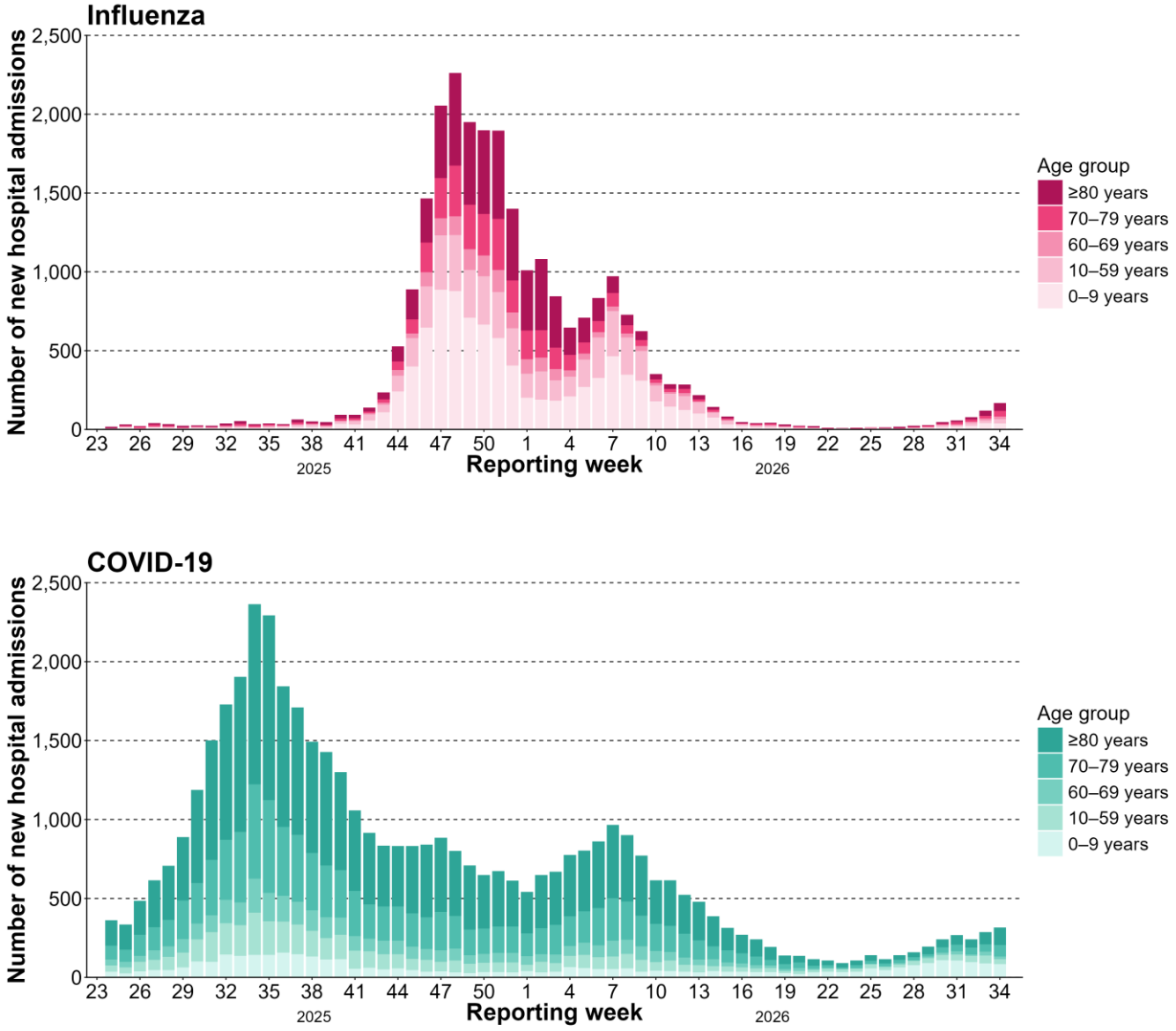
Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

1.4. Nationwide New Hospital Admissions for Influenza and COVID-19

Trends in the number of new hospital admissions reported from designated sentinel medical facilities in week 34 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 167 new hospital admissions due to influenza were reported, representing an increase of 47 cases compared with the previous week. 316 new hospital admissions due to COVID-19 were reported, representing an increase of 29 cases from the previous week.

For the number of cases and trends in each age group, please refer to Table 4.

Figure 5. Weekly number of new hospital admissions due to influenza and COVID-19 reported by designated sentinel hospitals



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)

Table 4. Number of new hospital admissions and week-on-week ratio (values in parentheses) by age group, reported by designated sentinel hospitals in week 34

Age group	Influenza	COVID-19
0–9 years	39	85
	(0.95)	(0.97)
10–59 years	27	31
	(1.69)	(0.61)
60–69 years	17	17
	(1.31)	(0.68)
70–79 years	34	72
	(2.00)	(1.60)
≥80 years	50	111
	(1.52)	(1.42)
Total	167	316
	(1.39)	(1.10)

Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: August 17, 2026 – August 23, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

Among specimens collected at ARI pathogen sentinel sites in week 34 of 2026 and reported by the time of analysis, a total of 75 specimens were reported. Of these, 1 specimen was positive for influenza A virus, no specimens were positive for influenza B virus, 6 specimens were positive for SARS-CoV-2, and 4 specimens were positive for RSV (Figure 6).

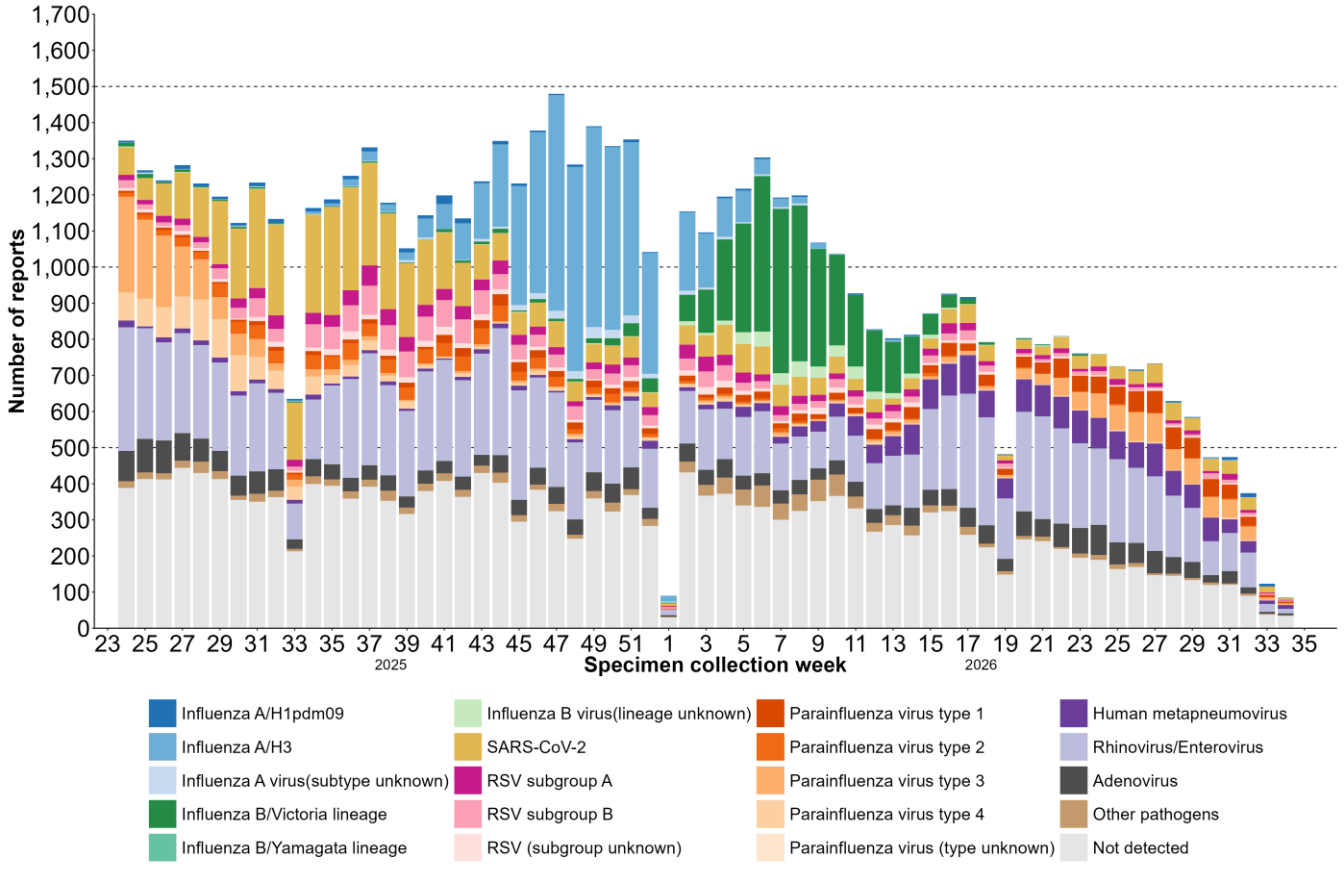
The pathogen-specific test positivity was 0.0% for influenza B virus, 1.3% for influenza A virus, 5.3% for RSV, and 8.0% for SARS-CoV-2 (Figure 7).

Specimens collected in week 29 (July 13–19) have mostly been registered with test results at the time of aggregation. For the numbers and the most frequently detected pathogen by region, please refer to Table 5.

Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 34, 1 specimen of human metapneumovirus was reported.

As of August 26, 2026, the number of pathogens reported, the number of tests, positive cases, and positivity by pathogen in June 2026 are shown in Supplementary information 3A, 3B, and 3C. There were 2,040 specimens in which a pathogen was detected and 820 specimens in which no pathogen was detected. The most frequently detected pathogen was Rhinovirus/Enterovirus, with 1,027 positive cases.

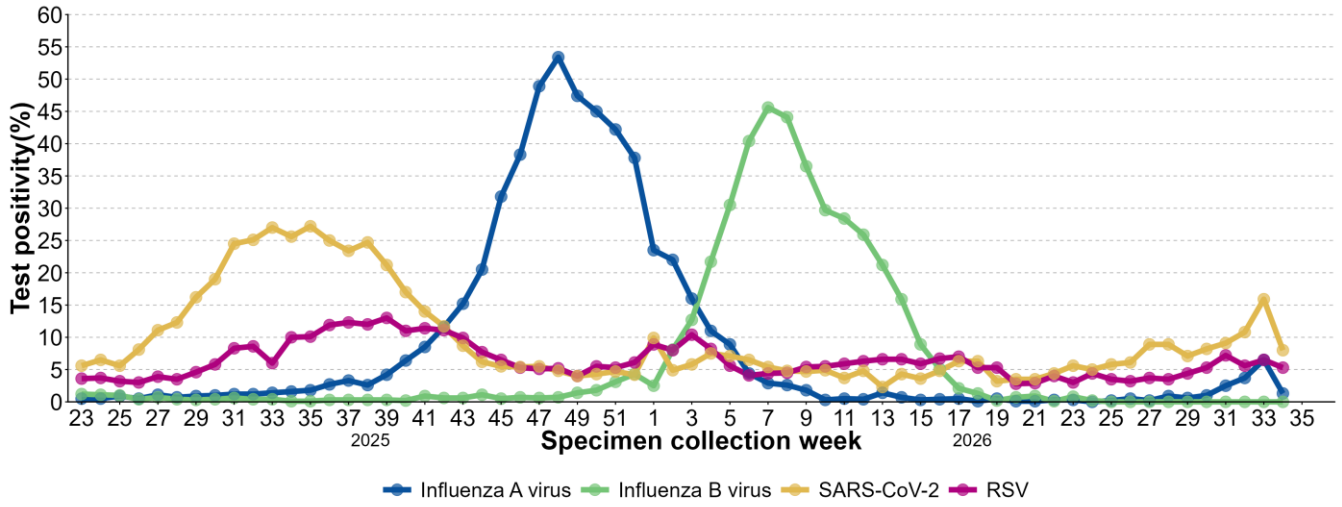
Figure 6. Weekly number of detected pathogens based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports.
When multiple pathogens are detected from a single specimen, all detected pathogens are counted.

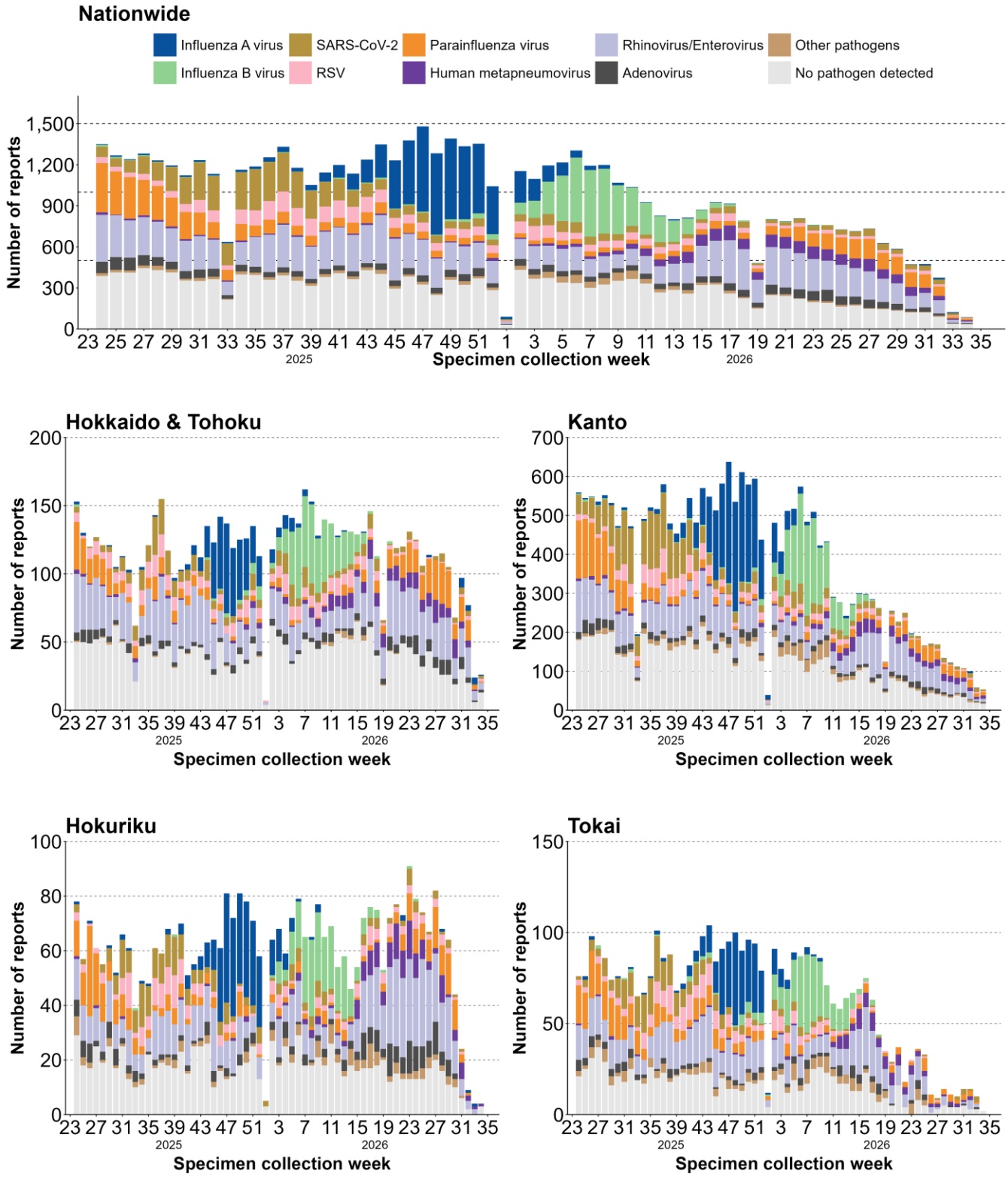
“Rhinovirus/Enterovirus” indicates that either rhinovirus or enterovirus was detected.
“Other pathogens” denotes detection of pathogens not listed in the legend.
For weeks and regions with no detections or no reports, it should be noted that this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

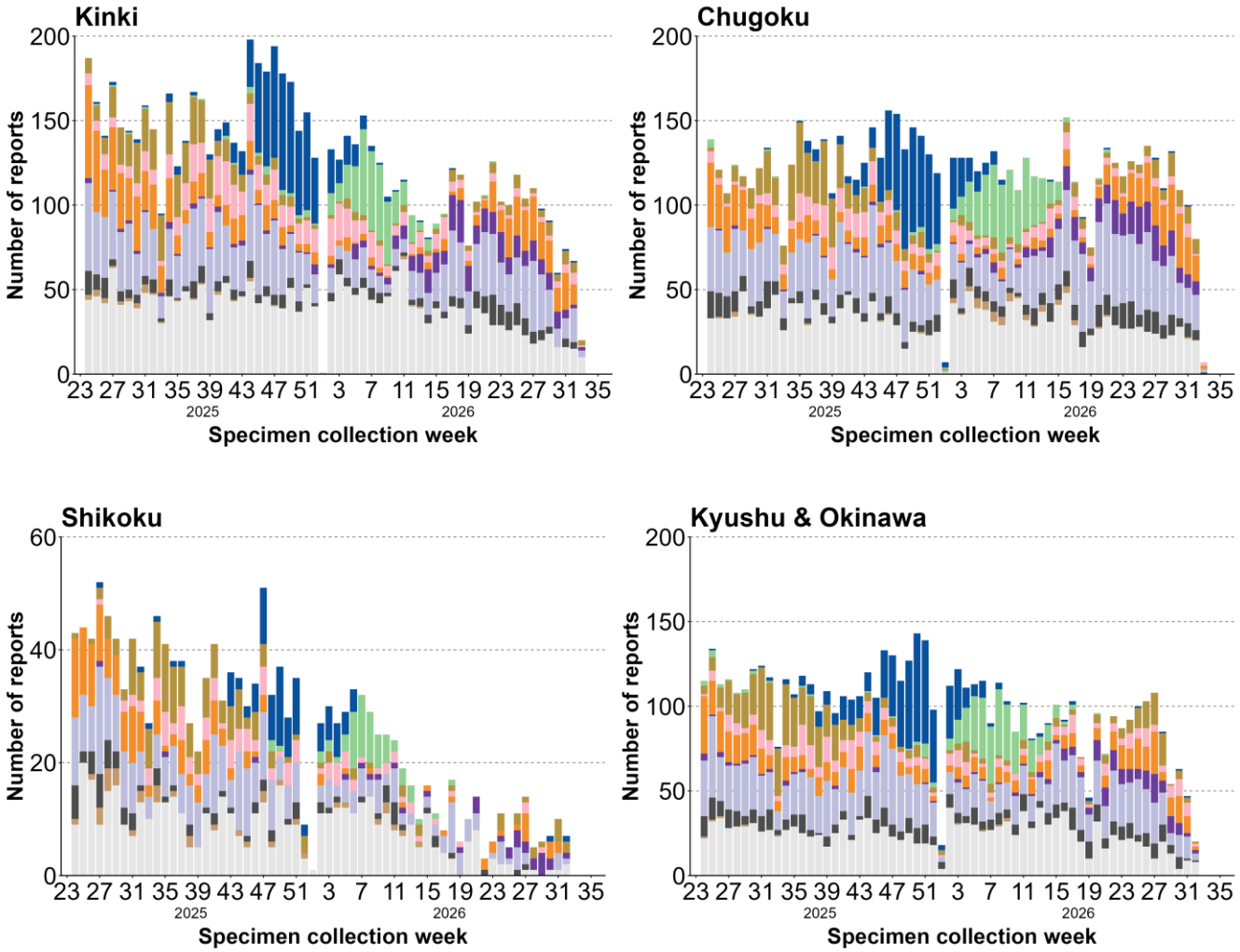
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026).
Note: The test positivity is calculated using the number of specimens tested for the target pathogen as the denominator: (number positive / number tested) × 100.
Data are aggregated by specimen collection week, not by reporting week.
The number of test results reflects the data available at the time of aggregation, so they do not necessarily match the figures published in previous reports.

Figure 8. Weekly reported cases by pathogen at the national and regional levels by specimen collection week





Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation and may not necessarily match figures published in previous reports. When multiple pathogens are detected from a single specimen, all detected pathogens are counted. “Rhinovirus/Enterovirus” indicates that either rhinovirus or enterovirus was detected.
“Other pathogens” refers to pathogens not listed in the legend. For weeks and regions with no detections or no reports, it should be noted that this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

Table 5. Number of specimens and most frequently detected pathogen by region in week 29 (July 13–19)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	92	Rhinovirus/Enterovirus
Kanto	110	Rhinovirus/Enterovirus
Hokuriku	46	Rhinovirus/Enterovirus
Tokai	10	Parainfluenza virus
Kinki	77	Rhinovirus/Enterovirus
Chugoku	99	Rhinovirus/Enterovirus
Shikoku	5	Human metapneumovirus
Kyushu & Okinawa	39	Parainfluenza virus

Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026

Definition of Region

Hokkaido & Tohoku: Hokkaido, Aomori, Iwate, Miyagi, Akita, Yamagata, Fukushima
Kanto: Ibaraki, Tochigi, Gunma, Saitama, Chiba, Tokyo, Kanagawa, Yamanashi, Nagano
Hokuriku: Niigata, Toyama, Ishikawa, Fukui
Tokai: Gifu, Shizuoka, Aichi, Mie
Kinki: Shiga, Kyoto, Osaka, Hyogo, Nara, Wakayama
Chugoku: Tottori, Shimane, Okayama, Hiroshima, Yamaguchi
Shikoku: Tokushima, Kagawa, Ehime, Kochi
Kyushu & Okinawa: Fukuoka, Saga, Nagasaki, Kumamoto, Oita, Miyazaki, Kagoshima, Okinawa

Interpretive Notes

Sentinel definitions and the composition of reporting sites changed on 7 April 2025 (week 15). Time-series comparisons across this date must be interpreted with caution. Figures in the original report demarcate this change.

Reporting tends to decrease during certain holiday periods, such as the year-end/New Year holidays (around weeks 52–1), Golden Week (around week 18), the Obon holidays (around week 33), and Silver Week (around week 39). The specific weeks may vary by year depending on the arrangement of public holidays and weekends.

“Cases per sentinel site” reflect both disease activity and care-seeking/reporting behavior; shifts in the denominator (participation, holidays) can influence observed levels.

Counts are provisional and subject to backfill due to delayed reporting and data correction.

Laboratory surveillance data shown for all weeks reflect the information available at the time of compilation. Testing items for specimens collected may vary, depending on municipalities or regional public health laboratories. In addition, because the time required for testing and reporting differs among these laboratories, the number of pathogen detections for a given specimen collection week may be delayed or later revised. Thus, aggregated values should be considered provisional.

References

● Infectious Diseases Weekly Report (IDWR)
https://id-info.jihs.go.jp/en/surveillance/idwr/index.html
● Infectious Agents Surveillance Report (IASR)
https://id-info.jihs.go.jp/en/surveillance/iasr/index.html
● Japan Institute for Health Security (JIHS) The Infectious Disease Information Website
https://id-info.jihs.go.jp/en/
● Ministry of Health, Labour and Welfare website [Japanese]
・Acute Respiratory Infection (ARI)
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou/kekkaku-kansenshou19/ari.html
・Influenza
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/infulenza/index.html
・COVID-19
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html
・RSV infection
https://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou19/rs_qa.html
・Pharyngoconjunctival fever
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/pcf.html
・Herpangina
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/herpangina.html
● Graphical Overview of Infectious Diseases
https://www.jihs.go.jp/content10/030/en_Dashboard.html
● Genomic surveillance of SARS-CoV-2 (including quarantine specimens and specimens from incoming travelers)[Japanese]
https://id-info.jihs.go.jp/surveillance/iasr/45/532/article/030/index.html
● Variants of SARS-CoV-2 [Japanese]
https://id-info.jihs.go.jp/relevant-information/covid-19/variants/index.html

Supplementary Information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

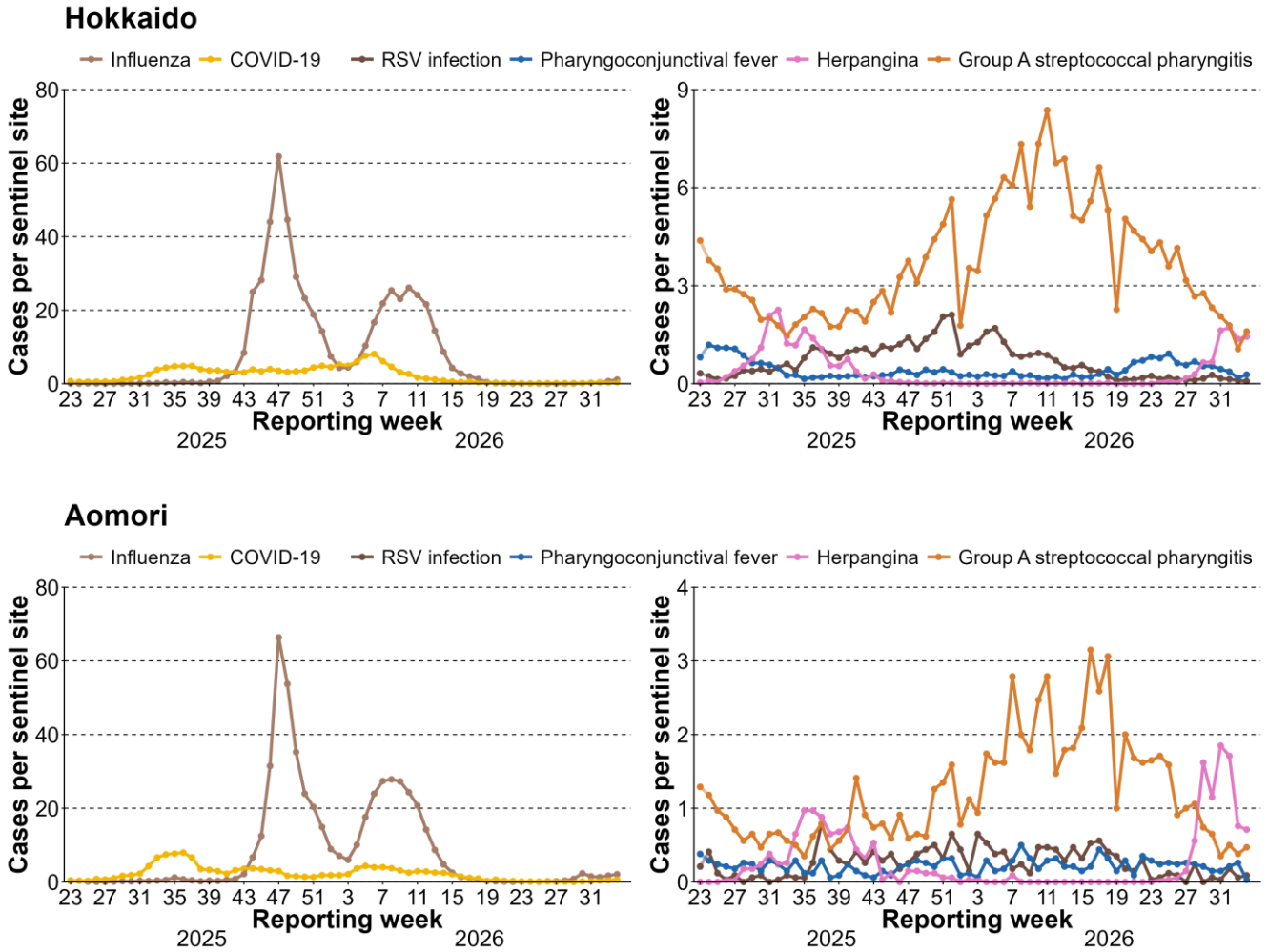
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34
Influenza A/H1	0	0	0	0	0	0
Influenza A/H1pdm09	0	0	0	0	0	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	0	0	0	0	0	0
Influenza B virus	0	0	0	0	0	0
SARS-CoV-2	3	1	1	1	2	0
RSV	2	0	1	1	0	0
Parainfluenza virus type 1	1	1	2	1	0	0
Parainfluenza virus type 2	1	0	0	0	0	0
Parainfluenza virus type 3	2	1	1	1	0	0
Parainfluenza virus type 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	3	1	1	0	1	0
Rhinovirus/Enterovirus	8	2	9	5	2	0
Human metapneumovirus	5	5	1	2	1	1
Adenovirus	3	0	3	0	1	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	0	0	0
Coronavirus OC43	0	0	0	0	0	0
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0

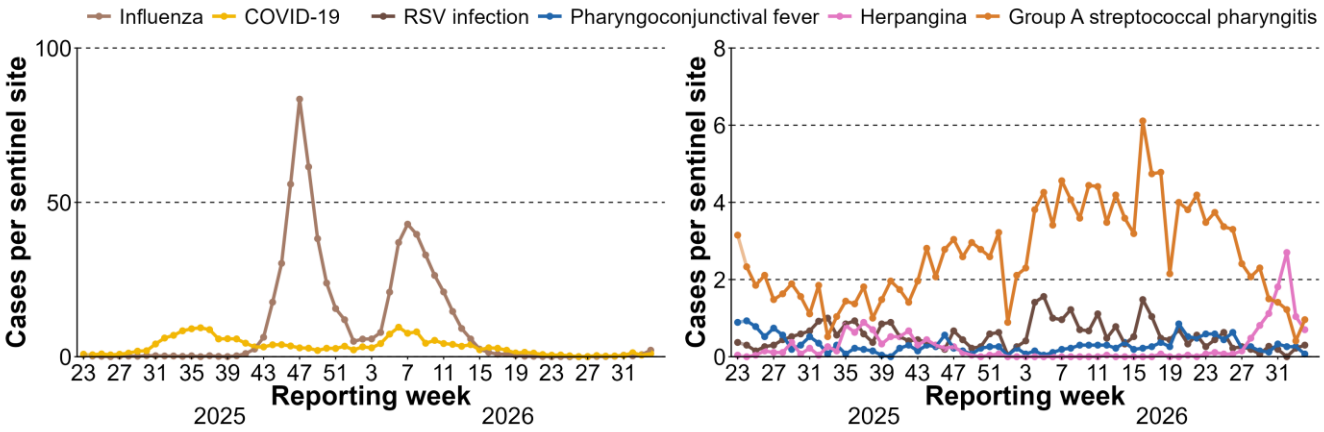
Pathogen	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34
Chlamydia pneumoniae	0	0	0	0	0	0
Mycoplasma pneumoniae	1	1	0	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: July 13, 2026 to August 23, 2026)
Note: As reporting is based on voluntary participation by medical institutions, the number of reported cases should be interpreted as reference values. A total of 16 medical institutions participated between weeks 29–34.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

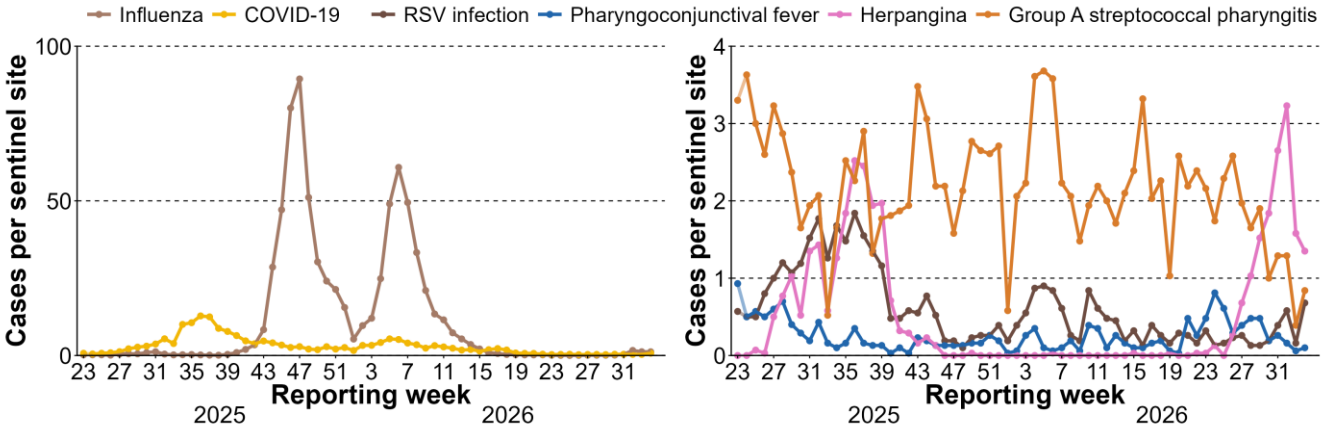
Supplementary Information 2. Weekly cases per sentinel site by prefecture for each disease



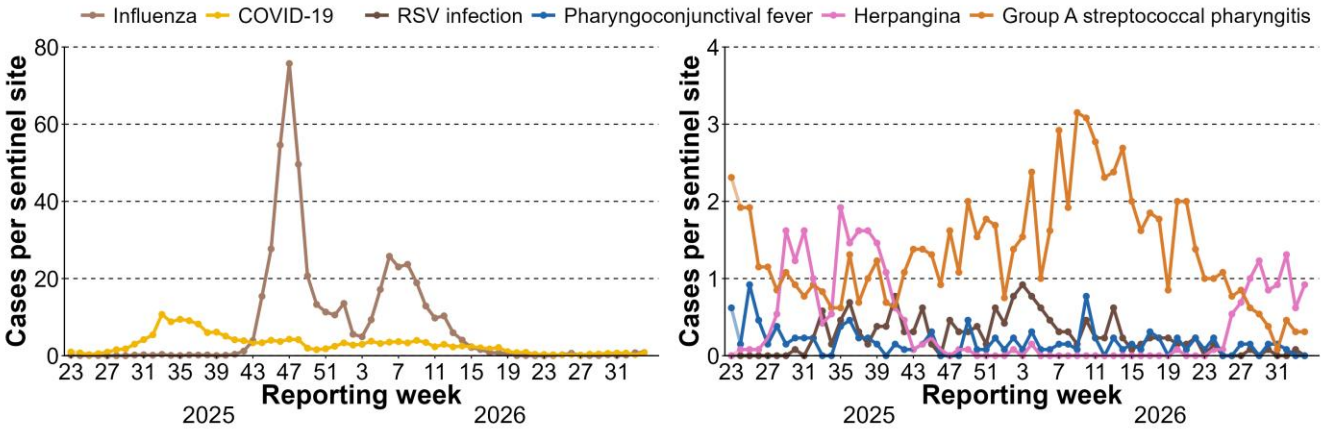
Iwate



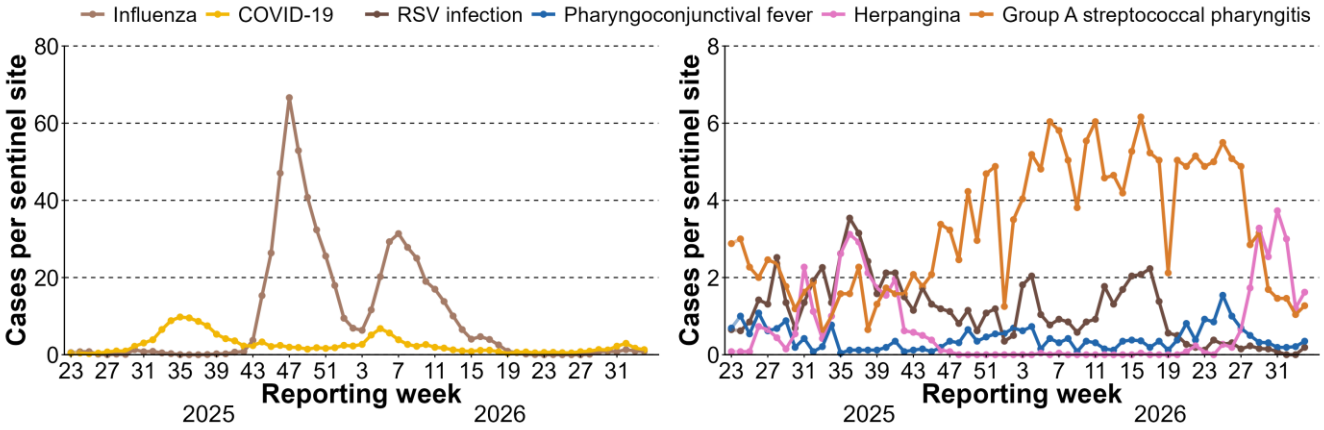
Miyagi



Akita



Yamagata



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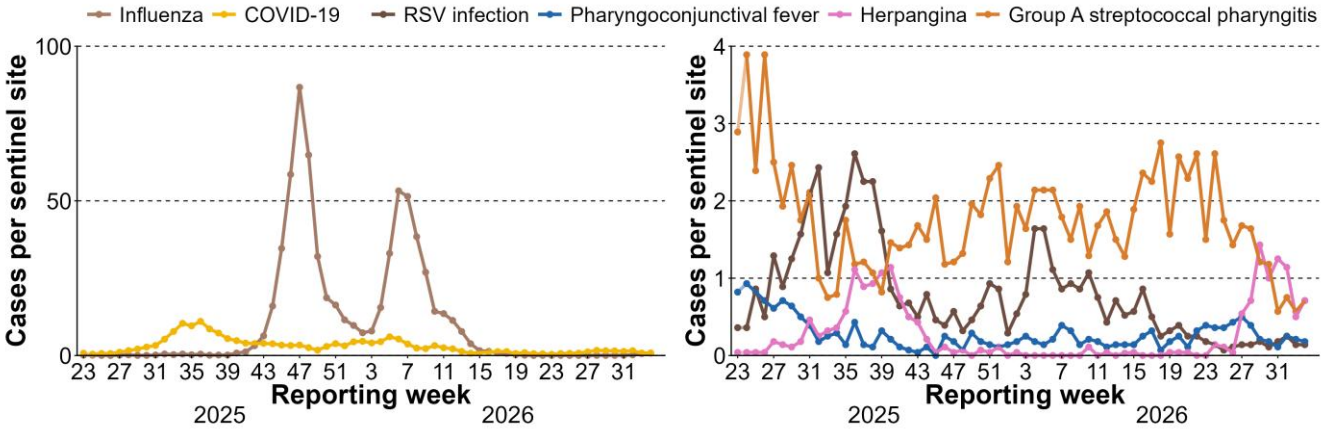

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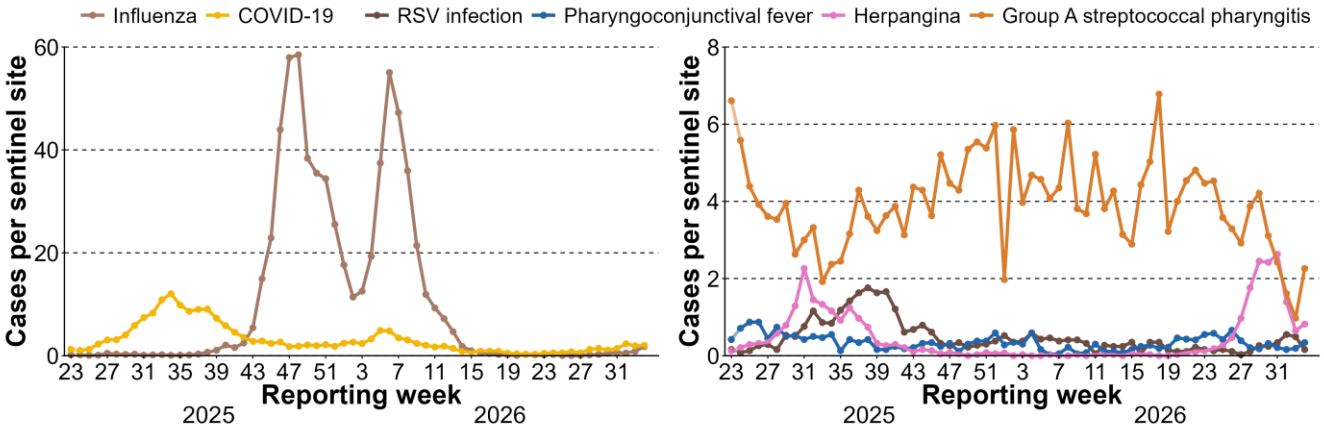

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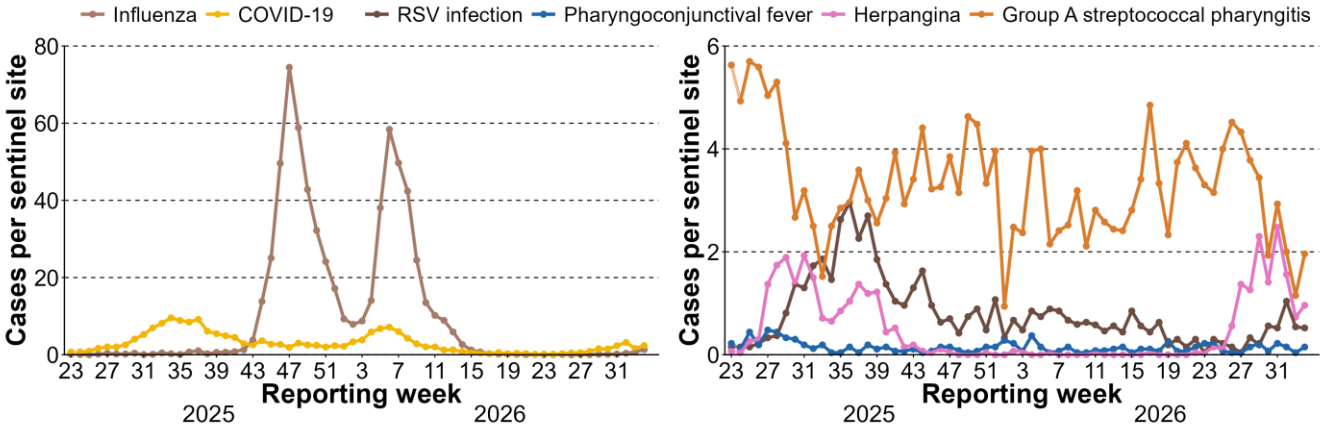
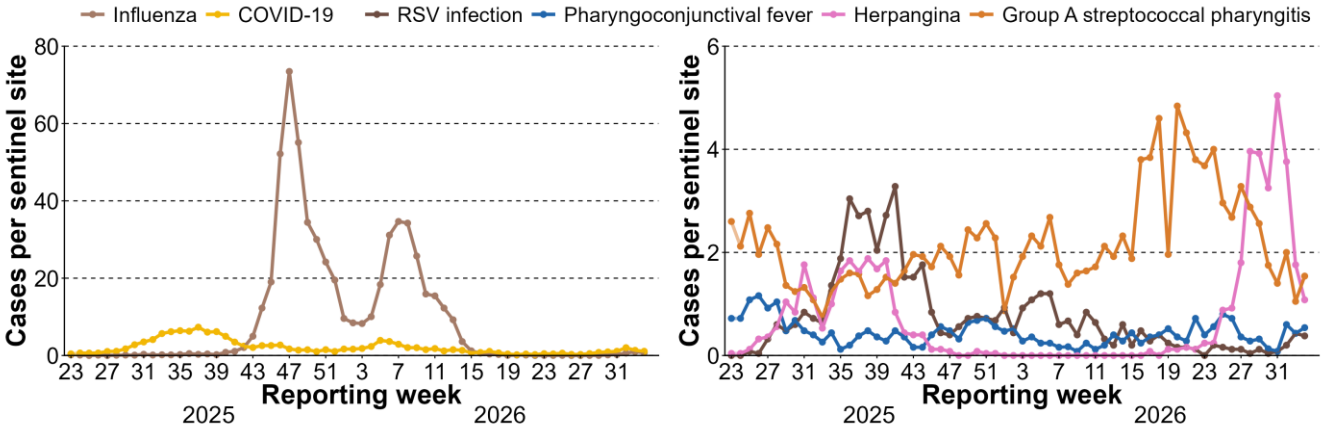


Gunma



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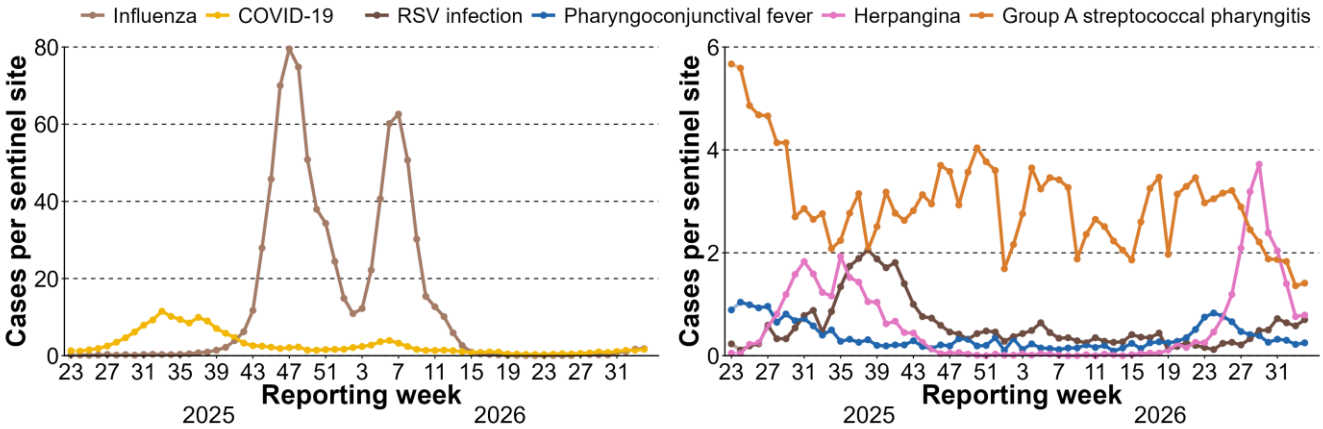

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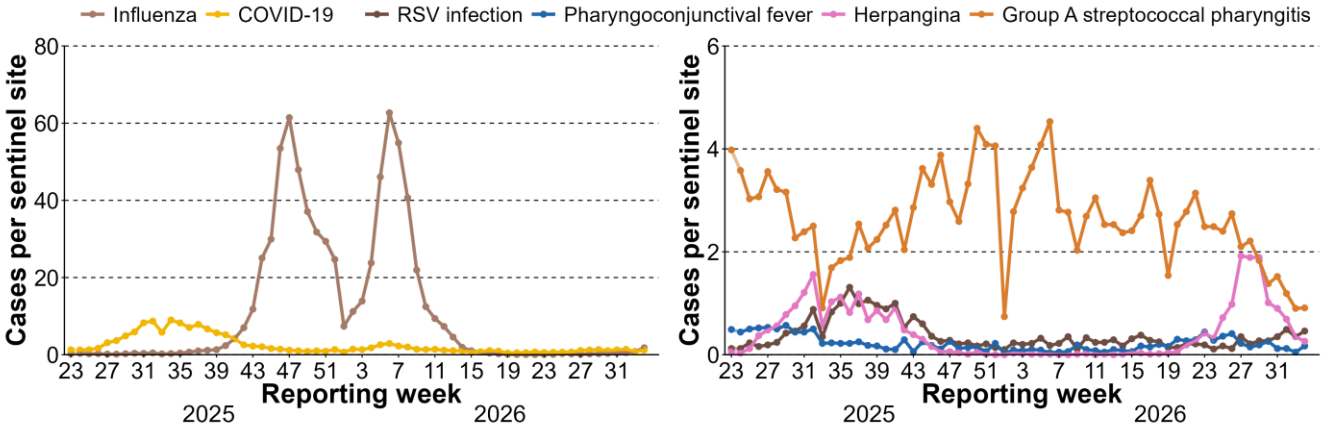
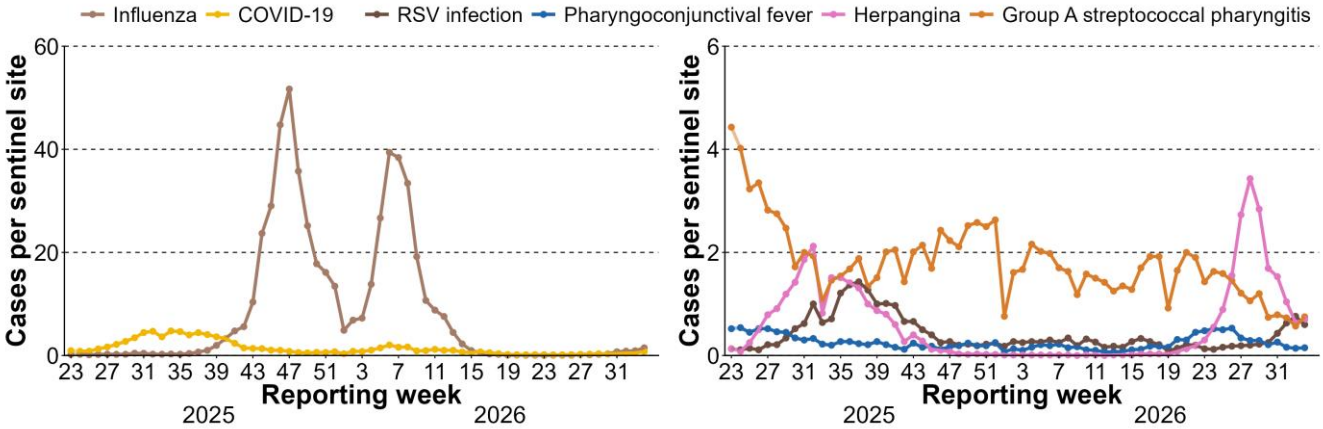
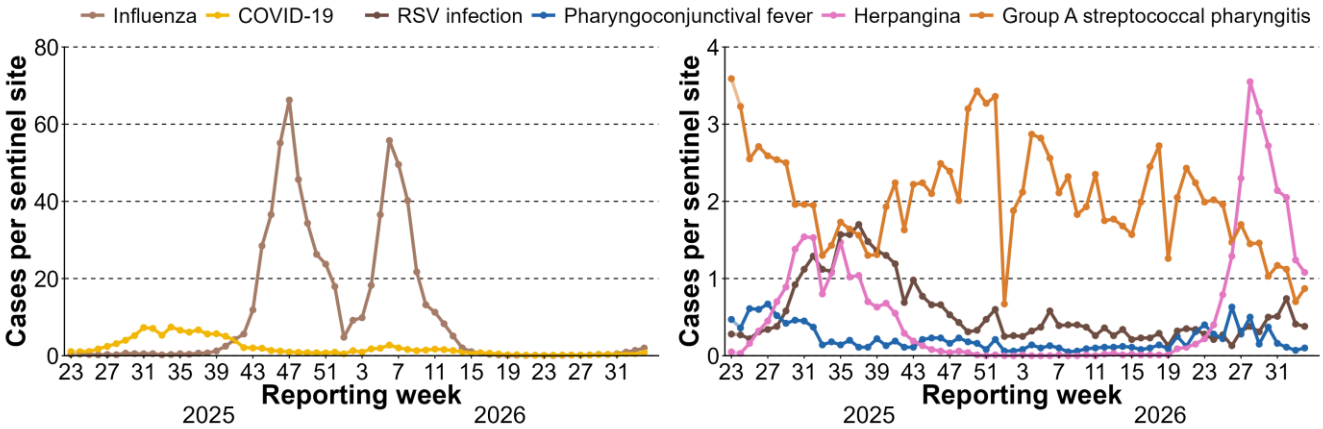


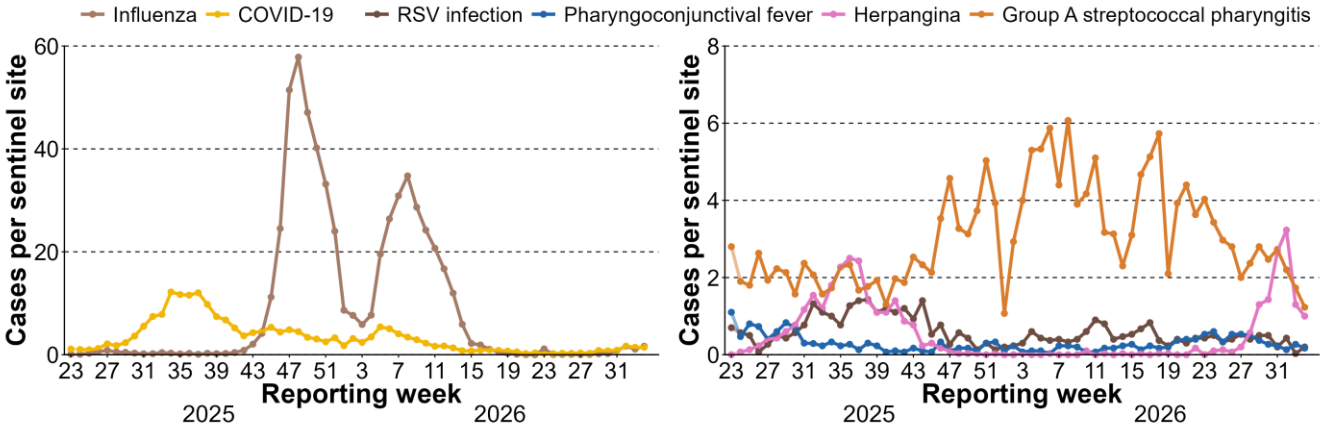
Tokyo



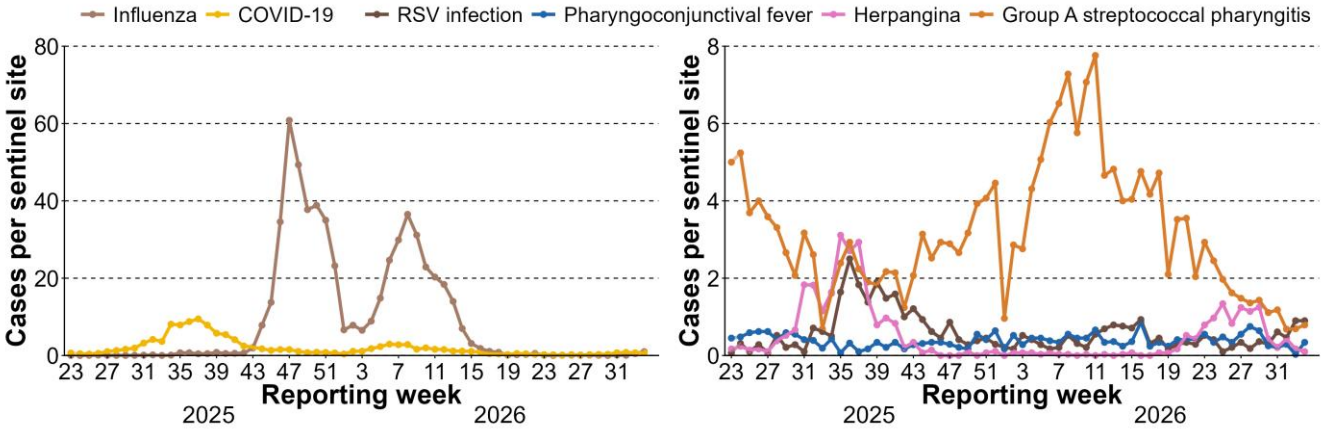
Kanagawa



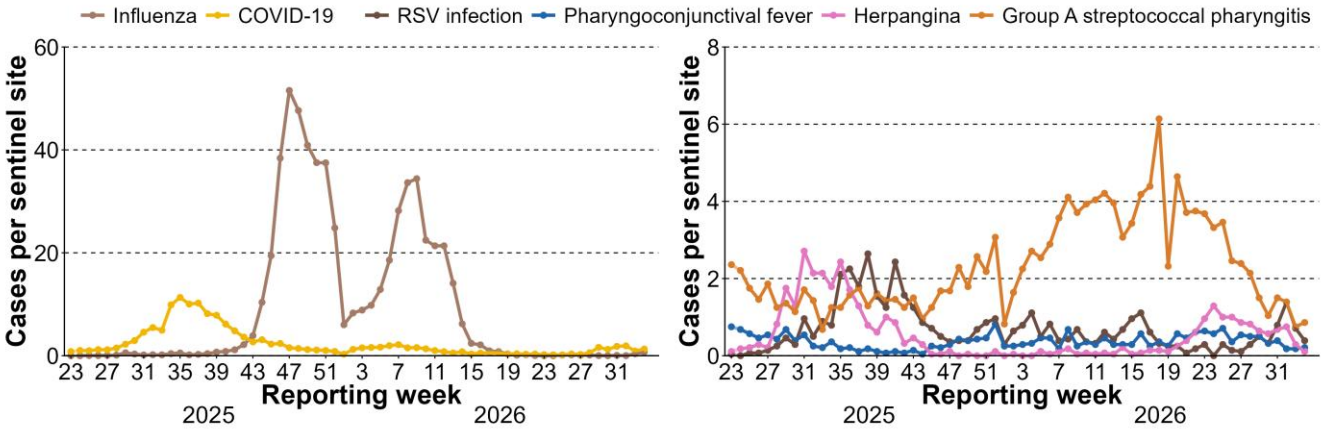
Niigata



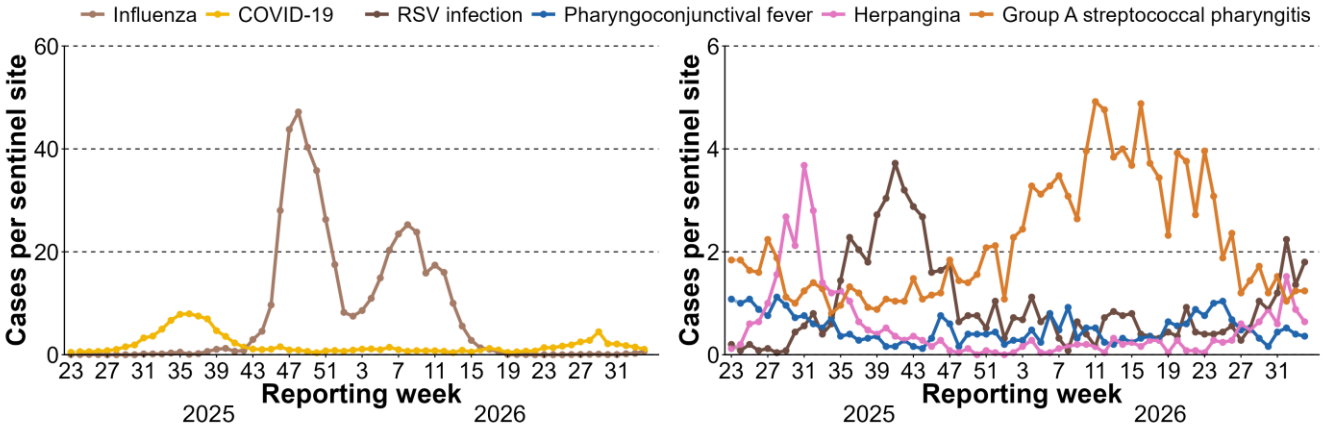
Toyama



Ishikawa



Fukui



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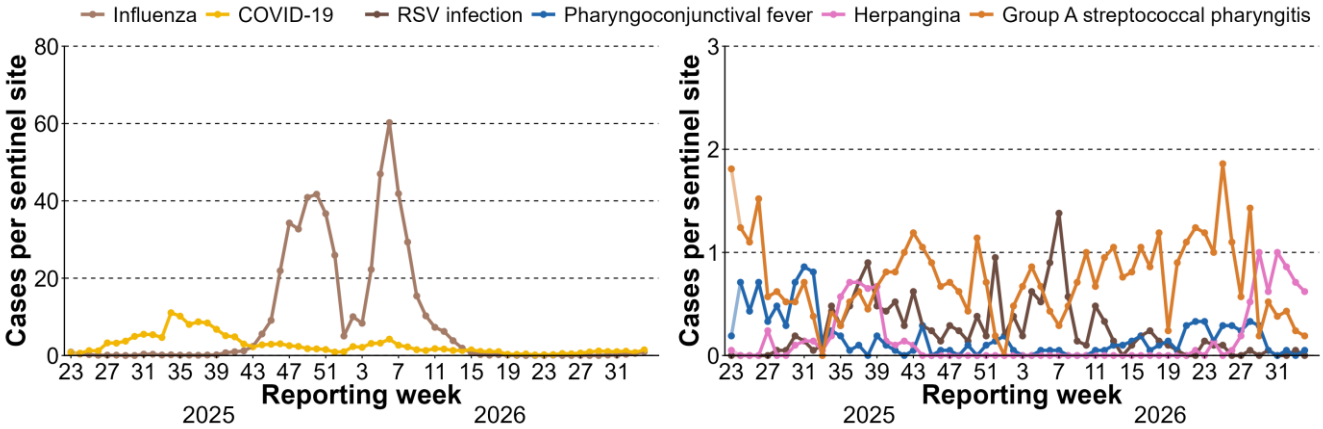

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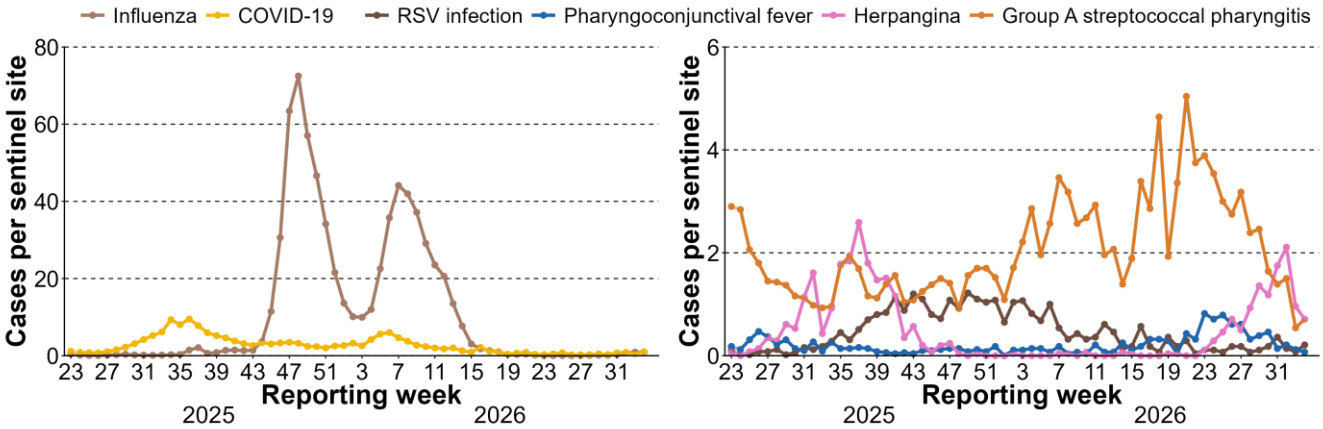

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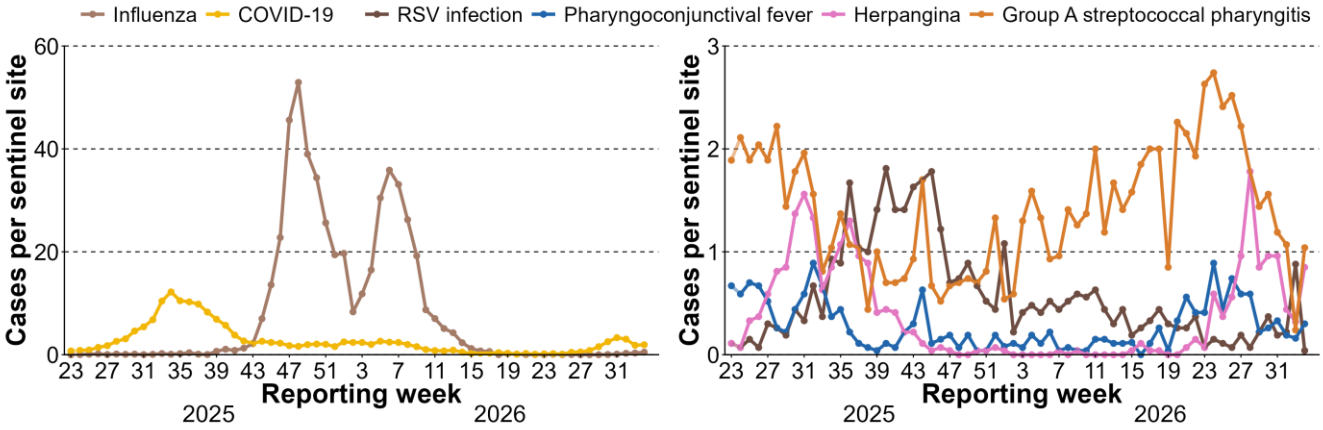
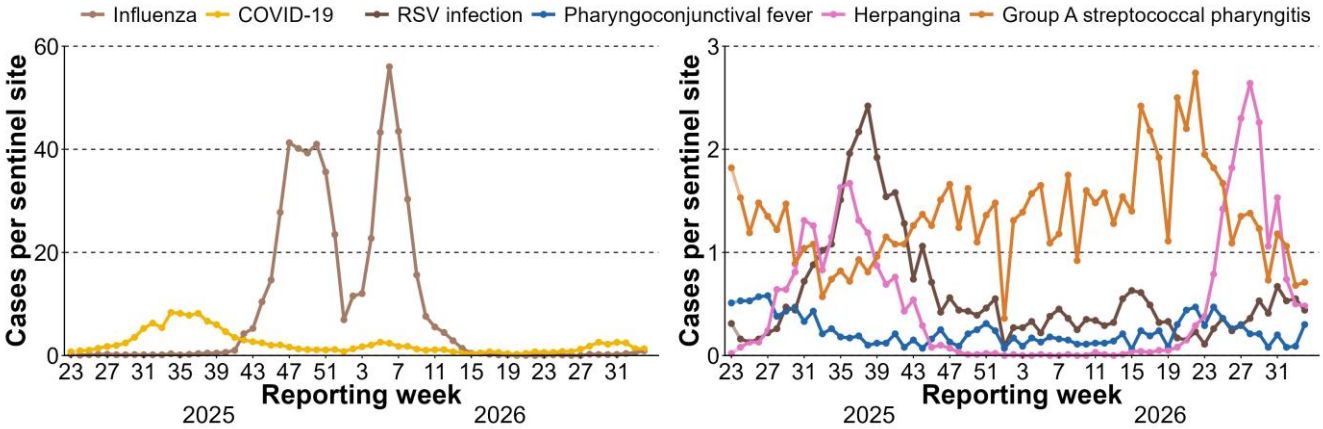


Shizuoka



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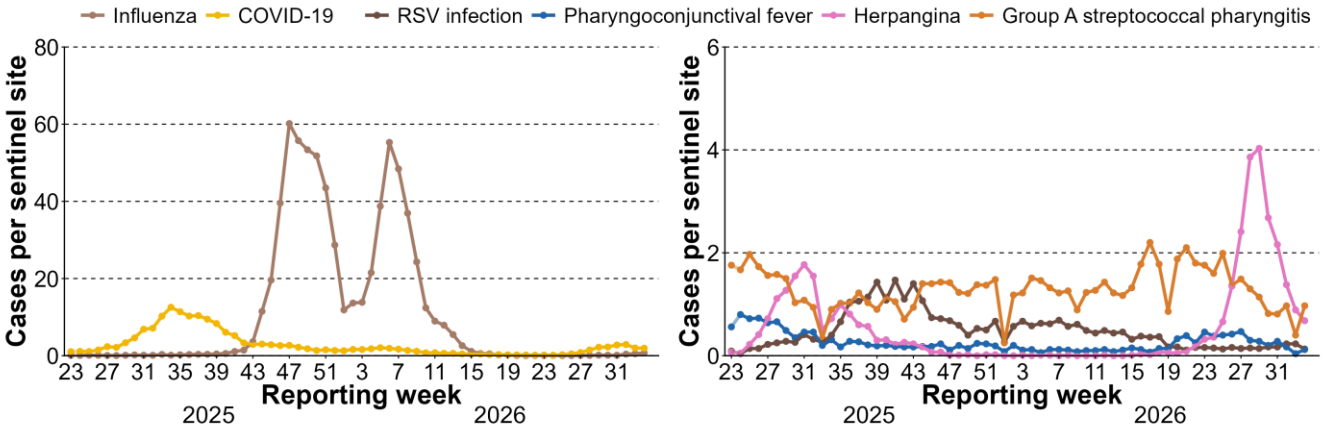
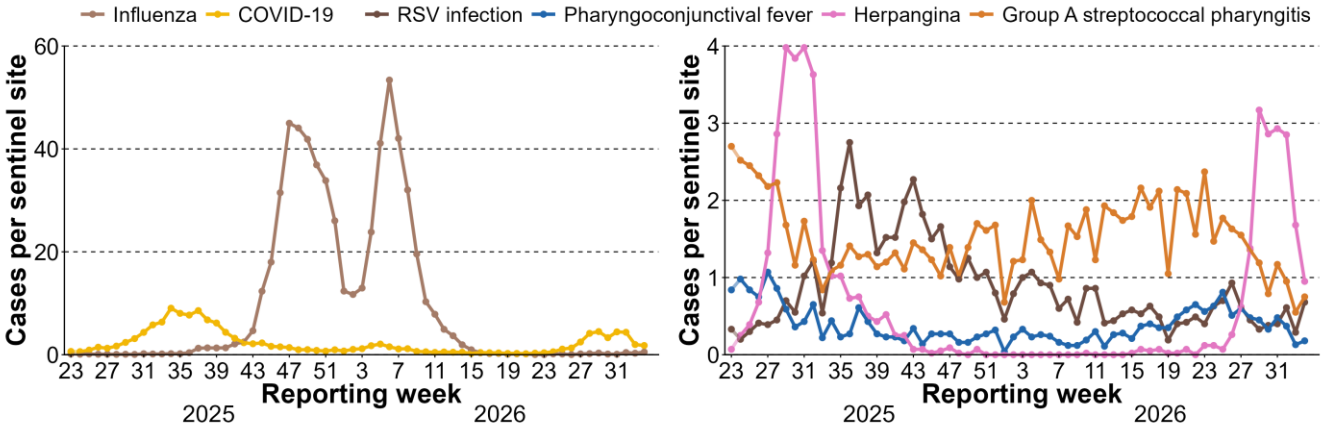
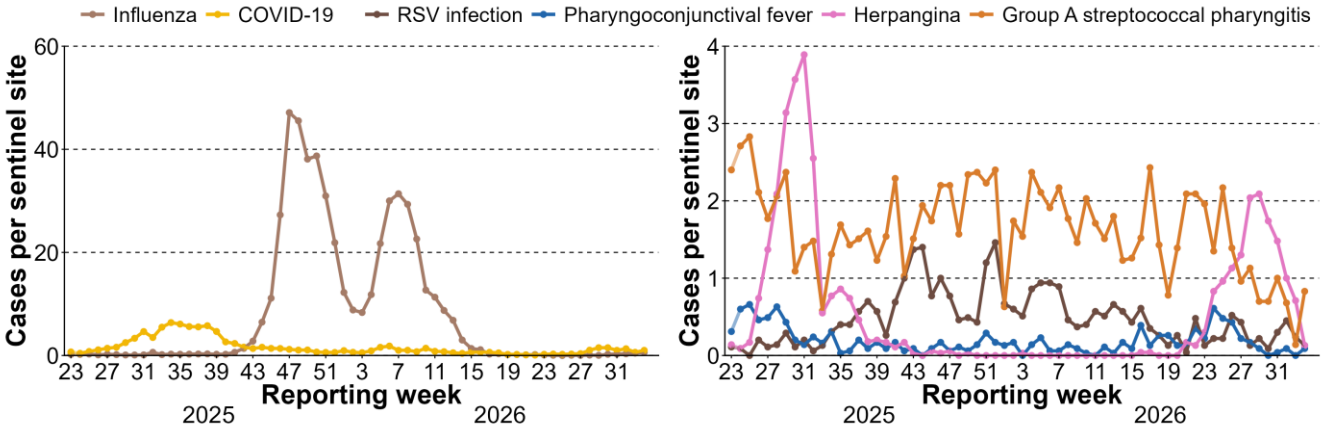


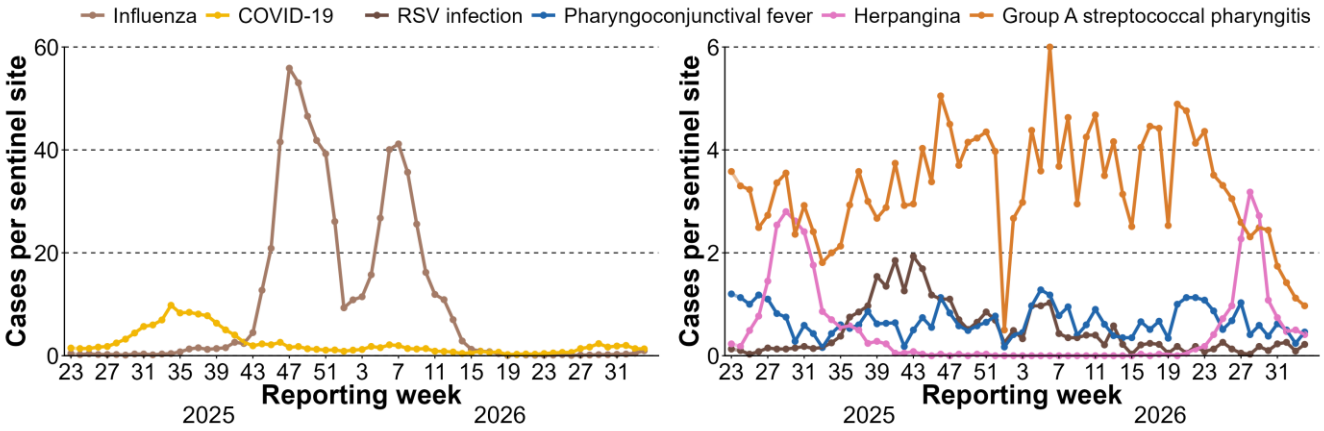
Mie



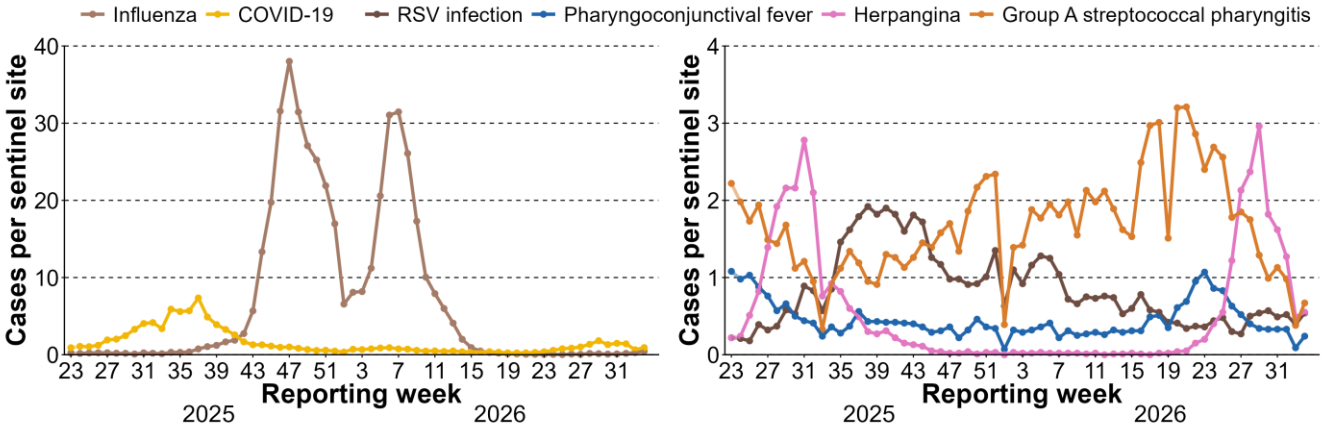
Shiga



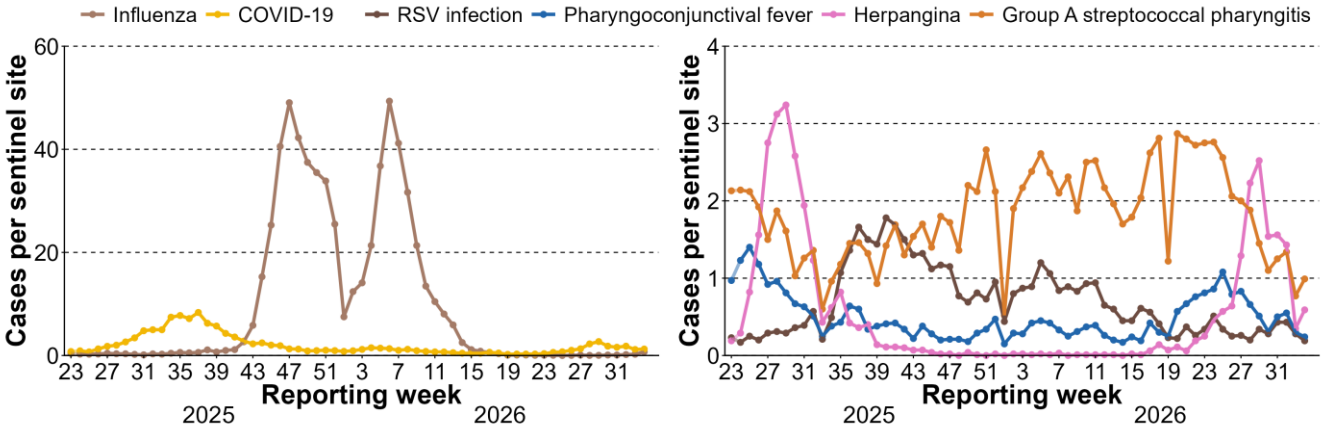
Kyoto



Osaka



Hyogo



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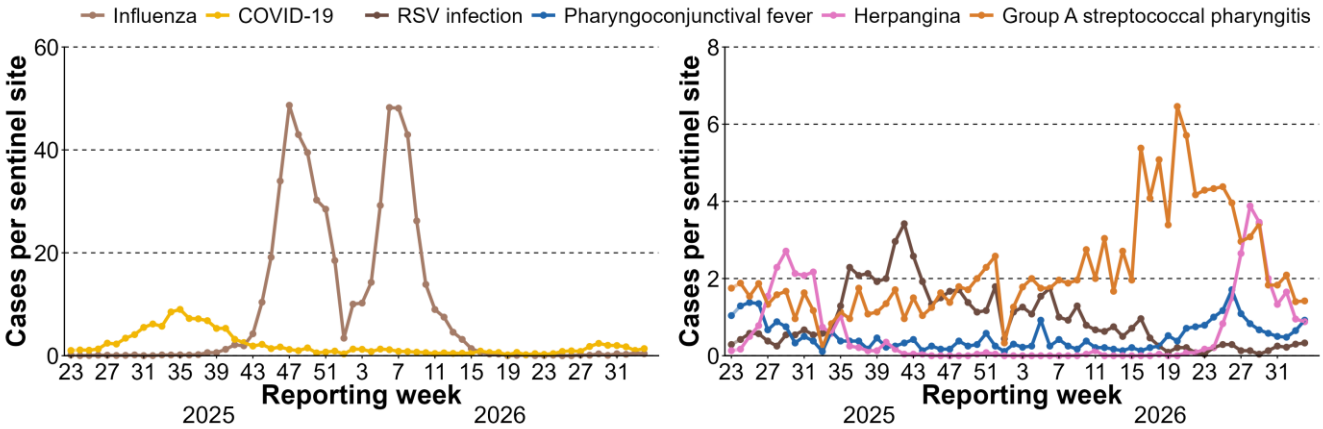

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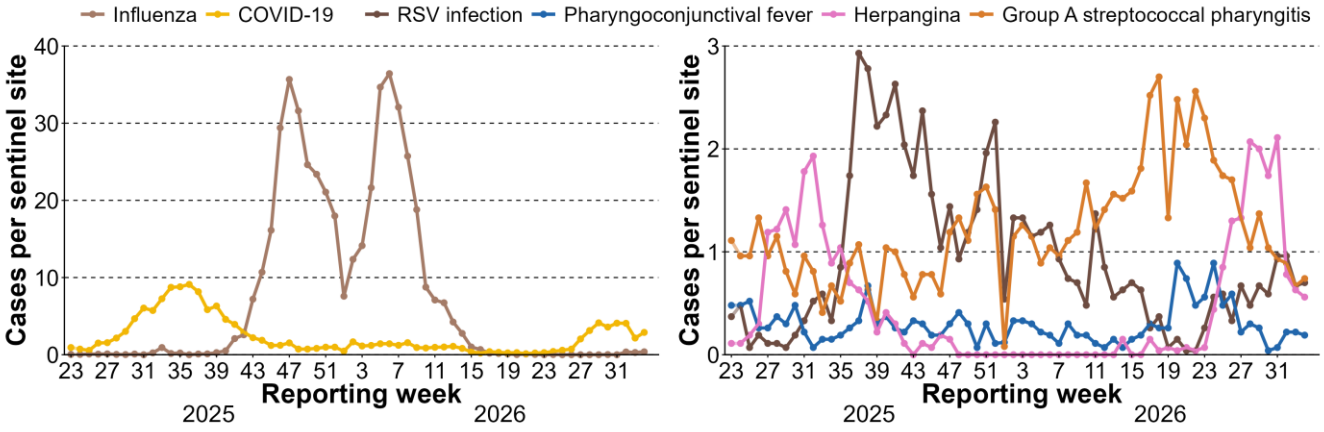

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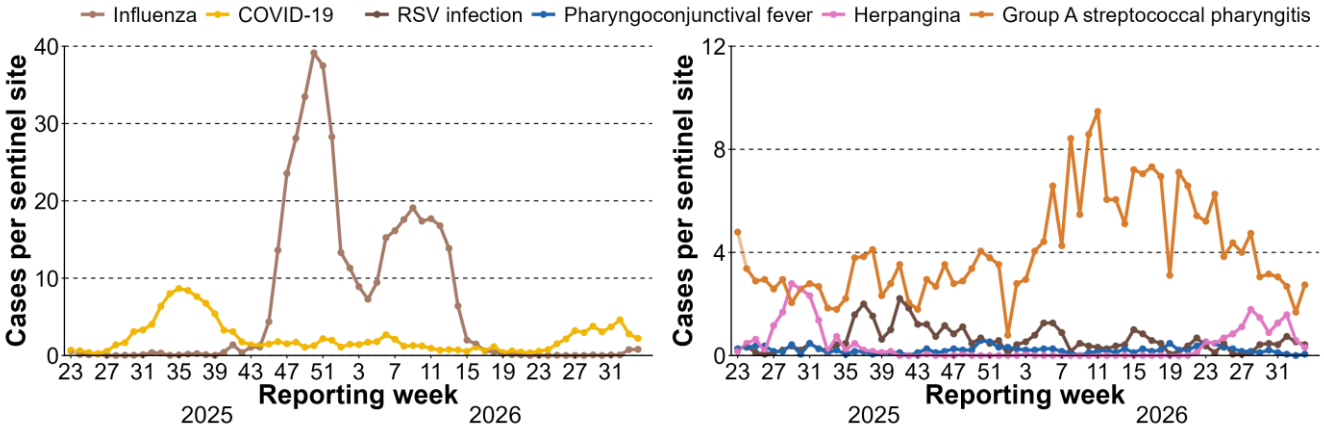

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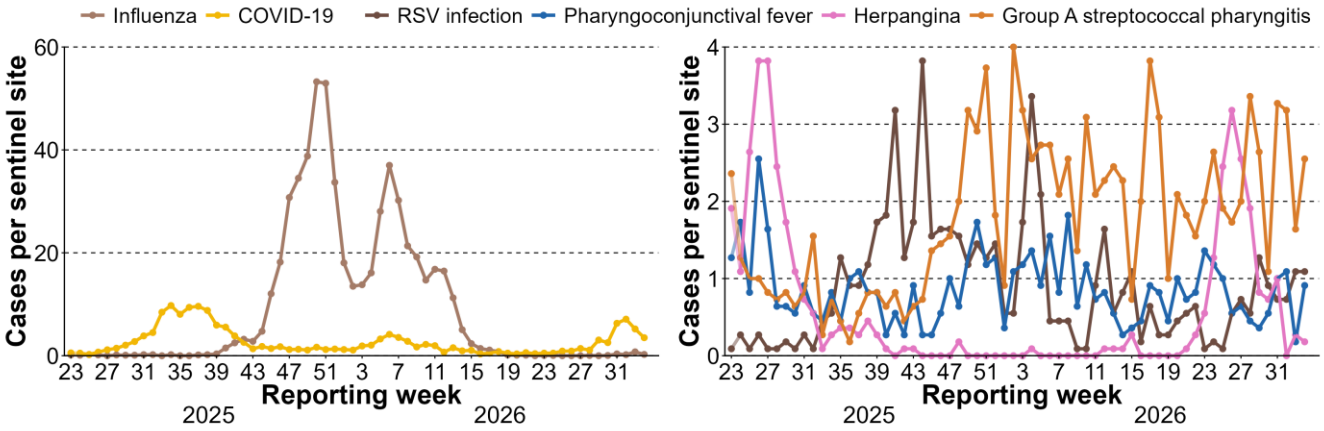

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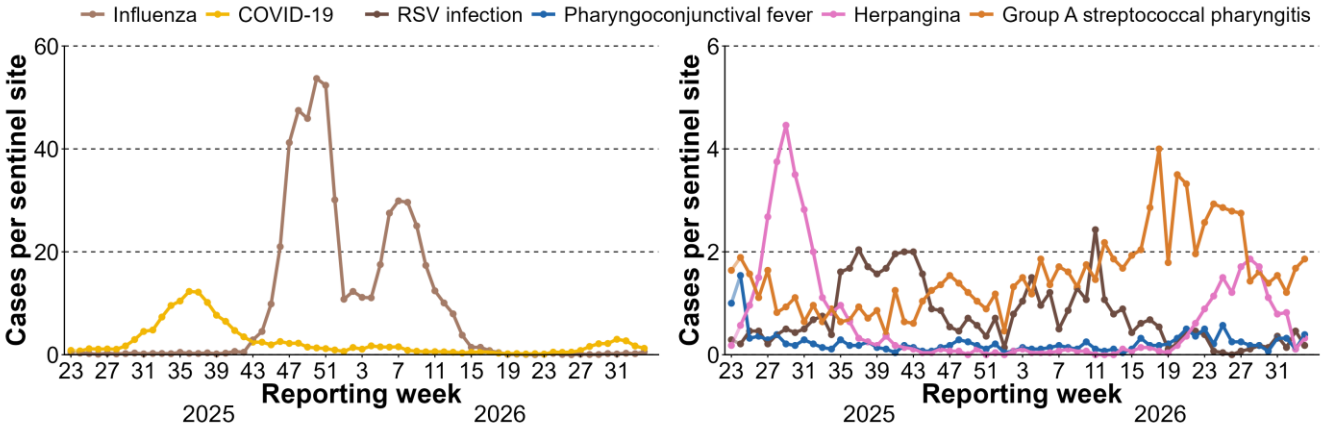
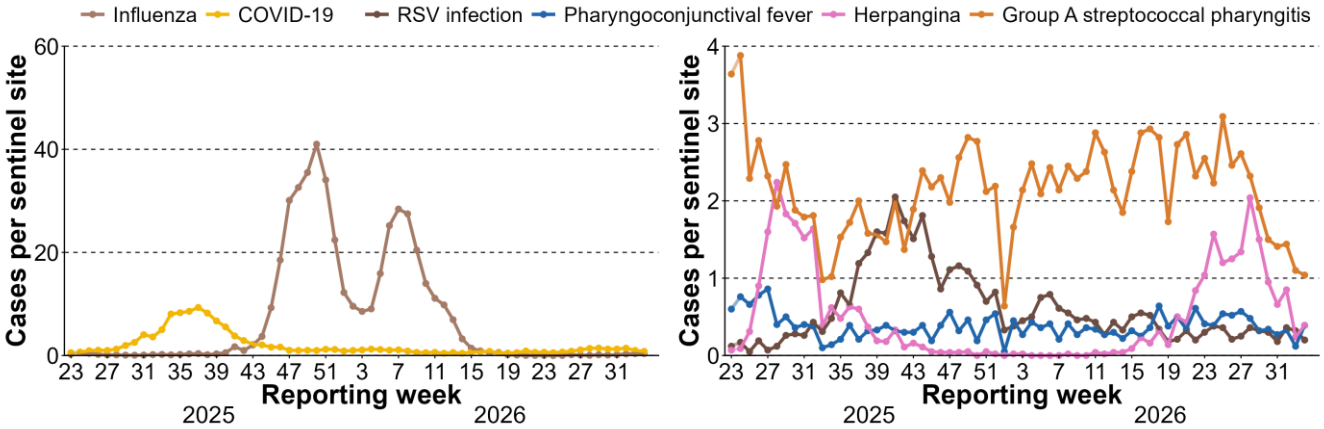
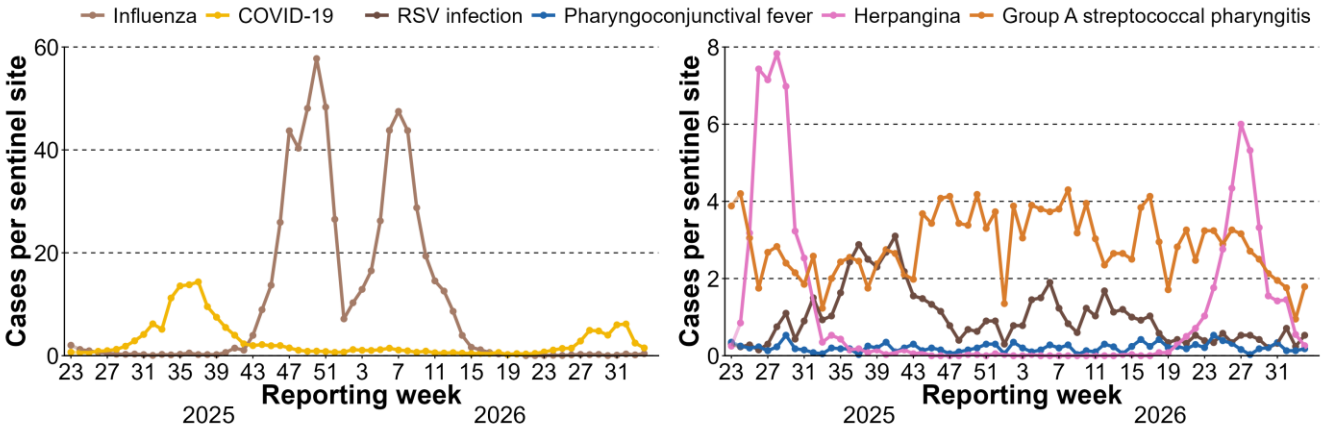


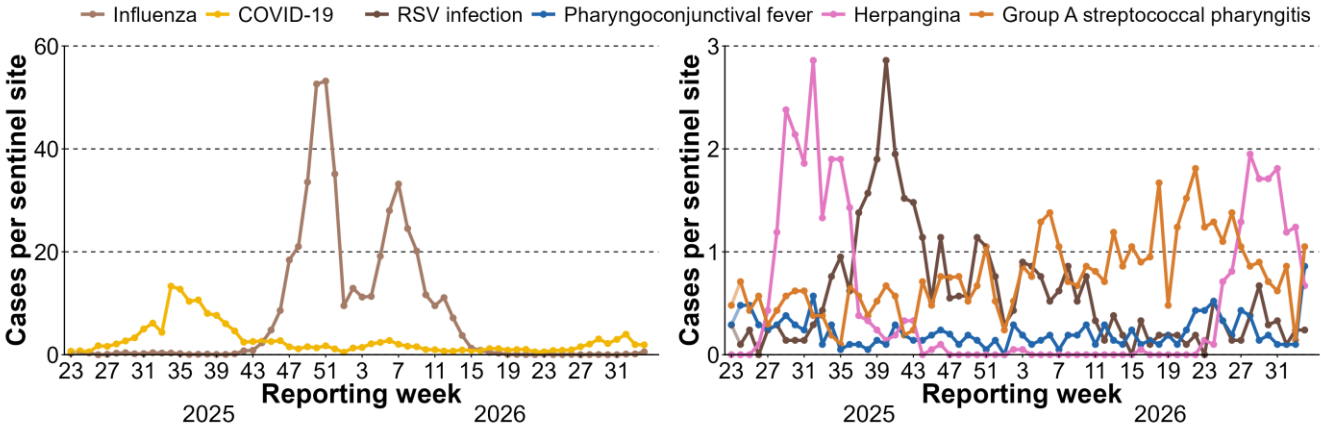
Hiroshima



Yamaguchi



Tokushima



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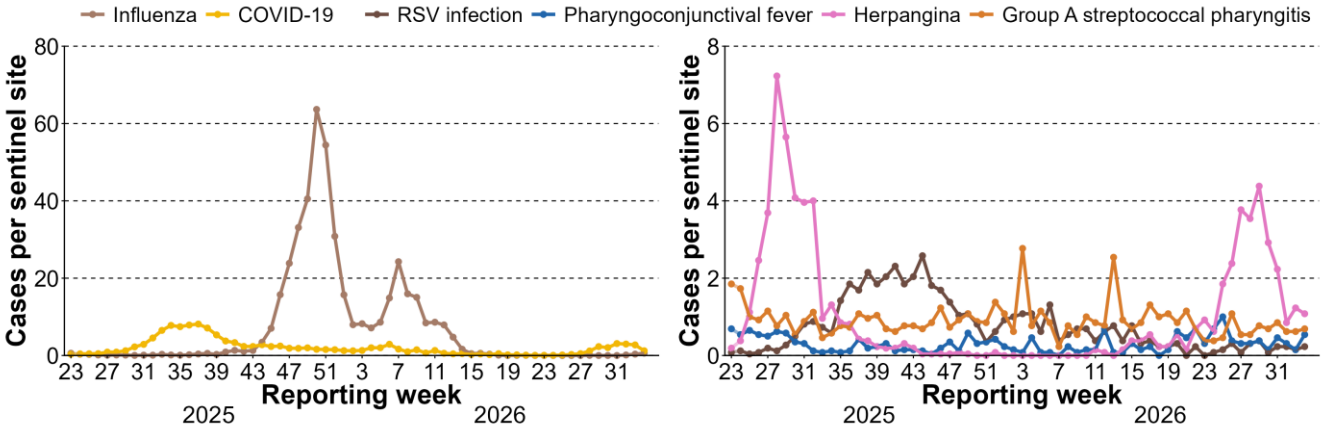

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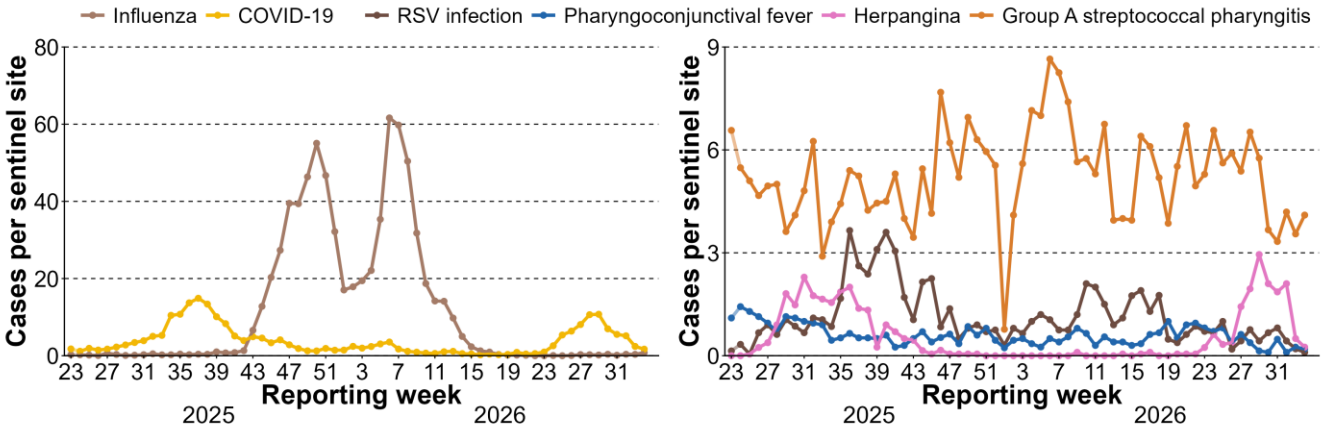

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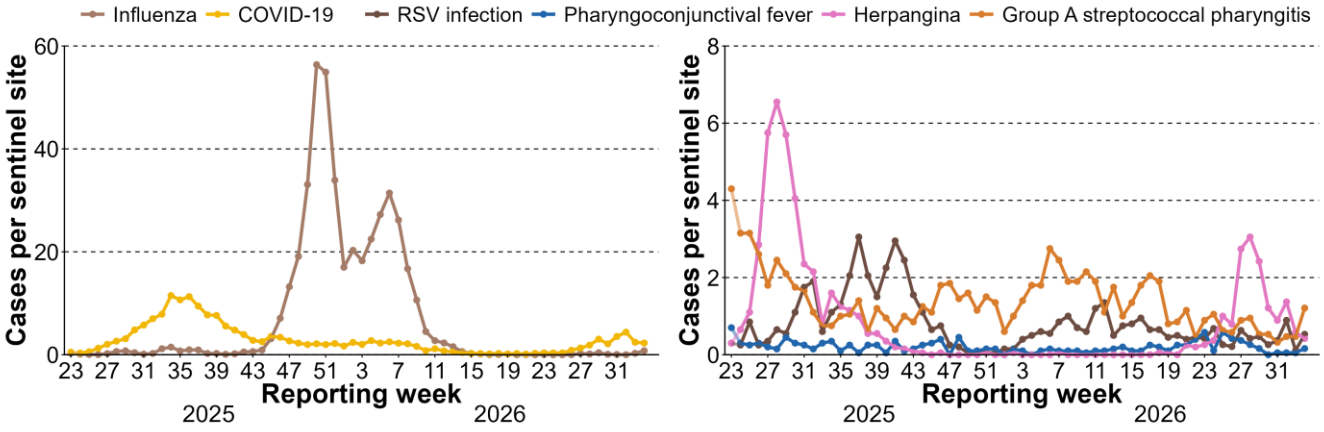
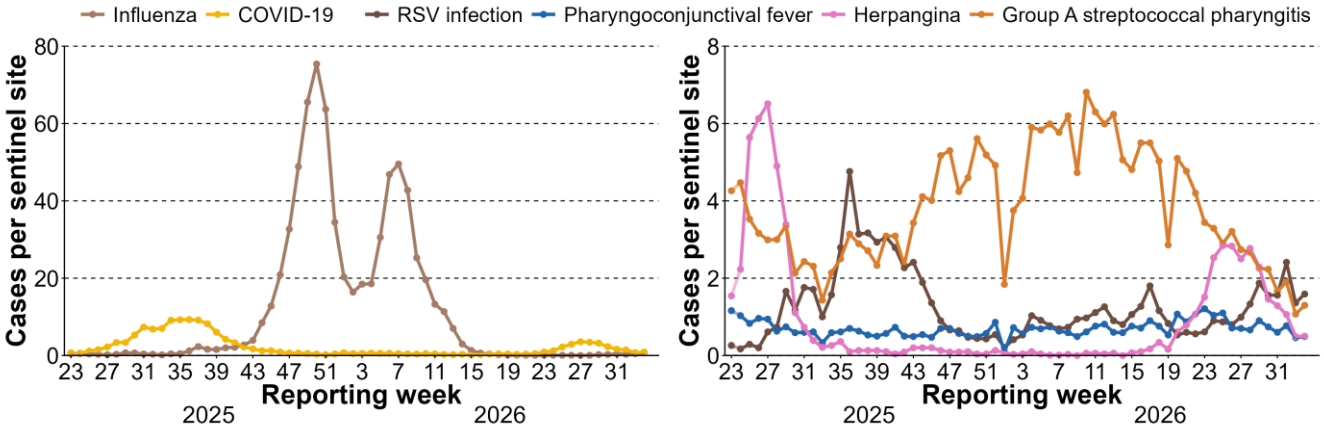
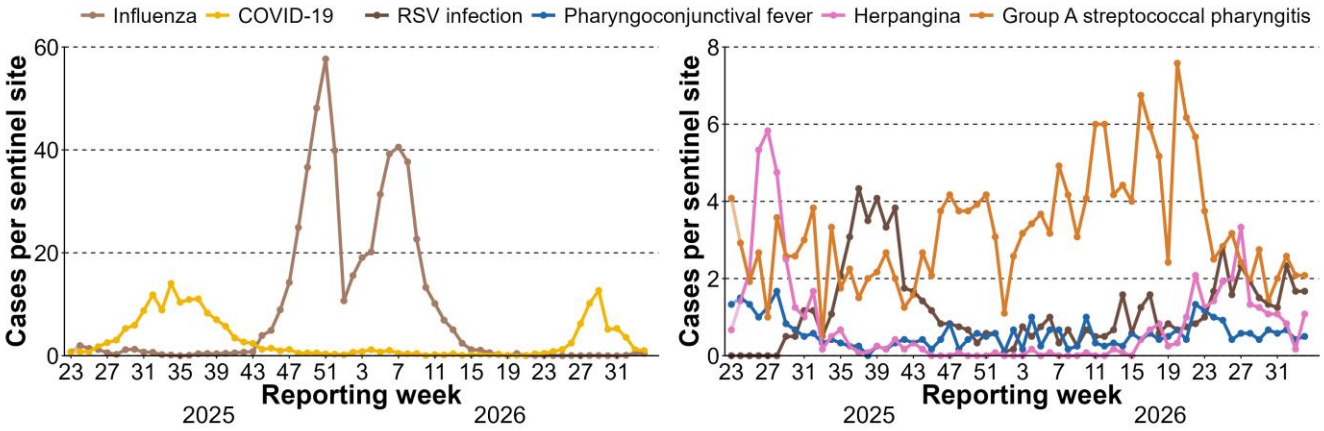


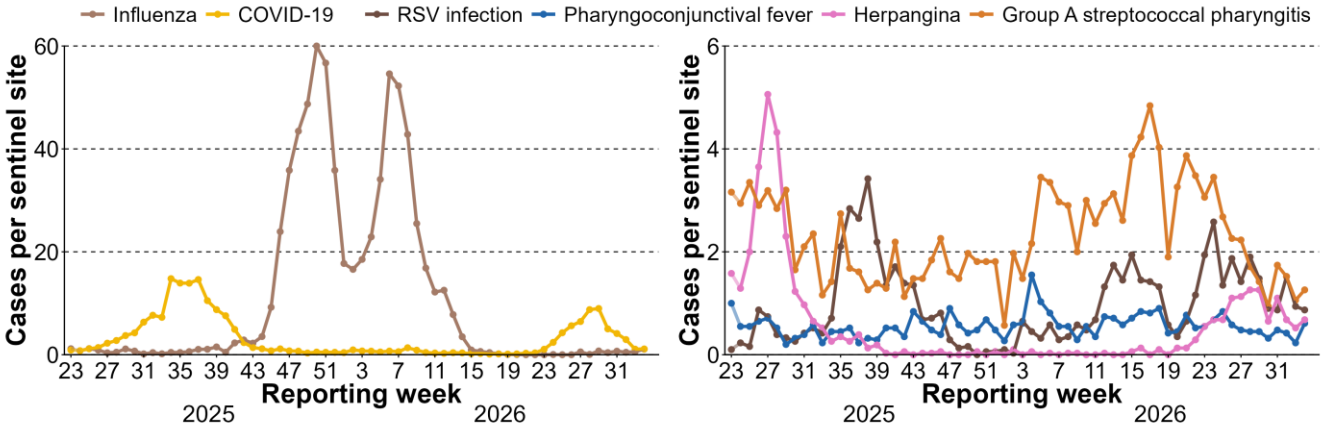
Fukuoka



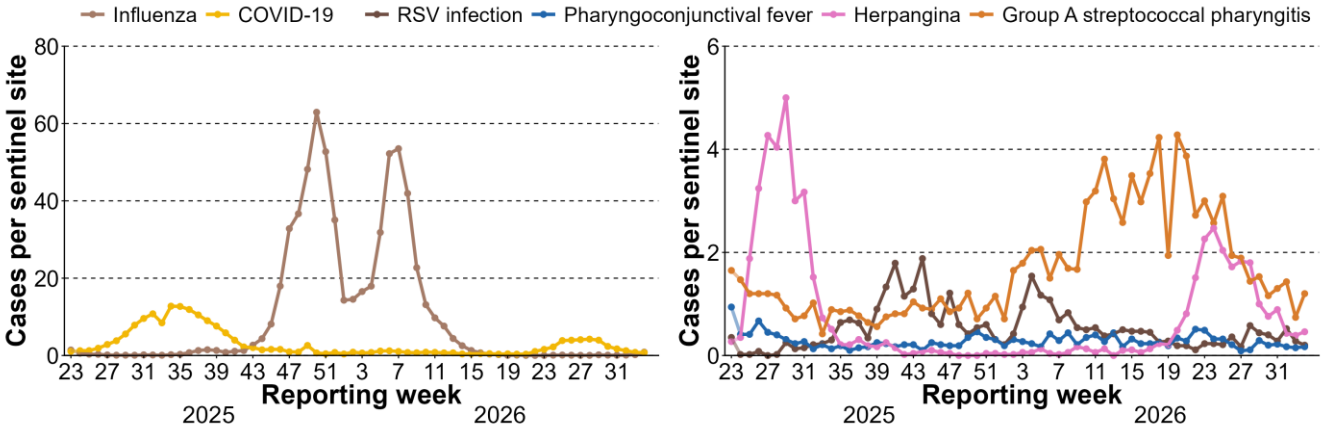
Saga



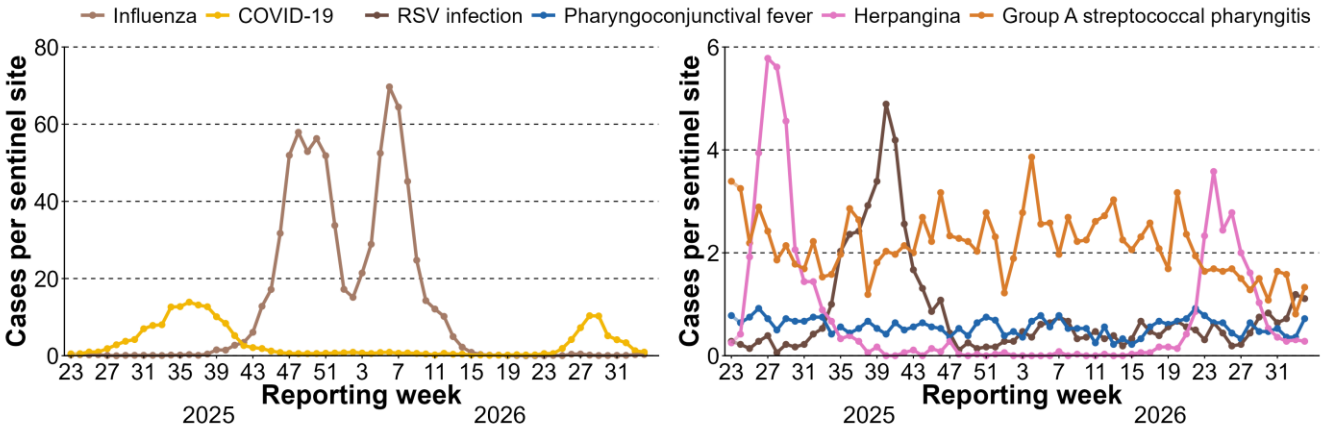
Nagasaki

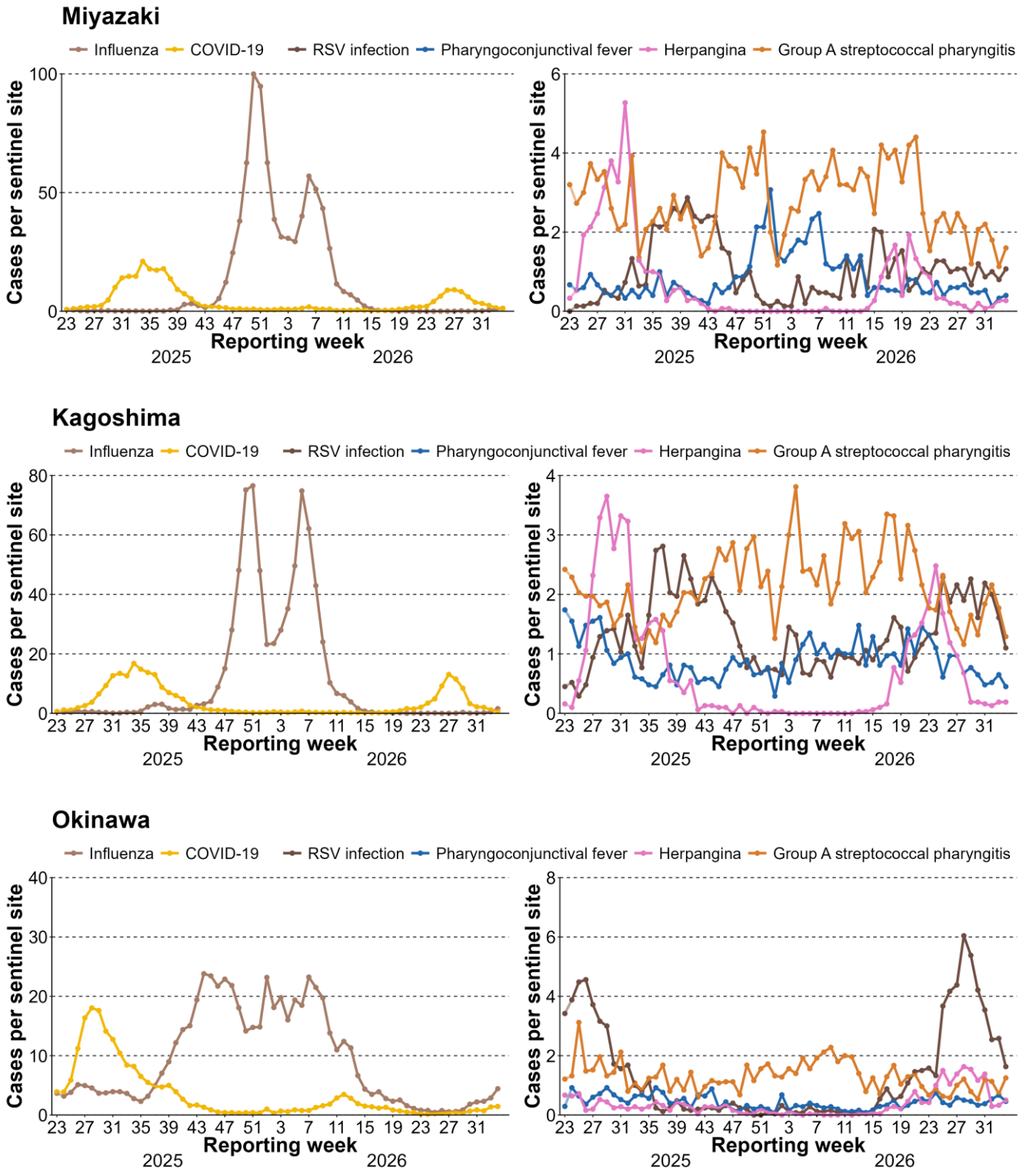


Kumamoto



Oita





Data source: Infectious Disease Surveillance in Japan; data as of August 26, 2026 (data range: June 2, 2025 – August 23, 2026)