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 39, 2026 (September 21, 2026 – September 27, 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.

Weekly Situation Overview

In week 39 of 2026 (September 21, 2026–September 27, 2026), the number of ARI cases per sentinel site was 41.84 (155,282 cases), representing a decrease compared with the previous week.

The number of cases reported per sentinel site for each disease was 7.17 for influenza, 1.25 for COVID-19, 0.84 for RSV infection, 0.72 for group A streptococcal pharyngitis, 0.59 for herpangina, and 0.15 for pharyngoconjunctival fever. A total of 859 new hospital admissions due to influenza were reported, representing an increase of 107 cases compared with the previous week. 257 new hospital admissions due to COVID-19 were reported, representing a decrease of 62 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 39 of 2026 and reported by the time of analysis, 4 specimens tested positive for influenza A virus, 1 specimen tested positive for RSV, and no specimens tested positive for influenza B virus and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

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1. Patient Surveillance

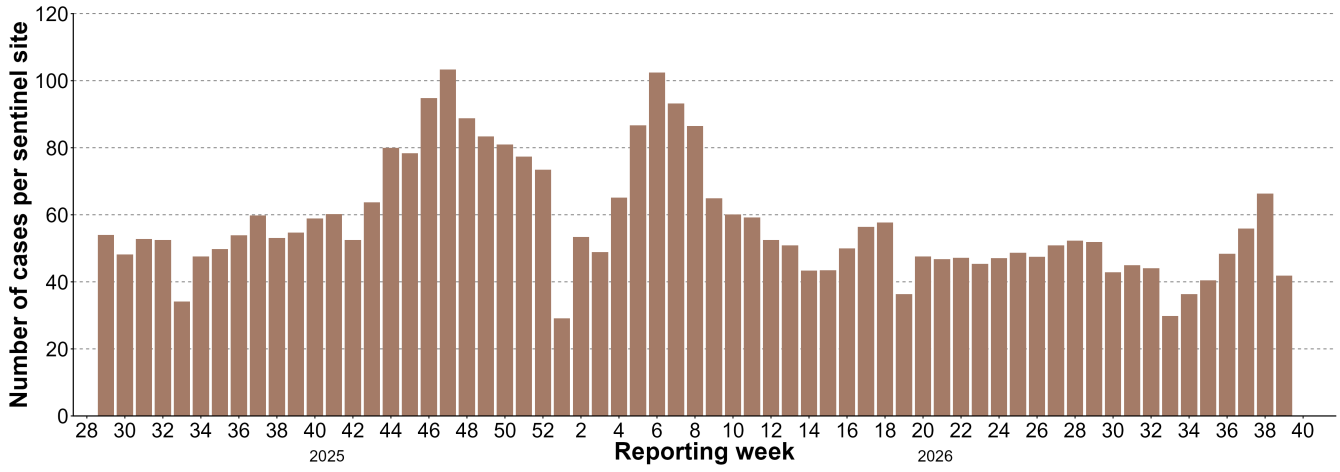
1.1. Nationwide Cases per Sentinel Site

In week 39 of 2026, a total of 3,711 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 41.84 (155,282 cases in total) (Figure 1), corresponding to a week-on-week ratio of 0.63 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 7.17 for influenza (26,678 cases) and 1.25 for COVID-19 (4,671 cases) (Figure 1A). The number of reporting sentinel sites was 3,723.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 0.84 for RSV infection (1,882 cases), 0.15 for pharyngoconjunctival fever (329 cases), 0.59 for herpangina (1,330 cases), and 0.72 for group A streptococcal pharyngitis (1,625 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,245.

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



Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 2026).

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

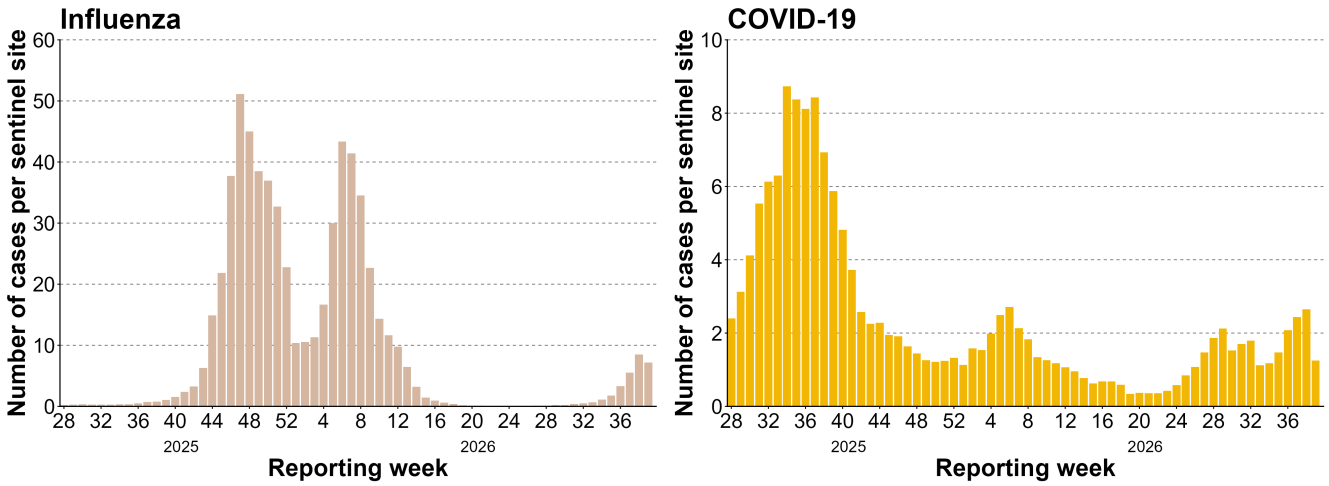
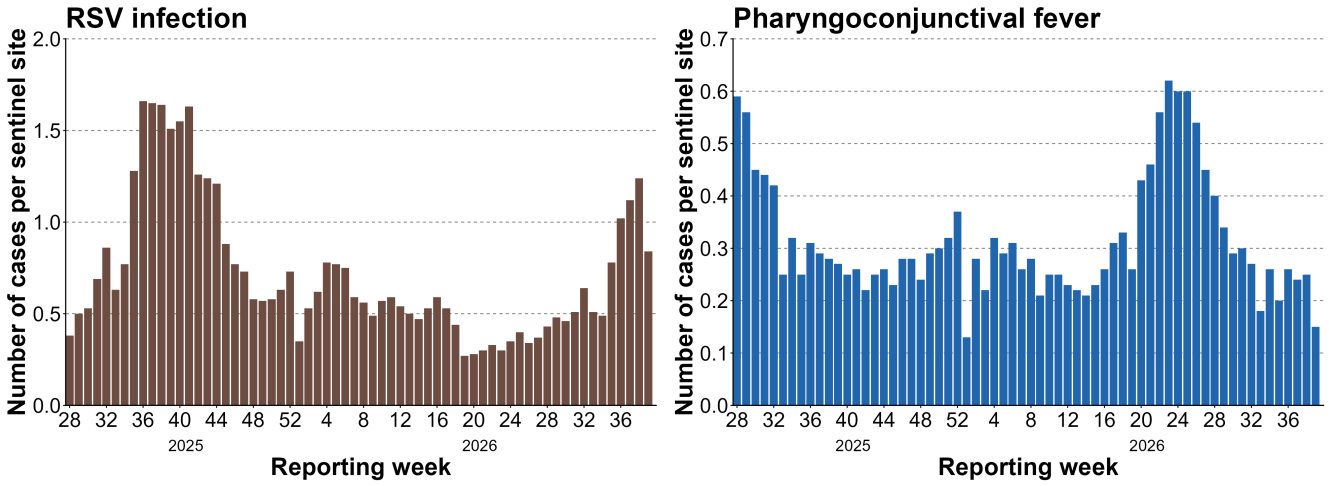
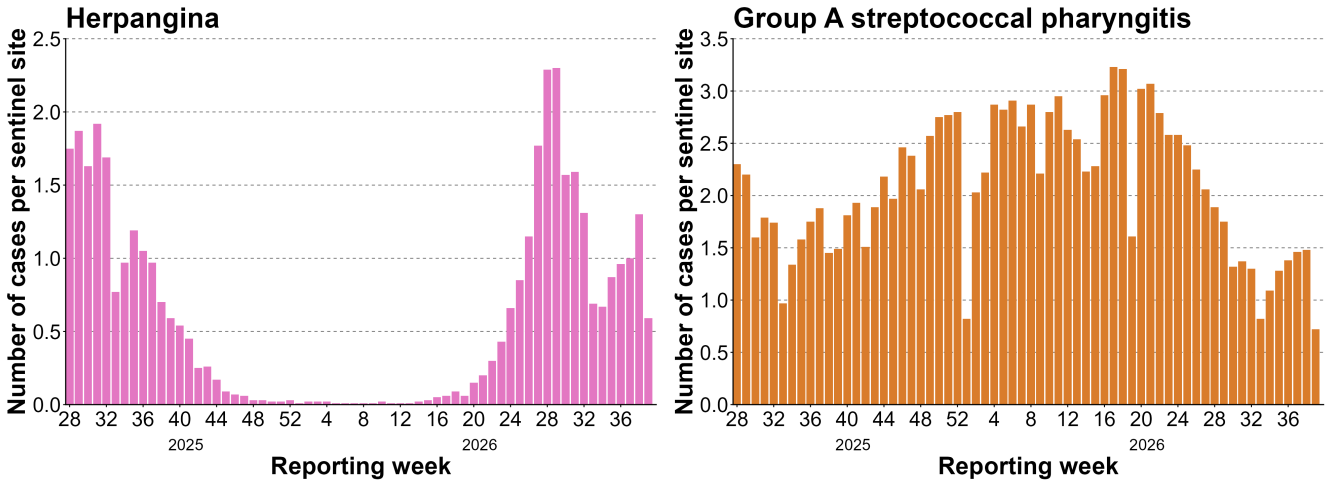


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

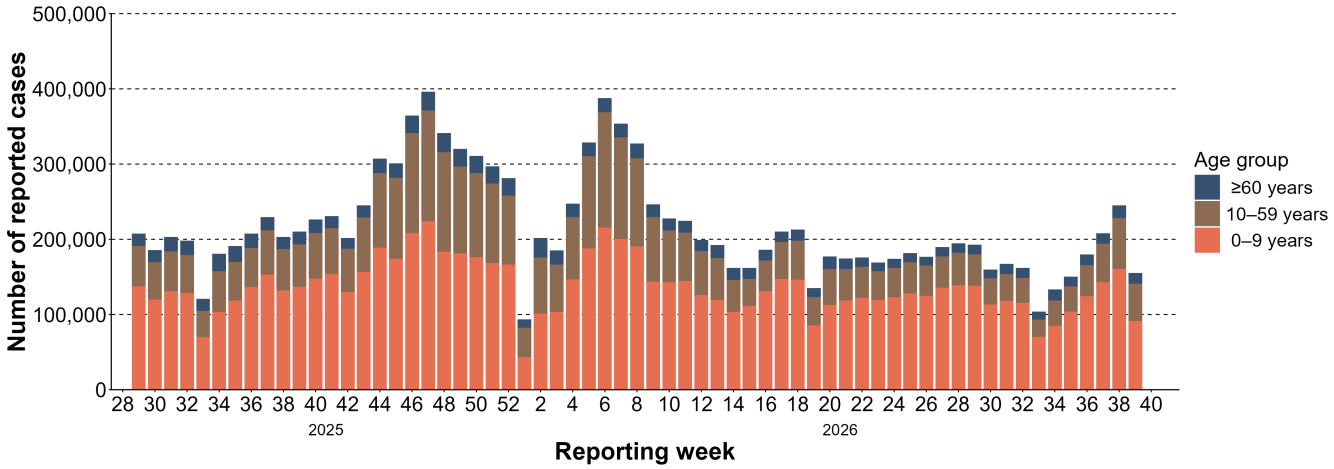
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 39 of 2026, the number of reported cases by age group was 91,162 cases among individuals aged 0–9 years (week-on-week ratio: 0.57), 49,680 cases among individuals aged 10–59 years (week-on-week ratio: 0.74), and 14,440 cases among individuals aged 60 years and older (week-on-week ratio: 0.85) (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, 3,389 influenza cases and 911 COVID-19 cases were reported among individuals aged 60 years and older; of these, 842 influenza cases and 290 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 September 30, 2026 (data range: July 7, 2025 – September 27, 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

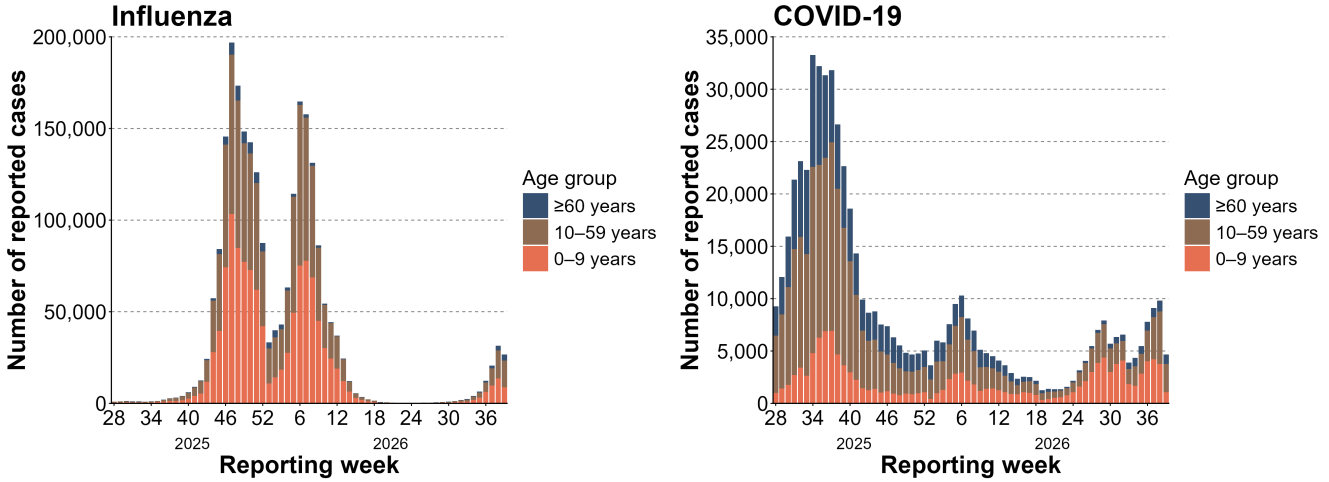
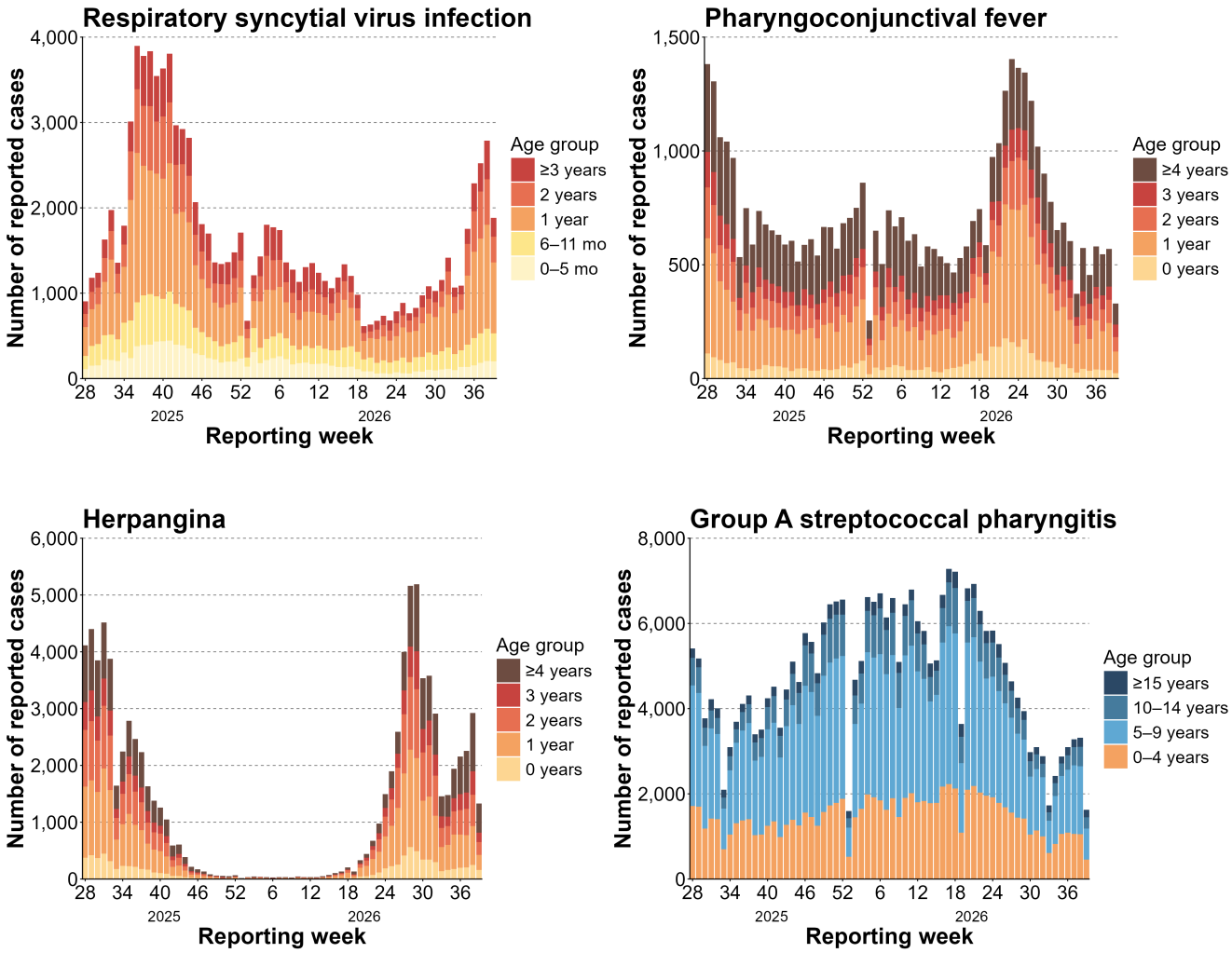


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 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 39

Age group	Influenza	COVID-19
0–9 years	8,881	1,058
	(0.65)	(0.28)

Age group	Influenza	COVID-19
10–59 years	14,408	2,702
	(0.95)	(0.54)
≥60 years	3,389	911
	(1.29)	(0.87)
Total	26,678	4,671
	(0.85)	(0.48)

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 39

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	531	23	160	7
	(0.91)	(0.62)	(0.65)	(0.35)
1–4 years	1,304	230	780	452
	(0.62)	(0.56)	(0.40)	(0.44)
5–14 years	43	69	378	990
	(0.49)	(0.62)	(0.55)	(0.48)
≥15 years	4	7	12	176
	(0.80)	(0.54)	(0.71)	(0.81)
Total	1,882	329	1,330	1,625
	(0.68)	(0.58)	(0.46)	(0.49)

Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: September 21, 2026 – September 27, 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 39 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Saitama (75.42), Okinawa (71.20), and Gunma (59.91) (Figure 3A). Across all prefectures, the numbers of cases per sentinel site ranged from 22.64 to 75.42 (Figure 4).

The three prefectures with the highest numbers of cases per sentinel site by disease were Okinawa, Saitama, and Ibaraki for influenza; Saitama, Nagano, and Gifu for COVID-19; Miyazaki, Fukui, and Wakayama for RSV infection; Kagoshima, Miyazaki, and Fukuoka for pharyngoconjunctival fever; Gunma, Shizuoka, and Kanagawa for herpangina; Ibaraki, Tottori, and Yamaguchi for group A streptococcal pharyngitis (Table 3).

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 39

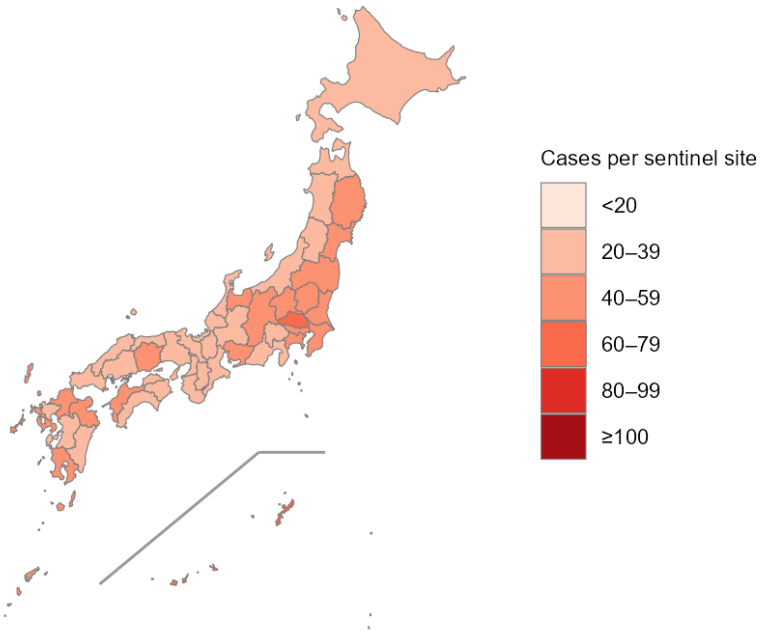
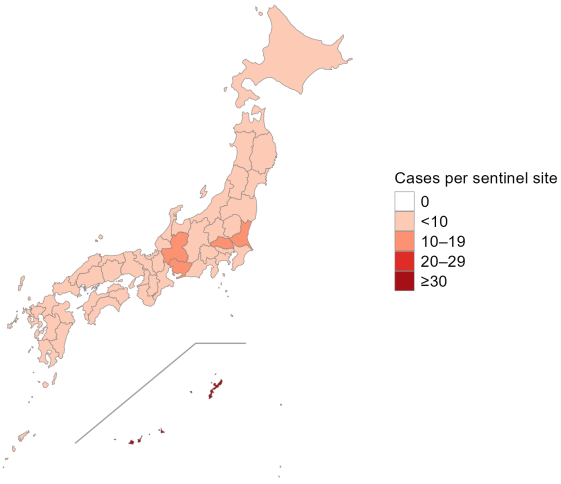
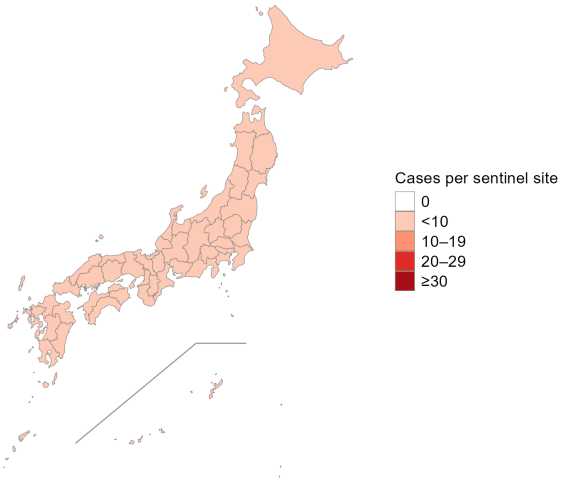


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 39

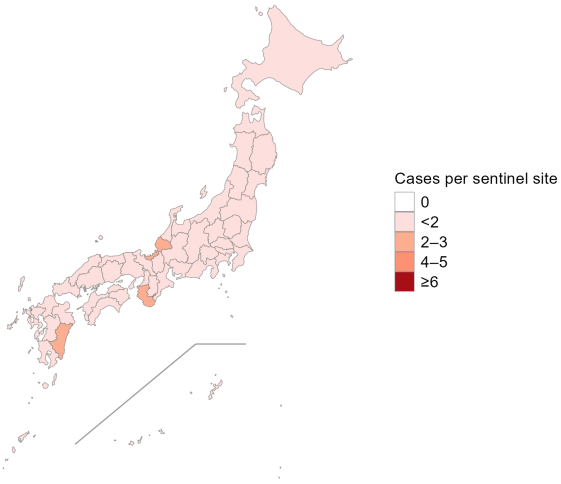
Influenza



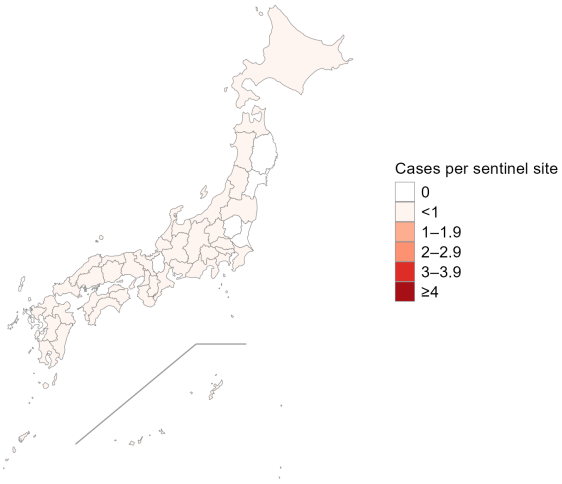
COVID-19



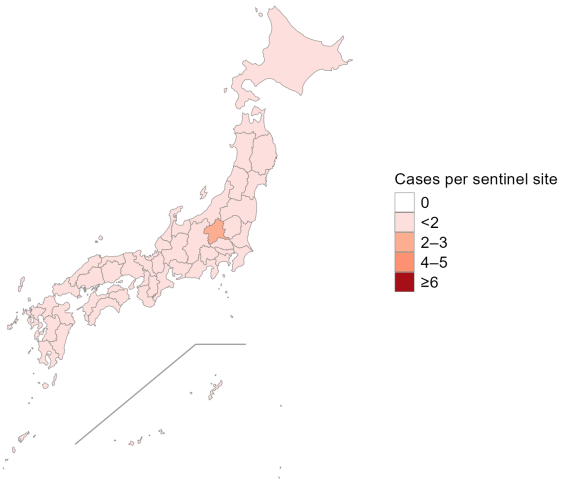
RSV infection



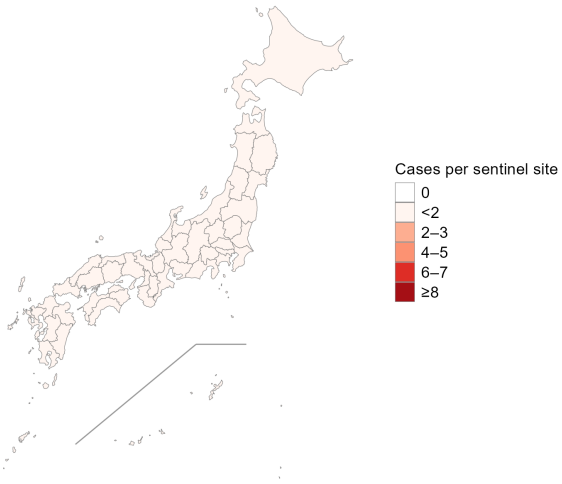
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: September 21, 2026 – September 27, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 39

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	4,866	29.85	0.60
Aomori	1,664	32.63	0.62
Iwate	2,351	57.34	0.69
Miyagi	3,133	56.96	0.66
Akita	844	33.76	0.68
Yamagata	1,393	36.66	0.50
Fukushima	2,426	50.54	0.71
Ibaraki	3,755	55.22	0.69
Tochigi	2,321	50.46	0.55
Gunma	2,696	59.91	0.57
Saitama	13,123	75.42	0.70
Chiba	8,076	44.62	0.60
Tokyo	18,089	43.38	0.59
Kanagawa	12,152	50.85	0.55
Niigata	1,977	38.02	0.60
Toyama	1,946	40.54	0.52
Ishikawa	1,839	39.13	0.65
Fukui	883	22.64	0.61
Yamanashi	795	22.71	0.60
Nagano	2,364	47.28	0.64
Gifu	1,754	38.98	0.76
Shizuoka	4,151	38.44	0.64
Aichi	9,121	55.96	0.67

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,099	31.33	0.61
Shiga	1,313	35.49	0.63
Kyoto	2,222	36.43	0.63
Osaka	7,233	25.56	0.65
Hyogo	4,869	30.06	0.59
Nara	929	22.66	0.56
Wakayama	1,188	26.40	0.55
Tottori	1,067	36.79	0.68
Shimane	694	34.70	0.79
Okayama	2,008	40.16	0.76
Hiroshima	3,076	33.08	0.71
Yamaguchi	2,274	37.28	0.55
Tokushima	905	27.42	0.65
Kagawa	756	32.87	0.65
Ehime	1,556	42.05	0.56
Kochi	1,121	30.30	0.72
Fukuoka	5,636	46.20	0.73
Saga	794	33.08	0.60
Nagasaki	2,100	42.00	0.64
Kumamoto	2,605	36.69	0.63
Oita	2,607	44.95	0.72
Miyazaki	946	33.79	0.82
Kagoshima	2,432	42.67	0.70
Okinawa	3,133	71.20	0.98

Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: September 21, 2026 – September 27, 2026)

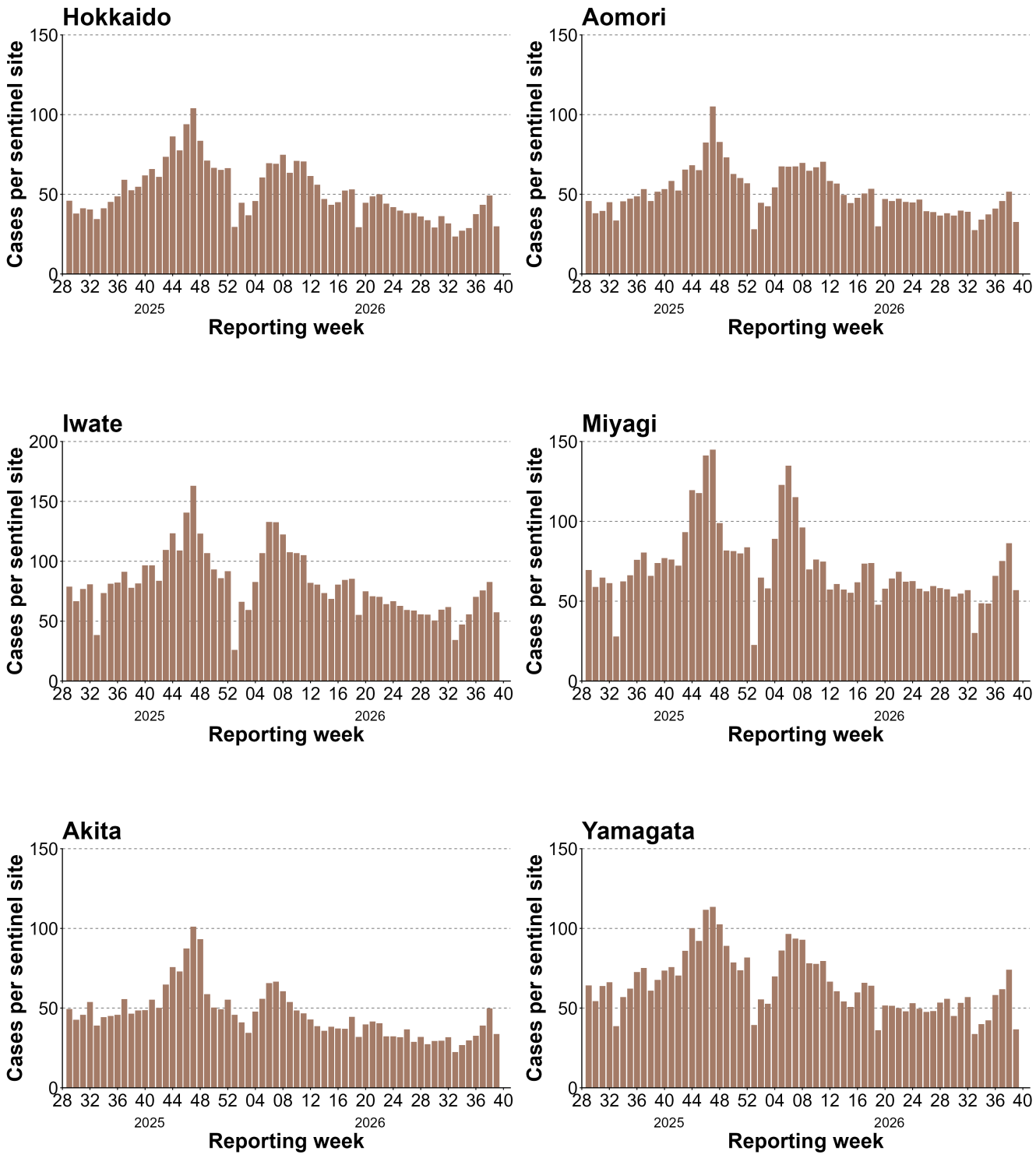
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

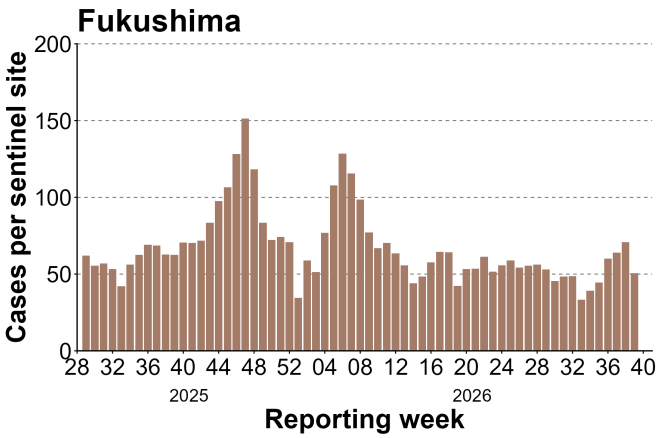
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 39

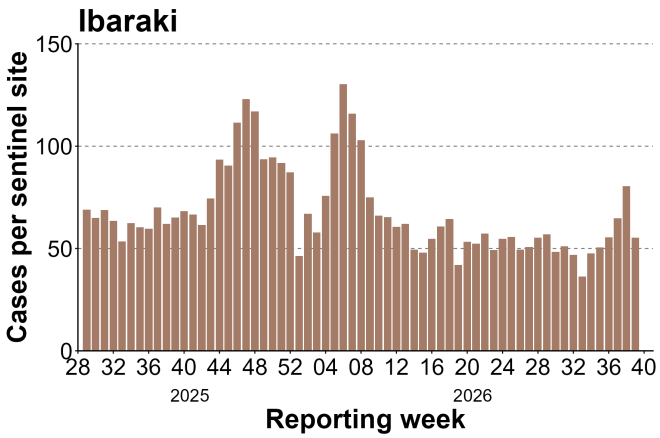
Infectious diseases	Prefectures		
Influenza	Okinawa (42.50)	Saitama (14.17)	Ibaraki (12.50)
COVID-19	Saitama (2.87)	Nagano (2.24)	Gifu (2.22)
RSV infection	Miyazaki (2.73)	Fukui (2.52)	Wakayama (2.04)
Pharyngoconjunctival fever	Kagoshima (0.61)	Miyazaki (0.53)	Fukuoka (0.51)
Herpangina	Gunma (2.64)	Shizuoka (1.47)	Kanagawa (1.20)
Group A streptococcal pharyngitis	Ibaraki (1.79)	Tottori (1.58)	Yamaguchi (1.45)

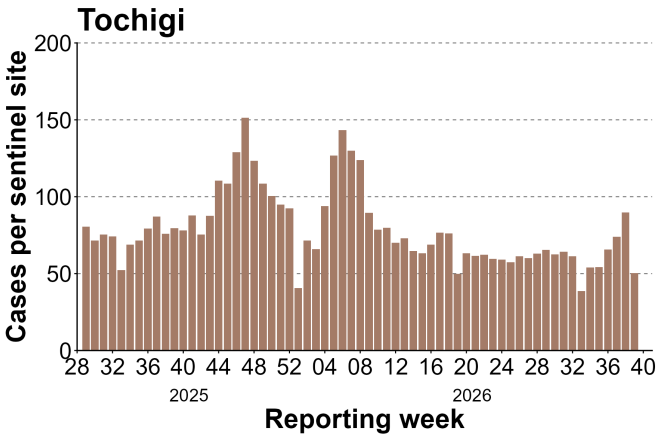
Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: September 21, 2026 – September 27, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

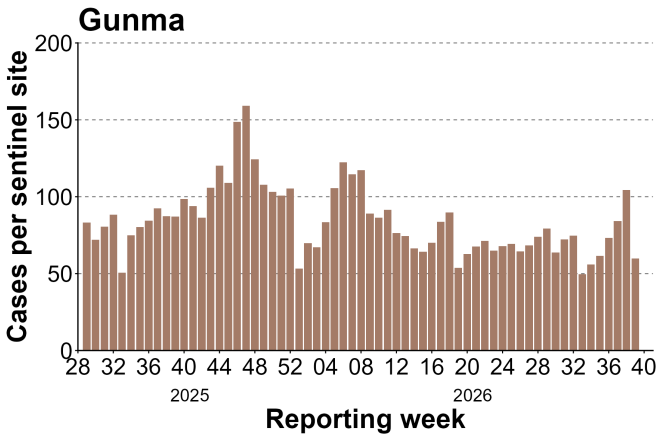
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

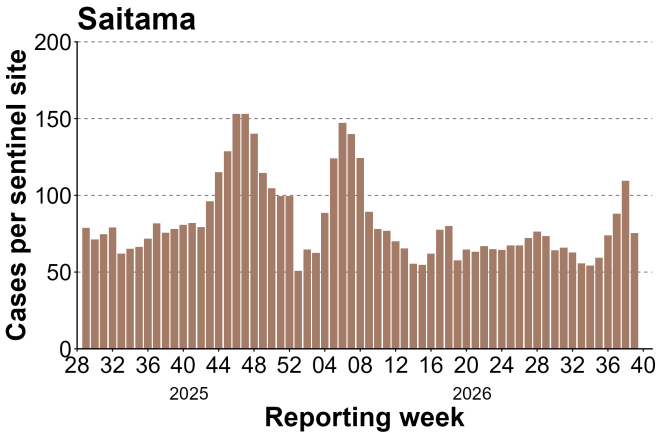


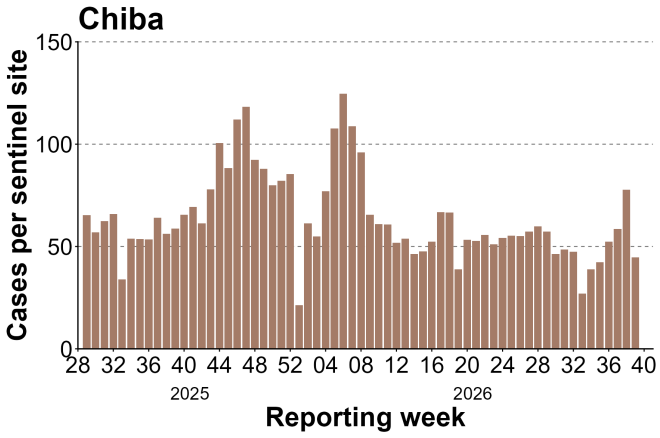

Fukushima
Cases per sentinel site
200
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

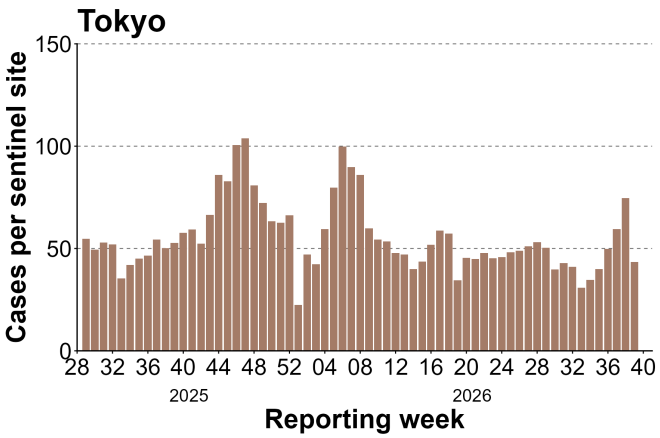

Ibaraki
Cases per sentinel site
150
100
50
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2025
2026
Reporting week

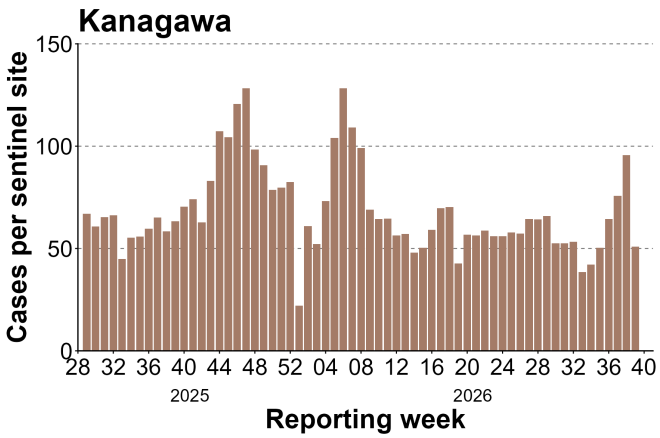

Tochigi
Cases per sentinel site
200
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

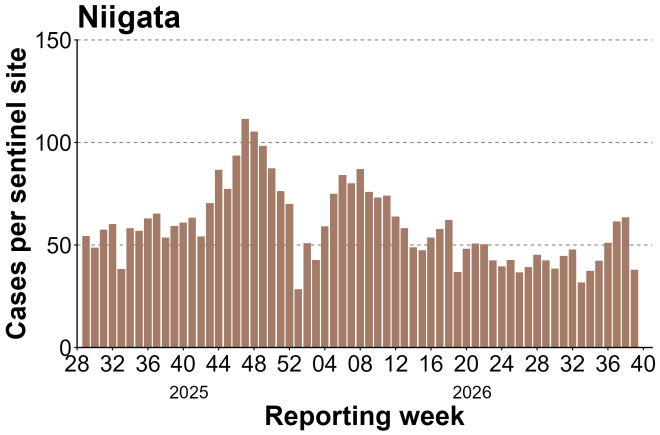

Gunma
Cases per sentinel site
200
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

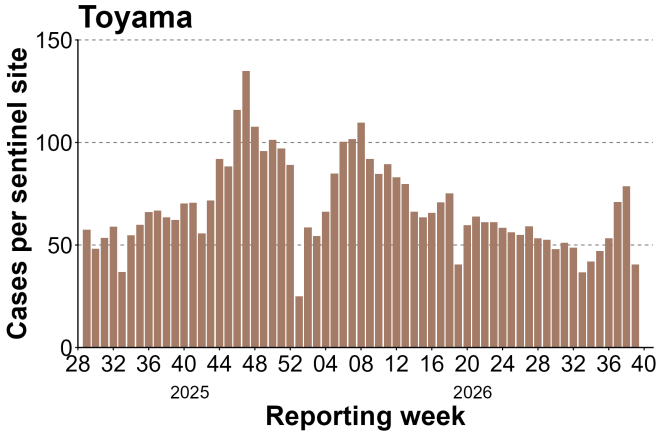

Saitama
Cases per sentinel site
200
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

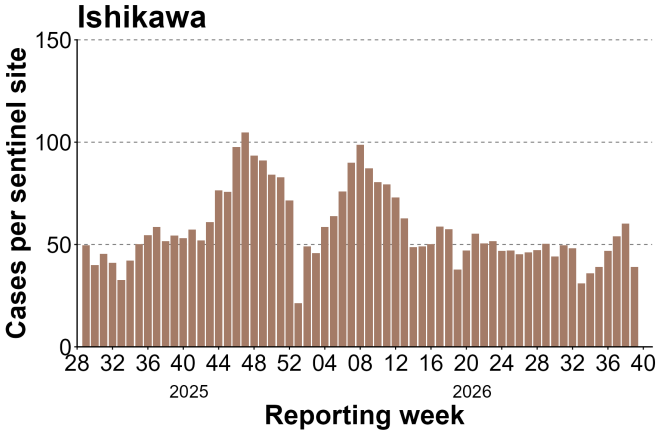

Chiba
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

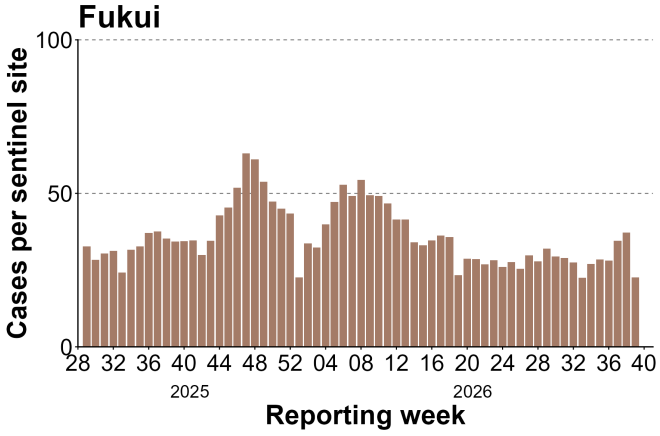

Tokyo
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

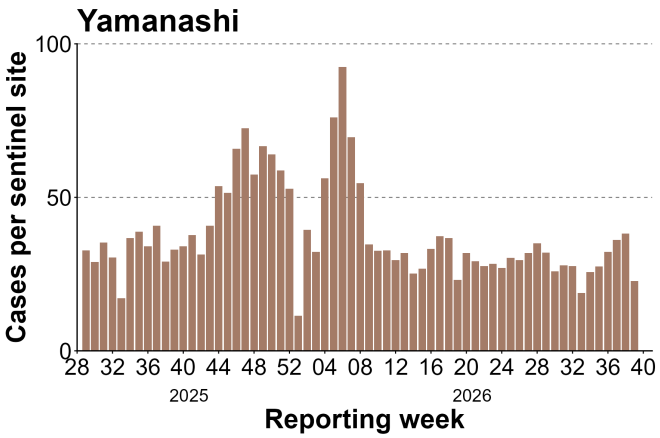

Kanagawa
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

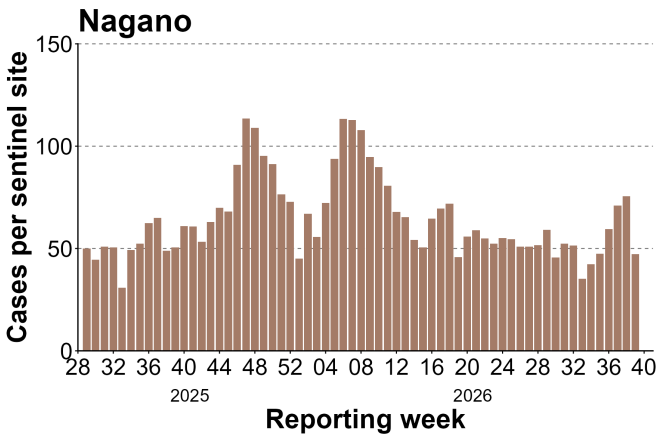

Niigata
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week

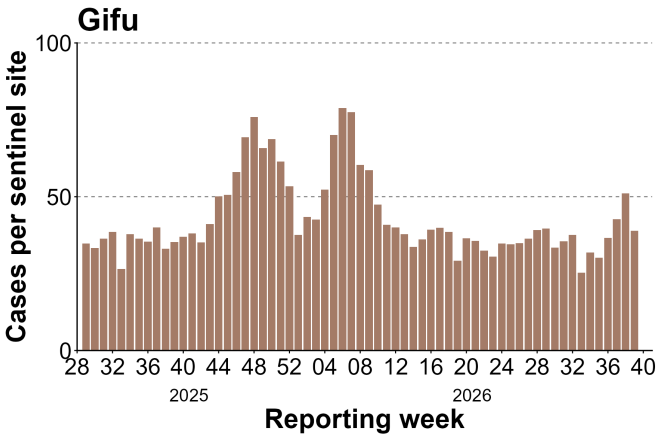

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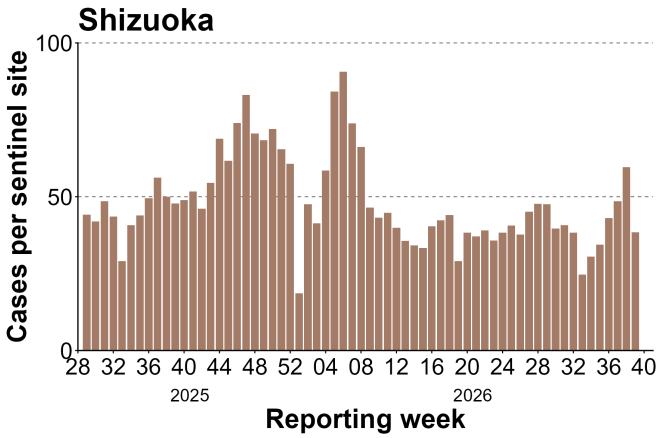

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Reporting week

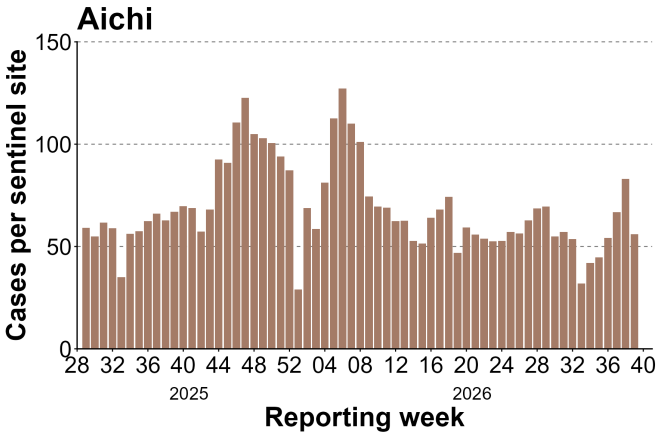

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Reporting week

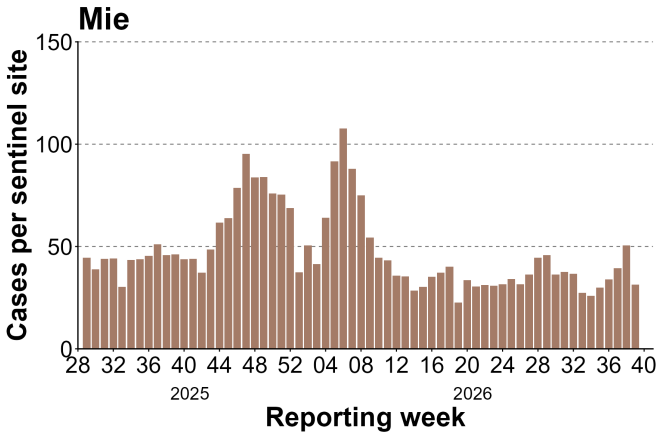

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Cases per sentinel site
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Reporting week

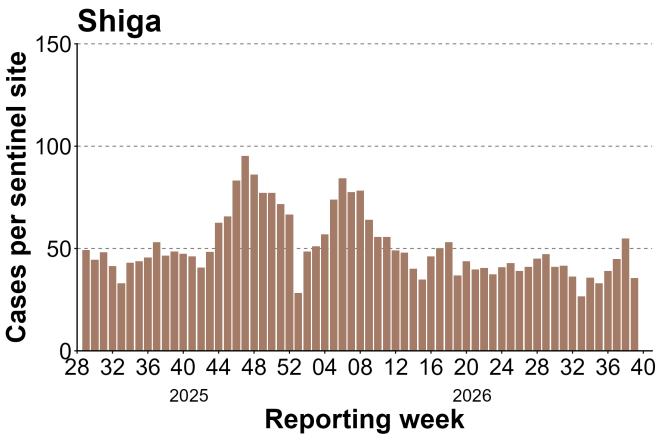

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Reporting week

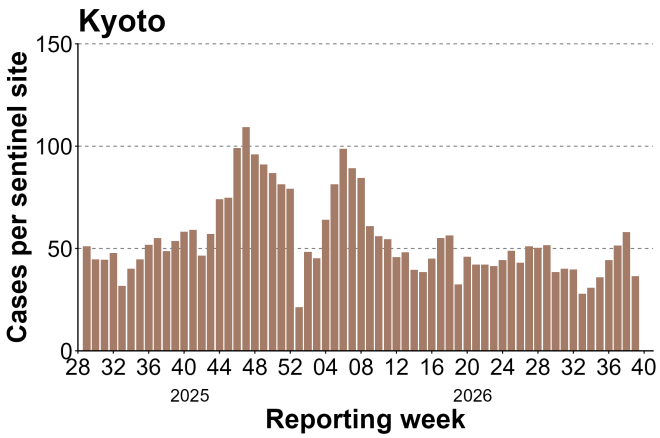

Gifu
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2026
Reporting week

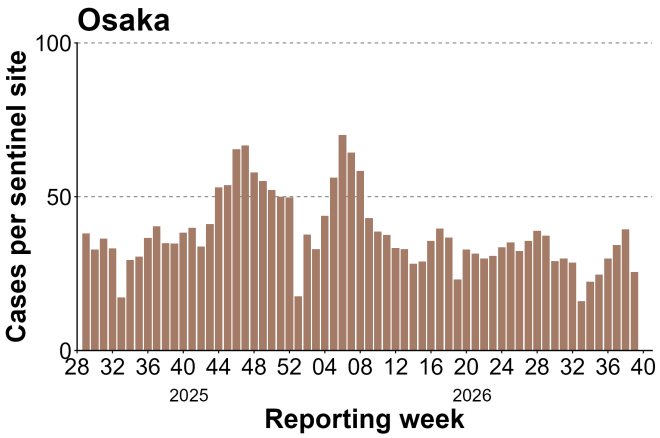

Shizuoka
Cases per sentinel site
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2026
Reporting week

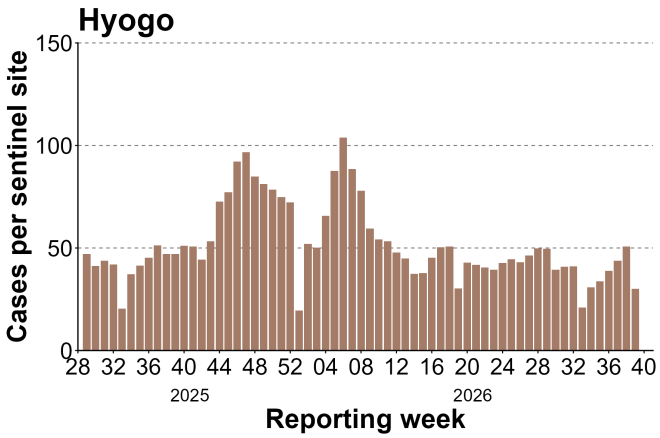

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Cases per sentinel site
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2025
2026
Reporting week

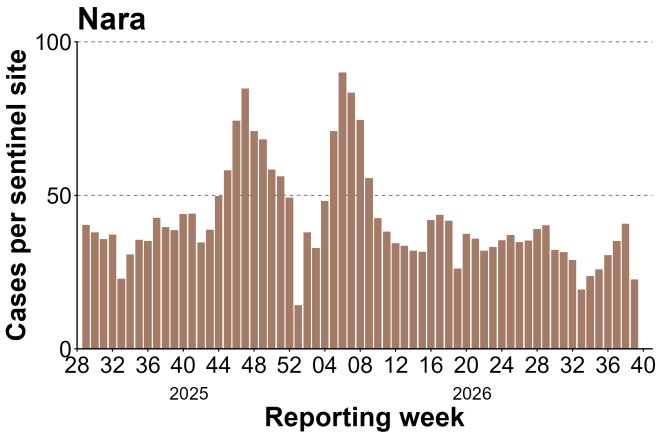

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Cases per sentinel site
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2026
Reporting week

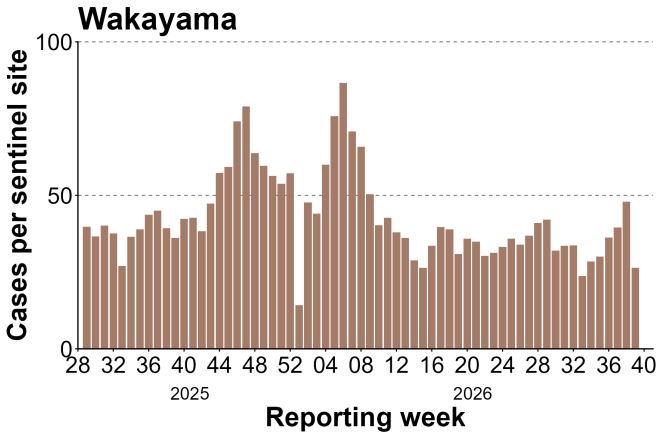

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Cases per sentinel site
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Reporting week

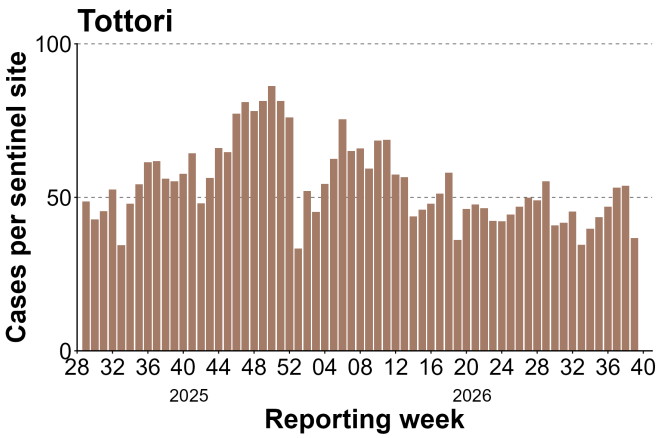

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Cases per sentinel site
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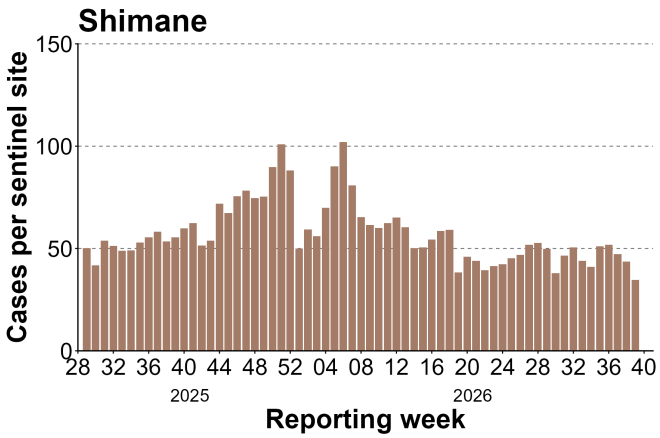

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2026
Reporting week

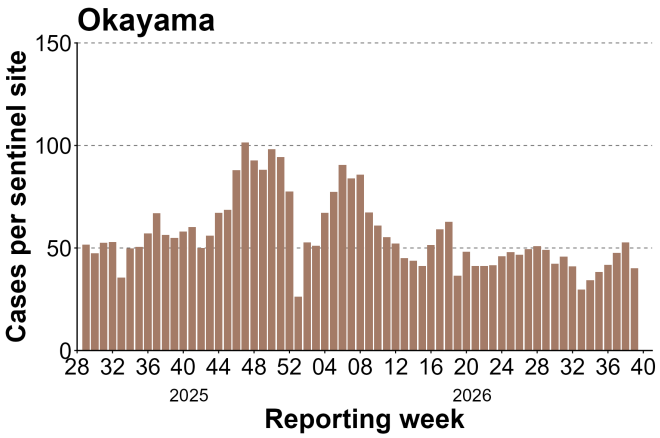

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Reporting week

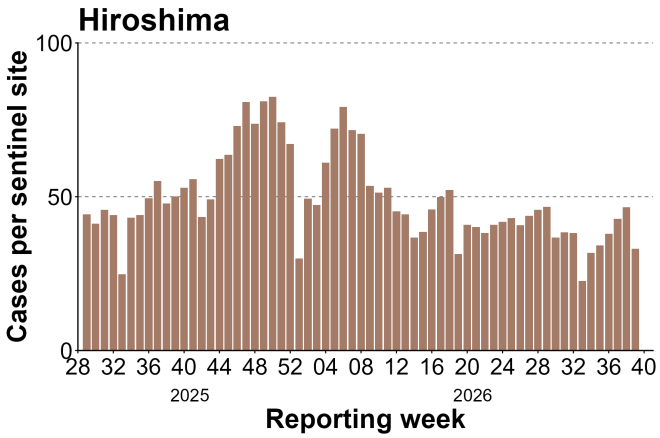

Nara
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Reporting week

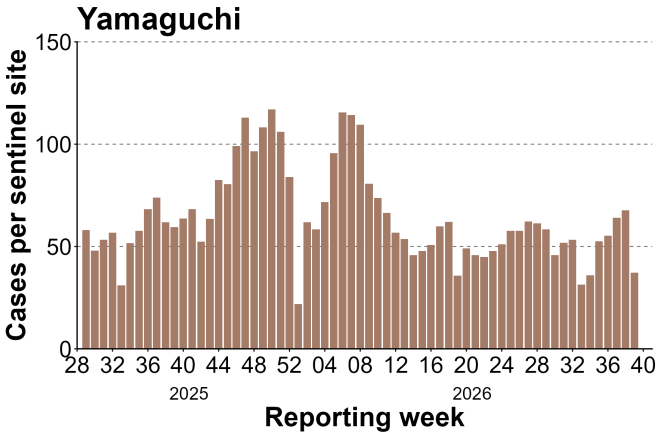

Wakayama
Cases per sentinel site
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2025
2026
Reporting week

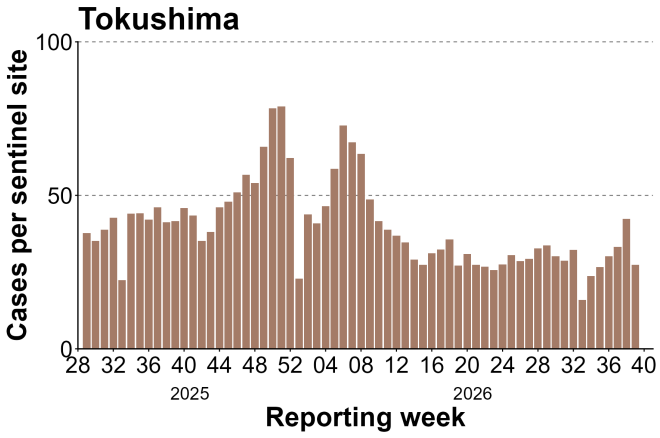

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Cases per sentinel site
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Reporting week

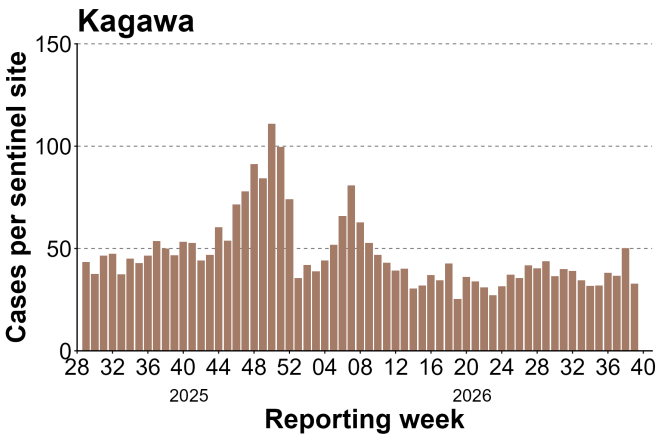

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Cases per sentinel site
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2025
2026
Reporting week

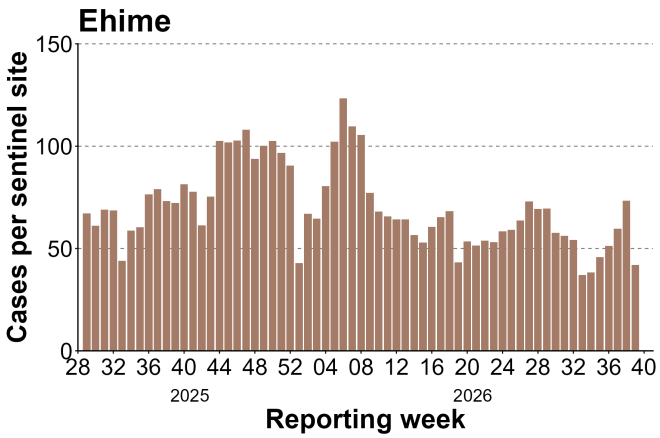

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Cases per sentinel site
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2025
2026
Reporting week

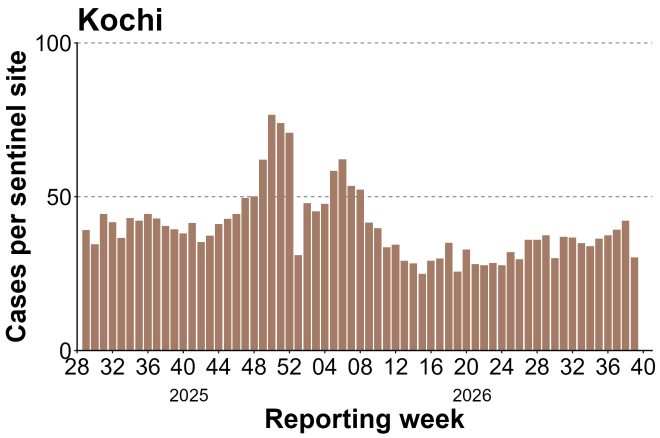

Hiroshima
Cases per sentinel site
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Reporting week

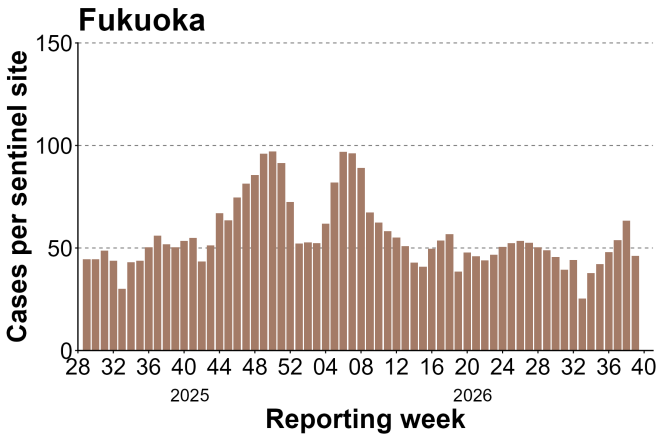

Yamaguchi
Cases per sentinel site
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2025
2026
Reporting week

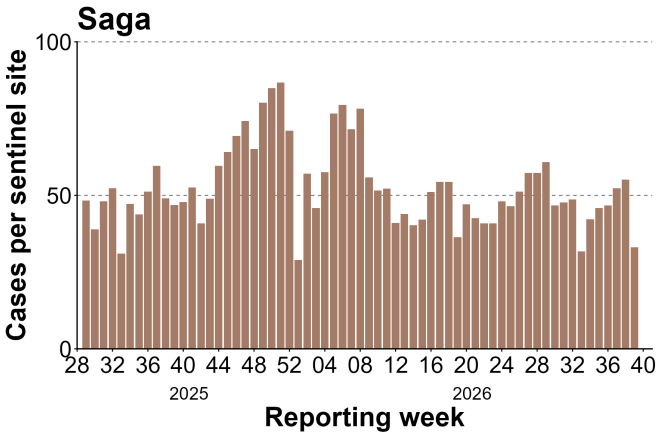

Tokushima
Cases per sentinel site
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2025
2026
Reporting week

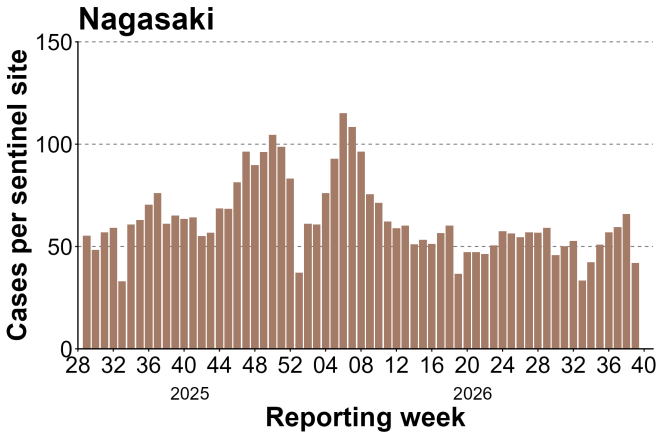

Kagawa
Cases per sentinel site
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2025
2026
Reporting week

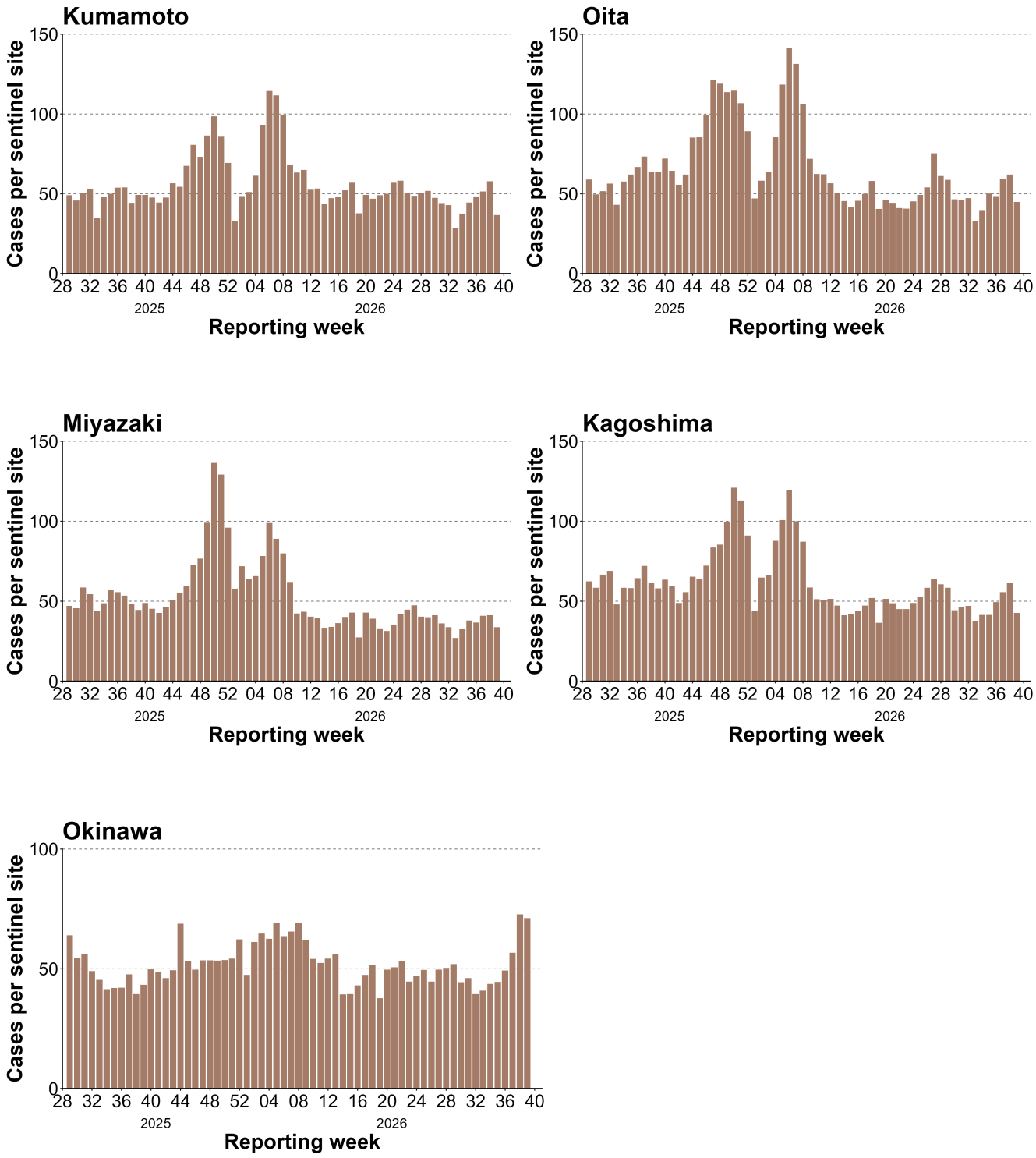

Ehime
Cases per sentinel site
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2025
2026
Reporting week


Kochi
Cases per sentinel site
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week


Fukuoka
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week


Saga
Cases per sentinel site
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week


Nagasaki
Cases per sentinel site
150
100
50
0
28 32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40
2025
2026
Reporting week



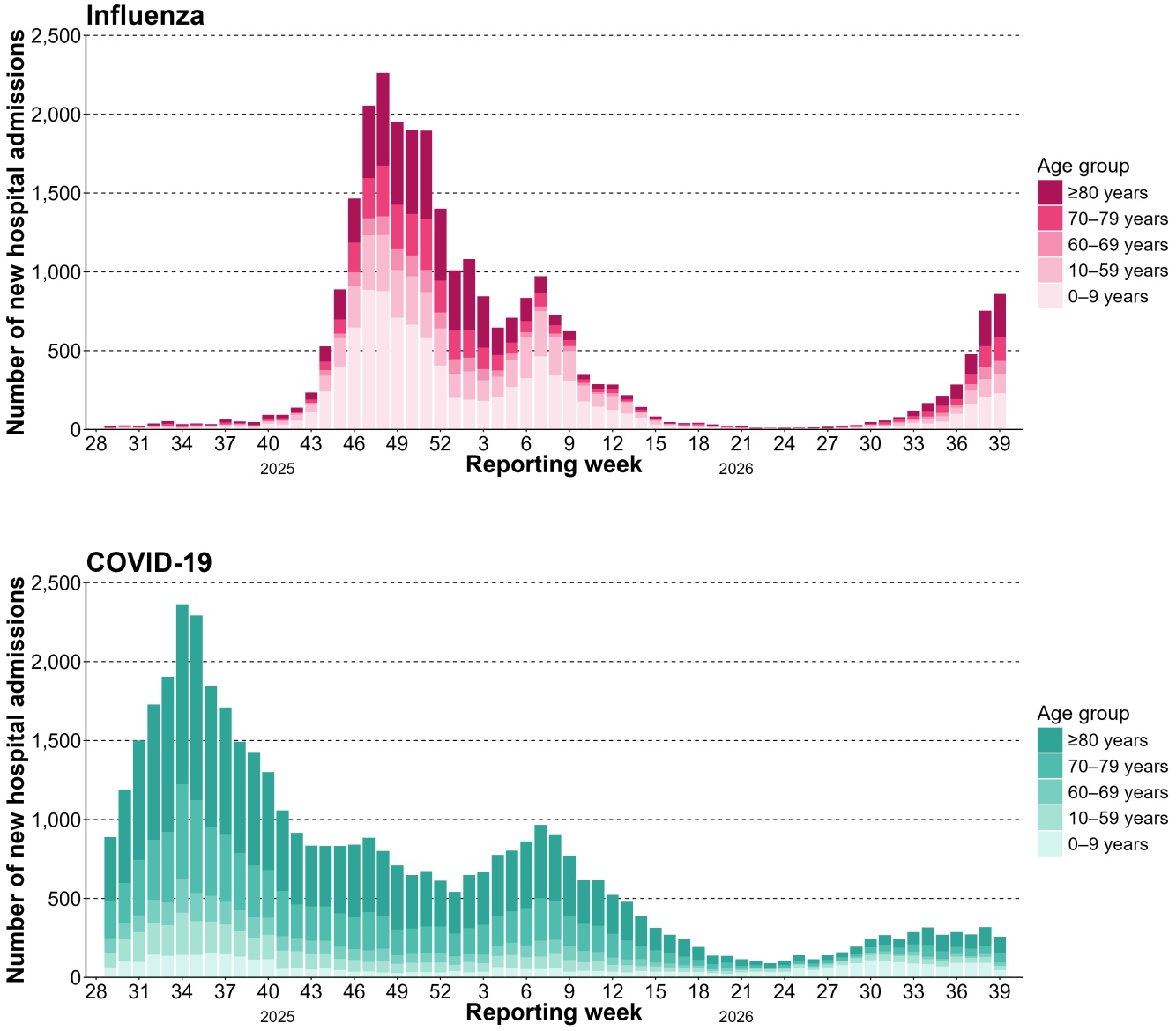
Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 39 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 859 new hospital admissions due to influenza were reported, representing an increase of 107 cases compared with the previous week. 257 new hospital admissions due to COVID-19 were reported, representing a decrease of 62 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 September 30, 2026 (data range: July 7, 2025 – September 27, 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 39

Age group	Influenza	COVID-19
0–9 years	230	47
	(1.13)	(0.51)
10–59 years	124	27
	(1.06)	(0.71)
60–69 years	82	20
	(1.11)	(1.05)
70–79 years	150	60
	(1.11)	(1.20)
≥80 years	273	103
	(1.23)	(0.86)
Total	859	257
	(1.14)	(0.81)

Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: September 21, 2026 – September 27, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

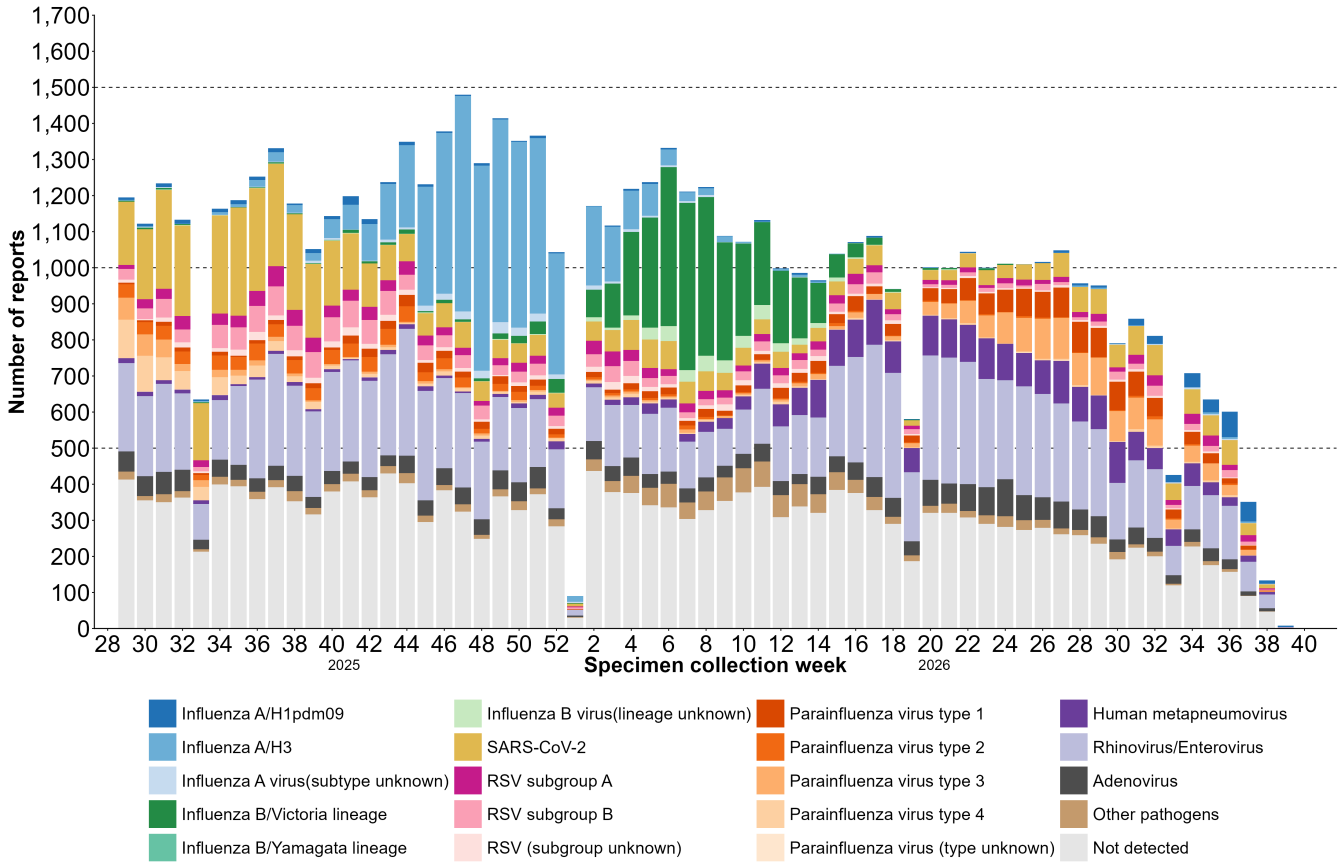
Among specimens collected at ARI pathogen sentinel sites in week 39 of 2026 and reported by the time of analysis, a total of 8 specimens were reported. Of these, 4 specimens were positive for influenza A virus, no specimens were positive for influenza B virus or SARS-CoV-2, and 1 specimen was positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza B virus and SARS-CoV-2, 12.5% for RSV, and 50.0% for influenza A virus (Figure 7).

Specimens collected in week 34 (August 17–23) 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.

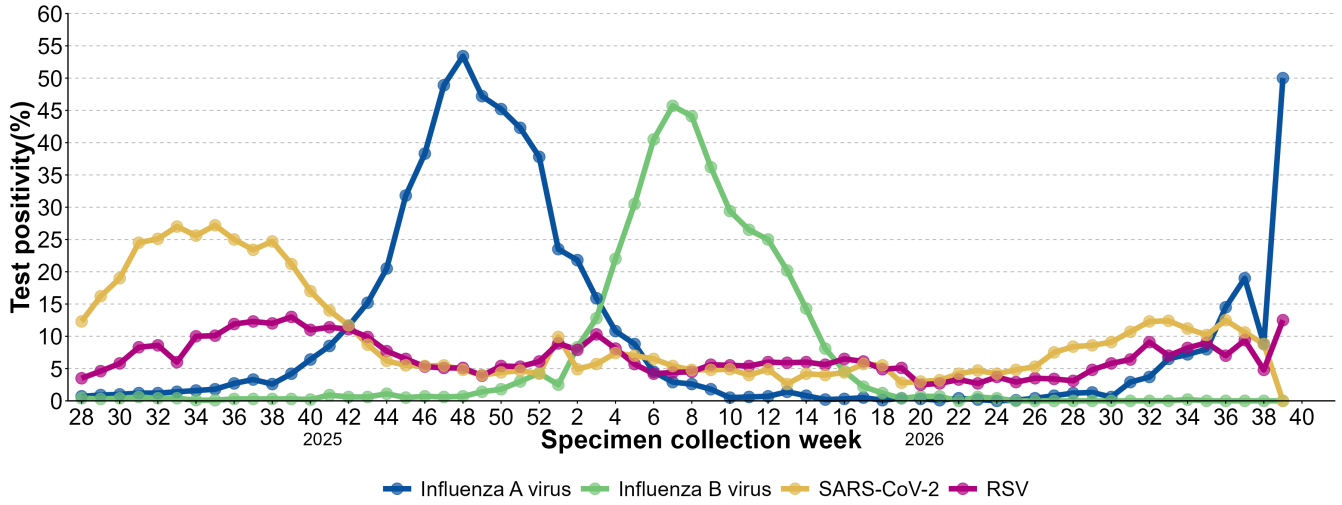
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 39, 3 specimens of rhinovirus/enterovirus, 1 specimen of influenza A/H1pdm09, 1 specimen of mycoplasma pneumoniae, and 1 specimen of RSV were reported.

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



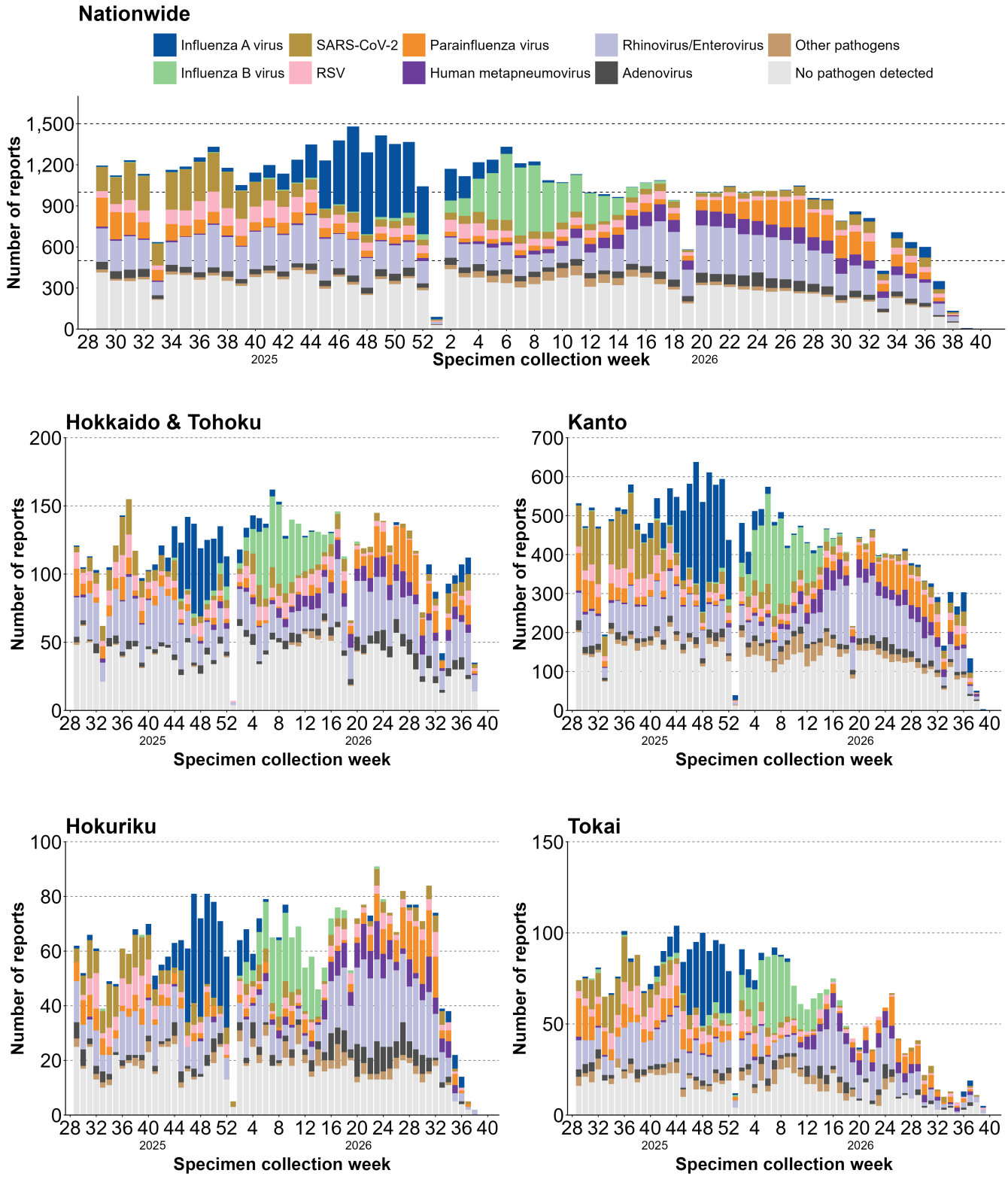
Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they 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.

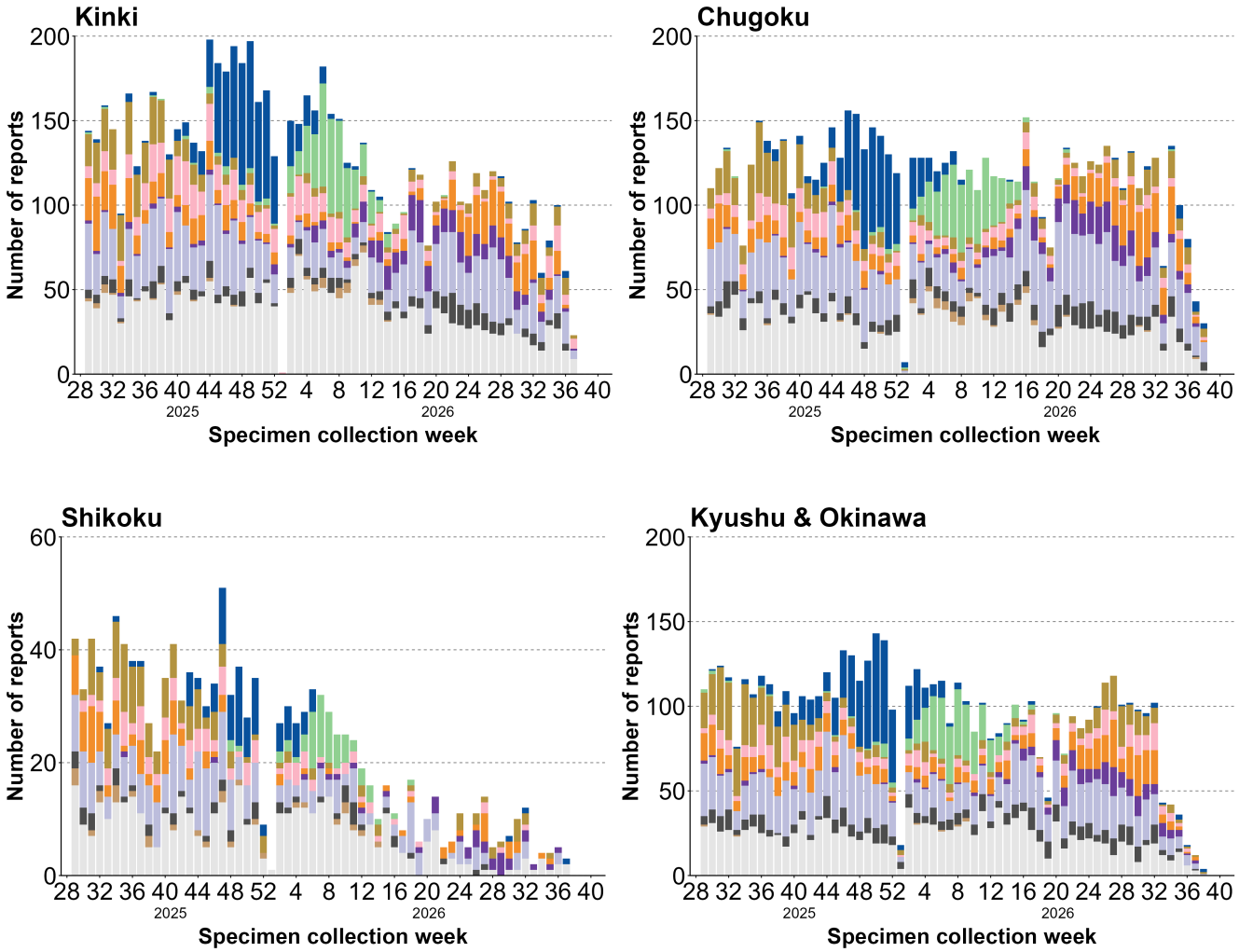
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 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 September 30, 2026 (data range: July 7, 2025 – September 27, 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 34 (August 17–23)

Region	Number of specimens	Most frequently detected pathogen

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	75	Rhinovirus/Enterovirus
Kanto	282	Rhinovirus/Enterovirus
Hokuriku	30	Rhinovirus/Enterovirus
Tokai	8	Parainfluenza virus
Kinki	69	RSV
Chugoku	110	Rhinovirus/Enterovirus
Shikoku	4	Parainfluenza virus
Kyushu & Okinawa	31	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of September 30, 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

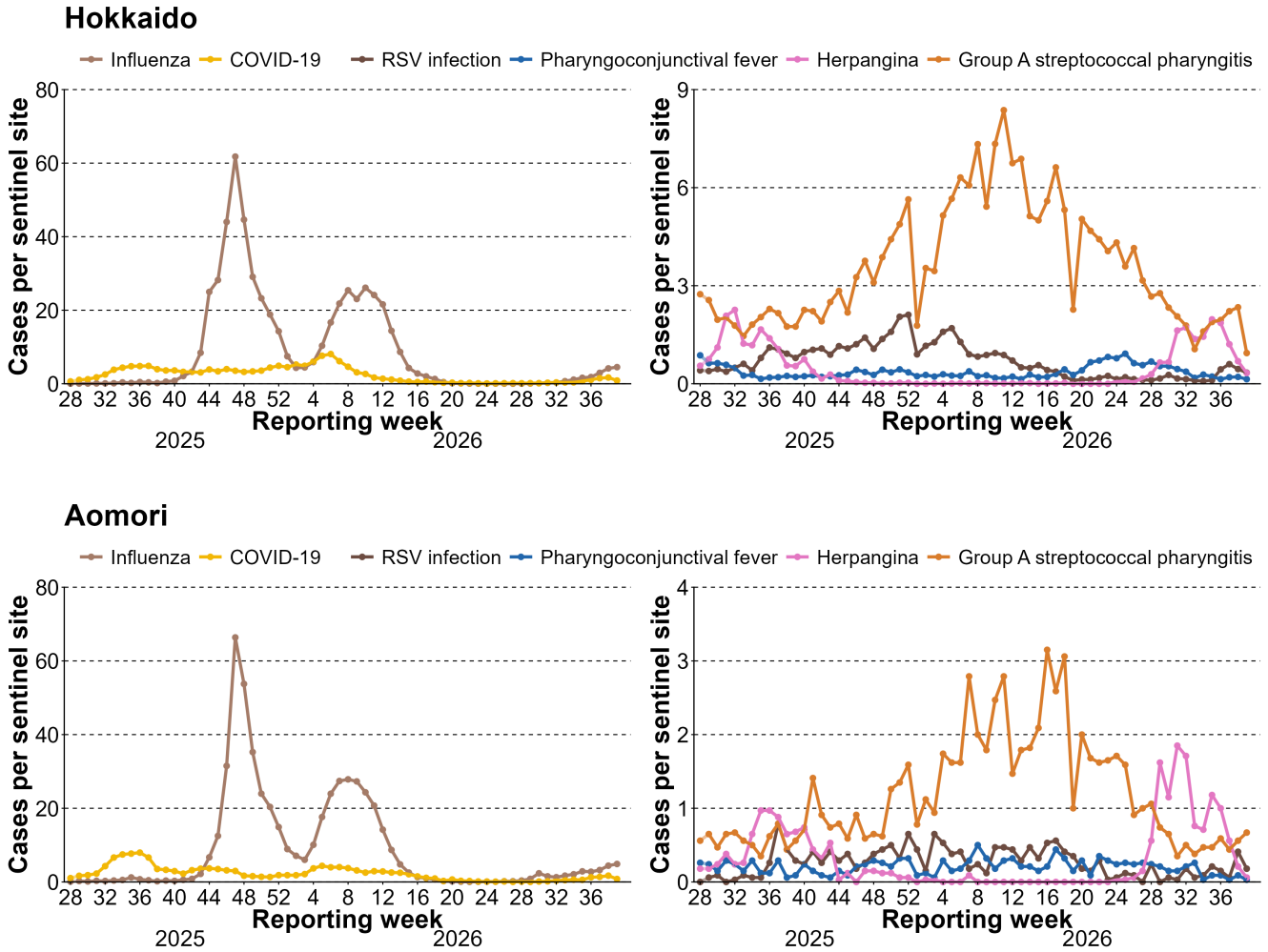
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Influenza A/H1	1	0	1	1	0	0
Influenza A/H1pdm09	0	0	1	0	0	1
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	2	0	1	0	0	0
RSV	3	2	1	1	0	1
Parainfluenza virus type 1	2	1	0	0	0	0
Parainfluenza virus type 2	0	0	0	0	0	0
Parainfluenza virus type 3	2	1	2	2	0	0
Parainfluenza virus type 4	1	0	0	0	0	0
Parainfluenza virus (type unknown)	0	0	1	0	0	0
Rhinovirus/Enterovirus	1	2	5	7	2	3
Human metapneumovirus	4	2	1	0	0	0
Adenovirus	0	0	1	3	0	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

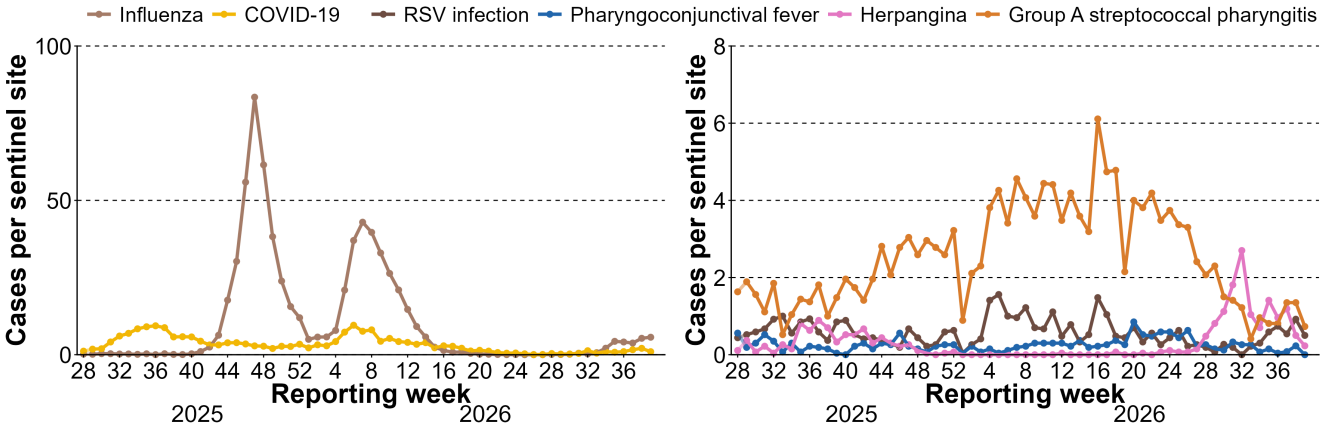
Pathogen	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Chlamydia pneumoniae	0	0	0	1	0	0
Mycoplasma pneumoniae	0	0	0	0	0	1

Source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: August 17, 2026 to September 27, 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 10 medical institutions participated between weeks 34–39.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

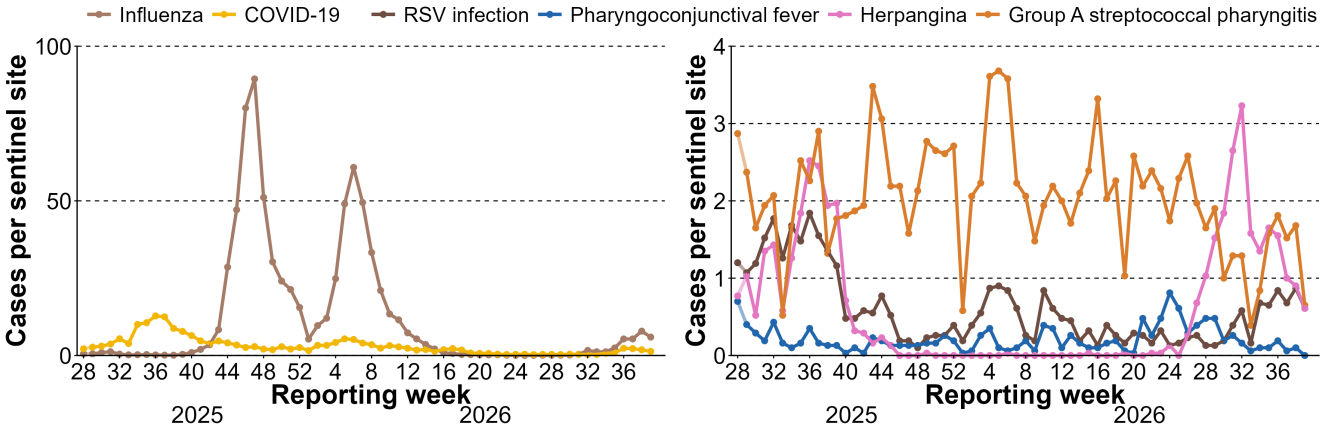
Supplementary Information 2. Weekly cases per sentinel site by prefecture for each disease



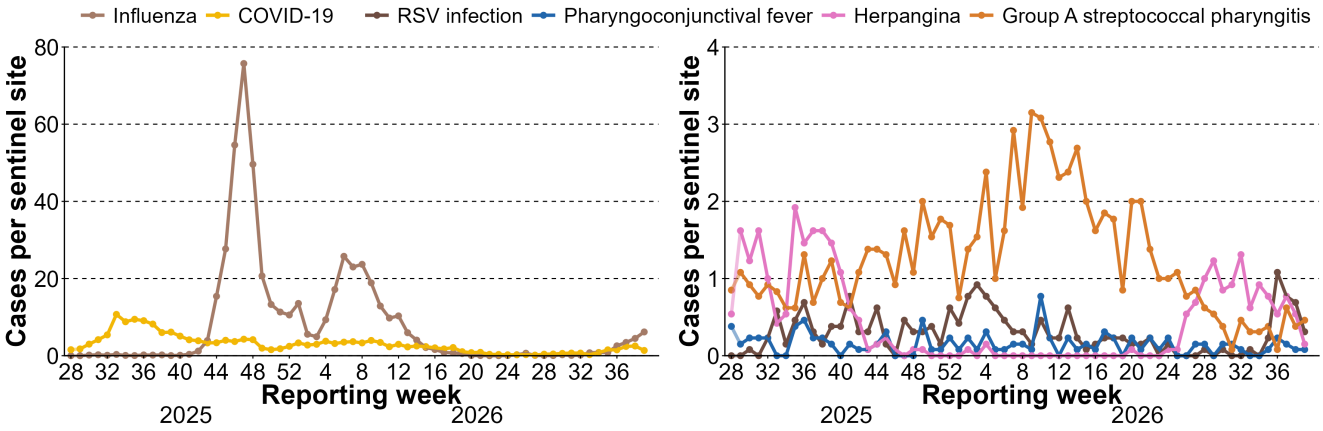
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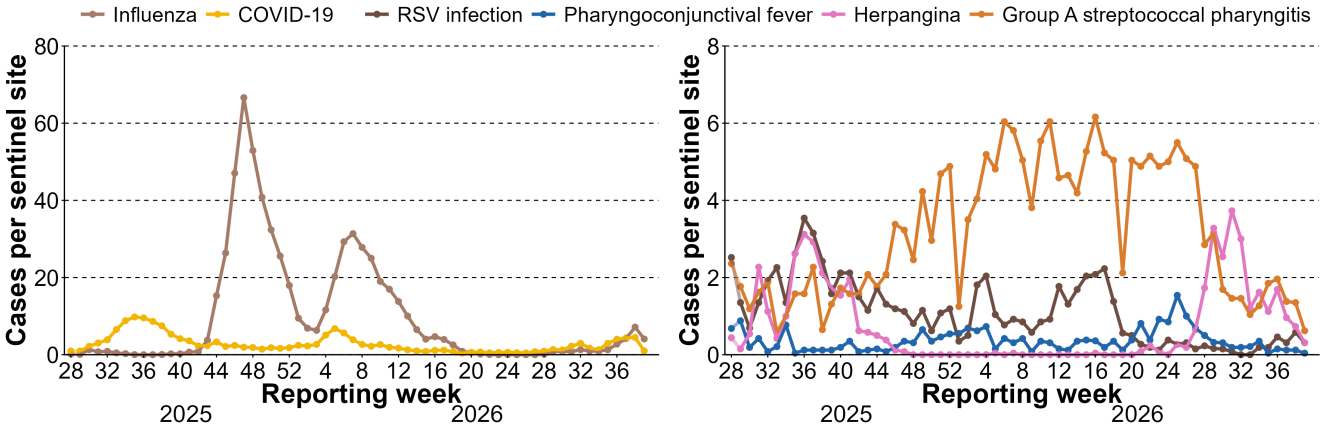
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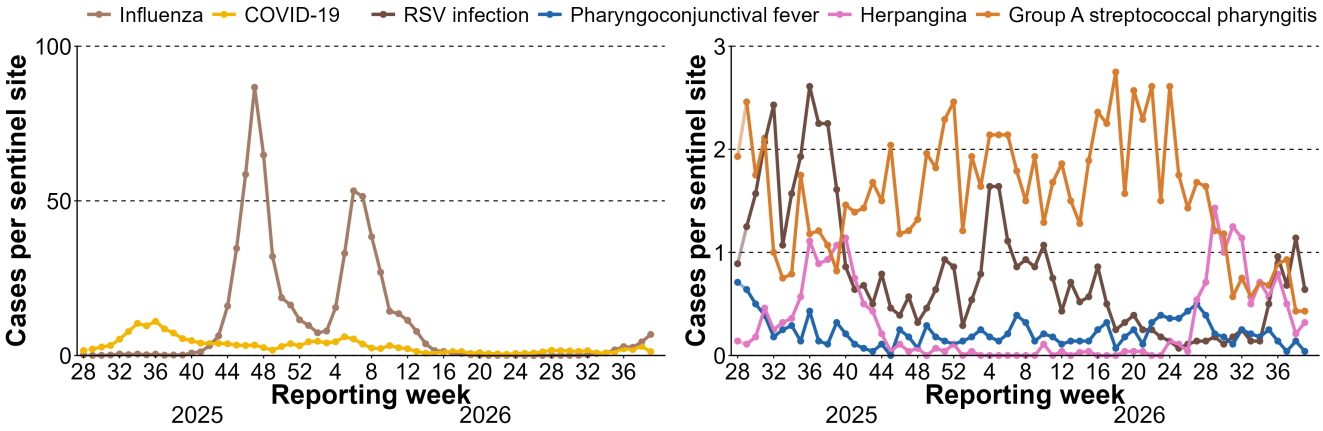
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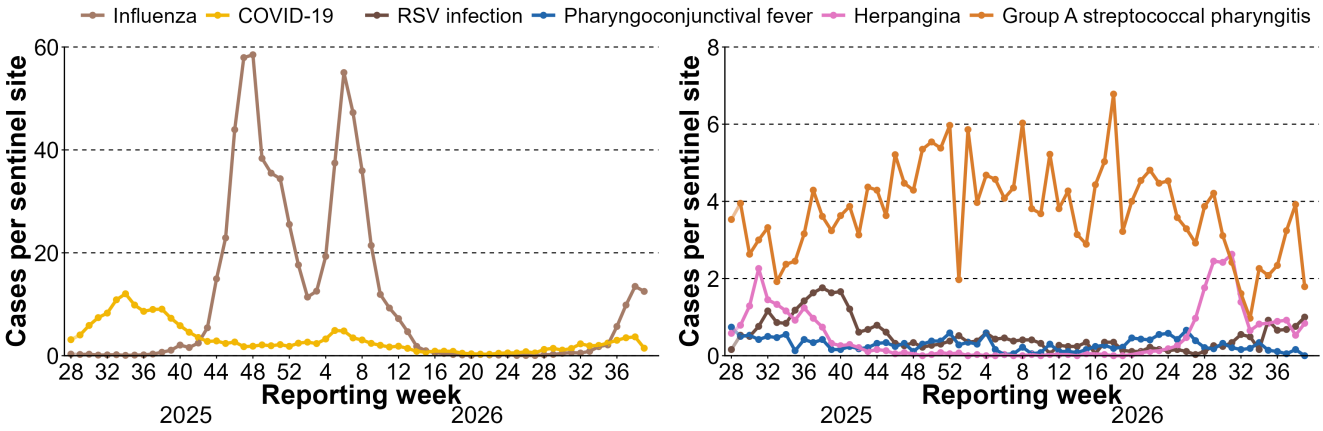
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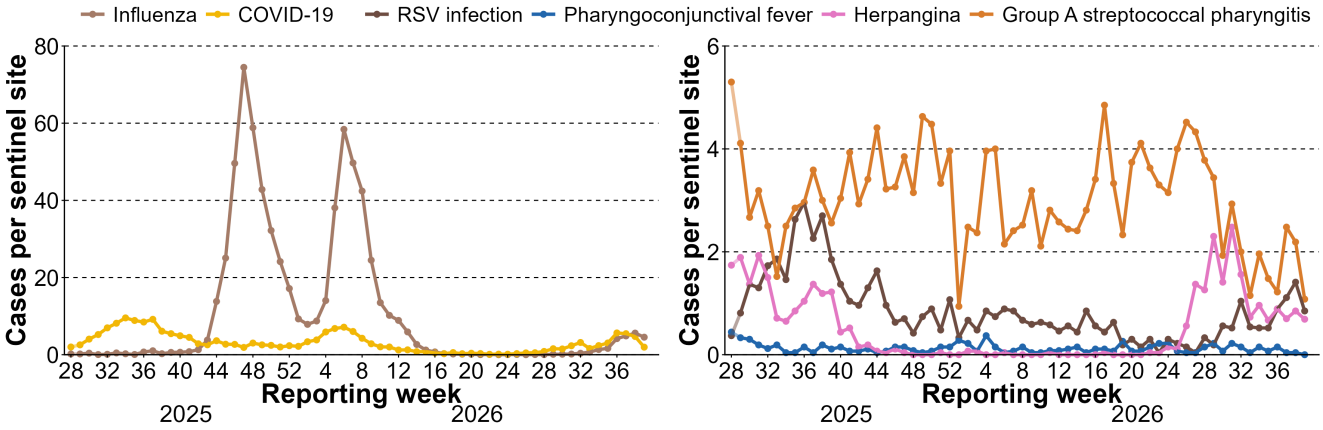
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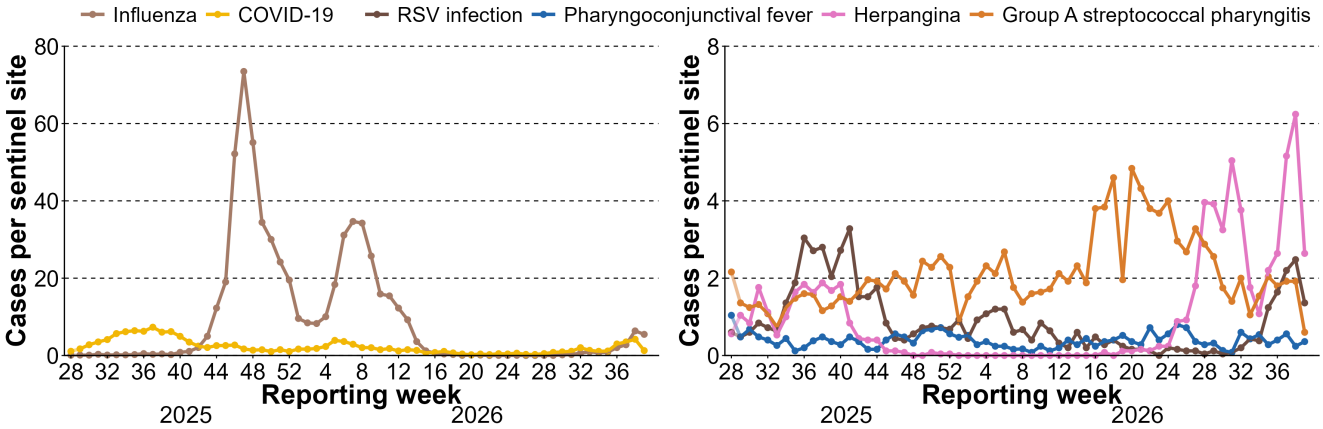
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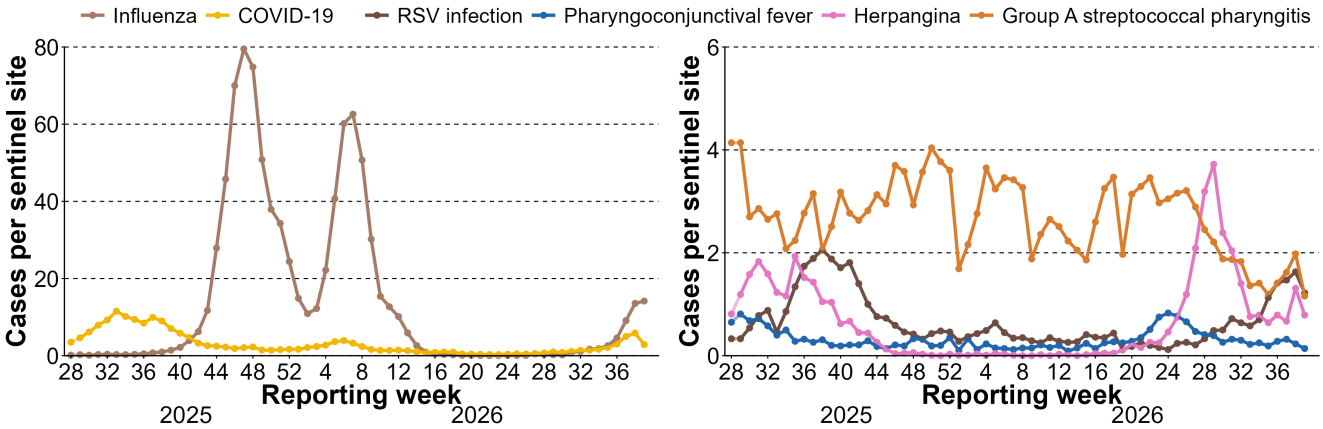
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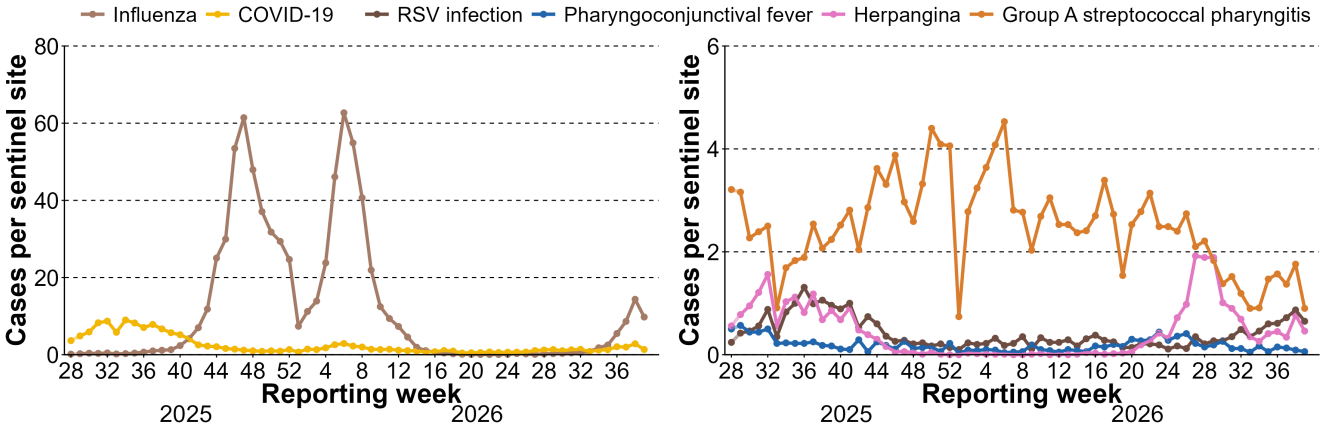
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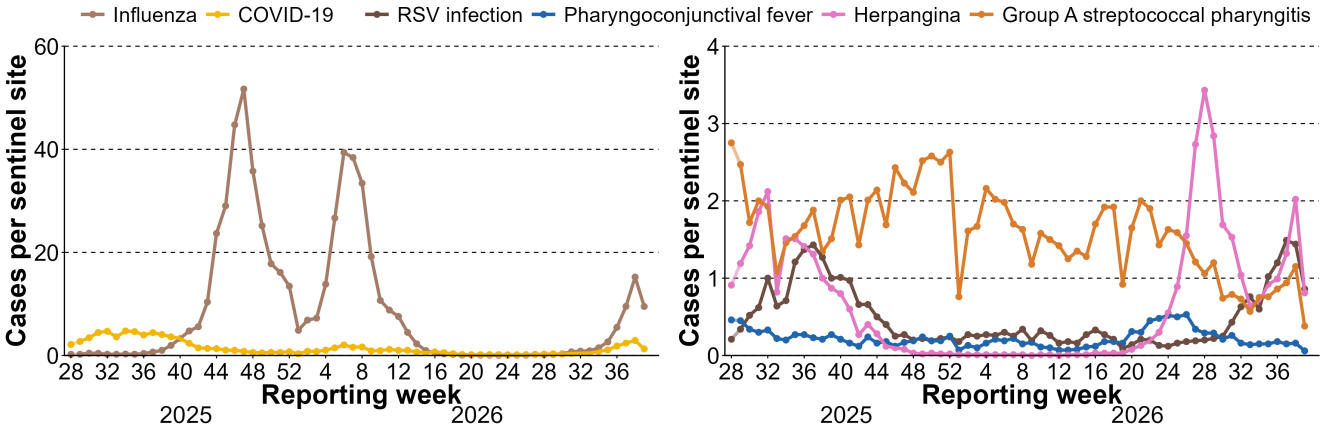
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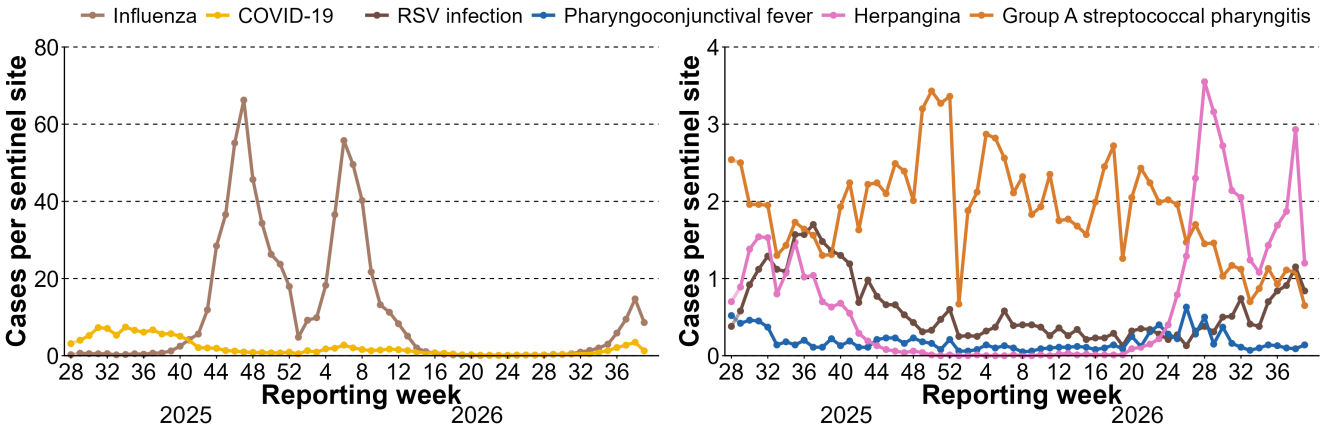
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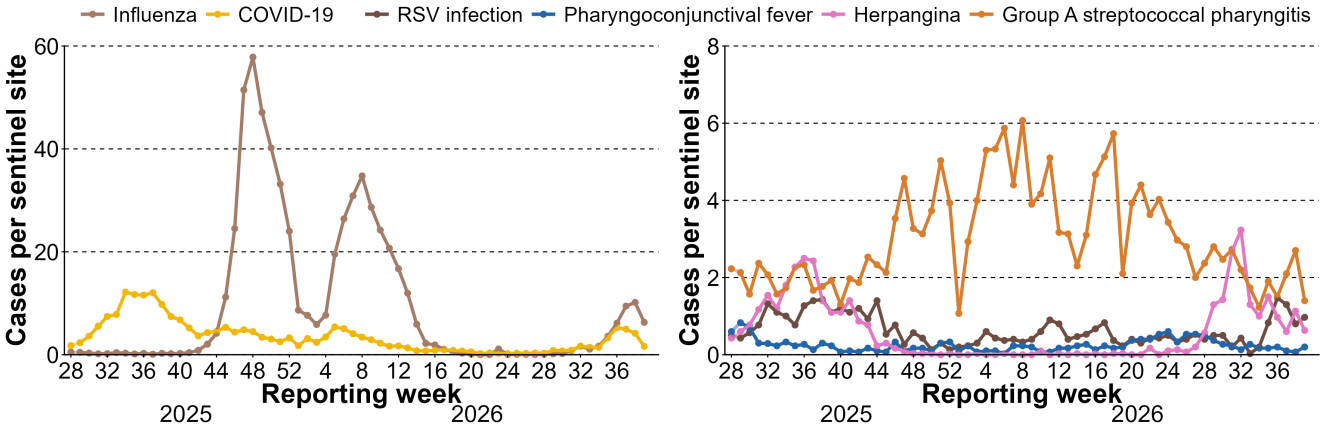
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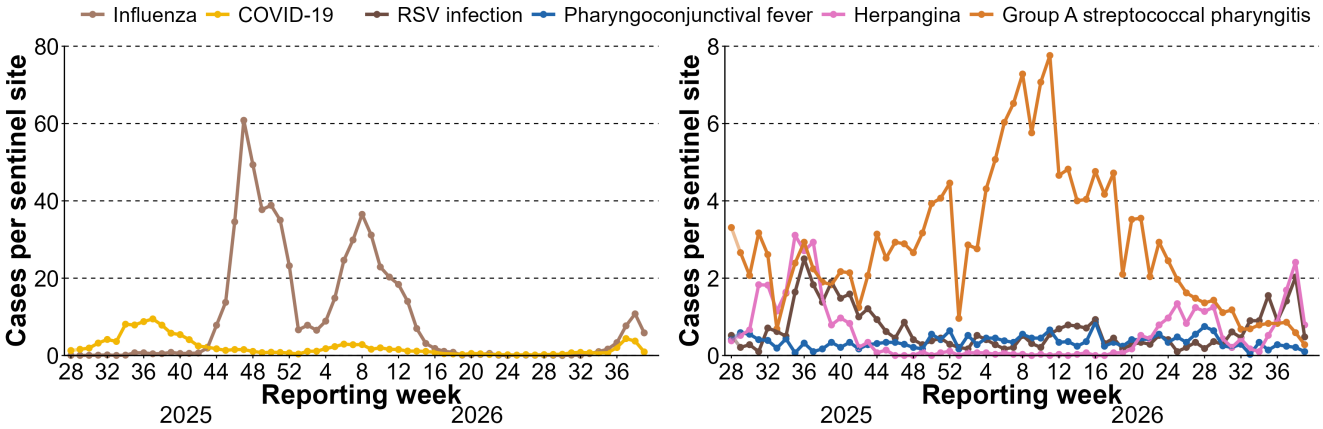
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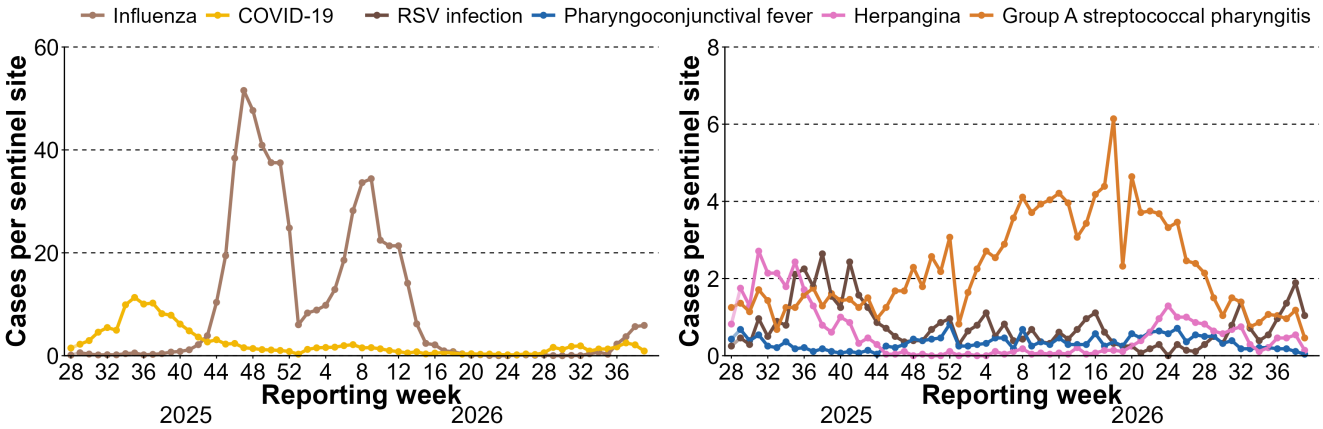
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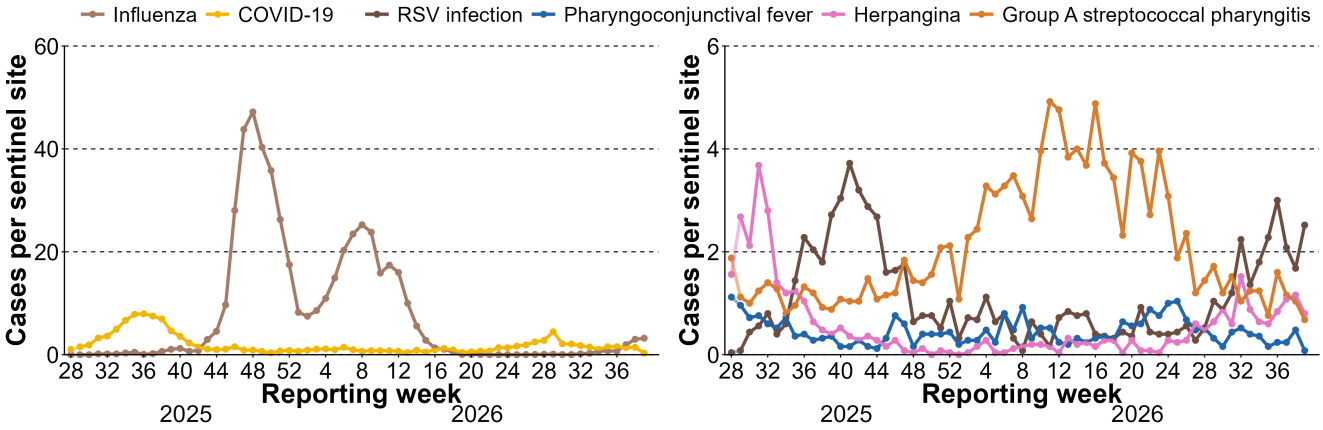
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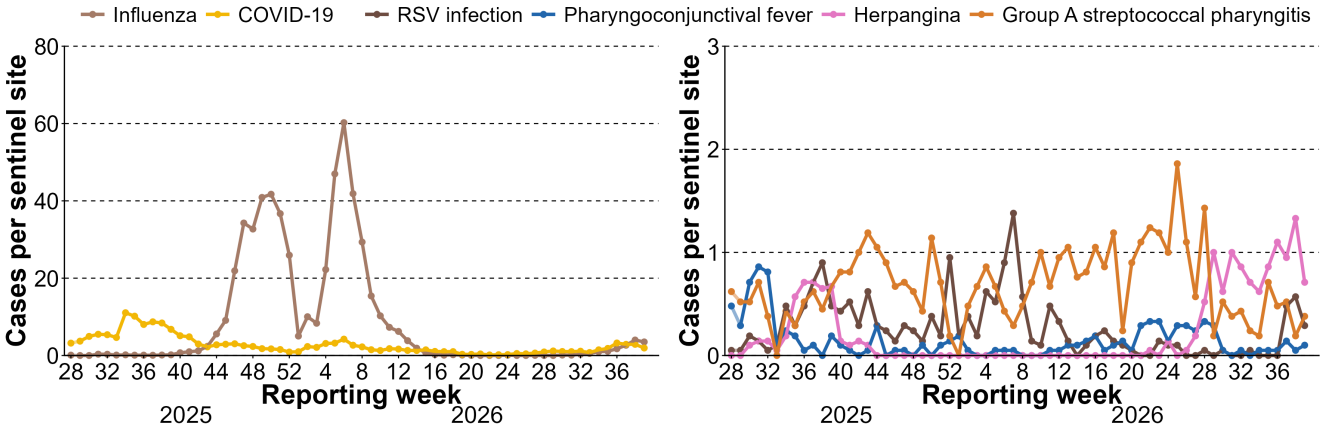
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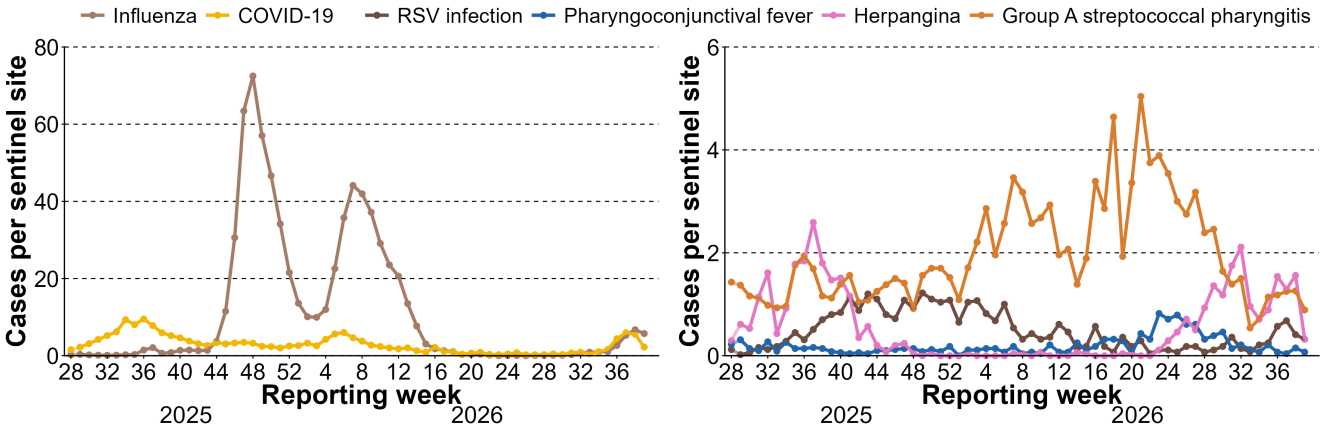
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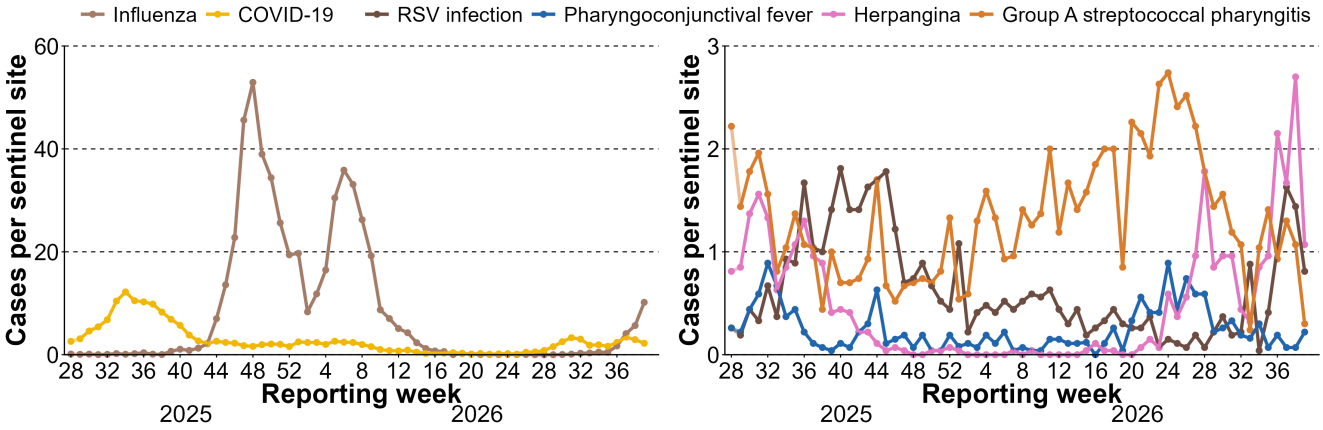
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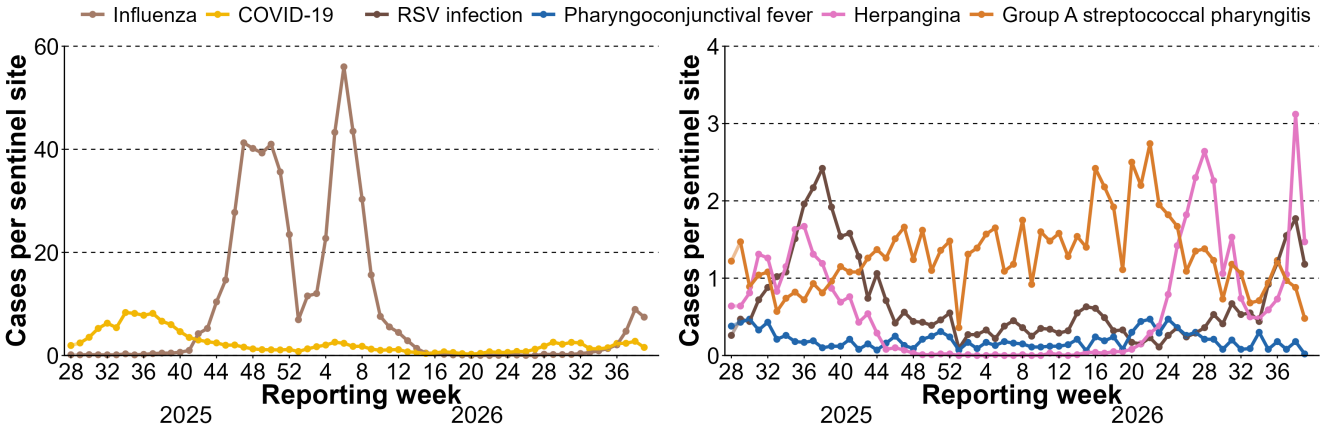
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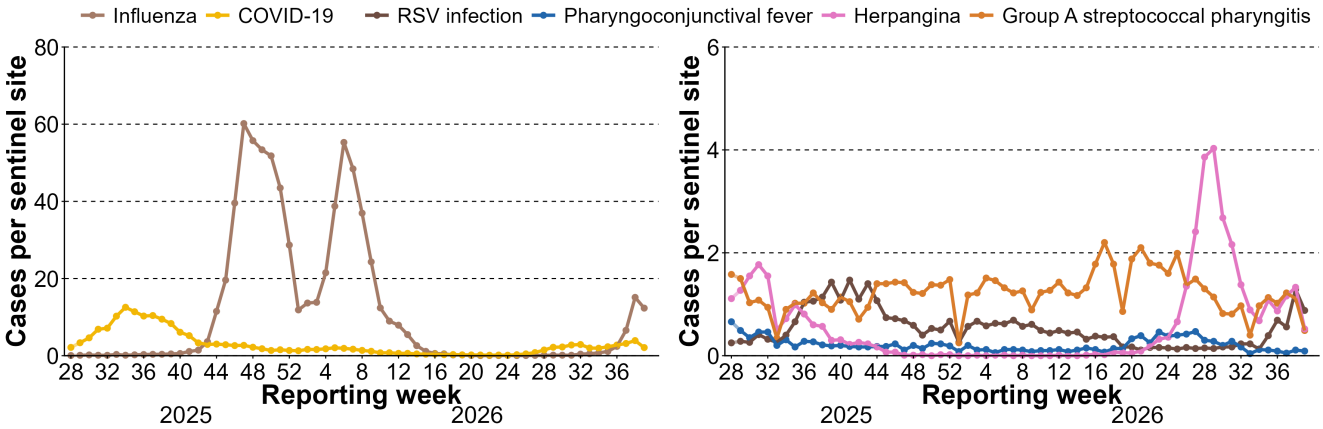
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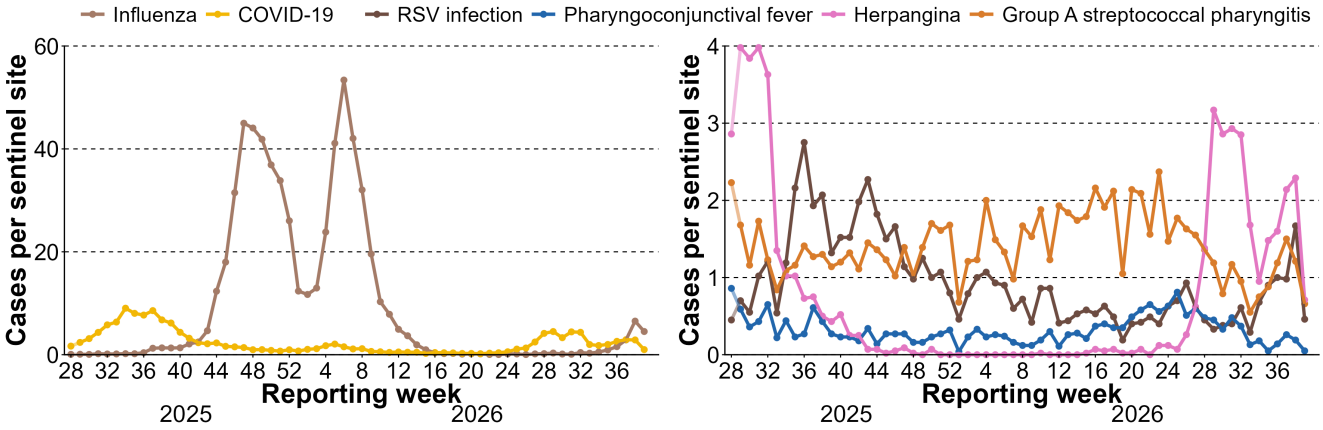
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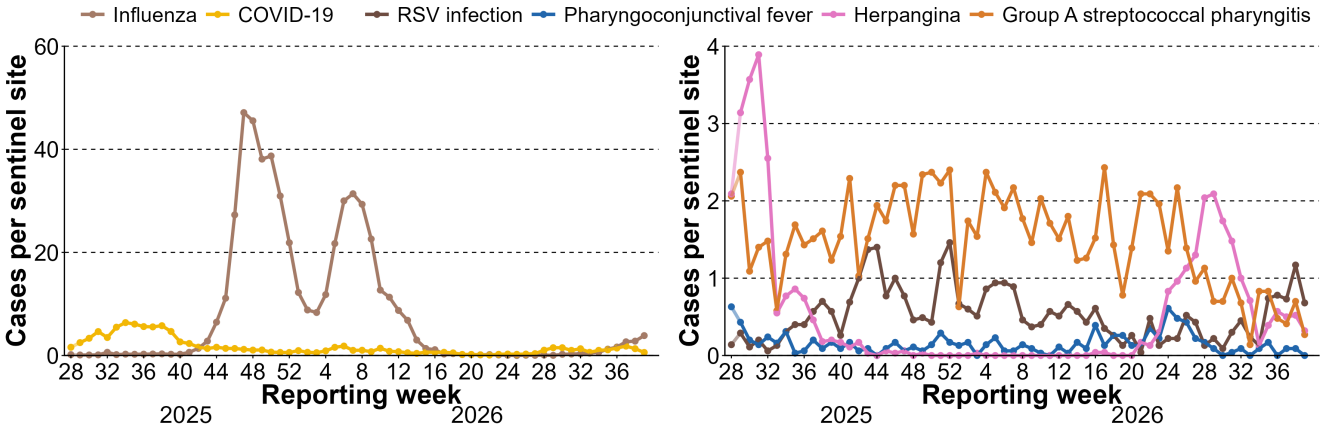
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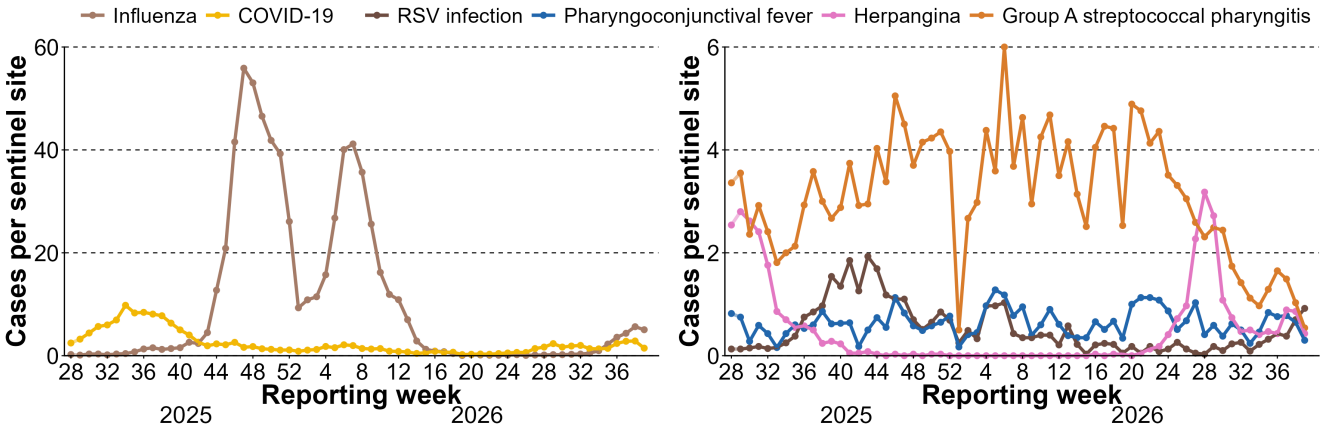
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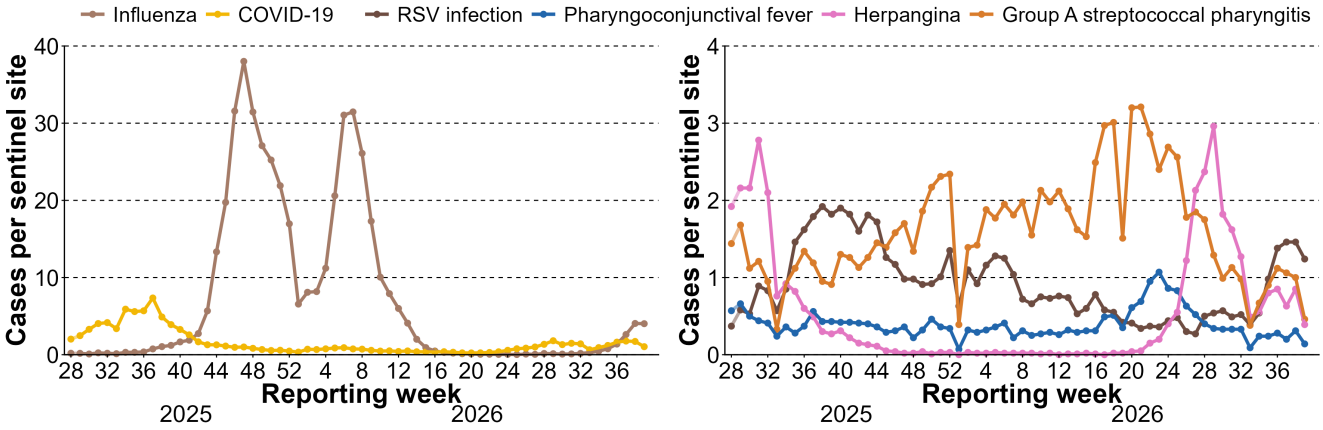
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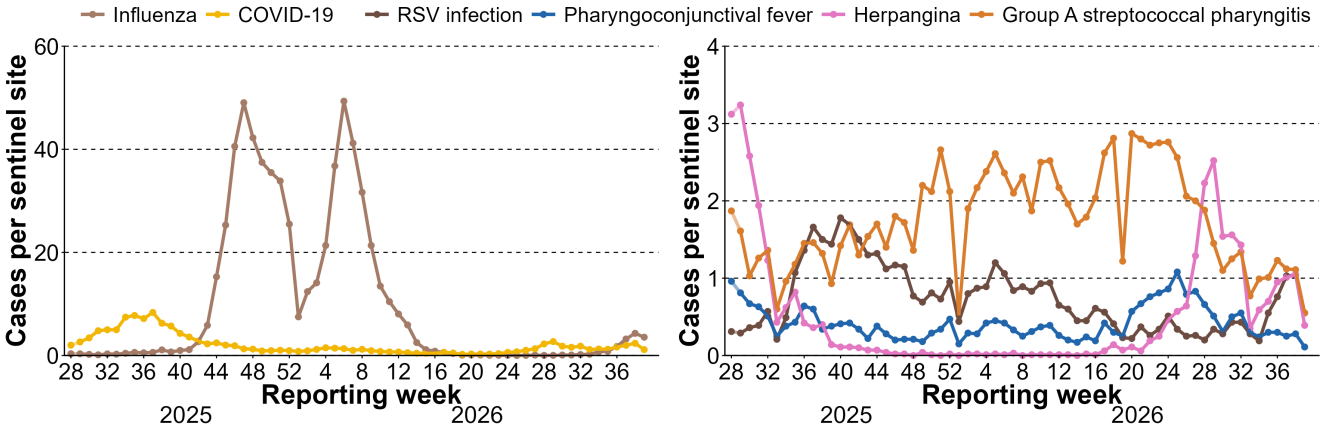
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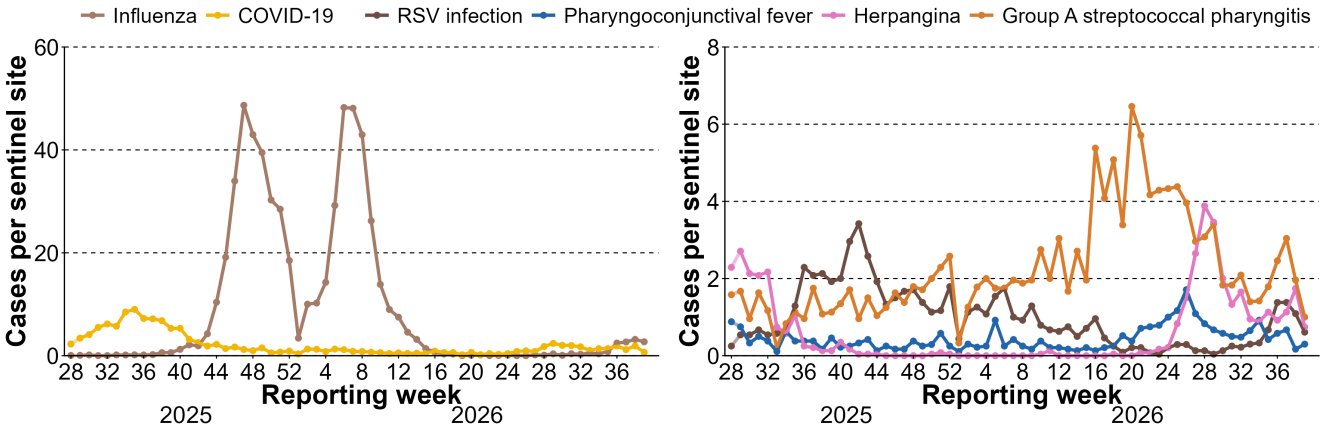
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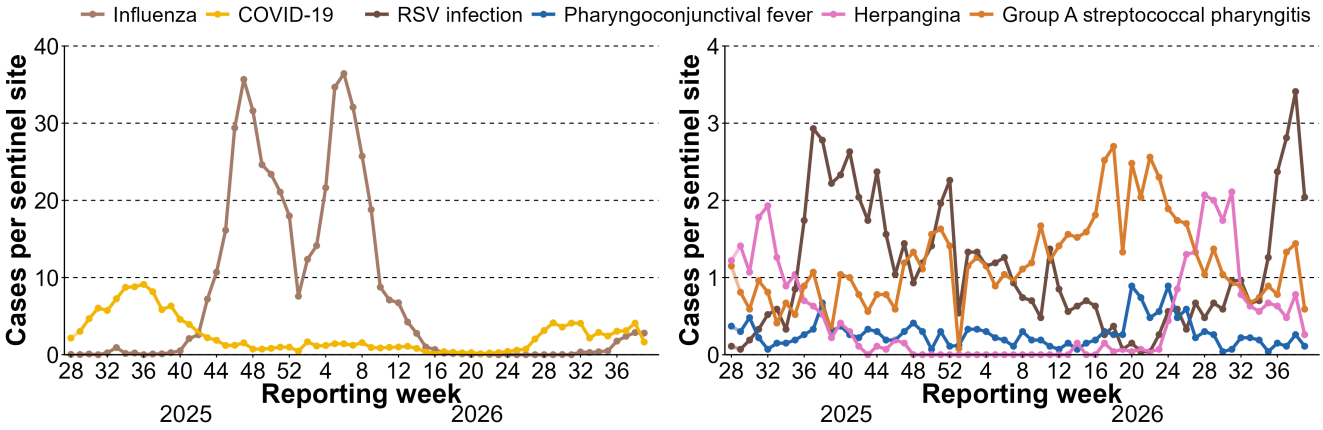
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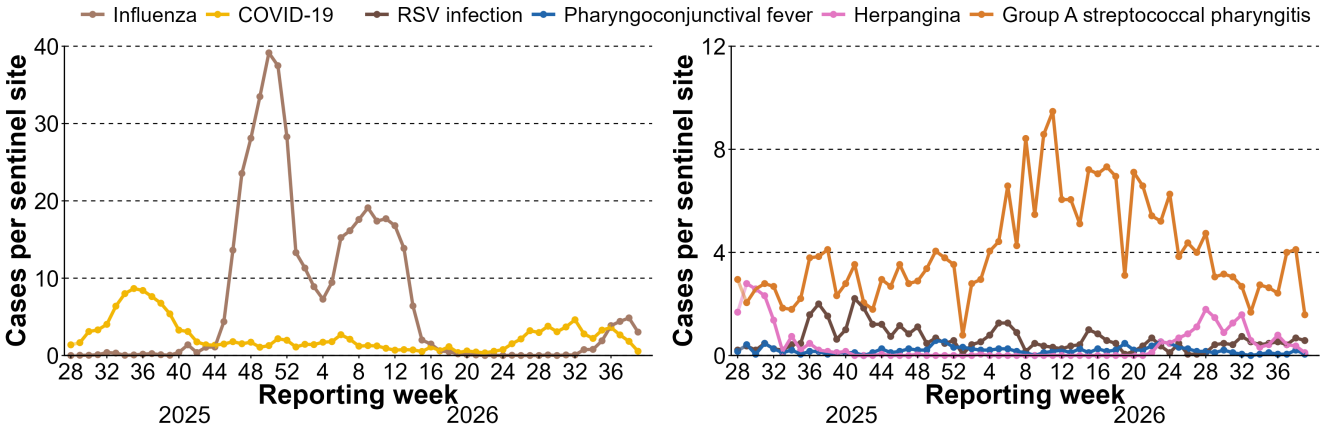
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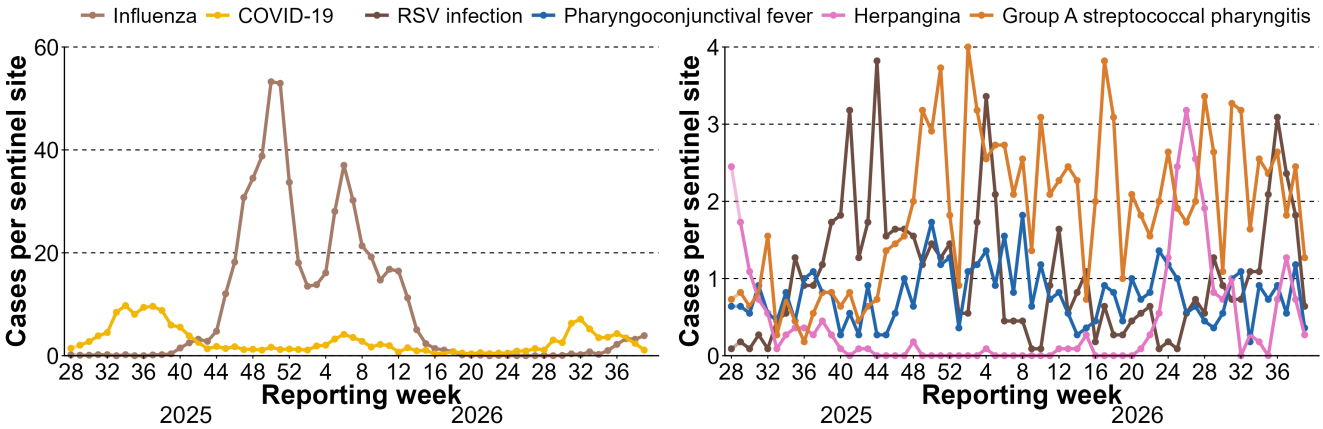
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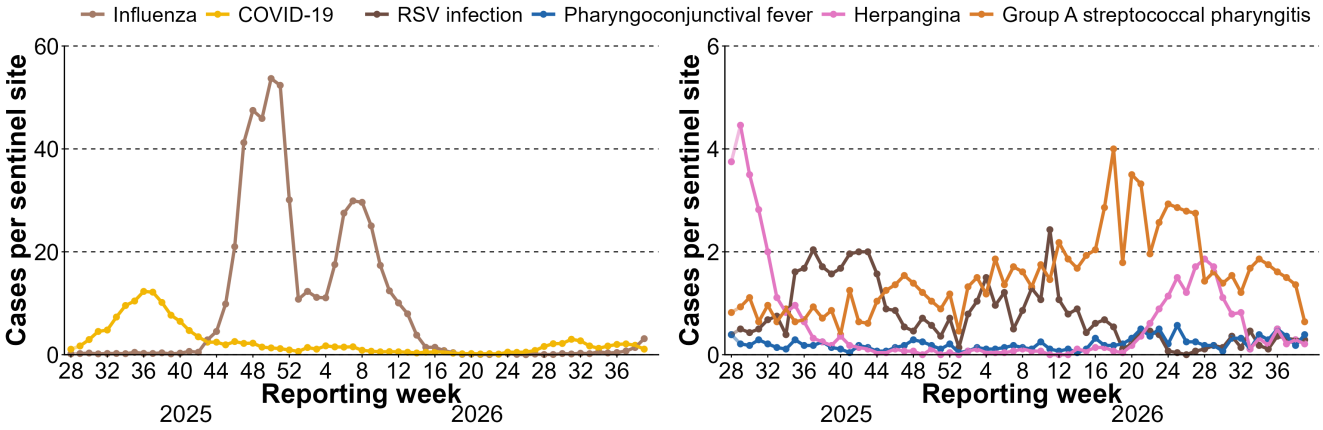
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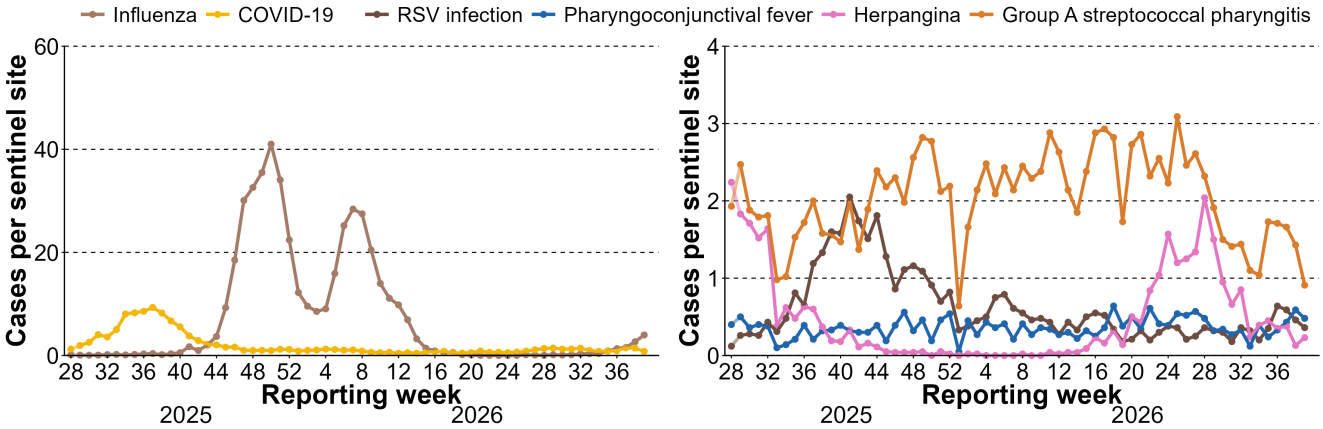
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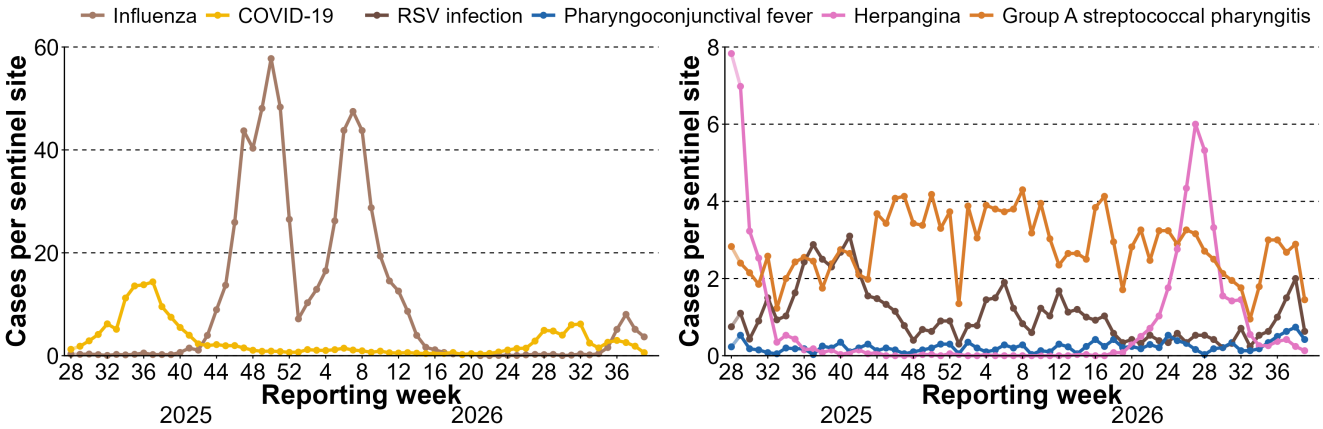
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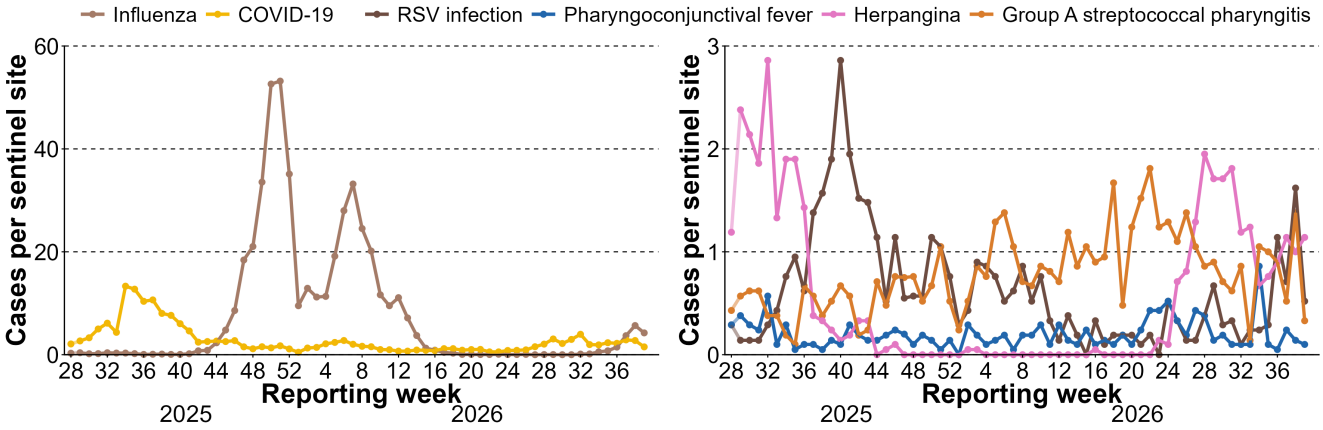
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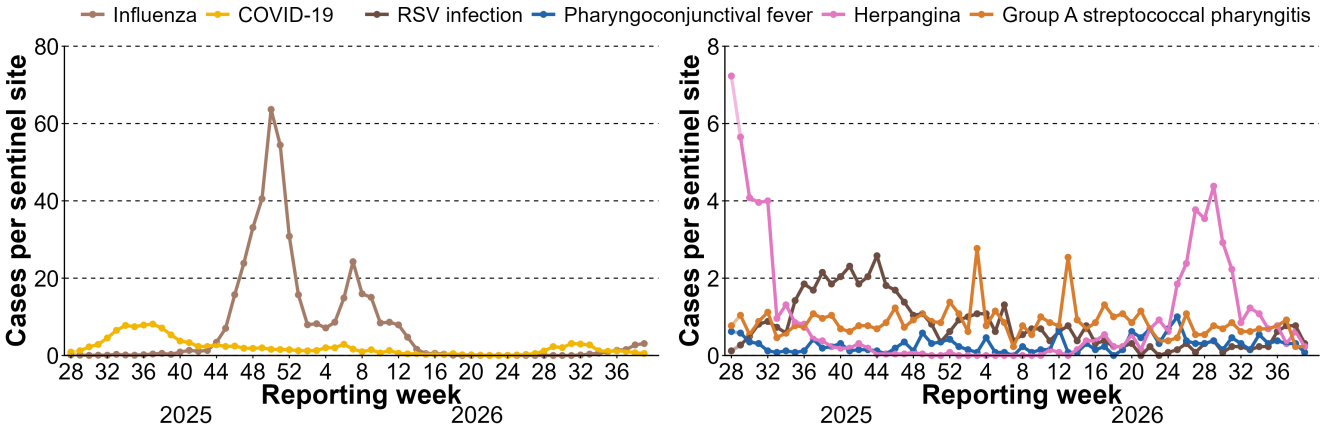
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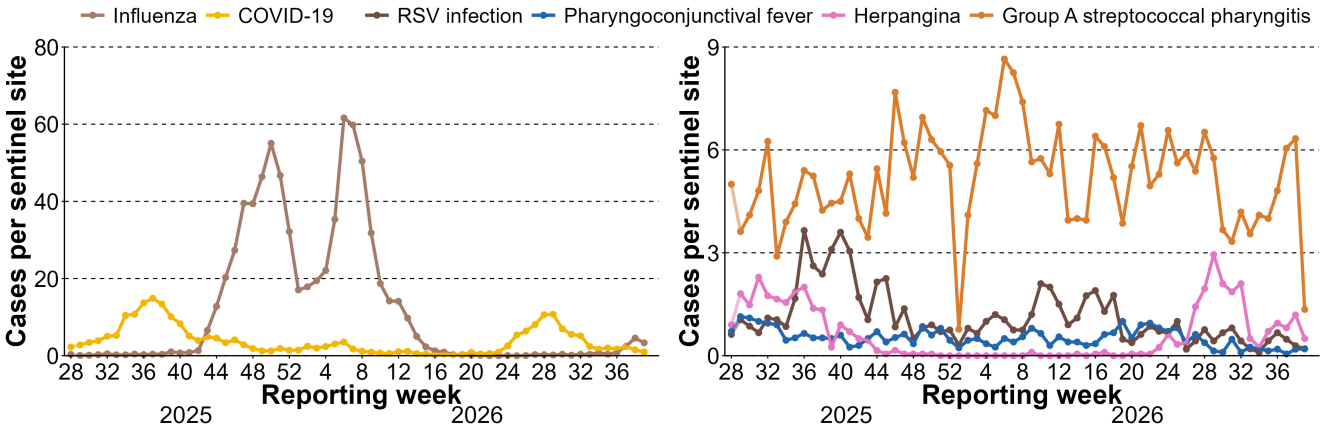
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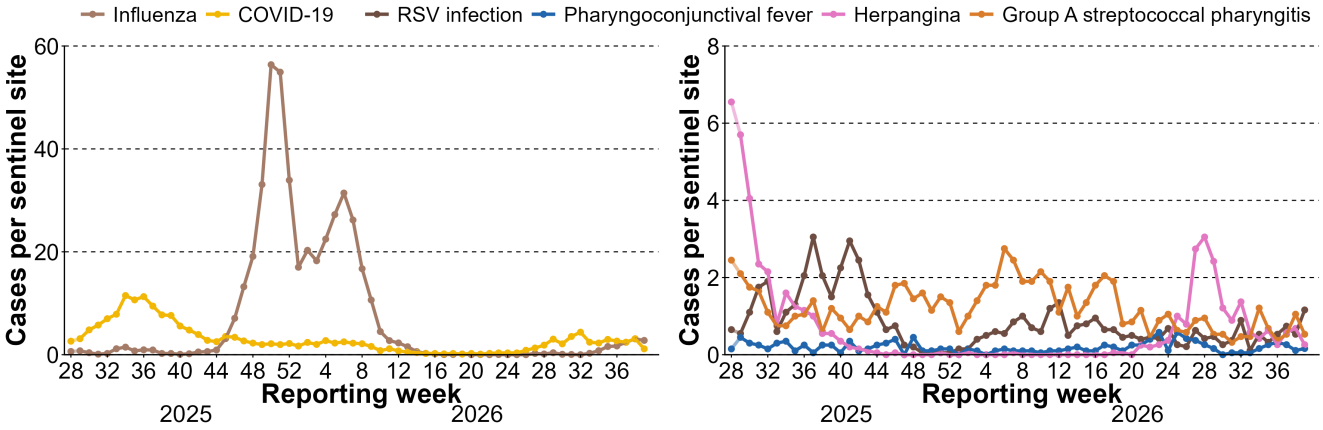
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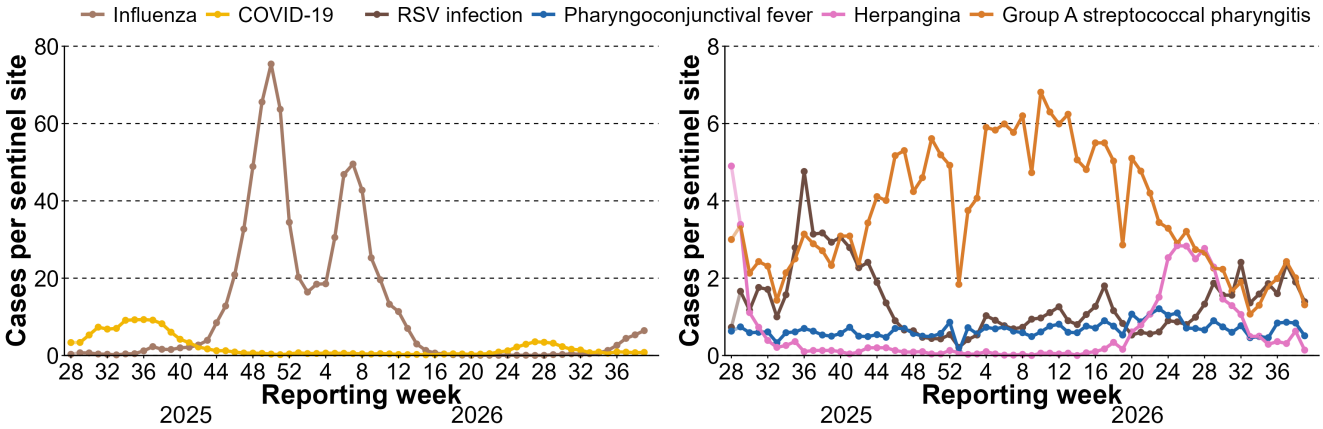
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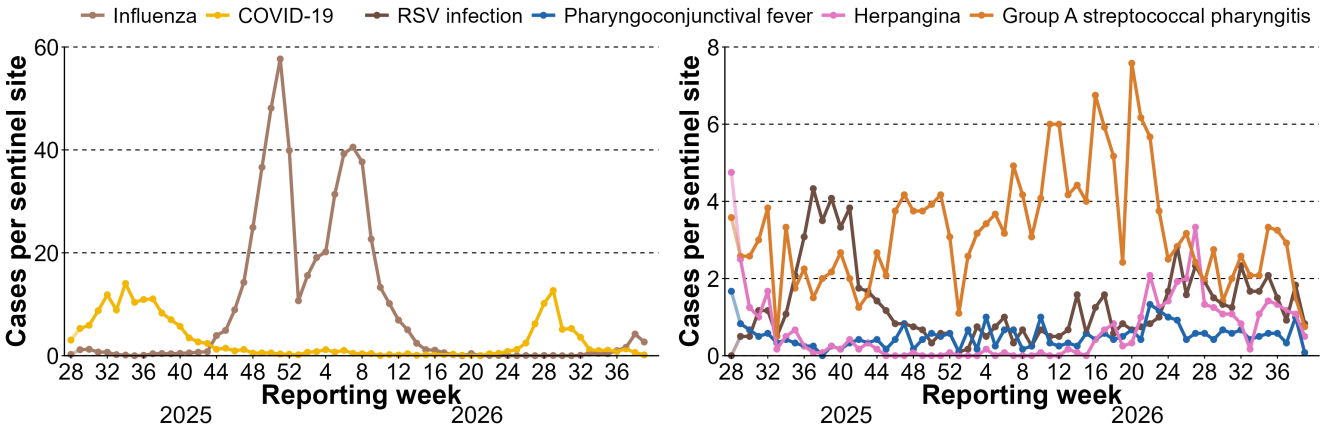
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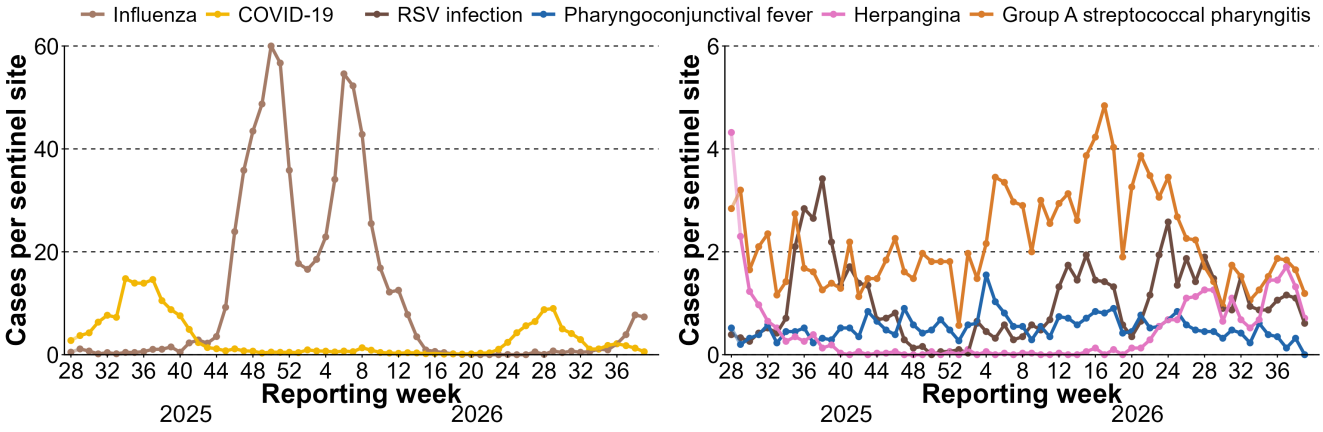
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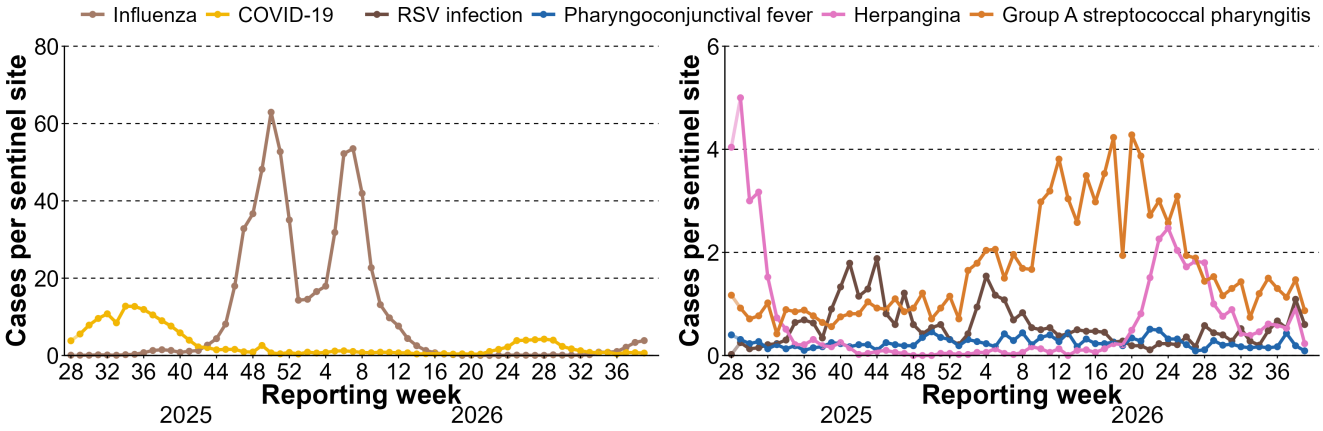
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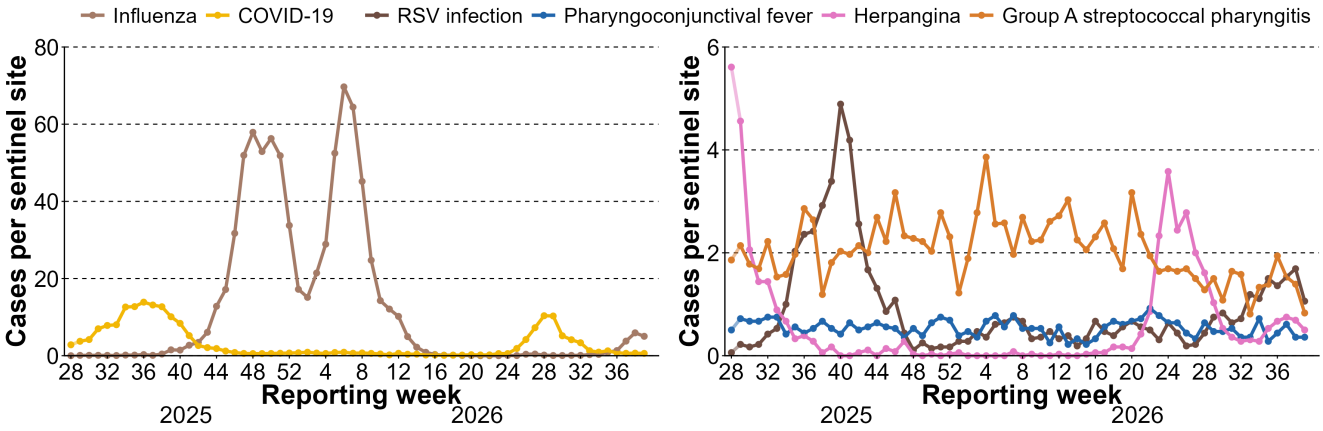
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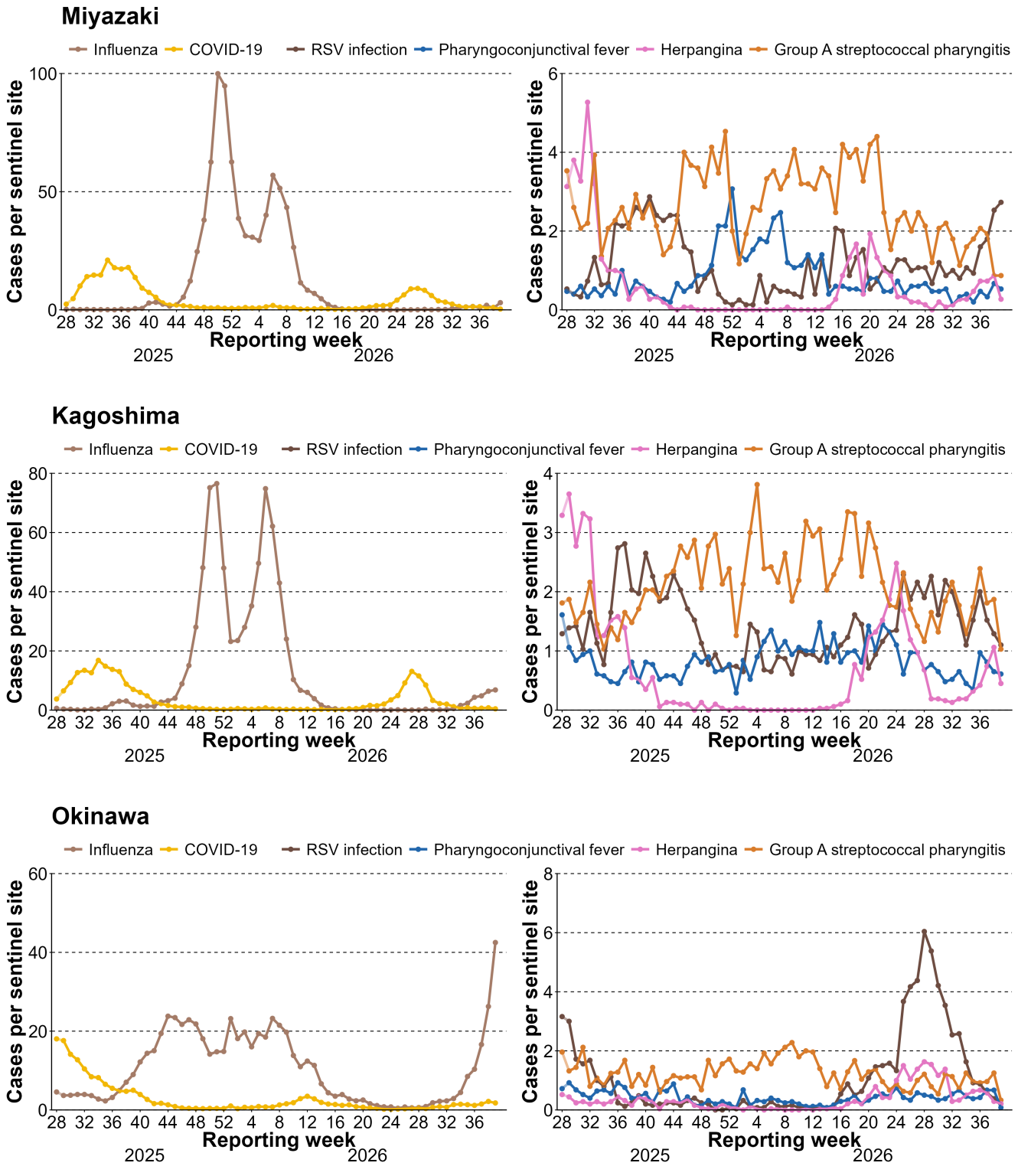


Kumamoto



Oita





Data source: Infectious Disease Surveillance in Japan; data as of September 30, 2026 (data range: July 7, 2025 – September 27, 2026)