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 40, 2026 (September 28, 2026 – October 4, 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 40 of 2026 (September 28, 2026–October 4, 2026), the number of ARI cases per sentinel site was 60.34 (224,516 cases), representing an increase compared with the previous week. Increases from the previous week were observed in all prefectures; however, it should be noted that the previous week included the Silver Week holidays.

The number of cases reported per sentinel site for each disease was 11.35 for influenza, 1.51 for COVID-19, 1.29 for group A streptococcal pharyngitis, 1.10 for herpangina, 1.03 for RSV infection, and 0.22 for pharyngoconjunctival fever. A total of 999 new hospital admissions due to influenza were reported, representing an increase of 140 cases compared with the previous week. 255 new hospital admissions due to COVID-19 were reported, representing a decrease of 2 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 40 of 2026 and reported by the time of analysis, 32 specimens tested positive for influenza A virus, 14 specimens tested positive for RSV, 9 specimens tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and 1 specimen tested positive for influenza B virus.

As of October 7, 2026, in August 2026 there were 1,749 specimens in which a pathogen was detected and 812 specimens in which no pathogen was detected. The most frequently detected pathogen was Rhinovirus/Enterovirus, with 652 positive cases.

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1. Patient Surveillance

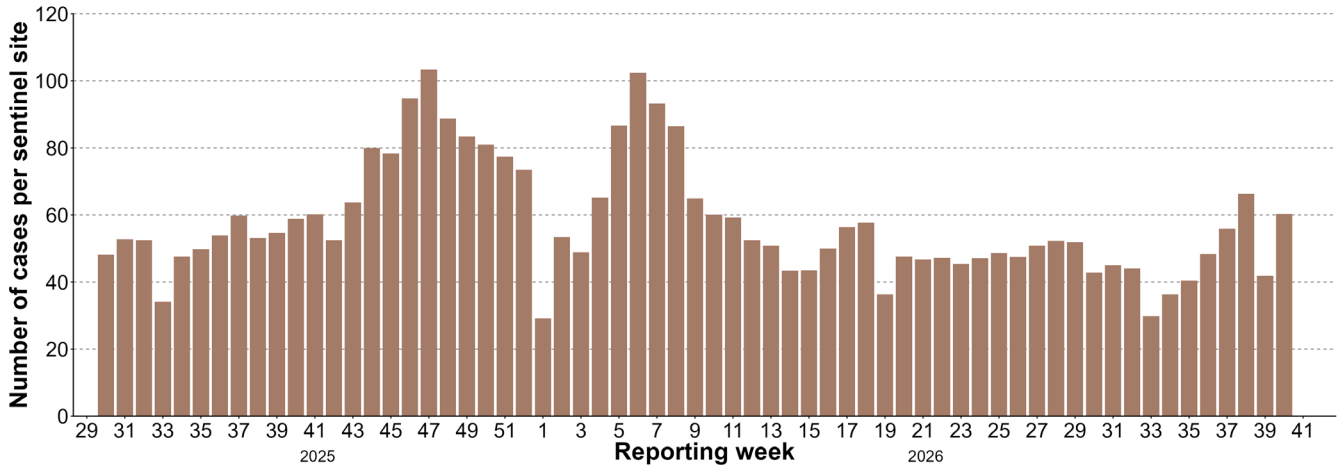
1.1. Nationwide Cases per Sentinel Site

In week 40 of 2026, a total of 3,721 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 60.34 (224,516 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.44 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 11.35 for influenza (42,320 cases) and 1.51 for COVID-19 (5,635 cases) (Figure 1A). The number of reporting sentinel sites was 3,728.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 1.03 for RSV infection (2,327 cases), 0.22 for pharyngoconjunctival fever (484 cases), 1.10 for herpangina (2,465 cases), and 1.29 for group A streptococcal pharyngitis (2,907 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,251.

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



Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 2026).

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

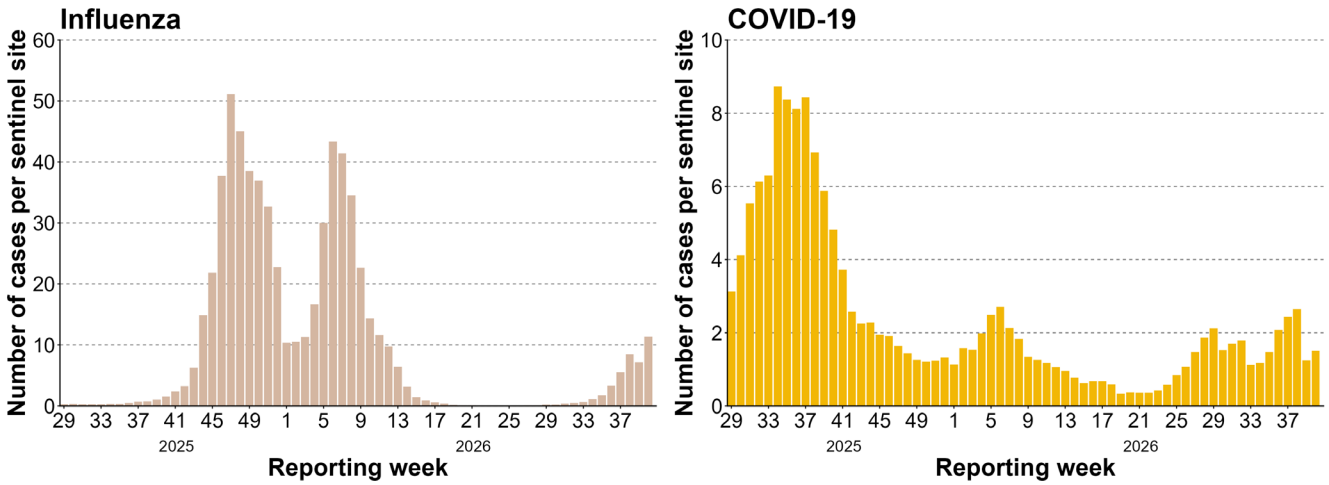
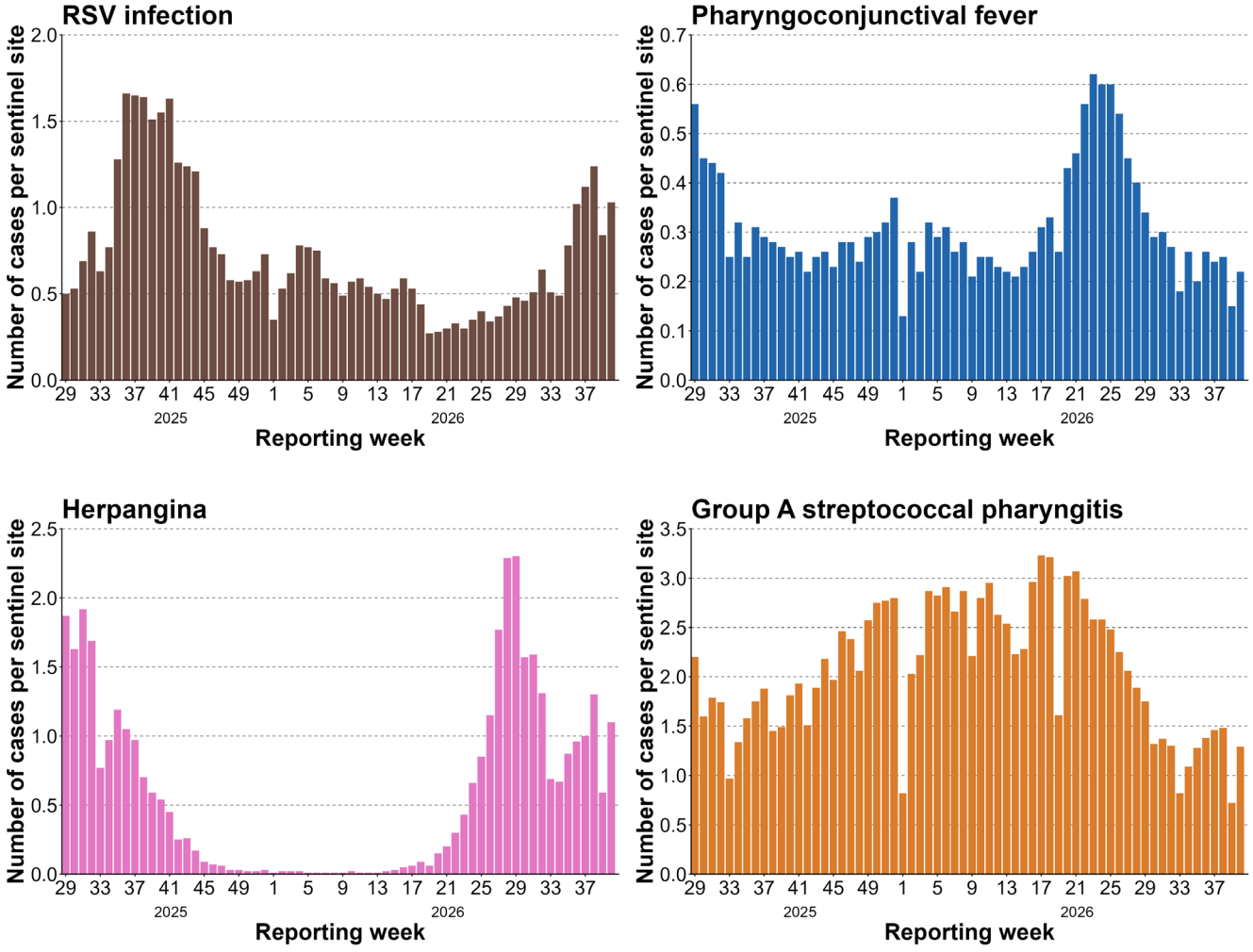


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

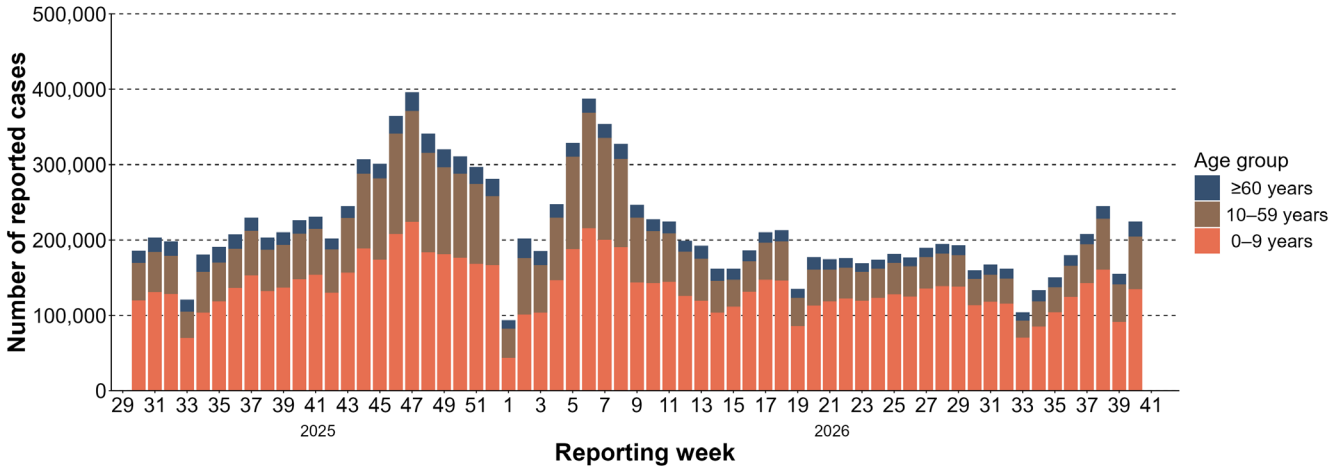
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 40 of 2026, the number of reported cases by age group was 134,537 cases among individuals aged 0–9 years (week-on-week ratio: 1.48), 69,935 cases among individuals aged 10–59 years (week-on-week ratio: 1.41), and 20,044 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. However, as the previous week (week 39) included the Silver Week holidays, week-on-week ratios should be interpreted with caution.

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, 3,931 influenza cases and 982 COVID-19 cases were reported among individuals aged 60 years and older; of these, 1,012 influenza cases and 272 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 October 7, 2026 (data range: July 14, 2025 – October 4, 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

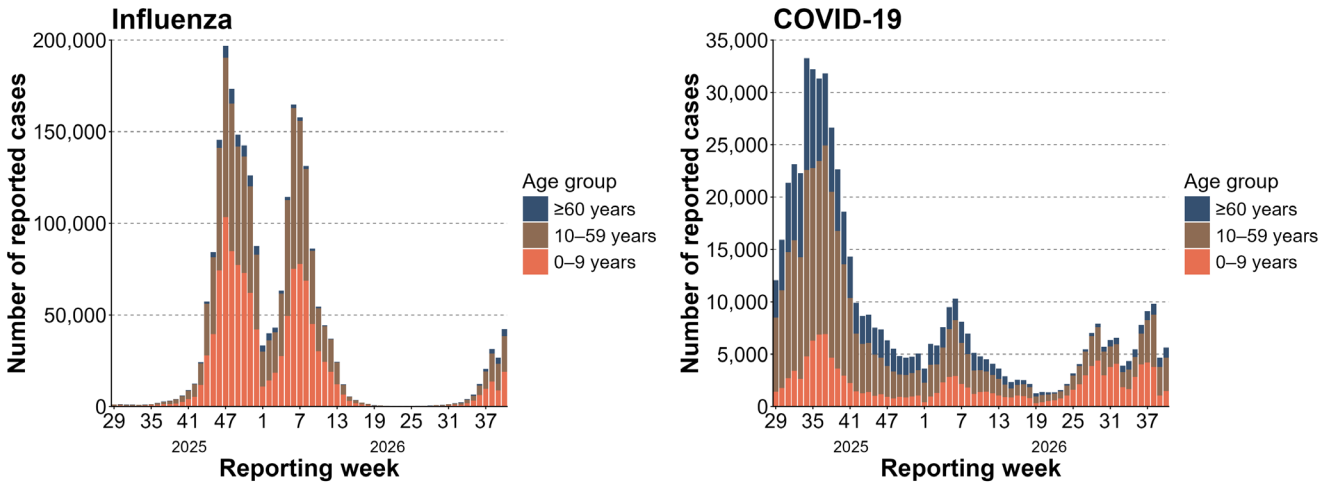
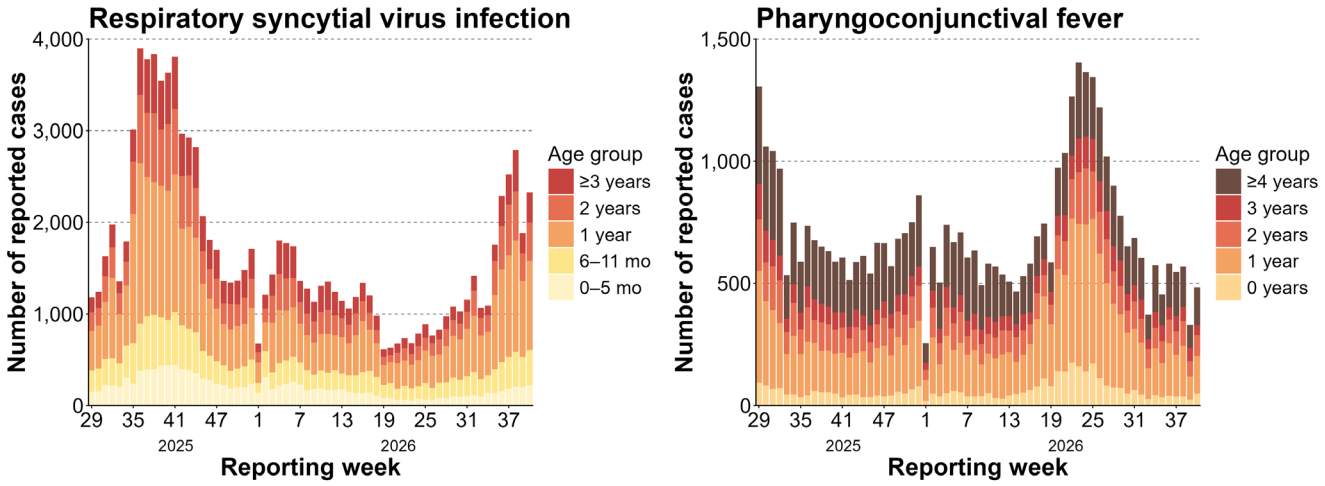
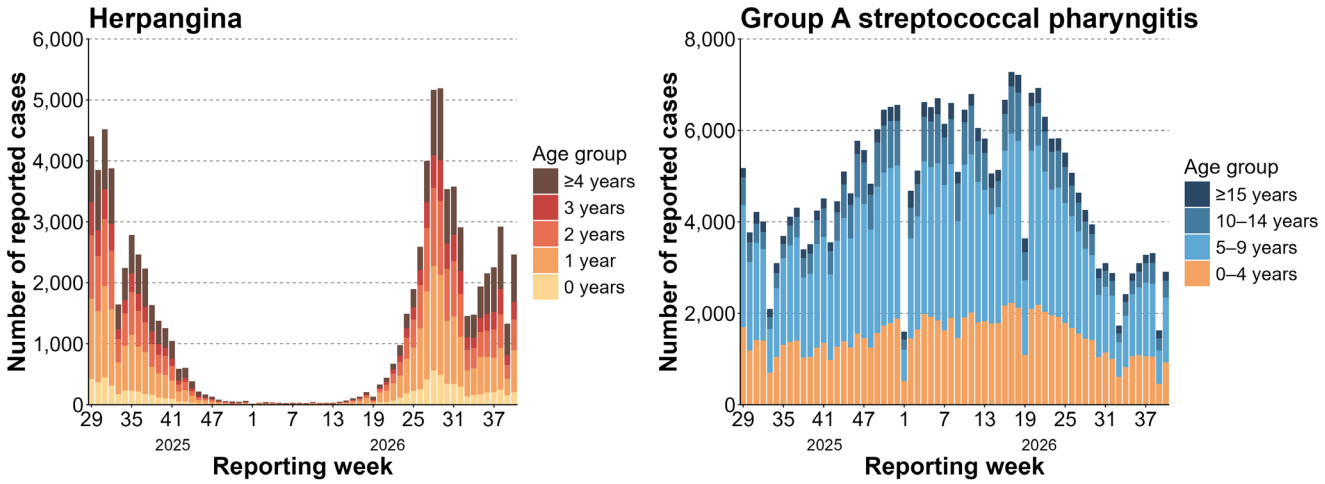


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group





Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 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 40

Age group	Influenza	COVID-19
0–9 years	18,984	1,474
	(2.14)	(1.39)
10–59 years	19,405	3,179
	(1.35)	(1.18)
≥60 years	3,931	982
	(1.16)	(1.08)
Total	42,320	5,635
	(1.59)	(1.21)

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 40

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	606	48	206	15
	(1.14)	(2.09)	(1.29)	(2.14)
1–4 years	1,628	326	1,717	910
	(1.25)	(1.42)	(2.20)	(2.01)
5–14 years	76	98	529	1,791
	(1.77)	(1.42)	(1.40)	(1.81)
≥15 years	17	12	13	191
	(4.25)	(1.71)	(1.08)	(1.09)
Total	2,327	484	2,465	2,907
	(1.24)	(1.47)	(1.85)	(1.79)

Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: September 28, 2026 – October 4, 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 40 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Saitama (96.81), Gunma (90.33), and Kanagawa (86.08) (Figure 3A). Increases from the previous week were observed in all prefectures; however, it should be noted that the previous week included the Silver Week holidays (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 33.41 to 96.81 (Figure 4).

The three prefectures with the highest numbers of cases per sentinel site by disease were Okinawa, Saitama, and Chiba for influenza; Saitama, Nagano, and Gunma for COVID-19; Fukui, Wakayama, and Gifu for RSV infection;

Shimane/Kagoshima, Miyazaki, and Fukuoka for pharyngoconjunctival fever; Gunma, Shizuoka, and Kanagawa for herpangina; Ehime, Ibaraki, and Niigata for group A streptococcal pharyngitis (Table 3).

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 40

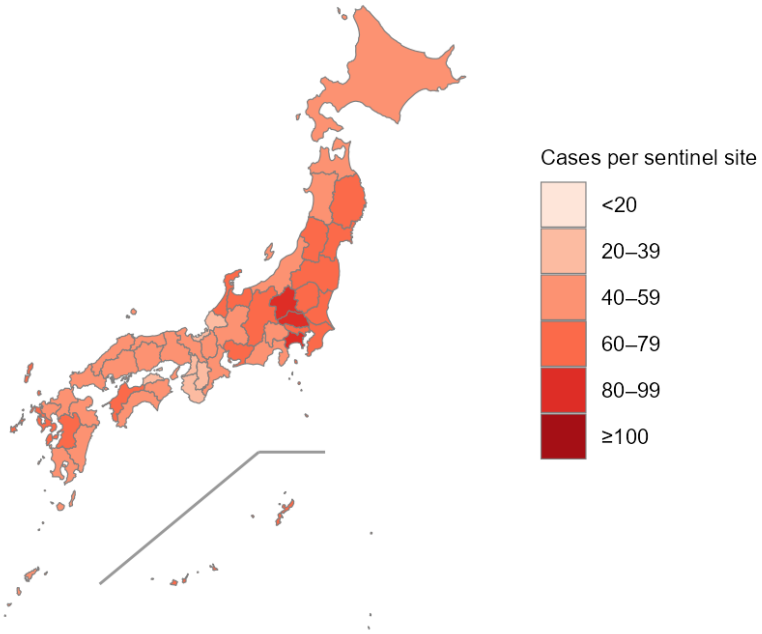
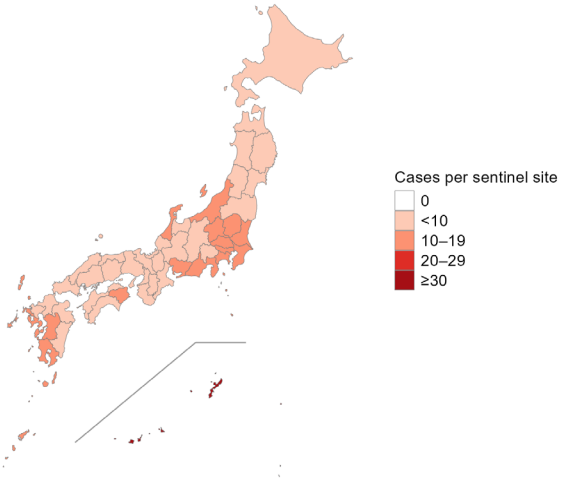
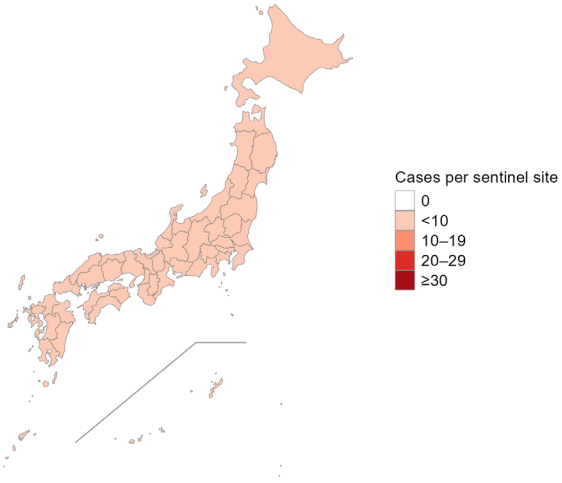


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 40

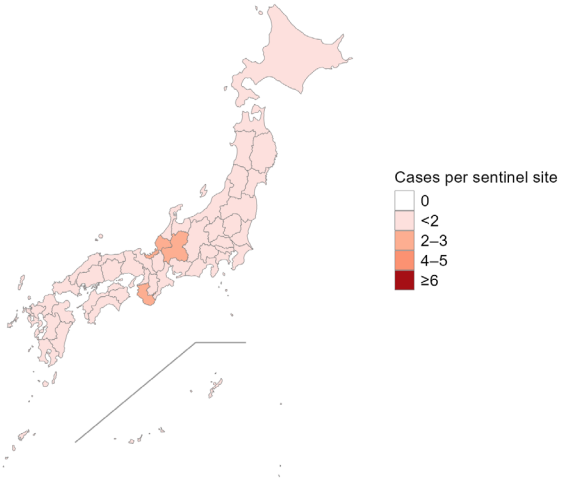
Influenza



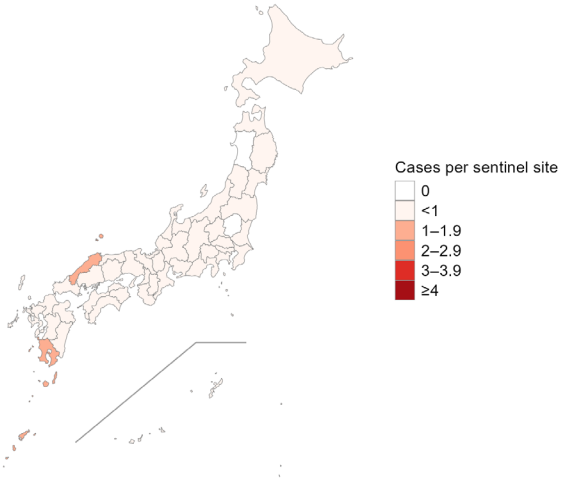
COVID-19



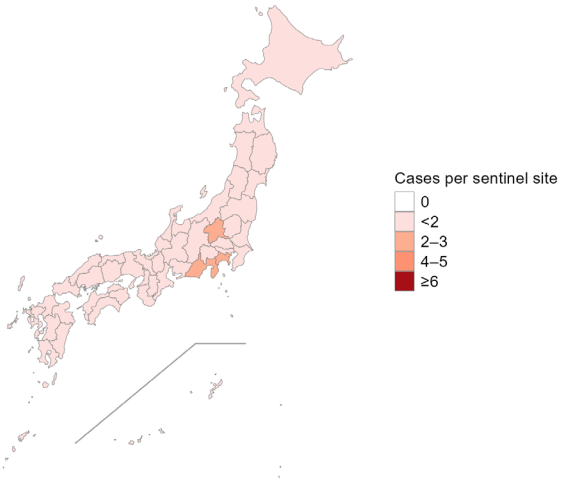
RSV infection



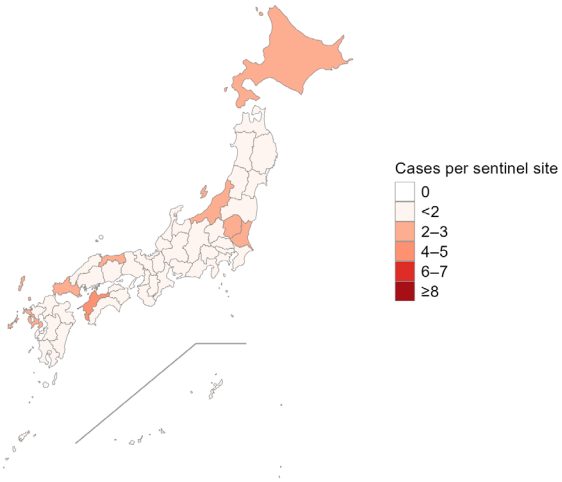
Pharyngoconjunctival fever



Herpangina



Group A streptococcal pharyngitis



Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: September 28, 2026 – October 4, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 40

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	7,407	45.16	1.52
Aomori	2,520	48.46	1.51
Iwate	3,136	76.49	1.33
Miyagi	4,171	75.84	1.33
Akita	1,045	41.80	1.24
Yamagata	2,306	60.68	1.66
Fukushima	3,097	64.52	1.28
Ibaraki	5,184	76.24	1.38
Tochigi	3,474	75.52	1.50
Gunma	4,065	90.33	1.51
Saitama	17,038	96.81	1.30
Chiba	12,757	70.48	1.58
Tokyo	27,433	65.79	1.52
Kanagawa	20,832	86.08	1.71
Niigata	2,877	56.41	1.46
Toyama	3,041	66.11	1.56
Ishikawa	2,952	62.81	1.61
Fukui	1,303	33.41	1.48
Yamanashi	1,370	40.29	1.72
Nagano	3,272	65.44	1.38
Gifu	2,152	47.82	1.23
Shizuoka	6,065	56.16	1.46
Aichi	11,836	72.61	1.30
Mie	2,838	42.36	1.35

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Shiga	1,984	50.87	1.51
Kyoto	3,236	52.19	1.46
Osaka	10,465	36.85	1.45
Hyogo	7,935	48.98	1.63
Nara	1,663	39.60	1.79
Wakayama	1,685	37.44	1.42
Tottori	1,470	50.69	1.38
Shimane	958	47.90	1.38
Okayama	2,544	50.88	1.27
Hiroshima	4,285	46.08	1.39
Yamaguchi	3,425	56.15	1.51
Tokushima	1,404	42.55	1.55
Kagawa	845	36.74	1.12
Ehime	2,611	68.71	1.68
Kochi	1,550	40.79	1.38
Fukuoka	6,959	57.04	1.23
Saga	1,191	49.63	1.50
Nagasaki	3,019	60.38	1.44
Kumamoto	4,343	61.17	1.67
Oita	3,157	54.43	1.21
Miyazaki	1,230	43.93	1.30
Kagoshima	3,148	55.23	1.29
Okinawa	3,238	73.59	1.03

Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: September 28, 2026 – October 4, 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

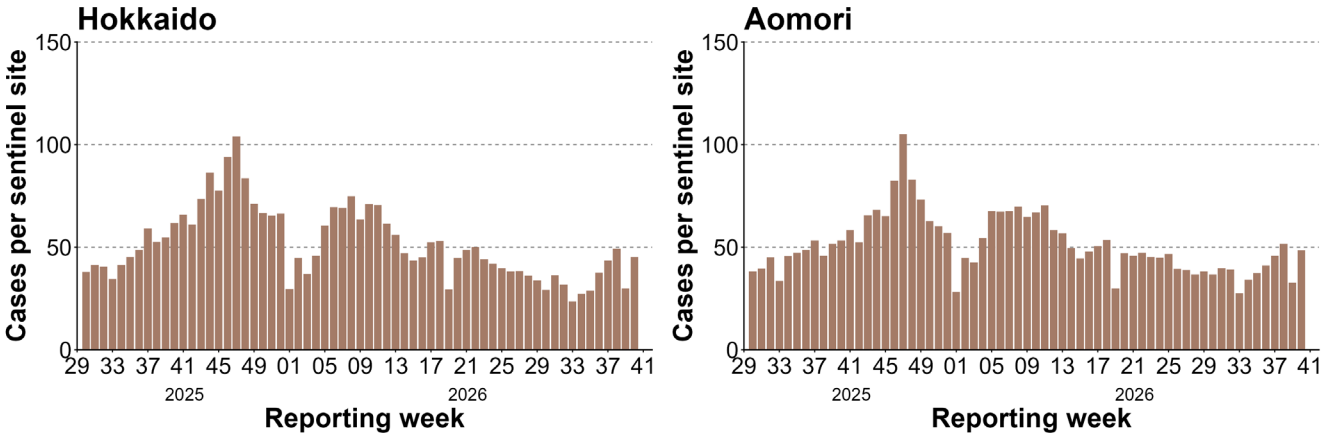
week-on-week ratio is indicated by “–”.

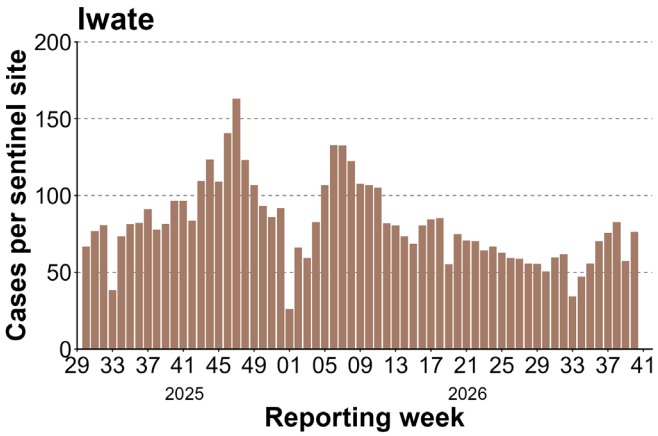
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 40

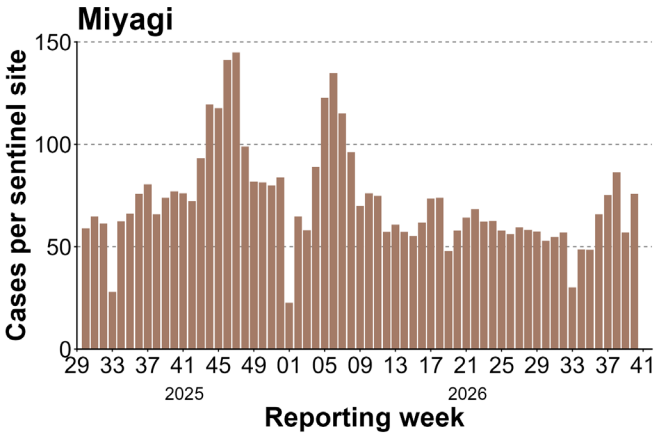
Infectious diseases	Prefectures		
Influenza	Okinawa (37.07)	Saitama (19.66)	Chiba (18.72)
COVID-19	Saitama (3.10)	Nagano (2.64)	Gunma (2.51)
RSV infection	Fukui (2.28)	Wakayama (2.22)	Gifu (2.19)
Pharyngoconjunctival fever	Shimane (1.00)	Kagoshima (1.00)	Miyazaki (0.73)
Herpangina	Gunma (3.76)	Shizuoka (3.47)	Kanagawa (2.39)
Group A streptococcal pharyngitis	Ehime (4.19)	Ibaraki (2.92)	Niigata (2.90)

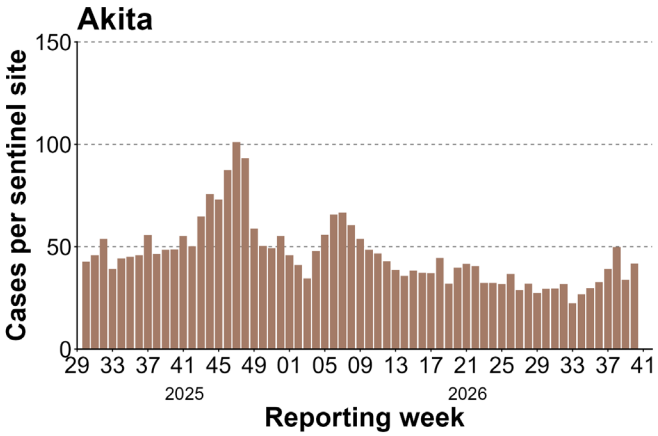
Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: September 28, 2026 – October 4, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

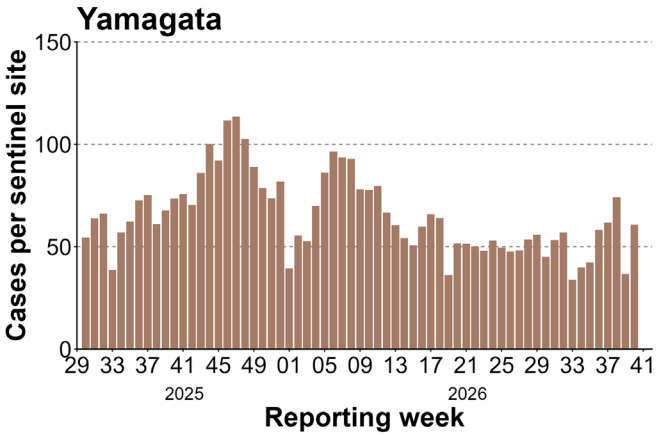
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

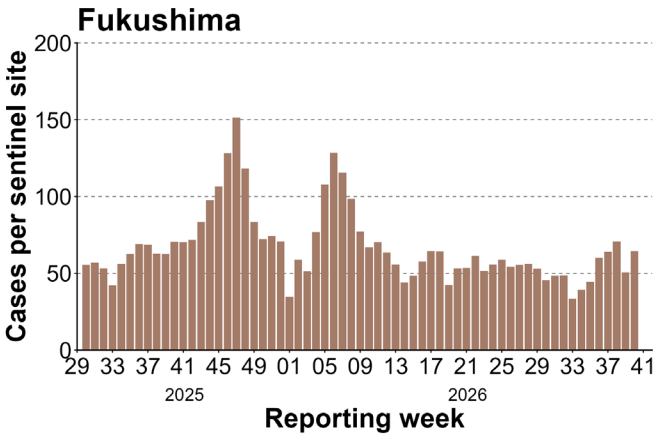


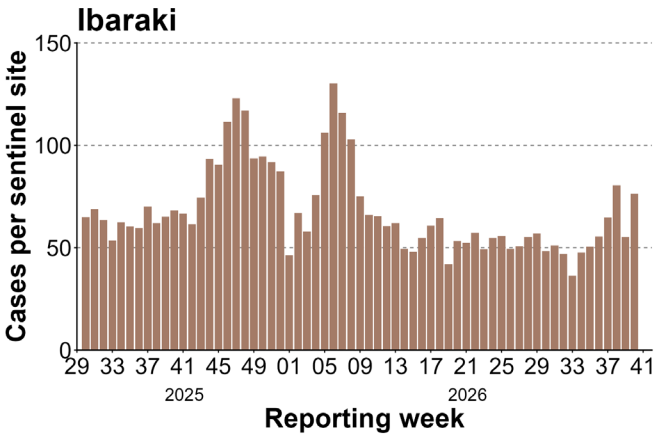

Iwate
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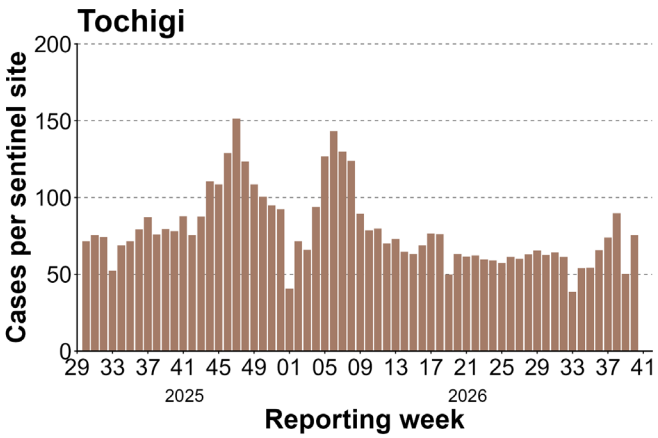

Miyagi
Cases per sentinel site
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2025
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Reporting week

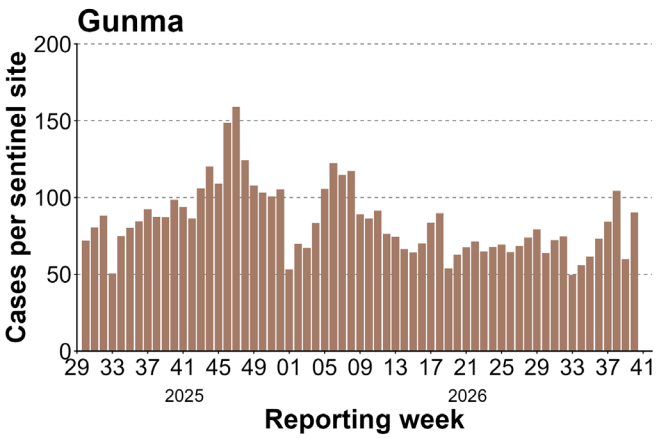

Akita
Cases per sentinel site
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2025
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Reporting week

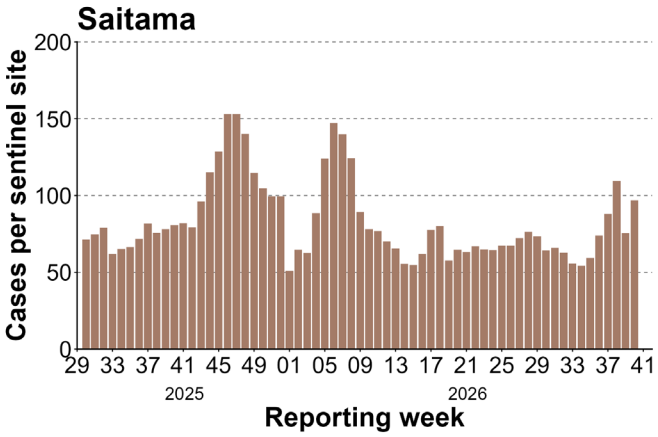

Yamagata
Cases per sentinel site
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2026
Reporting week

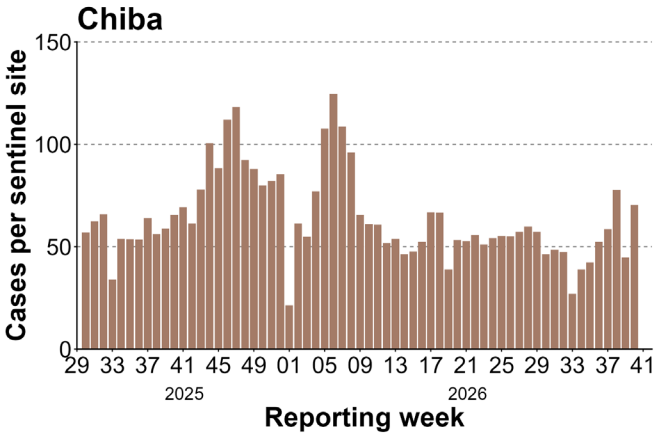

Fukushima
Cases per sentinel site
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Reporting week

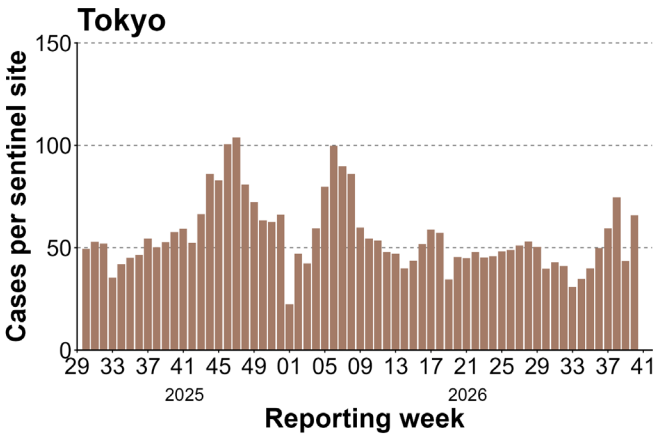

Ibaraki
Cases per sentinel site
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2026
Reporting week

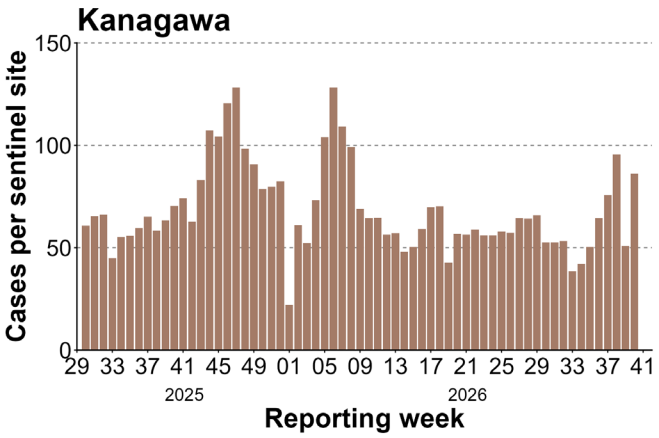

Tochigi
Cases per sentinel site
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2025
2026
Reporting week

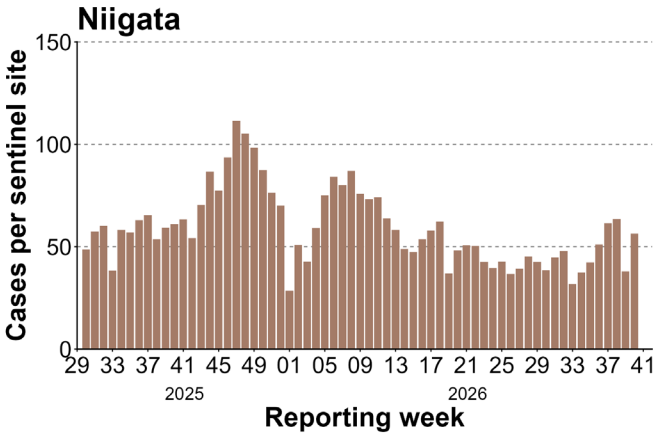

Gunma
Cases per sentinel site
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29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
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2026
Reporting week

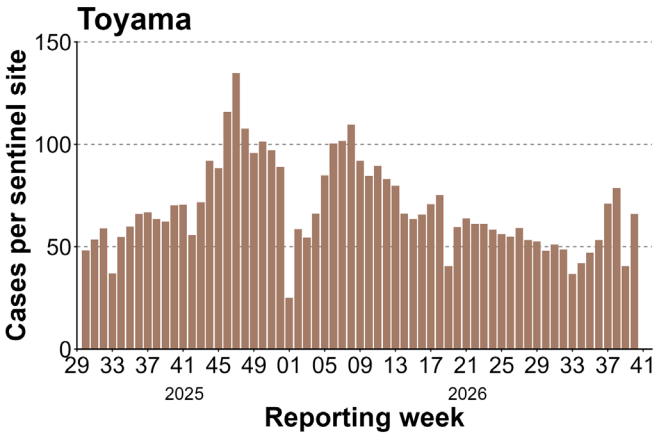

Saitama
Cases per sentinel site
200
150
100
50
0
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2025
2026
Reporting week

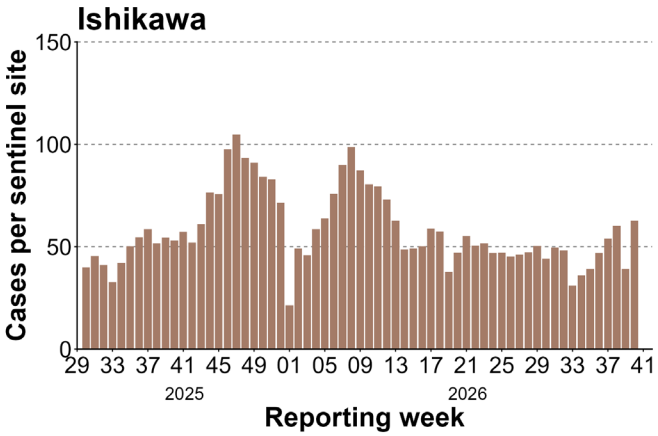

Chiba
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

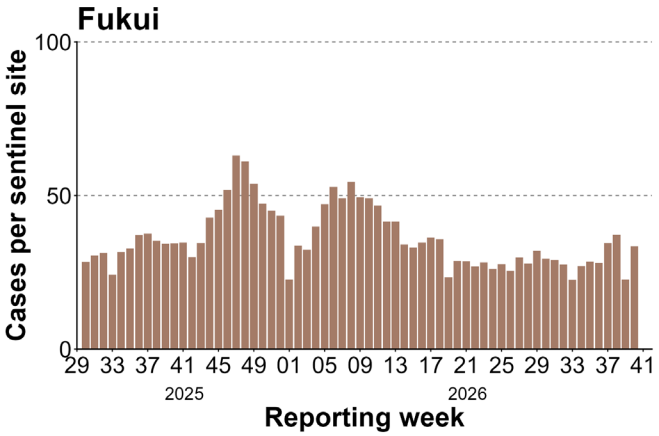

Tokyo
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

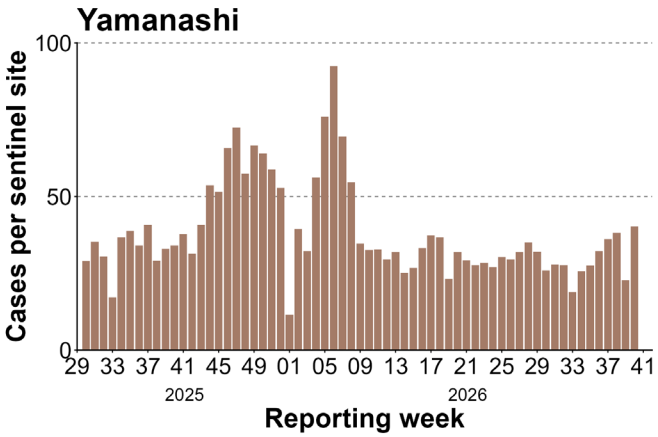

Kanagawa
Cases per sentinel site
150
100
50
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2025
2026
Reporting week

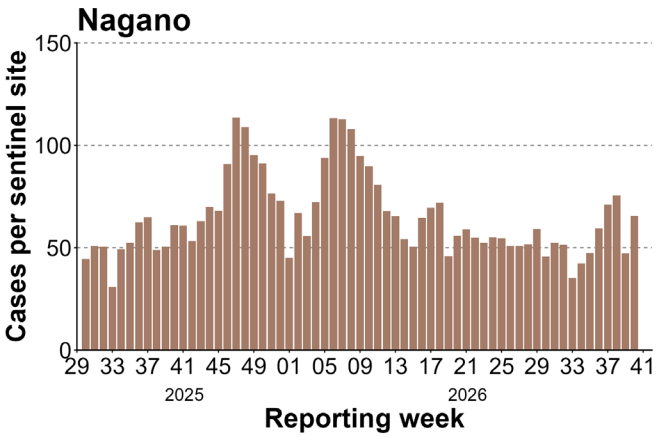

Niigata
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

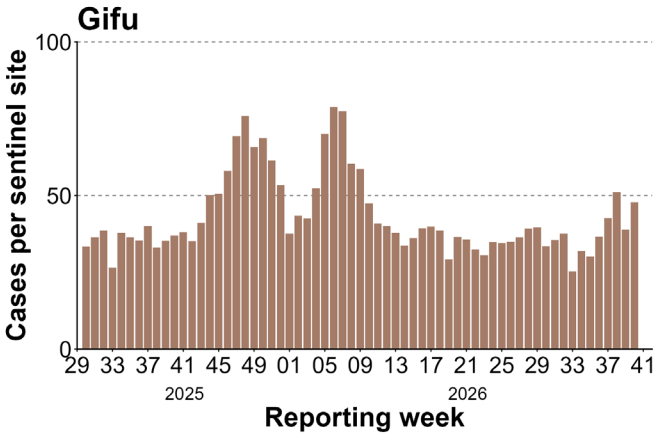

Toyama
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

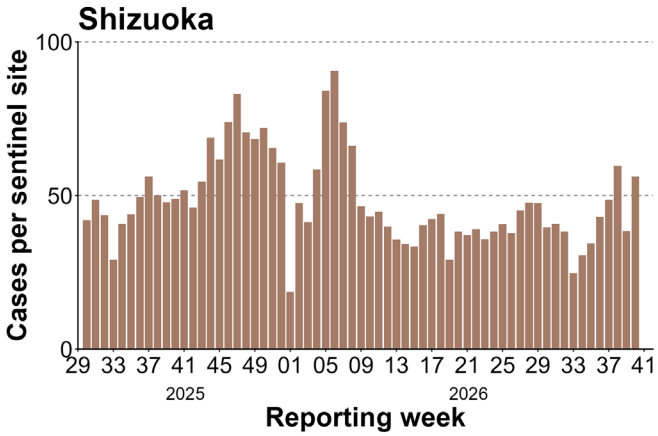

Ishikawa
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

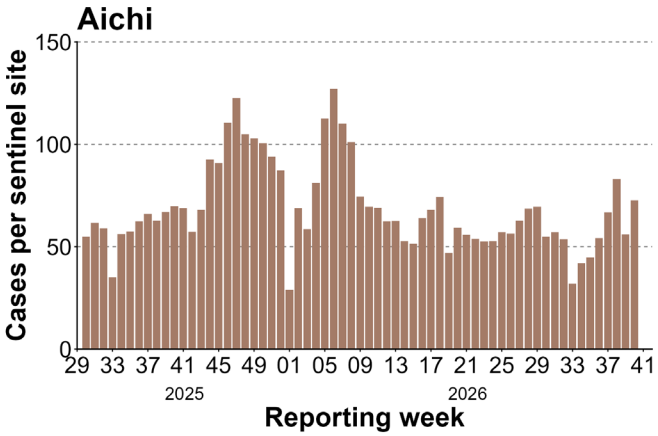

Fukui
Cases per sentinel site
100
50
0
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2025
2026
Reporting week

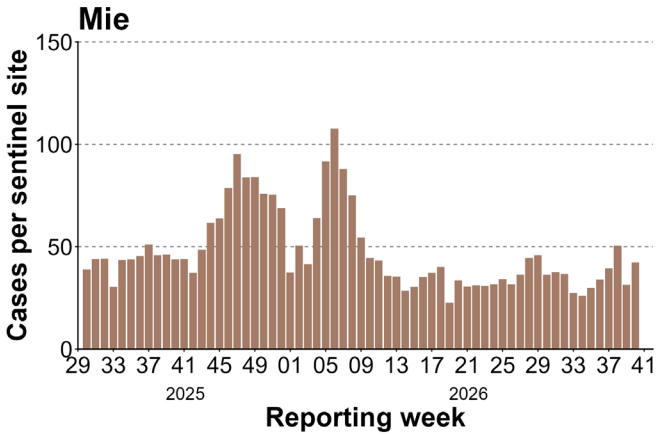

Yamanashi
Cases per sentinel site
100
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2025
2026
Reporting week

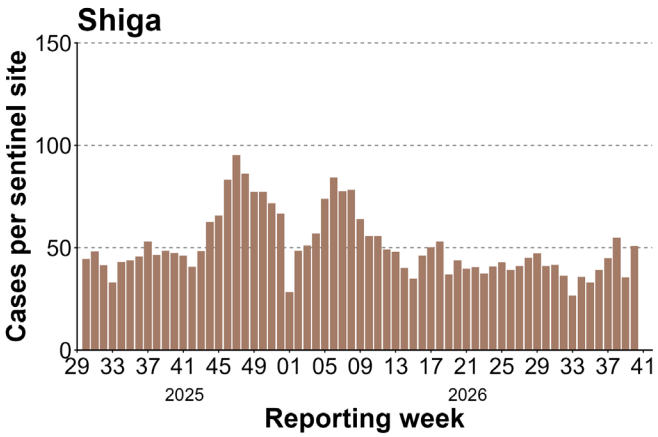

Nagano
Cases per sentinel site
150
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0
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2025
2026
Reporting week

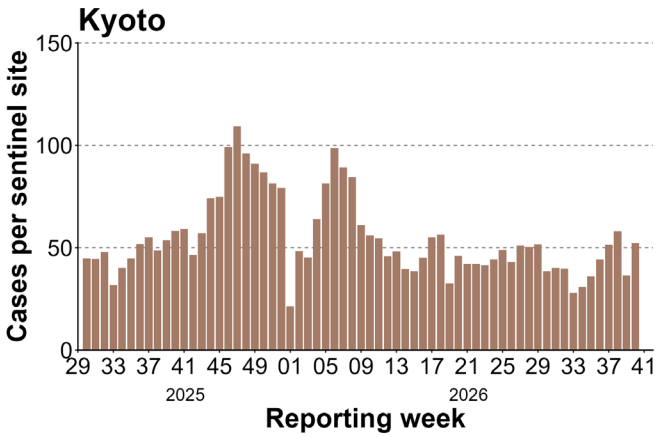

Gifu
Cases per sentinel site
100
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2025
2026
Reporting week

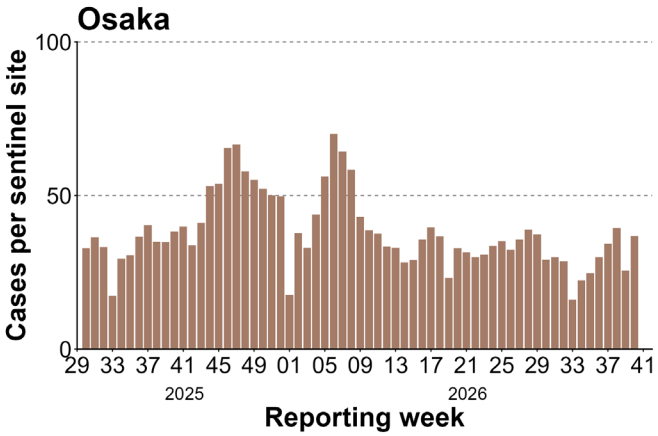

Shizuoka
Cases per sentinel site
100
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2025
2026
Reporting week

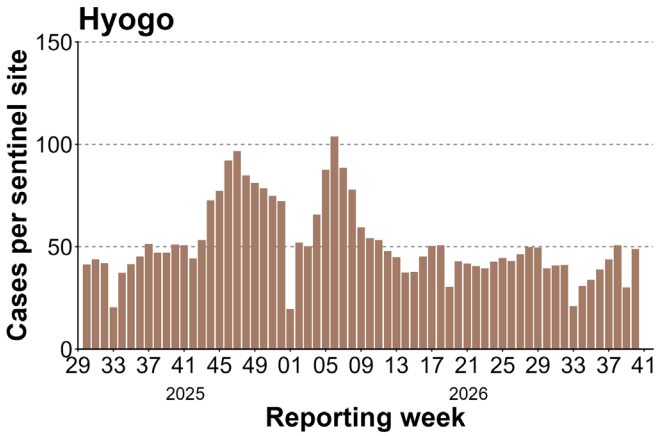

Aichi
Cases per sentinel site
150
100
50
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29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week

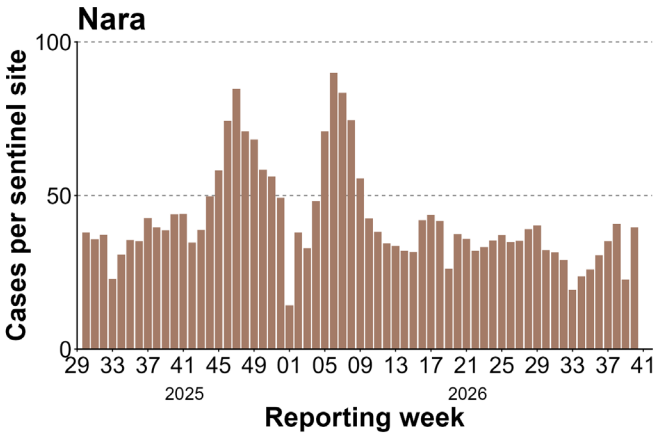

Mie
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

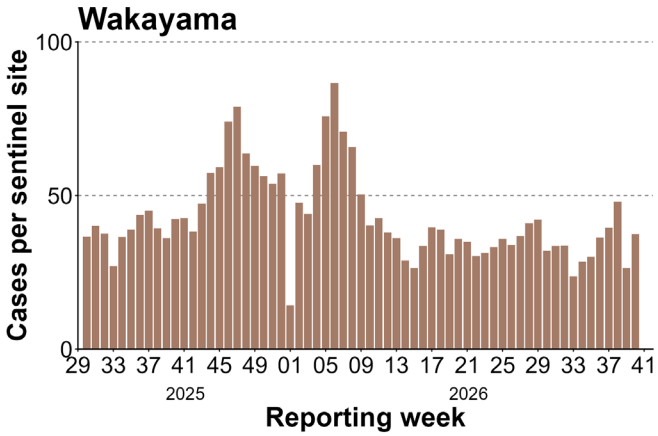

Shiga
Cases per sentinel site
150
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week

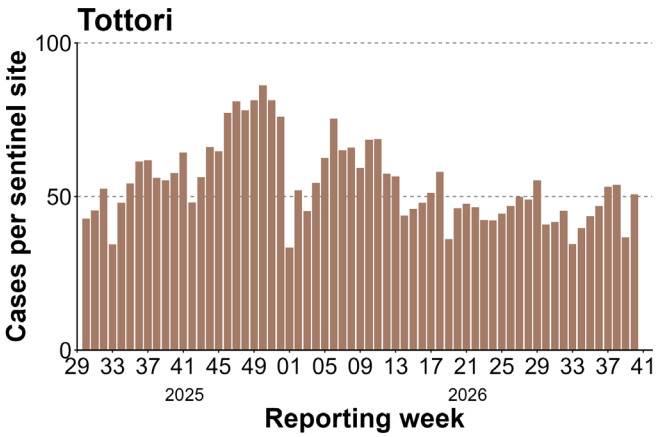

Kyoto
Cases per sentinel site
150
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2025
2026
Reporting week

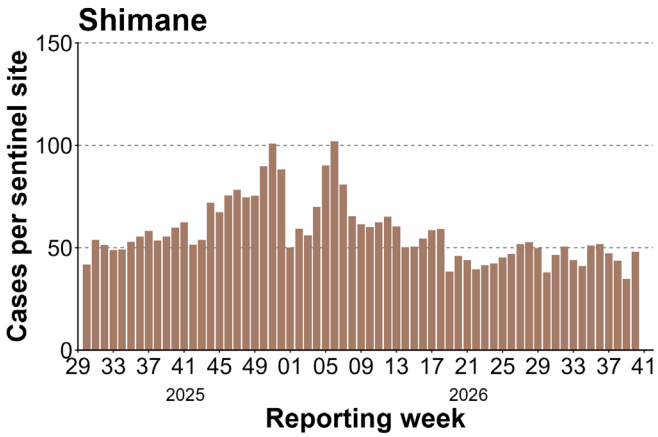

Osaka
Cases per sentinel site
100
50
0
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2025
2026
Reporting week

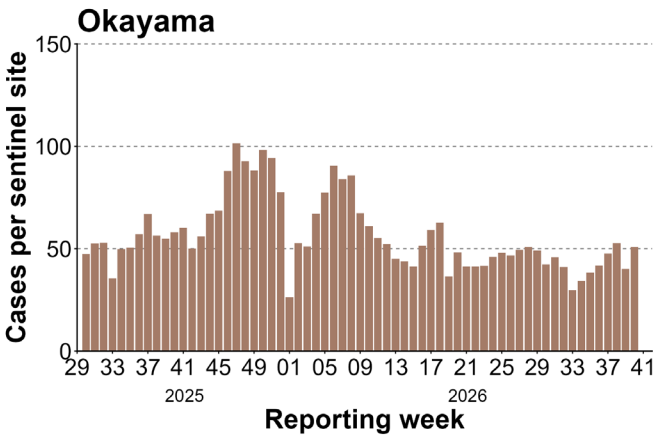

Hyogo
Cases per sentinel site
150
100
50
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29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week

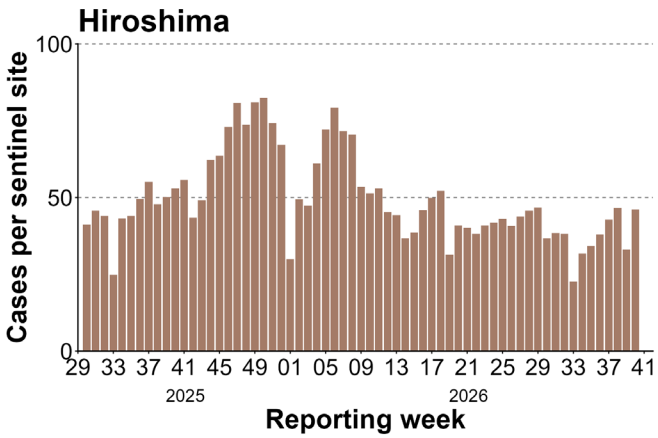

Nara
Cases per sentinel site
100
50
0
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2025
2026
Reporting week

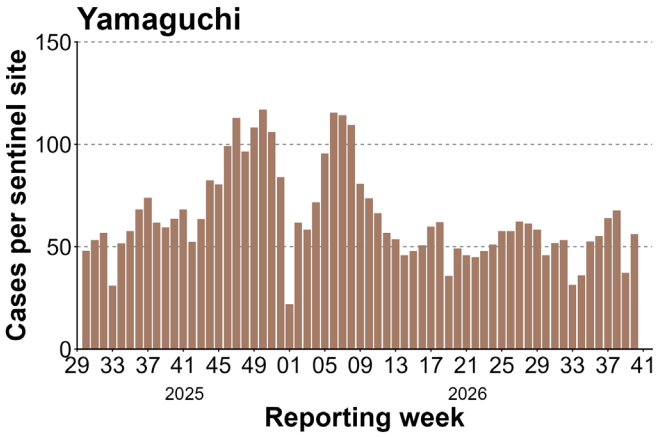

Wakayama
Cases per sentinel site
100
50
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2025
2026
Reporting week

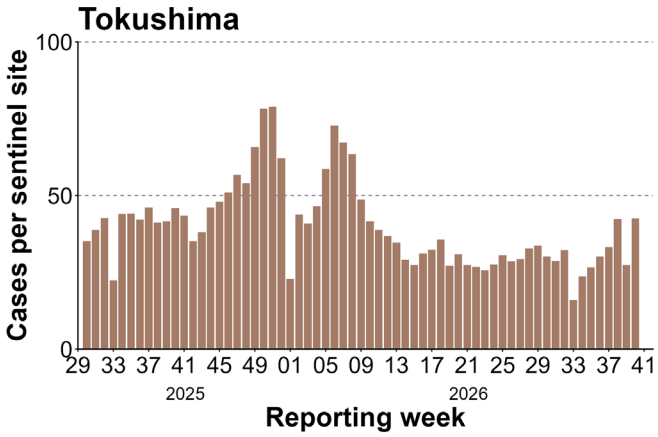

Tottori
Cases per sentinel site
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week

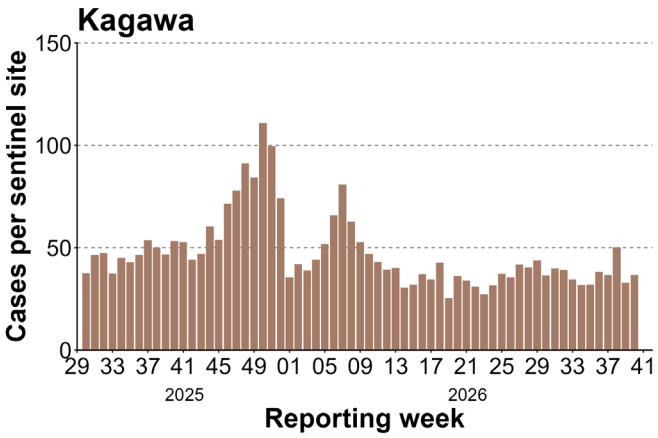

Shimane
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

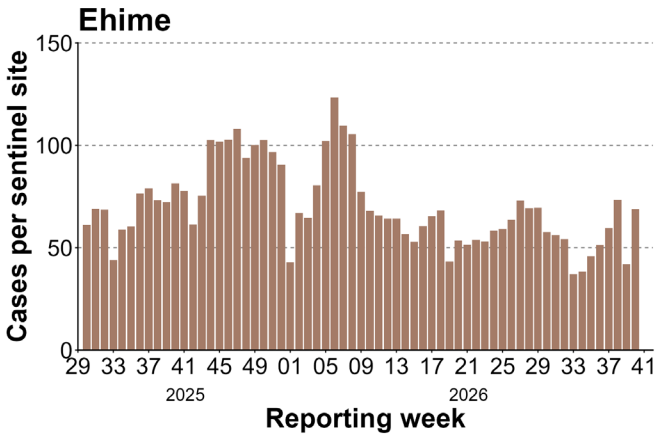

Okayama
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

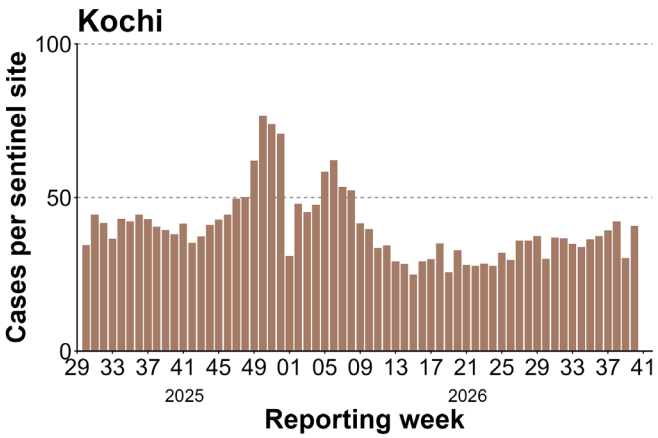

Hiroshima
Cases per sentinel site
100
50
0
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2025
2026
Reporting week

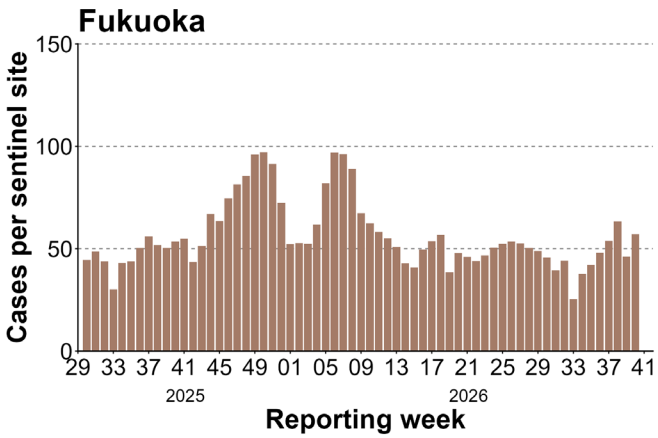

Yamaguchi
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

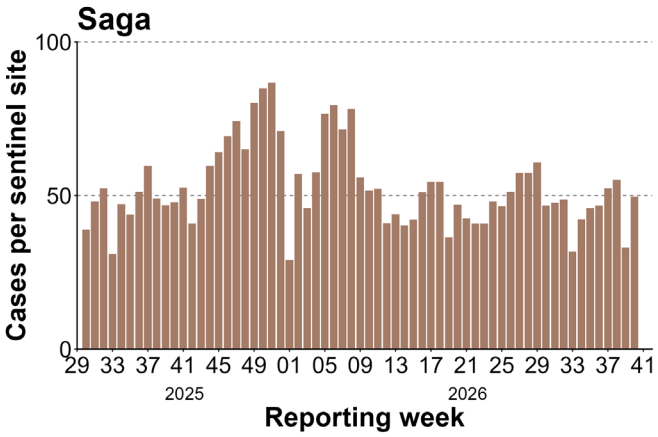

Tokushima
Cases per sentinel site
100
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2025
2026
Reporting week

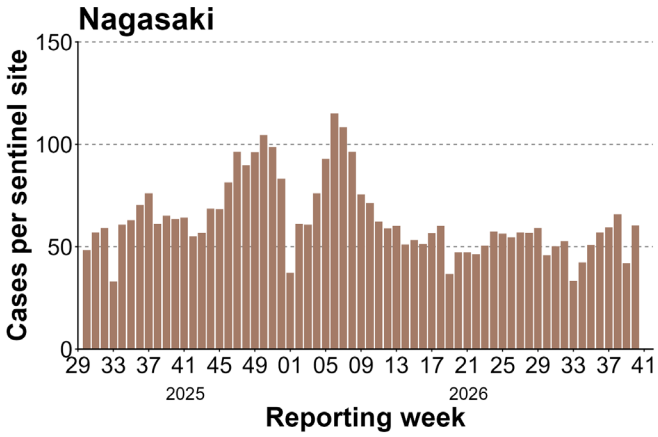

Kagawa
Cases per sentinel site
150
100
50
0
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2025
2026
Reporting week

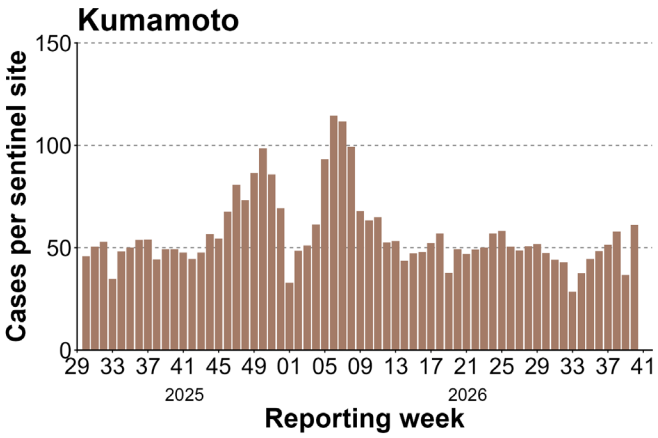

Ehime
Cases per sentinel site
150
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2025
2026
Reporting week

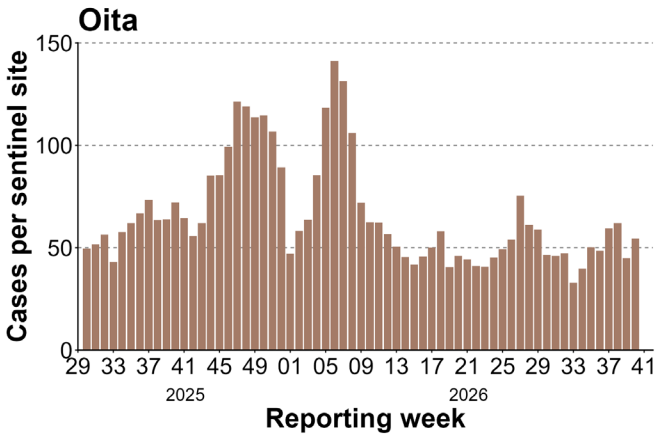

Kochi
Cases per sentinel site
100
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2025
2026
Reporting week

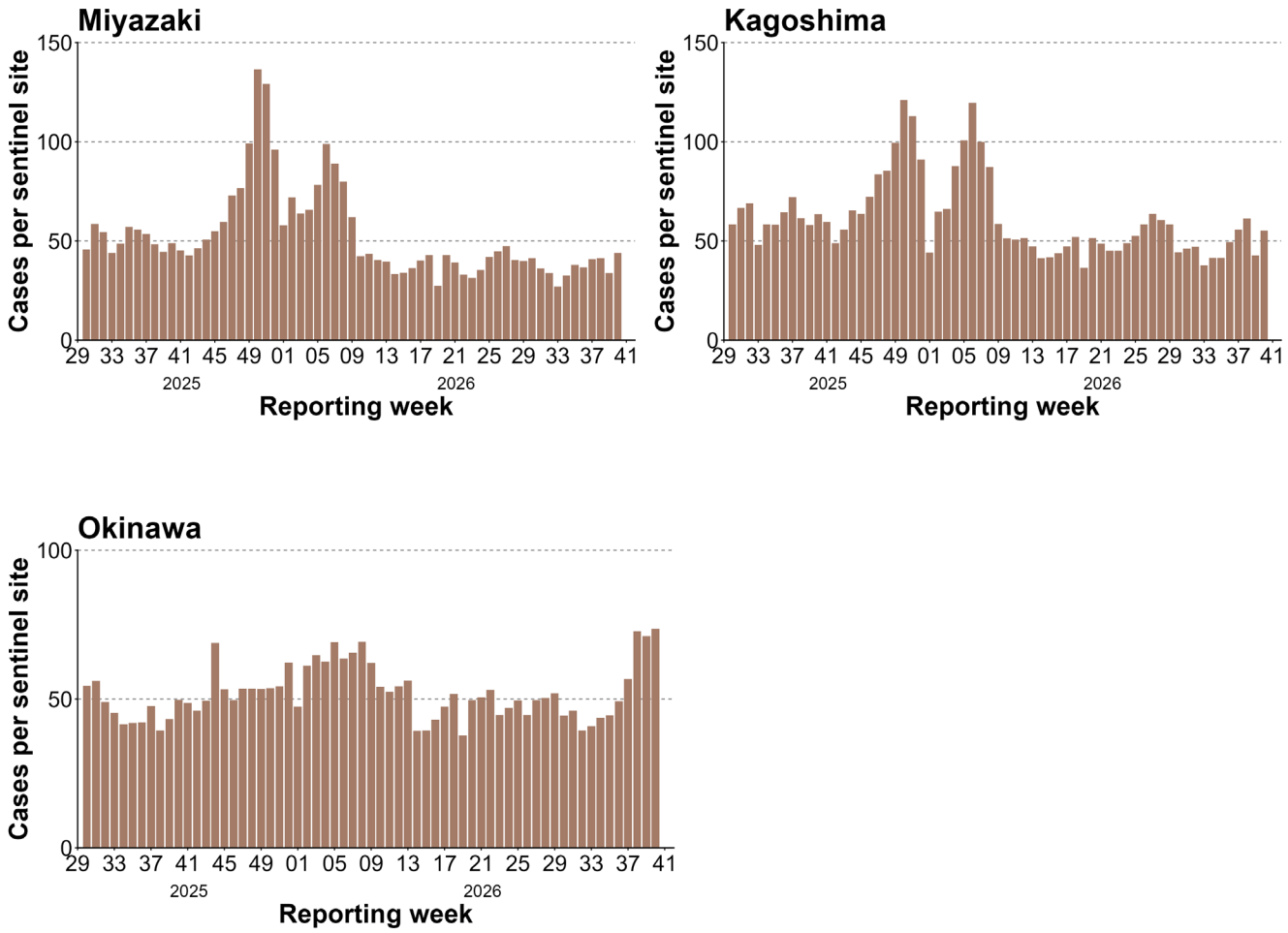

Fukuoka
Cases per sentinel site
150
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week


Saga
Cases per sentinel site
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week


Nagasaki
Cases per sentinel site
150
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week


Kumamoto
Cases per sentinel site
150
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week


Oita
Cases per sentinel site
150
100
50
0
29 33 37 41 45 49 01 05 09 13 17 21 25 29 33 37 41
2025
2026
Reporting week



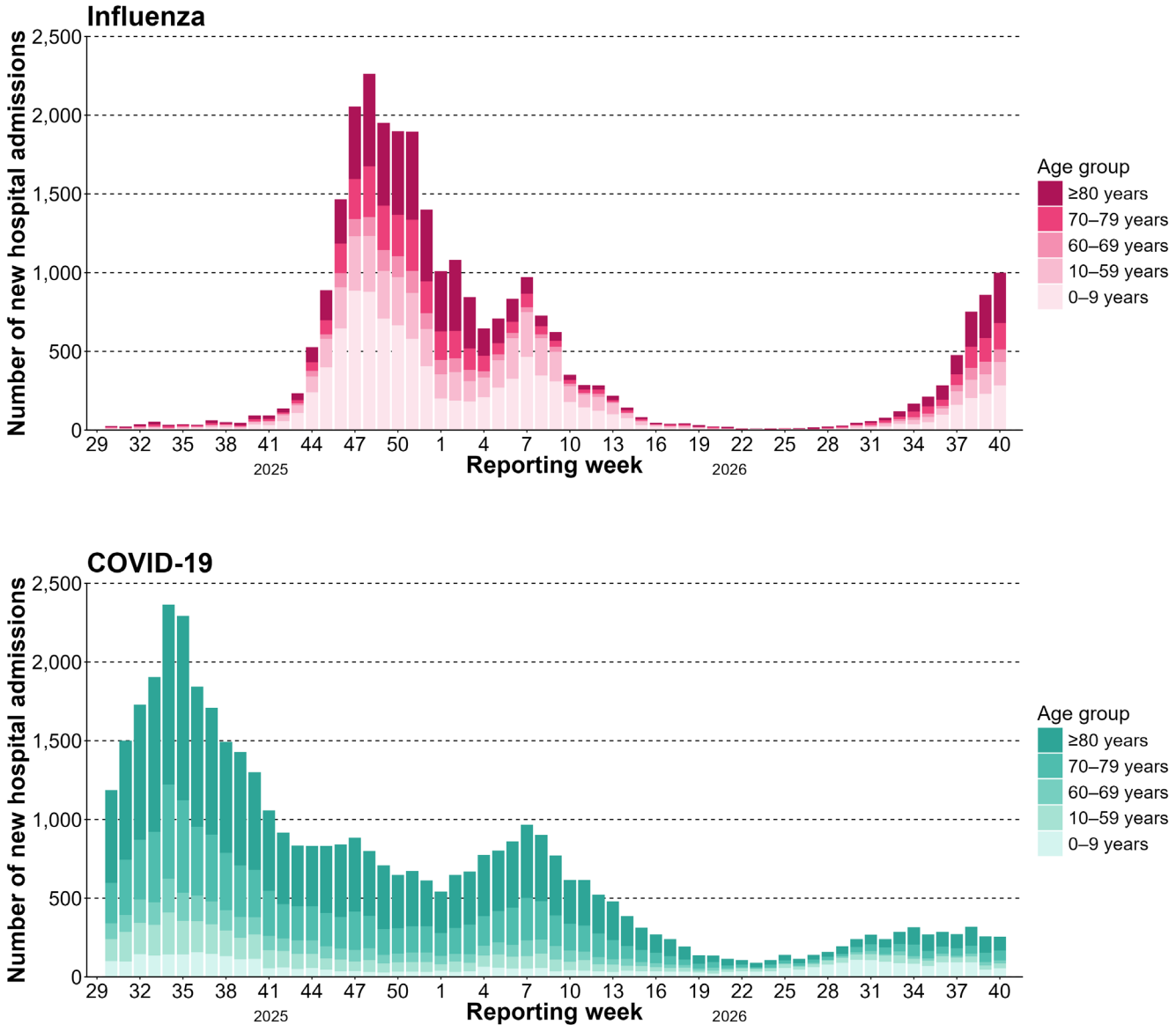
Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 40 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 999 new hospital admissions due to influenza were reported, representing an increase of 140 cases compared with the previous week. 255 new hospital admissions due to COVID-19 were reported, representing a decrease of 2 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 October 7, 2026 (data range: July 14, 2025 – October 4, 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 40

Age group	Influenza	COVID-19
0–9 years	284	55
	(1.23)	(1.17)
10–59 years	150	31
	(1.21)	(1.15)
60–69 years	78	19
	(0.95)	(0.95)
70–79 years	167	63
	(1.11)	(1.05)
≥80 years	320	87
	(1.17)	(0.84)
Total	999	255
	(1.16)	(0.99)

Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: September 28, 2026 – October 4, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

Among specimens collected at ARI pathogen sentinel sites in week 40 of 2026 and reported by the time of analysis, a total of 133 specimens were reported. Of these, 32 specimens were positive for influenza A virus, 1 specimen was positive for influenza B virus, 9 specimens were positive for SARS-CoV-2, and 14 specimens were positive for RSV (Figure 6).

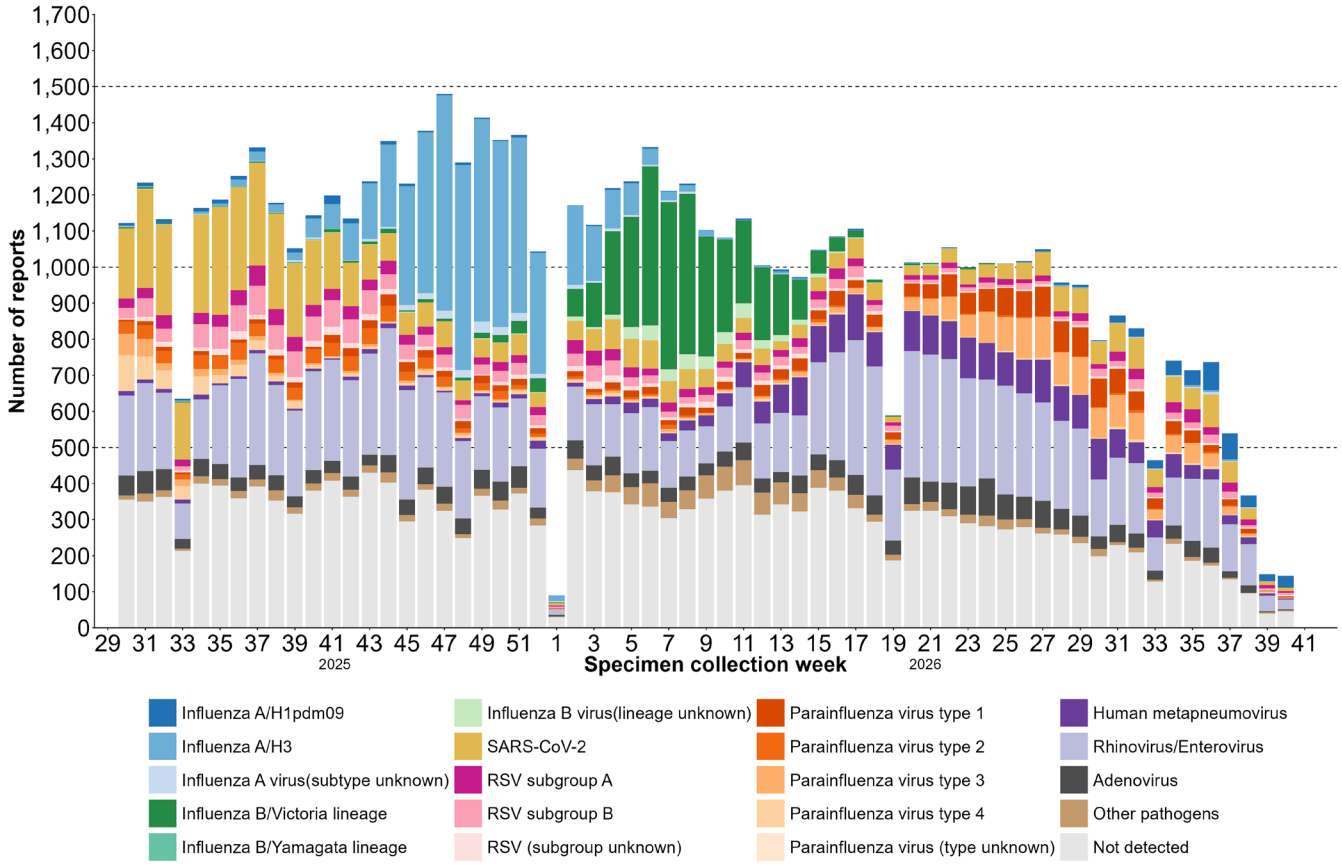
The pathogen-specific test positivity was 24.1% for influenza A virus, 0.8% for influenza B virus, 6.8% for SARS-CoV-2, and 10.5% for RSV (Figure 7).

Specimens collected in week 35 (August 24–30) 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 40, 1 specimen of human metapneumovirus was reported.

As of October 7, 2026, the number of pathogens reported, the number of tests, positive cases, and positivity by pathogen in August 2026 are shown in Supplementary information 3A, 3B, and 3C. There were 1,749 specimens in which a pathogen was detected and 812 specimens in which no pathogen was detected. The most frequently detected pathogen was Rhinovirus/Enterovirus, with 652 positive cases.

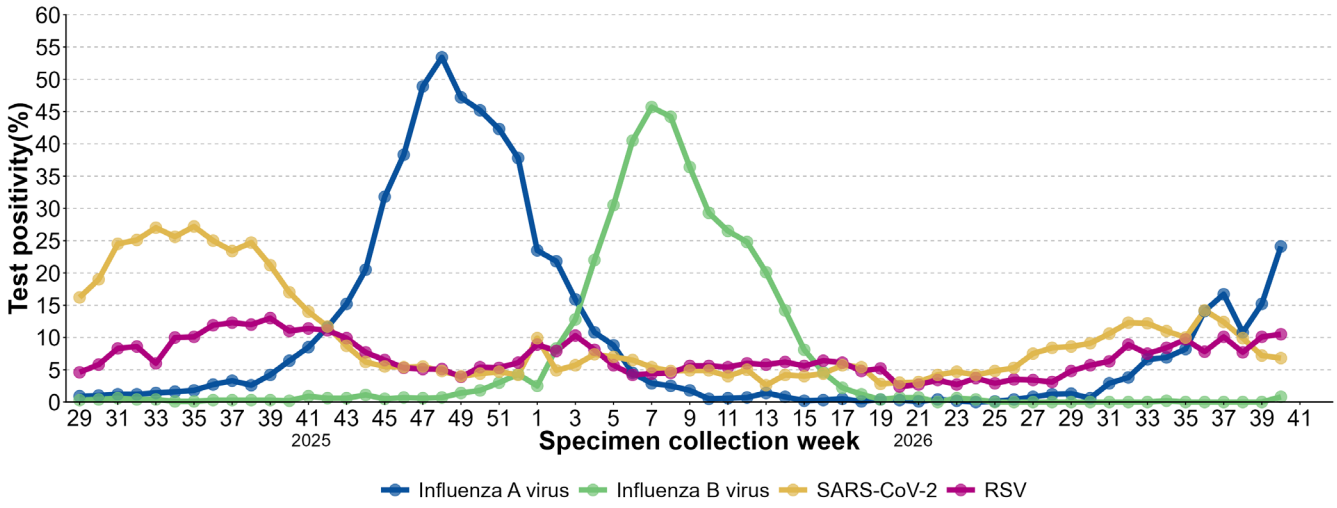
Figure 6. Weekly number of detected pathogens based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 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

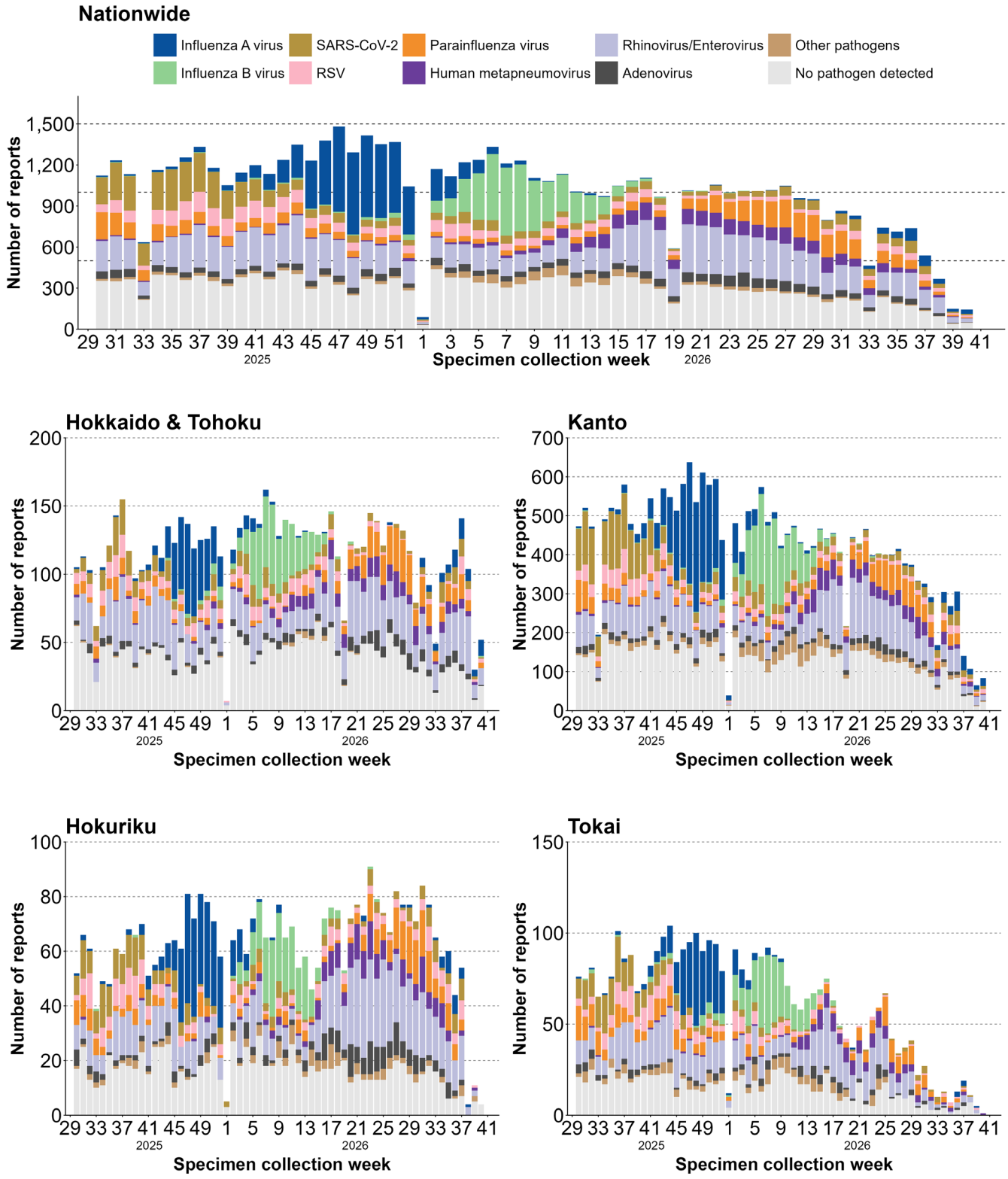
this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

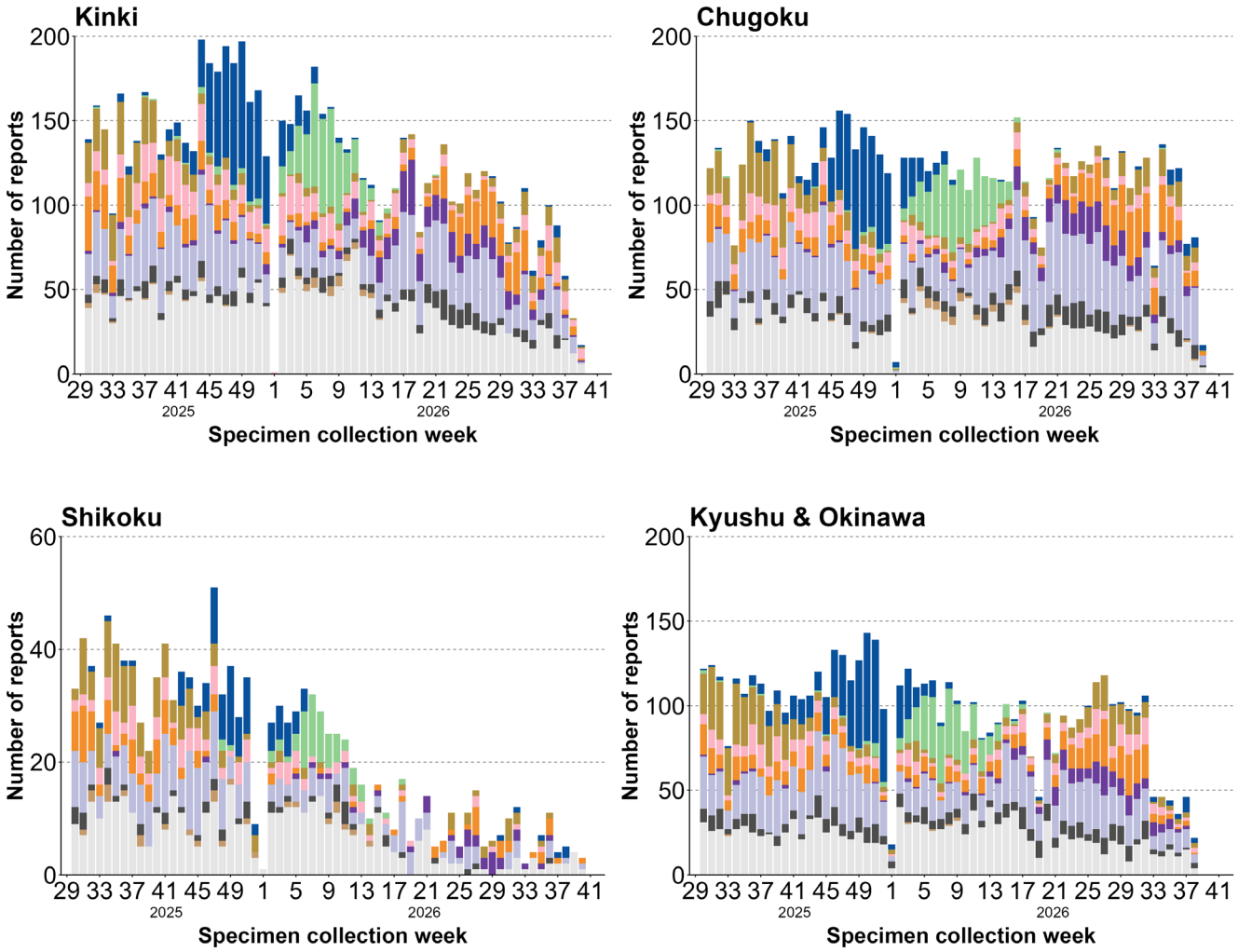
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 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 October 7, 2026 (data range: July 14, 2025 – October 4, 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 35 (August 24–30)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	97	Rhinovirus/Enterovirus
Kanto	240	Rhinovirus/Enterovirus
Hokuriku	39	Rhinovirus/Enterovirus
Tokai	6	RSV and Human metapneumovirus
Kinki	79	Rhinovirus/Enterovirus
Chugoku	93	Rhinovirus/Enterovirus
Shikoku	7	Parainfluenza virus
Kyushu & Okinawa	38	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of October 7, 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

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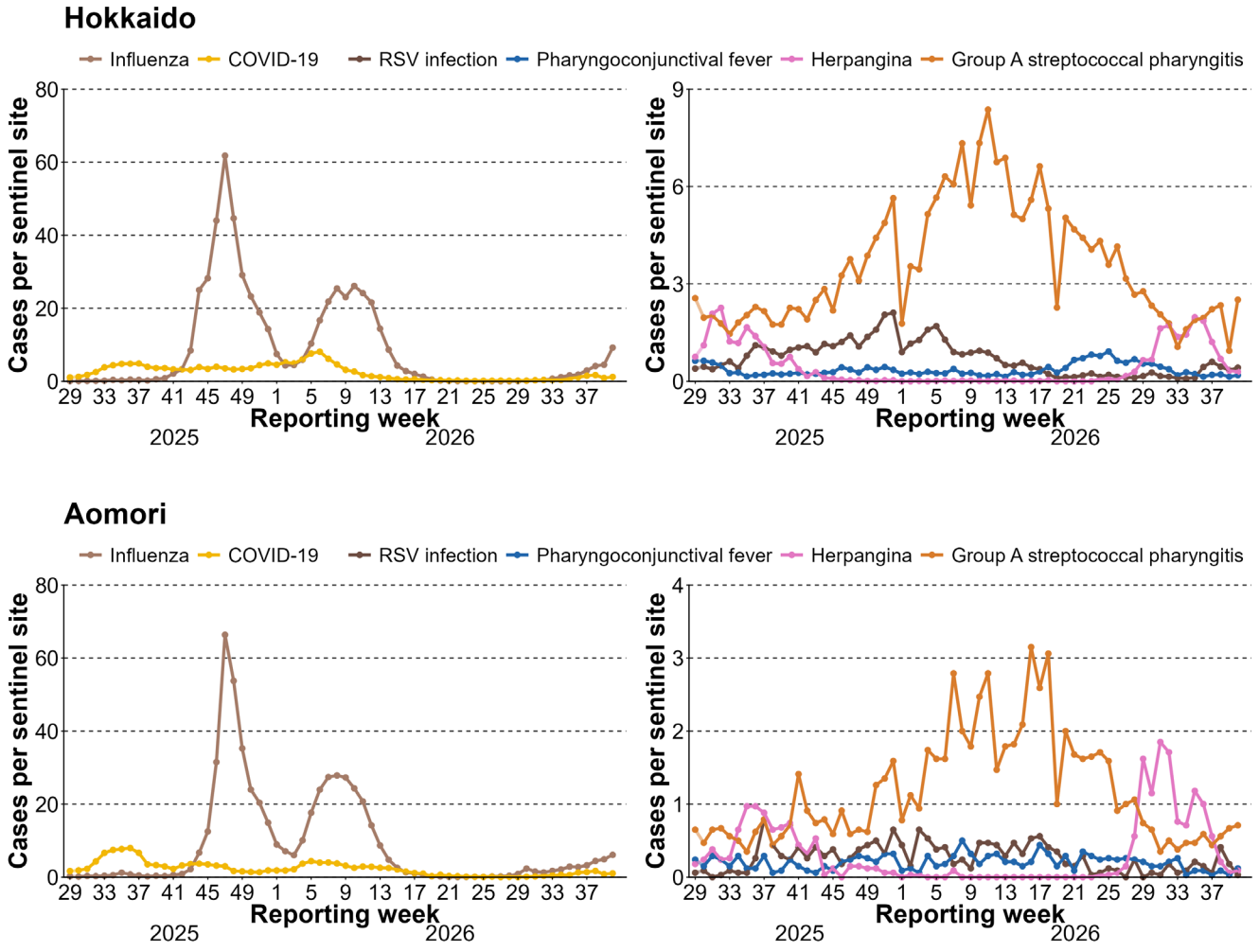
Supplementary Information 1. Test results by specimen collection week using fully automated molecular testing systems, such as BioFire FilmArray and BioFire SpotFire

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.

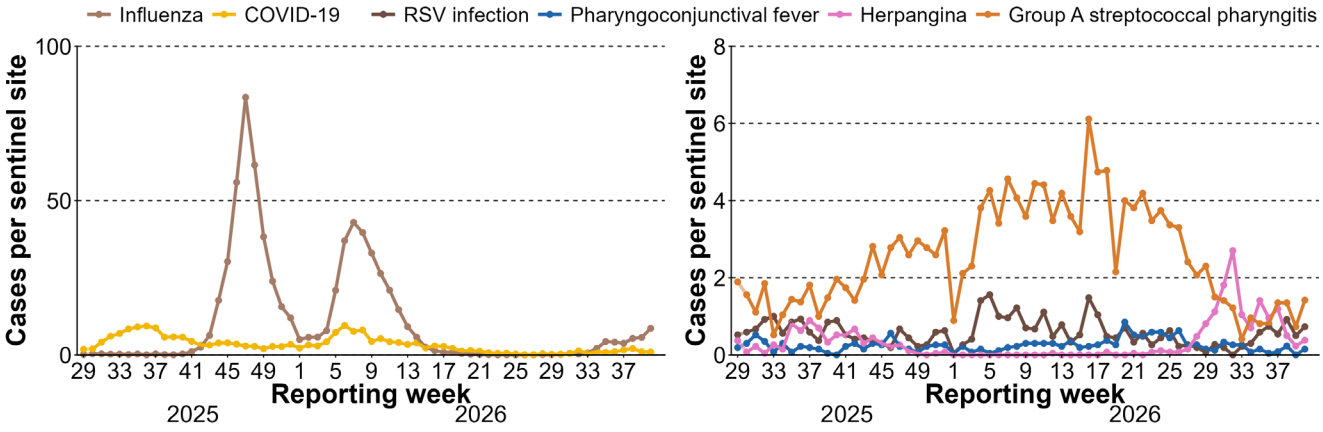
Pathogen	Week 35	Week 36	Week 37	Week 38	Week 39	Week 40
Influenza A/H1	0	1	1	0	0	0
Influenza A/H1pdm09	0	1	0	0	1	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	1	2	0	2	1	0
Influenza B virus	0	0	0	0	0	0
SARS-CoV-2	1	2	0	0	0	0
RSV	3	1	2	0	1	0
Parainfluenza virus type 1	1	0	0	0	0	0
Parainfluenza virus type 2	0	0	0	0	0	0
Parainfluenza virus type 3	1	2	2	0	0	0
Parainfluenza virus type 4	0	0	0	0	0	0
Parainfluenza virus (type unknown)	0	1	0	0	0	0
Rhinovirus/Enterovirus	2	6	7	3	3	0
Human metapneumovirus	2	1	2	0	0	1
Adenovirus	0	2	3	0	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
Chlamydia pneumoniae	0	0	1	0	0	0
Mycoplasma pneumoniae	0	0	0	0	1	0

Source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: August 24, 2026 to October 4, 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 13 medical institutions participated between weeks 35–40.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

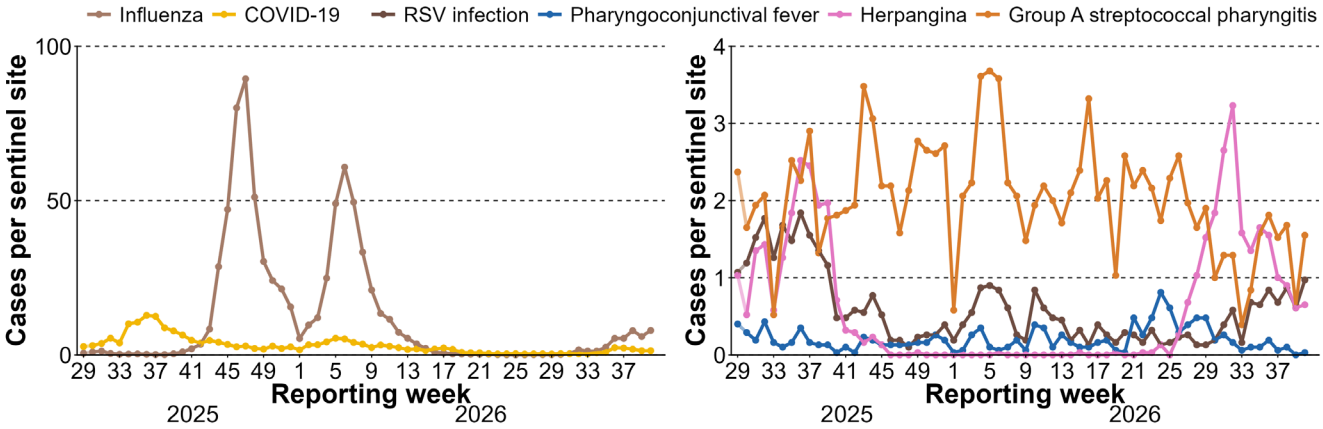
Supplementary Information 2. Weekly cases per sentinel site by prefecture for each disease



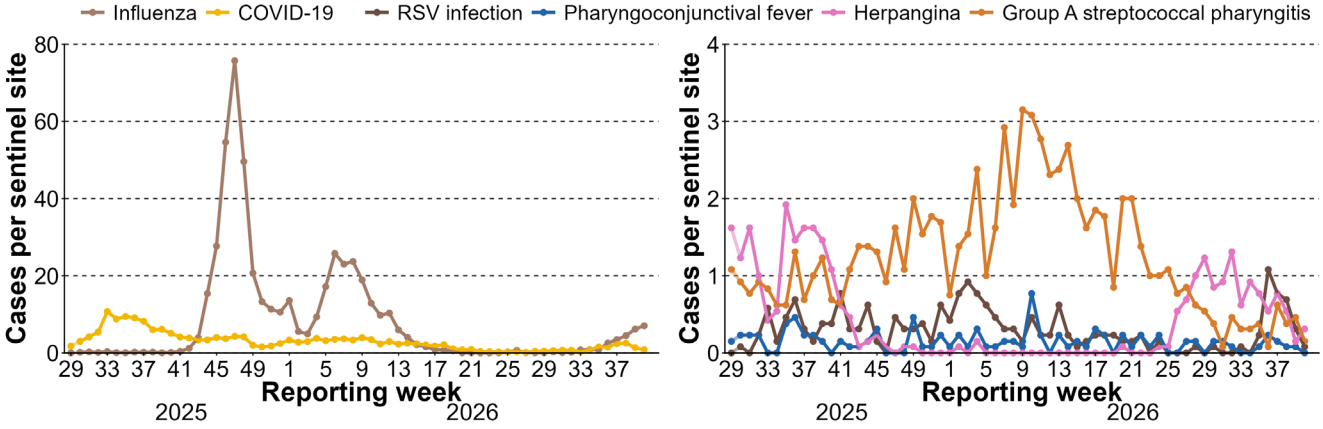
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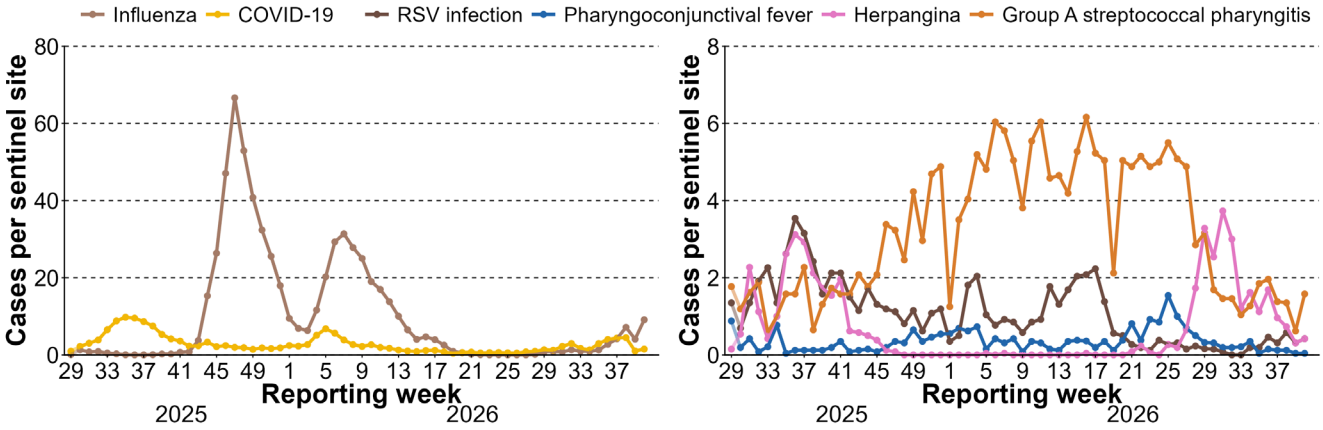
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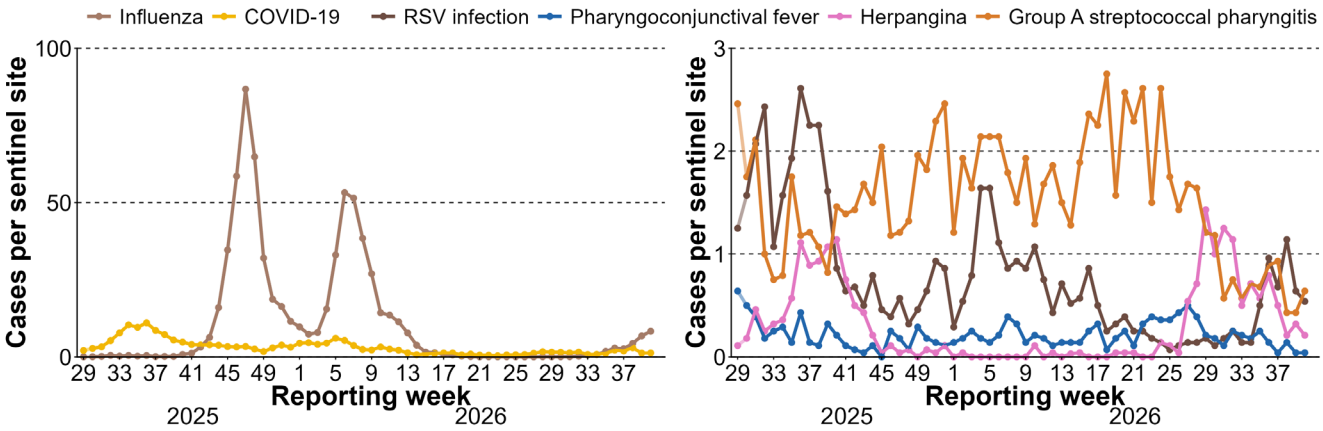
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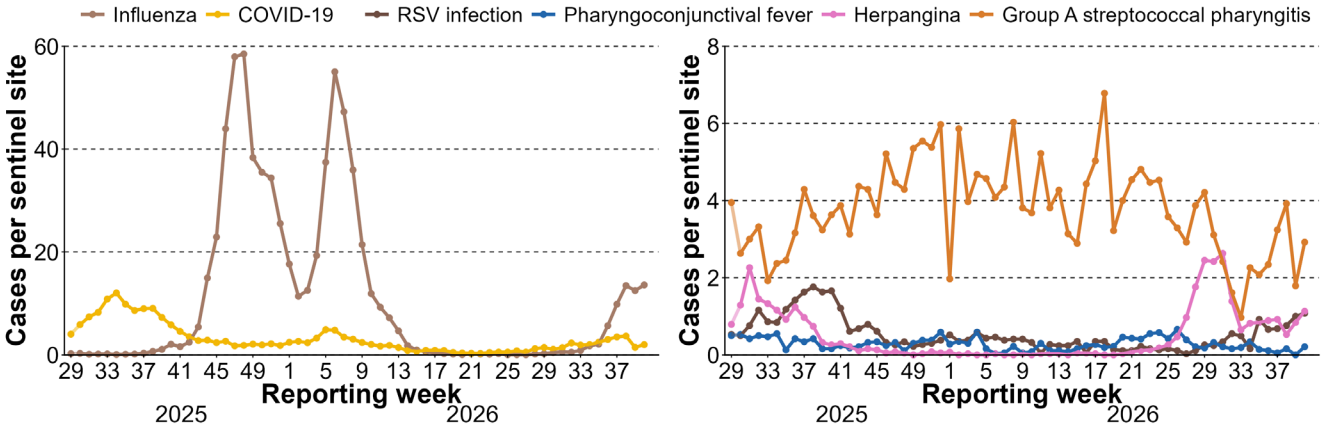
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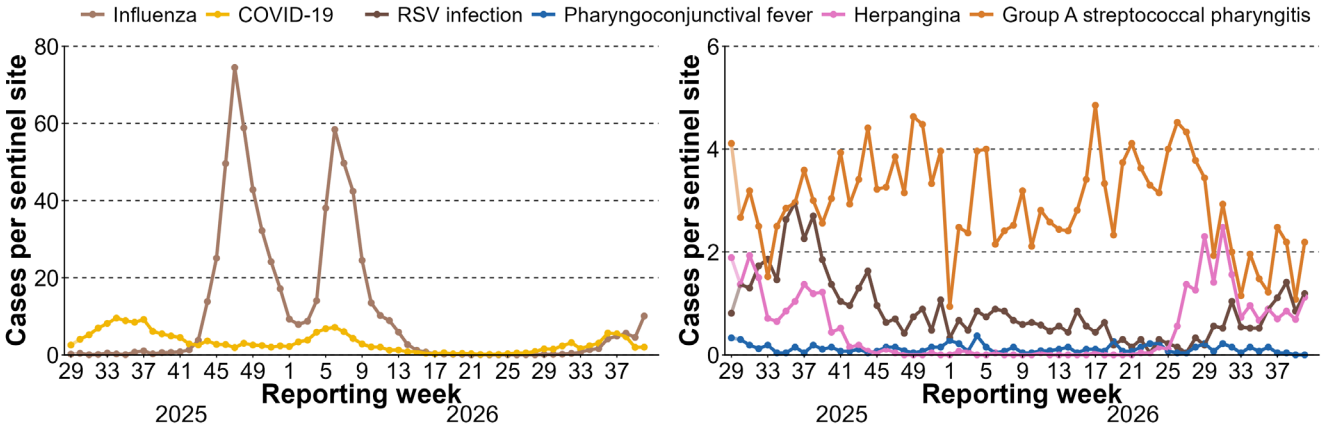
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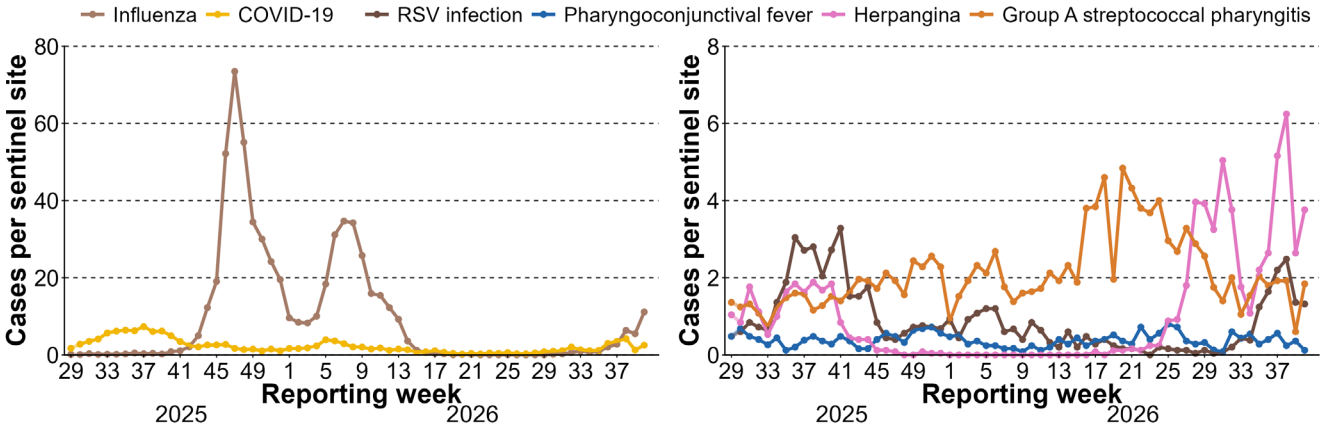
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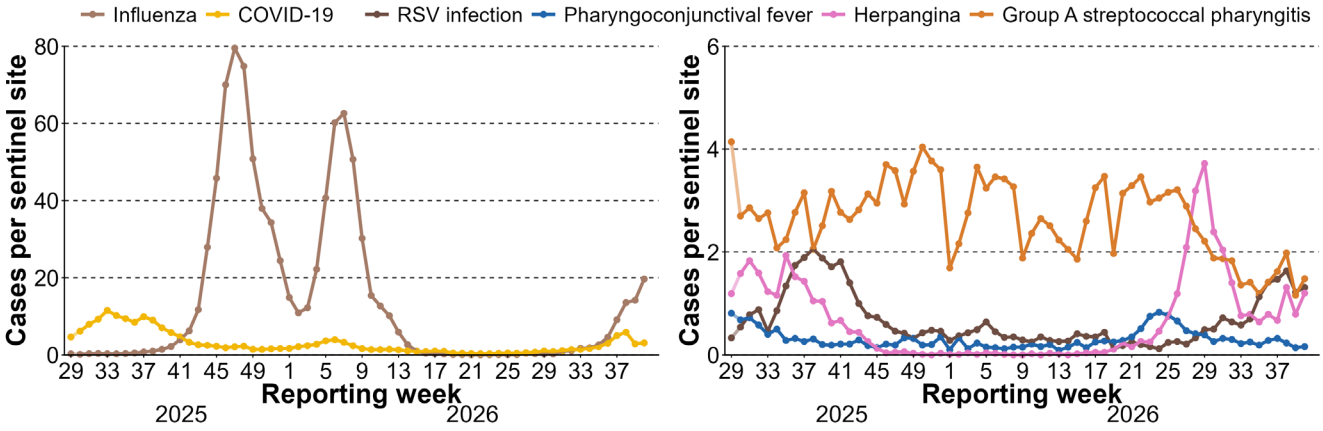
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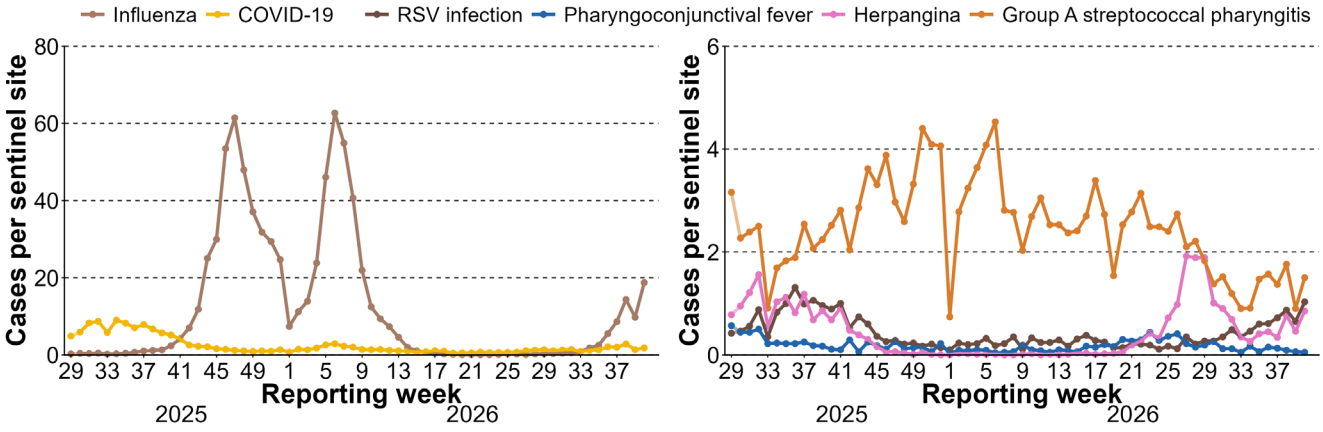
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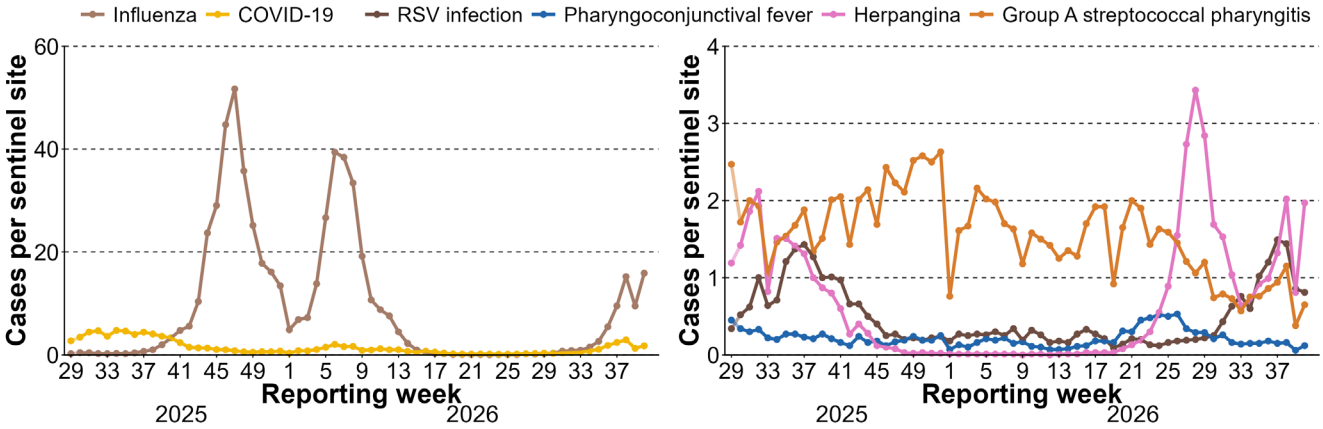
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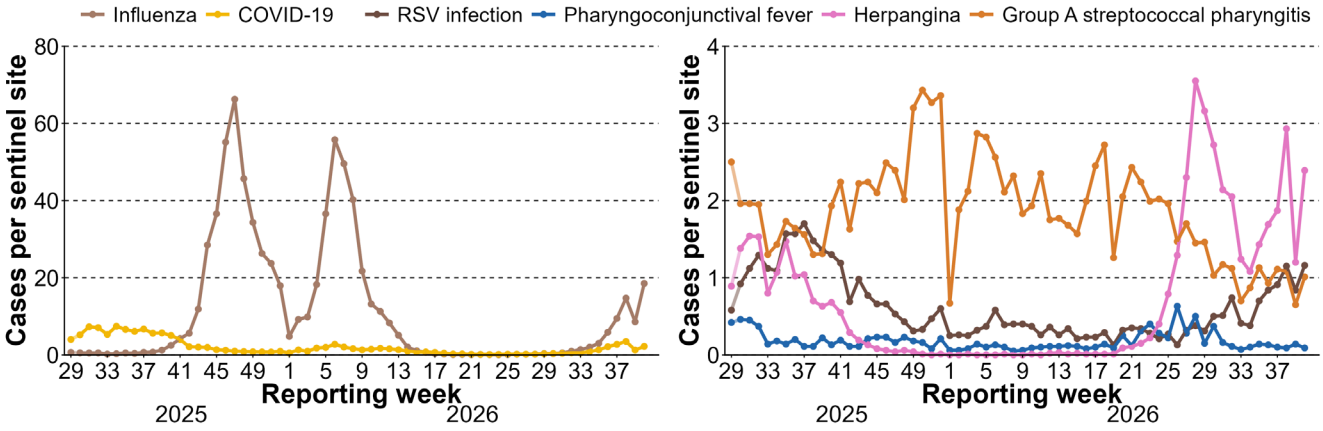
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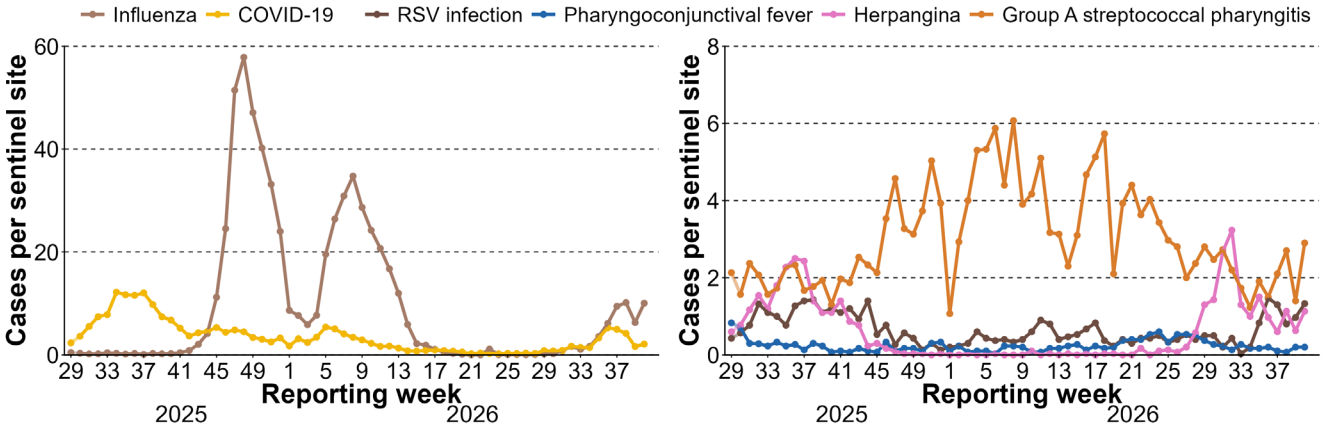
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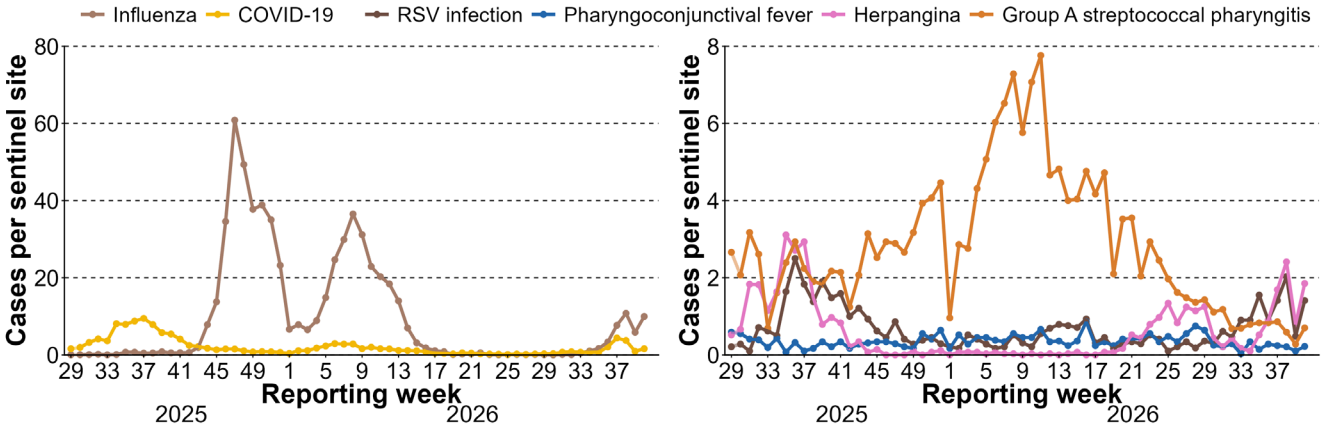
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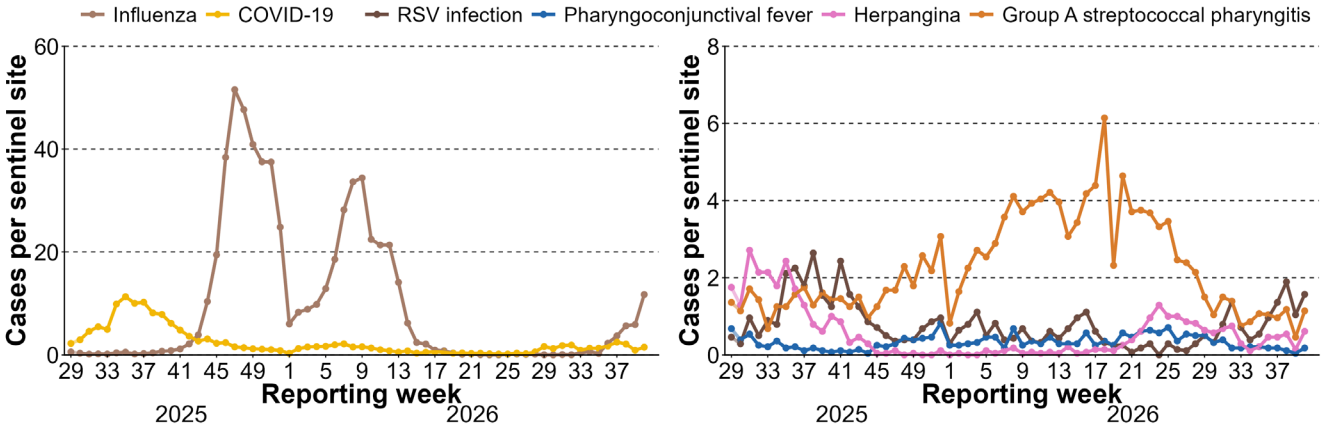
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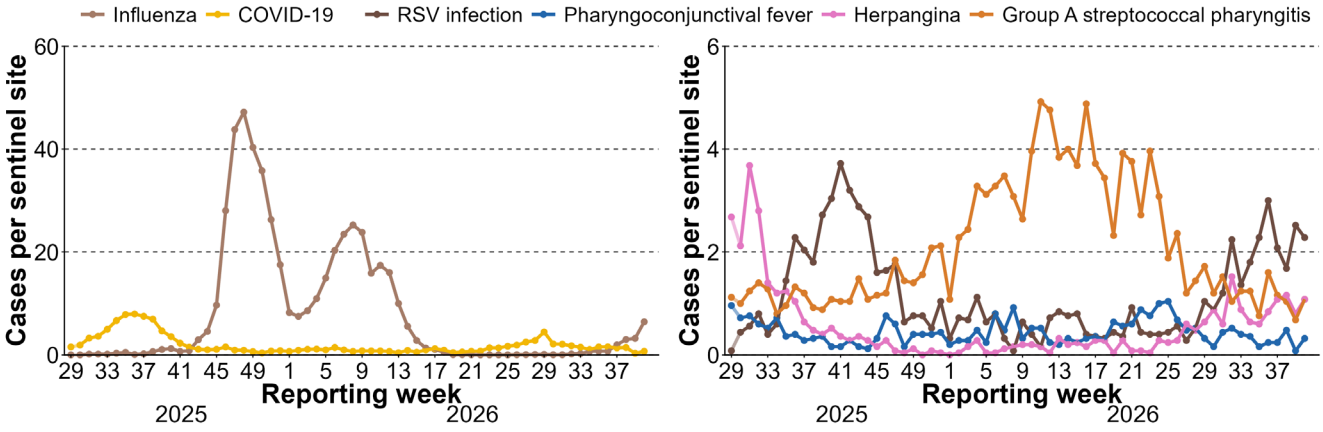
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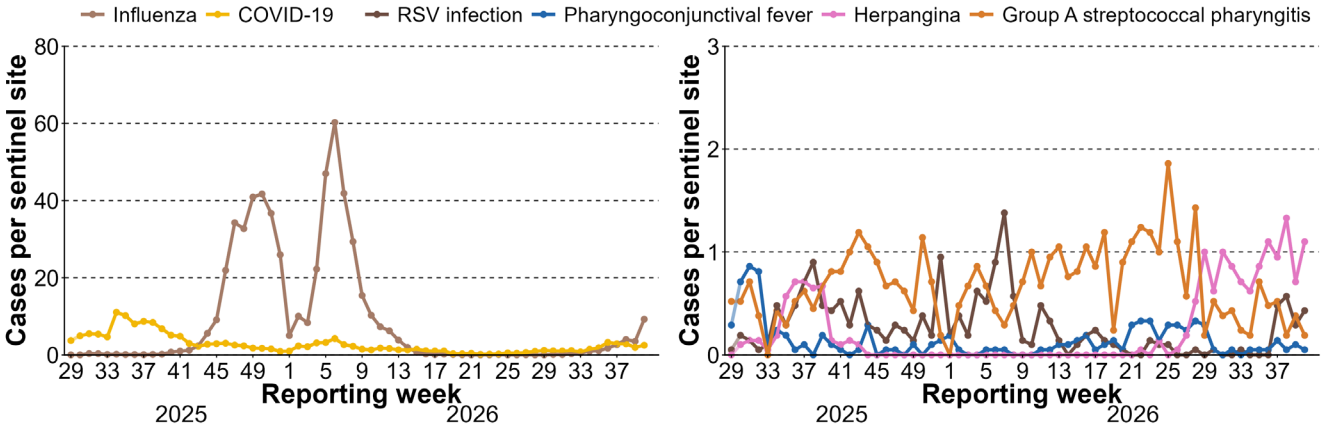
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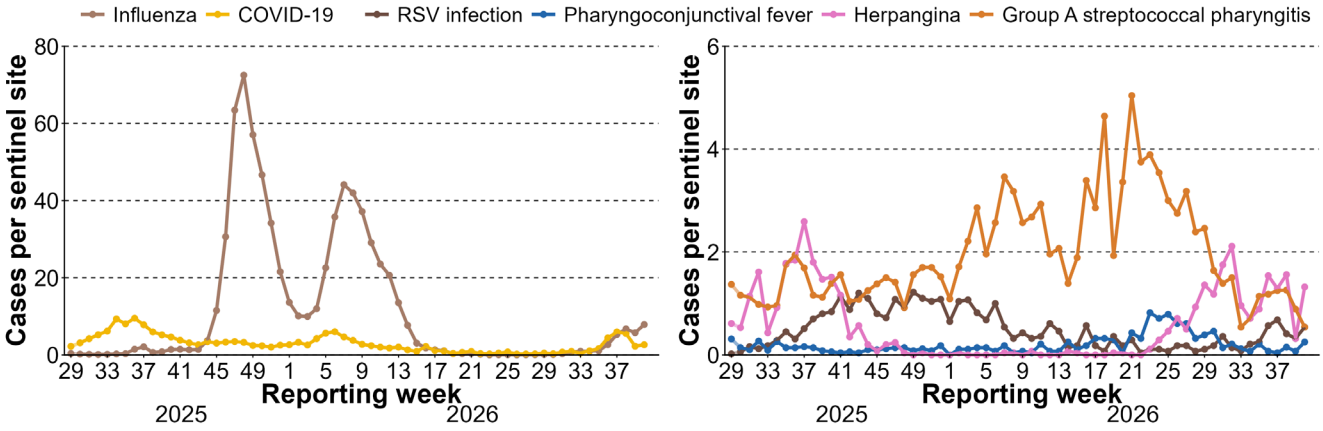
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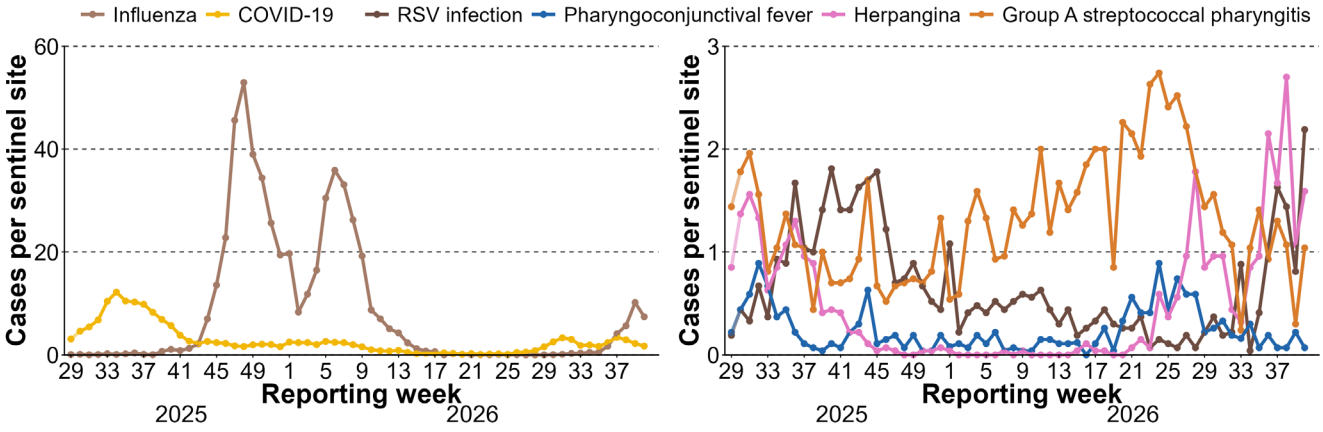
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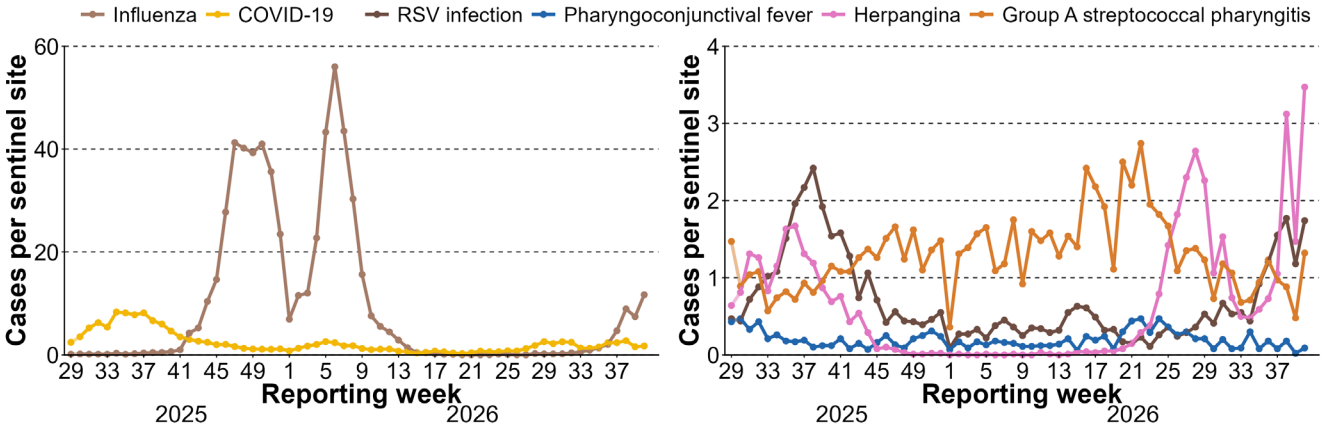
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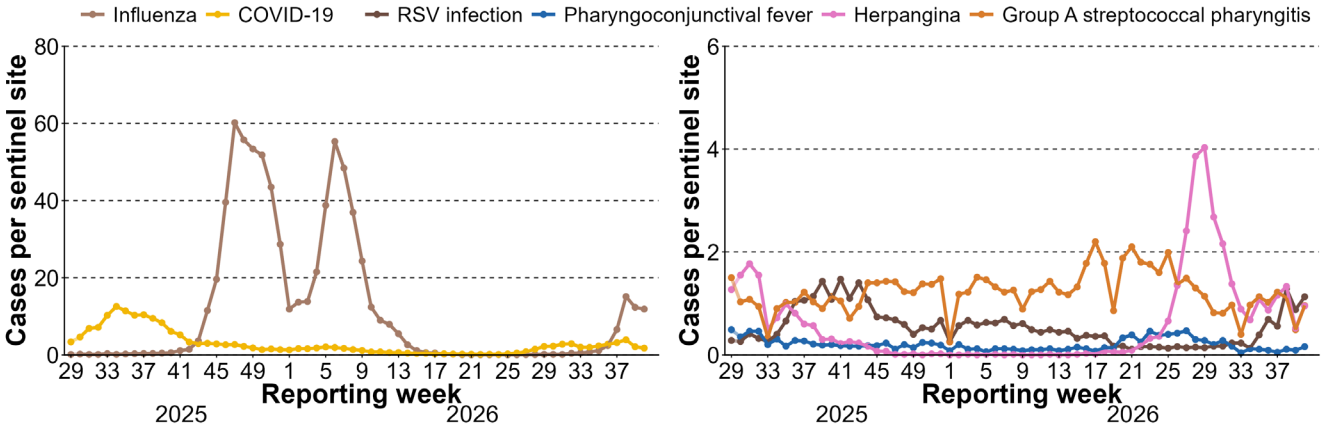
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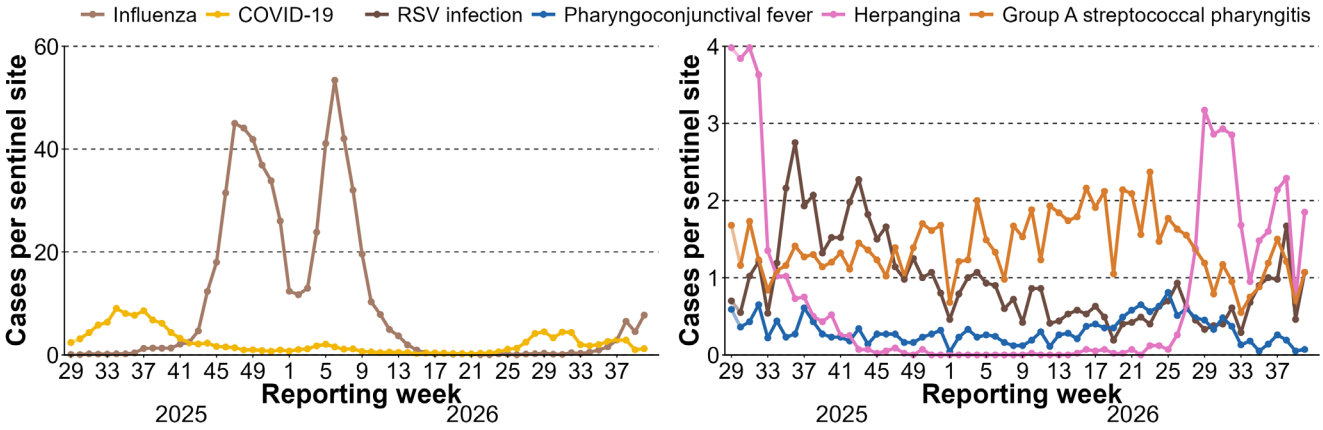
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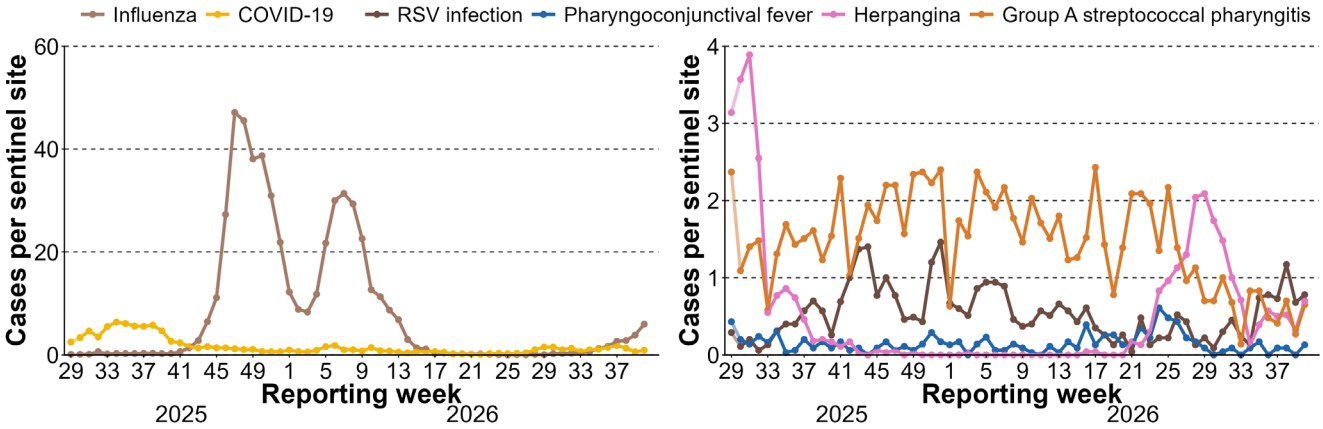
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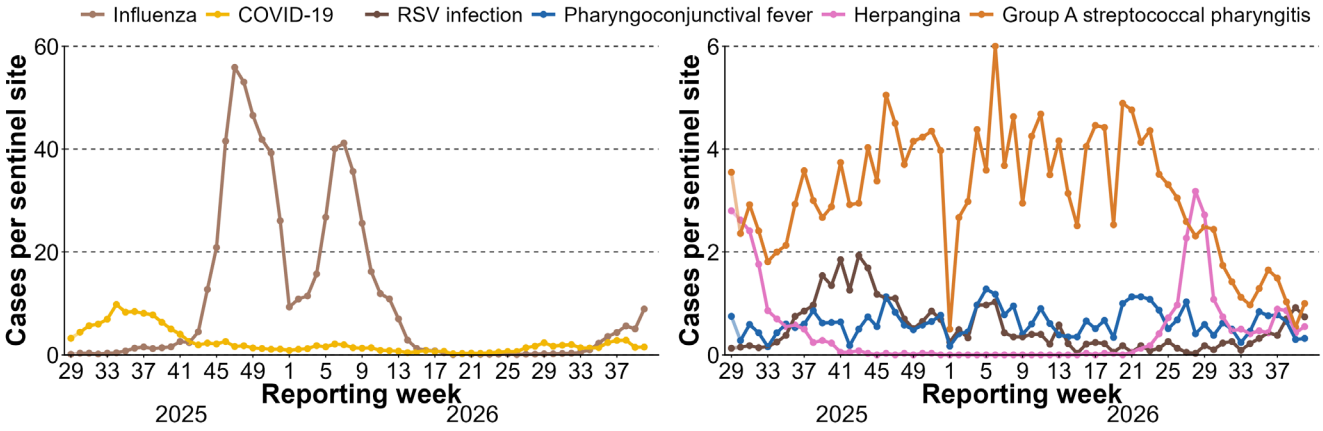
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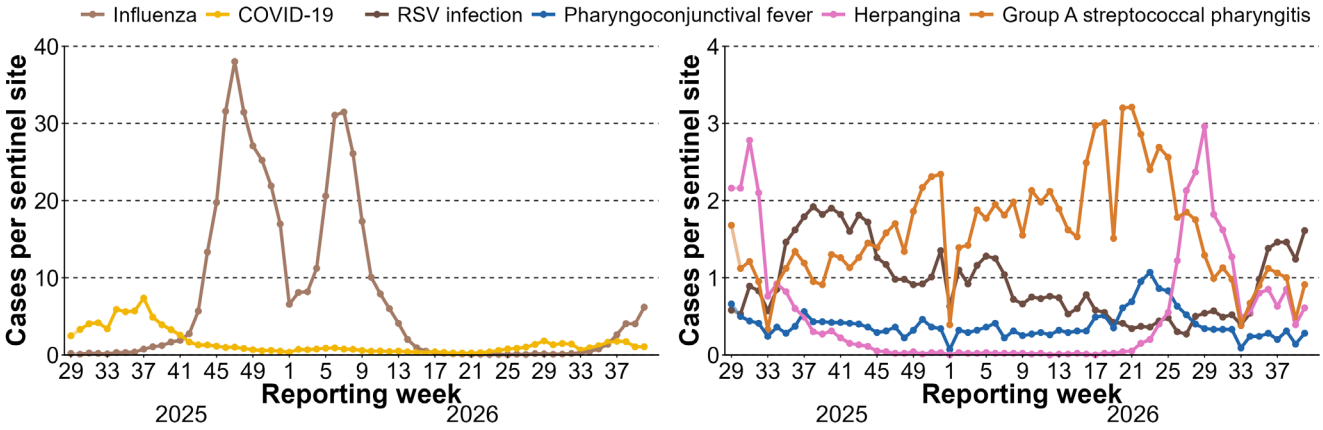
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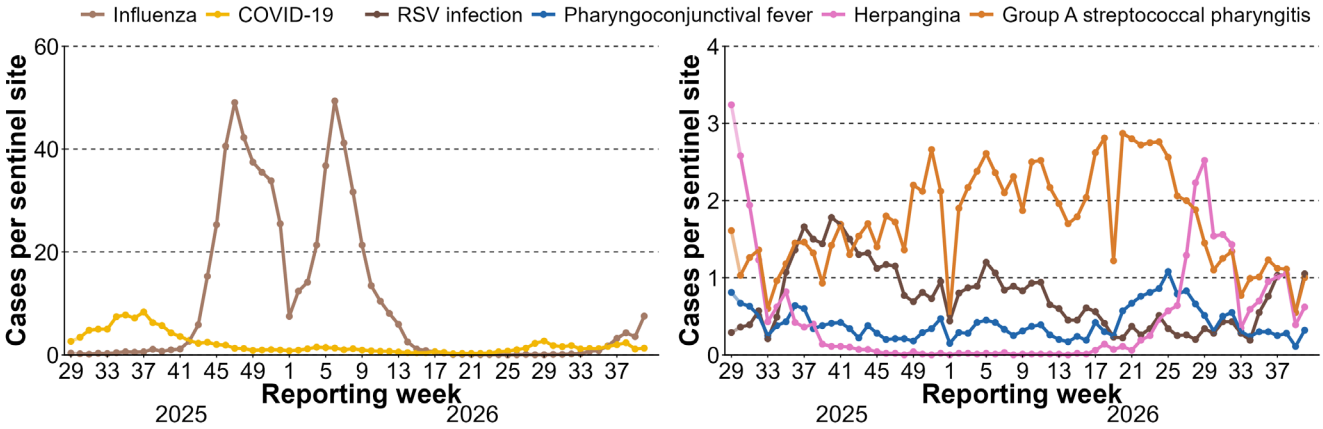
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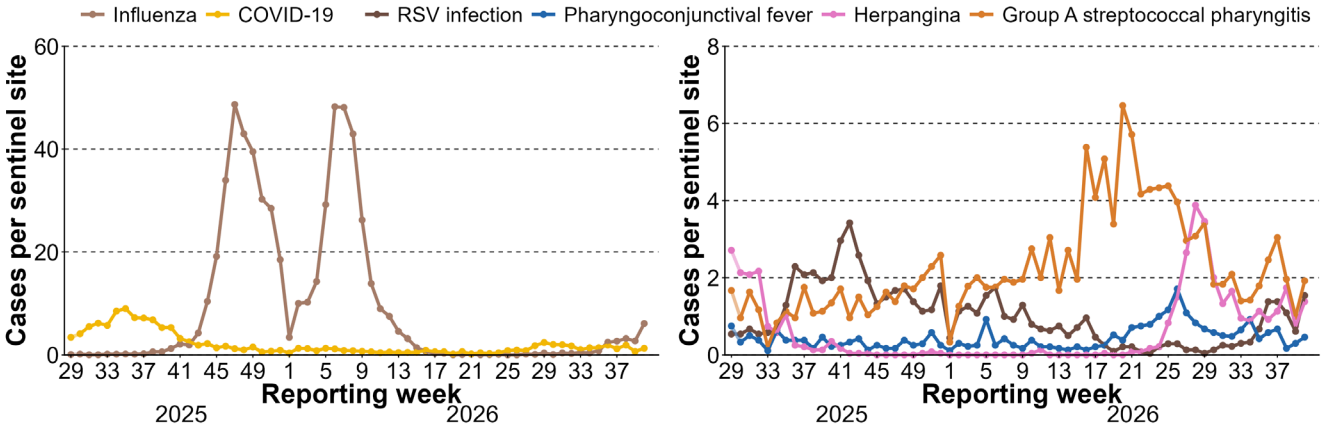
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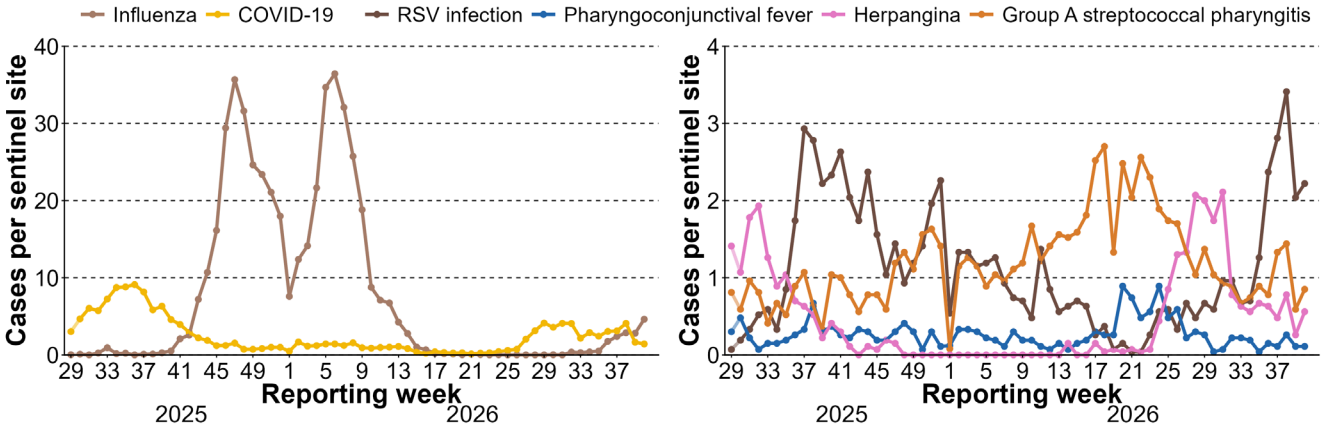
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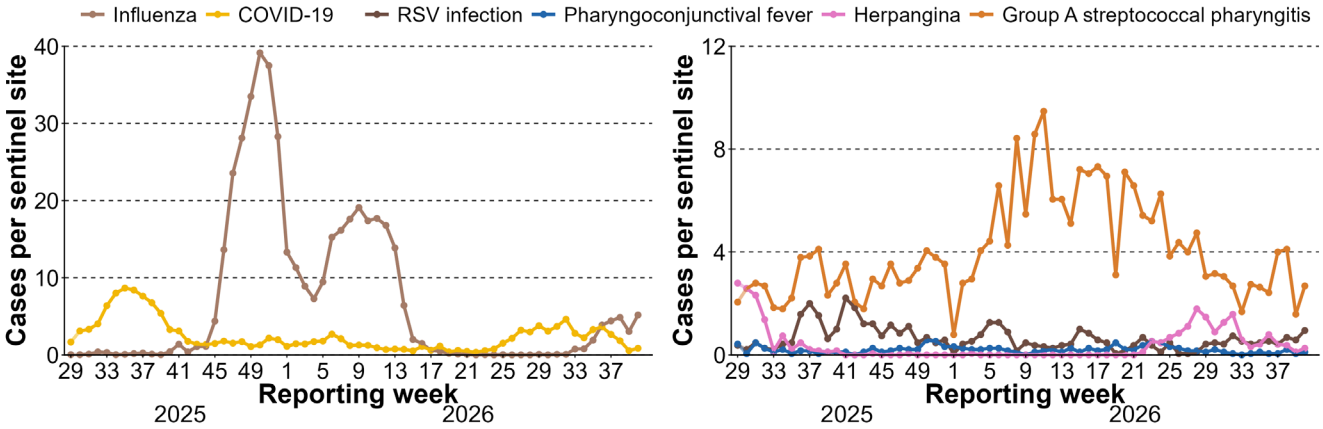
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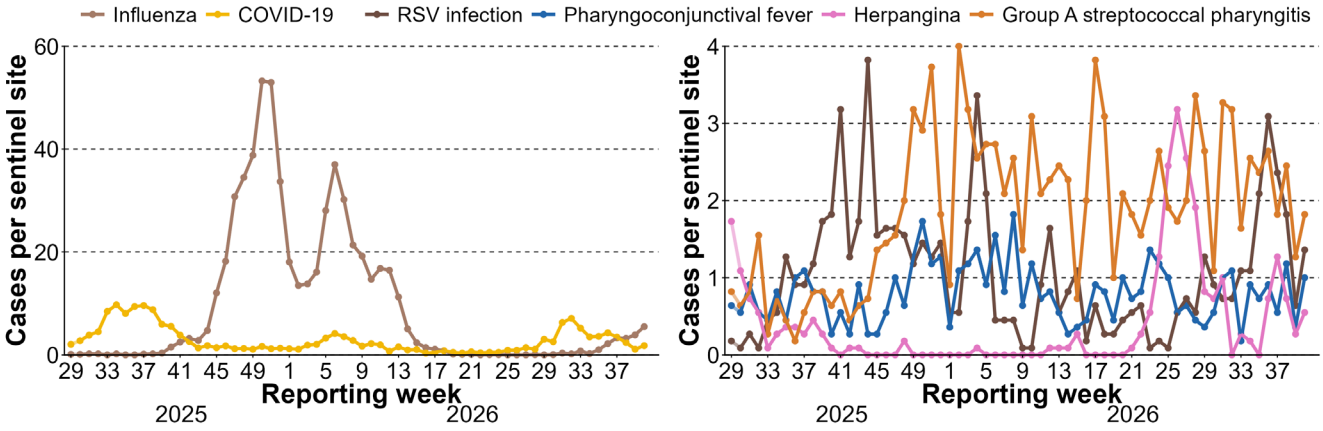
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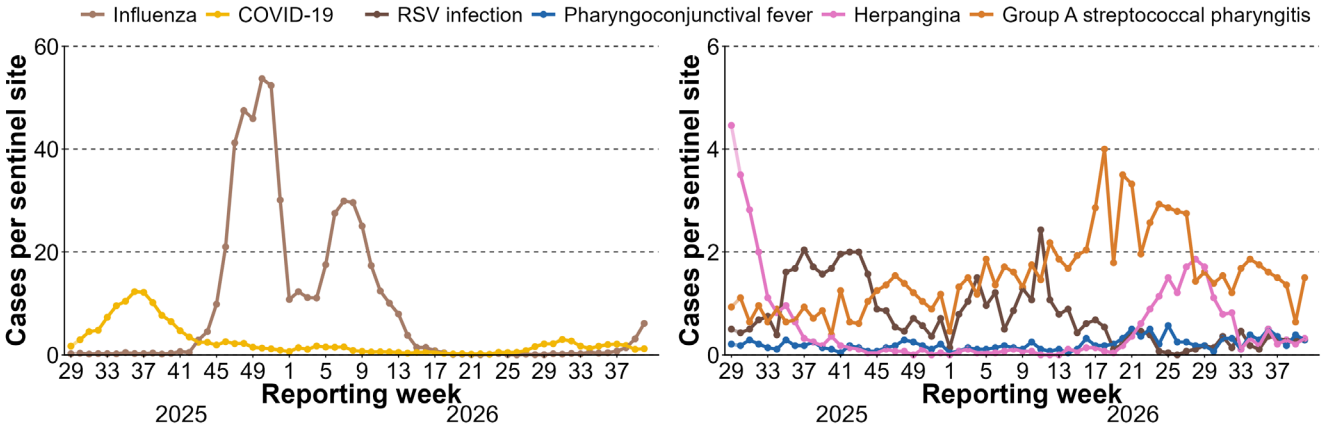
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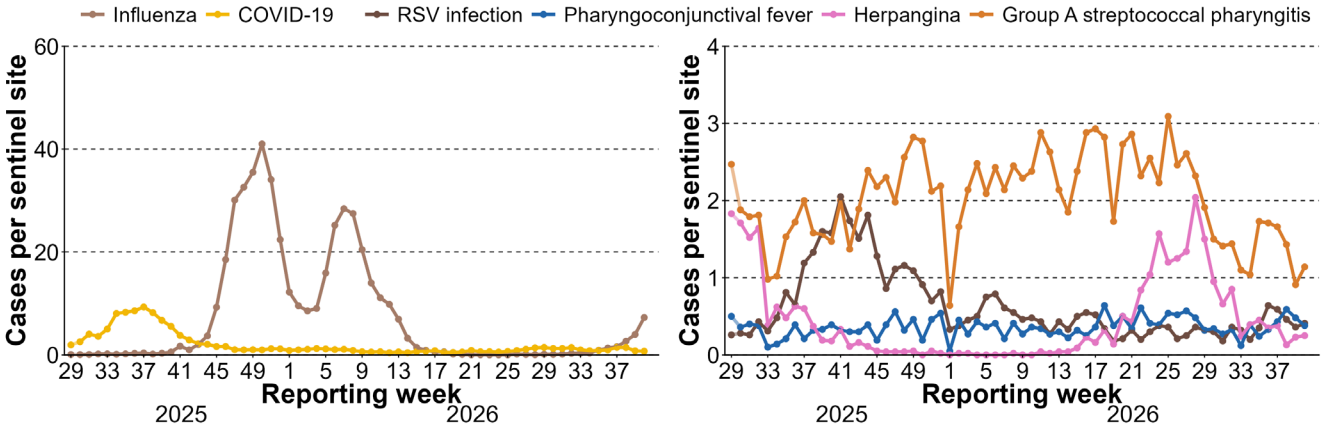
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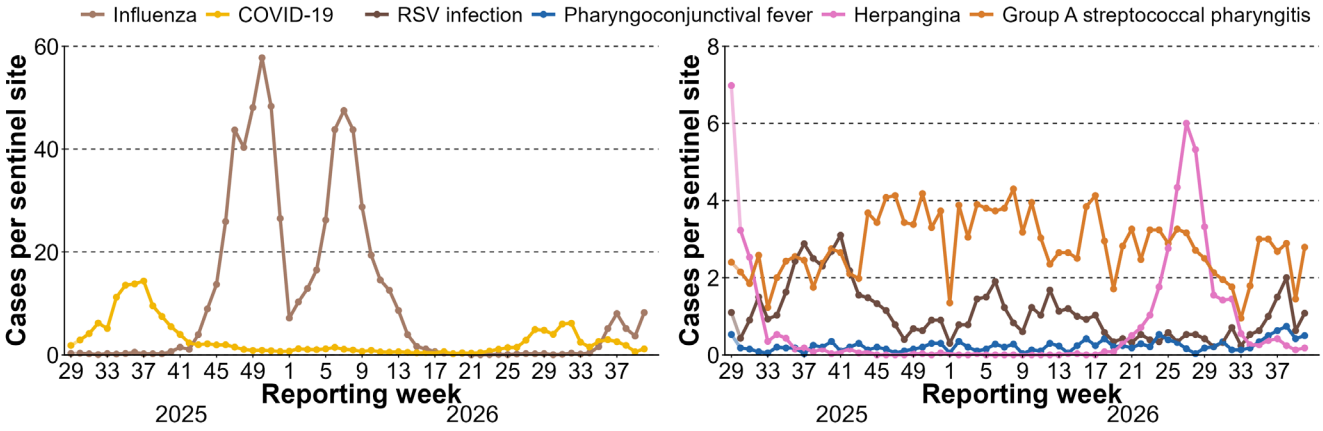
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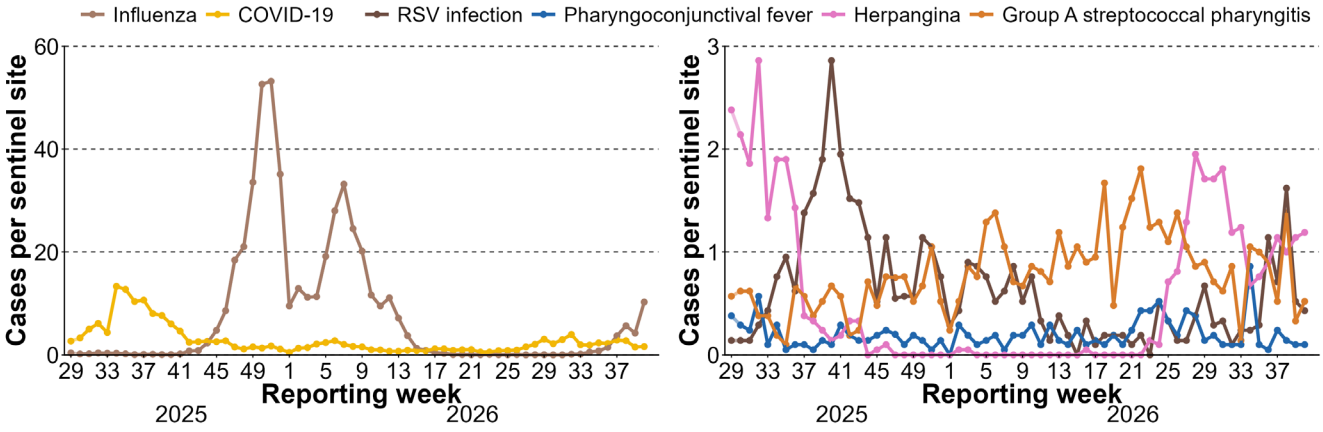
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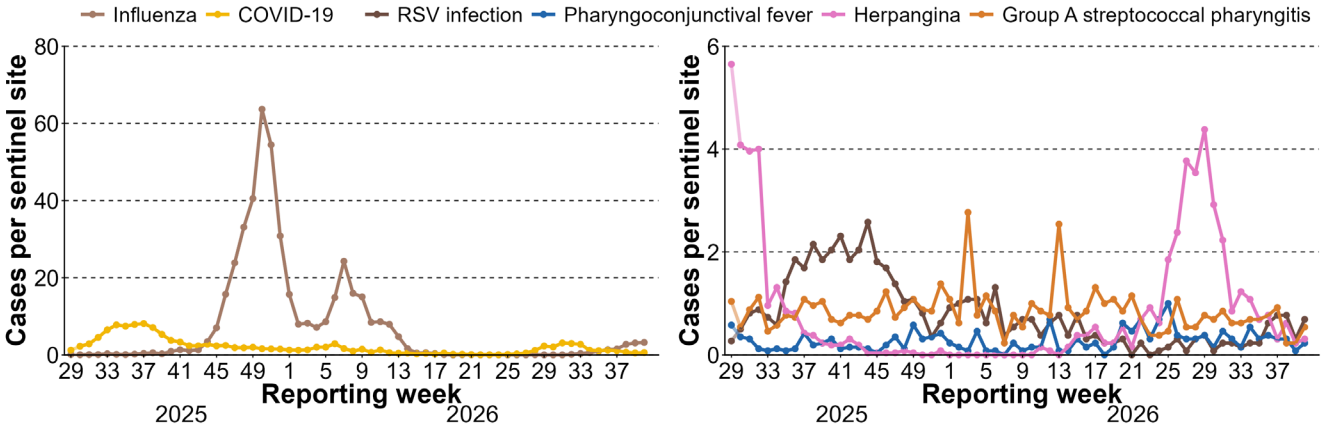
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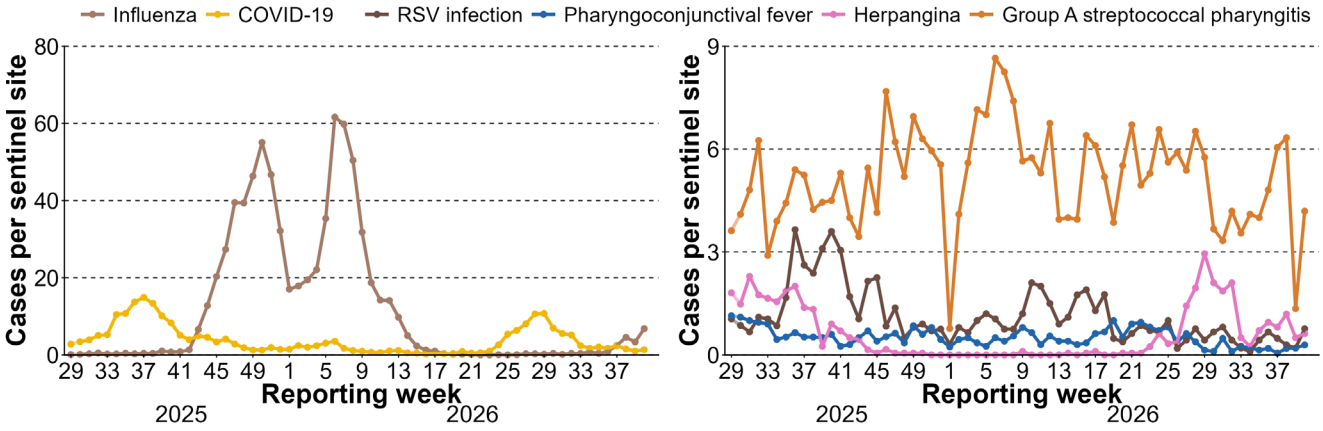
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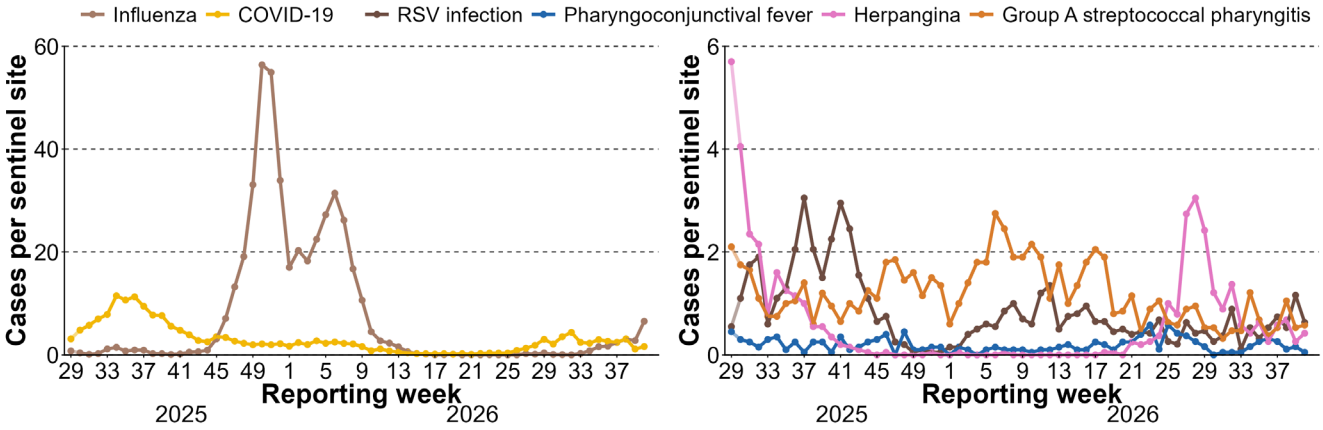
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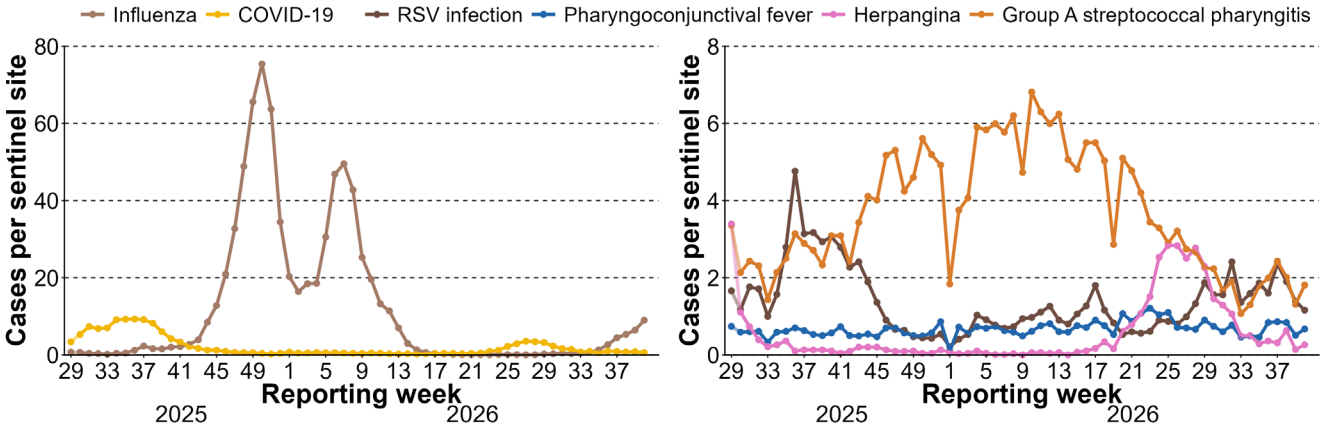
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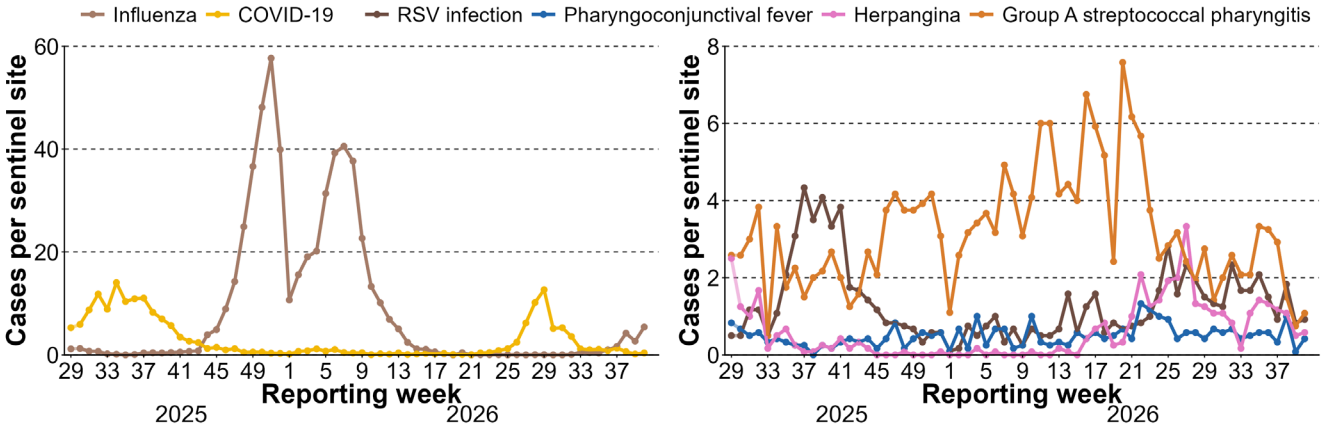
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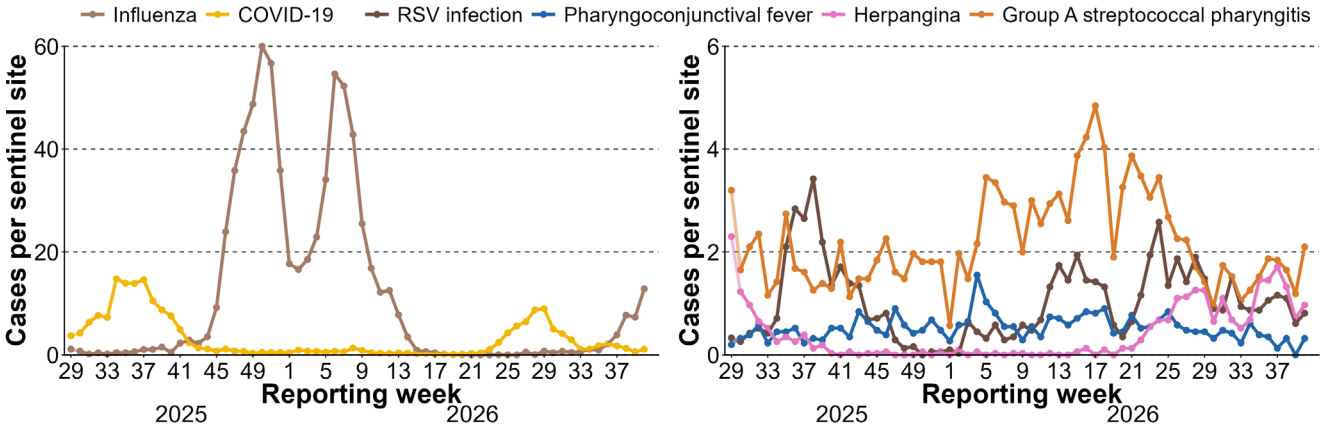
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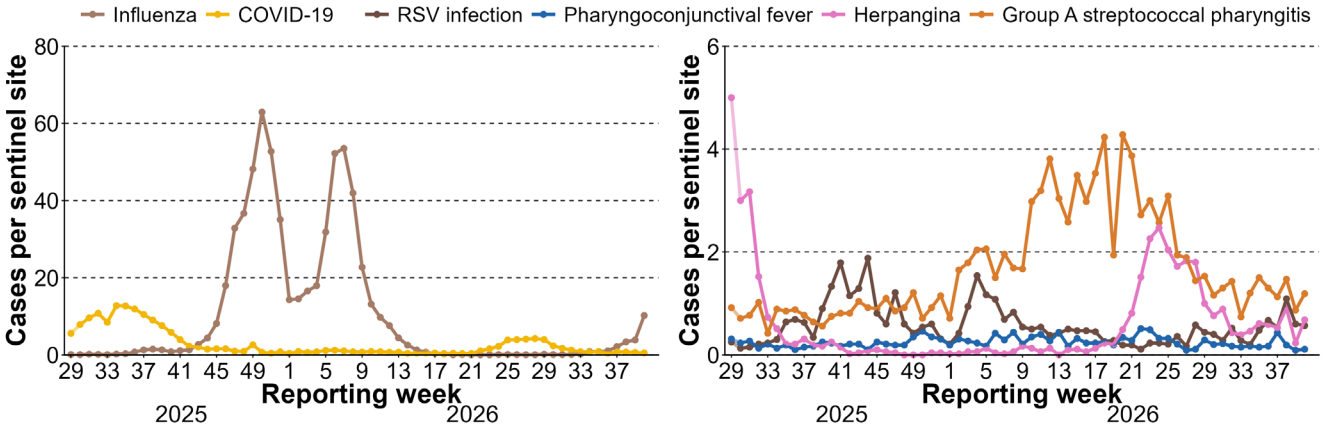
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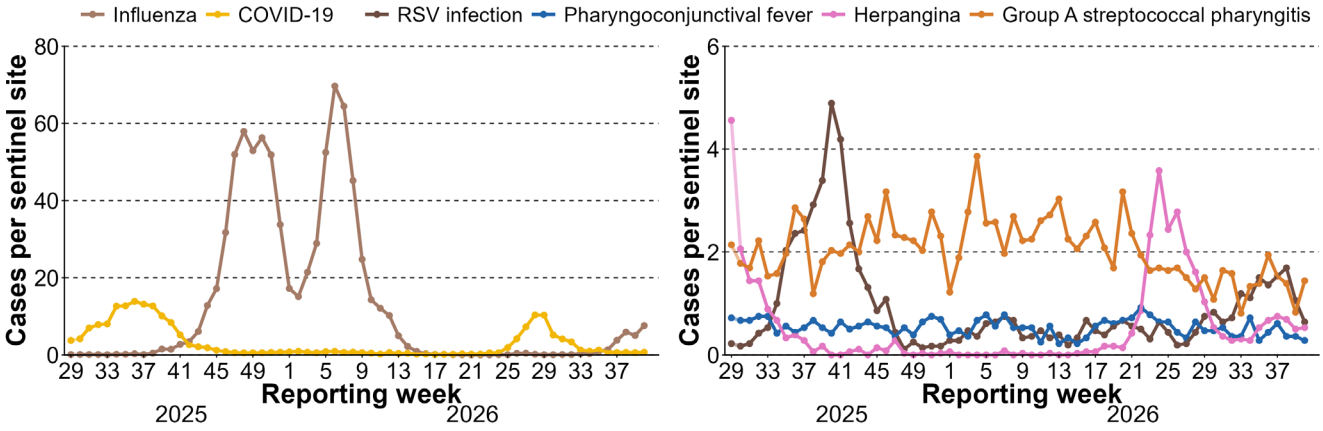
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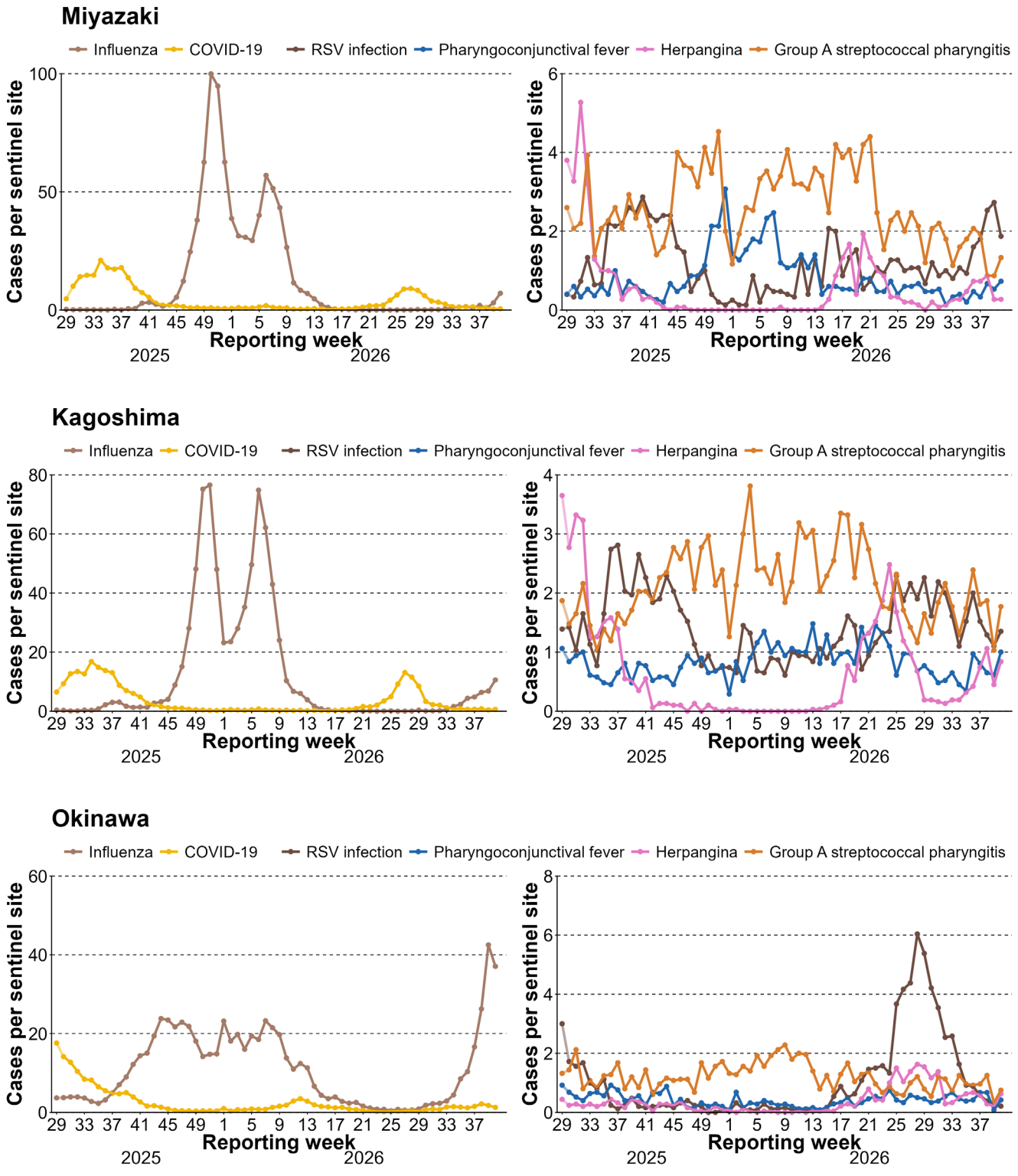


Kumamoto



Oita





Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026 (data range: July 14, 2025 – October 4, 2026)

Supplementary Information 3A. Number of pathogens reported in August 2026

	Number of reports
Pathogen detected	1,749
No pathogen detected	812

Supplementary Information 3B. Number of tests, positive cases, and positivity by pathogen in August 2026

Pathogen	Number of tests	Number of positives	Pathogen positivity(%)
Influenza A virus	2,539	177	7.0%
Influenza B virus	2,539	1	0.04%
SARS-CoV-2	2,559	307	12.0%
RSV	2,558	225	8.8%
Parainfluenza virus	2,559	410	16.0%
Human metapneumovirus	2,559	227	8.9%
Rhinovirus/Enterovirus	2,559	652	25.5%
Adenovirus	2,539	158	6.2%

Supplementary Information 3C. Number of positive cases for other pathogens in August 2026

Pathogen	Number of positives
Mycoplasma pneumoniae	20
Human bocavirus	11
Parechovirus	6
Human coronavirus OC43	3
Human coronavirus HKU1	2
Chlamydia pneumoniae	2
Streptococcus pyogenes	1
Pathogen name not specified	2

Data source: Infectious Disease Surveillance in Japan; data as of October 7, 2026(data range: August 1, 2026 to August 31, 2026)
Note: The number of reported pathogens is calculated based on the presence or absence of detected pathogens.
The number of tests for each pathogen is calculated based on positive and negative results, excluding those not tested.
Testing and reporting practices for pathogens shown in Supplementary Table 3C vary by municipality/prefectural public health institute; therefore, the proportion relative to the number of reports may not match the positivity rates shown in Supplementary Table 3B.
Data are aggregated by specimen collection month, not by reporting month. 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.