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 42, 2026 (October 12, 2026 – October 18, 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 42 of 2026 (October 12, 2026–October 18, 2026), the number of ARI cases per sentinel site was 56.70 (210,827 cases), representing a decrease compared with the previous week.

The number of cases reported per sentinel site for each disease was 9.08 for influenza, 0.89 for COVID-19, 1.19 for group A streptococcal pharyngitis, 1.09 for RSV infection, 0.74 for herpangina, and 0.18 for pharyngoconjunctival fever. A total of 983 new hospital admissions due to influenza were reported, representing a decrease of 140 cases compared with the previous week. 225 new

hospital admissions due to COVID-19 were reported, representing a decrease of 16 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 42 of 2026 and reported by the time of analysis, 12 specimens tested positive for influenza A virus, 10 specimens tested positive for RSV, 1 specimen tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and no specimens tested positive for influenza B virus.

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## 1. Patient Surveillance

### 1.1. Nationwide Cases per Sentinel Site

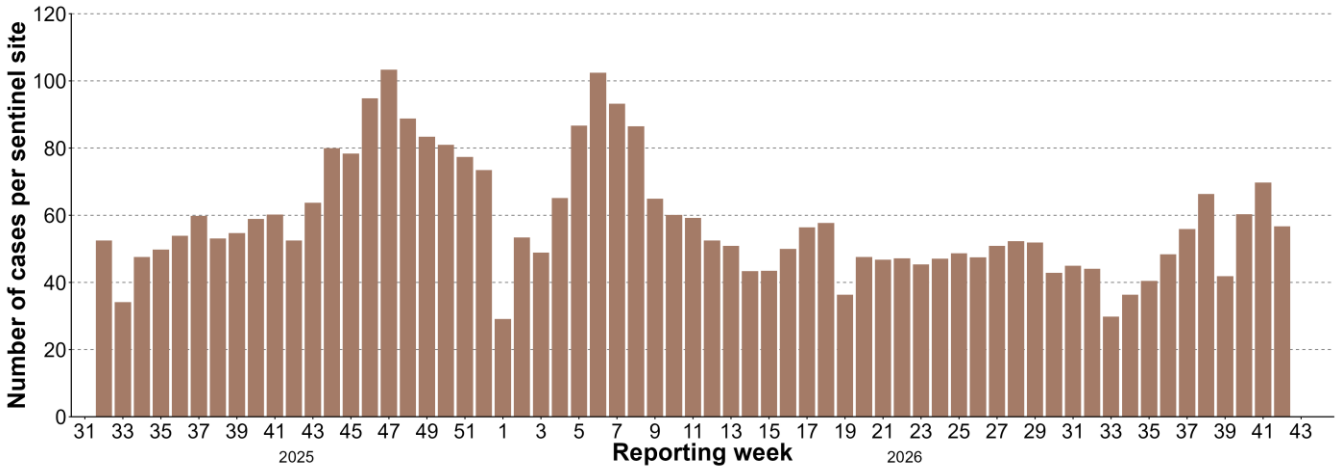
In week 42 of 2026, a total of 3,718 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 56.70 (210,827 cases in total) (Figure 1), corresponding to a week-on-week ratio of 0.81 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 9.08 for influenza (33,864 cases) and 0.89 for COVID-19 (3,313 cases) (Figure 1A). The number of reporting sentinel sites was 3,730.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 1.09 for RSV infection (2,446 cases), 0.18 for pharyngoconjunctival fever (400 cases), 0.74 for herpangina (1,666 cases), and 1.19 for group A streptococcal pharyngitis (2,684 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,249.

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

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




Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 2026).

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

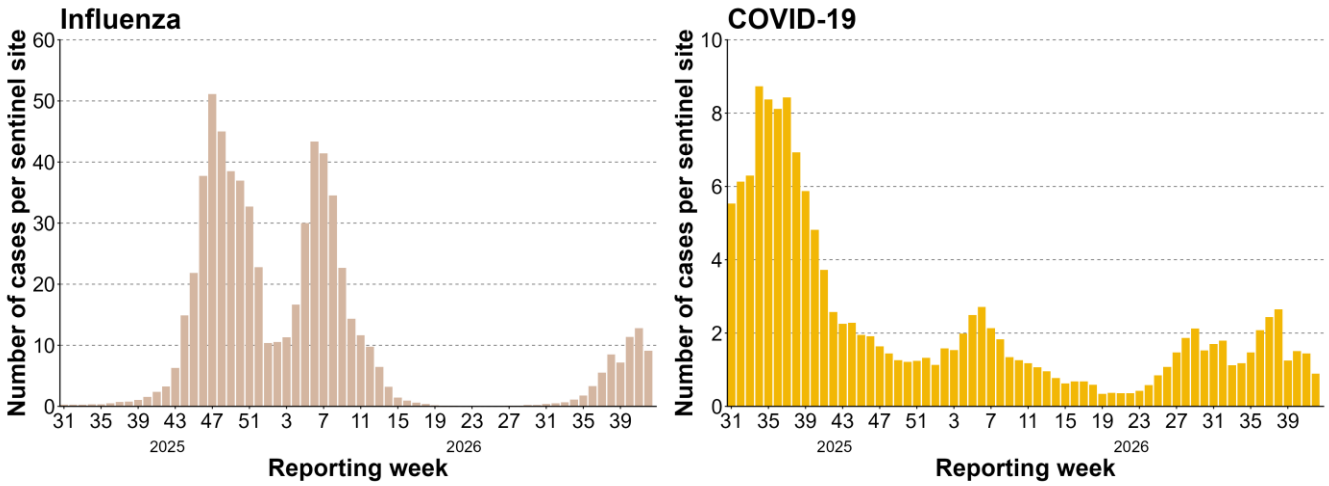
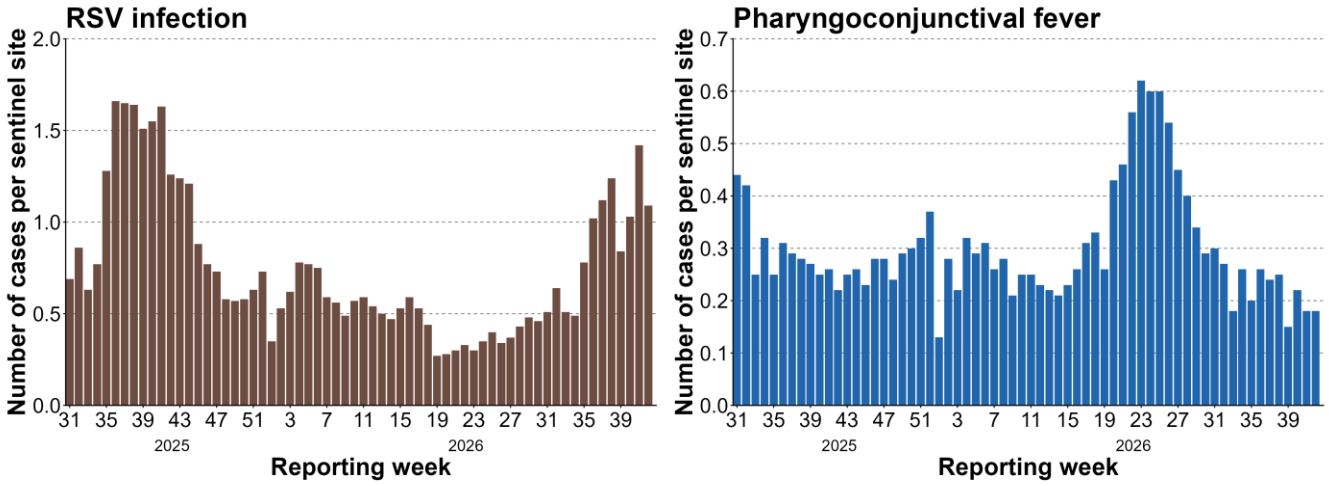
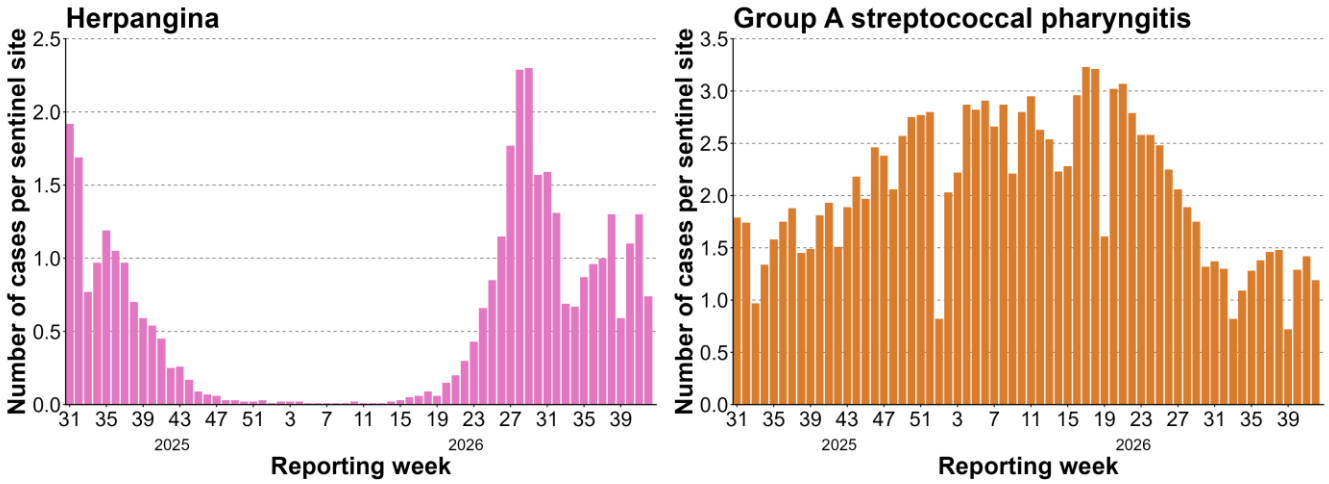



Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site






Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

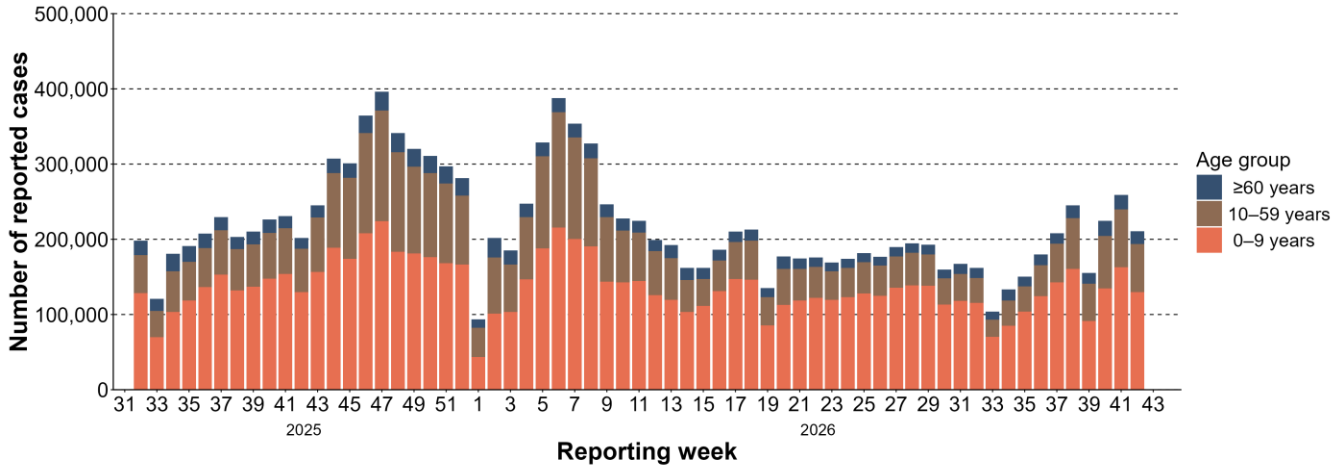
## 1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 42 of 2026, the number of reported cases by age group was 129,700 cases among individuals aged 0–9 years (week-on-week ratio: 0.80), 63,976 cases among individuals aged 10–59 years (week-on-week ratio: 0.83), and 17,151 cases among individuals aged 60 years and older (week-on-week ratio: 0.89) (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, 3,524 influenza cases and 621 COVID-19 cases were reported among individuals aged 60 years and older; of these, 890 influenza cases and 173 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 21, 2026 (data range: July 28, 2025 – October 18, 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

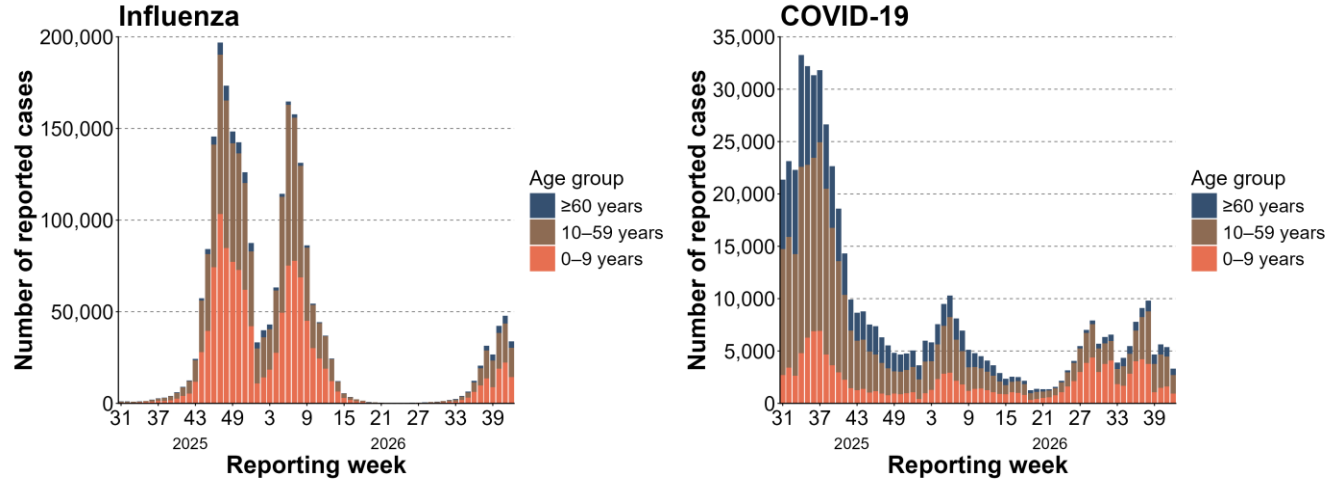
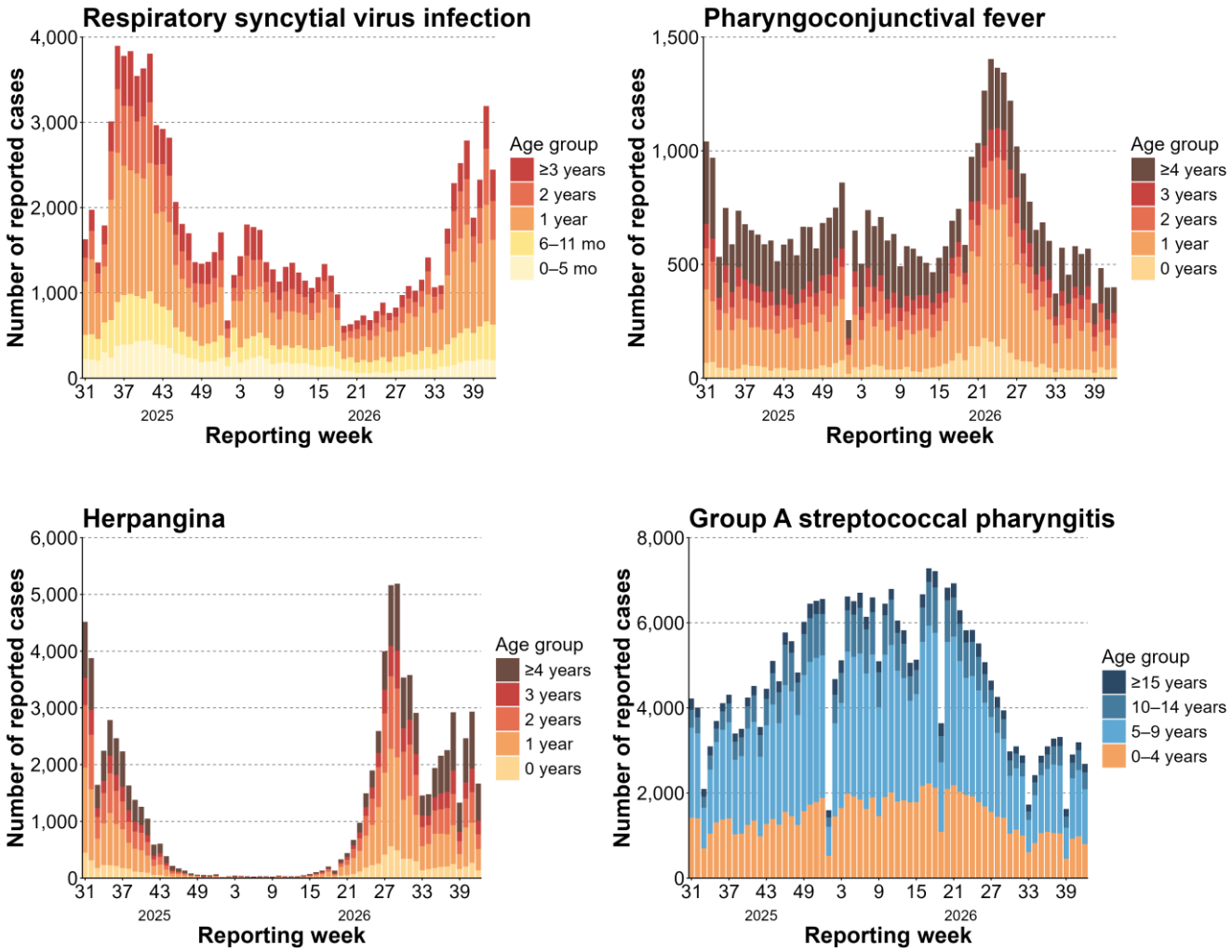


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group




Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 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 42**

| Age group | Influenza | COVID-19 |
|---|---|---|
| 0–9 years | 14,358 | 927 |
| | (0.65) | (0.58) |
| 10–59 years | 15,982 | 1,765 |
| | (0.75) | (0.61) |
| ≥60 years | 3,524 | 621 |
| | (0.86) | (0.71) |
| Total | 33,864 | 3,313 |
| | (0.71) | (0.62) |

**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 42**

| Age group | RSV infection | Pharyngoconjunctival fever | Herpangina | Group A streptococcal pharyngitis |
|---|---|---|---|---|
| 0 years | 629 | 44 | 138 | 20 |
| | (0.95) | (1.19) | (0.51) | (0.95) |
| 1–4 years | 1,763 | 283 | 1,043 | 785 |
| | (0.72) | (1.08) | (0.53) | (0.81) |
| 5–14 years | 51 | 69 | 474 | 1,682 |
| | (0.69) | (0.75) | (0.68) | (0.83) |
| ≥15 years | 3 | 4 | 11 | 197 |
| | (0.43) | (0.44) | (0.79) | (1.04) |
| Total | 2,446 | 400 | 1,666 | 2,684 |
| | (0.77) | (1.00) | (0.57) | (0.84) |

Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: October 12, 2026 – October 18, 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 42 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Saitama (94.03), Gunma (81.22), and Iwate (80.27) (Figure 3A, Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 34.45 to 94.03 (Figure 4).

The three prefectures with the highest numbers of cases per sentinel site by disease were Okinawa, Saitama, and Hokkaido for influenza; Saitama, Yamanashi, and Nagano for COVID-19; Miyazaki, Nara, and Tochigi for RSV infection; Saga, and Oita/Kagoshima for pharyngoconjunctival fever; Gunma, Shizuoka, and Tokushima for herpangina; Ehime, Tottori, and Ibaraki for group A streptococcal pharyngitis (Table 3).

**Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 42**

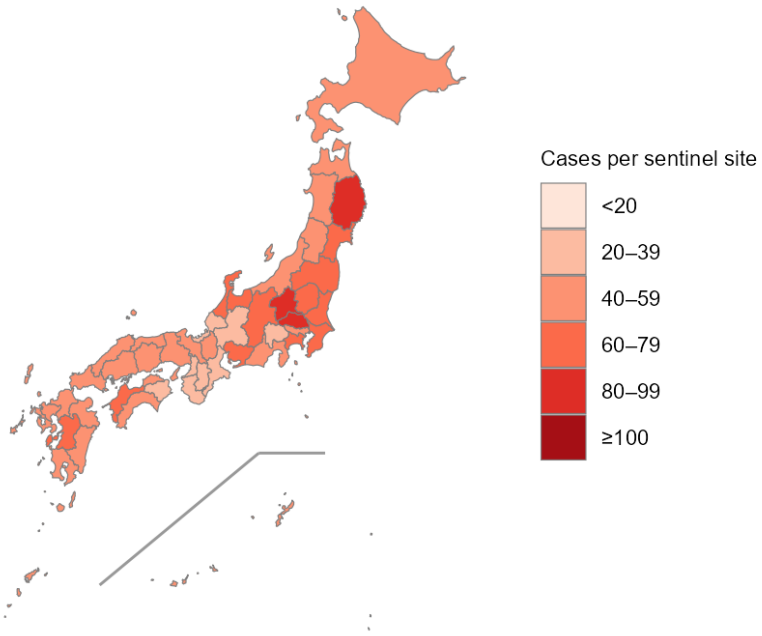
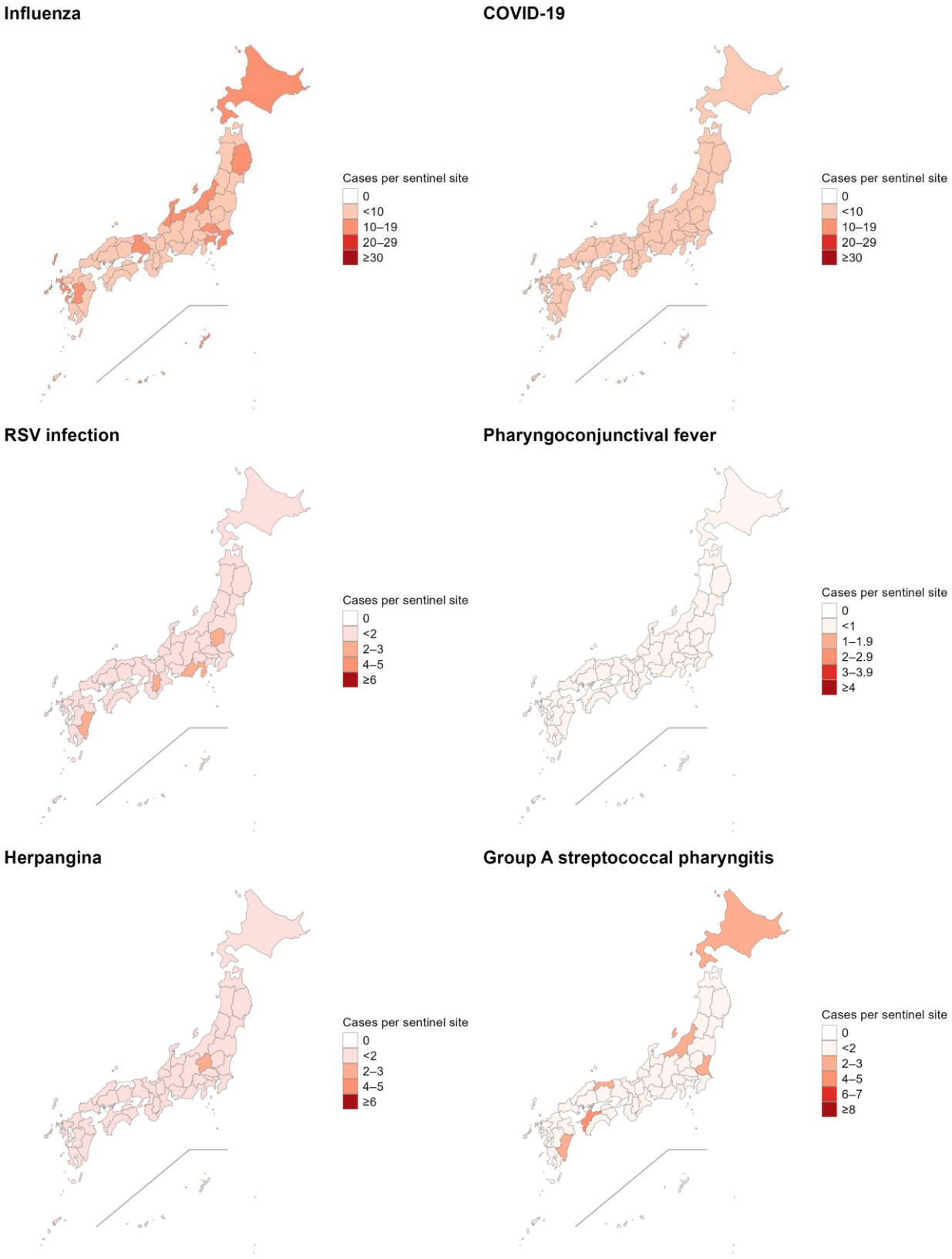


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 42



Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: October 12, 2026 – October 18, 2026)

**Table 2. Number of ARI cases per sentinel site by prefecture in week 42**

| Prefecture | Reported number of cases | Number of cases per sentinel | Week-on-week ratio |
|---|---|---|---|
| Hokkaido | 7,845 | 47.84 | 0.79 |
| Aomori | 2,491 | 47.90 | 0.81 |
| Iwate | 3,291 | 80.27 | 0.87 |
| Miyagi | 3,408 | 61.96 | 0.73 |
| Akita | 1,081 | 43.24 | 0.83 |
| Yamagata | 2,238 | 58.89 | 0.76 |
| Fukushima | 3,186 | 66.38 | 0.82 |
| Ibaraki | 4,391 | 65.54 | 0.81 |
| Tochigi | 3,349 | 72.80 | 0.85 |
| Gunma | 3,655 | 81.22 | 0.78 |
| Saitama | 16,456 | 94.03 | 0.85 |
| Chiba | 11,312 | 62.50 | 0.78 |
| Tokyo | 23,465 | 56.00 | 0.76 |
| Kanagawa | 18,400 | 76.67 | 0.78 |
| Niigata | 2,954 | 56.81 | 0.84 |
| Toyama | 3,379 | 70.40 | 0.83 |
| Ishikawa | 2,861 | 60.87 | 0.82 |
| Fukui | 1,359 | 34.85 | 0.82 |
| Yamanashi | 1,198 | 36.30 | 0.75 |
| Nagano | 3,303 | 66.06 | 0.90 |
| Gifu | 1,752 | 38.93 | 0.76 |
| Shizuoka | 5,250 | 48.61 | 0.81 |
| Aichi | 10,385 | 63.71 | 0.82 |

| Prefecture | Reported number of cases | Number of cases per sentinel | Week-on-week ratio |
|---|---|---|---|
| Mie | 2,420 | 36.12 | 0.81 |
| Shiga | 1,948 | 49.95 | 0.86 |
| Kyoto | 3,339 | 53.00 | 0.83 |
| Osaka | 10,687 | 37.90 | 0.86 |
| Hyogo | 8,603 | 53.10 | 0.91 |
| Nara | 1,664 | 39.62 | 0.88 |
| Wakayama | 1,655 | 36.78 | 0.81 |
| Tottori | 1,416 | 48.83 | 0.78 |
| Shimane | 1,101 | 55.05 | 0.87 |
| Okayama | 2,538 | 50.76 | 0.82 |
| Hiroshima | 4,218 | 45.35 | 0.83 |
| Yamaguchi | 3,388 | 55.54 | 0.77 |
| Tokushima | 1,137 | 34.45 | 0.77 |
| Kagawa | 939 | 40.83 | 0.84 |
| Ehime | 2,387 | 66.31 | 0.78 |
| Kochi | 1,626 | 41.69 | 0.89 |
| Fukuoka | 6,816 | 55.87 | 0.87 |
| Saga | 1,210 | 50.42 | 0.86 |
| Nagasaki | 2,964 | 59.28 | 0.86 |
| Kumamoto | 4,211 | 60.16 | 0.86 |
| Oita | 3,056 | 52.69 | 0.81 |
| Miyazaki | 1,222 | 43.64 | 0.84 |
| Kagoshima | 2,926 | 51.33 | 0.80 |
| Okinawa | 2,347 | 53.34 | 0.78 |

Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: October 12, 2026 – October 18, 2026)

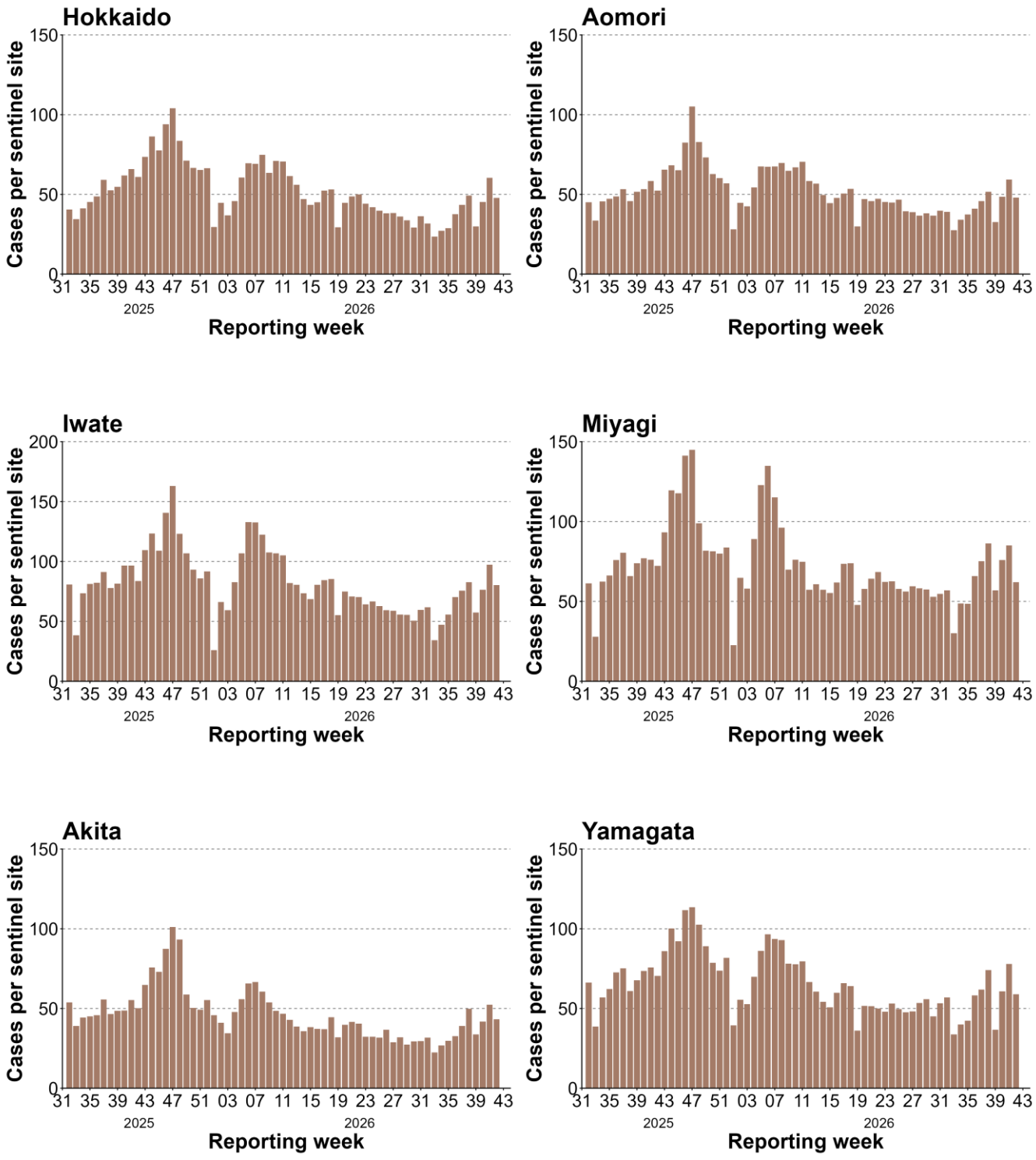
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

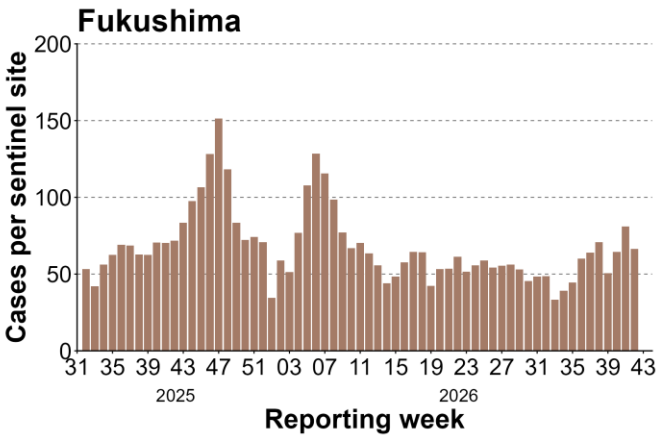
**Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 42**

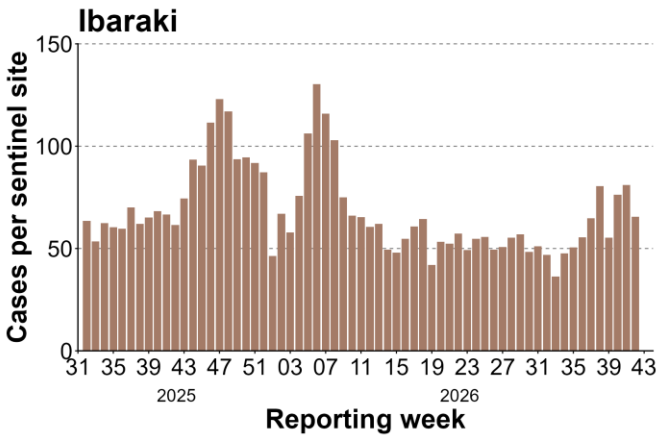
| Infectious diseases | Prefectures | | |
|---|---|---|---|
| Influenza | Okinawa (19.68) | Saitama (15.39) | Hokkaido (12.32) |
| COVID-19 | Saitama (1.96) | Yamanashi (1.85) | Nagano (1.78) |
| RSV infection | Miyazaki (2.40) | Nara (2.21) | Tochigi (2.19) |
| Pharyngoconjunctival fever | Saga (0.67) | Oita (0.58) | Kagoshima (0.58) |
| Herpangina | Gunma (2.20) | Shizuoka (1.98) | Tokushima (1.86) |
| Group A streptococcal pharyngitis | Ehime (4.16) | Tottori (3.16) | Ibaraki (2.97) |

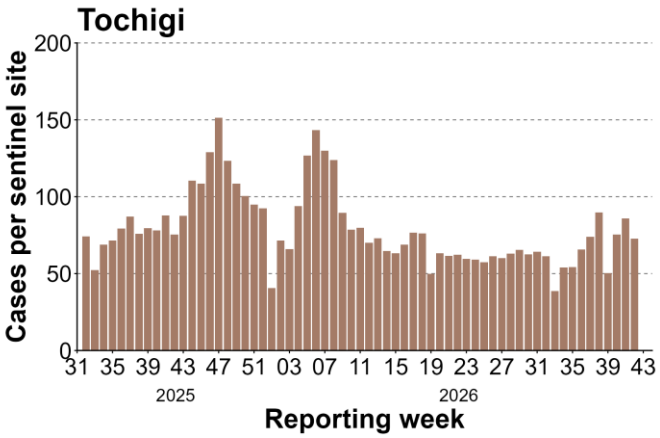
Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: October 12, 2026 – October 18, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

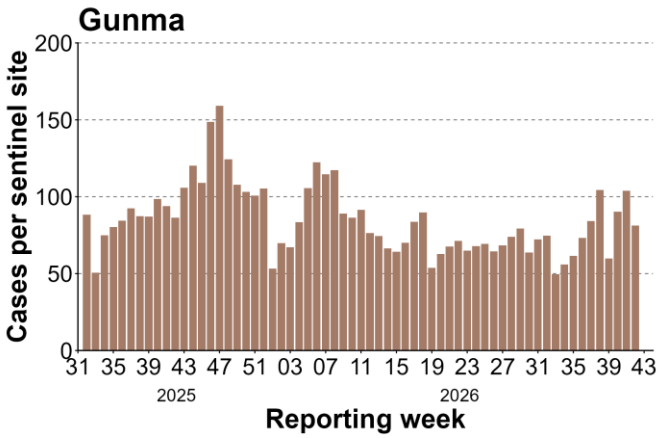
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

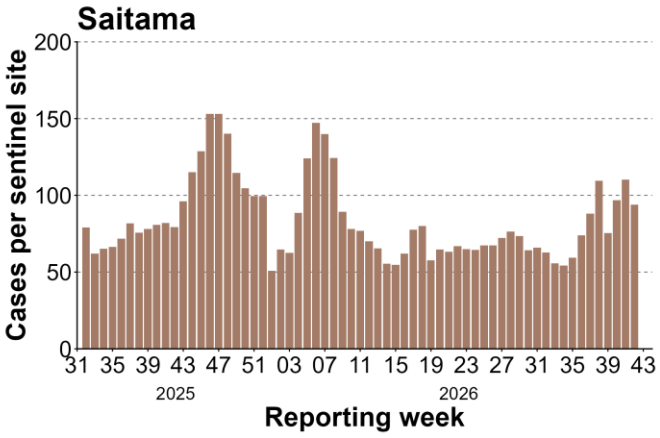


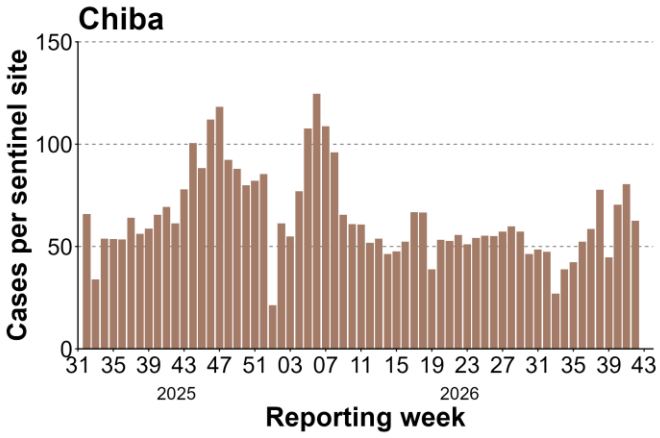

Fukushima
Cases per sentinel site
0
50
100
150
200
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

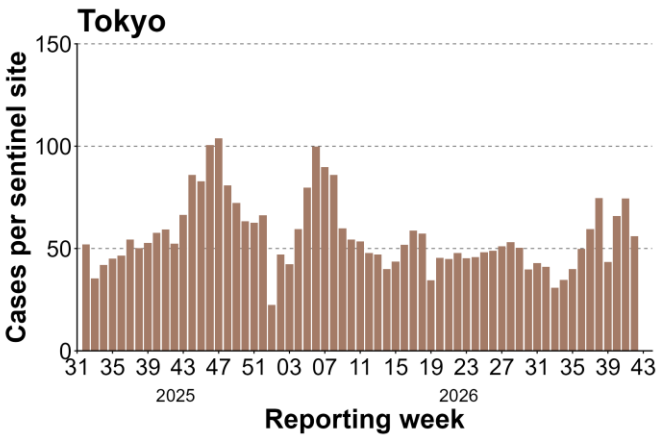

Ibaraki
Cases per sentinel site
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100
150
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

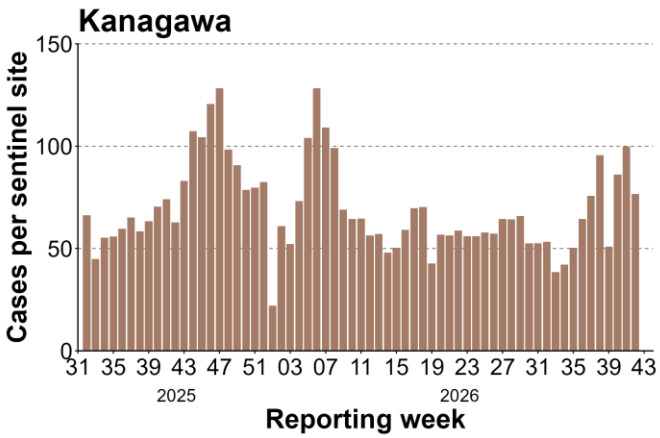

Tochigi
Cases per sentinel site
0
50
100
150
200
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

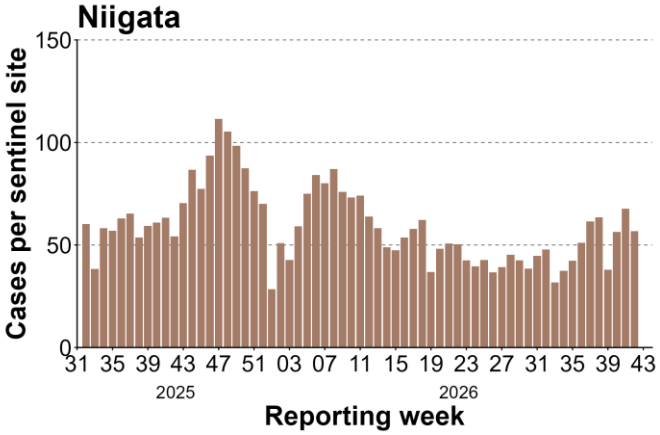

Gunma
Cases per sentinel site
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100
150
200
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

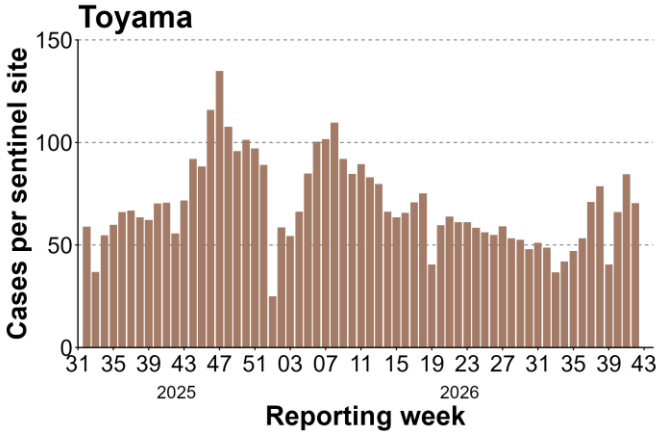

Saitama
Cases per sentinel site
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2025
2026
Reporting week

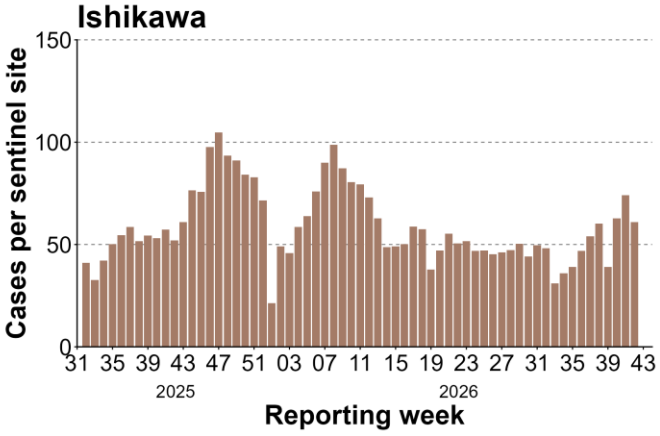

Chiba
Cases per sentinel site
0
50
100
150
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

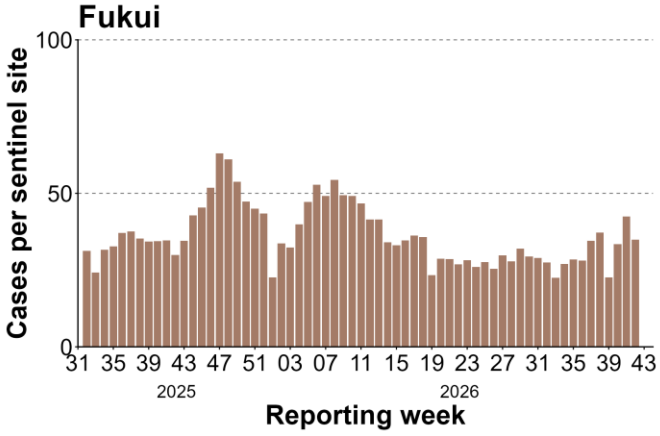

Tokyo
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

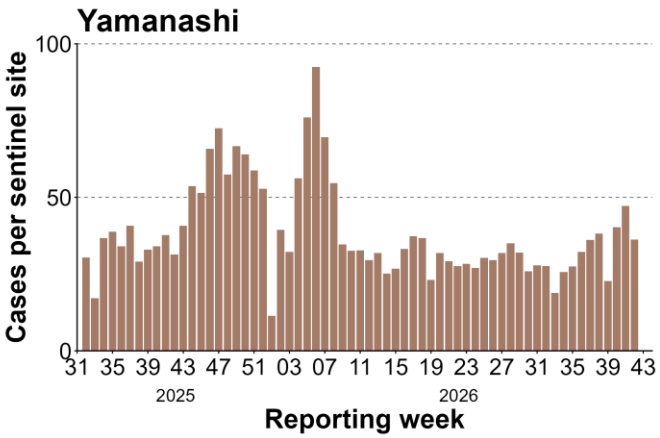

Kanagawa
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

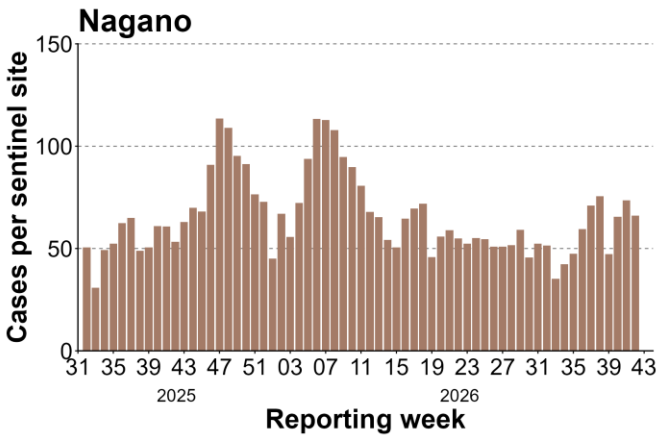

Niigata
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

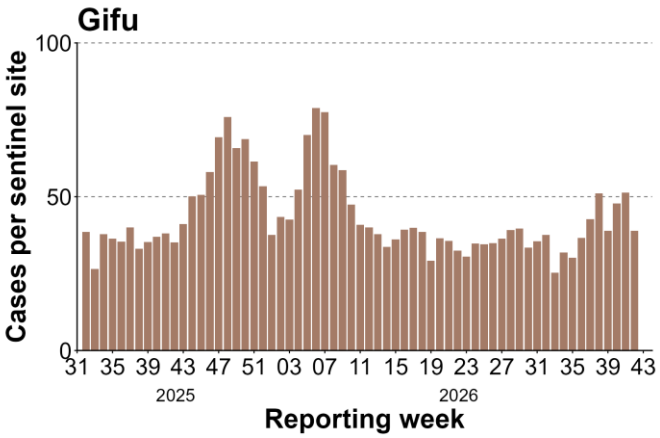

Toyama
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

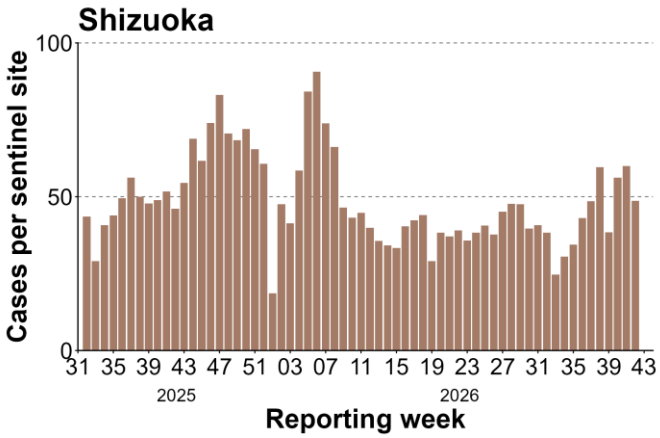

Ishikawa
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

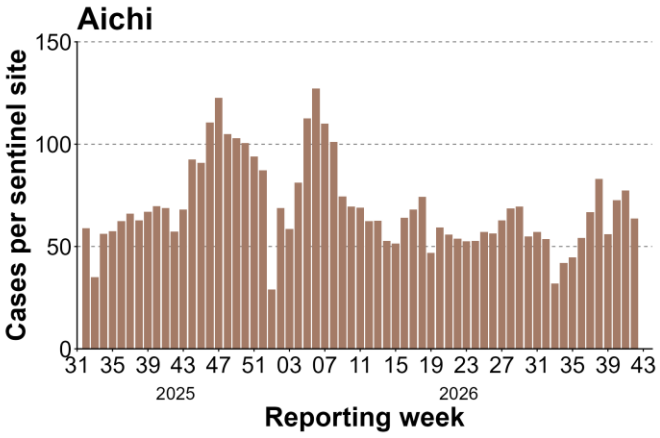

Fukui
Cases per sentinel site
100
50
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31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

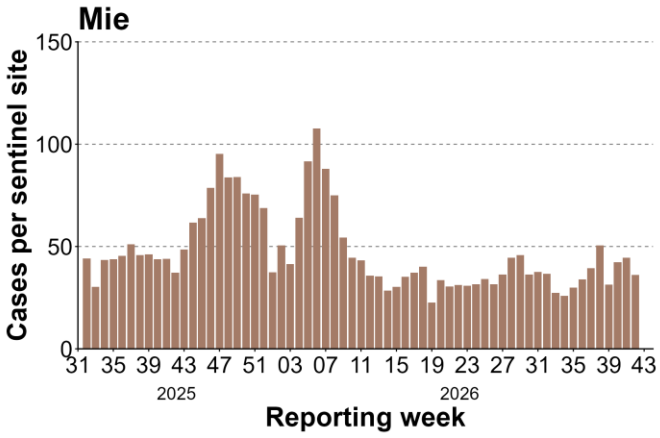

Yamanashi
Cases per sentinel site
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2025
2026
Reporting week

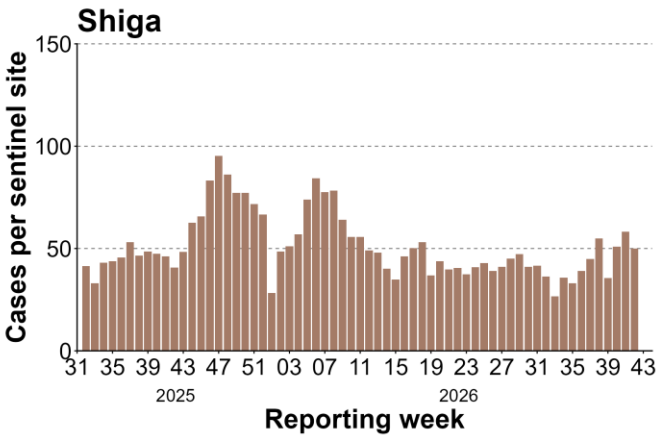

Nagano
Cases per sentinel site
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2025
2026
Reporting week

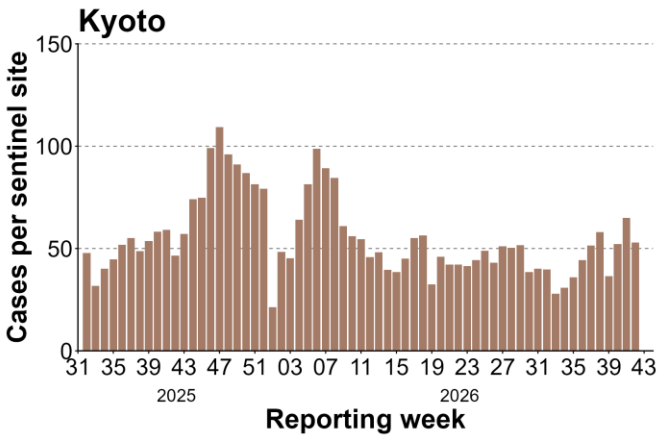

Gifu
Cases per sentinel site
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Reporting week

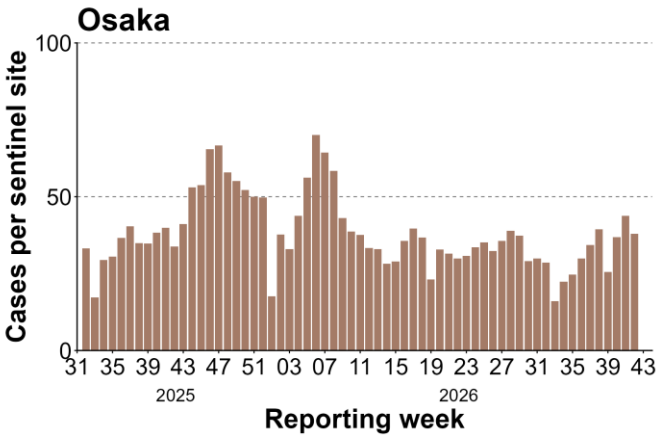

Shizuoka
Cases per sentinel site
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2025
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Reporting week

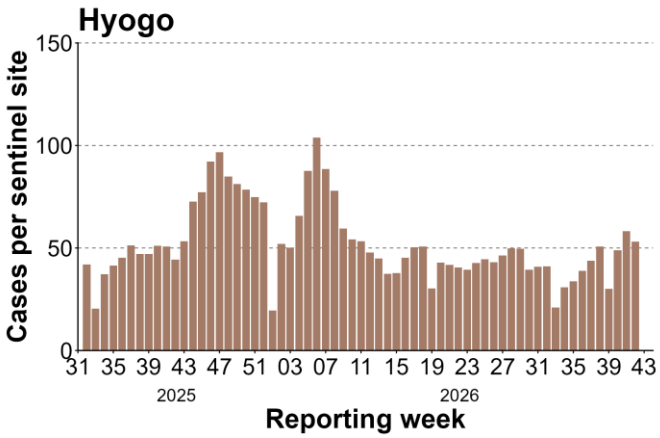

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Cases per sentinel site
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2025
2026
Reporting week

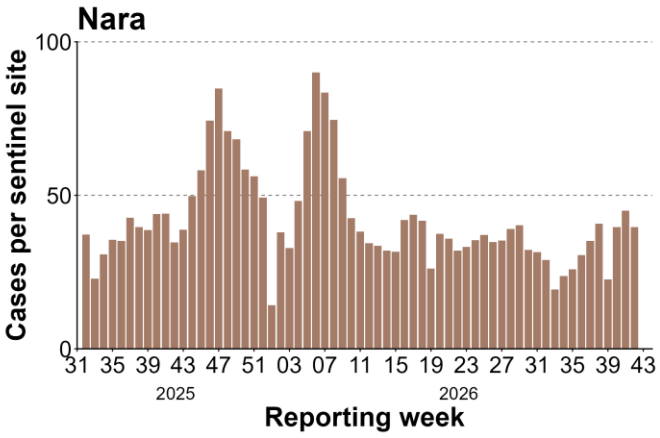

Mie
Cases per sentinel site
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2025
2026
Reporting week

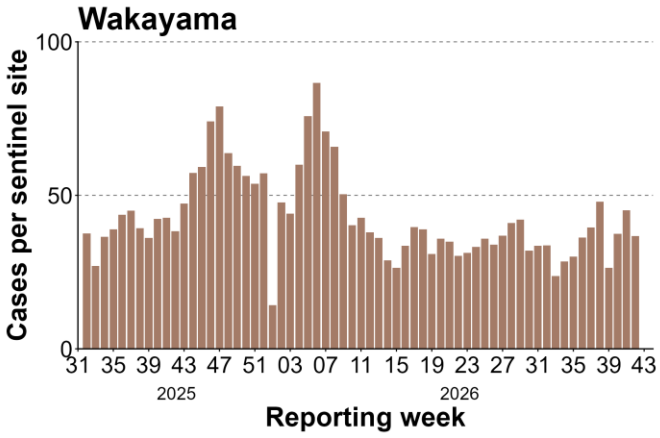

Shiga
Cases per sentinel site
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100
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2025
2026
Reporting week

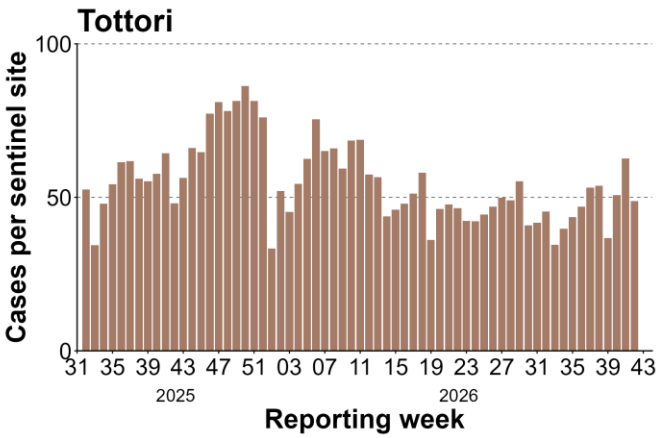

Kyoto
Cases per sentinel site
150
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2025
2026
Reporting week

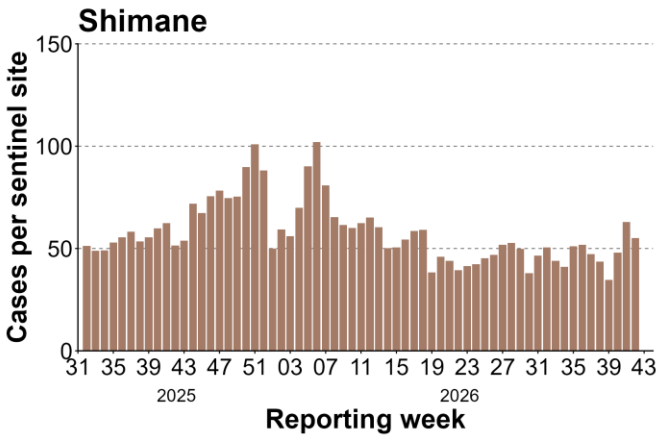

Osaka
Cases per sentinel site
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2025
2026
Reporting week

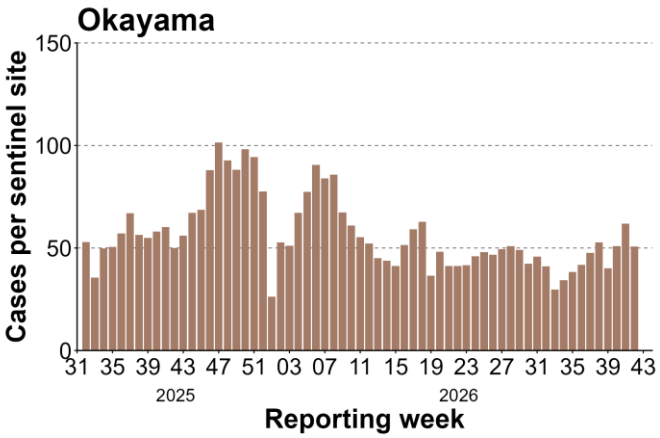

Hyogo
Cases per sentinel site
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2025
2026
Reporting week

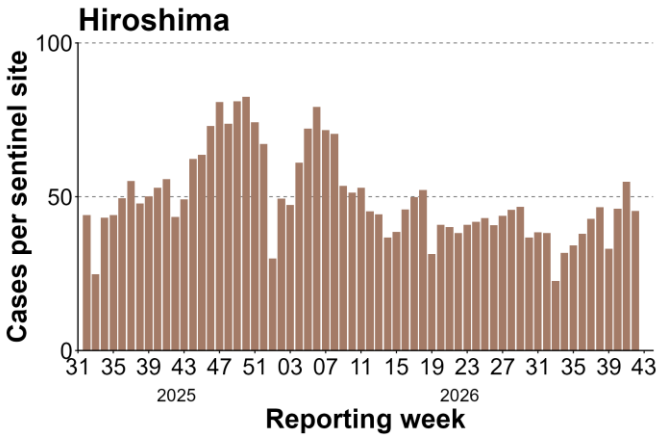

Nara
Cases per sentinel site
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2025
2026
Reporting week

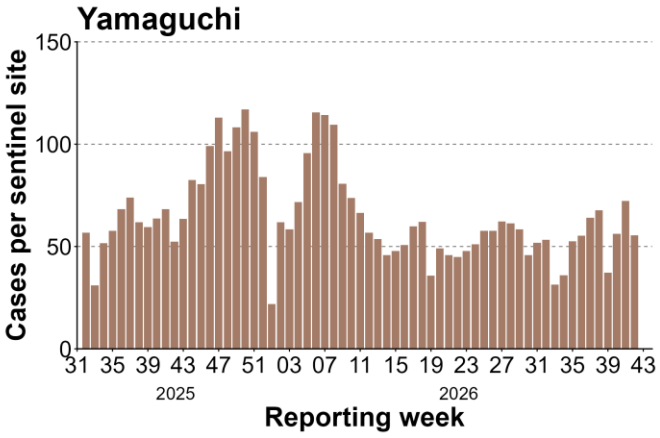

Wakayama
Cases per sentinel site
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2025
2026
Reporting week

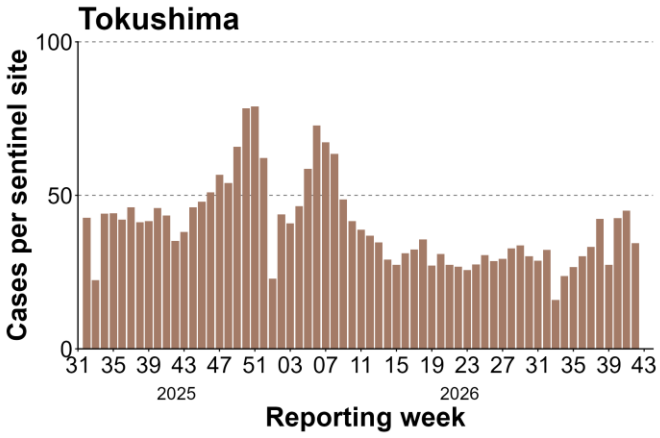

Tottori
Cases per sentinel site
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2025
2026
Reporting week

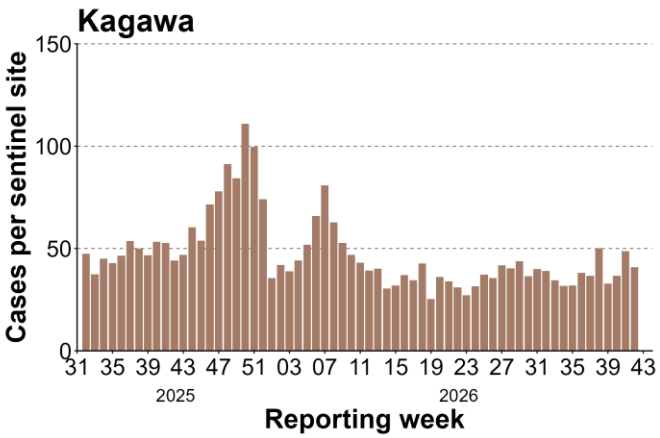

Shimane
Cases per sentinel site
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2025
2026
Reporting week

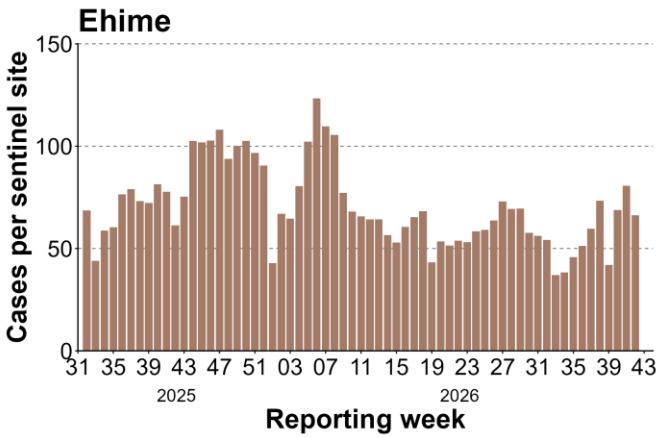

Okayama
Cases per sentinel site
150
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2025
2026
Reporting week

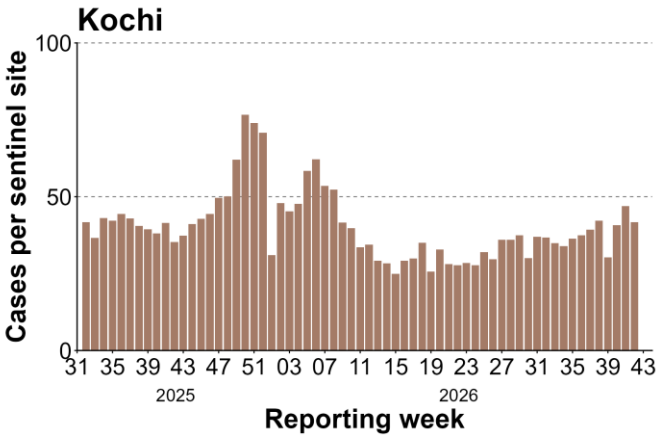

Hiroshima
Cases per sentinel site
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2025
2026
Reporting week

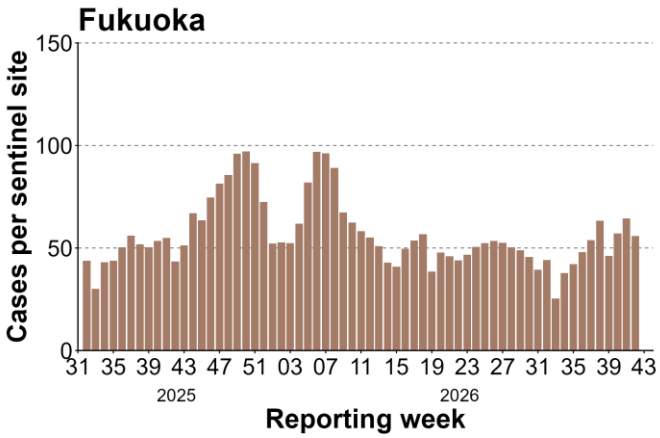

Yamaguchi
Cases per sentinel site
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100
50
0
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2025
2026
Reporting week

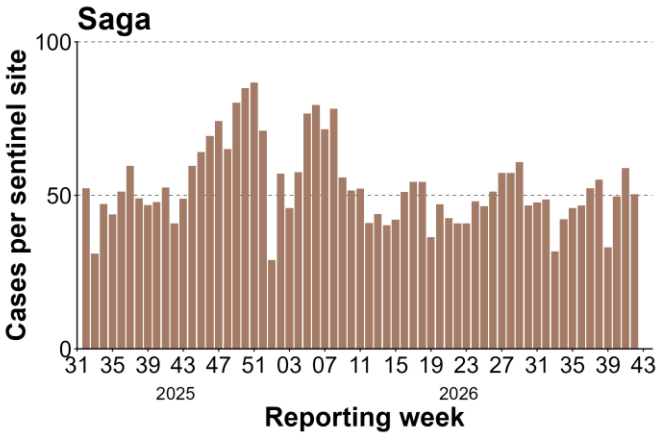

Tokushima
Cases per sentinel site
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31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

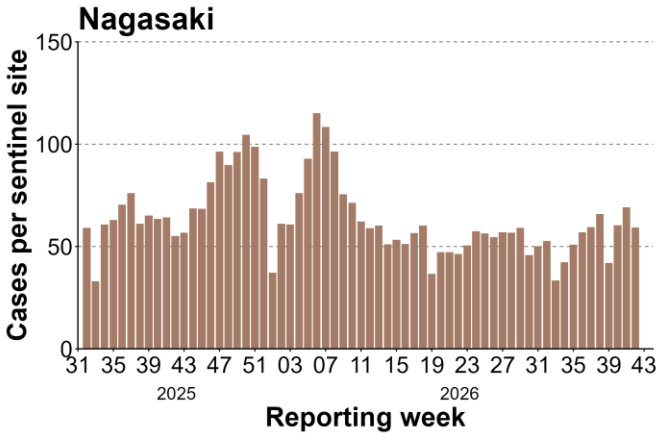

Kagawa
Cases per sentinel site
150
100
50
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2025
2026
Reporting week

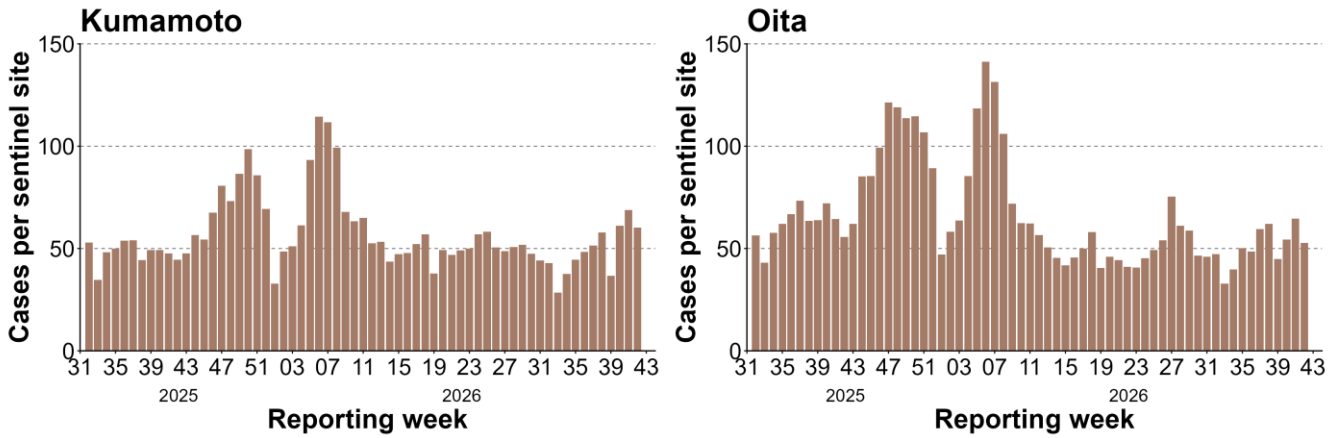

Ehime
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week


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


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

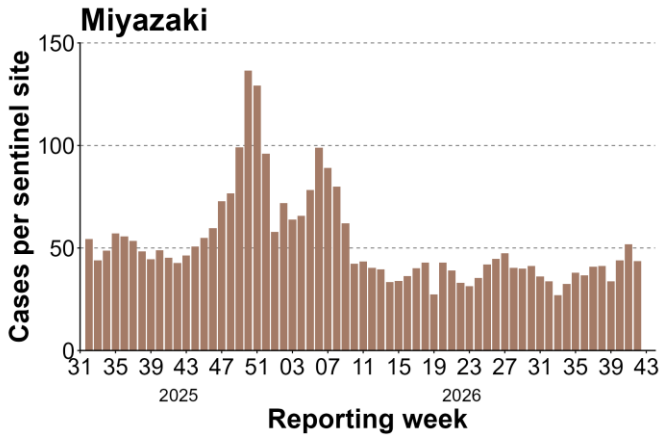

Saga
Cases per sentinel site
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2025
2026
Reporting week

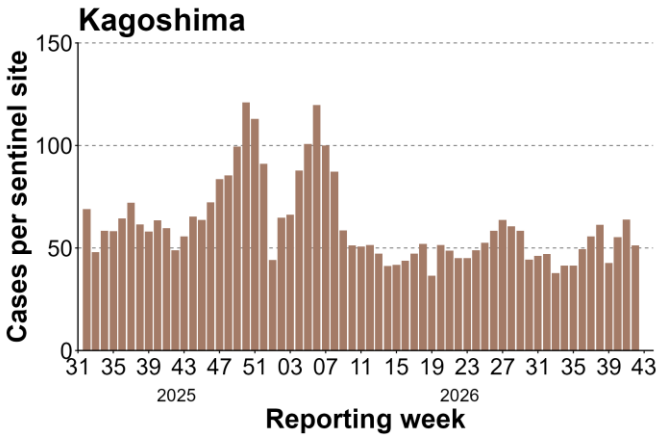

Nagasaki
Cases per sentinel site
150
100
50
0
31 35 39 43 47 51 03 07 11 15 19 23 27 31 35 39 43
2025
2026
Reporting week

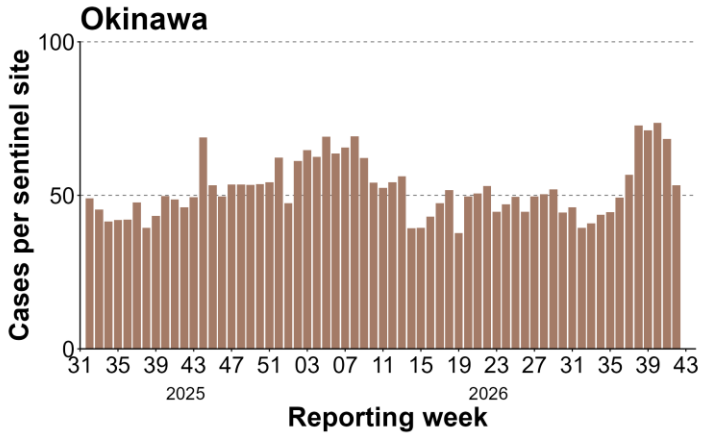








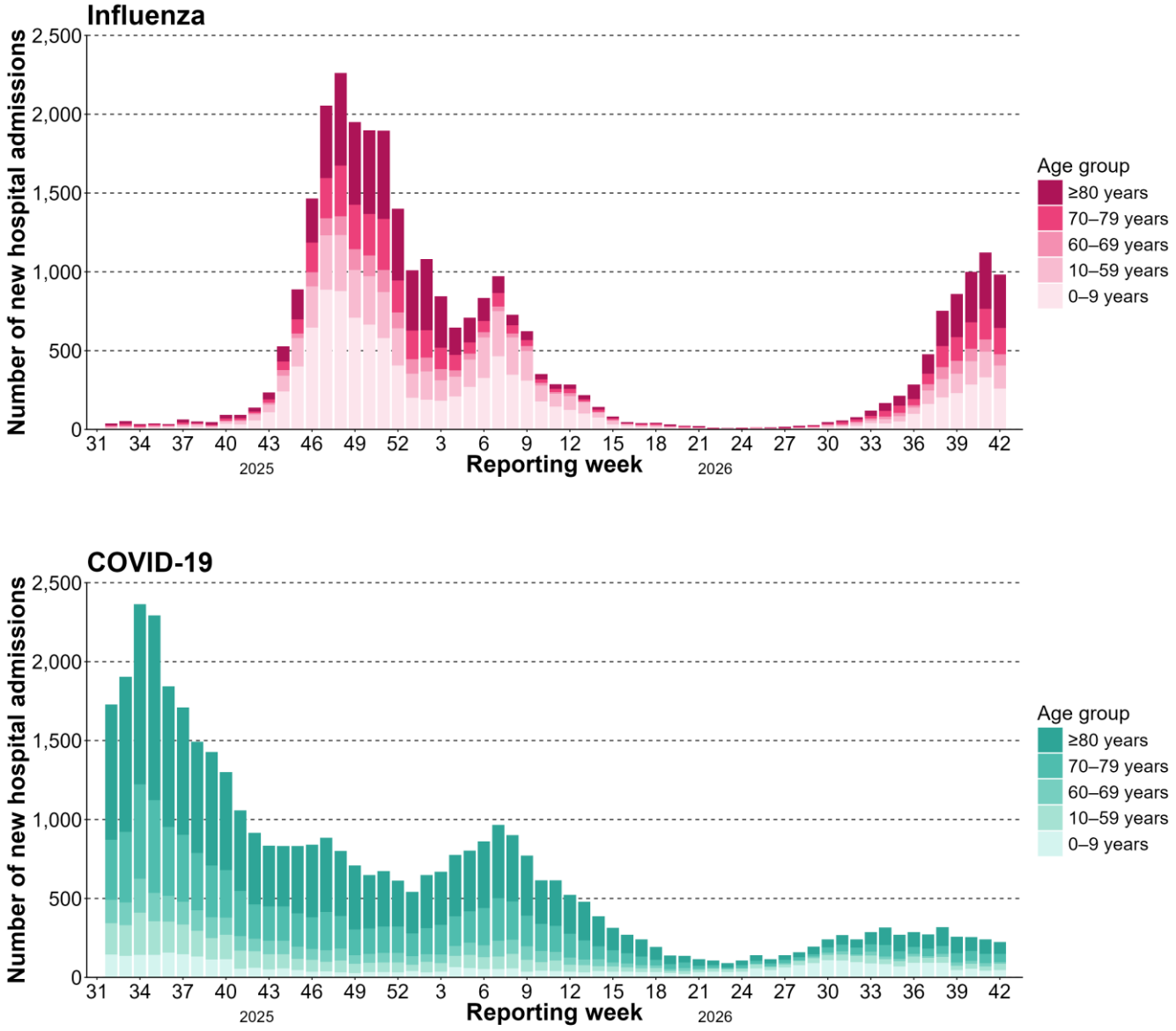

Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

## 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 42 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 983 new hospital admissions due to influenza were reported, representing a decrease of 140 cases compared with the previous week. 225 new hospital admissions due to COVID-19 were reported, representing a decrease of 16 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 21, 2026 (data range: July 28, 2025 – October 18, 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 42**

| Age group | Influenza | COVID-19 |
|---|---|---|
| 0–9 years | 260 | 47 |
| | (0.79) | (1.09) |
| 10–59 years | 147 | 39 |
| | (0.91) | (1.44) |
| 60–69 years | 70 | 10 |
| | (0.89) | (0.50) |
| 70–79 years | 167 | 53 |
| | (0.87) | (0.90) |
| ≥80 years | 339 | 76 |
| | (0.95) | (0.83) |
| Total | 983 | 225 |
| | (0.88) | (0.93) |

Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: October 12, 2026 – October 18, 2026)

## 2. Laboratory Surveillance

### 2.1. Nationwide Reported Cases by Pathogen

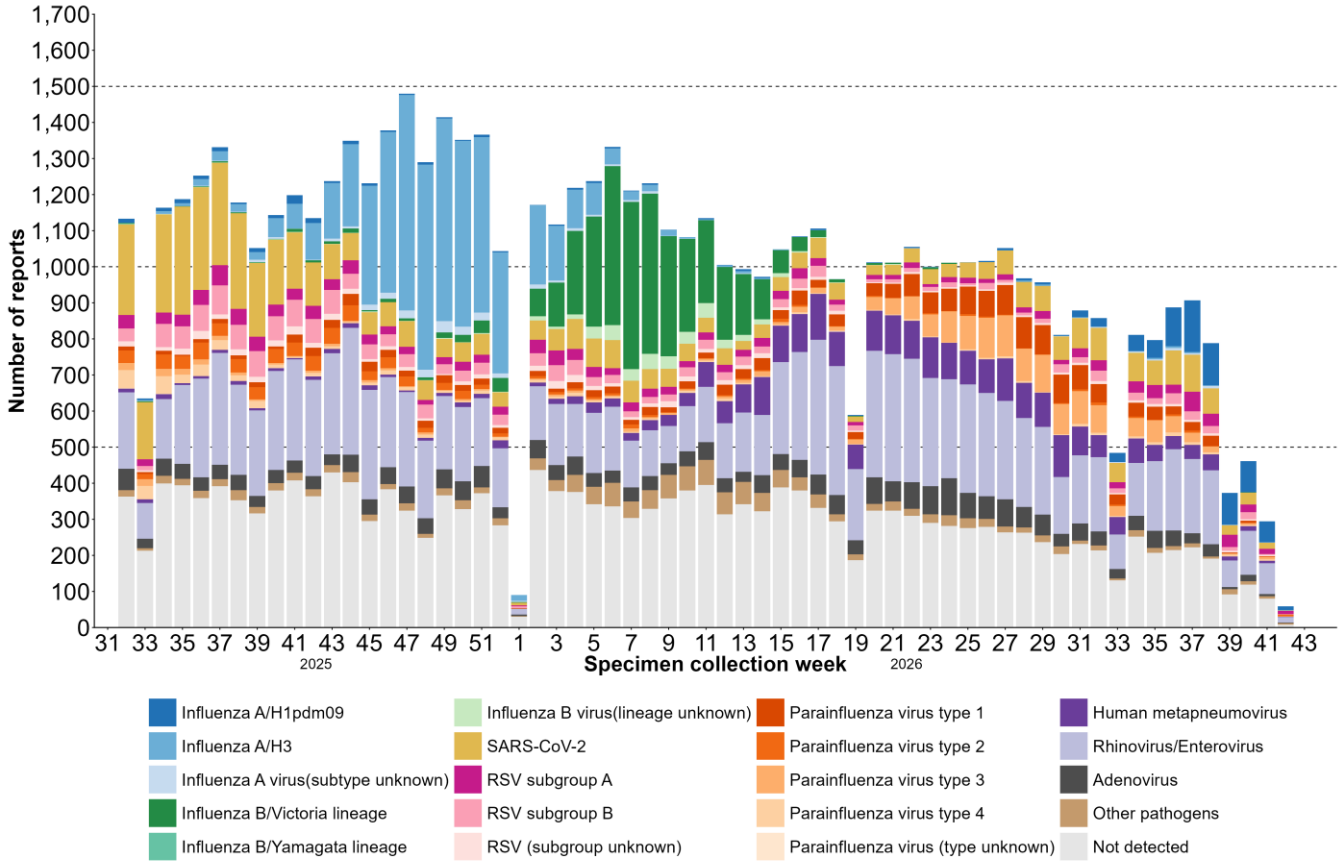
Among specimens collected at ARI pathogen sentinel sites in week 42 of 2026 and reported by the time of analysis, a total of 46 specimens were reported. Of these, 12 specimens were positive for influenza A virus, no specimens were positive for influenza B virus, 1 specimen was positive for SARS-CoV-2, and 10 specimens were positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza B virus, 2.2% for SARS-CoV-2, 21.7% for RSV, and 26.1% for influenza A virus (Figure 7).

Specimens collected in week 37 (September 7–13) 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 42, 4 specimens of RSV, 3 specimens of rhinovirus/enterovirus, 2 specimens of influenza A virus (subtype unknown), 1 specimen of adenovirus, 1 specimen of human metapneumovirus, and 1 specimen of parainfluenza virus type 4 were reported.

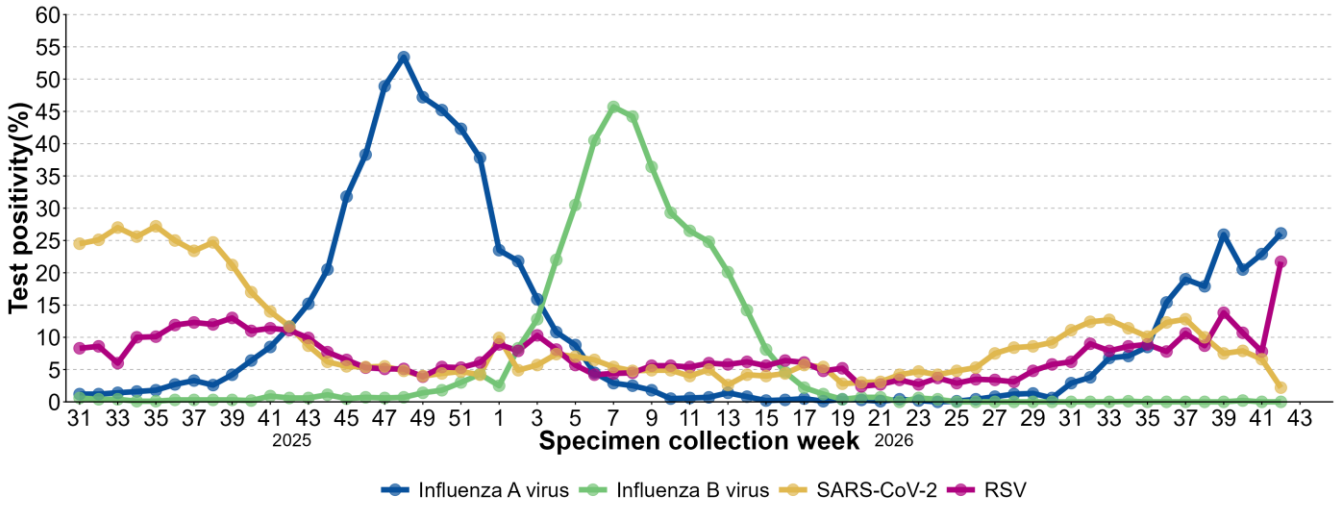
**Figure 6. Weekly number of detected pathogens based on specimen collection week**




Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 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

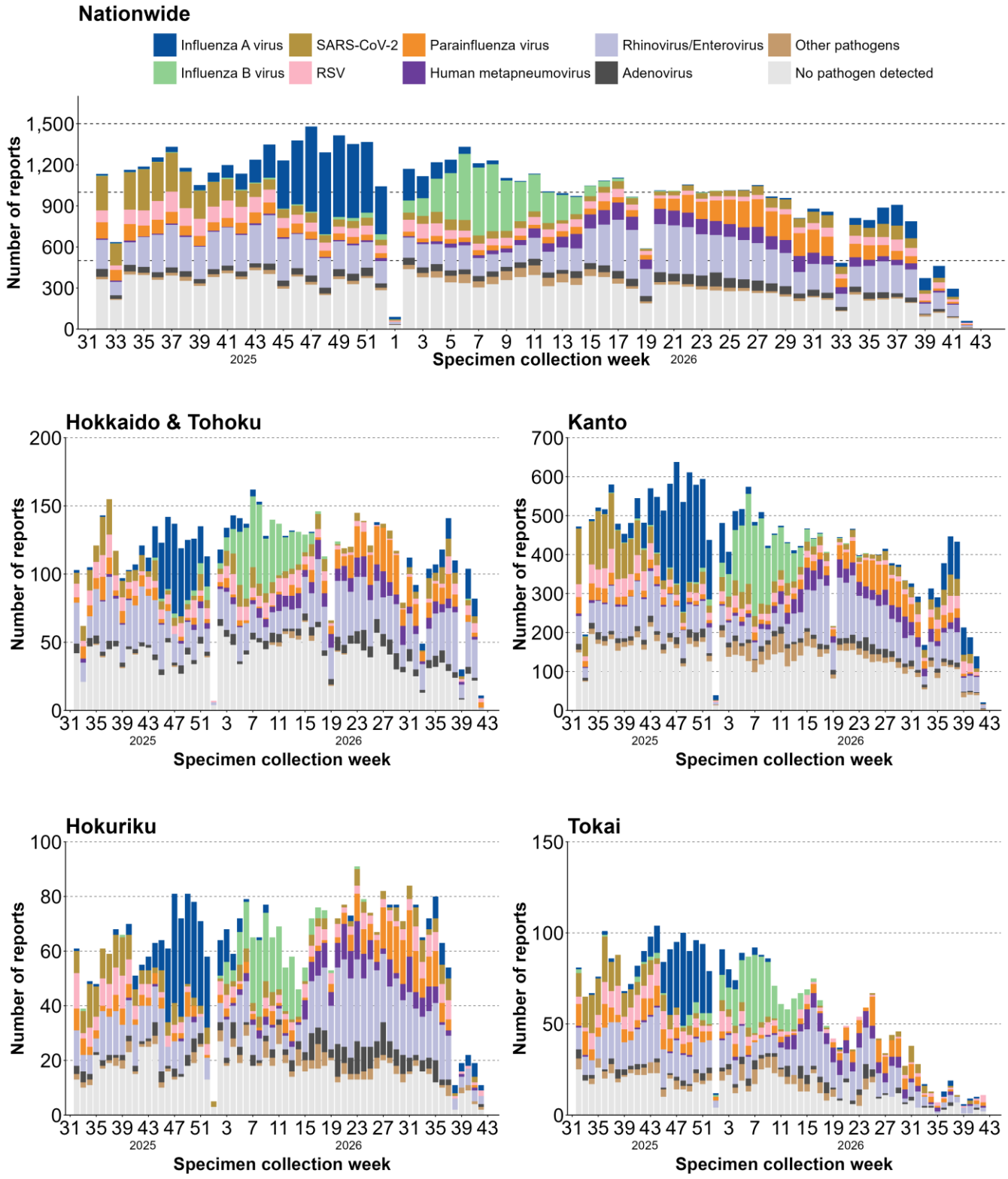
this may indicate either that no pathogens were detected or that tests were not performed, depending on the test items.

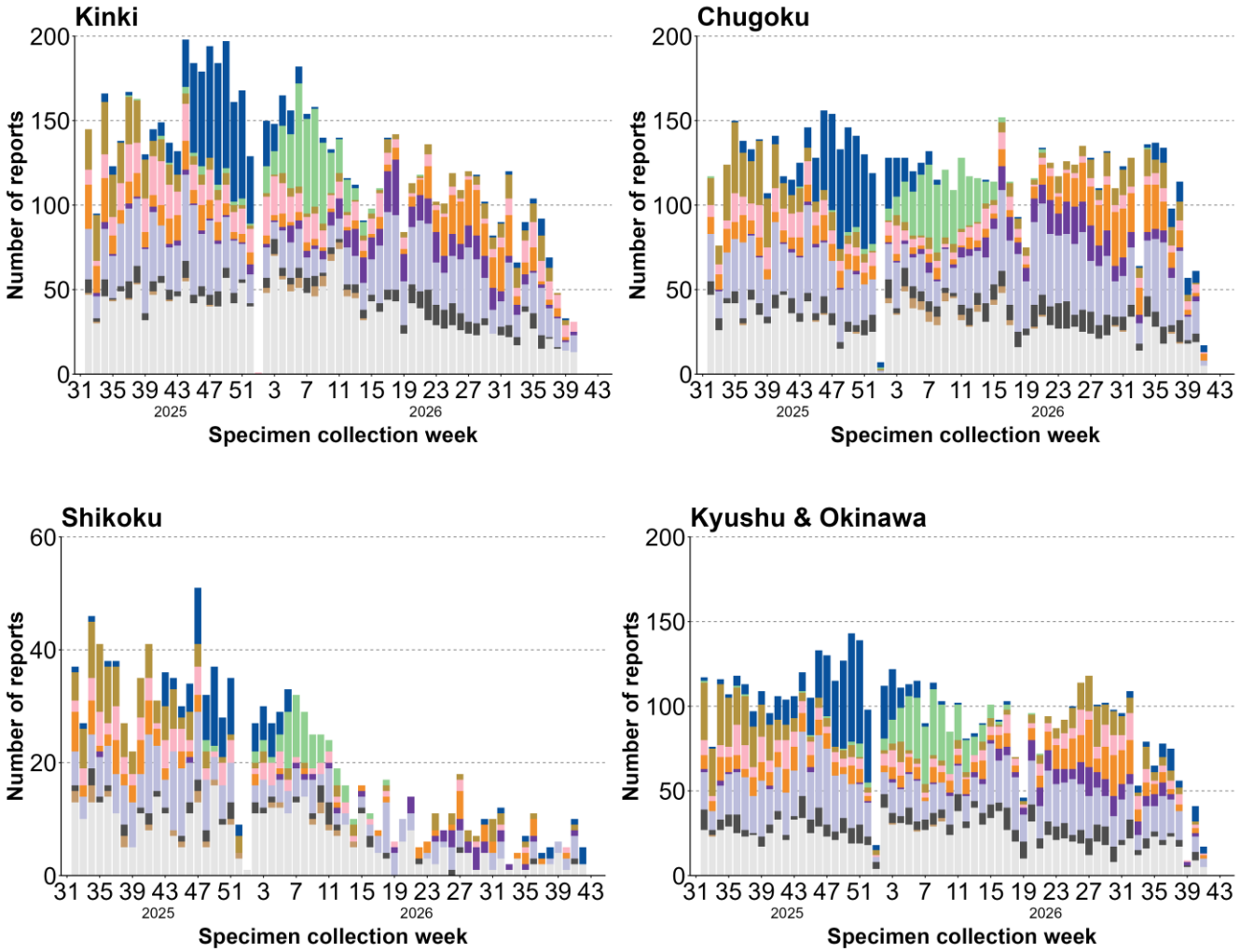
**Figure 7. Weekly pathogen-specific test positivity based on specimen collection week**




Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 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 21, 2026 (data range: July 28, 2025 – October 18, 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 37 (September 7–13)**

| Region | Number of specimens | Most frequently detected pathogen |
|---|---|---|
| Hokkaido & Tohoku | 121 | Rhinovirus/Enterovirus |
| Kanto | 406 | Influenza A virus |
| Hokuriku | 37 | Rhinovirus/Enterovirus |
| Tokai | 16 | Rhinovirus/Enterovirus |
| Kinki | 63 | Rhinovirus/Enterovirus |
| Chugoku | 83 | Rhinovirus/Enterovirus |
| Shikoku | 4 | Influenza A virus and Parainfluenza virus |
| Kyushu & Okinawa | 66 | Rhinovirus/Enterovirus |

Data source: Infectious Disease Surveillance in Japan; data as of October 21, 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

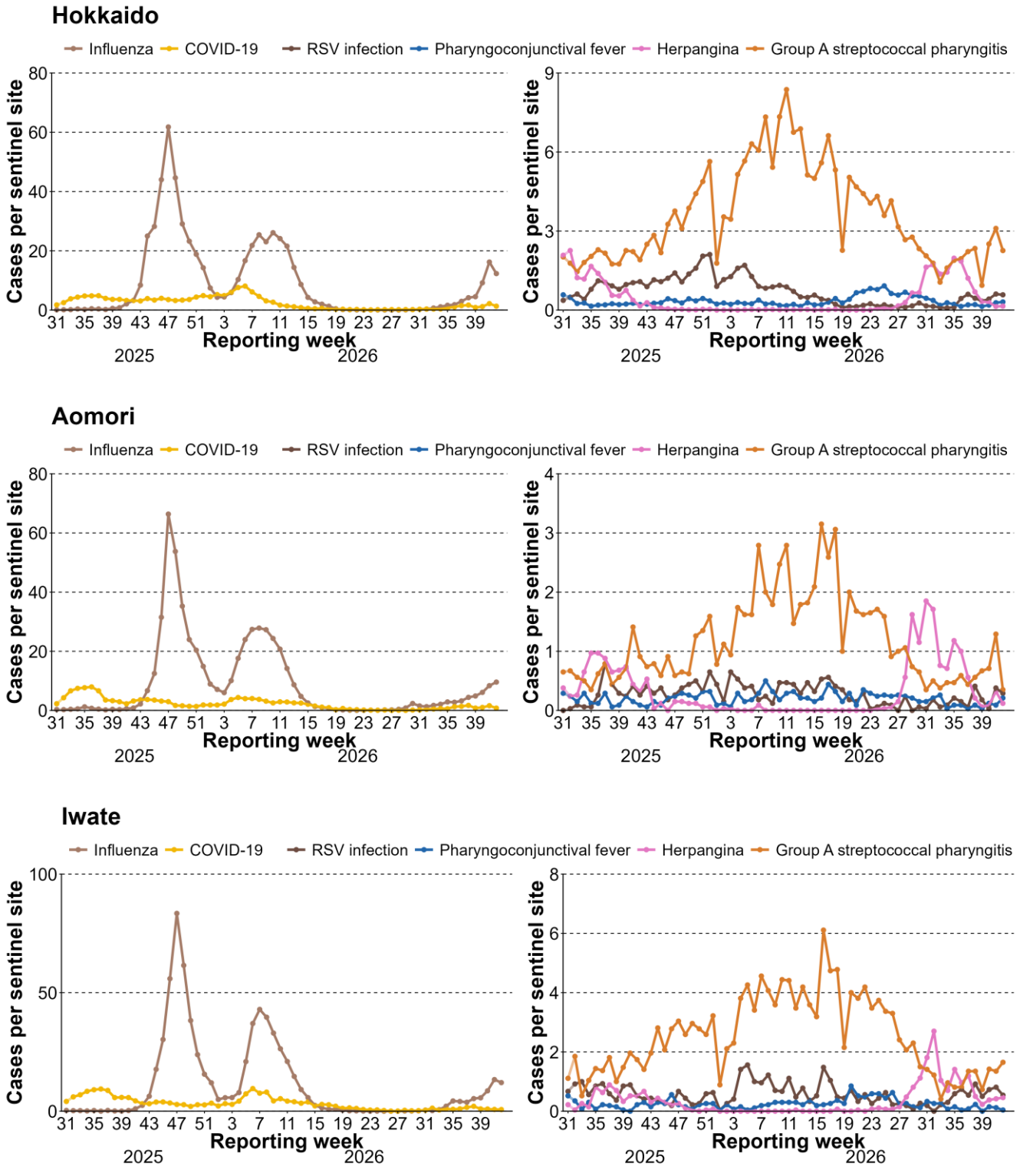
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

| Pathogen | Week 37 | Week 38 | Week 39 | Week 40 | Week 41 | Week 42 |
|---|---|---|---|---|---|---|
| Influenza A/H1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Influenza A/H1pdm09 | 0 | 0 | 1 | 1 | 0 | 0 |
| Influenza A/H3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Influenza A virus (subtype unknown) | 0 | 6 | 2 | 0 | 2 | 2 |
| Influenza B virus | 0 | 0 | 0 | 0 | 0 | 0 |
| SARS-CoV-2 | 1 | 0 | 0 | 1 | 0 | 0 |
| RSV | 2 | 0 | 1 | 0 | 1 | 4 |
| Parainfluenza virus type 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Parainfluenza virus type 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Parainfluenza virus type 3 | 3 | 0 | 0 | 0 | 2 | 0 |
| Parainfluenza virus type 4 | 0 | 0 | 0 | 0 | 0 | 1 |
| Parainfluenza virus (type unknown) | 0 | 0 | 0 | 0 | 0 | 0 |
| Rhinovirus/Enterovirus | 8 | 6 | 5 | 6 | 3 | 3 |
| Human metapneumovirus | 2 | 0 | 0 | 1 | 0 | 1 |
| Adenovirus | 3 | 0 | 0 | 1 | 1 | 1 |
| 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 |

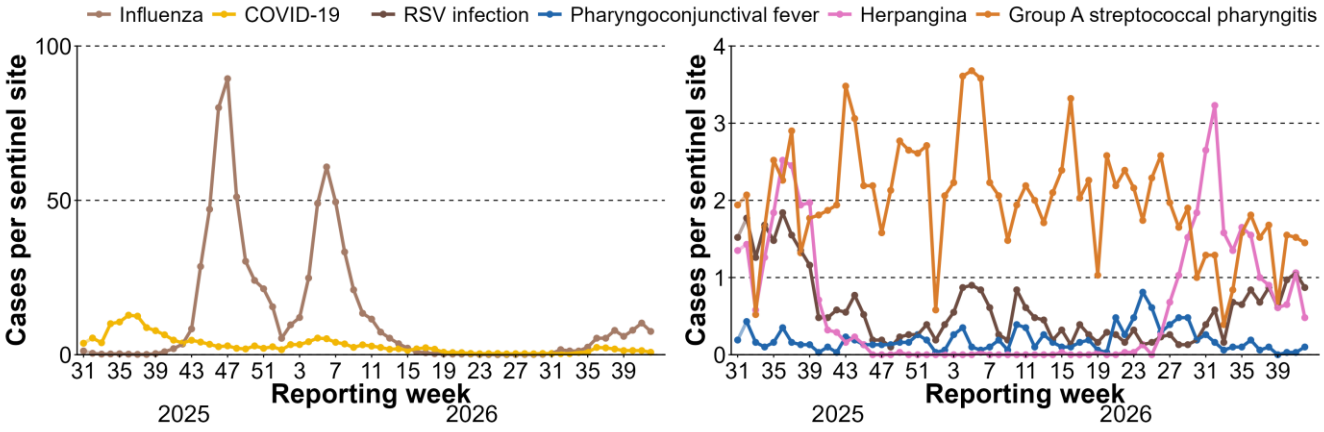
| Pathogen | Week 37 | Week 38 | Week 39 | Week 40 | Week 41 | Week 42 |
|---|---|---|---|---|---|---|
| Bordetella pertussis | 0 | 0 | 0 | 0 | 0 | 0 |
| Bordetella parapertussis | 0 | 0 | 0 | 0 | 0 | 0 |
| Chlamydia pneumoniae | 1 | 0 | 0 | 0 | 0 | 0 |
| Mycoplasma pneumoniae | 0 | 0 | 2 | 1 | 0 | 0 |

Source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: September 7, 2026 to October 18, 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 11 medical institutions participated between weeks 37–42.
Rhinovirus/Enterovirus indicates detection of either rhinovirus or enterovirus.
Records labeled only as “cov” or “flu” are excluded from this table.

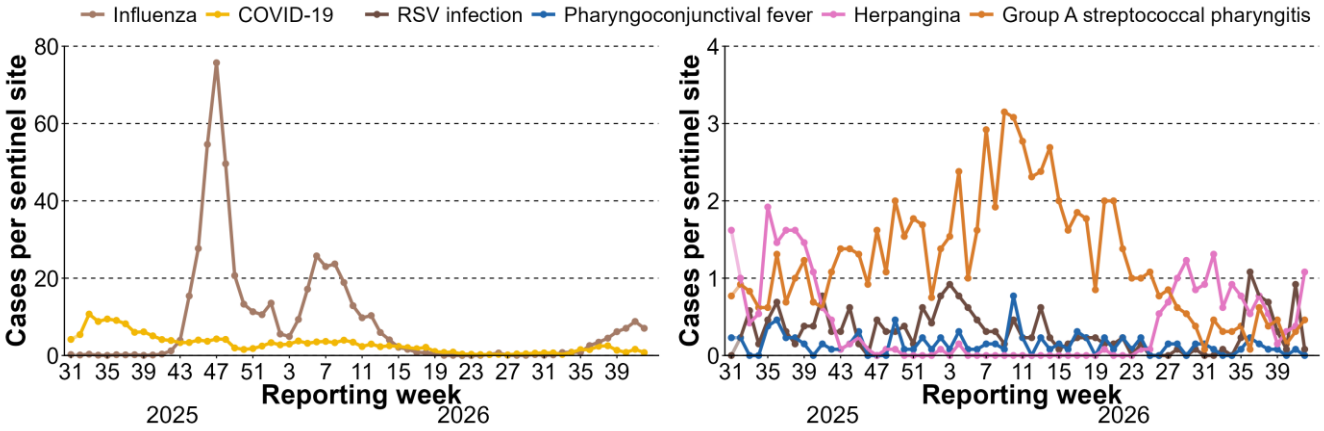
## Supplementary Information 2. Weekly cases per sentinel site by prefecture for each disease



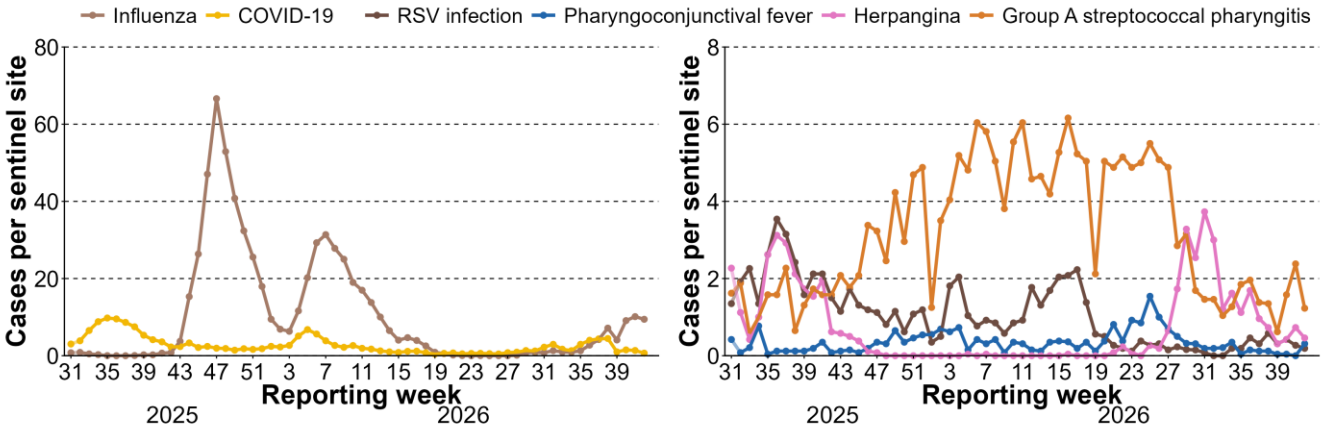
## Miyagi



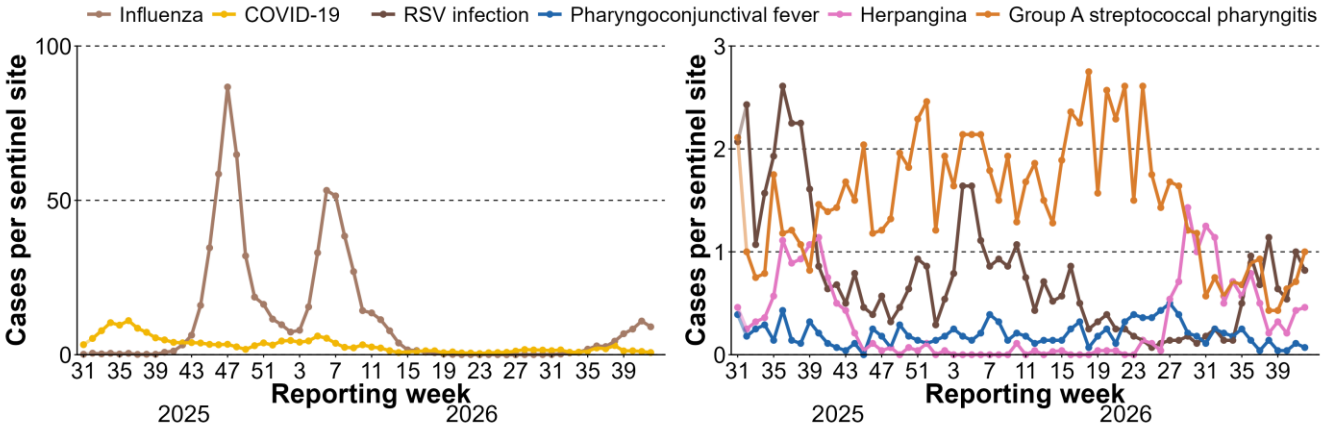

## Akita



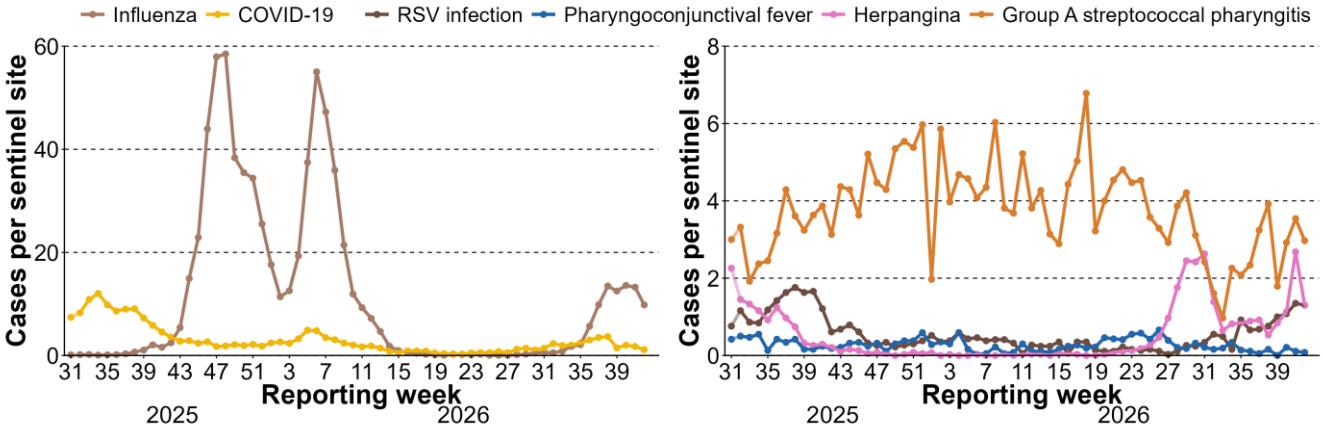

## Yamagata



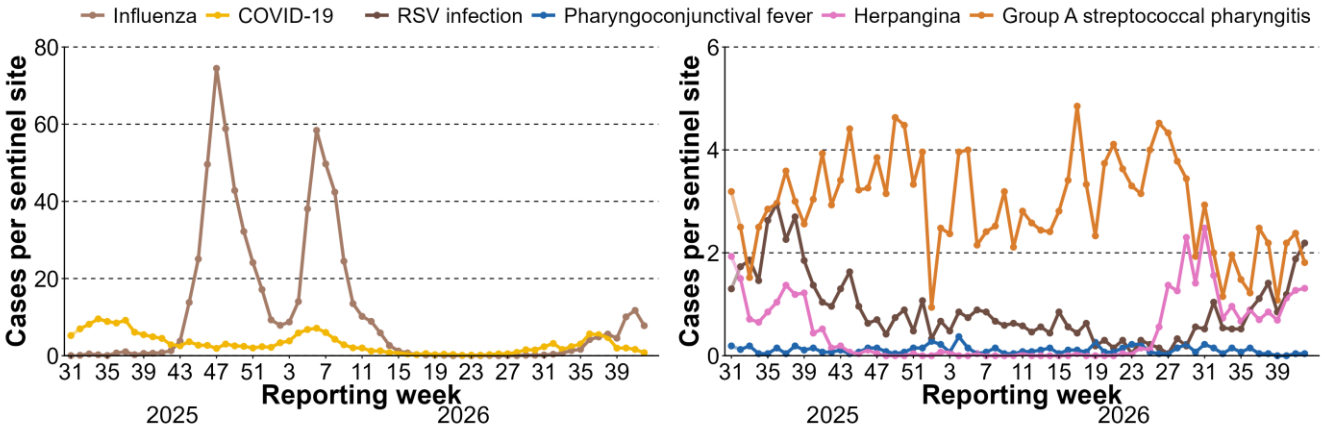
## Fukushima



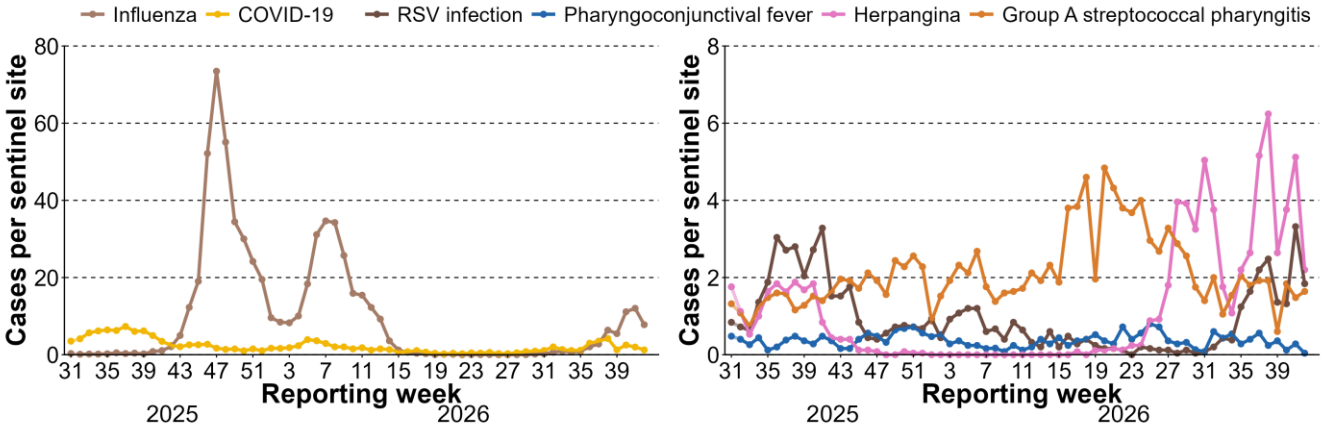

## Ibaraki



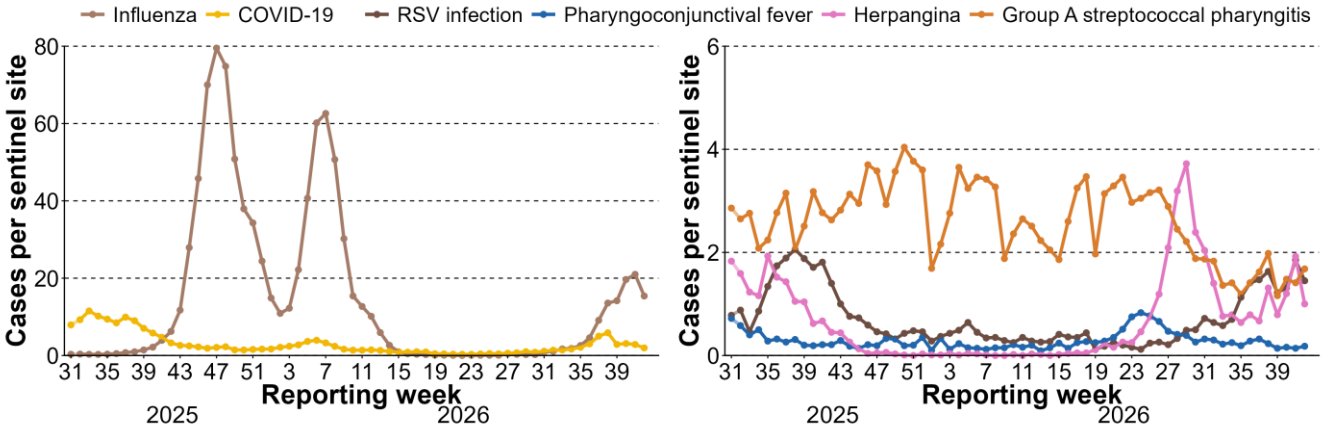

## Tochigi



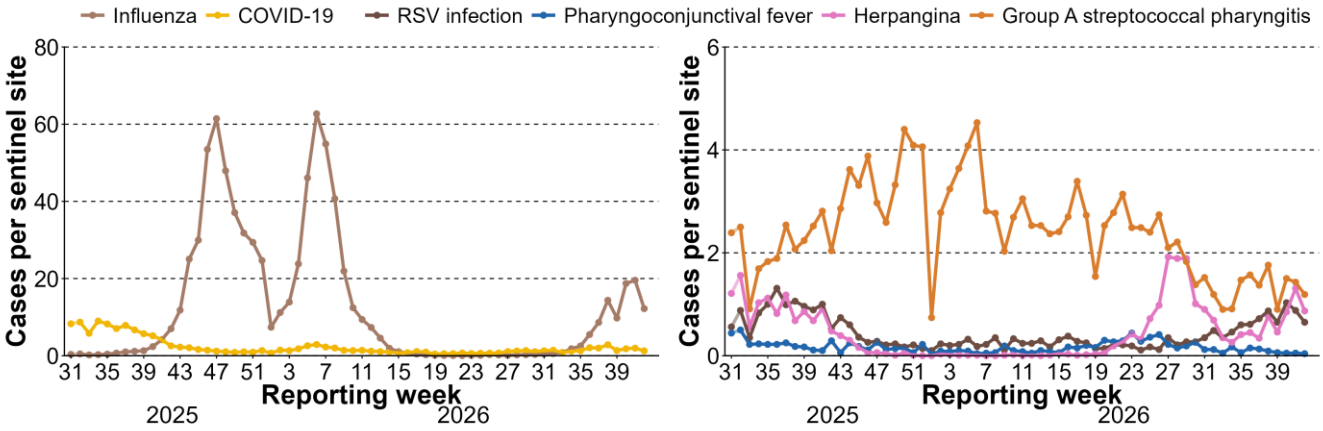
## Gunma



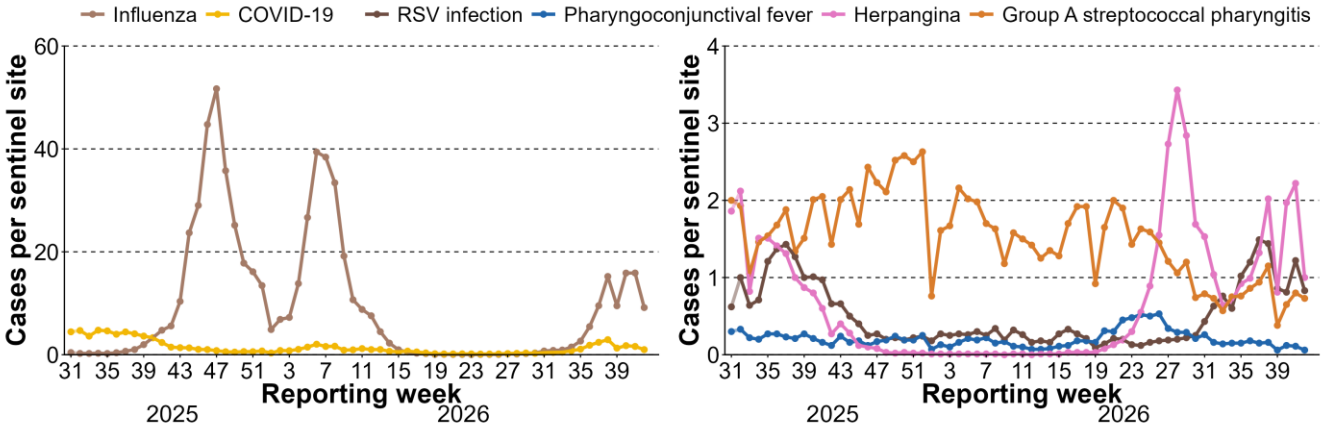

## Saitama



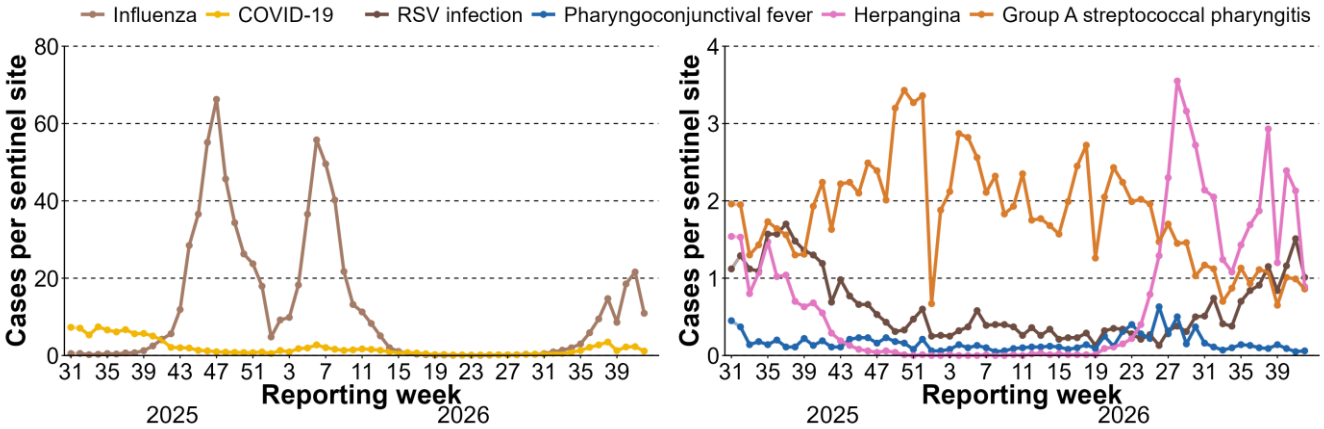

## Chiba



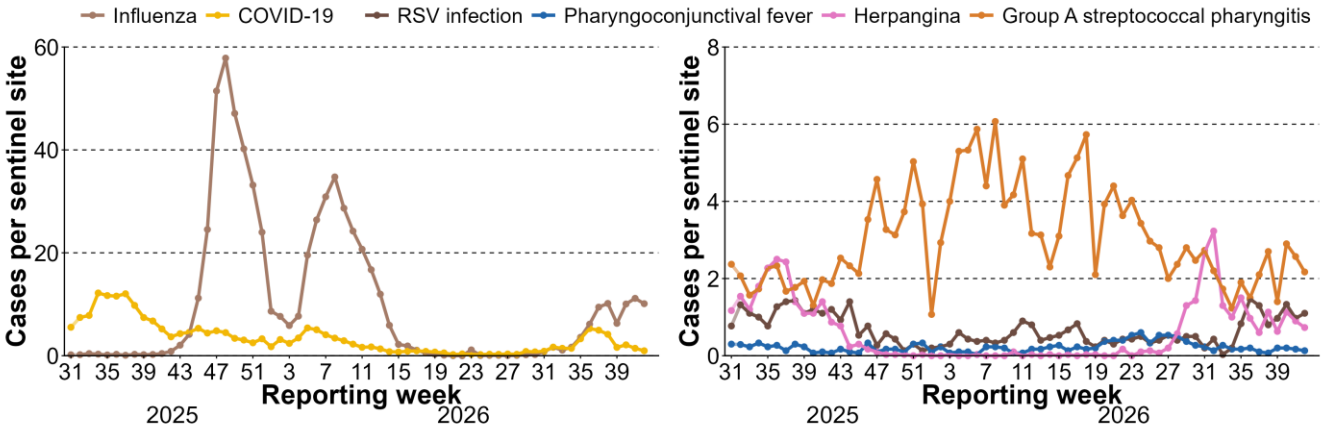
## Tokyo



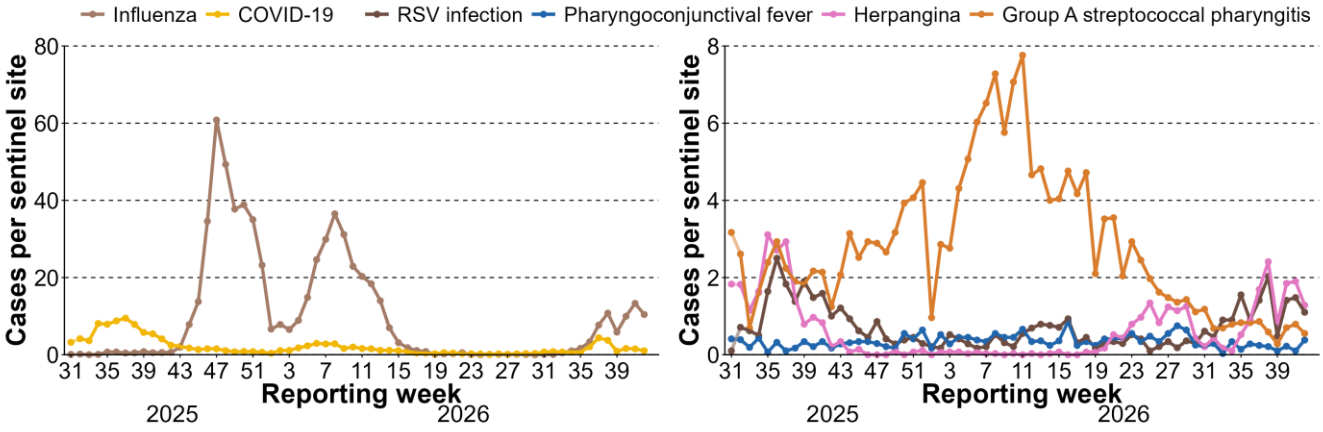

## Kanagawa



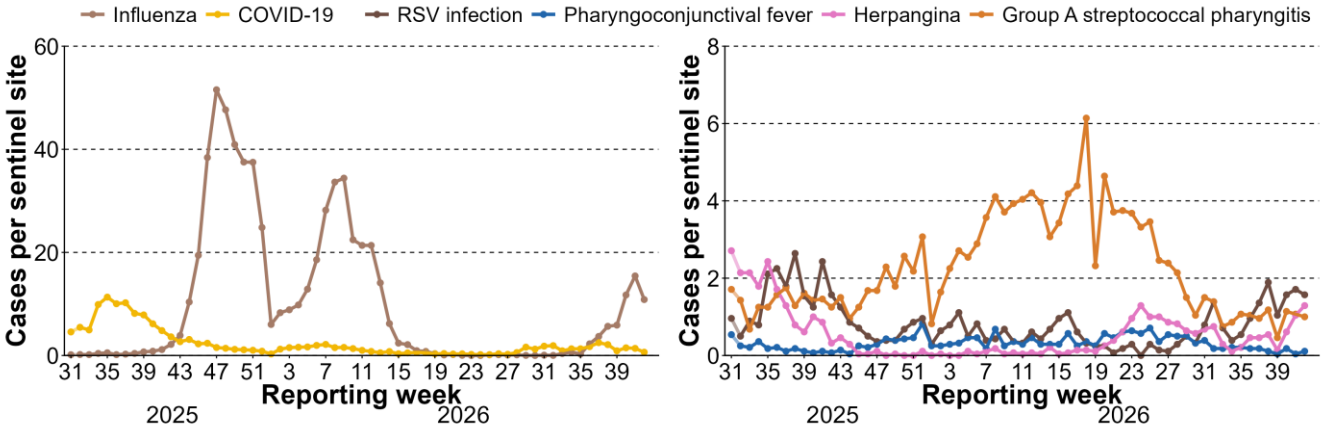

## Niigata



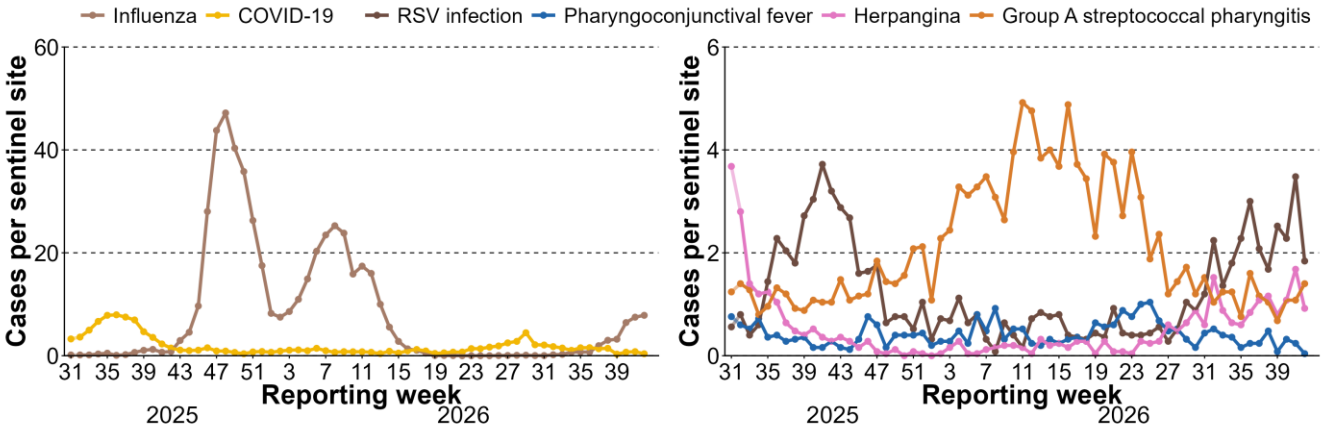
## Toyama



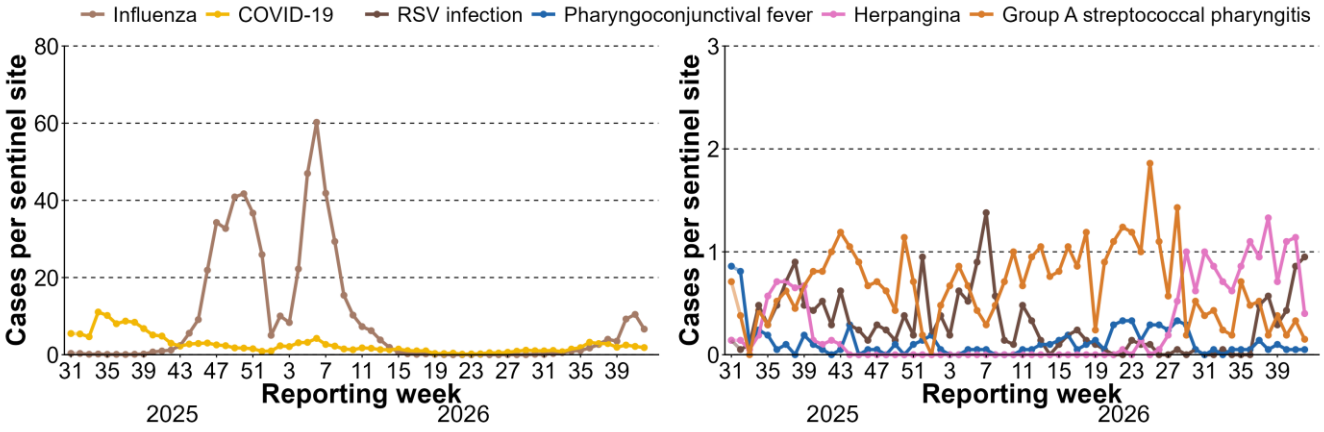

## Ishikawa



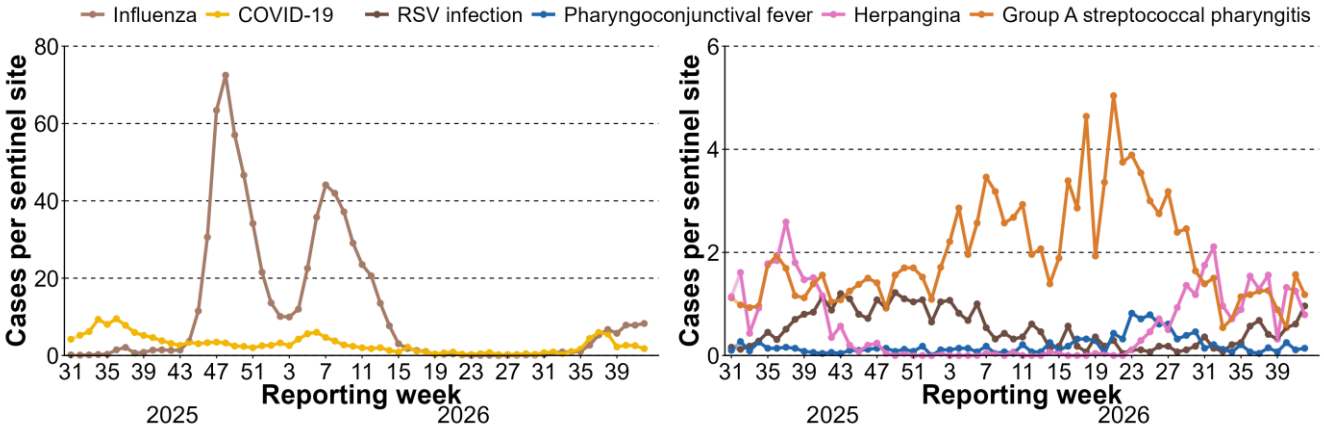

## Fukui



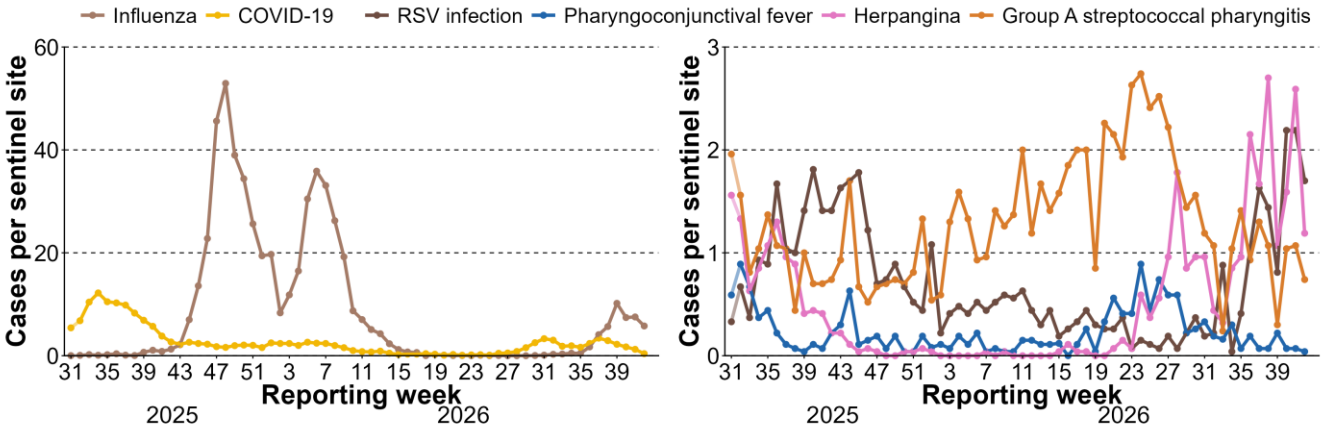
## Yamanashi



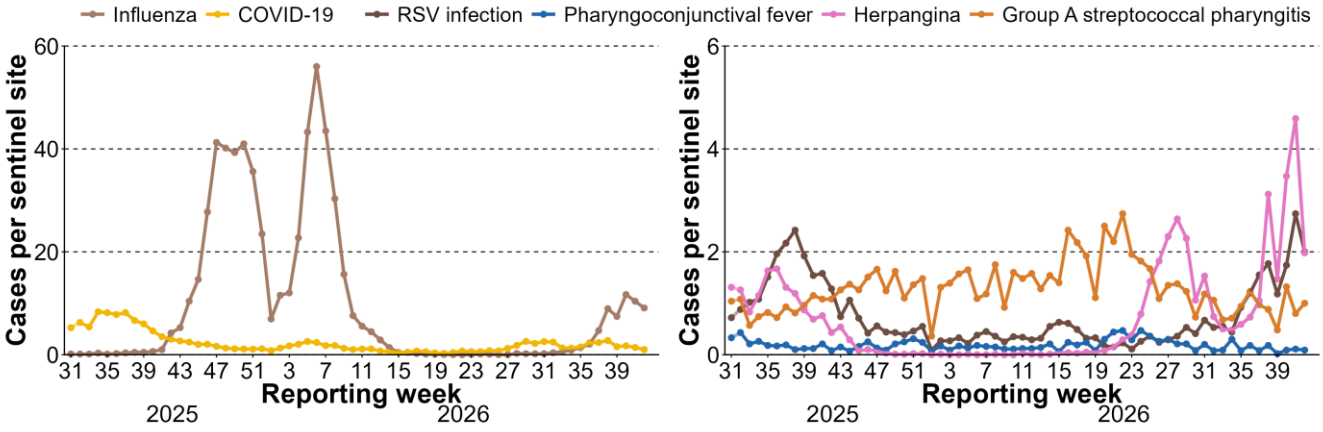

## Nagano



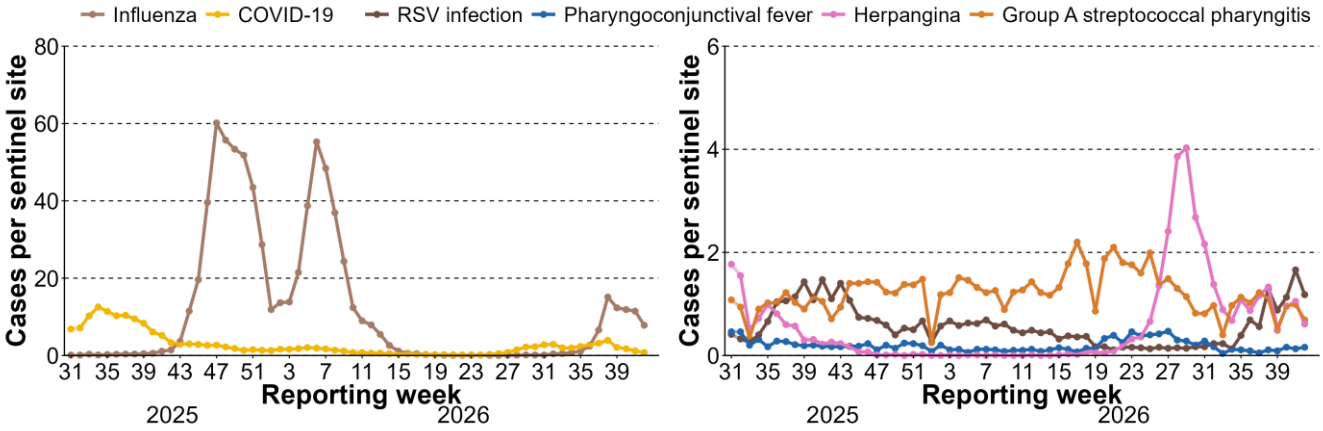

## Gifu



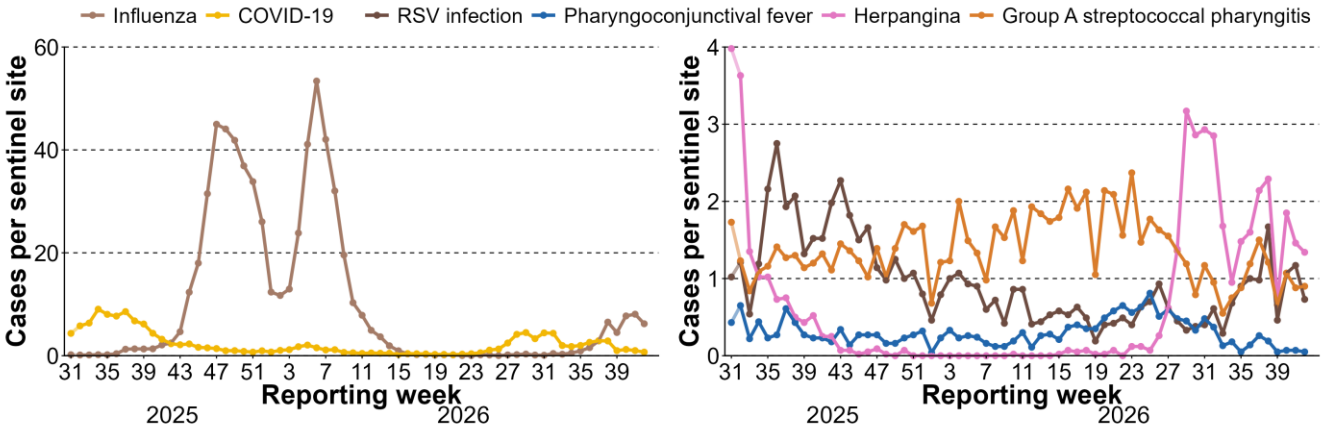
## Shizuoka



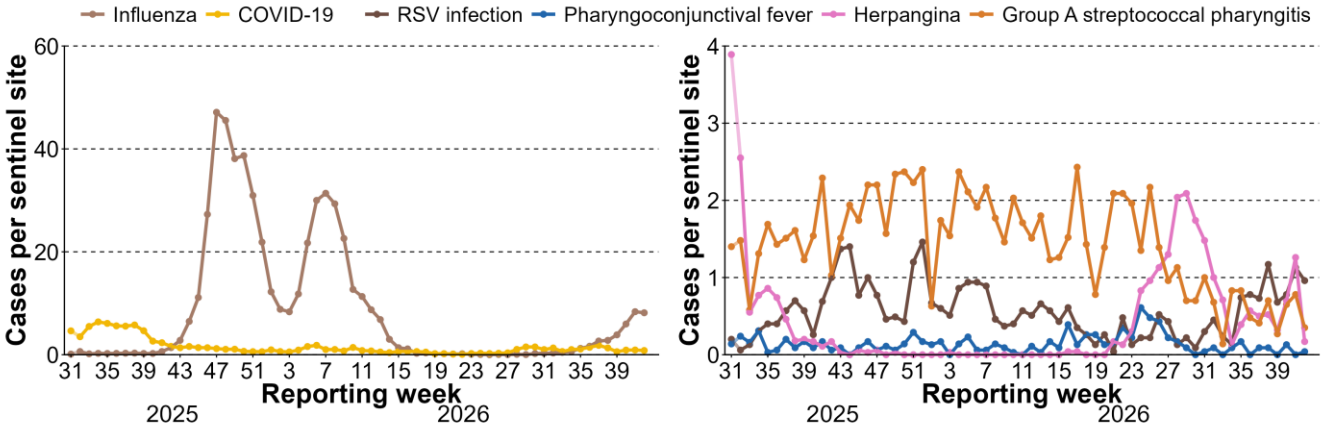

## Aichi



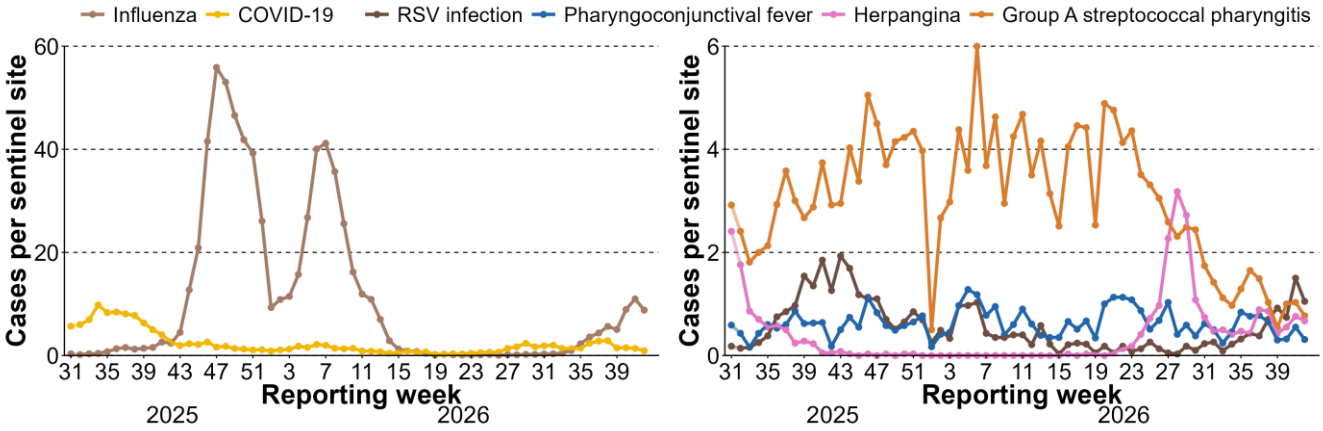

## Mie



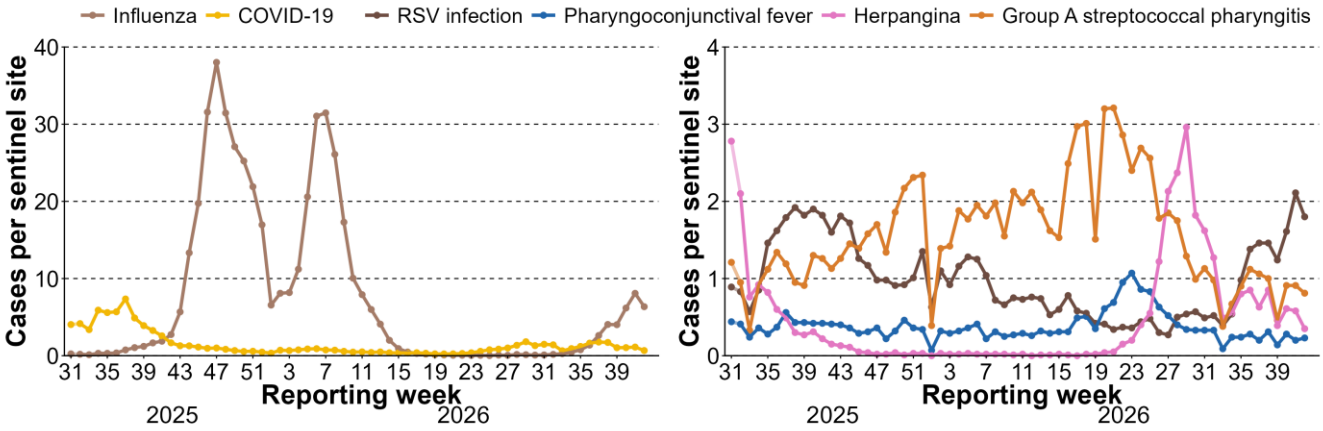
## Shiga



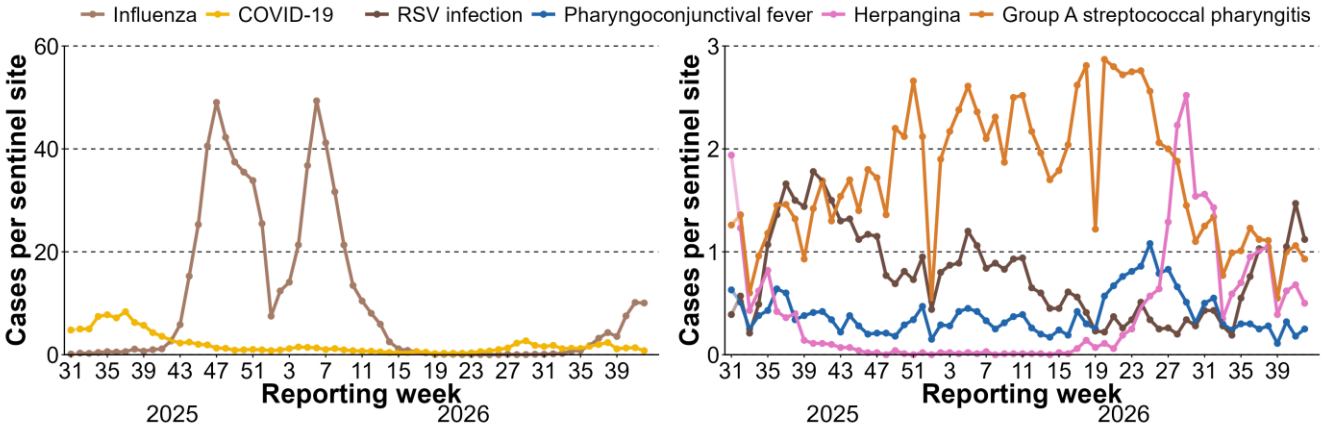

## Kyoto



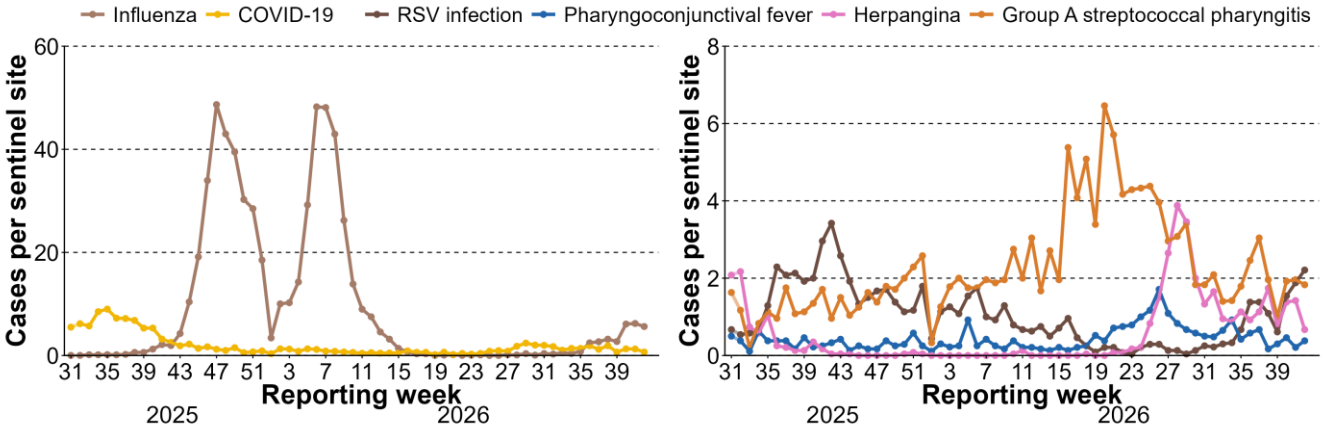

## Osaka



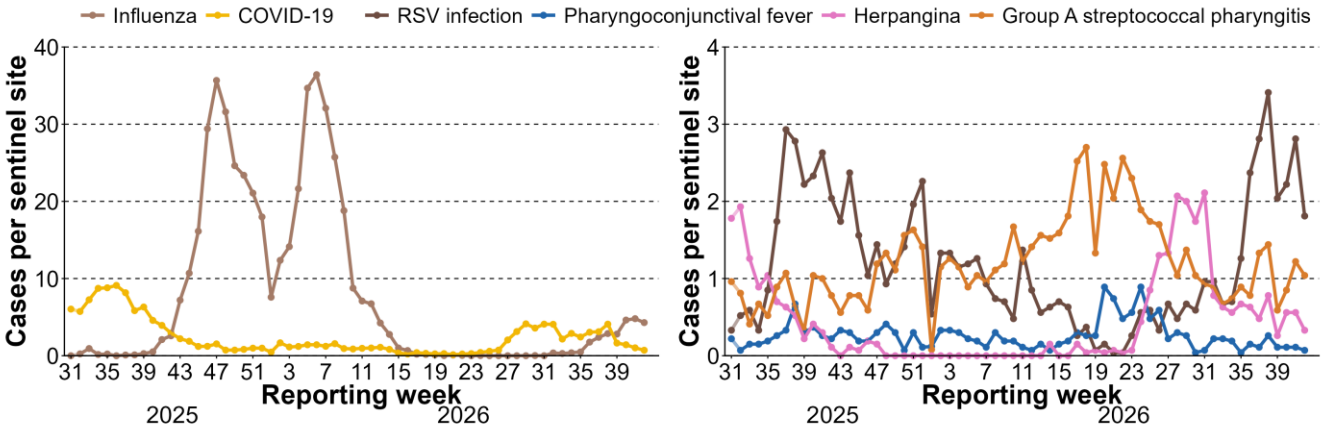
## Hyogo



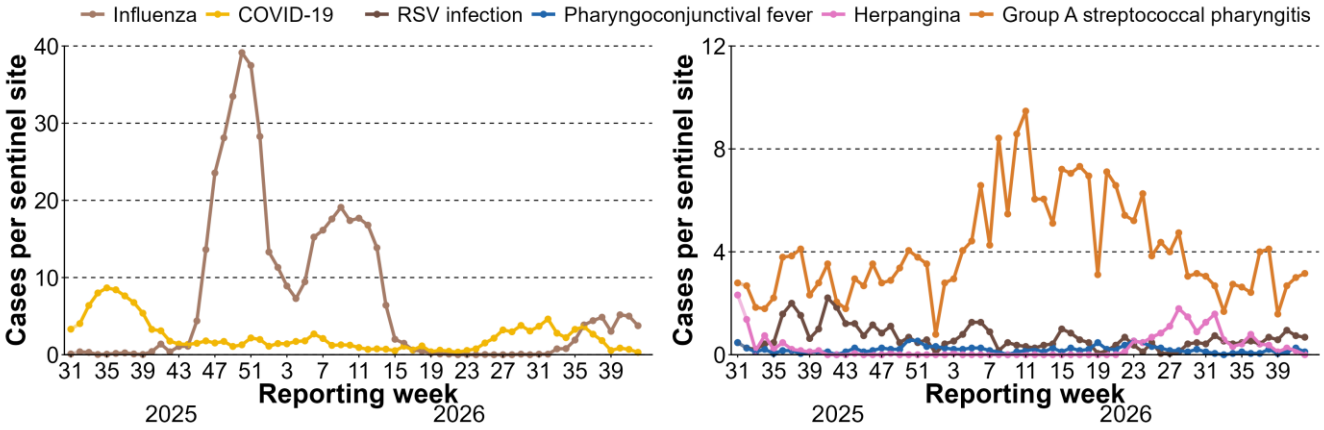

## Nara



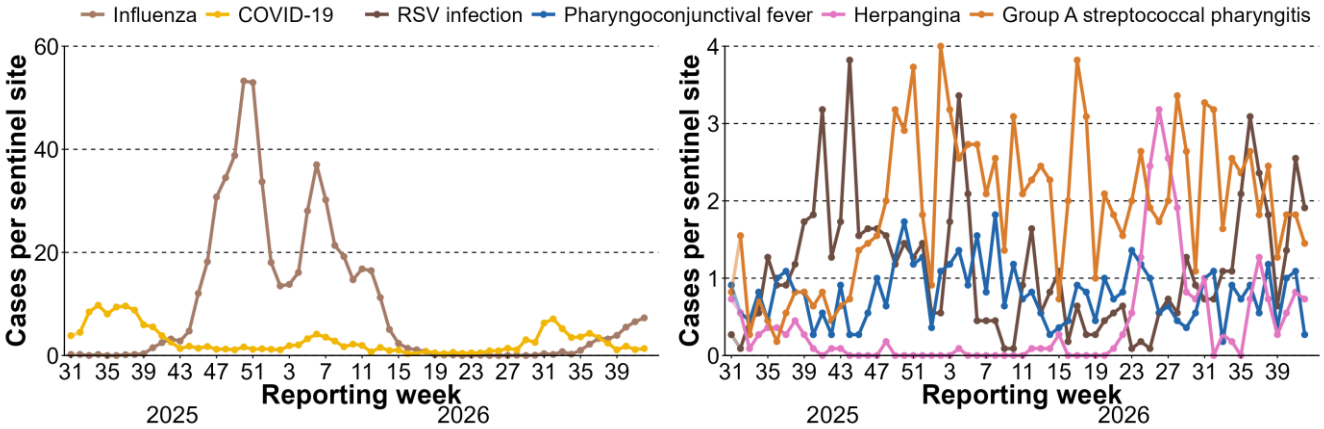

## Wakayama



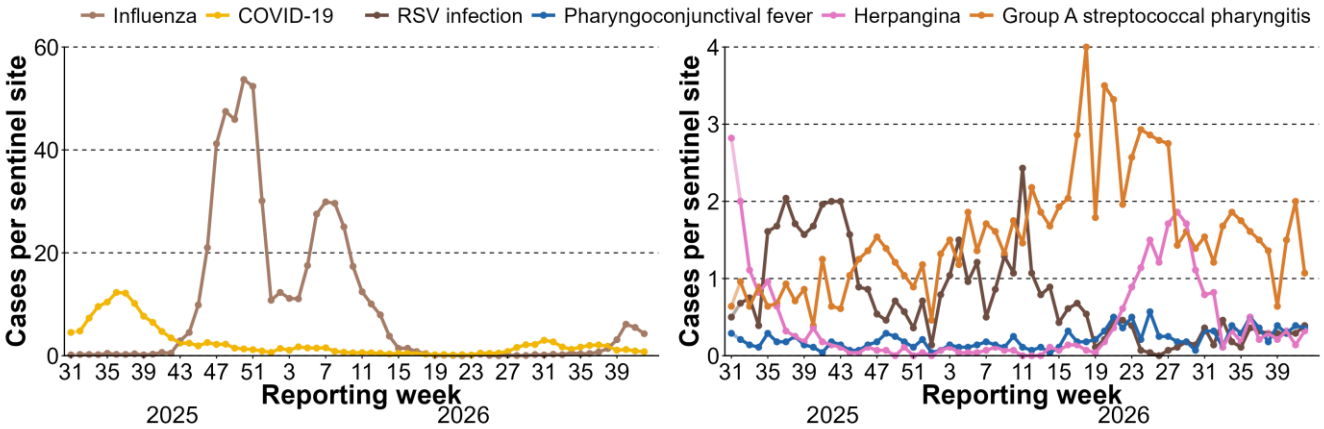
## Tottori



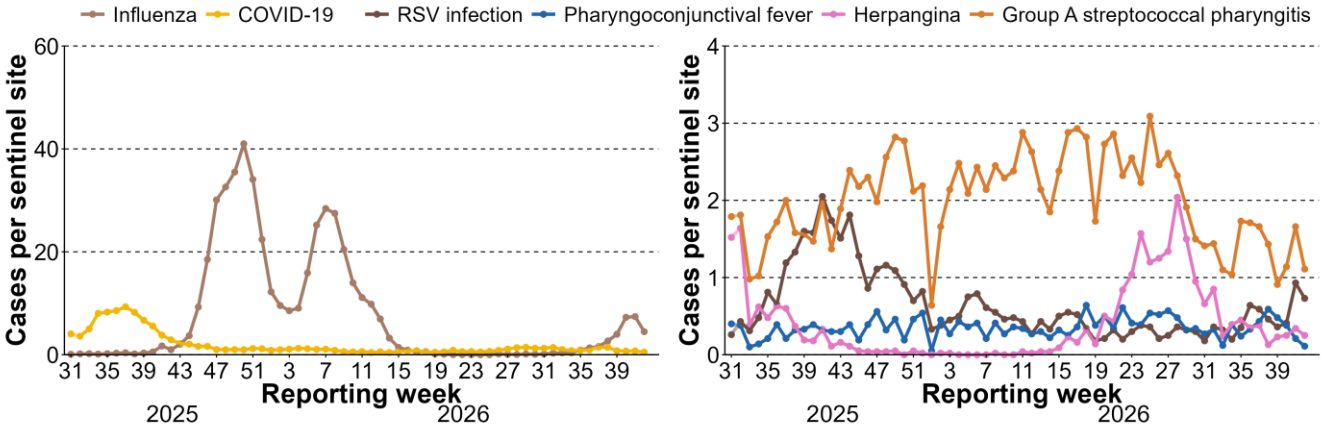

## Shimane



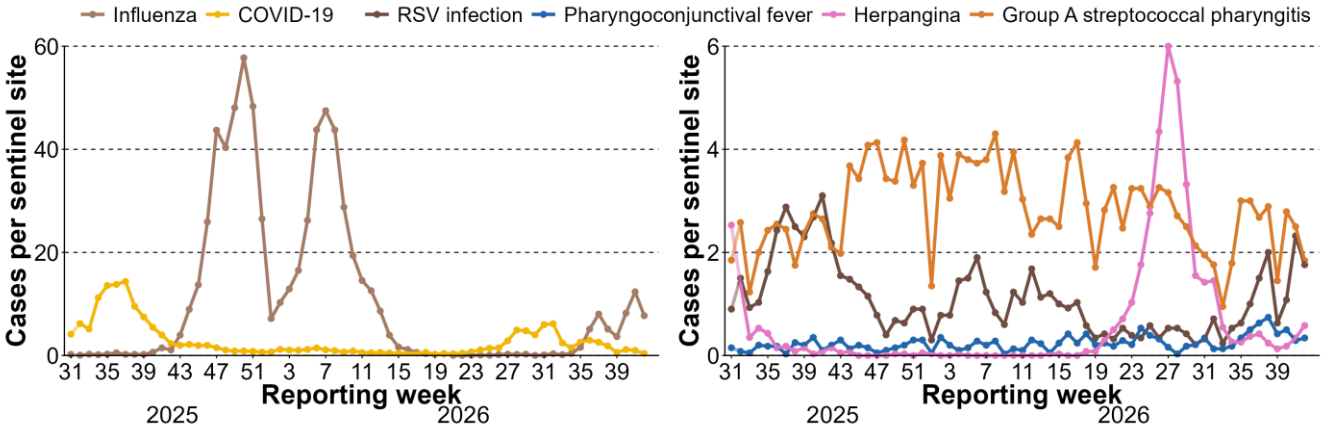

## Okayama



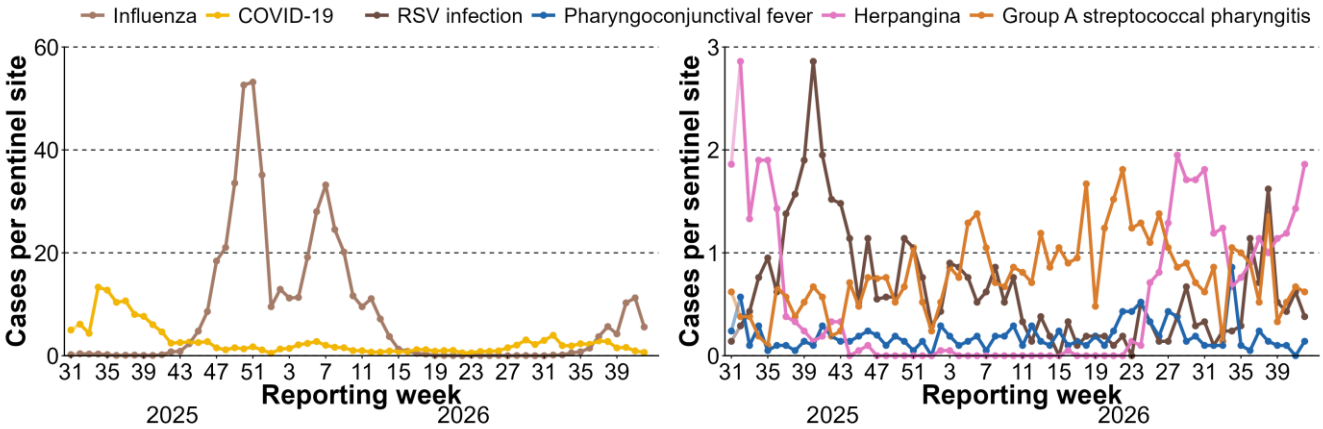
## Hiroshima



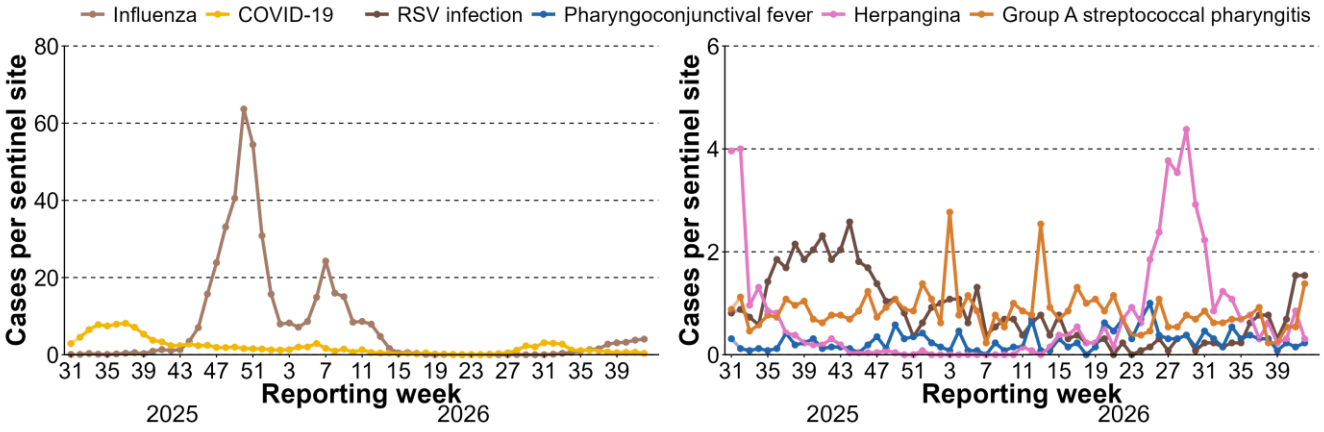

## Yamaguchi



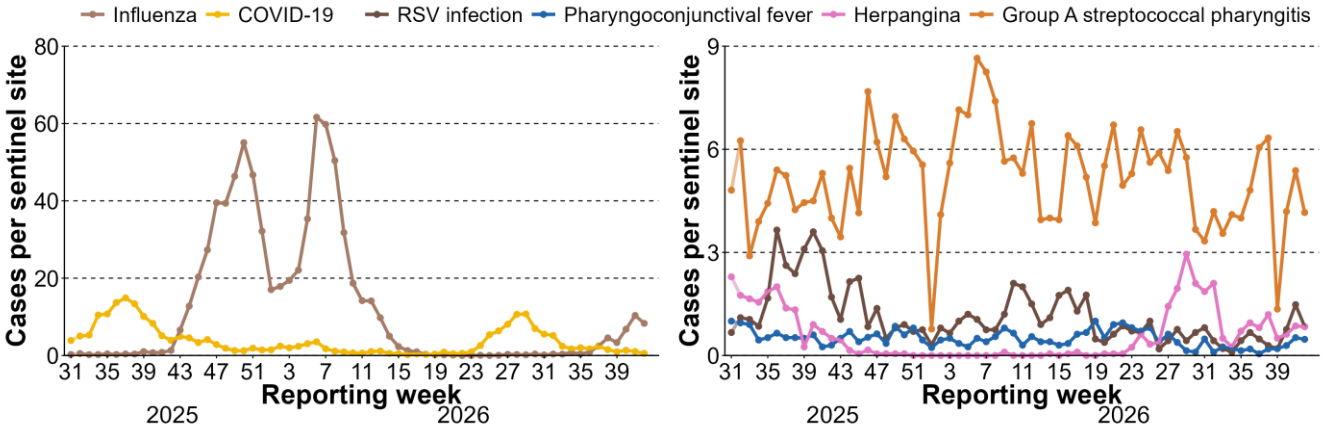

## Tokushima



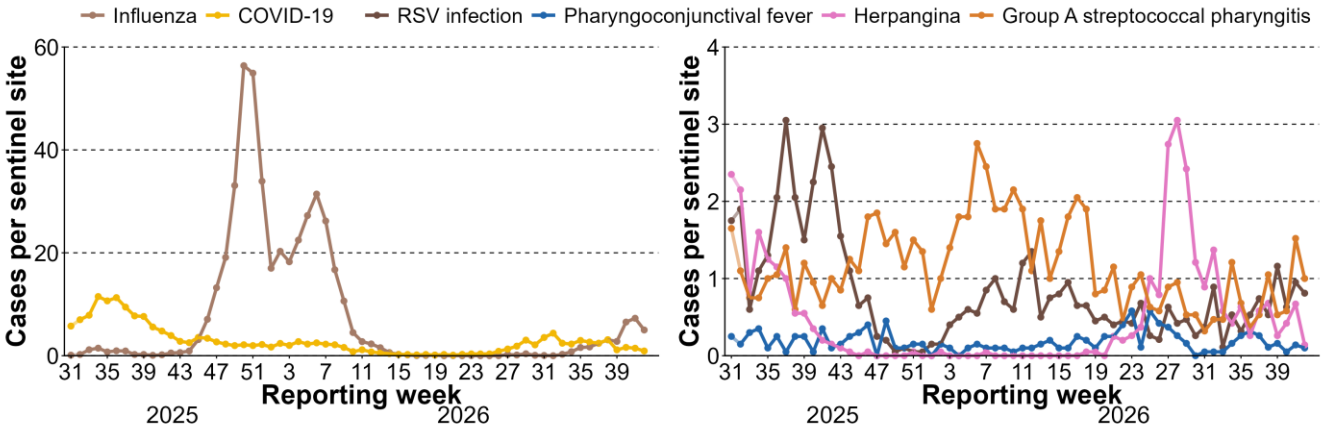
## Kagawa



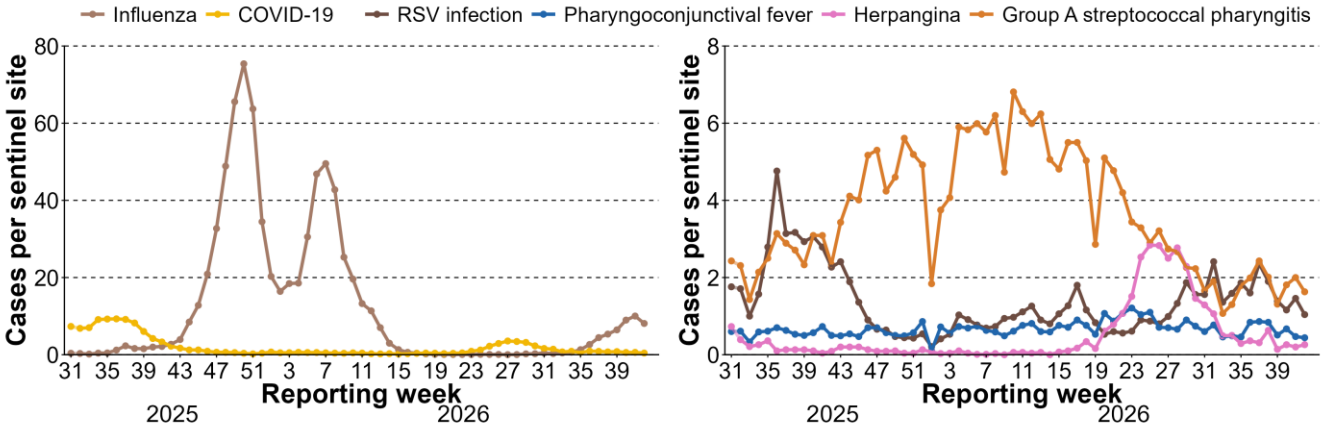

## Ehime



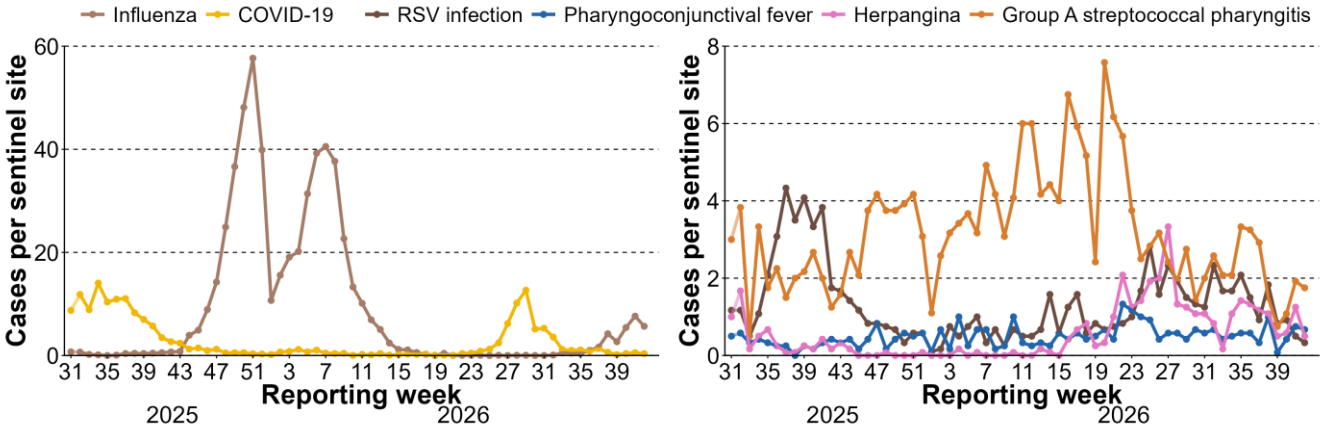

## Kochi



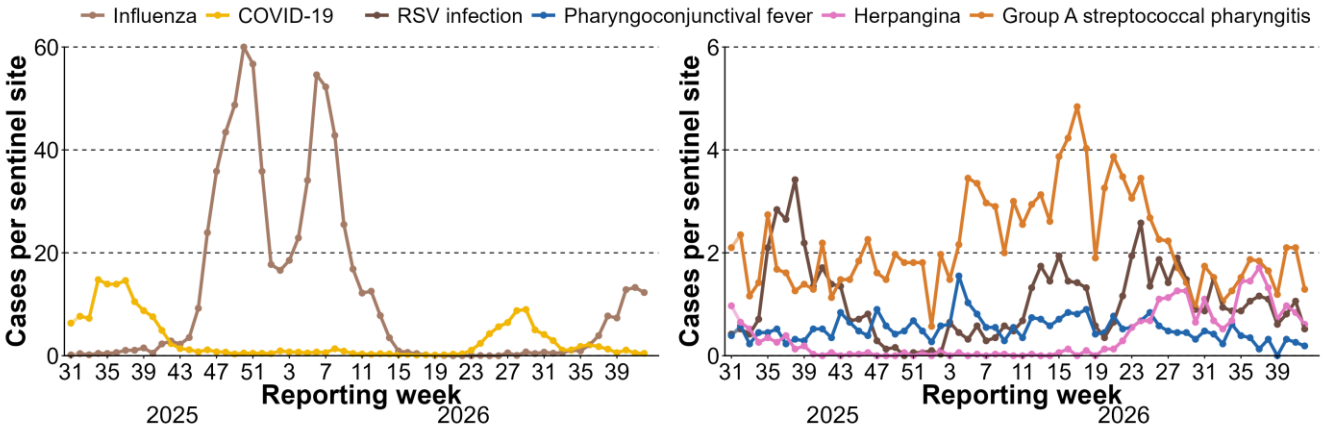
## Fukuoka



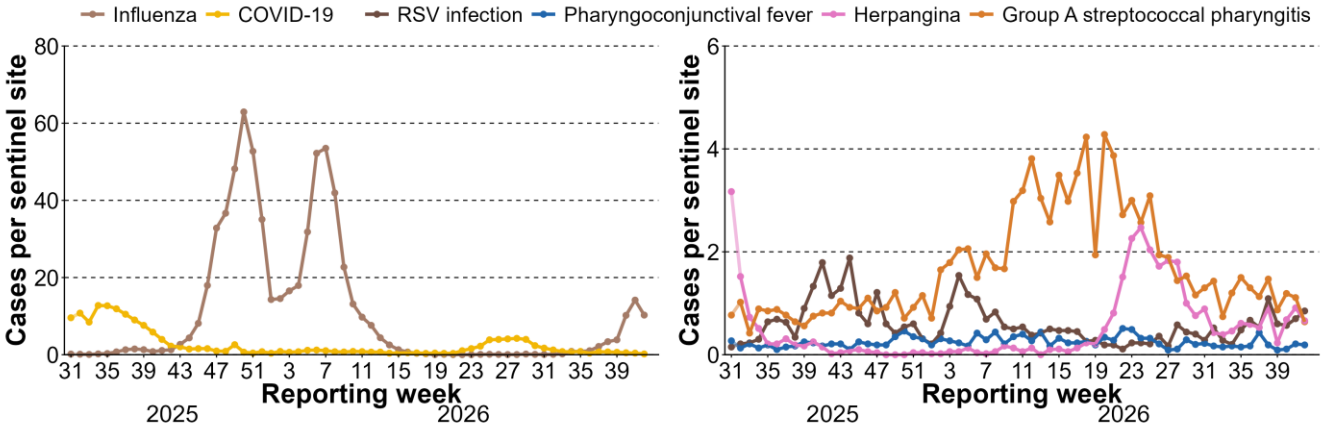

## Saga



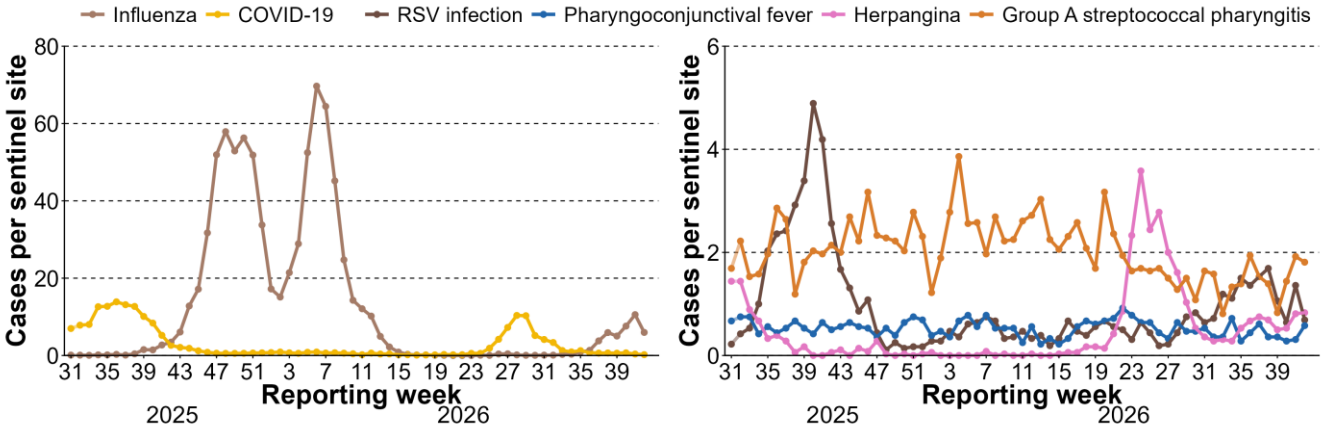

## Nagasaki



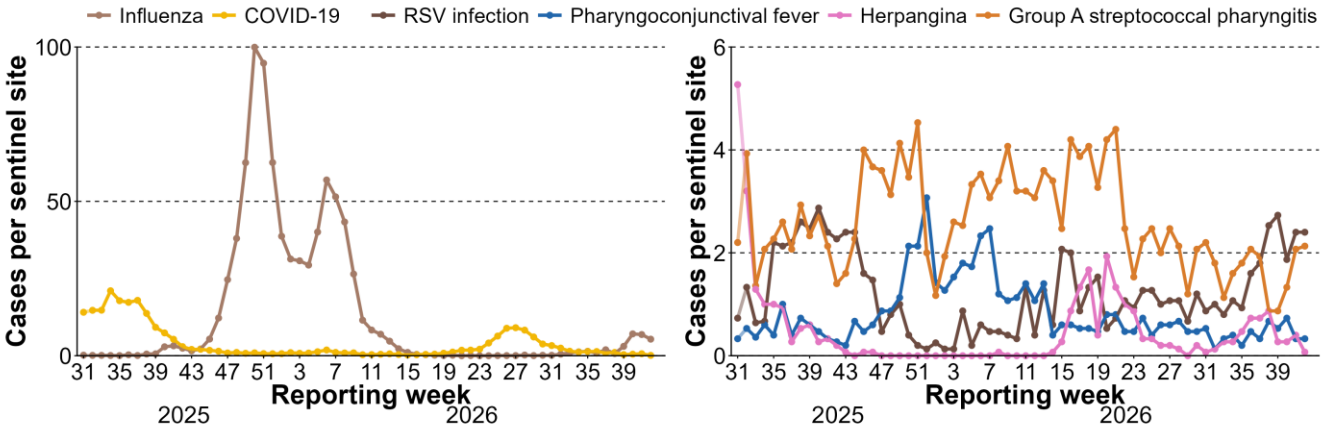
## Kumamoto

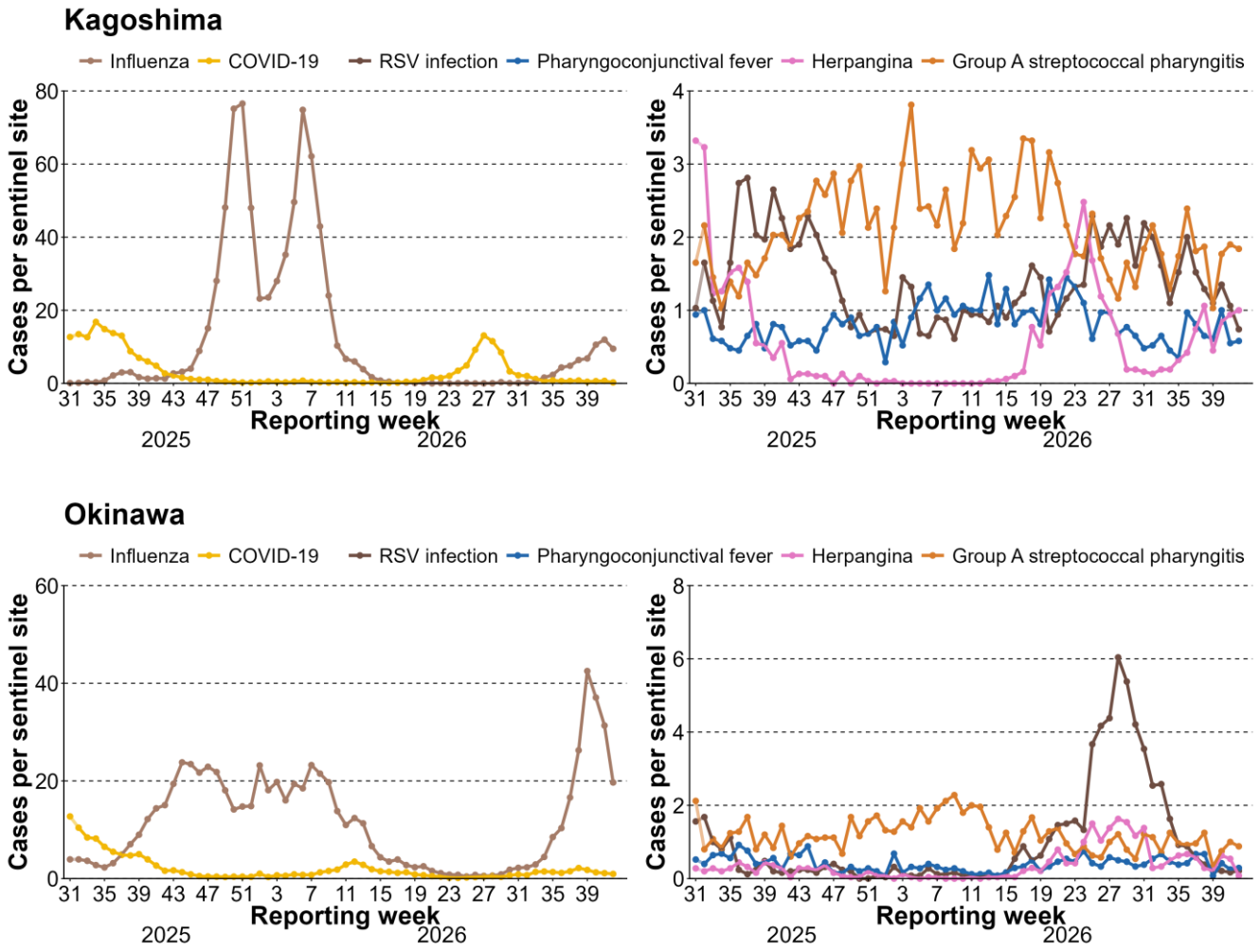



## Oita




## Miyazaki






Data source: Infectious Disease Surveillance in Japan; data as of October 21, 2026 (data range: July 28, 2025 – October 18, 2026)