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 43, 2026 (October 19, 2026 – October 25, 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 43 of 2026 (October 19, 2026–October 25, 2026), the number of ARI cases per sentinel site was 60.51 (225,234 cases), representing an increase compared with the previous week. A total of 42 prefectures showed an increase in ARI cases per sentinel site compared with the previous week.

The number of cases reported per sentinel site for each disease was 9.49 for influenza, 0.83 for COVID-19, 1.36 for group A streptococcal pharyngitis, 1.12 for RSV infection, 0.71 for herpangina, and 0.21 for pharyngoconjunctival fever. A total of 931 new hospital admissions due to influenza were reported, representing a decrease of 52 cases compared with the previous week. 194 new hospital

admissions due to COVID-19 were reported, representing a decrease of 31 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 43 of 2026 and reported by the time of analysis, 4 specimens tested positive for influenza A virus, 2 specimens tested positive for RSV, and no specimens tested positive for influenza B virus and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

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1. Patient Surveillance

1.1. Nationwide Cases per Sentinel Site

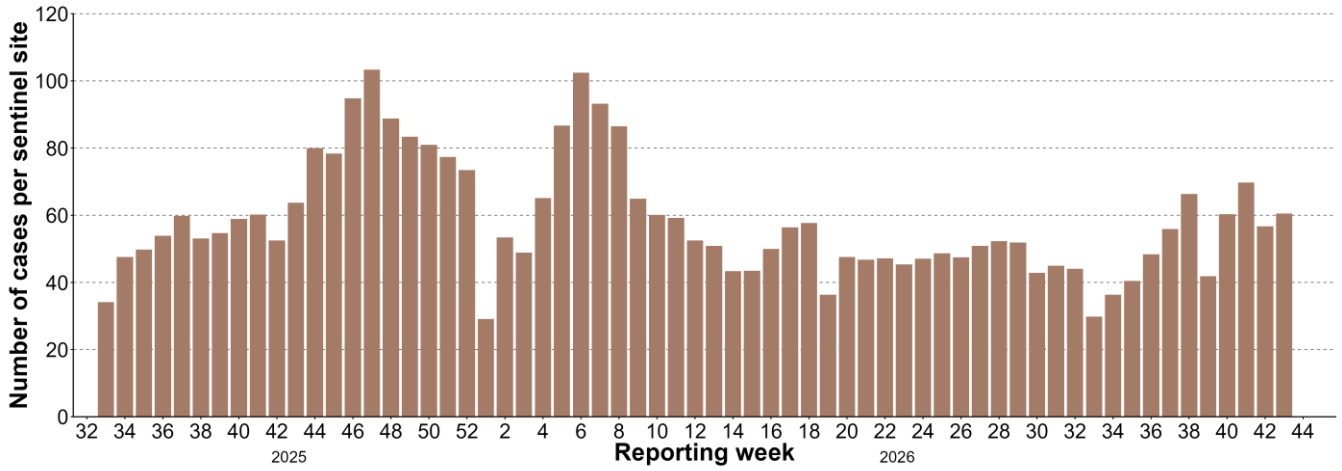
In week 43 of 2026, a total of 3,722 ARI sentinel sites nationwide reported ARI cases. The number of cases per sentinel site was 60.51 (225,234 cases in total) (Figure 1), corresponding to a week-on-week ratio of 1.07 compared with the previous week.

Among reports from ARI sentinel sites, the number of cases per sentinel site was 9.49 for influenza (35,440 cases) and 0.83 for COVID-19 (3,109 cases) (Figure 1A). The number of reporting sentinel sites was 3,733.

Among reports from pediatric sentinel sites, the number of cases per sentinel site was 1.12 for RSV infection (2,528 cases), 0.21 for pharyngoconjunctival fever (465 cases), 0.71 for herpangina (1,607 cases), and 1.36 for group A streptococcal pharyngitis (3,067 cases) (Figure 1B). The number of reporting pediatric sentinel sites was 2,255.

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

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



Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 2026).

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

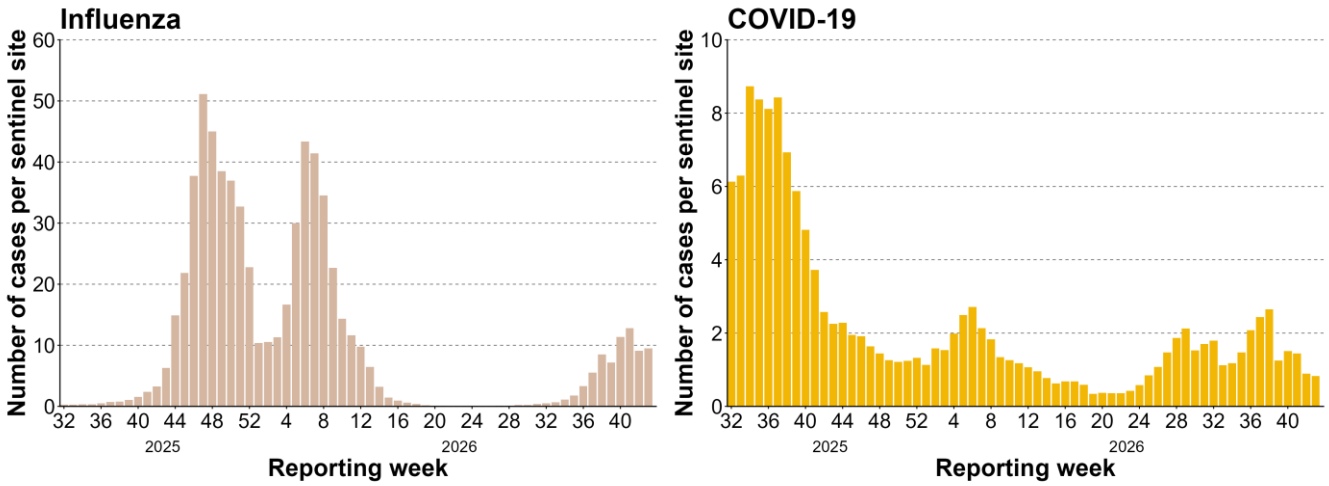
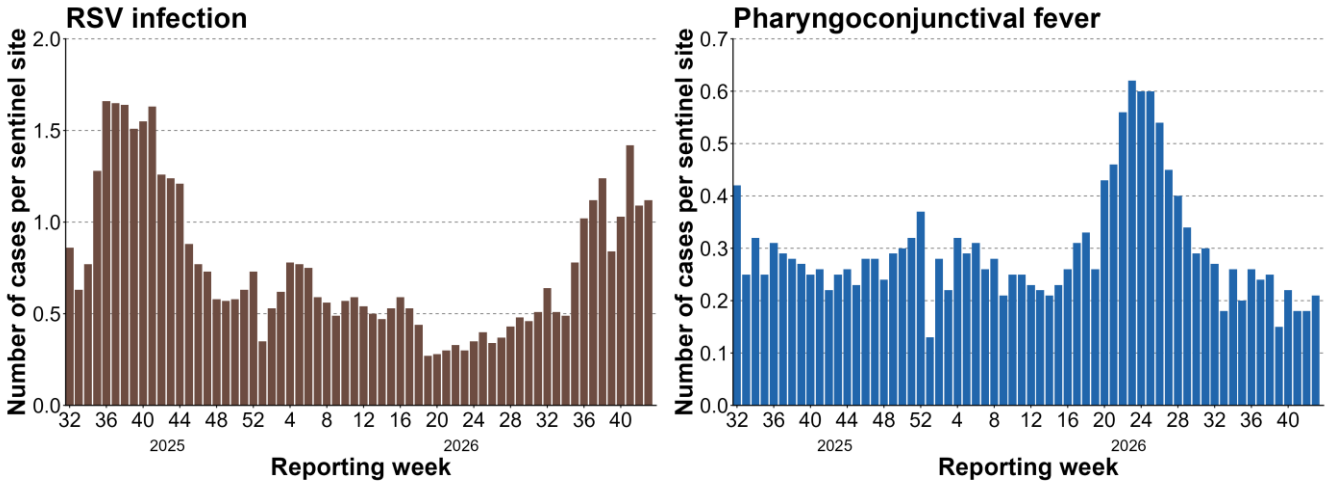
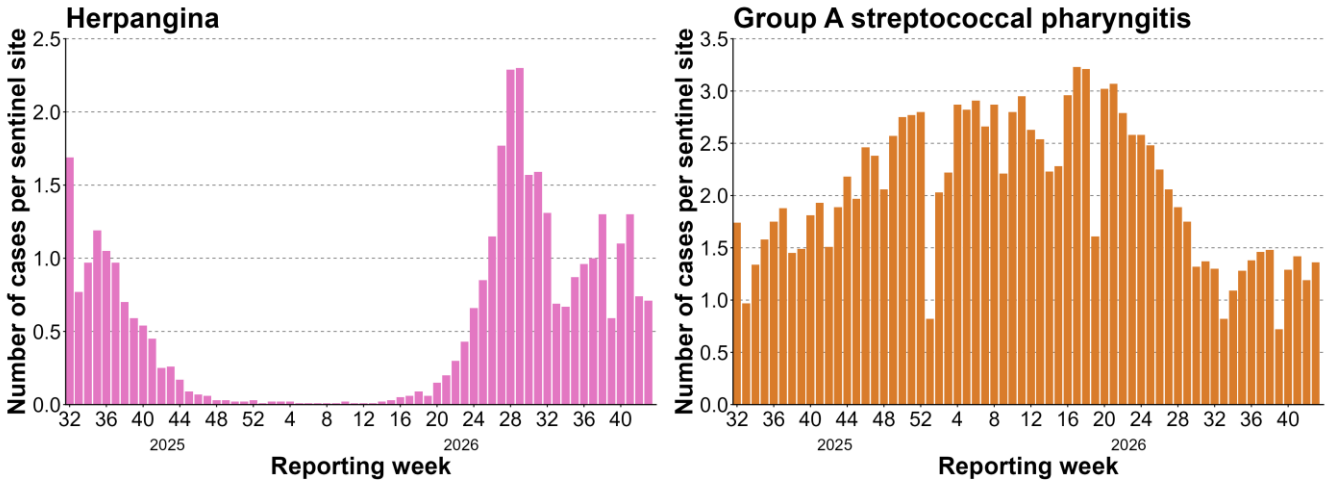


Figure 1B. Weekly number of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis cases reported per pediatric sentinel site





Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 2026)
Note: The number of cases reported is reproduced in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.

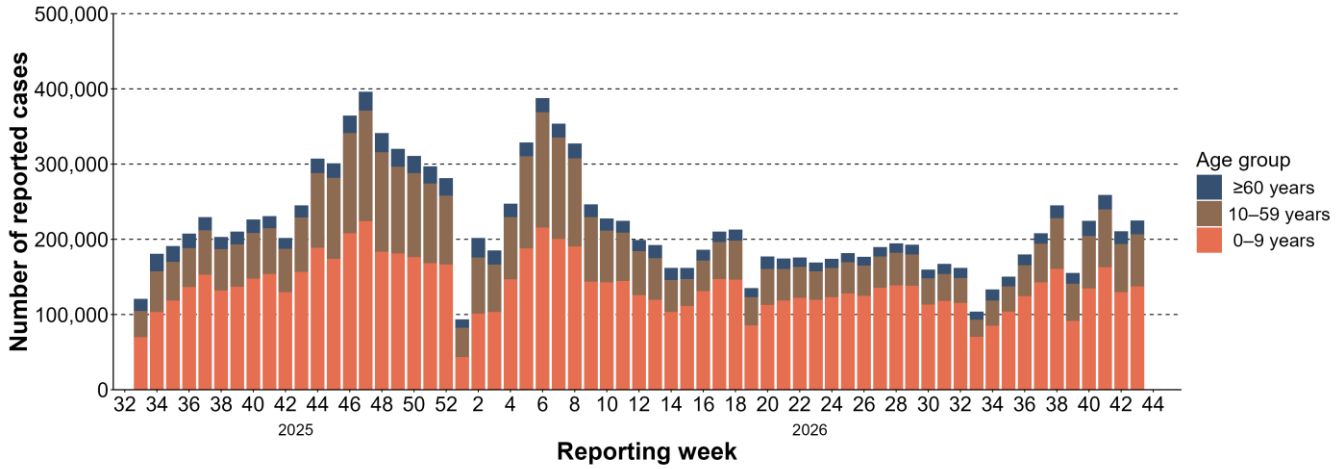
1.2. Nationwide Reported Cases by Age Group

Among ARI cases reported from sentinel sites in week 43 of 2026, the number of reported cases by age group was 137,555 cases among individuals aged 0–9 years (week-on-week ratio: 1.06), 69,276 cases among individuals aged 10–59 years (week-on-week ratio: 1.08), and 18,403 cases among individuals aged 60 years and older (week-on-week ratio: 1.07) (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, 3,422 influenza cases and 605 COVID-19 cases were reported among individuals aged 60 years and older; of these, 850 influenza cases and 196 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 28, 2026 (data range: August 4, 2025 – October 25, 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

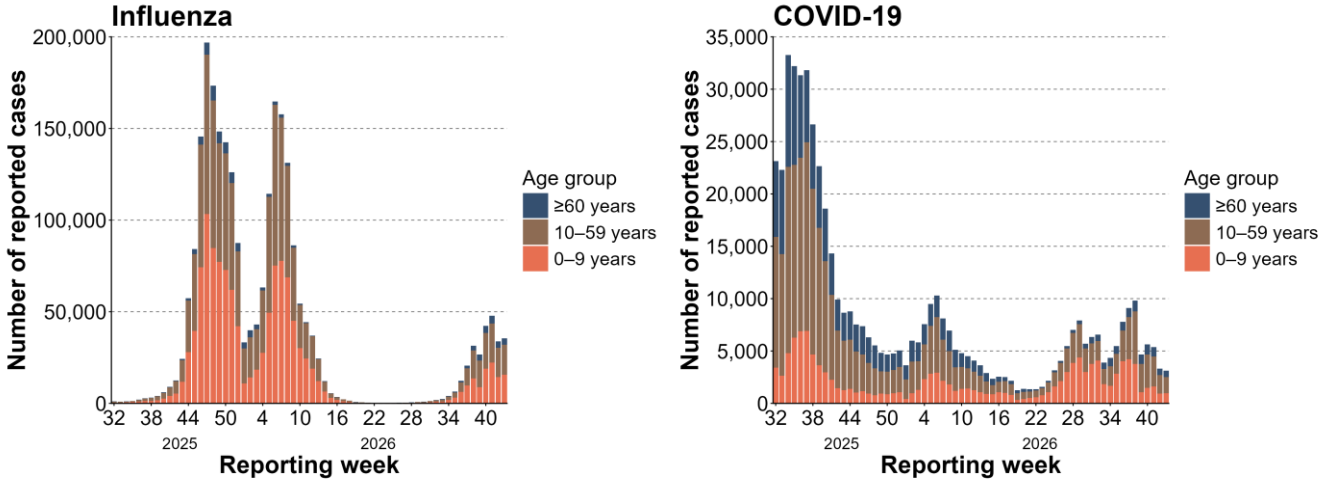
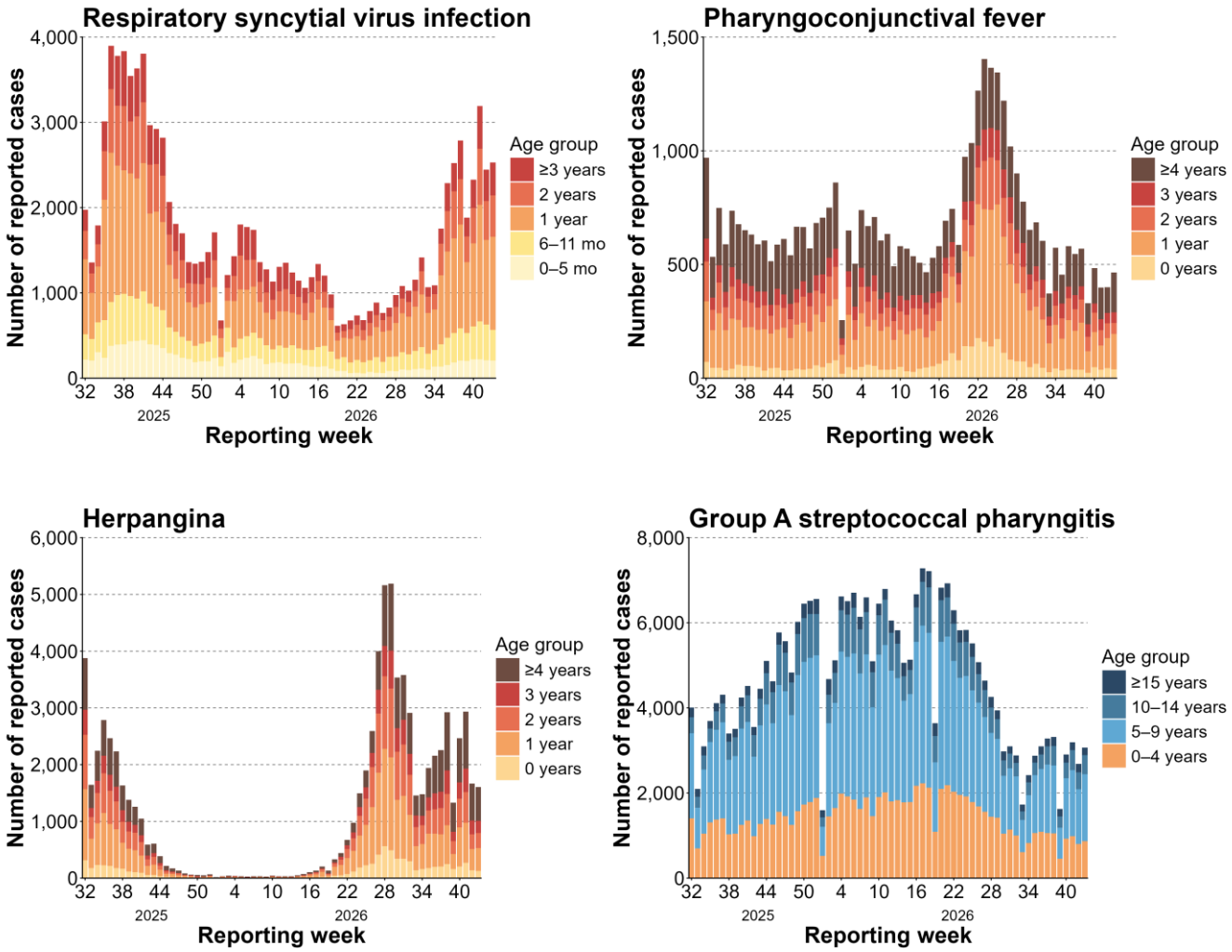


Figure 2B. Weekly number of reported cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis by age group



Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 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 43

Age group	Influenza	COVID-19
0–9 years	15,697	980
	(1.09)	(1.06)

Age group	Influenza	COVID-19
10–59 years	16,321	1,524
	(1.02)	(0.86)
≥60 years	3,422	605
	(0.97)	(0.97)
Total	35,440	3,109
	(1.05)	(0.94)

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 43

Age group	RSV infection	Pharyngoconjunctival fever	Herpangina	Group A streptococcal pharyngitis
0 years	565	39	130	6
	(0.90)	(0.89)	(0.94)	(0.30)
1–4 years	1,895	293	1,061	861
	(1.07)	(1.04)	(1.02)	(1.10)
5–14 years	63	123	403	2,021
	(1.24)	(1.78)	(0.85)	(1.20)
≥15 years	5	10	13	179
	(1.67)	(2.50)	(1.18)	(0.91)
Total	2,528	465	1,607	3,067
	(1.03)	(1.16)	(0.96)	(1.14)

Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: October 19, 2026 – October 25, 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 43 of 2026, the three prefectures with the highest numbers of ARI cases per sentinel site were Iwate (116.73), Saitama (93.47), and Gunma (91.36) (Figure 3A). The number of prefectures in which cases per sentinel site increased compared with the previous week was 42 (Table 2). Across all prefectures, the numbers of cases per sentinel site ranged from 34.21 to 116.73 (Figure 4).

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

Figure 3A. Number of ARI cases reported per ARI sentinel site by prefecture in week 43

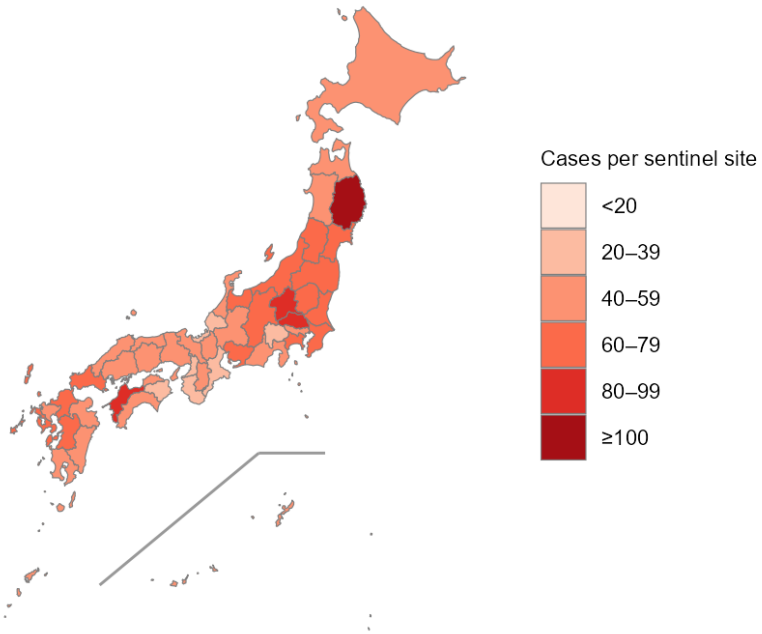
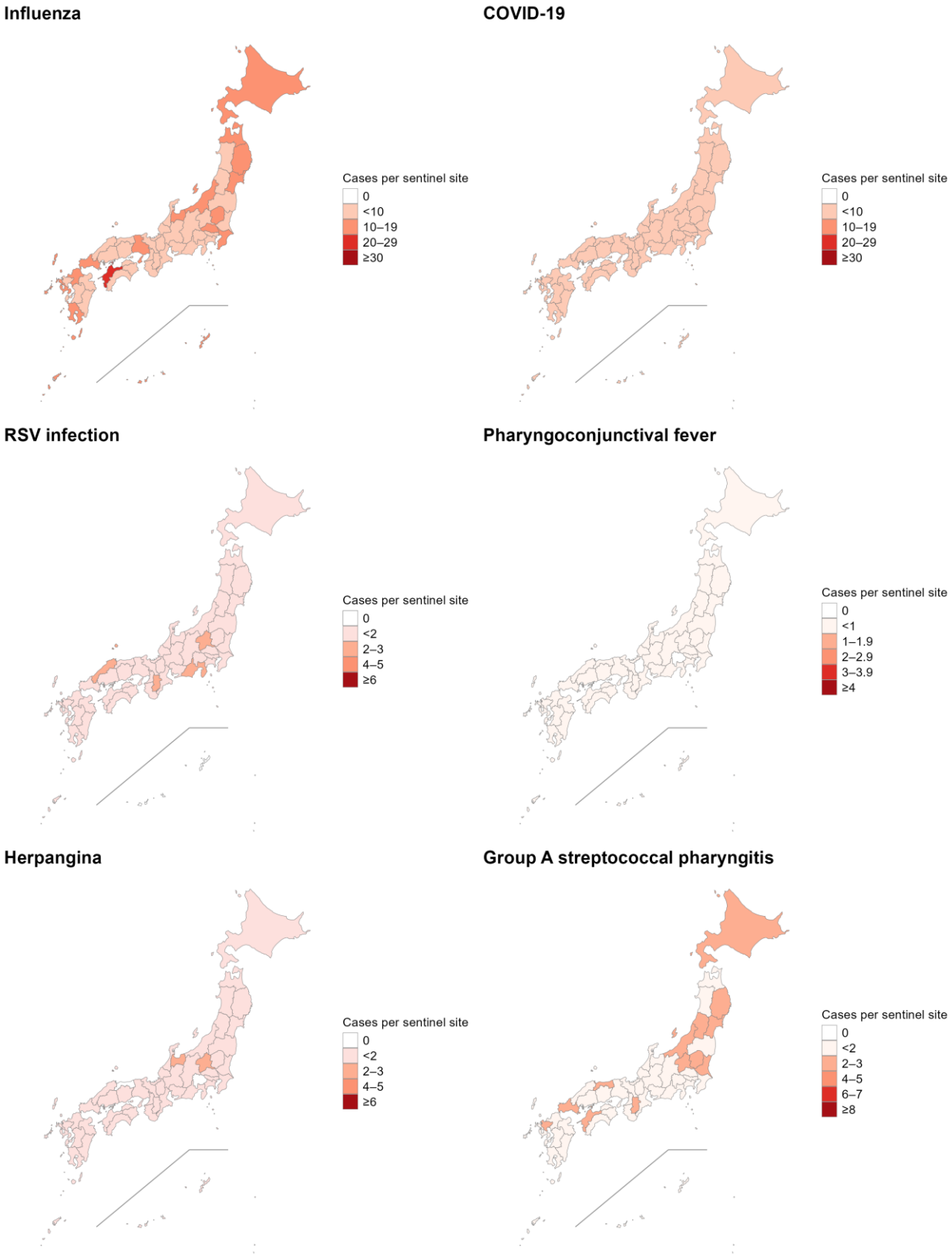


Figure 3B. Number of reported cases per sentinel site by prefecture for each infectious disease in week 43



Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: October 19, 2026 – October 25, 2026)

Table 2. Number of ARI cases per sentinel site by prefecture in week 43

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Hokkaido	8,720	53.17	1.11
Aomori	2,930	56.35	1.18
Iwate	4,786	116.73	1.45
Miyagi	4,044	73.53	1.19
Akita	1,244	49.76	1.15
Yamagata	2,540	66.84	1.13
Fukushima	3,342	69.63	1.05
Ibaraki	4,607	67.75	1.05
Tochigi	3,531	75.13	1.05
Gunma	4,111	91.36	1.12
Saitama	16,358	93.47	0.99
Chiba	12,053	66.96	1.07
Tokyo	24,905	59.44	1.06
Kanagawa	18,146	75.29	0.99
Niigata	3,258	62.65	1.10
Toyama	3,607	75.15	1.07
Ishikawa	2,783	59.21	0.97
Fukui	1,502	38.51	1.11
Yamanashi	1,263	38.27	1.05
Nagano	3,629	72.58	1.10
Gifu	2,010	44.67	1.15
Shizuoka	5,561	51.49	1.06
Aichi	11,094	68.06	1.07

Prefecture	Reported number of cases	Number of cases per sentinel	Week-on-week ratio
Mie	2,629	39.24	1.09
Shiga	1,965	50.38	1.01
Kyoto	3,608	57.27	1.08
Osaka	10,800	38.43	1.01
Hyogo	9,518	58.75	1.11
Nara	1,807	43.02	1.09
Wakayama	1,760	39.11	1.06
Tottori	1,458	50.28	1.03
Shimane	1,150	57.50	1.04
Okayama	2,651	53.02	1.04
Hiroshima	4,611	49.58	1.09
Yamaguchi	3,967	65.03	1.17
Tokushima	1,129	34.21	0.99
Kagawa	954	41.48	1.02
Ehime	3,118	82.05	1.31
Kochi	1,731	44.38	1.06
Fukuoka	7,384	60.52	1.08
Saga	1,322	55.08	1.09
Nagasaki	3,025	60.50	1.02
Kumamoto	4,547	64.04	1.08
Oita	3,236	55.79	1.06
Miyazaki	1,267	45.25	1.04
Kagoshima	3,334	58.49	1.14
Okinawa	2,239	50.89	0.95

Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: October 19, 2026 – October 25, 2026)

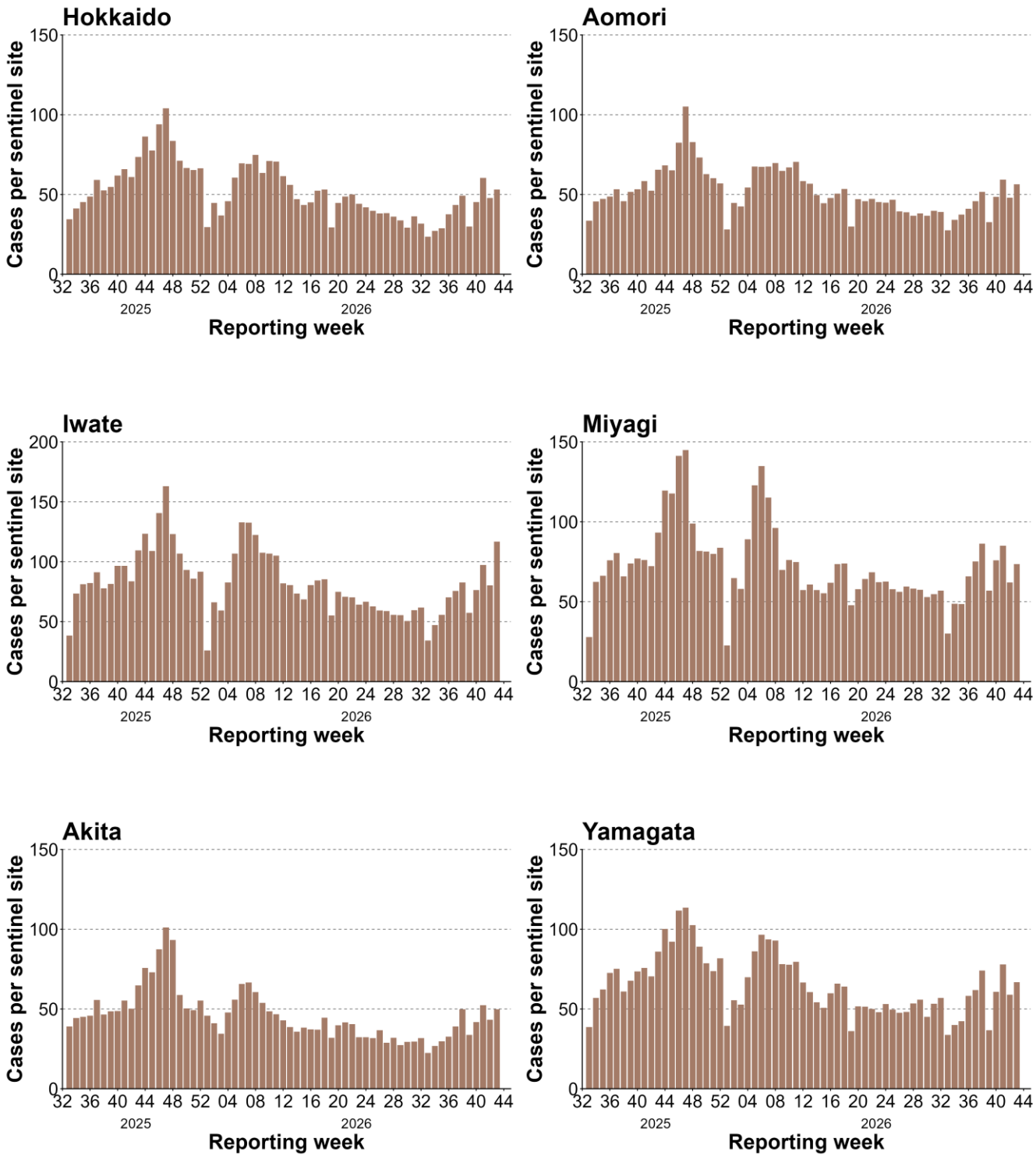
Notes: Data for the previous week were referred to the corresponding week's IDWR. When the number of reported cases in the previous week was zero, the week-on-week ratio is indicated by "–".

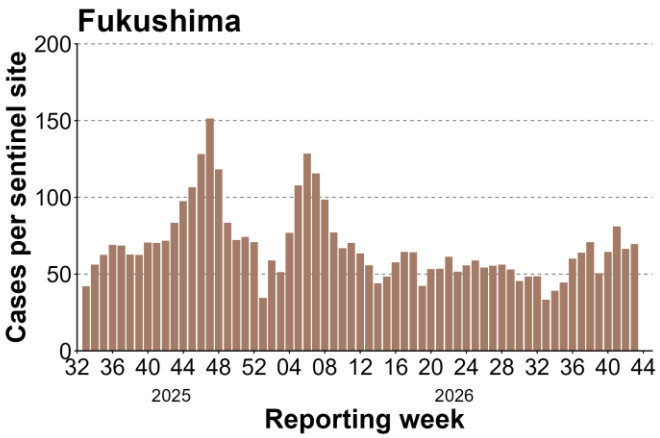
Table 3. Top three prefectures by cases per sentinel site for each infectious disease in week 43

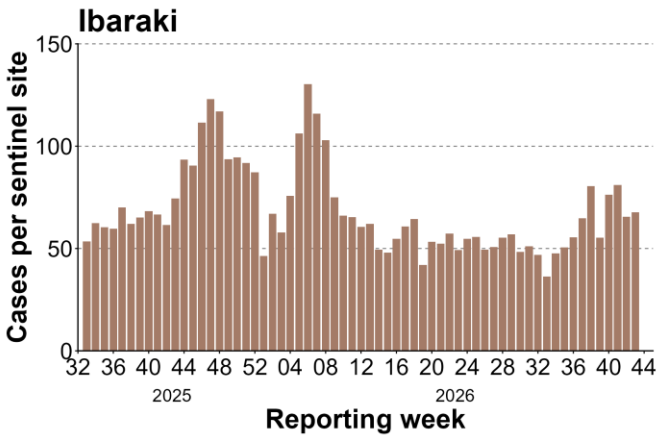
Infectious diseases	Prefectures		
Influenza	Ehime (22.82)	Okinawa (17.39)	Hyogo (15.02)
COVID-19	Hokkaido (1.85)	Nagano (1.64)	Saitama (1.50)
RSV infection	Nara (3.42)	Shimane (3.18)	Shizuoka (2.05)
Pharyngoconjunctival fever	Shimane (0.91)	Kagoshima (0.65)	Saga (0.50)
Herpangina	Gunma (2.08)	Toyama (2.03)	Ibaraki (1.32)
Group A streptococcal pharyngitis	Ehime (3.90)	Tottori (2.89)	Hokkaido (2.74)

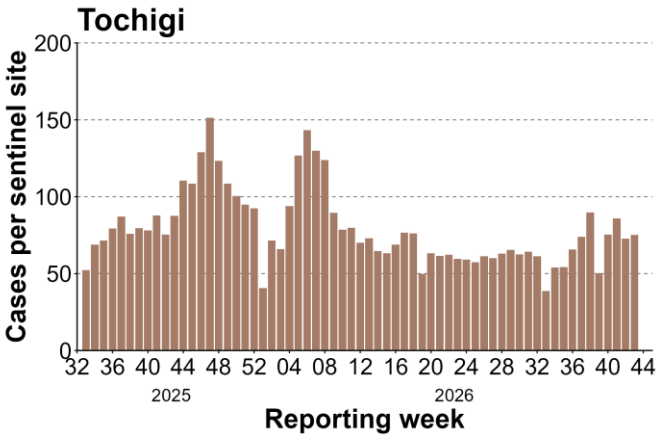
Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: October 19, 2026 – October 25, 2026)
Note: When cases per sentinel site were identical, prefectures are listed in ascending order of prefecture code.

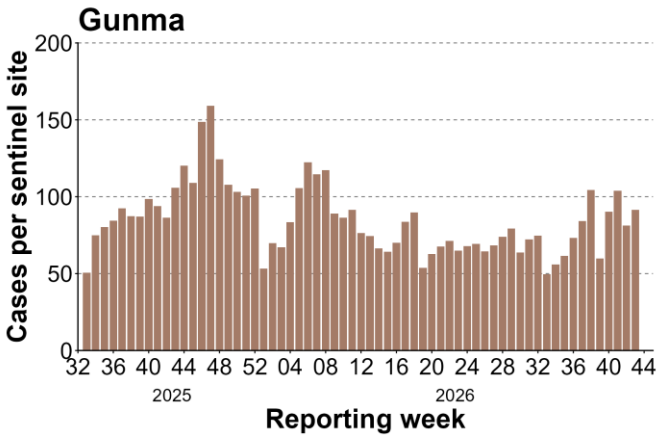
Figure 4. Weekly reported ARI cases per sentinel site by prefecture

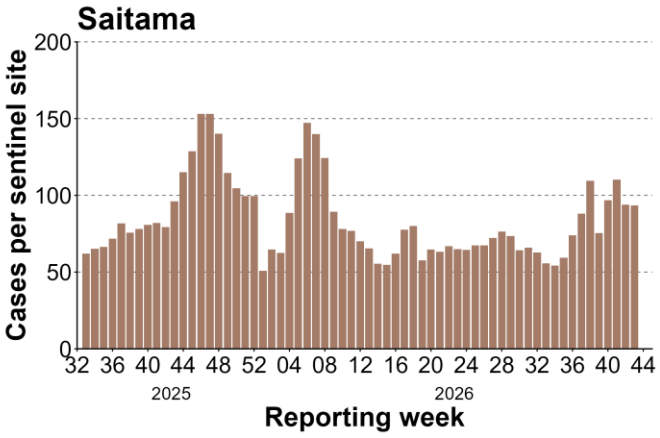



Fukushima
Cases per sentinel site
0
50
100
150
200
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week


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


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


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


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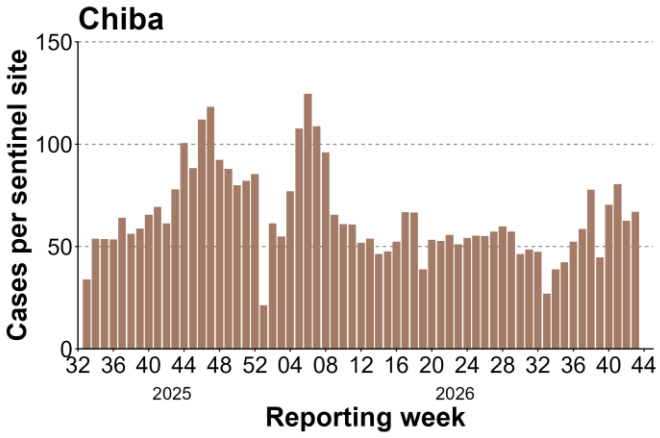
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week


Chiba
Cases per sentinel site
0
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2025
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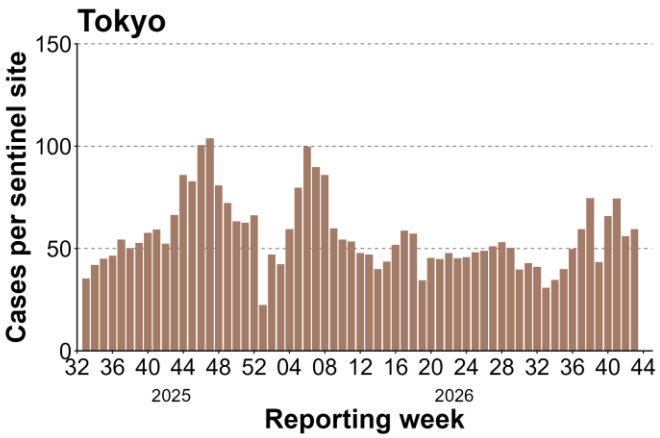
Reporting week


Tokyo
Cases per sentinel site
150
100
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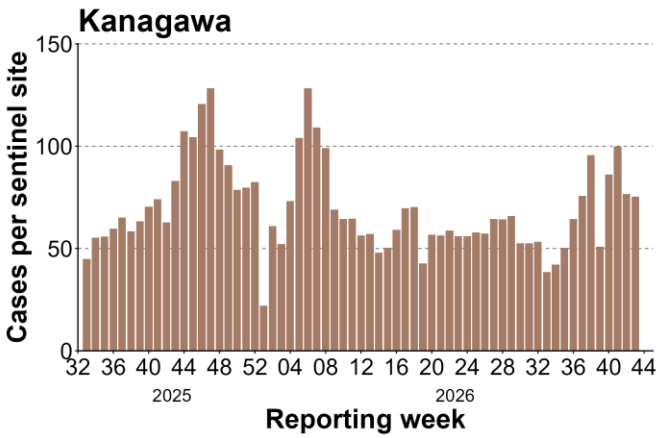
2025
2026
Reporting week


Kanagawa
Cases per sentinel site
150
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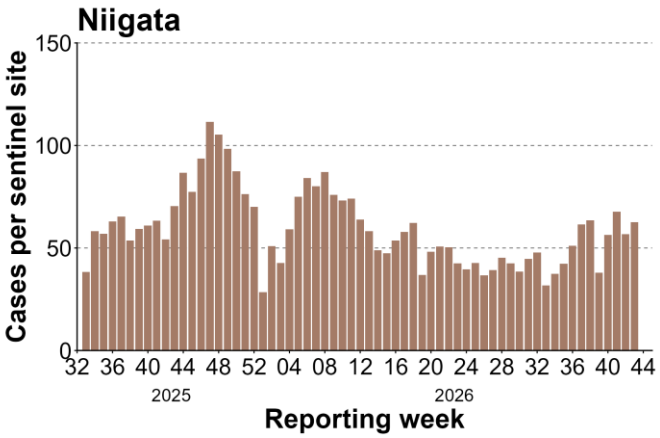
2025
2026
Reporting week


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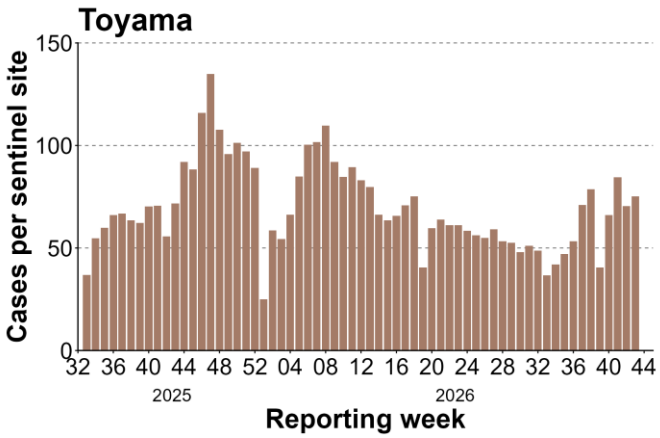
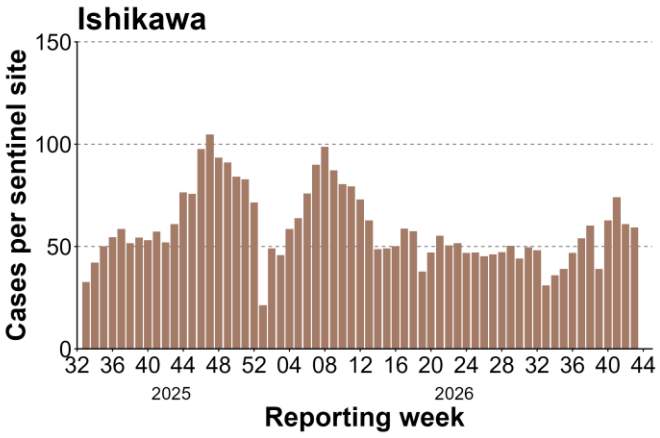
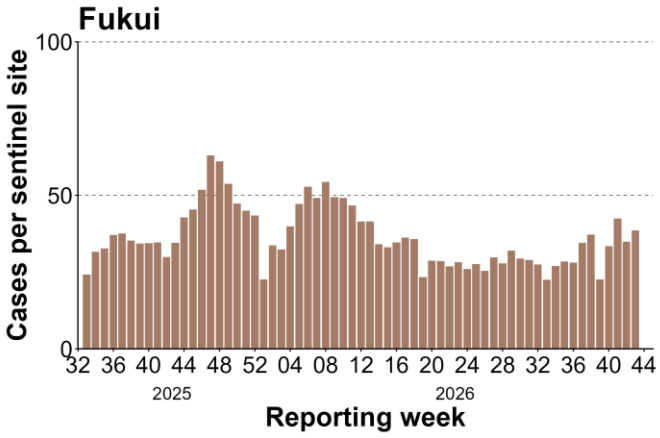
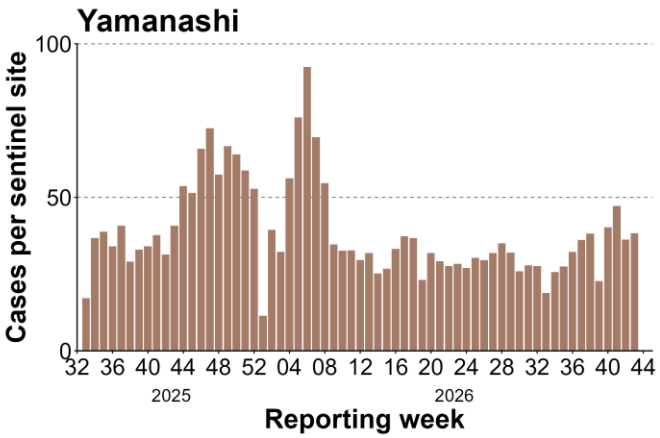
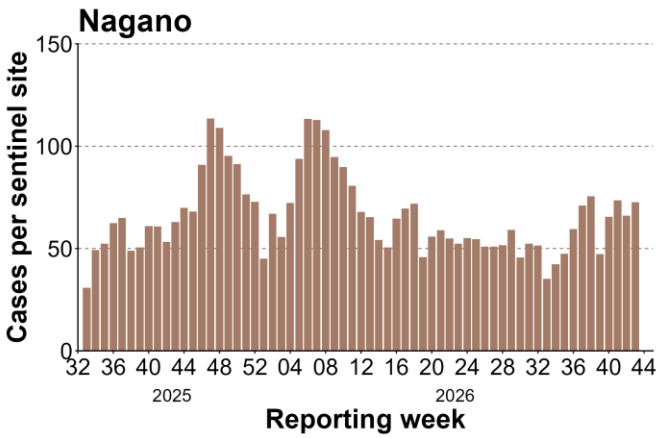
2025
2026
Reporting week

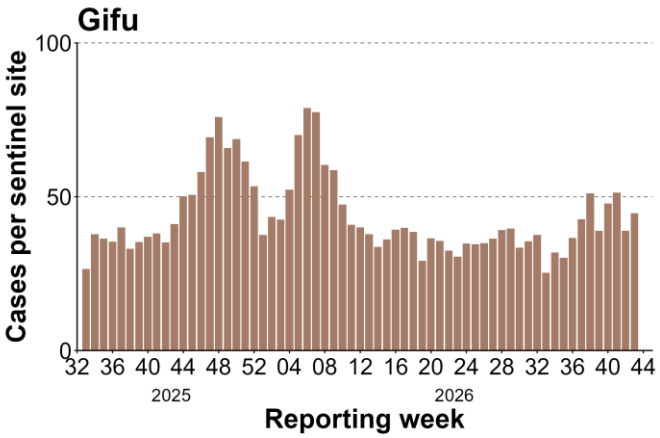

Toyama
Cases per sentinel site
150
100
50
0
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week


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


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


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


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


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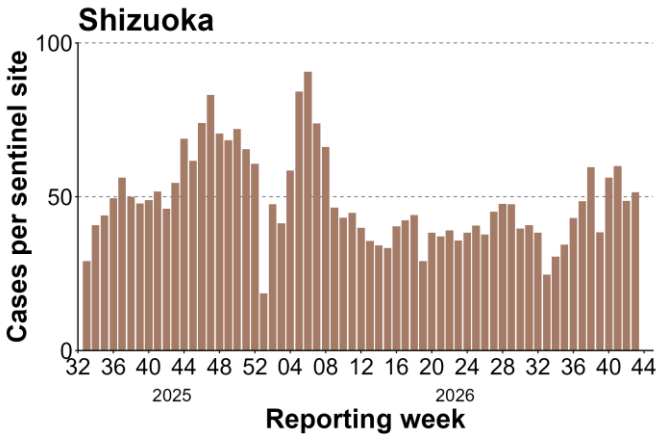
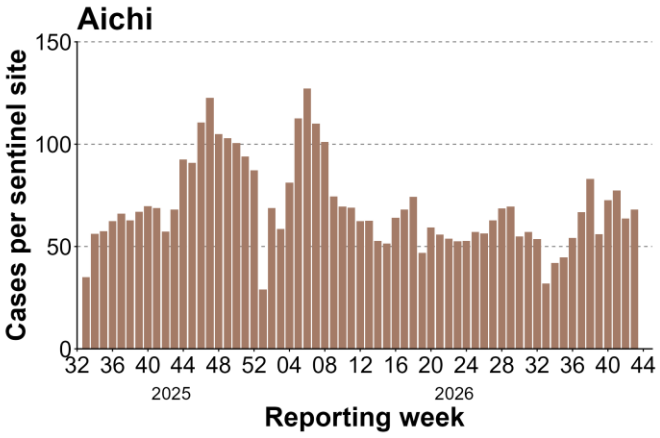
0
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week


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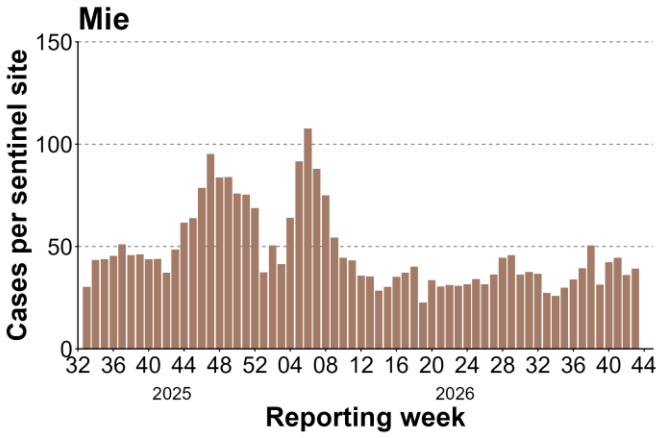
Reporting week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Cases per sentinel site
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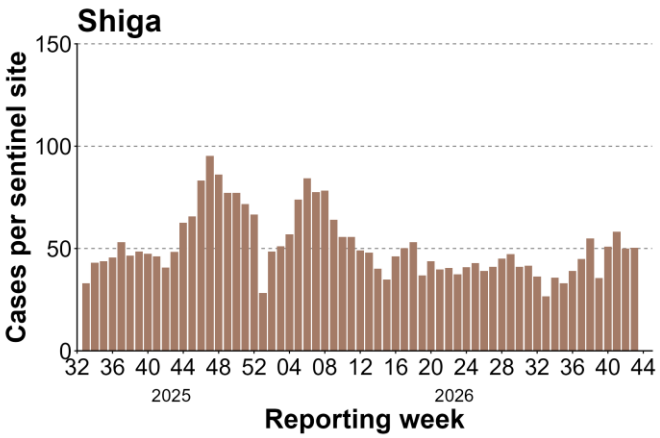
Reporting week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Cases per sentinel site
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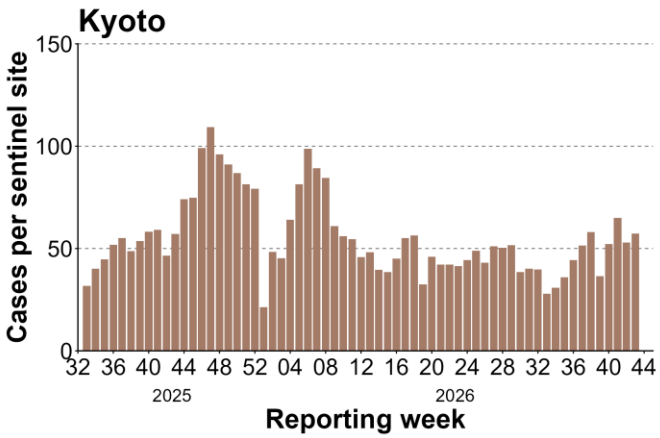
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Cases per sentinel site
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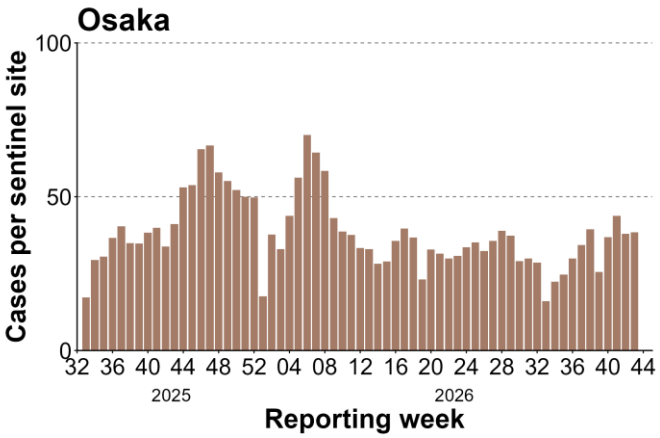
Reporting week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Cases per sentinel site
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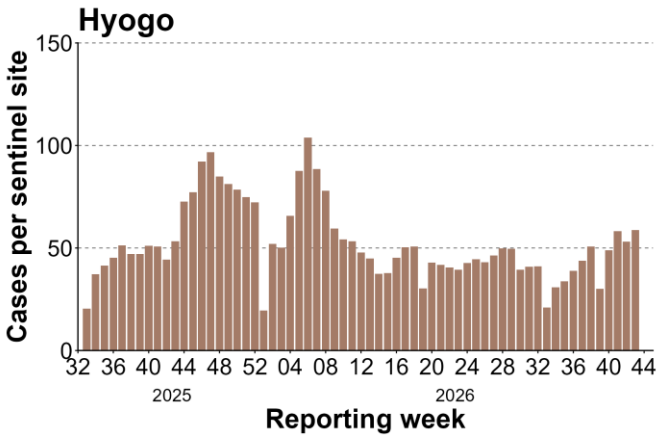
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Cases per sentinel site
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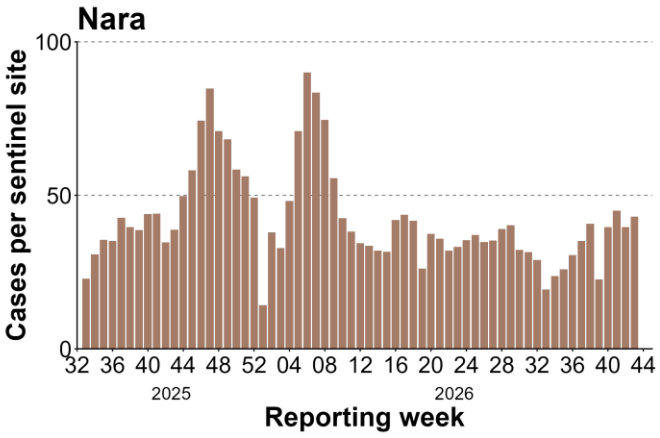
Reporting week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Cases per sentinel site
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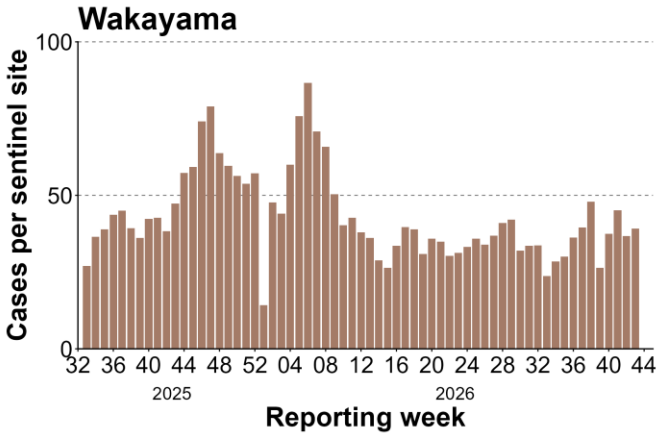
Reporting week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Cases per sentinel site
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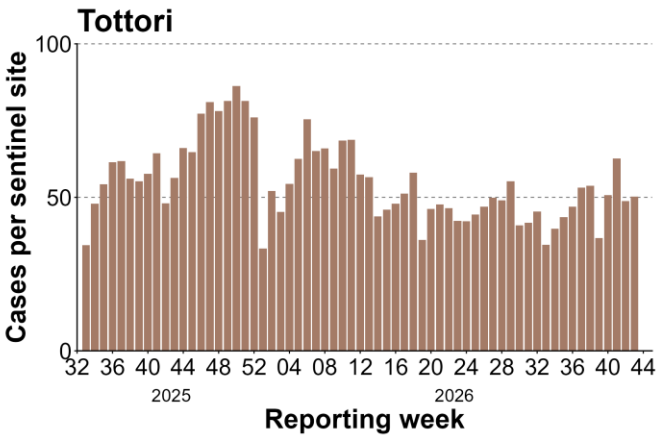
2025
2026
Reporting week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Cases per sentinel site
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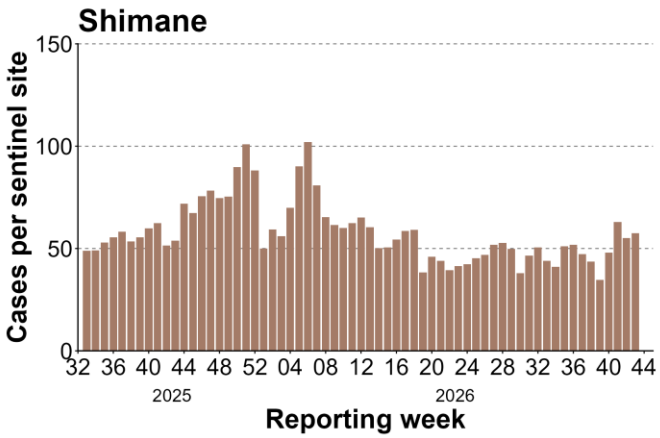
2026
Reporting week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Cases per sentinel site
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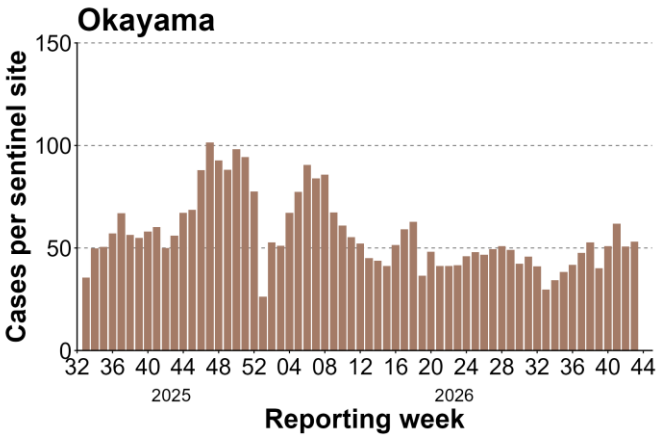
Reporting week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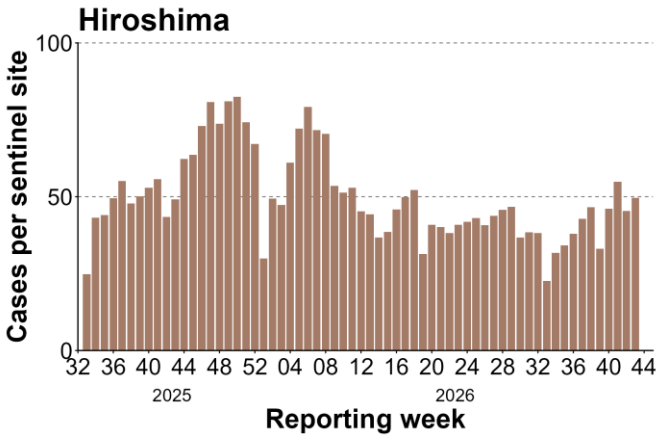
Reporting week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Cases per sentinel site
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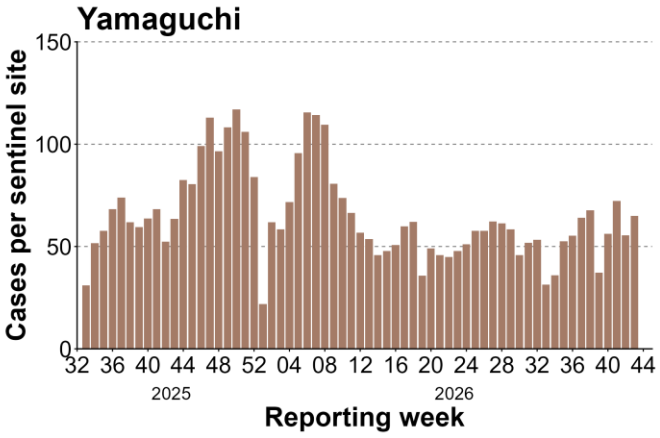
2026
Reporting week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Cases per sentinel site
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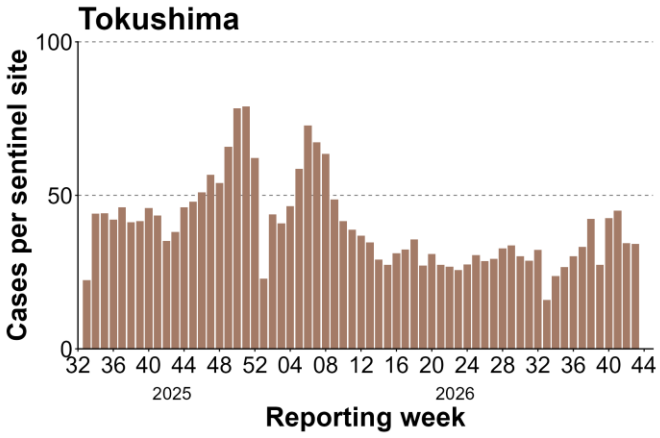
2025
2026
Reporting week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Cases per sentinel site
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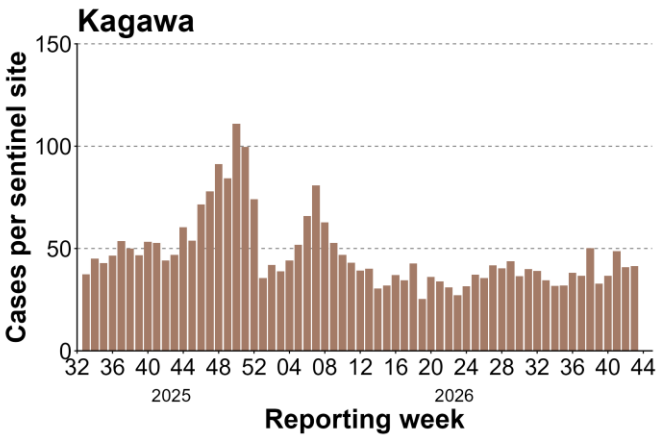
Reporting week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Cases per sentinel site
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2025
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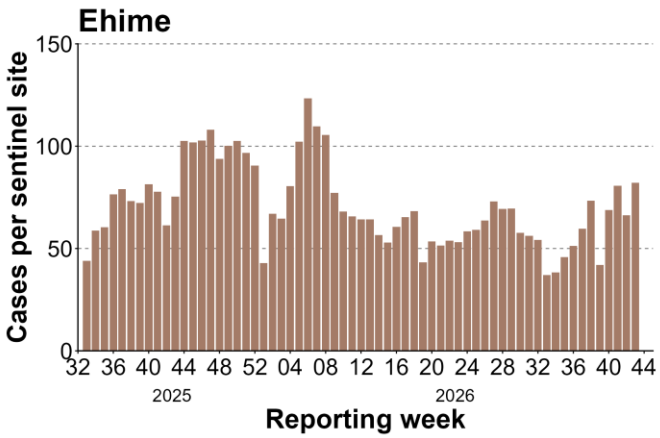
Reporting week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Cases per sentinel site
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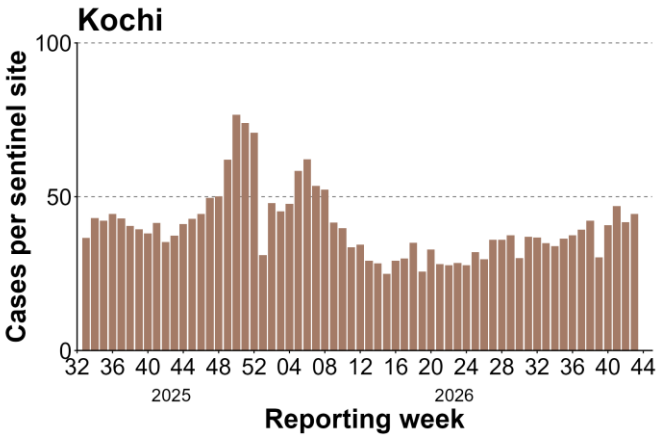
2025
2026
Reporting week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Cases per sentinel site
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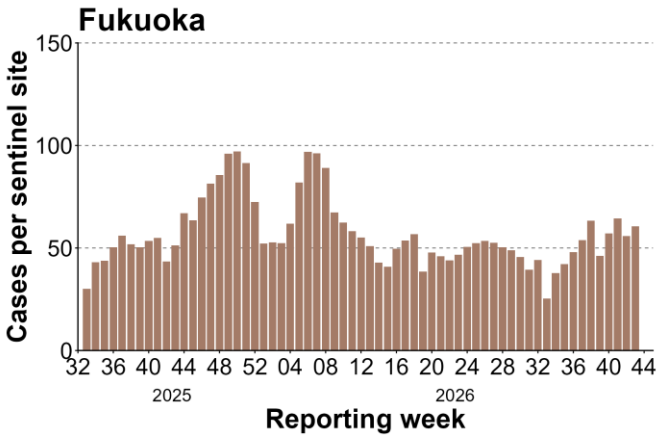
2025
2026
Reporting week


Fukuoka
Cases per sentinel site
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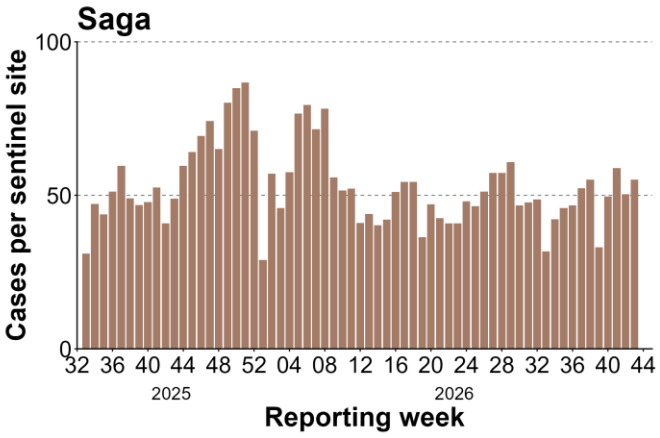
2025
2026
Reporting week


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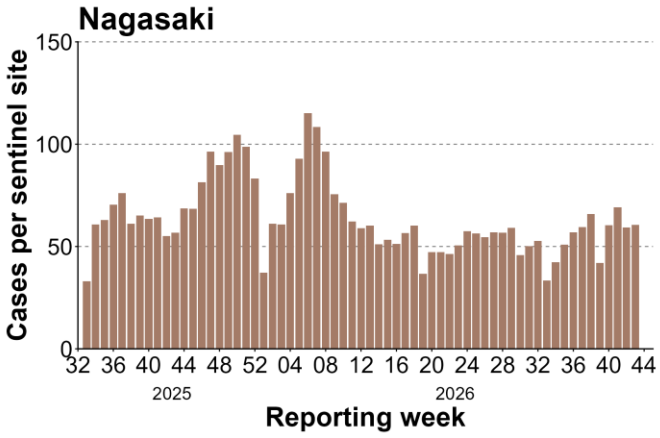
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week


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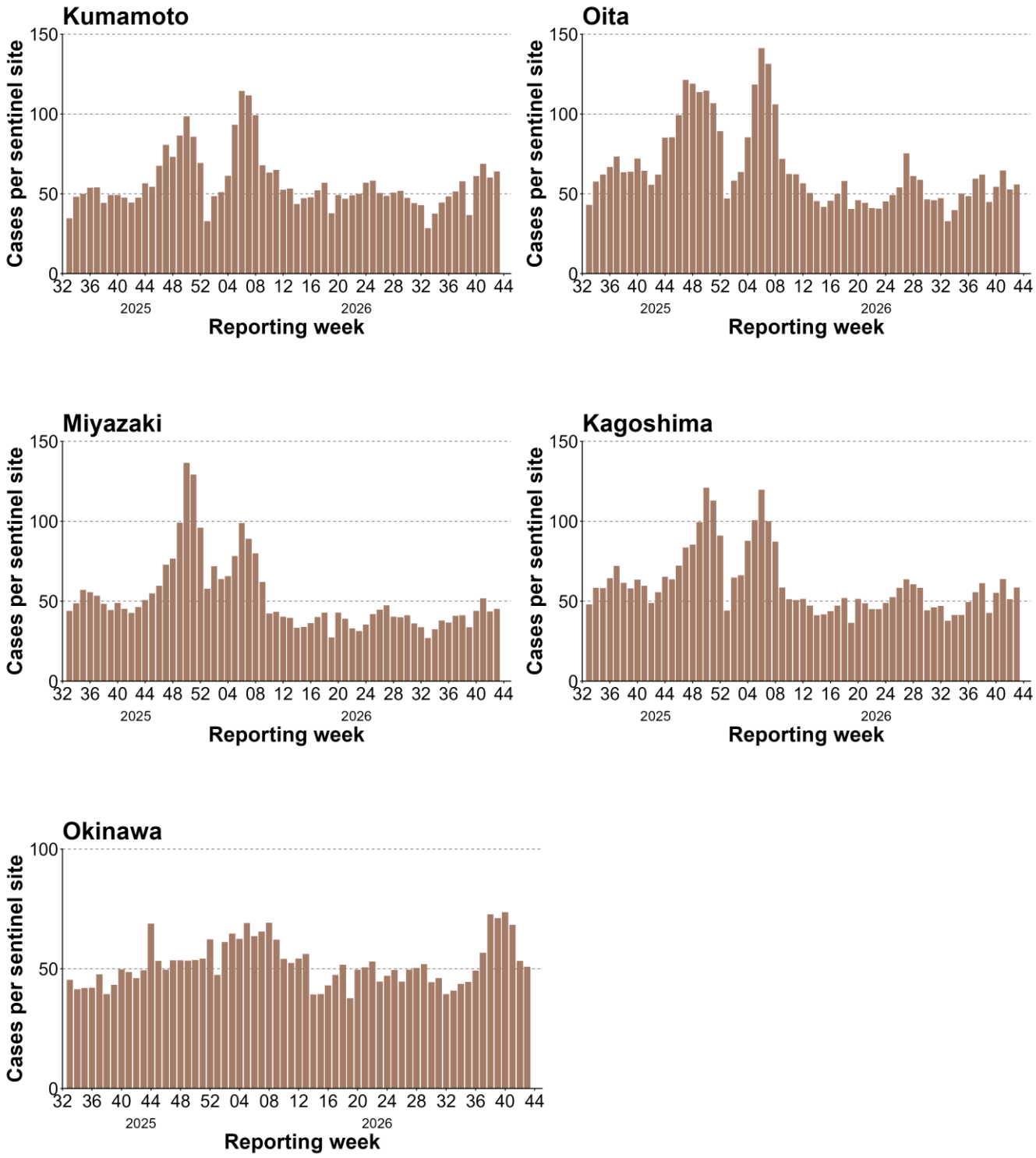
32 36 40 44 48 52 04 08 12 16 20 24 28 32 36 40 44
2025
2026
Reporting week



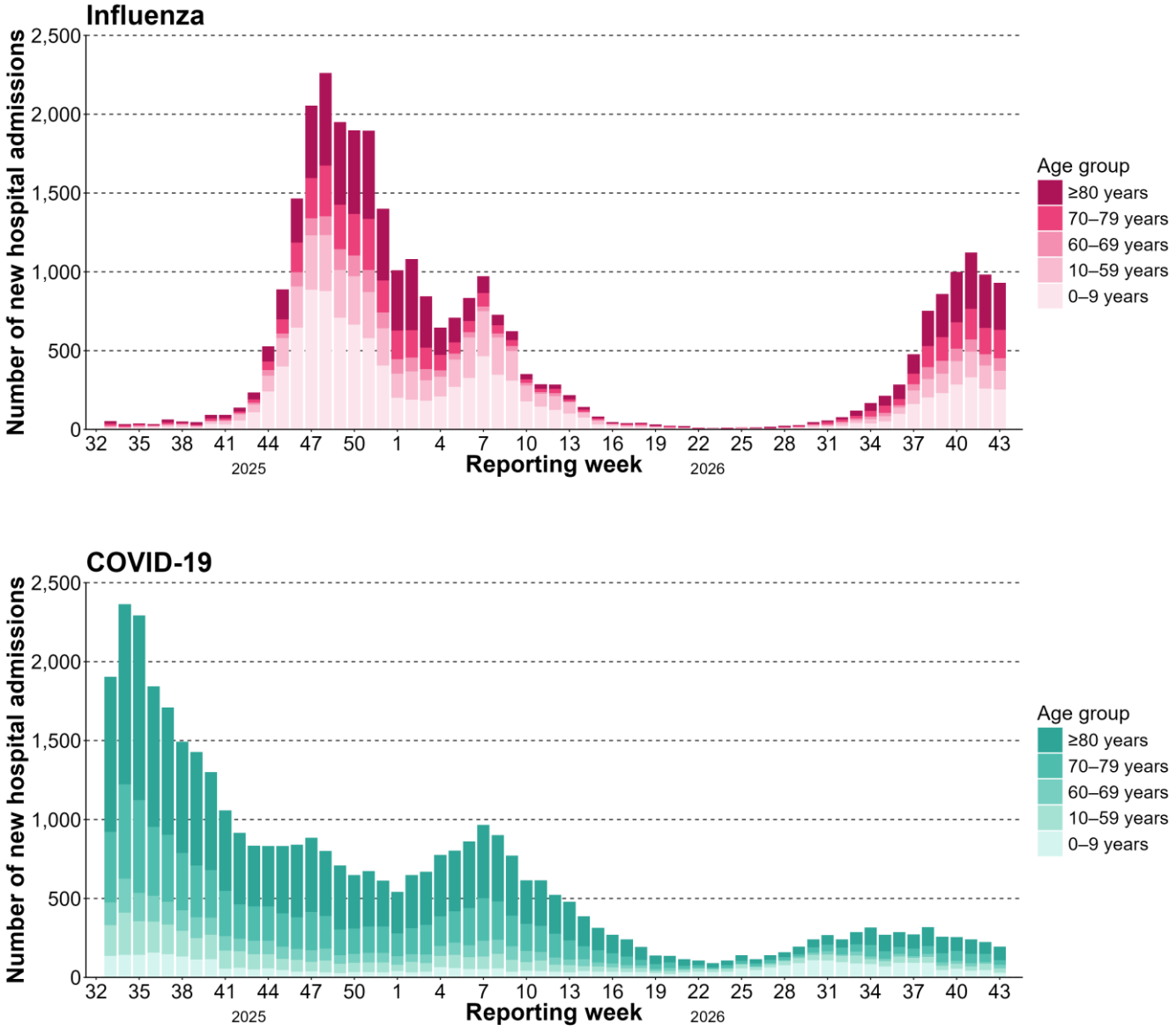
Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 2026)
Note: The number of cases reported is reproduced in the IDWR for the corresponding week.

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 43 of 2026 are shown in Figure 5, and the number of reported cases by age group is presented in Table 4. A total of 931 new hospital admissions due to influenza were reported, representing a decrease of 52 cases compared with the previous week. 194 new hospital admissions due to COVID-19 were reported, representing a decrease of 31 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 28, 2026 (data range: August 4, 2025 – October 25, 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 43

Age group	Influenza	COVID-19
0–9 years	254	30
	(0.98)	(0.64)
10–59 years	119	28
	(0.81)	(0.72)
60–69 years	79	22
	(1.13)	(2.20)
70–79 years	179	29
	(1.07)	(0.55)
≥80 years	300	85
	(0.88)	(1.12)
Total	931	194
	(0.95)	(0.86)

Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: October 19, 2026 – October 25, 2026)

2. Laboratory Surveillance

2.1. Nationwide Reported Cases by Pathogen

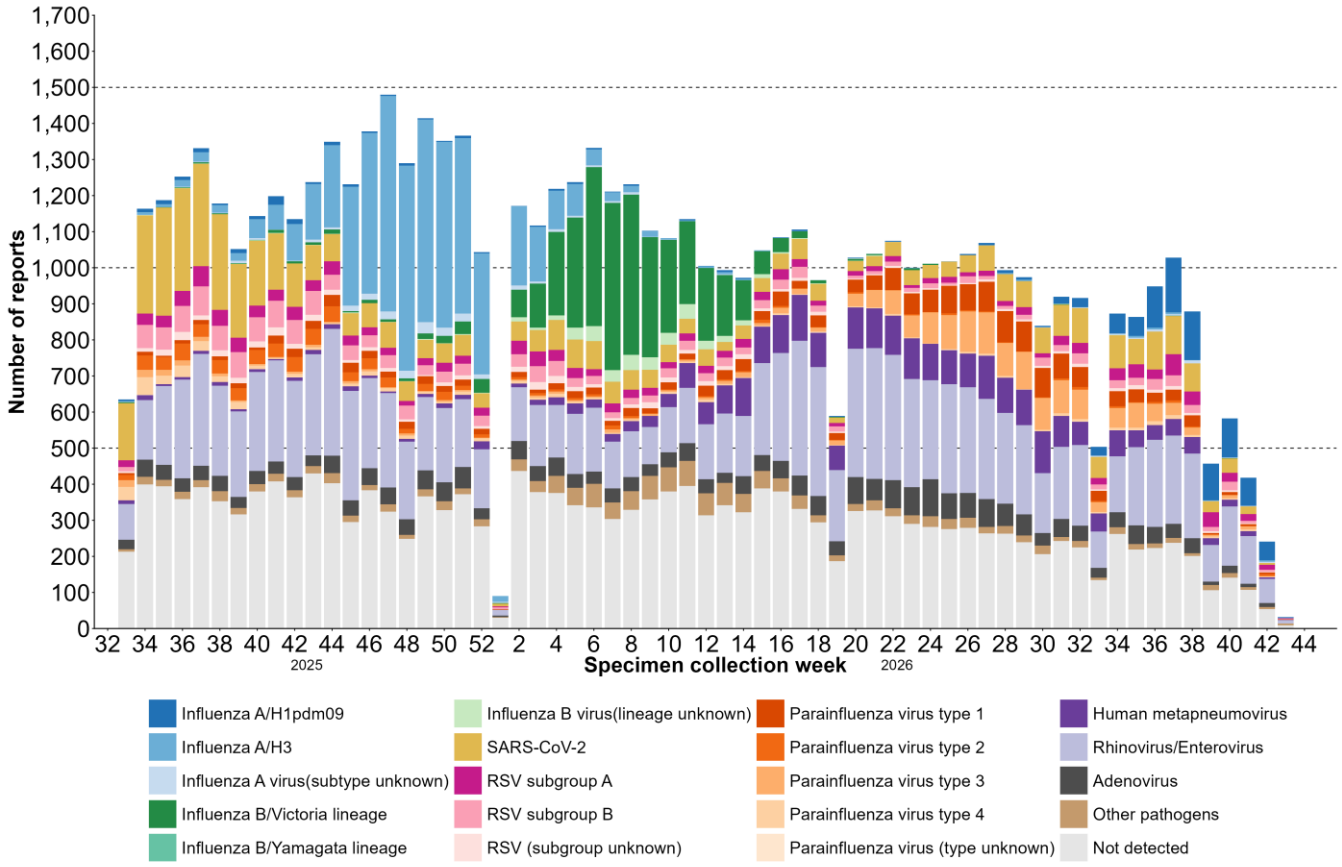
Among specimens collected at ARI pathogen sentinel sites in week 43 of 2026 and reported by the time of analysis, a total of 28 specimens were reported. Of these, 4 specimens were positive for influenza A virus, no specimens were positive for influenza B virus or SARS-CoV-2, and 2 specimens were positive for RSV (Figure 6).

The pathogen-specific test positivity was 0.0% for influenza B virus and SARS-CoV-2, 14.3% for influenza A virus, and 7.1% for RSV (Figure 7).

Specimens collected in week 38 (September 14–20) 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.

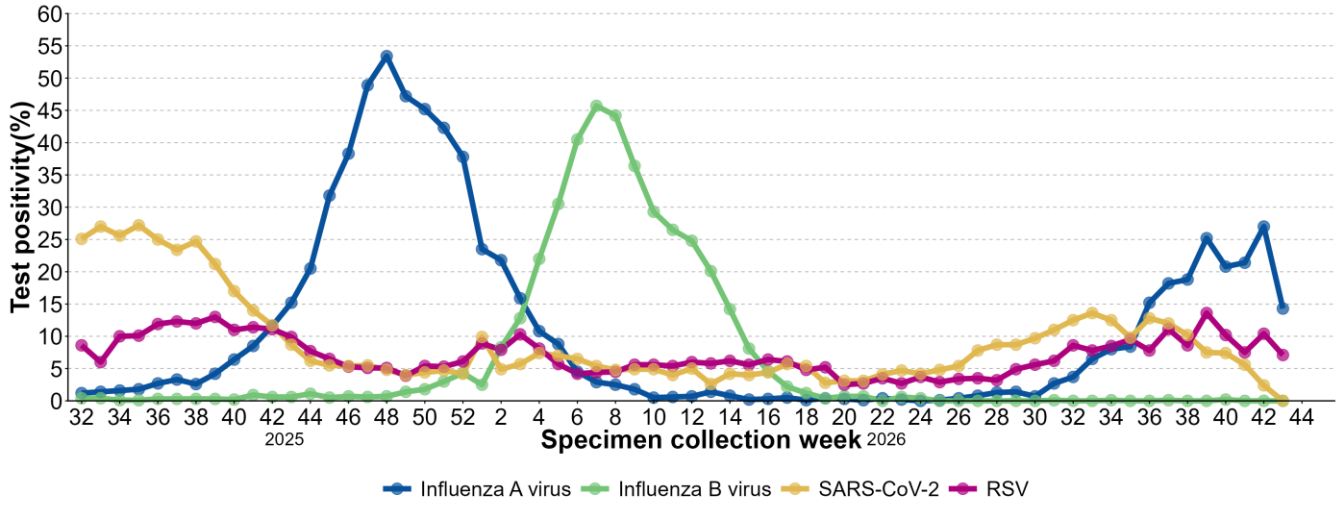
Test results by specimen collection week using fully automated genetic testing systems at participating medical institutions are presented in Supplementary information 1. For week 43, 3 specimens of rhinovirus/enterovirus, 1 specimen of human metapneumovirus, 1 specimen of parainfluenza virus (type unknown), and 1 specimen of RSV were reported.

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



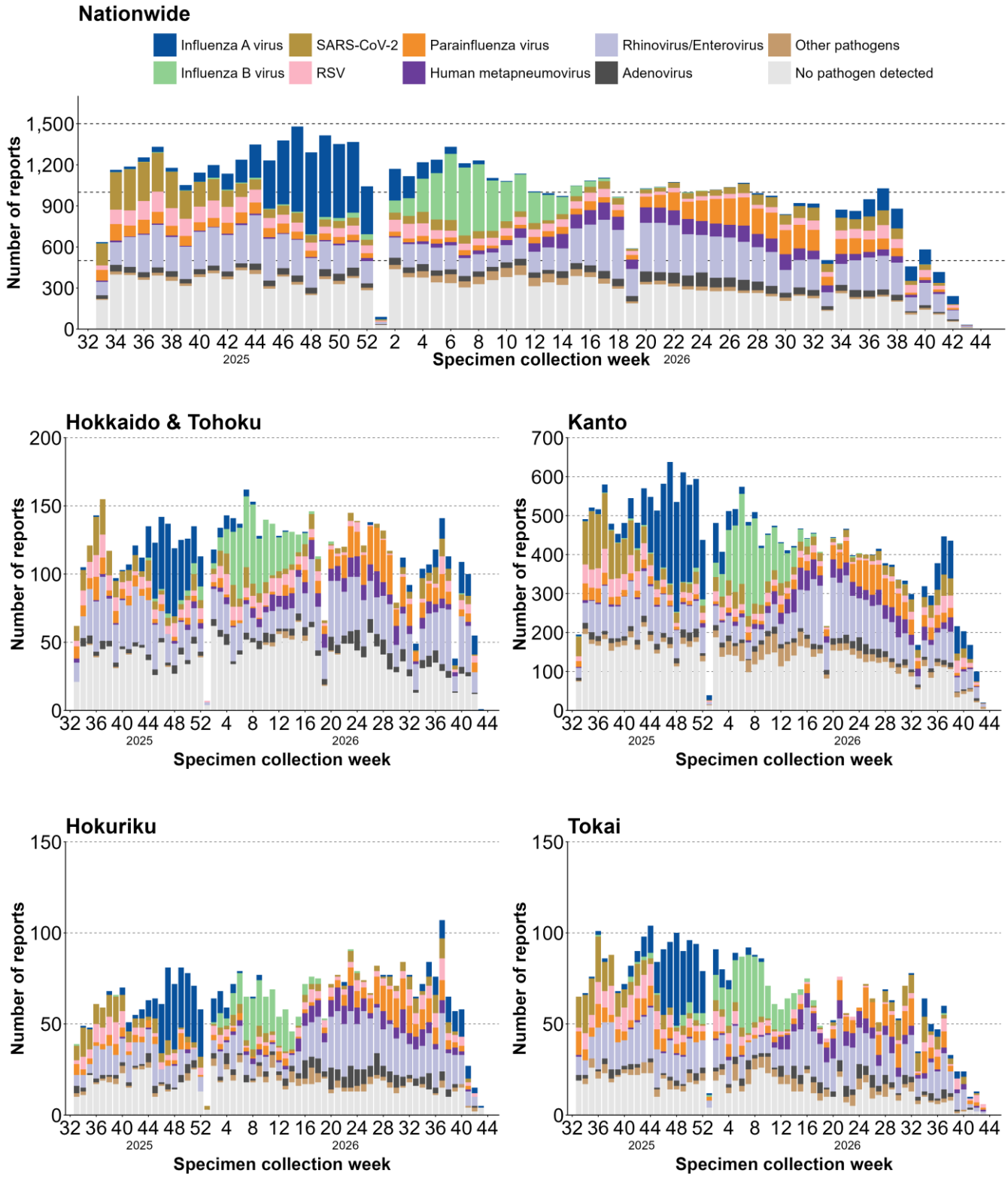
Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 2026).
Note: Data are aggregated by specimen collection week, not by reporting week. The number of test results reflects the data available at the time of aggregation, so they 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.

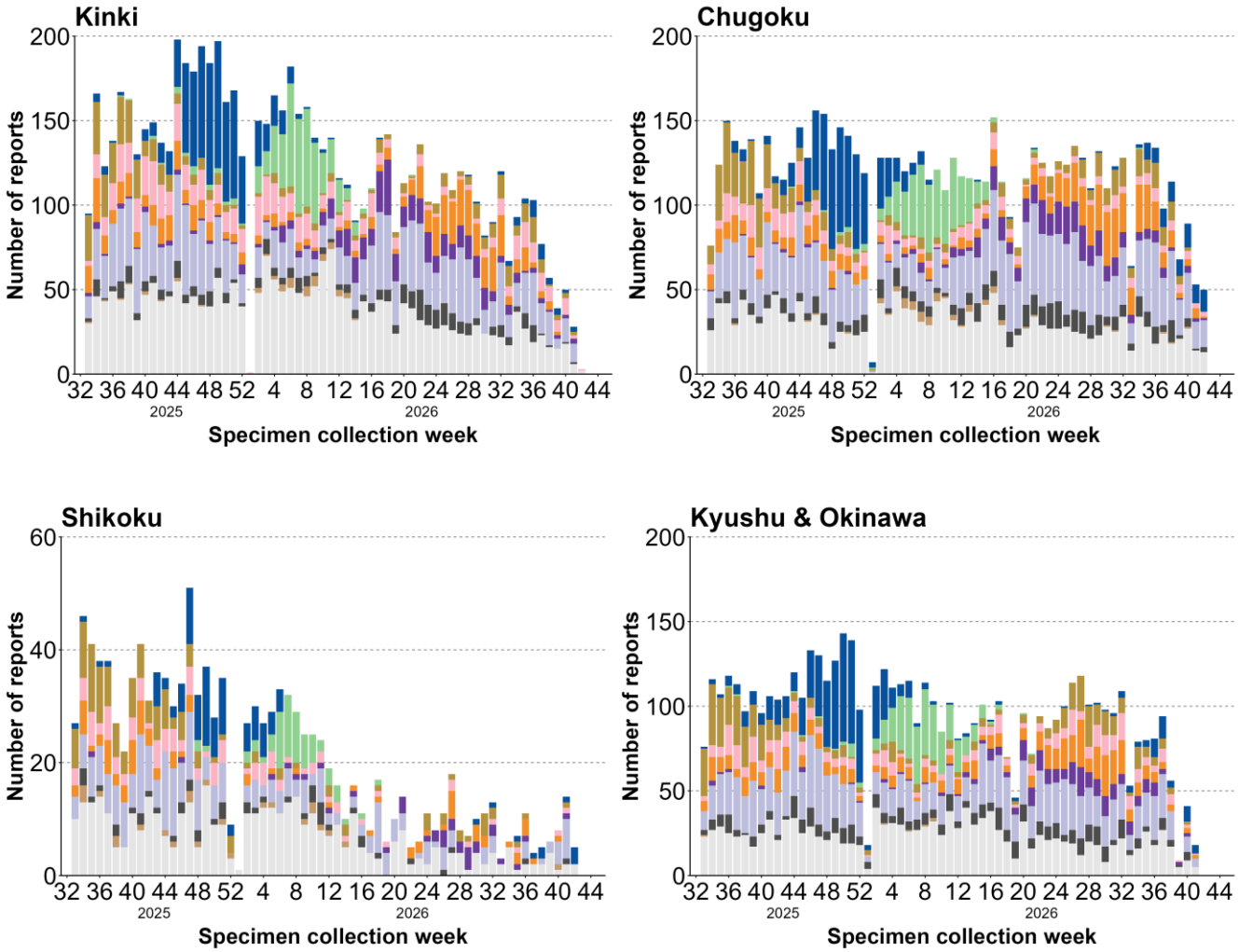
Figure 7. Weekly pathogen-specific test positivity based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 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 28, 2026 (data range: August 4, 2025 – October 25, 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 38 (September 14–20)

Region	Number of specimens	Most frequently detected pathogen
Hokkaido & Tohoku	101	Rhinovirus/Enterovirus
Kanto	391	Influenza A virus
Hokuriku	53	Rhinovirus/Enterovirus
Tokai	25	Rhinovirus/Enterovirus
Kinki	53	Rhinovirus/Enterovirus
Chugoku	95	Rhinovirus/Enterovirus
Shikoku	5	Influenza A virus
Kyushu & Okinawa	45	Rhinovirus/Enterovirus

Data source: Infectious Disease Surveillance in Japan; data as of October 28, 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

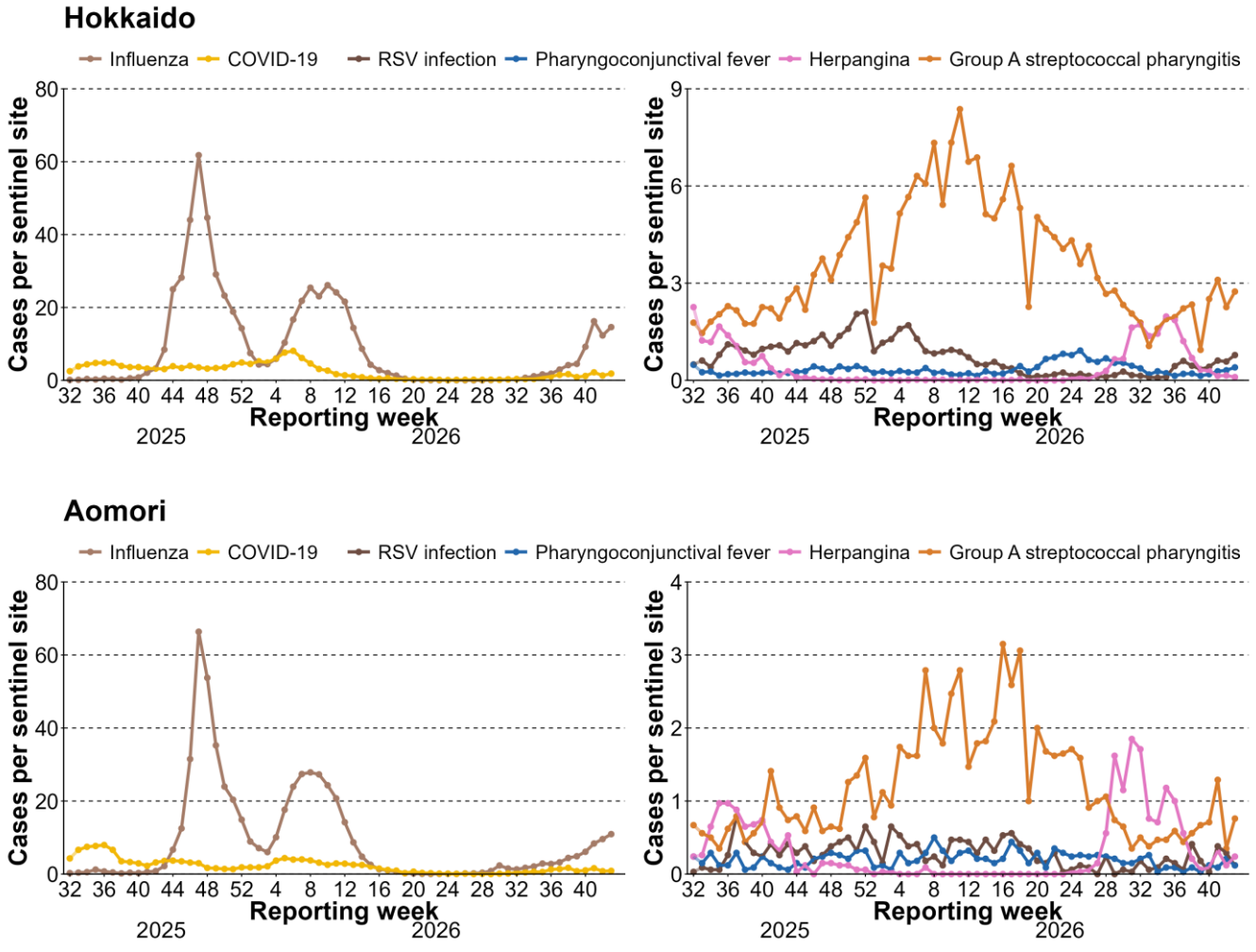
Test results from pathogen testing conducted at medical institutions equipped with fully automated genetic testing systems are presented below. These data are collected through voluntary participation of selected medical institutions and are used for monitoring purposes.

Pathogen	Week 38	Week 39	Week 40	Week 41	Week 42	Week 43
Influenza A/H1	0	0	1	1	0	0
Influenza A/H1pdm09	0	1	1	0	0	0
Influenza A/H3	0	0	0	0	0	0
Influenza A virus (subtype unknown)	6	2	0	4	3	0
Influenza B virus	0	0	0	0	0	0
SARS-CoV-2	0	0	2	0	0	0
RSV	0	1	0	1	5	1
Parainfluenza virus type 1	0	0	0	0	0	0
Parainfluenza virus type 2	0	0	0	0	0	0
Parainfluenza virus type 3	0	0	0	2	0	0
Parainfluenza virus type 4	0	0	0	0	1	0
Parainfluenza virus (type unknown)	0	0	0	0	0	1
Rhinovirus/Enterovirus	6	5	6	3	4	3
Human metapneumovirus	0	0	1	0	1	1
Adenovirus	0	0	2	1	2	0
Coronavirus HKU1	0	0	0	0	0	0
Coronavirus NL63	0	0	0	0	0	0
Coronavirus 229E	0	0	0	0	0	0
Coronavirus OC43	0	0	0	0	0	0
Bordetella pertussis	0	0	0	0	0	0
Bordetella parapertussis	0	0	0	0	0	0

Pathogen	Week 38	Week 39	Week 40	Week 41	Week 42	Week 43
Chlamydia pneumoniae	0	0	0	0	0	0
Mycoplasma pneumoniae	0	2	1	0	0	0

Source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: September 14, 2026 to October 25, 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 38–43.
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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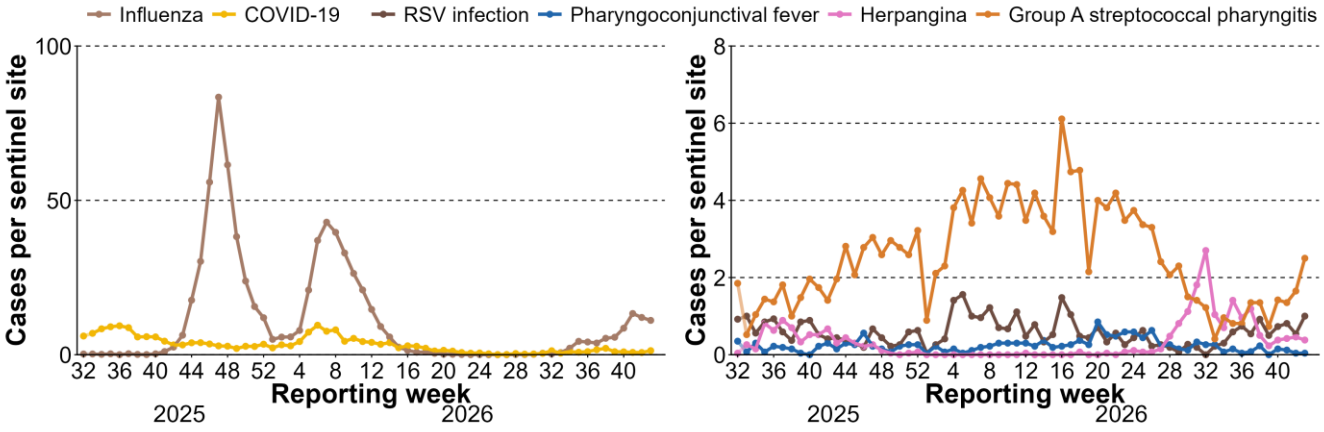
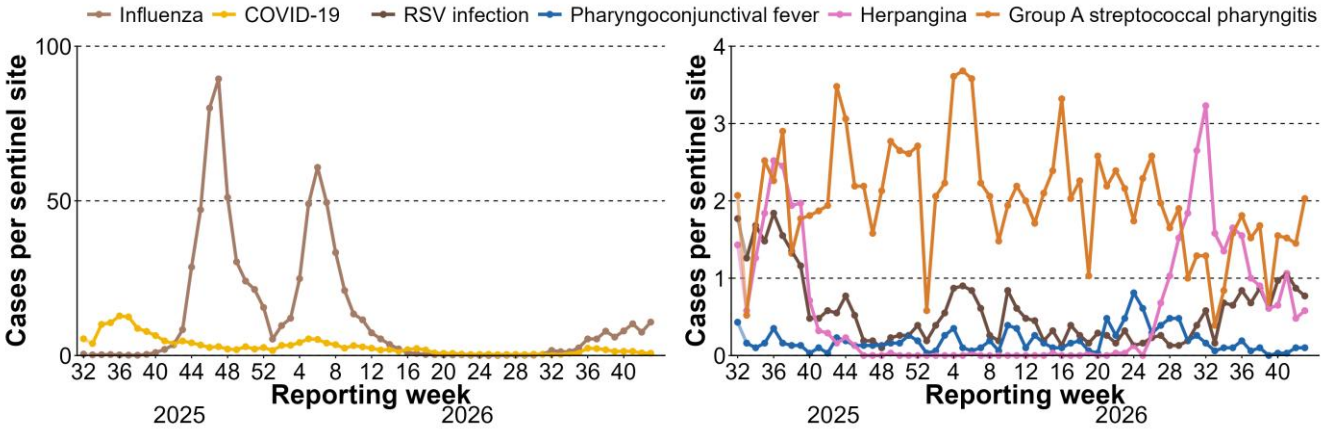


Miyagi



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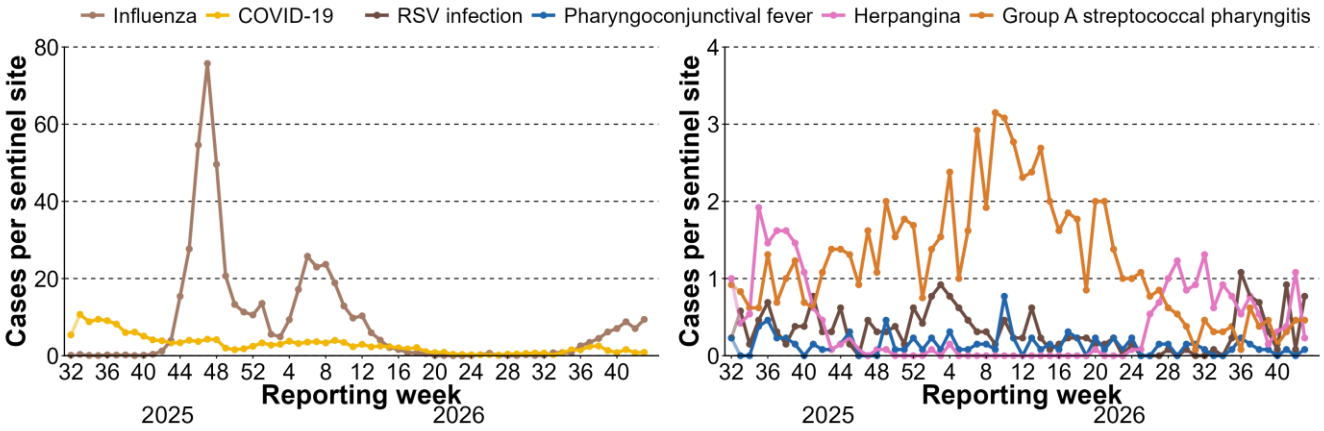

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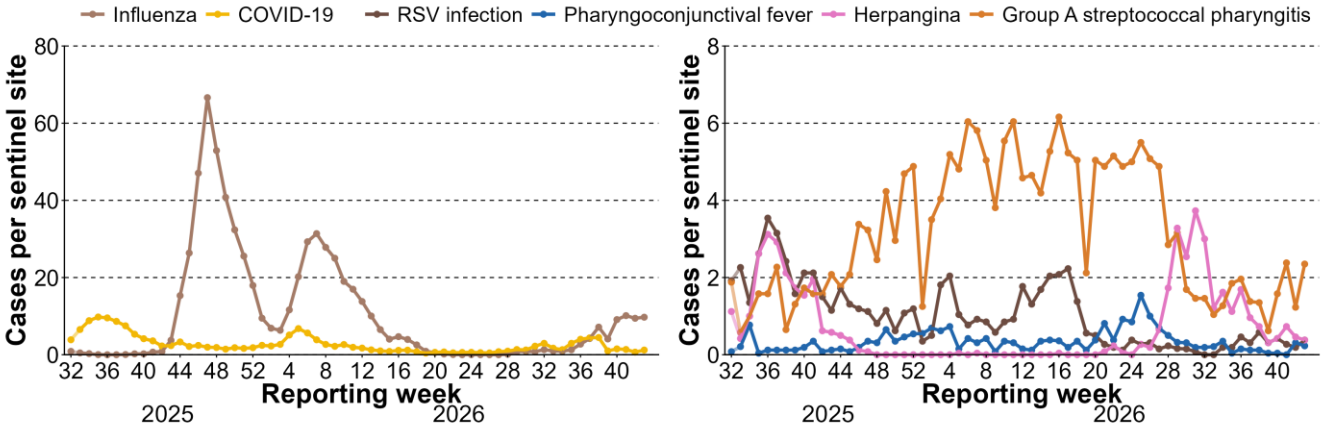

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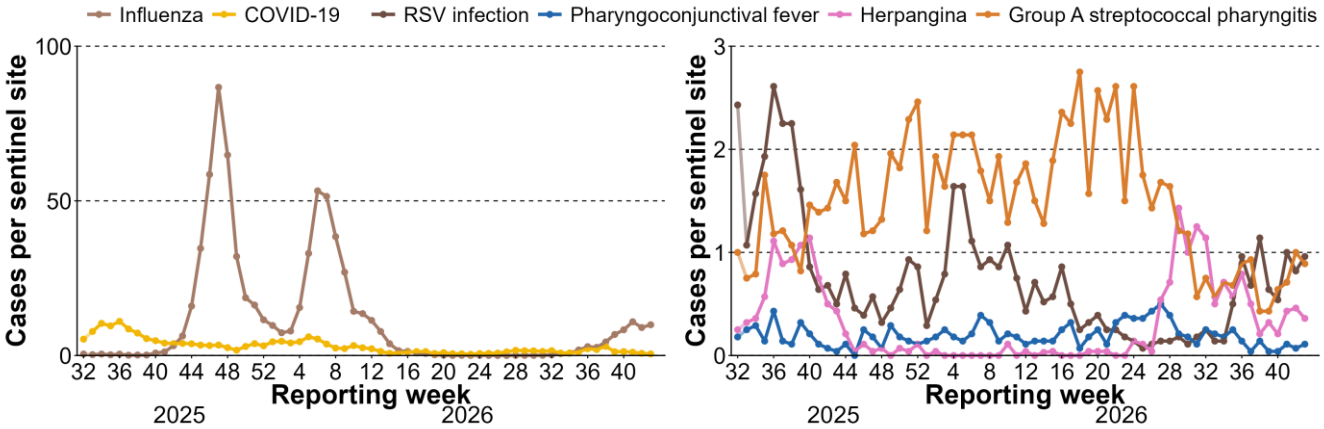

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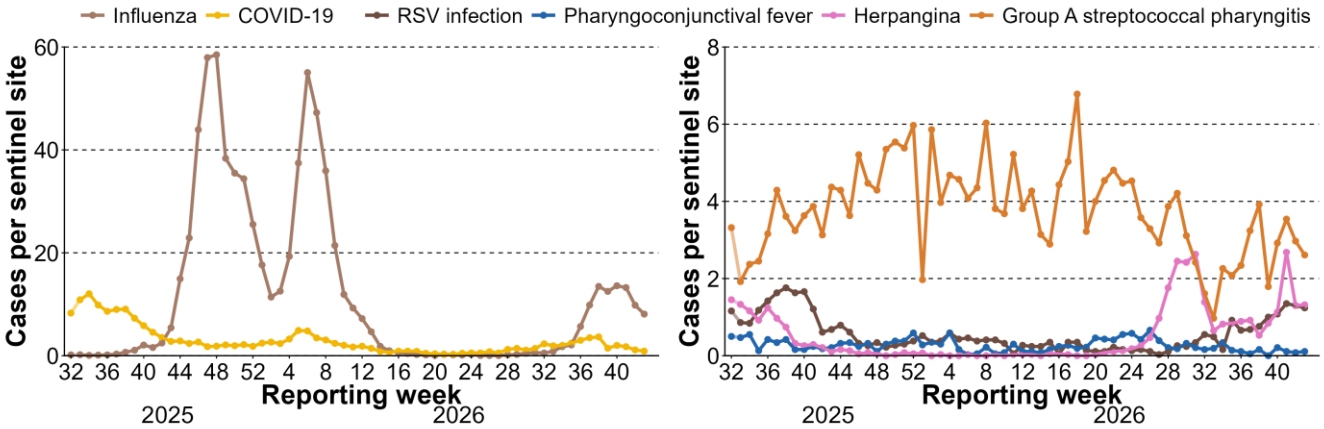

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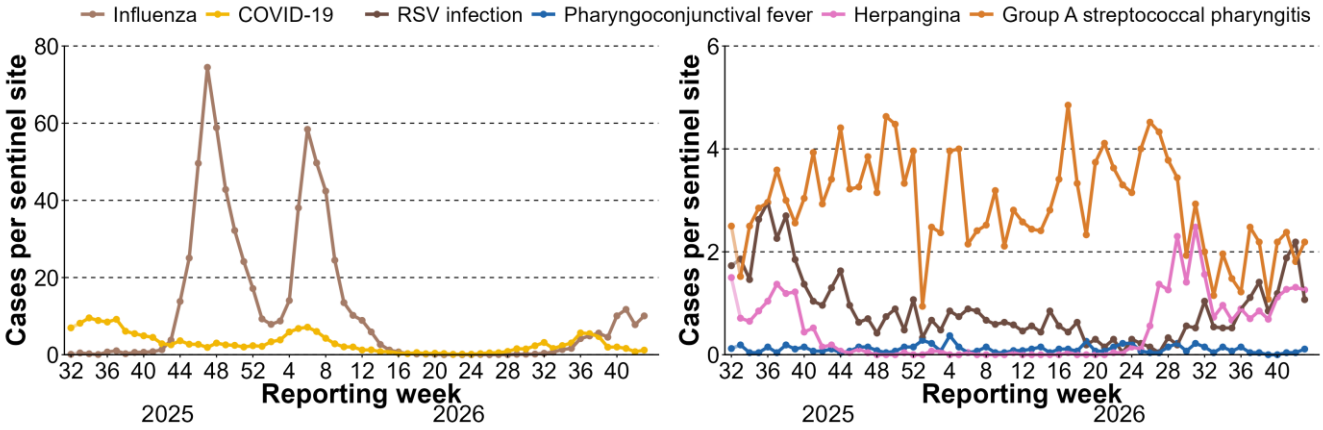

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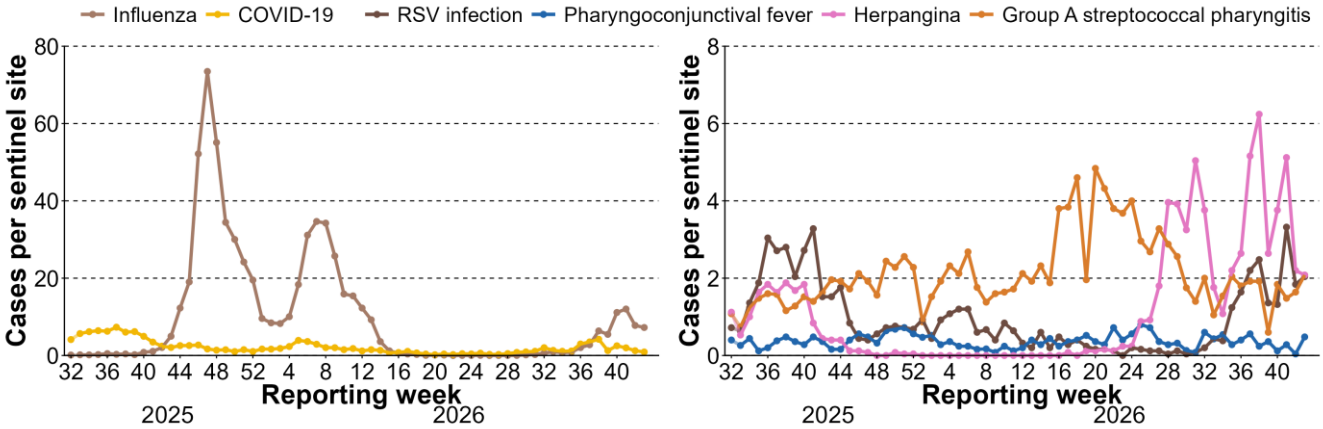

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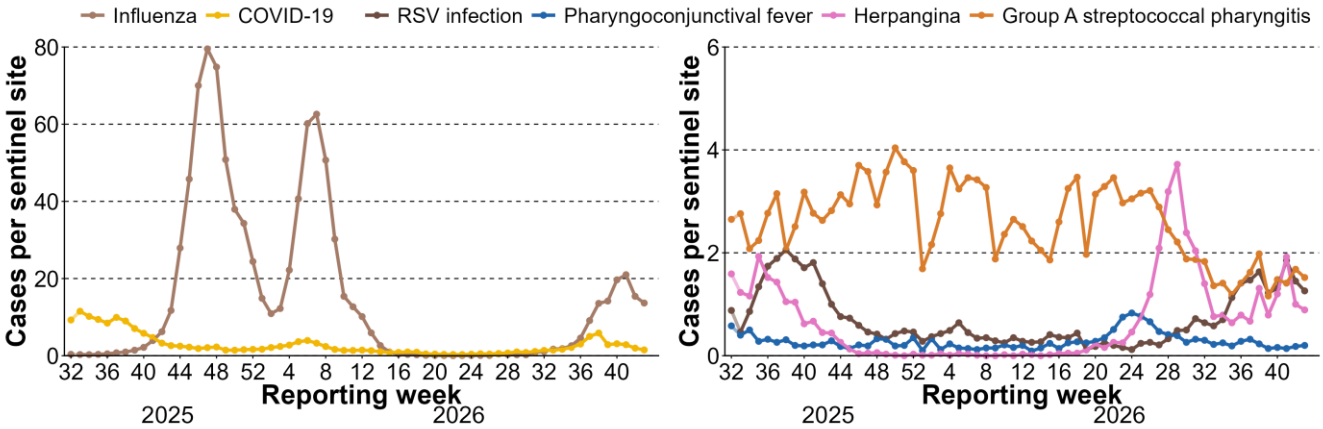

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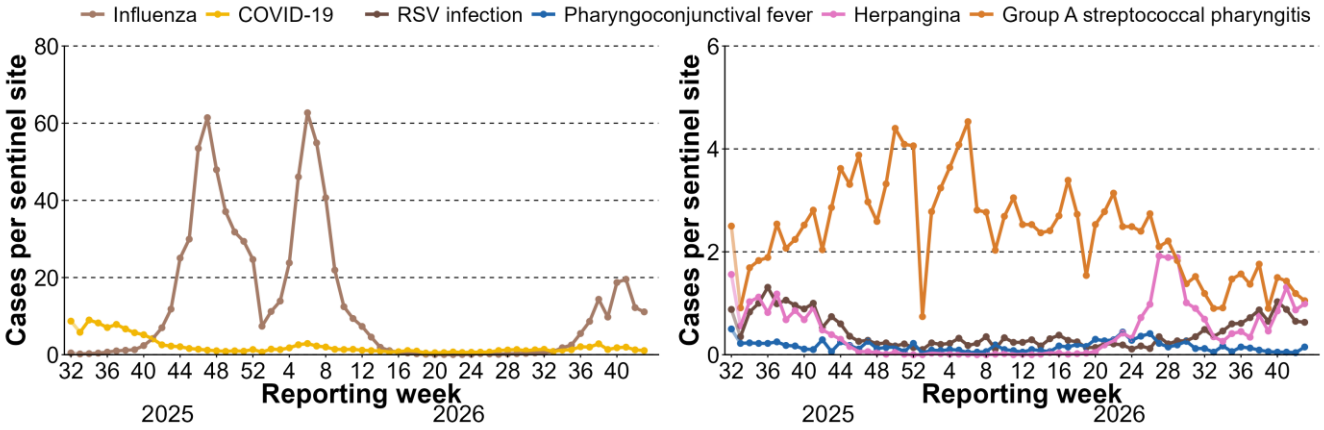

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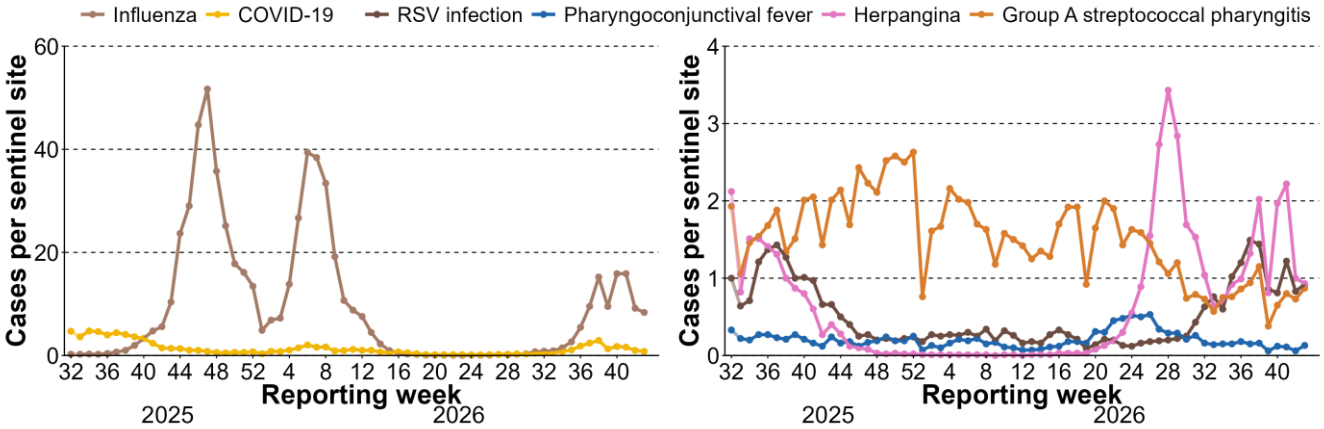

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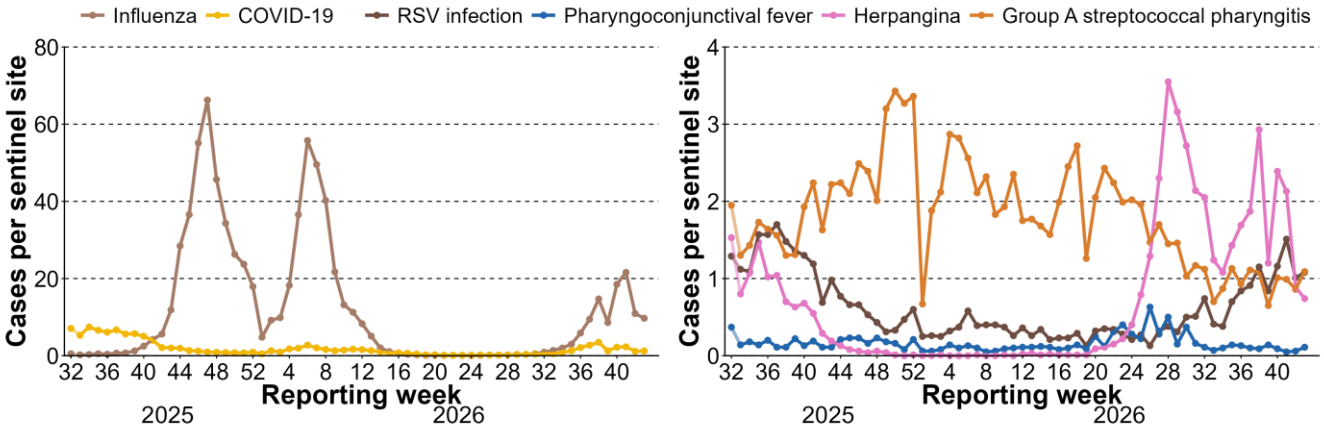

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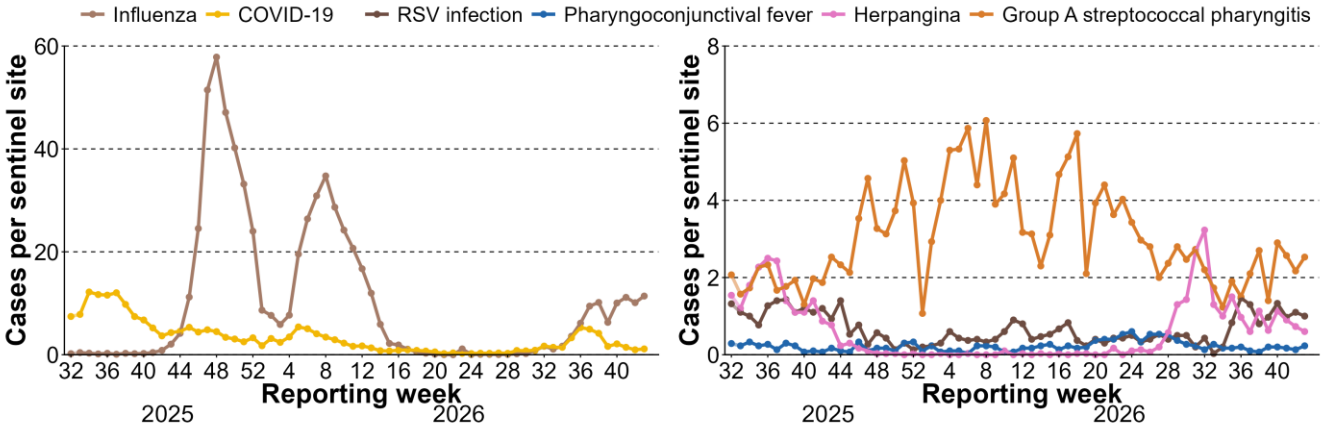

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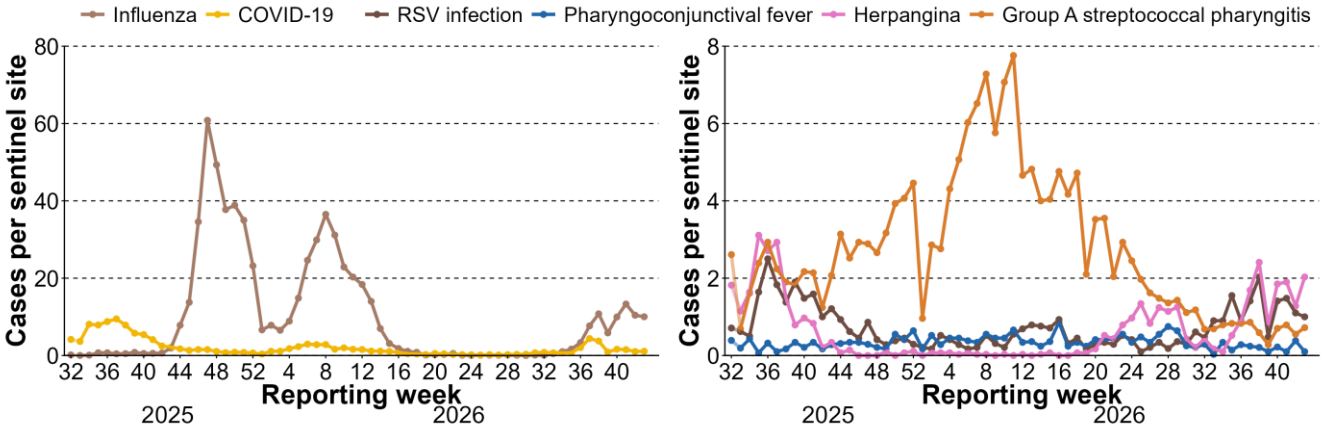

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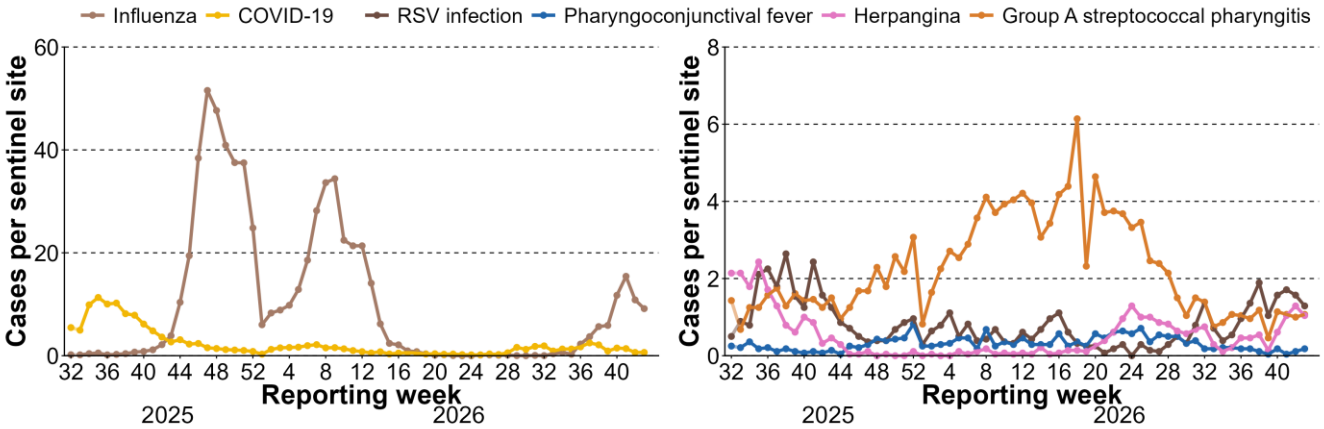

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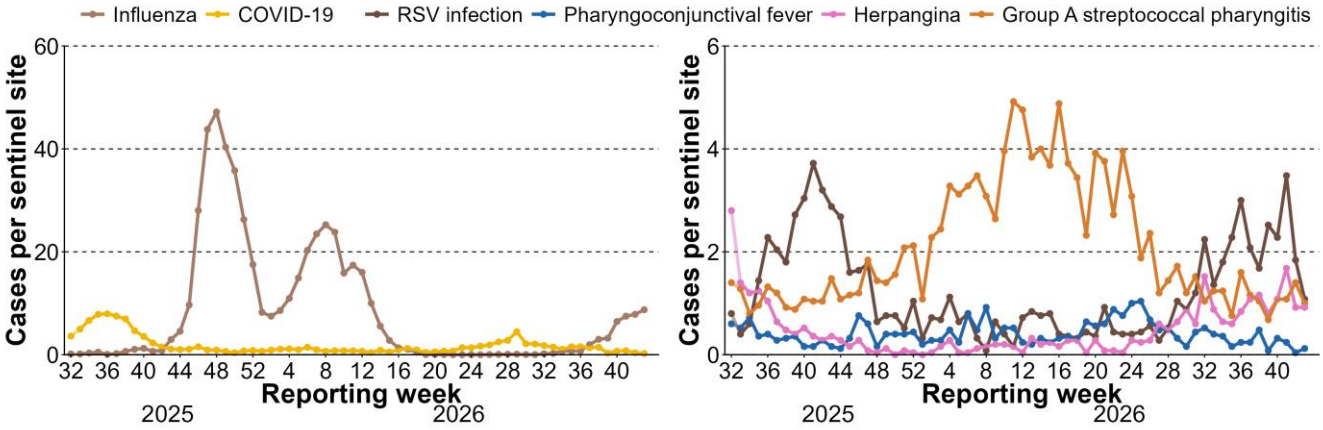

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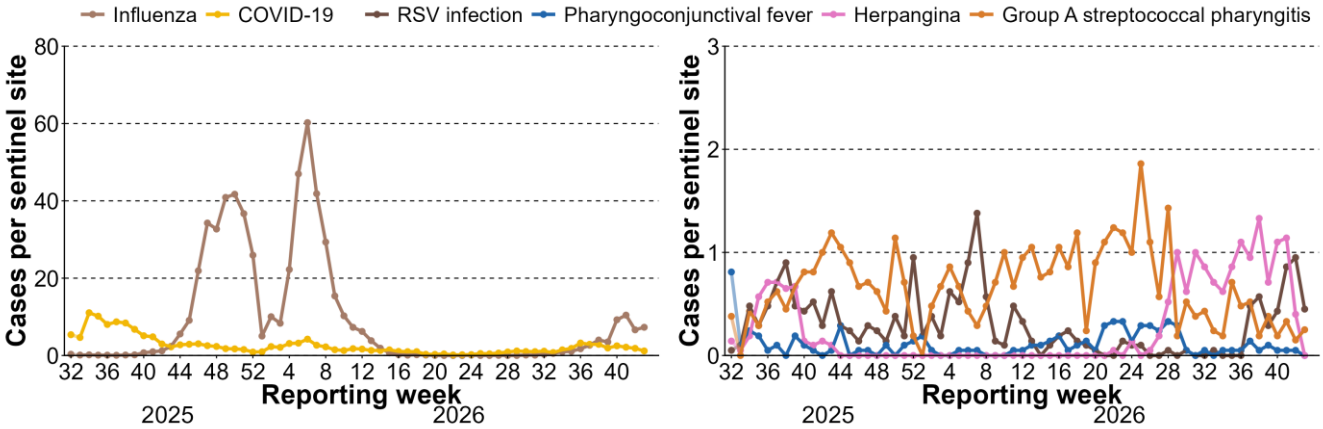

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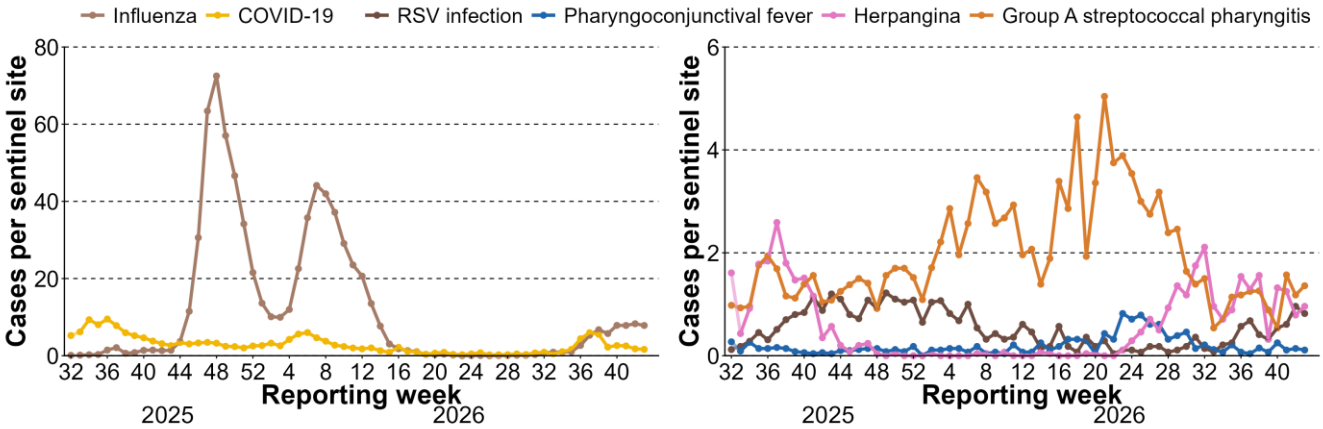

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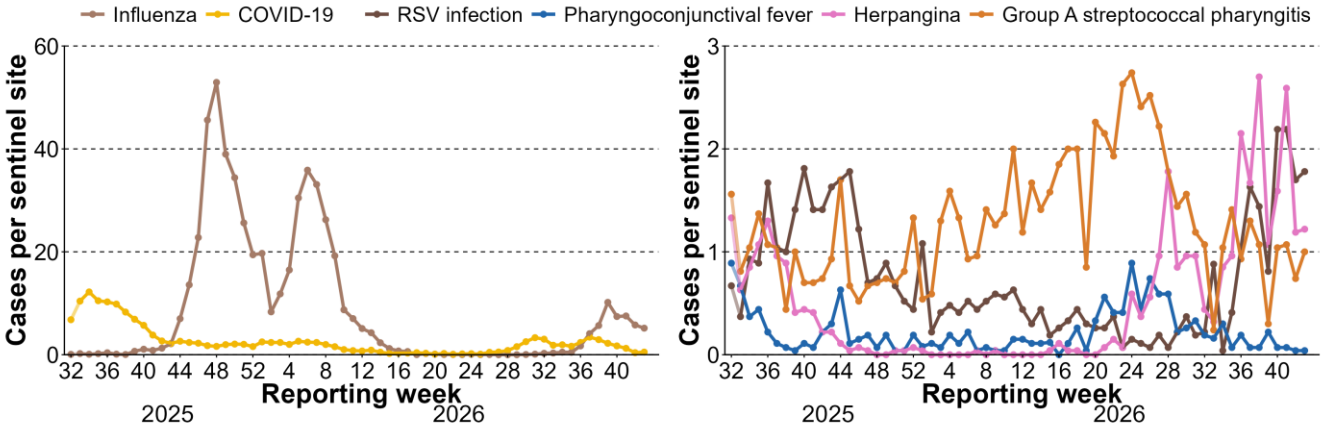

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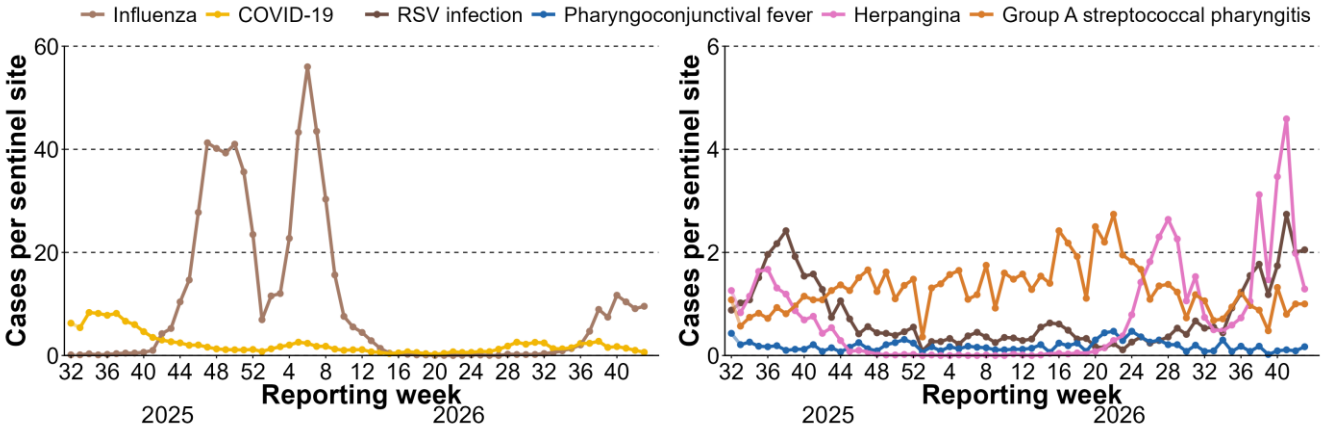

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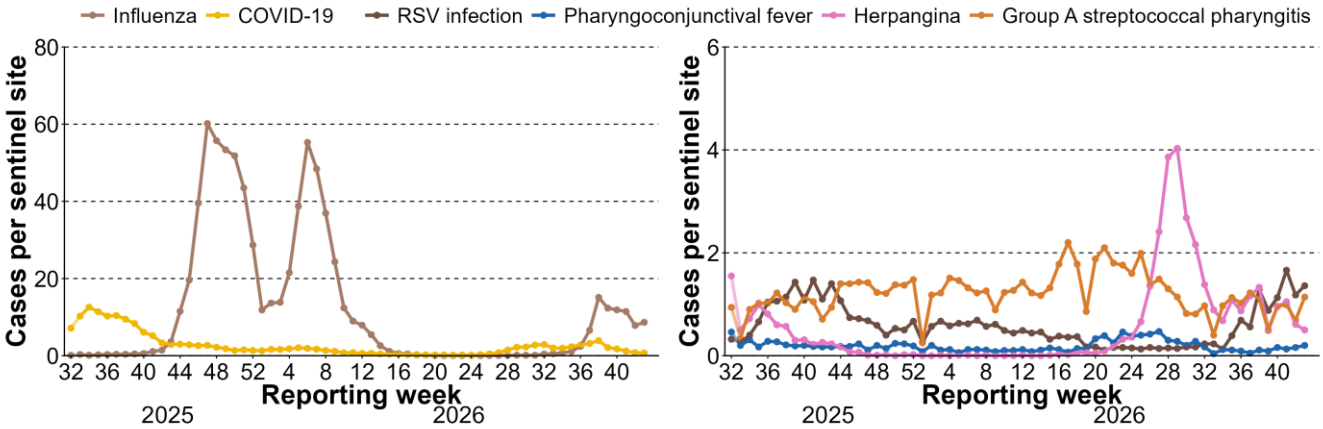

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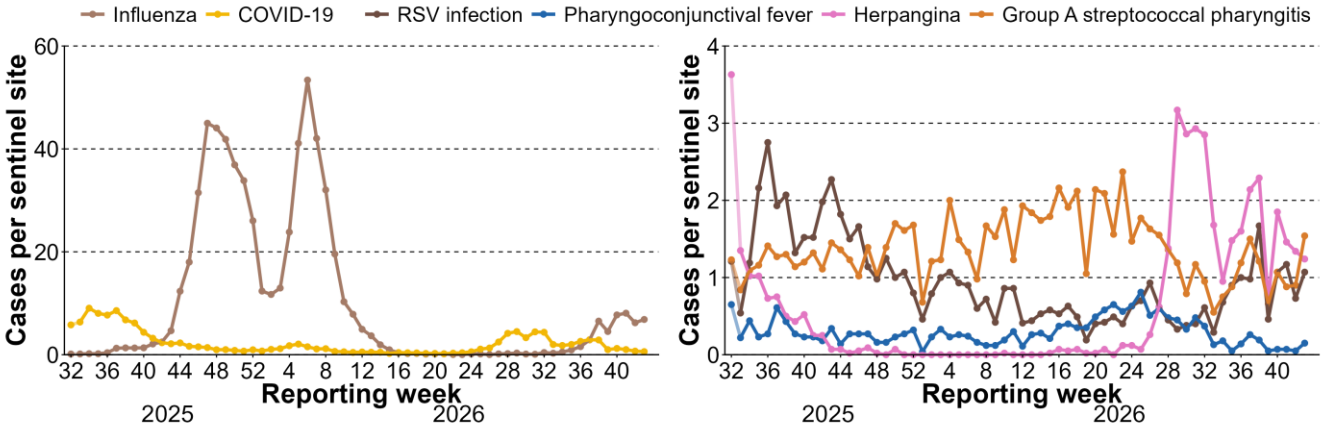

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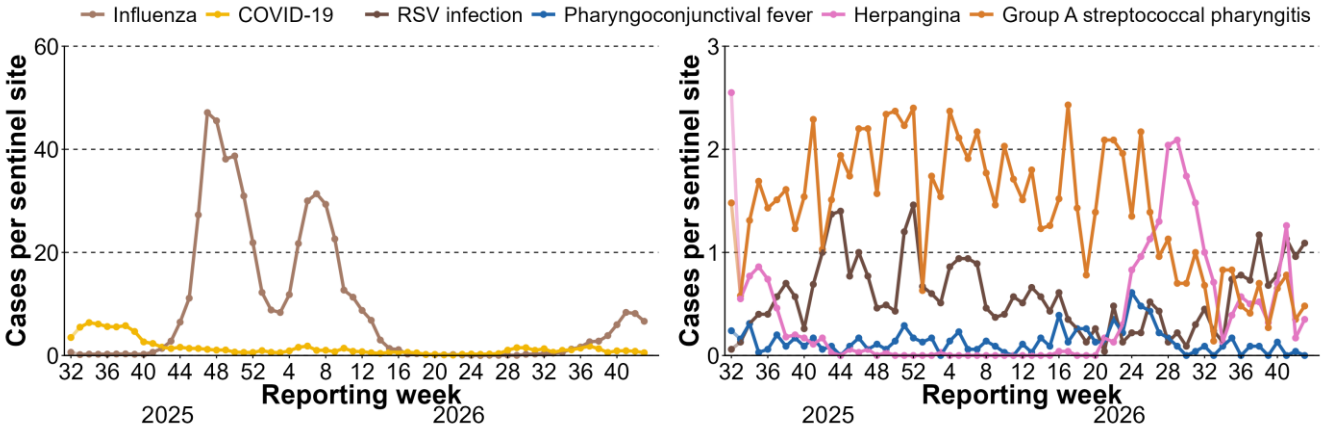

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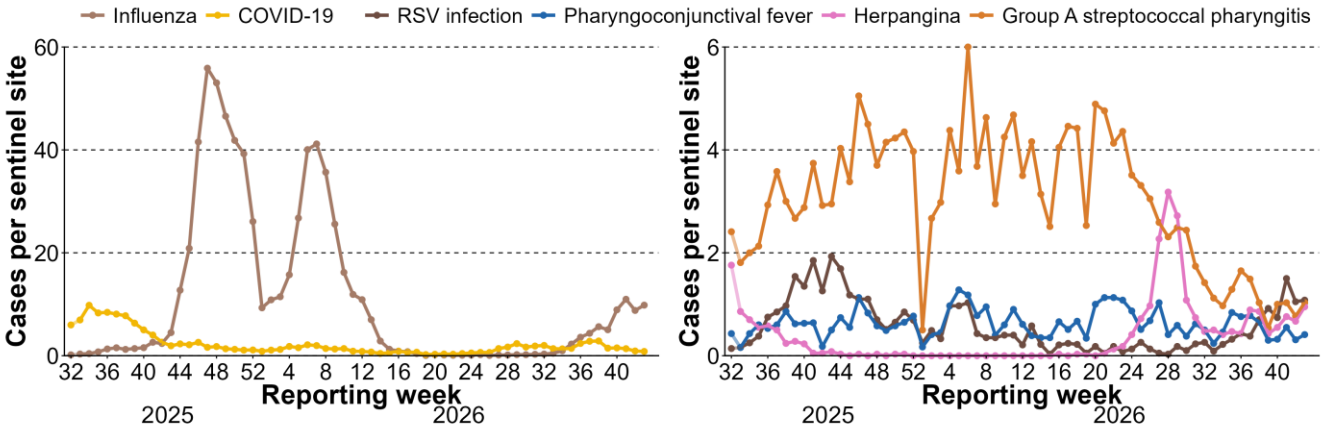

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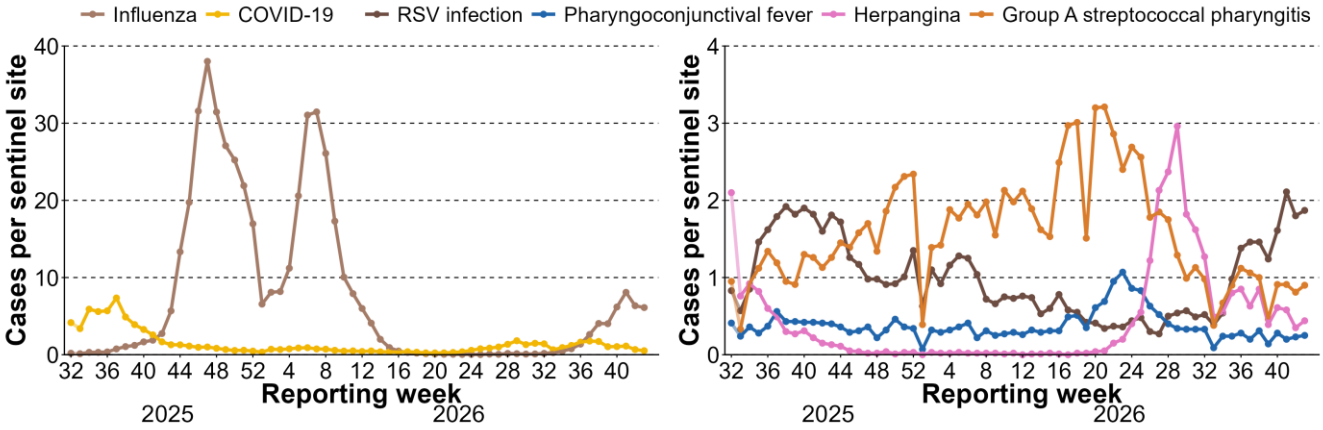

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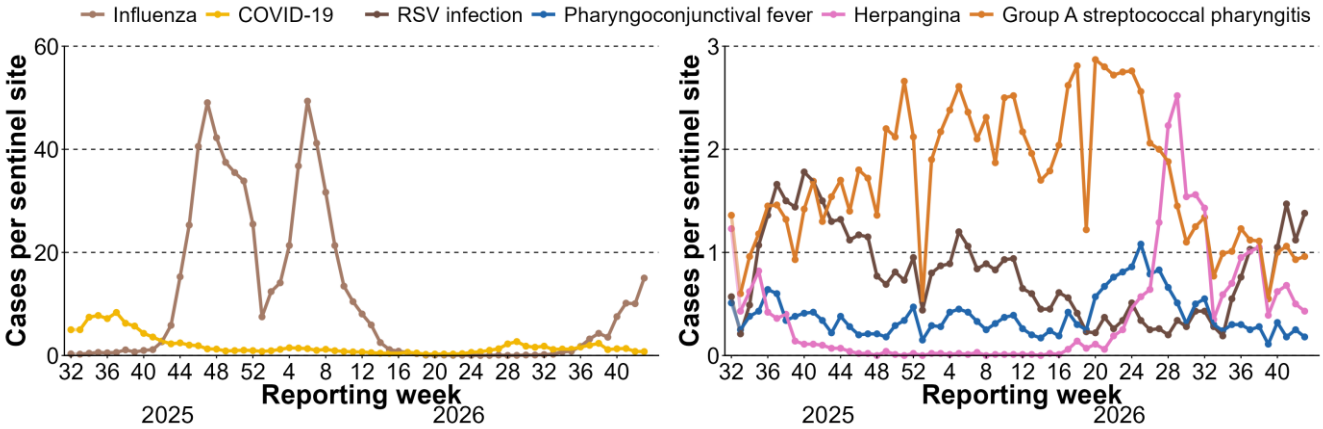

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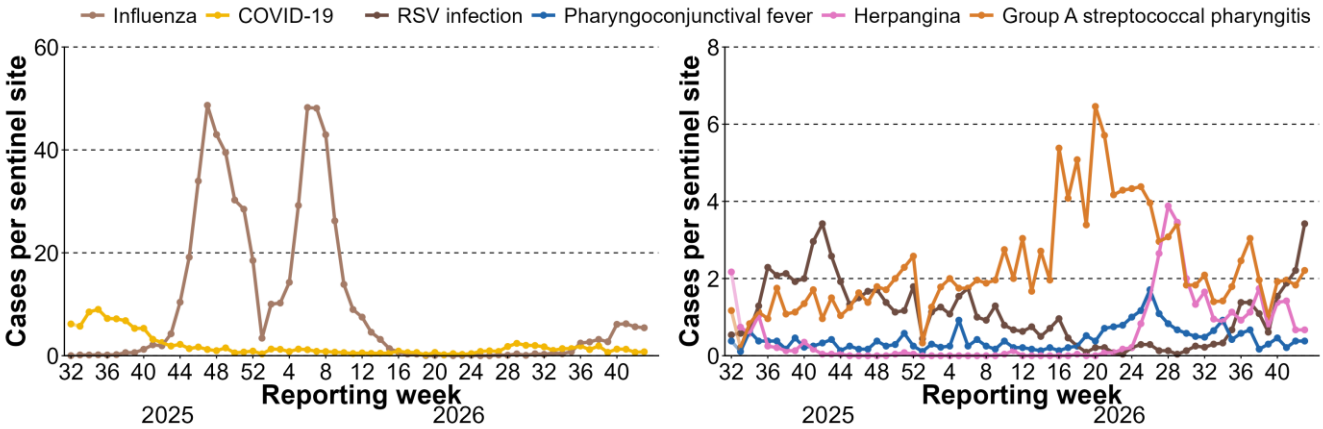

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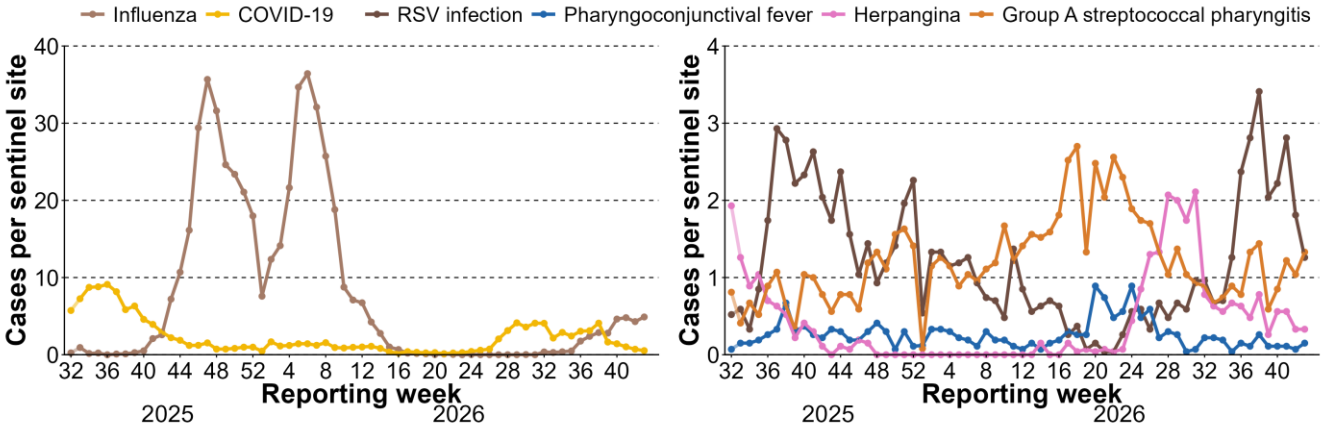

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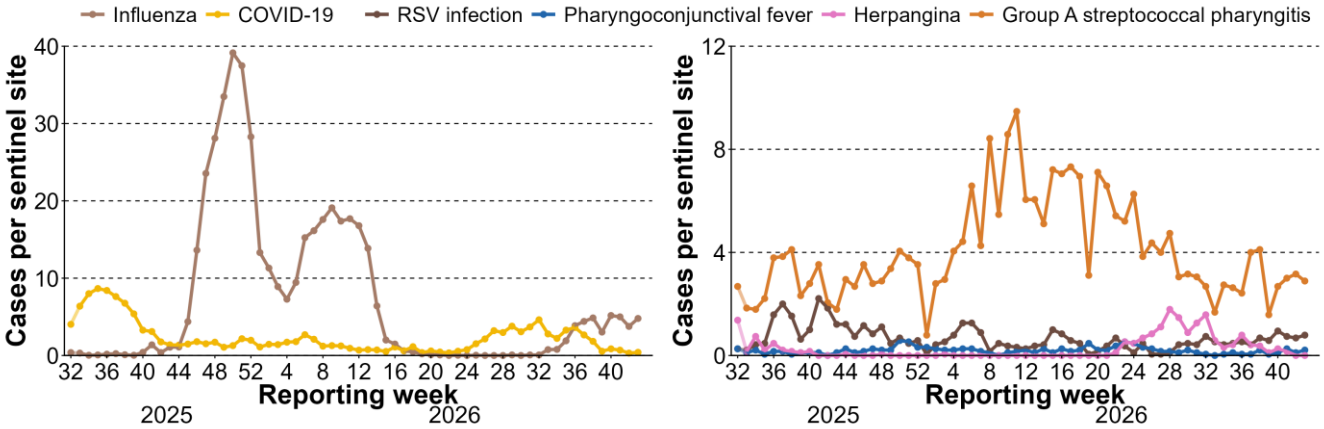

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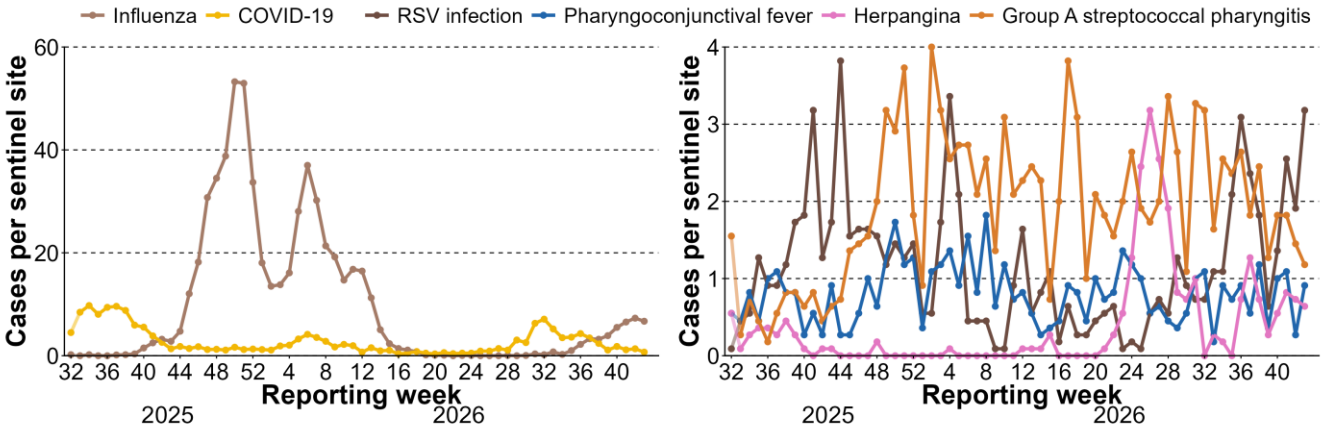

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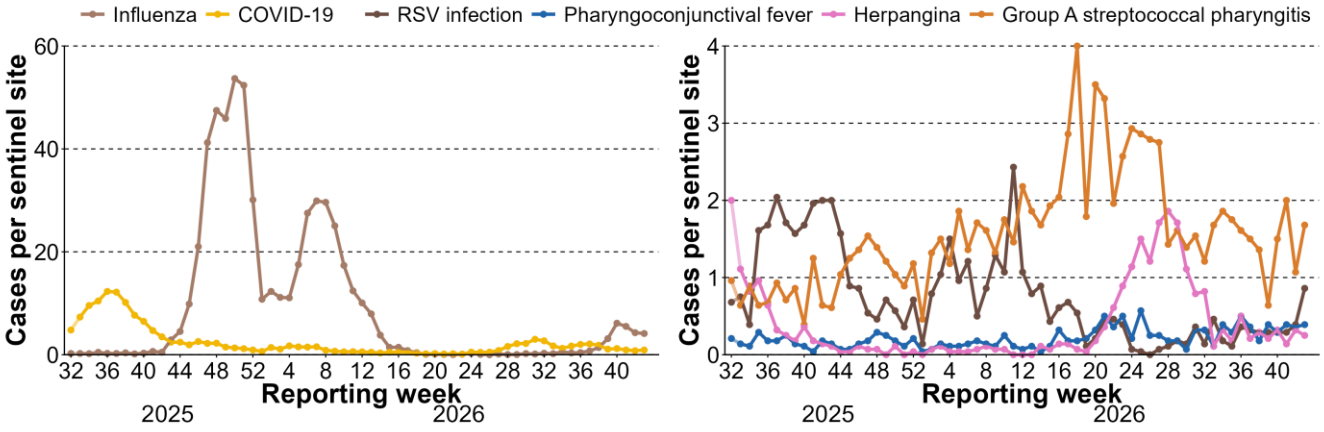

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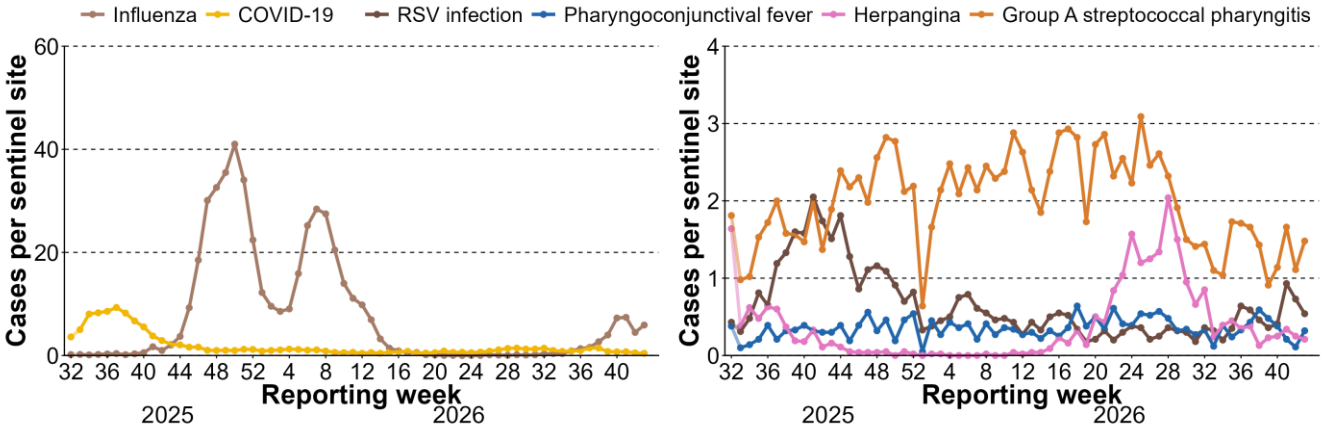

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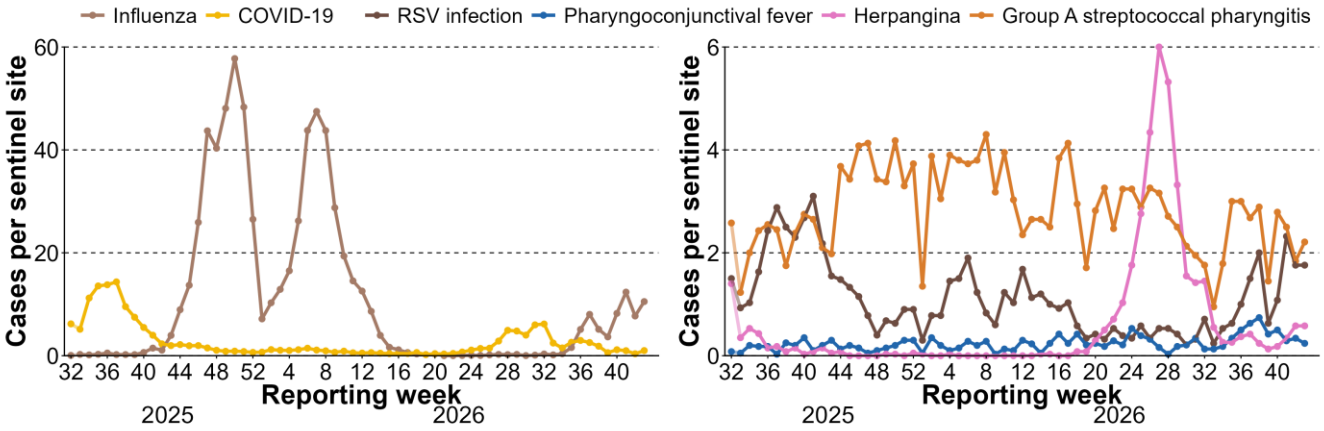

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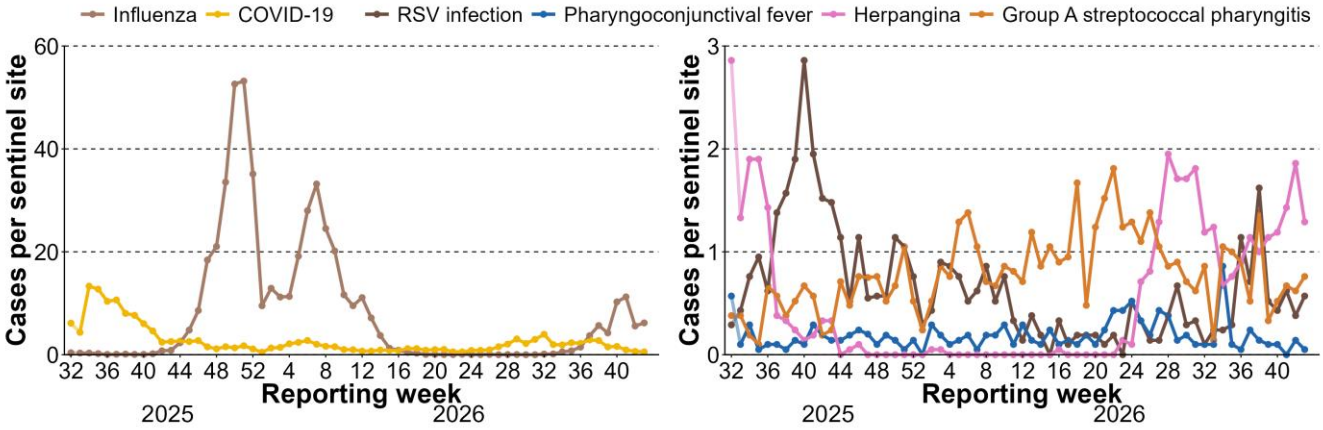

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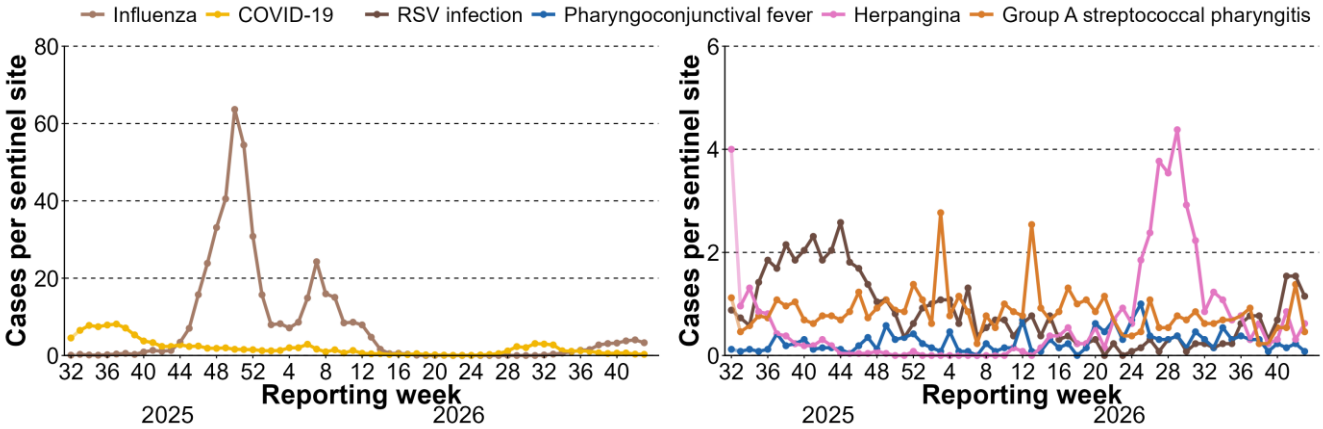

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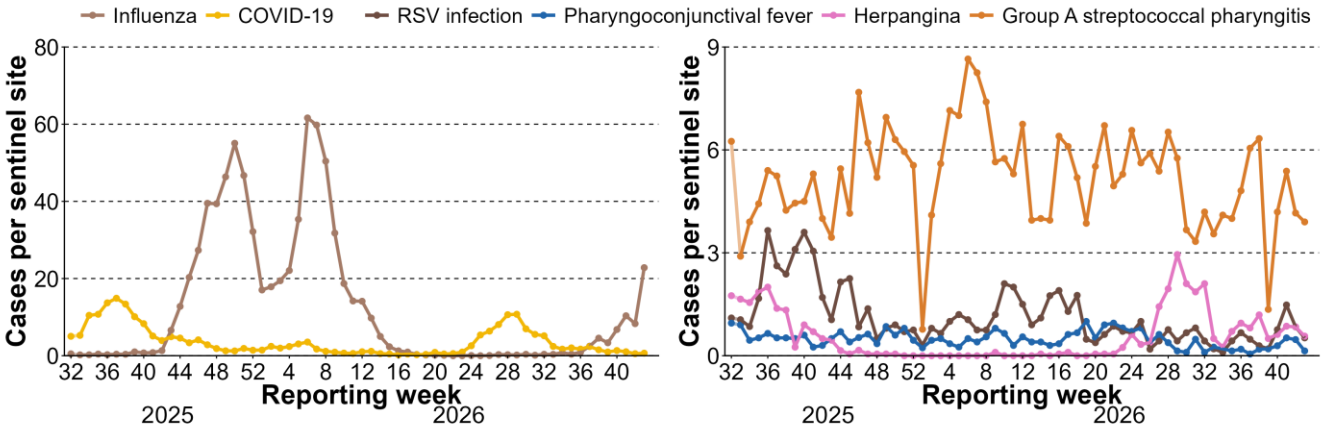

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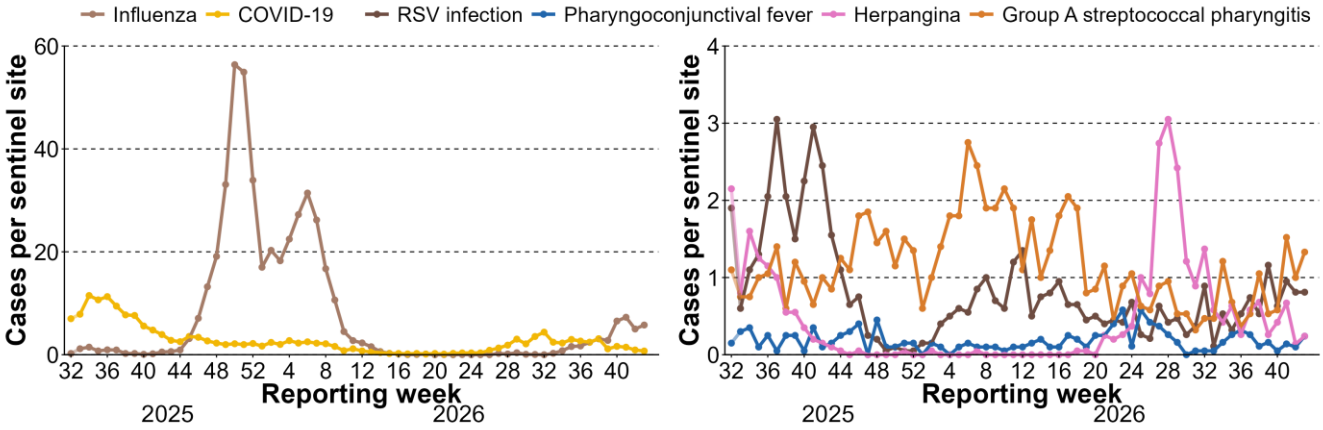

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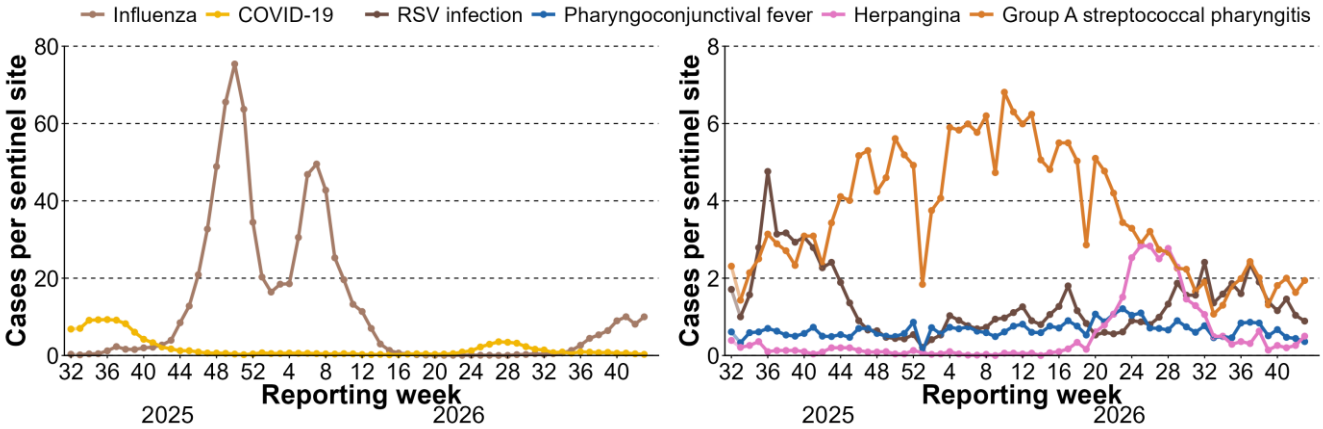

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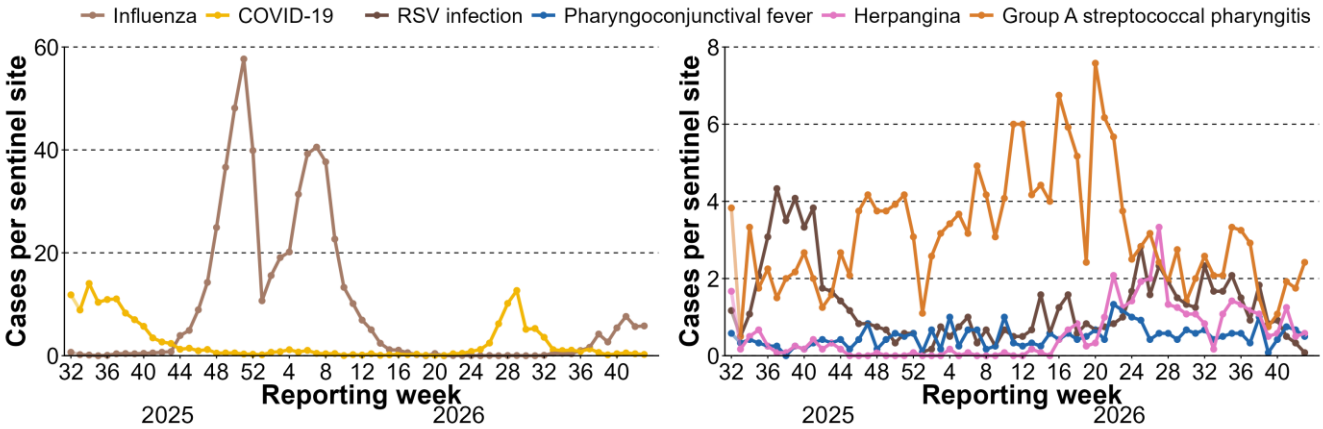

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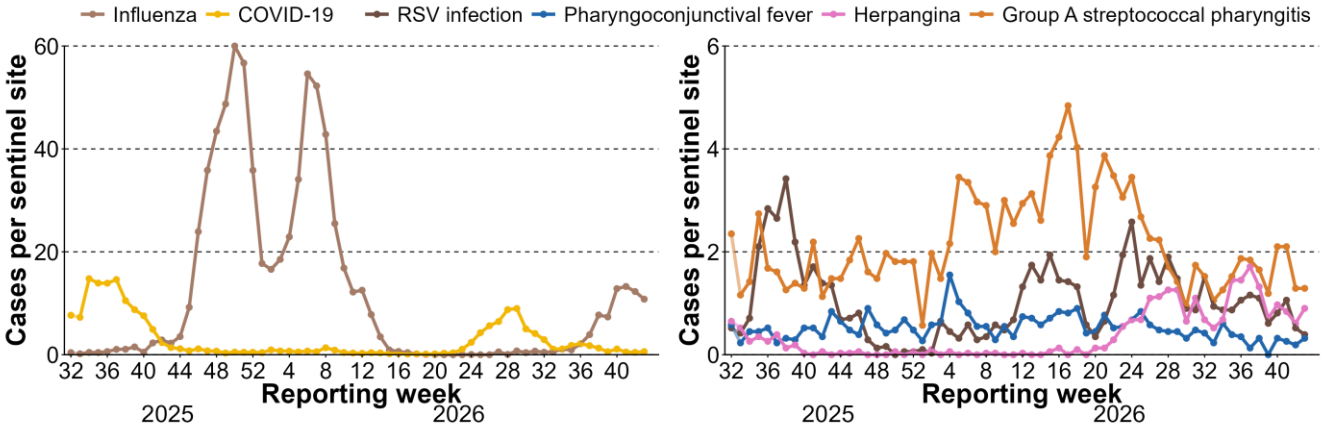

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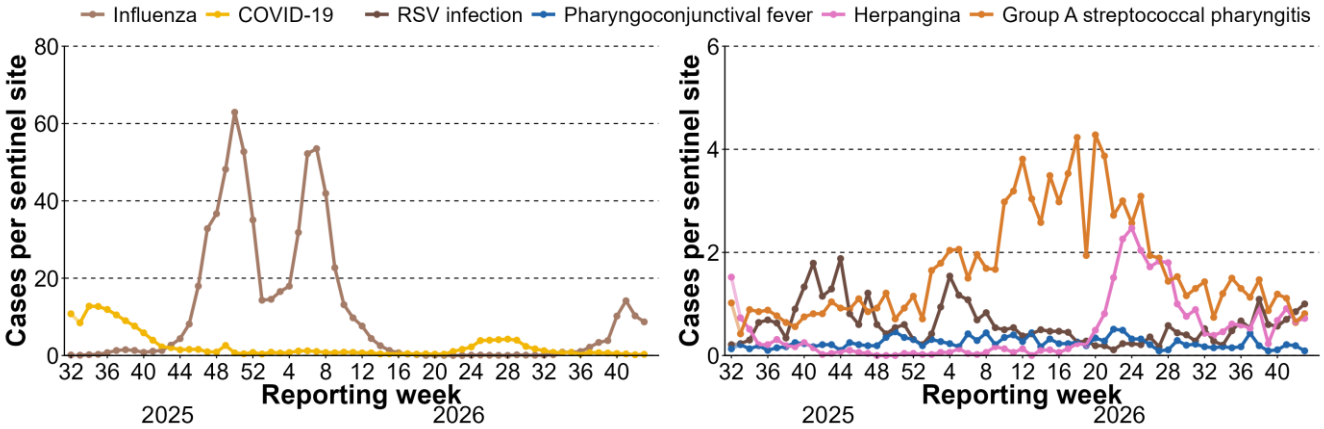

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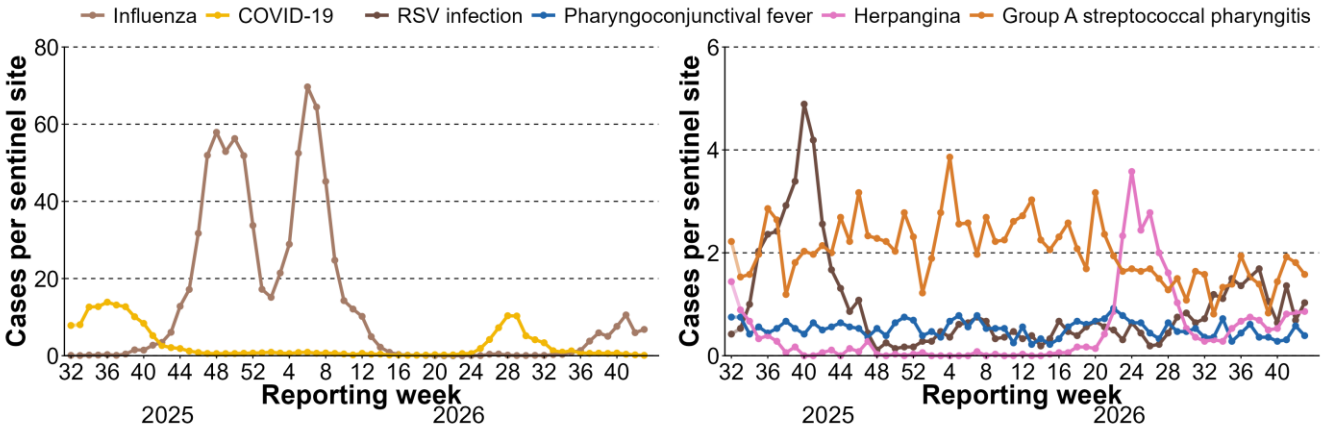

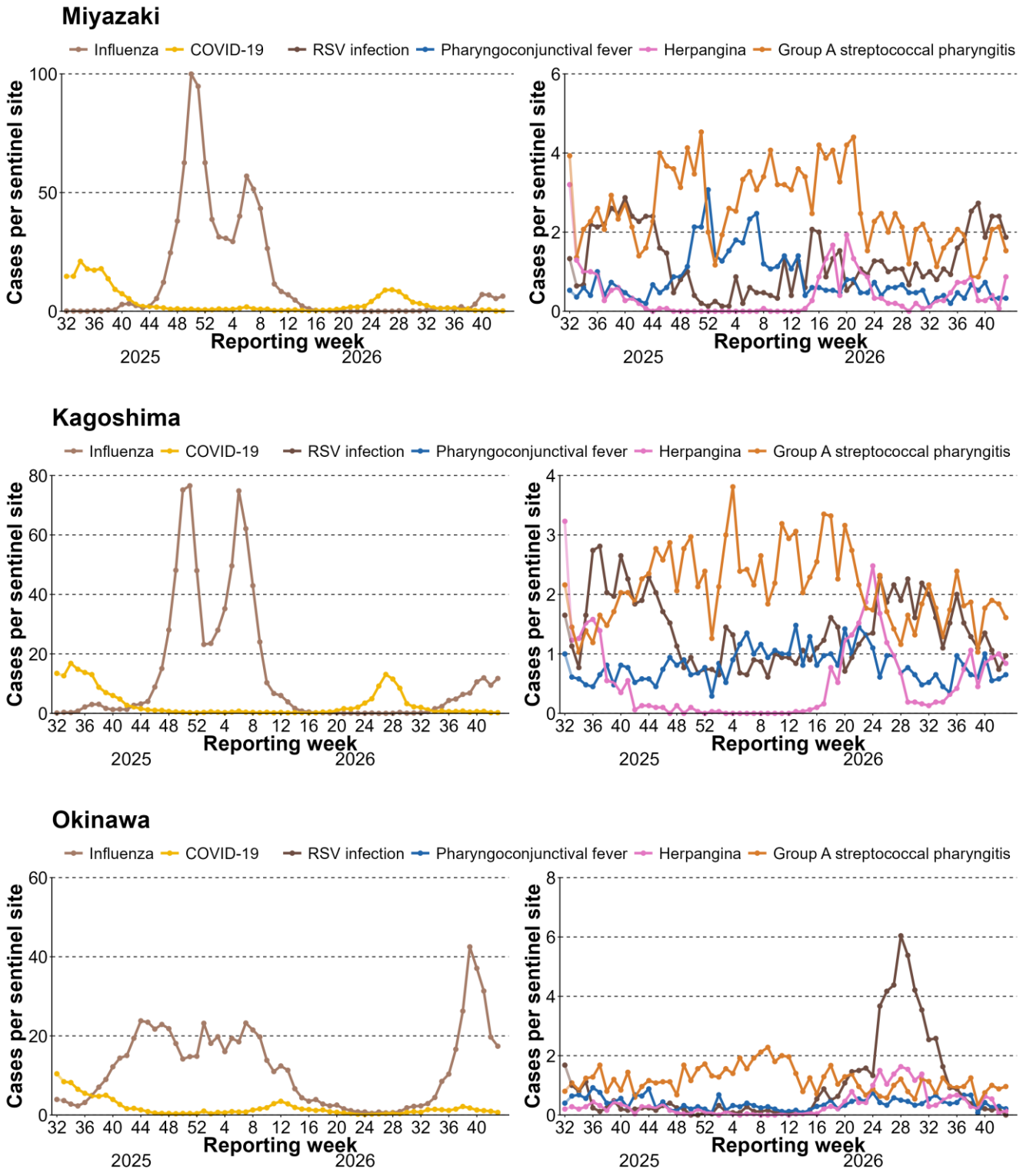

Data source: Infectious Disease Surveillance in Japan; data as of October 28, 2026 (data range: August 4, 2025 – October 25, 2026)