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

Acute Respiratory Infection Surveillance Weekly Report: Key Figures

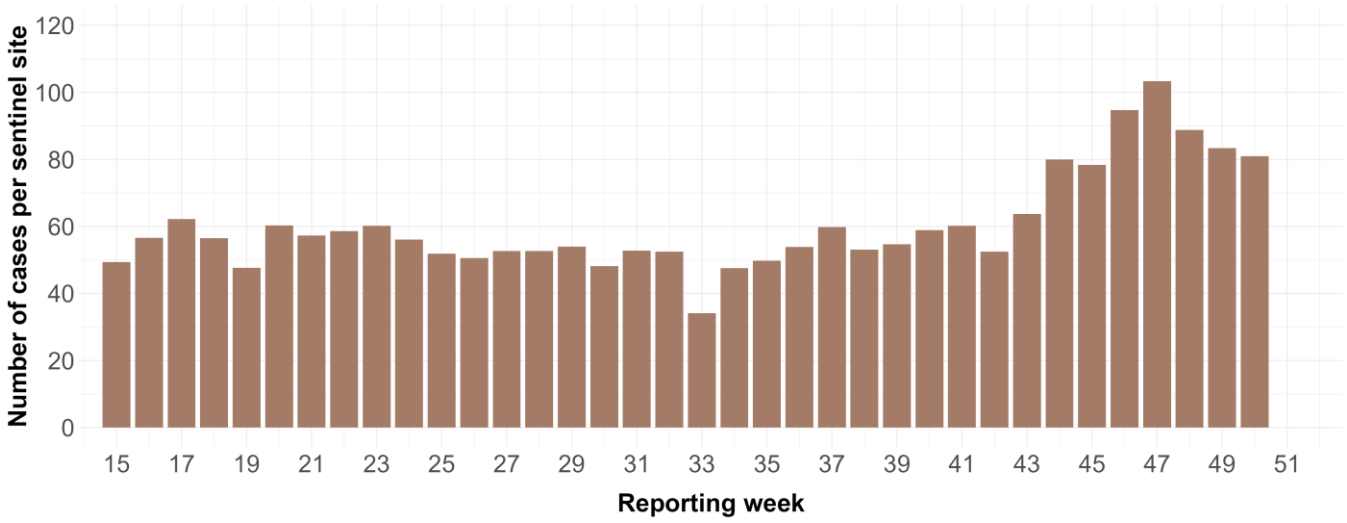
Week 50, 2025 (December 8, 2025 – December 14, 2025)

This report provisionally provides key figures of Acute Respiratory Infection (ARI) weekly situational report. Influenza and 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 case-based surveillance, data from the most recent week are aggregated as of the compilation date, and data from previous weeks are re-presented. 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 the weekly “trends” and “levels”. Important notes are provided at the end of this report. Please be aware that the reported numbers are provisional and subject to revision.

Figure 1. The weekly number of ARI cases reported per ARI sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: April 7, 2025 – December 14, 2025).

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

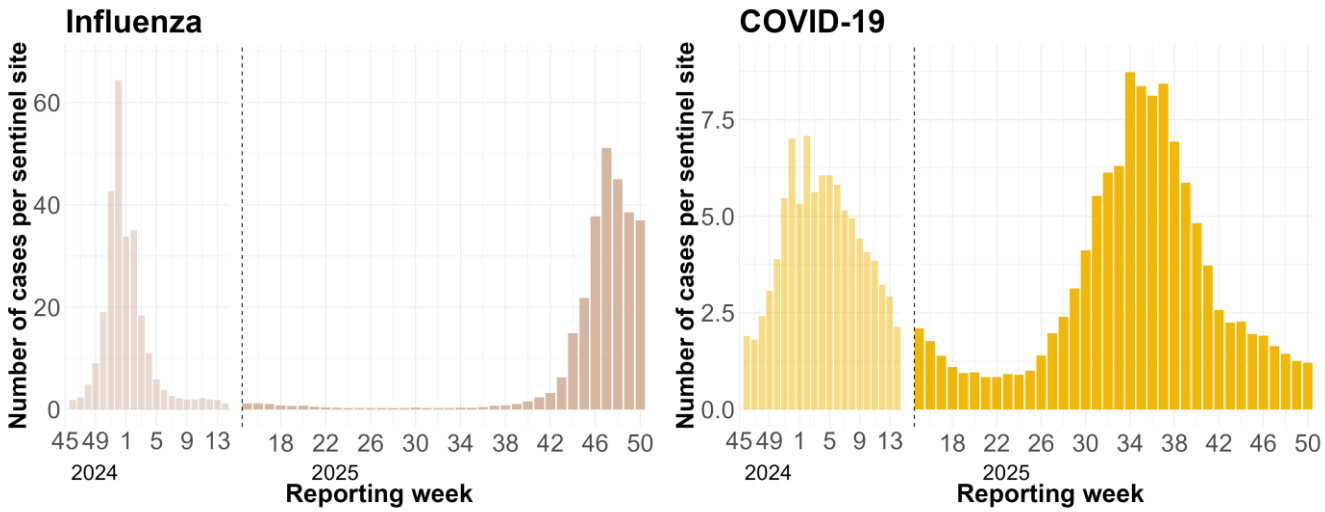
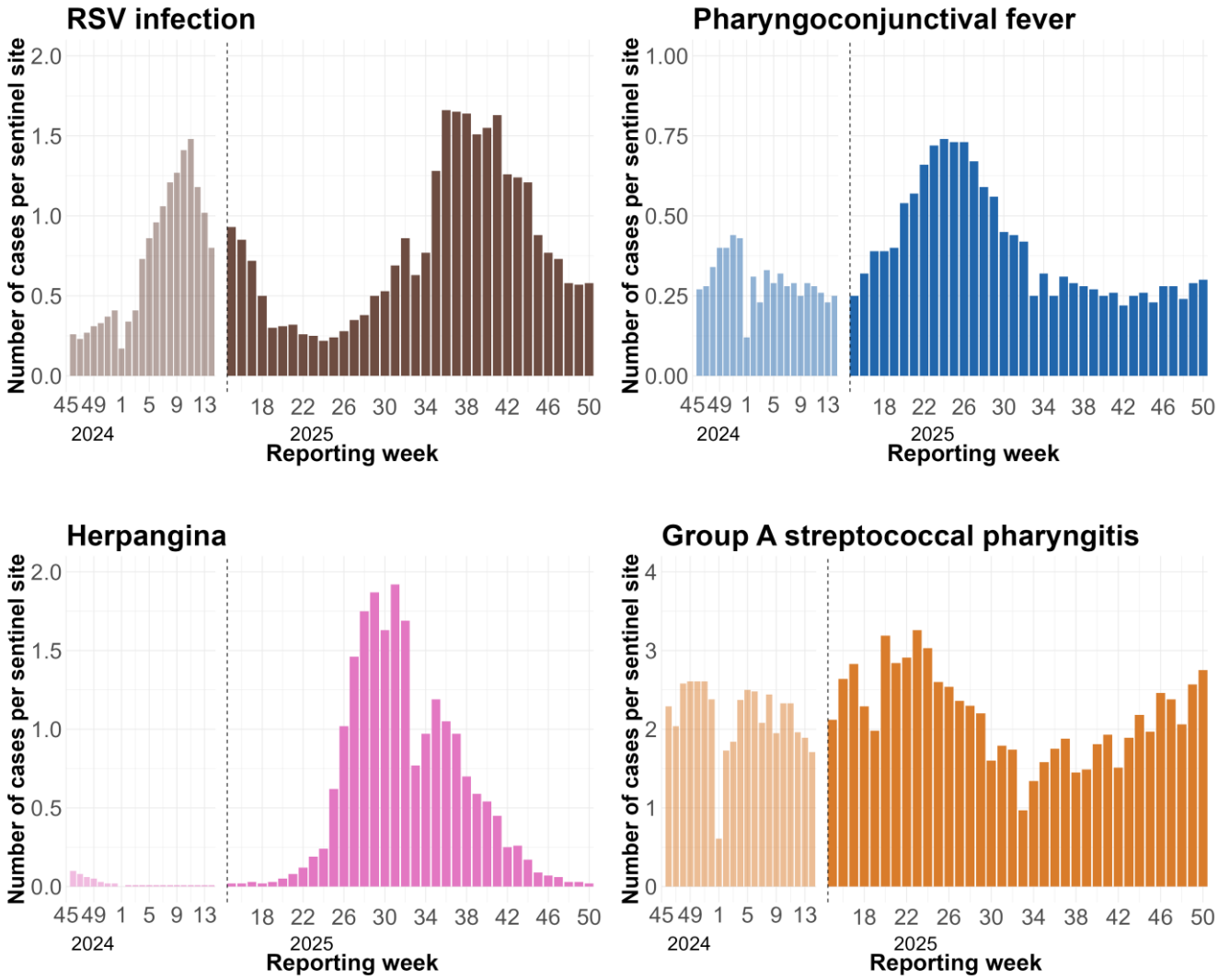


Figure 1B. The weekly number of cases of RSV infection, pharyngoconjunctival fever, herpangina, and group A streptococcal pharyngitis reported per pediatric sentinel site



Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: November 4, 2024 – December 14, 2025)

Note: The reported number of cases is a republication of the data presented in the Infectious Diseases Weekly Report (IDWR) for the corresponding week.
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.
To account for the change in the number of sentinel sites, a space and a vertical dotted line are inserted between weeks 14 and 15 of 2025, and the bars for the earlier period are shaded.

Figure 3A. The number of ARI cases reported per ARI sentinel site by prefecture in week 50

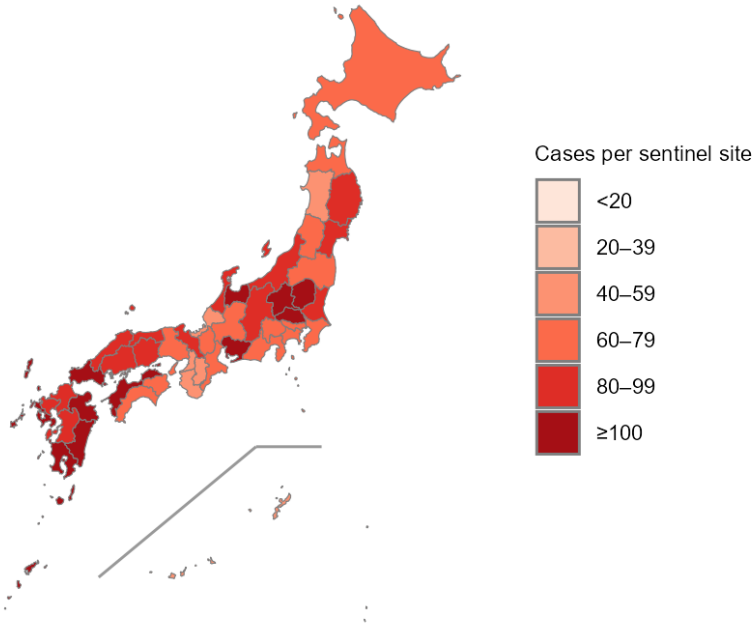
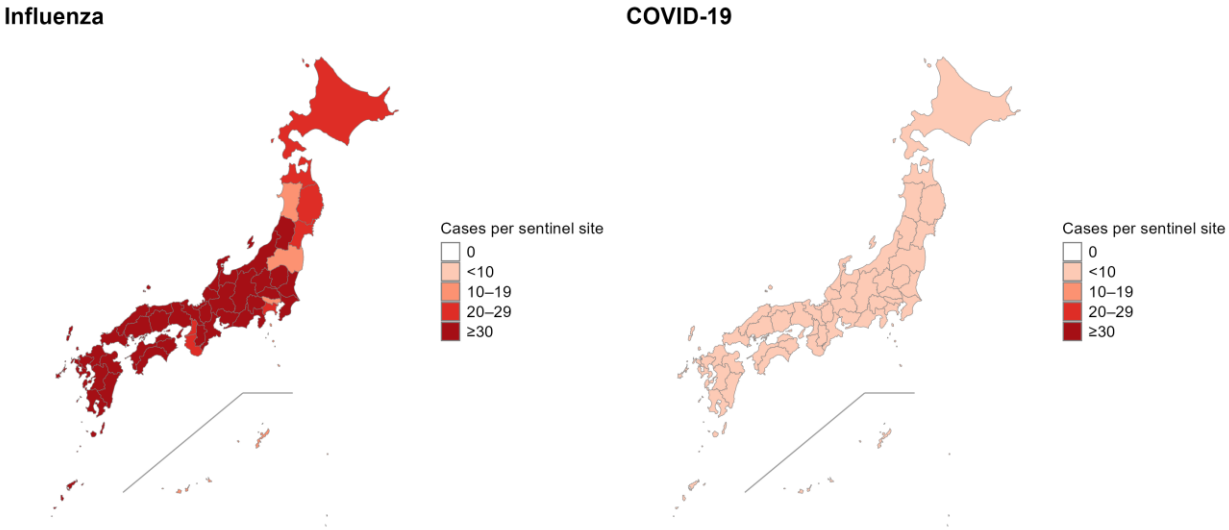
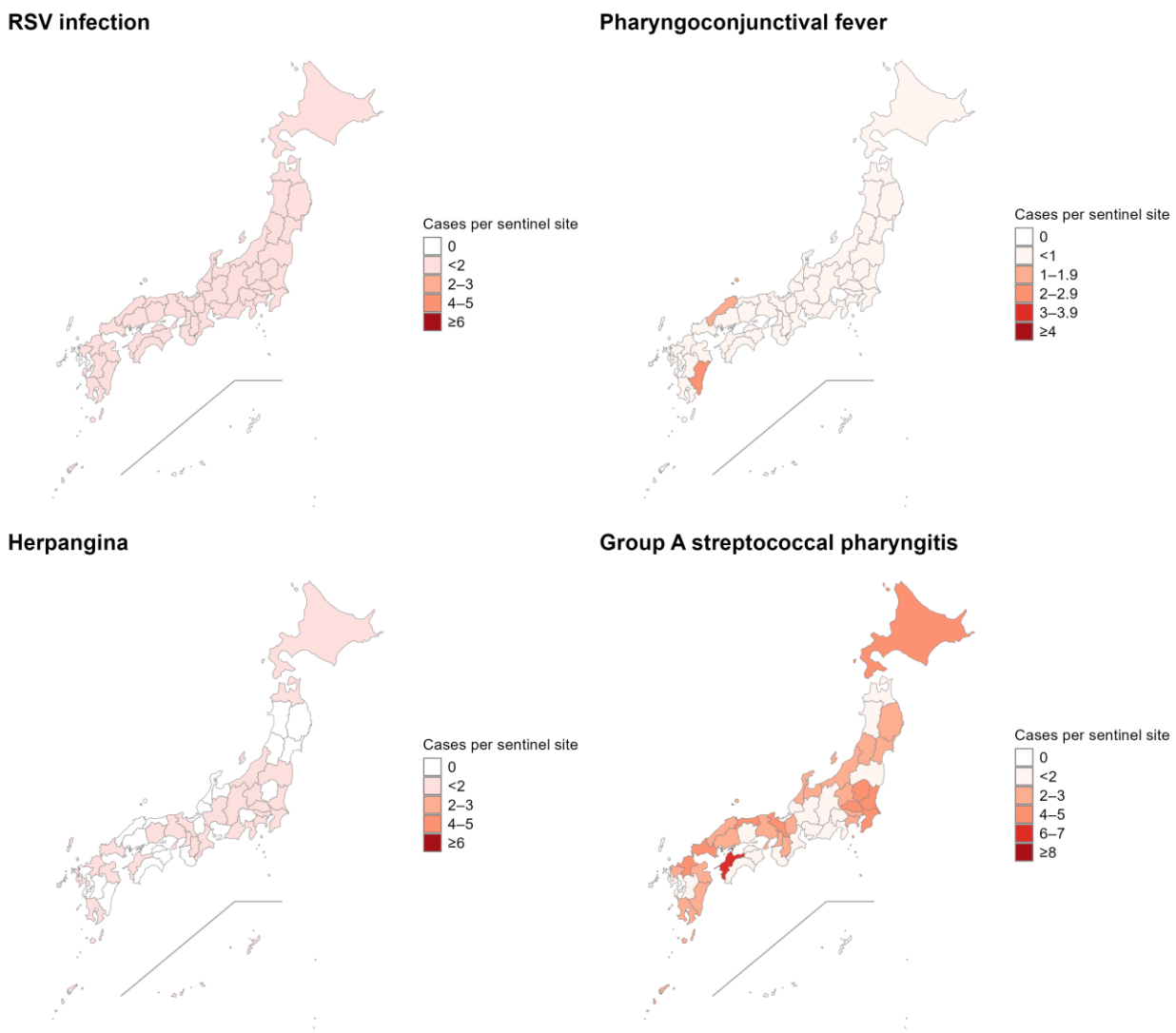


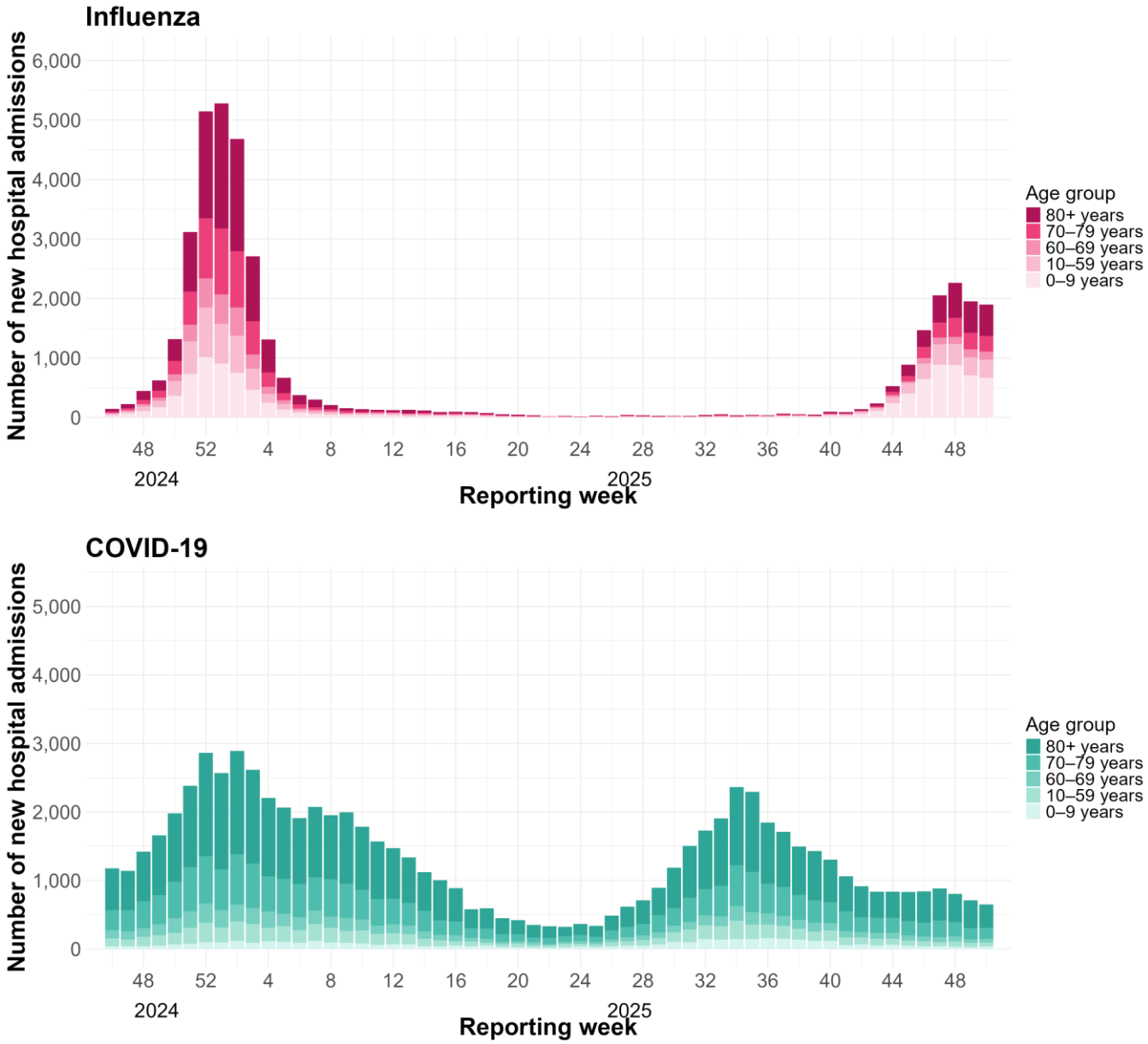
Figure 3B. The number of sentinel-reported infectious disease cases per sentinel site by prefecture in week 50





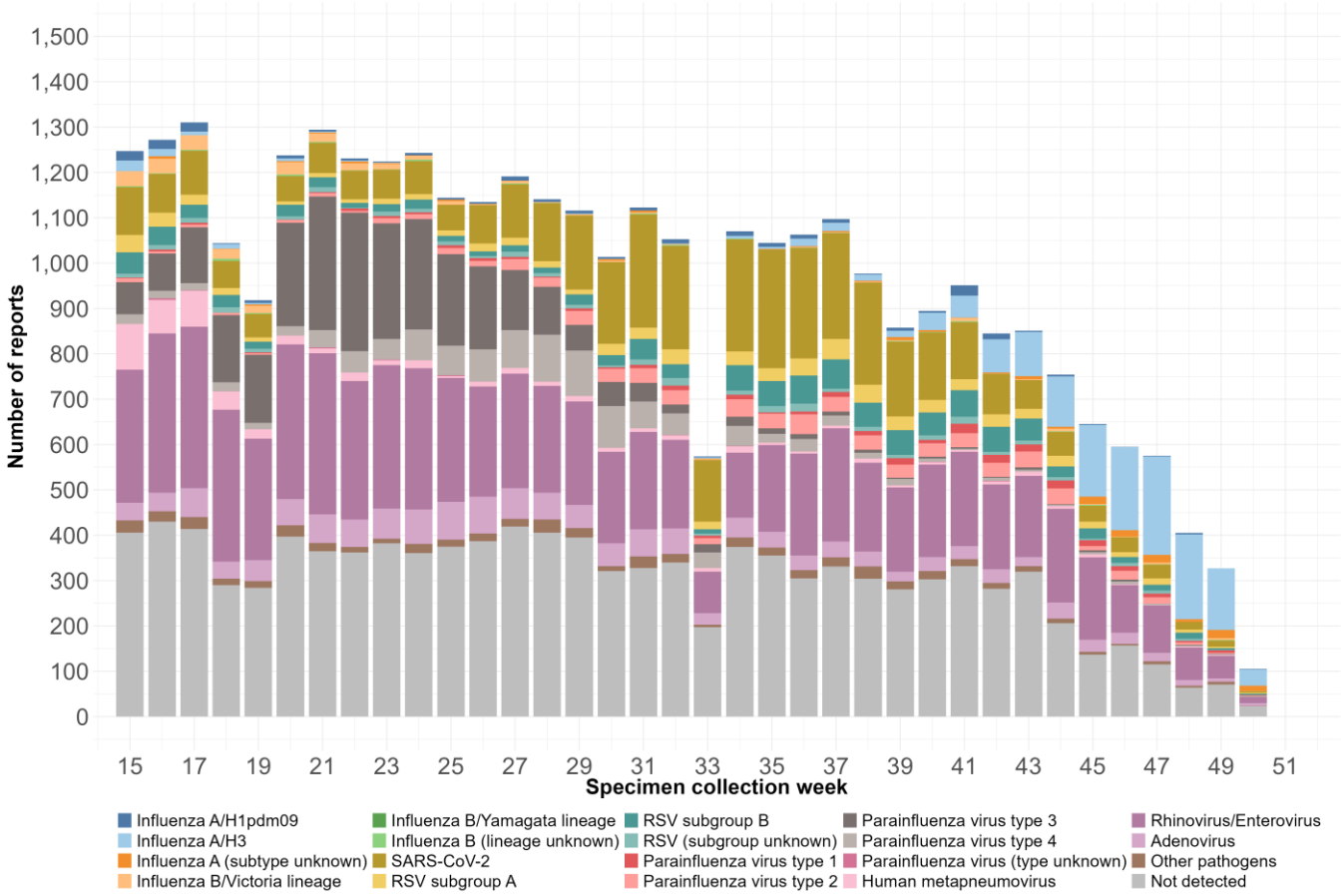
Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: December 8, 2025 – December 14, 2025)

Figure 5. The weekly number of new hospital admissions with influenza and COVID-19 reported by designated sentinel hospitals



Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: November 4, 2024 – December 14, 2025)

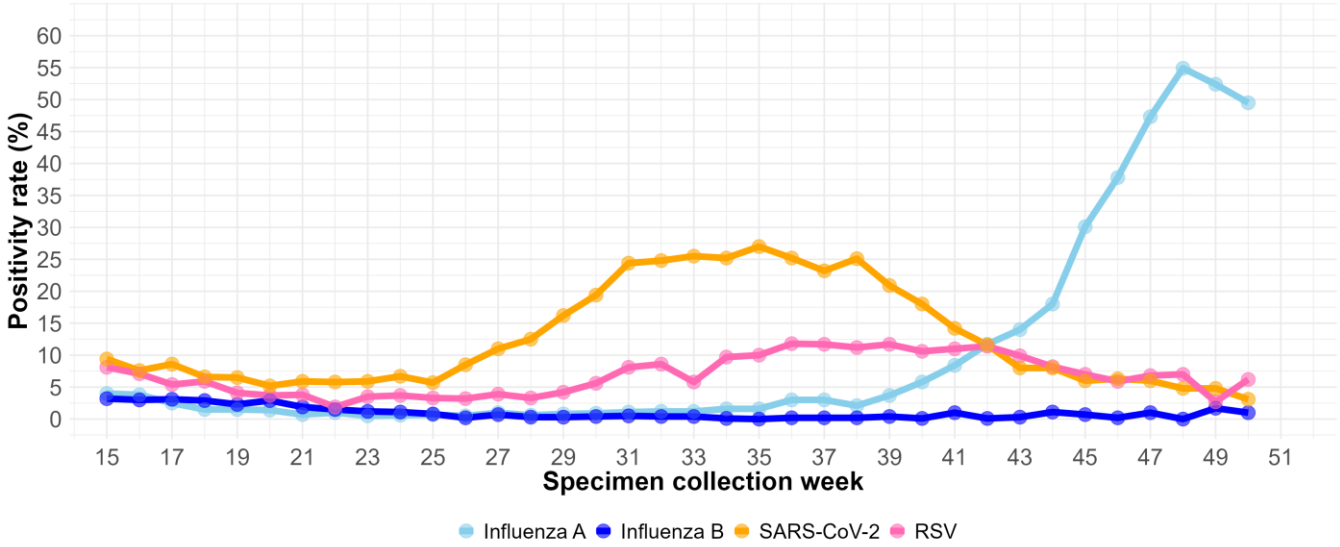
Figure 6. The weekly number of detected pathogens based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: April 7, 2025 – December 14, 2025).

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 with results shown as “not detected” only or with no test results presented, this may indicate that no pathogen was detected; however, depending on the test item, it may also include tests that were not performed.

Figure 7. The weekly pathogen-specific positivity rate based on specimen collection week



Data source: Infectious Disease Surveillance in Japan; data as of December 17, 2025 (data range: April 7, 2025 – December 14, 2025).

Note: The positivity rate 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.

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.