Reporting on Regional Infectious Disease in Tokyo, 2026.

The 20th Regular conference of "Countermeasures to Combat Infectious Diseases in Asia (CCIDA)“
March 18, 2026.

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Tokyo Metropolitan Government

Reporting on Regional Infectious Disease in Tokyo, 2026.

Outline

1. Acute Respiratory Infection
2. Influenza
3. COVID-19
4. Measles
5. Pertussis/Whooping cough
6. Chicken pox
7. Mpox
8. Syphilis

Acute Respiratory Infection

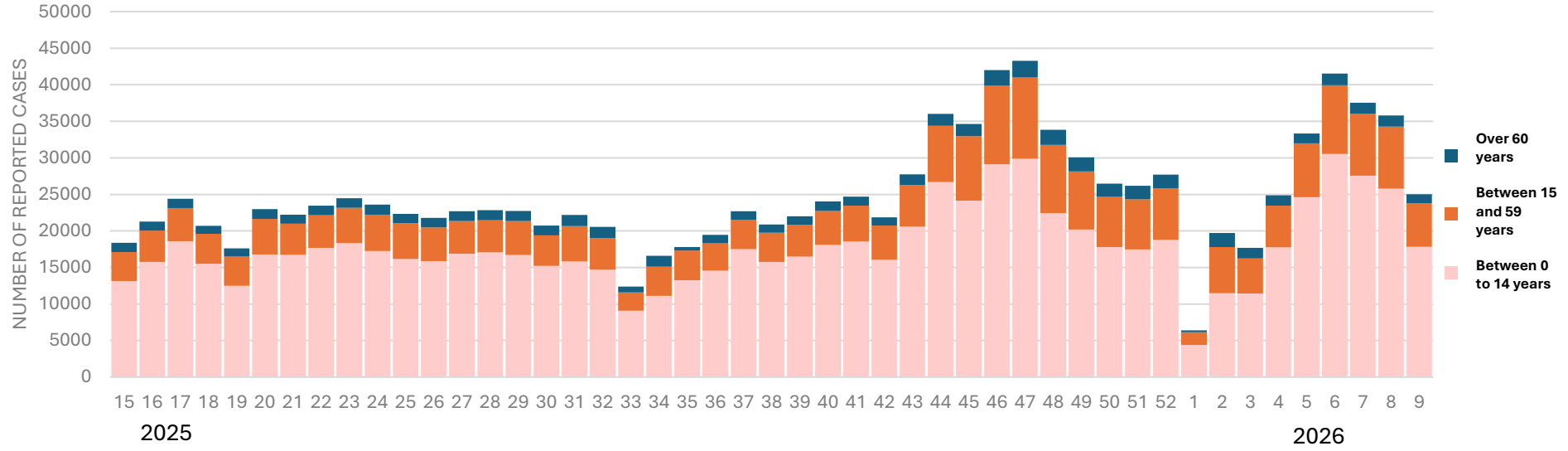
Class V - Infectious Diseases

Acute Respiratory Infection (ARI) is a general term for syndromes caused by pathogens that result in acute upper respiratory tract infections (rhinitis, sinusitis, pharyngitis, laryngitis) or lower respiratory tract infections (bronchitis, bronchiolitis, pneumonia).

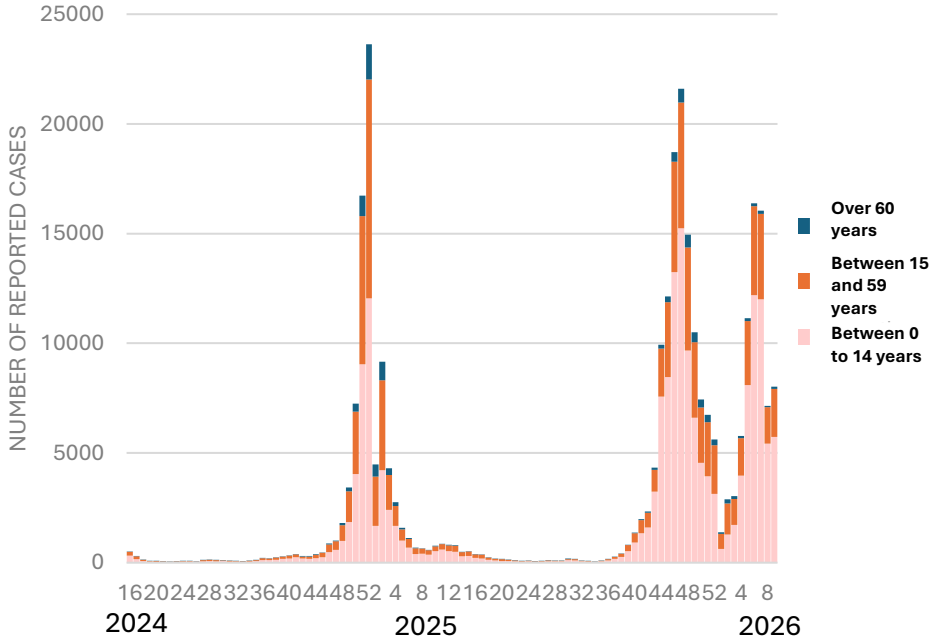
Examples include influenza, COVID-19, respiratory syncytial virus, pharyngoconjunctival fever, group A streptococcal pharyngitis, and herpangina. As of April 7, 2025, ARIs have been classified as Category 5 infectious diseases under the Infectious Diseases Control Act and are now subject to sentinel surveillance.

Weekly Reported Cases of Acute Respiratory Infections (ARIs) in Tokyo by age

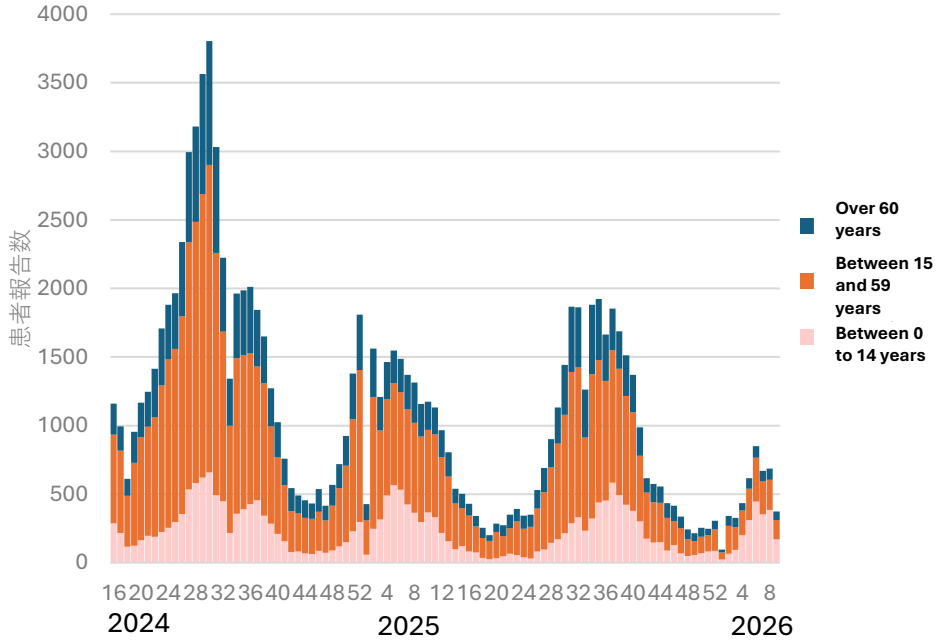
Acute Respiratory Infection （ＡＲＩ）



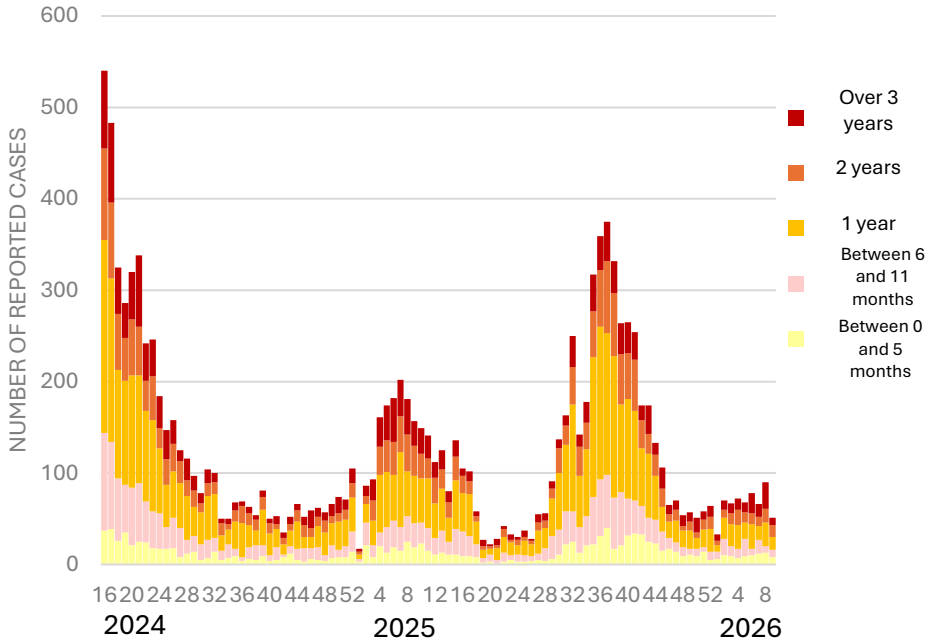
Influenza



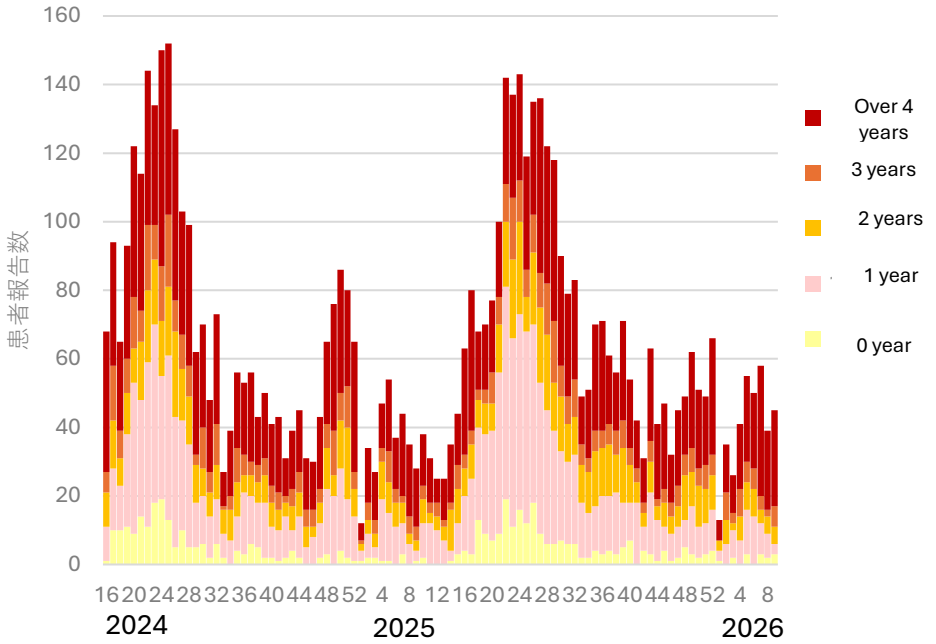
COVID-19



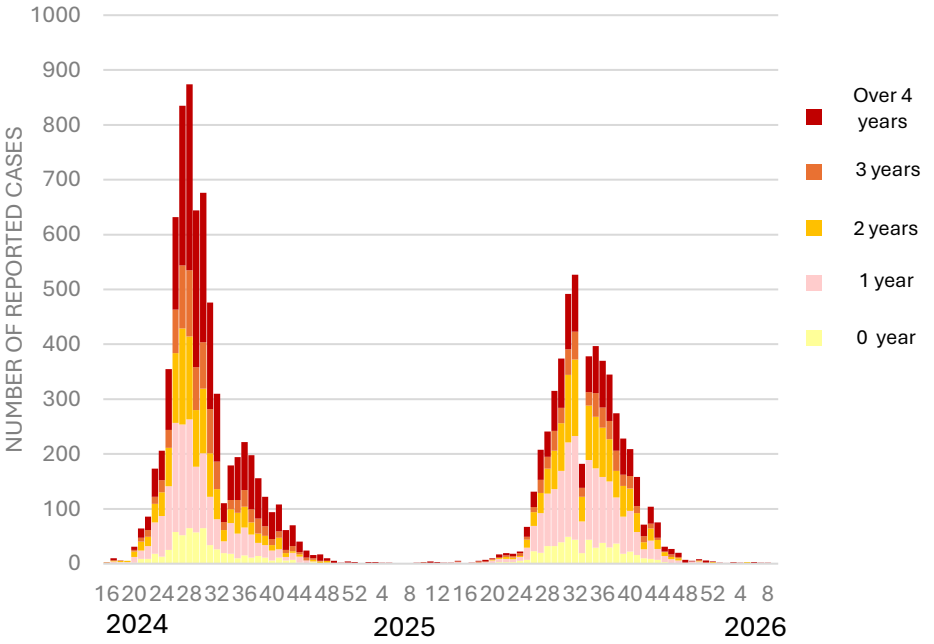
Respiratory Syncytial Virus Infection



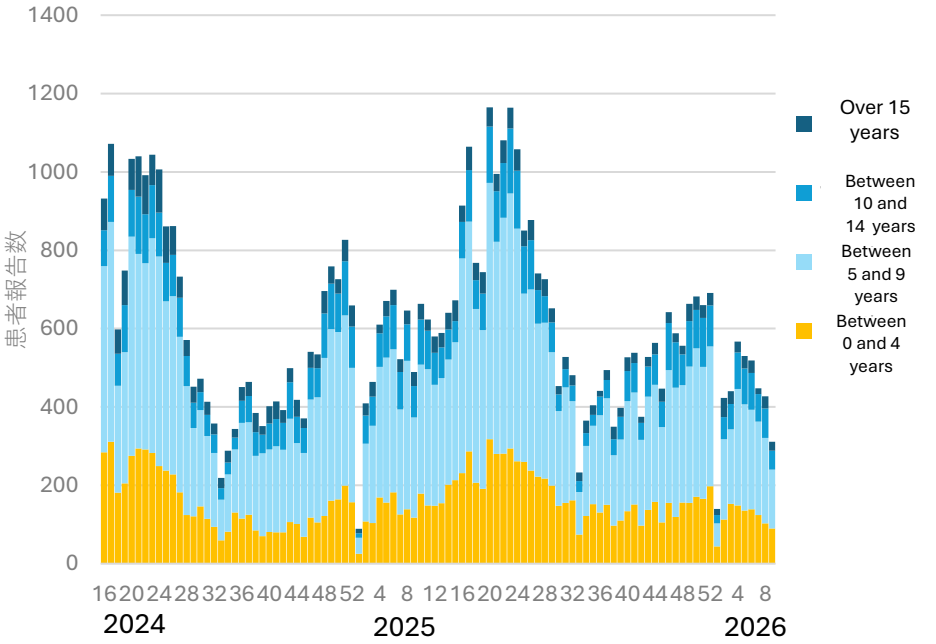
Pharyngoconjunctival Fever



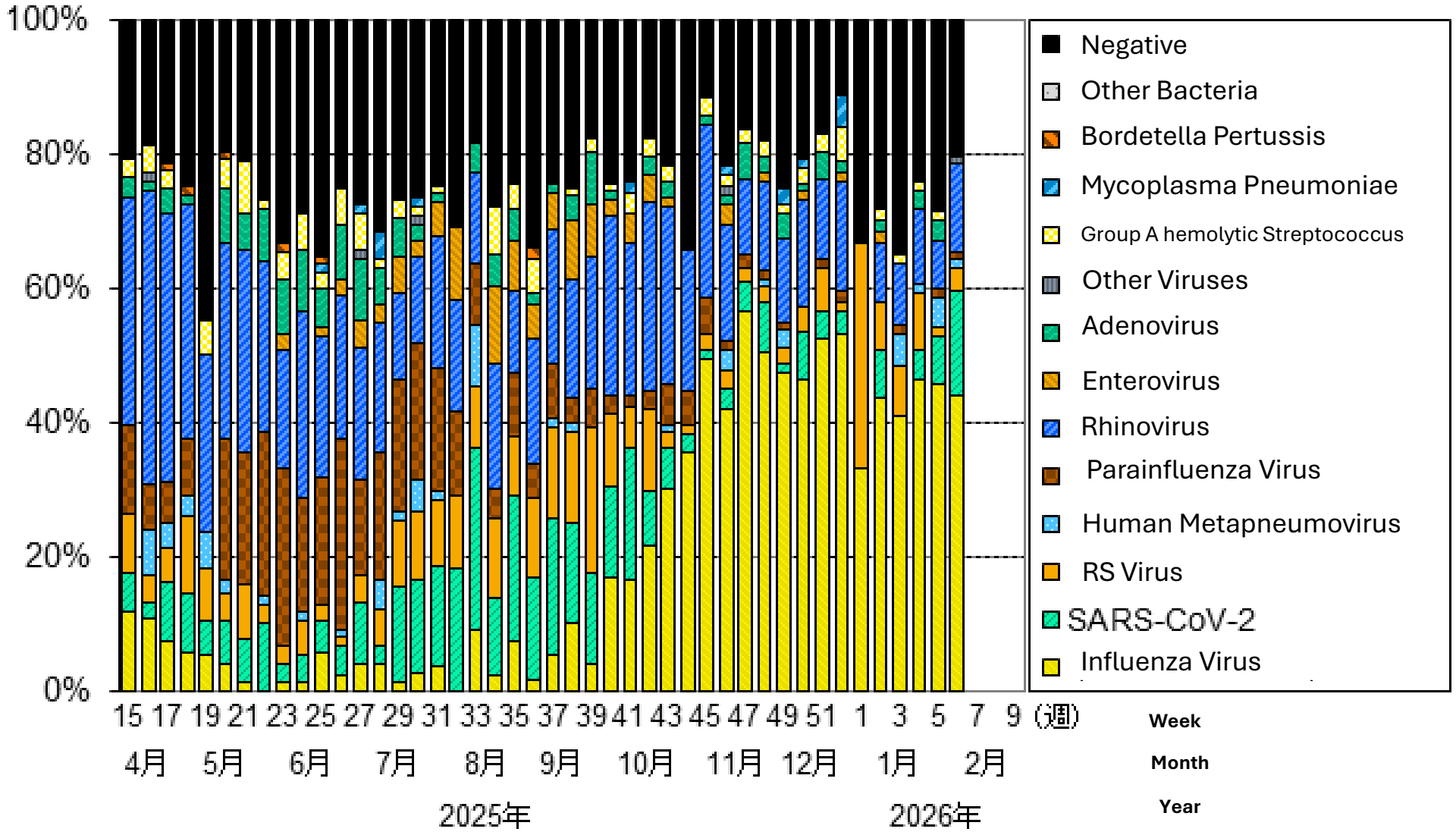
Herpangina



Group A Streptococcal Pharyngitis



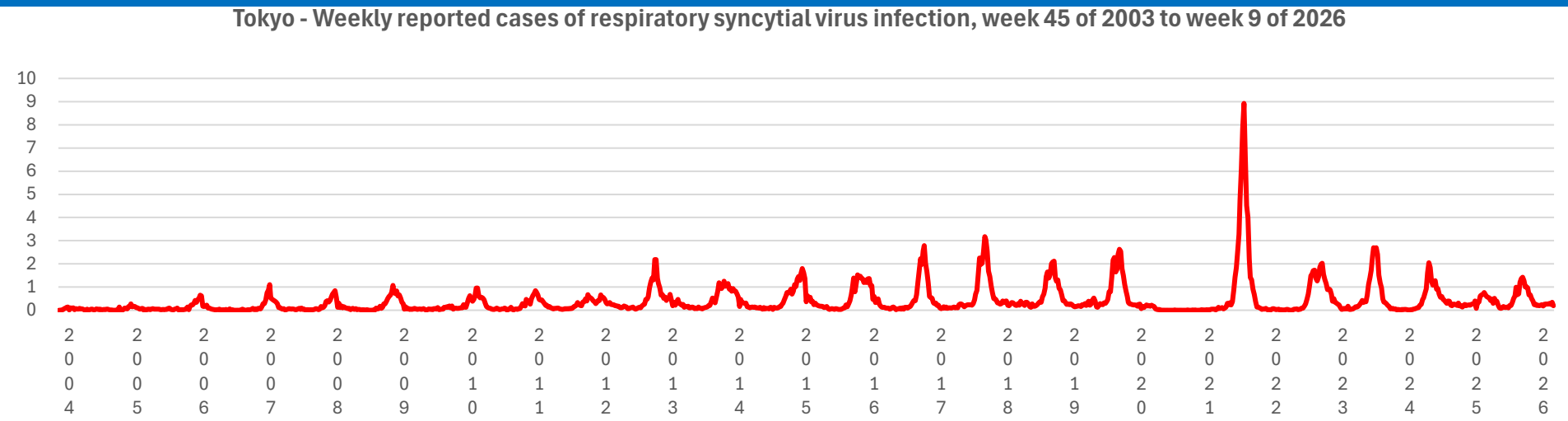
Pathogen Surveillance in Acute Respiratory Infections, Tokyo, 2025

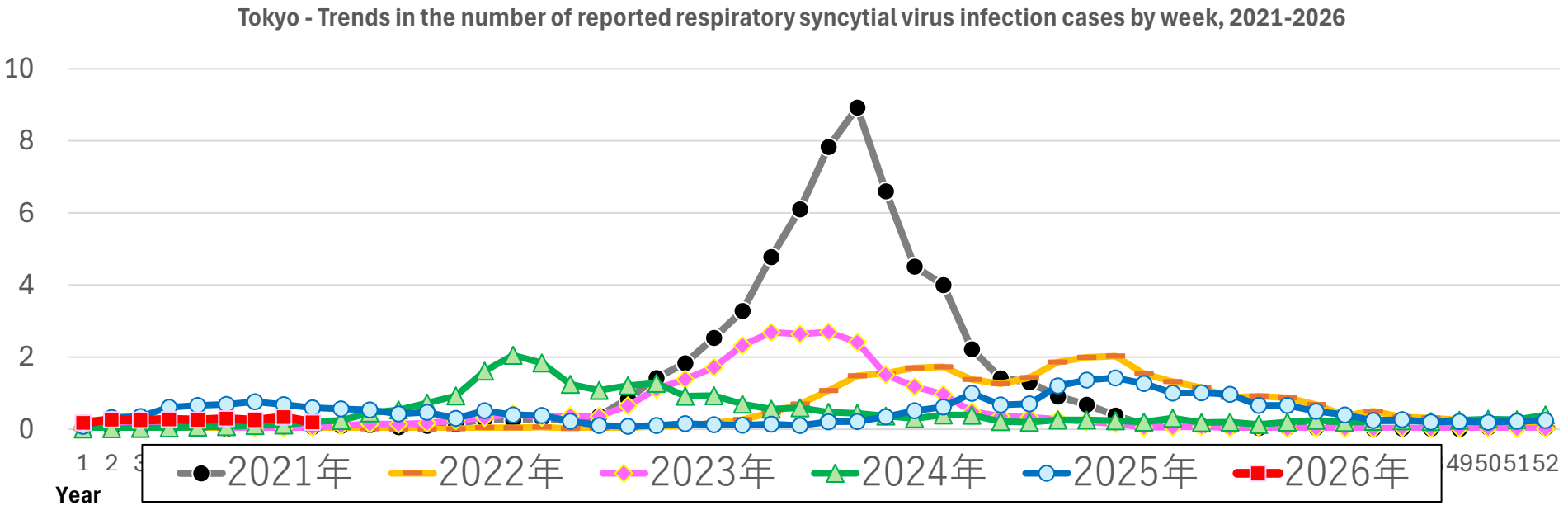


https://idsc.tmiph.metro.tokyo.lg.jp/diseases/ari/ari/

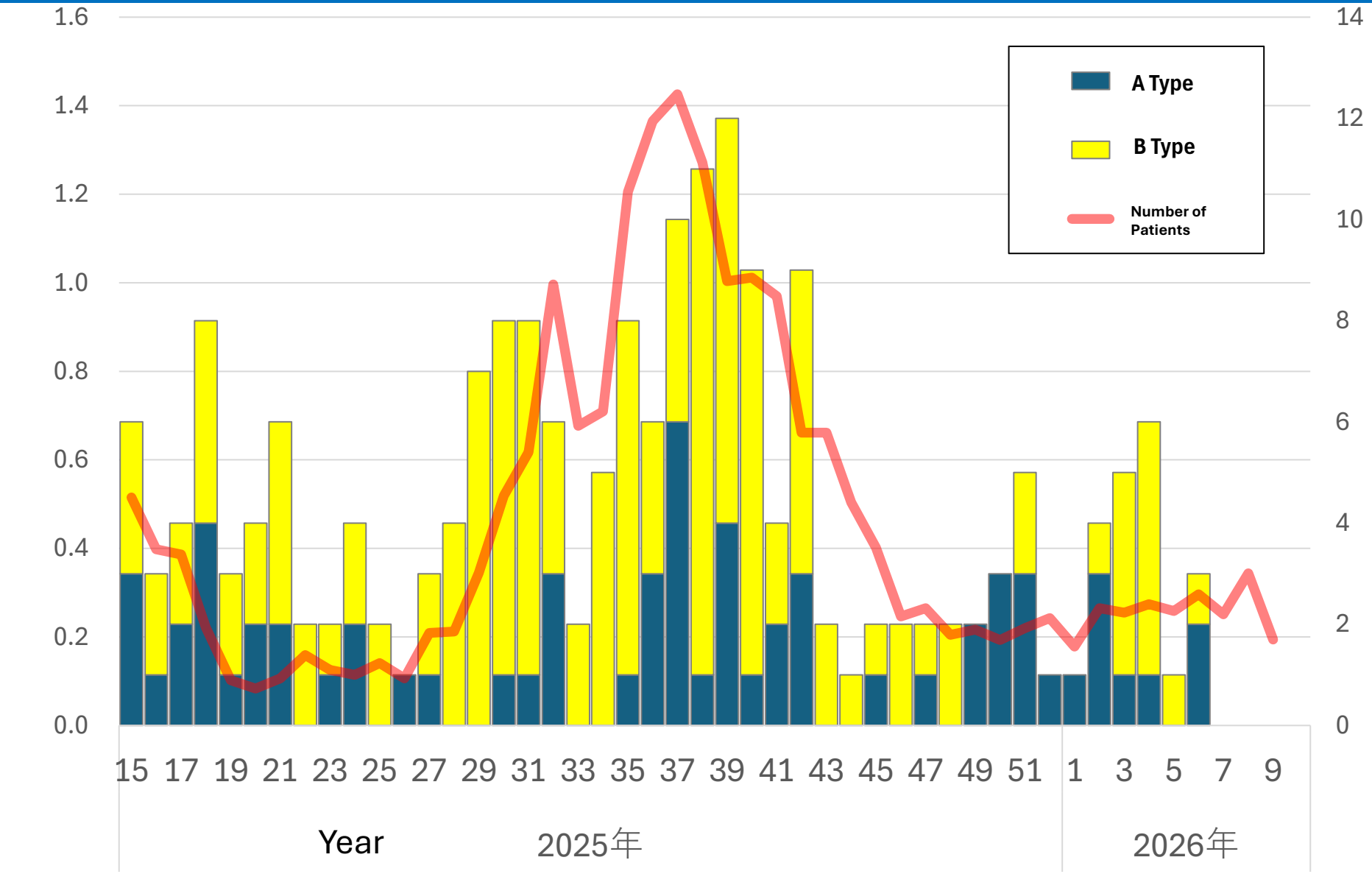
Virus	Sampling year 2025	2026/7th Week
Respiratory syncytial virus	179	20
Respiratory syncytial virus A	57	8
Respiratory syncytial virus B	122	12
SARS-Cov2	239	28
Influenza virus	484	169
Influenza virus A H1pdm09	32	2
Influenza virus A H3	402	50
Influenza virus B	50	117
Human metapneumovirus	36	10
Parainfluenza virus	283	4
Parainfluenza virus 1	24	4
Parainfluenza virus 2	41	0
Parainfluenza virus 3	134	0
Parainfluenza virus 4	84	0
Rhinovirus	598	40
Enterovirus	67	1
Adenovirus	106	5
Human parvovirus B19	2	0
Human herpes virus type 6	1	0
Epstein-Barr virus	1	0
Human Parechovirus-A	3	0
Varicella zoster virus	0	1
Bacteria	2025	2026
Group A Streptococcus	40	3
Mycoplasma pneumoniae	14	0
Bordetella pertussis	6	0
Others	1	0
Total	2,060	281

Weekly Trends in Reported Respiratory Syncytial Virus Infection Cases, Tokyo

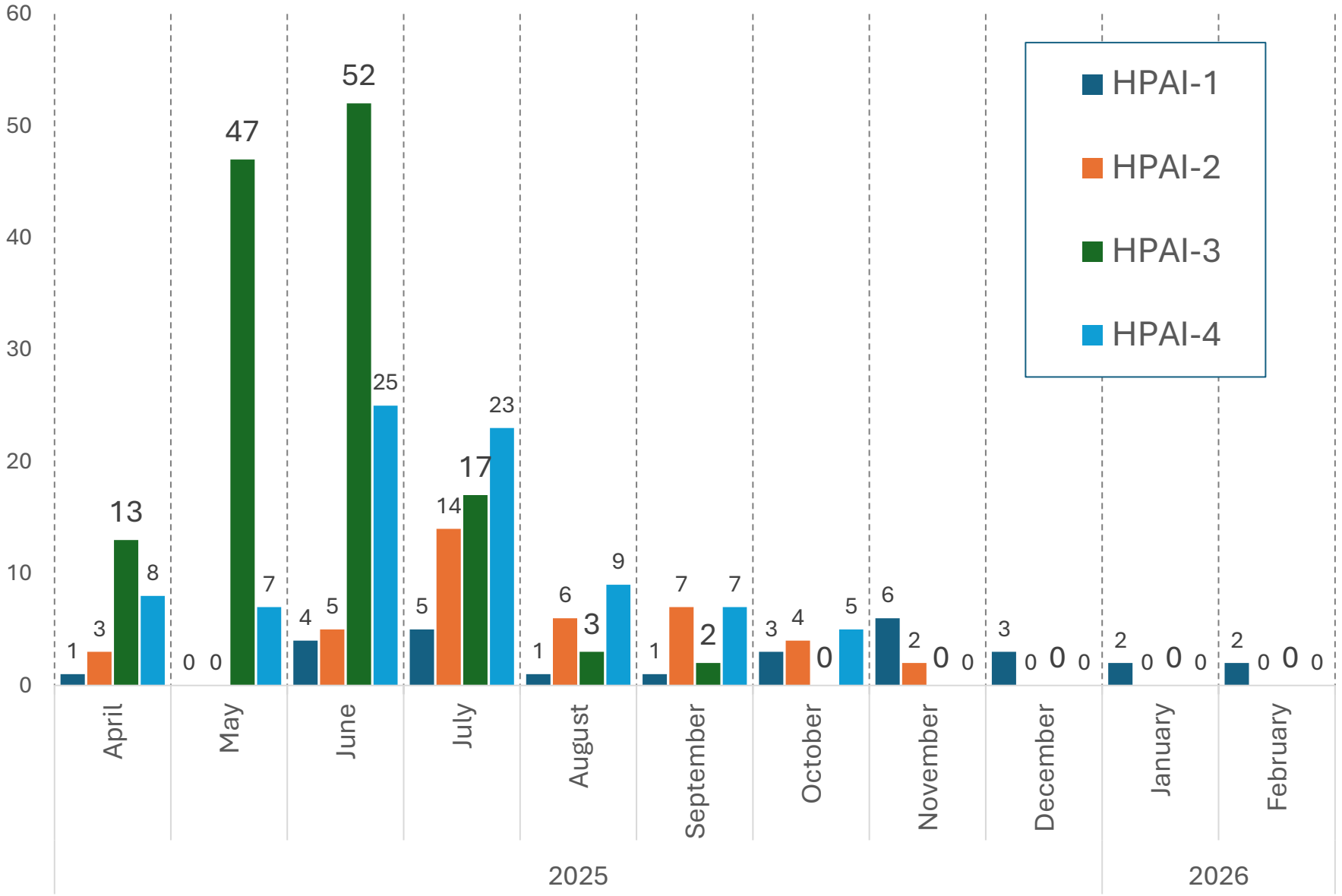




Weekly Number of Patients with Respiratory Syncytial Virus Infection and Number of Detected Respiratory Syncytial Virus Infections per Sentinel, from the 15th week of 2025, Tokyo



Detection of Parainfluenza Viruses by Serotype, April 2025 to February 2026, Tokyo



Influenza

(Countermeasures)

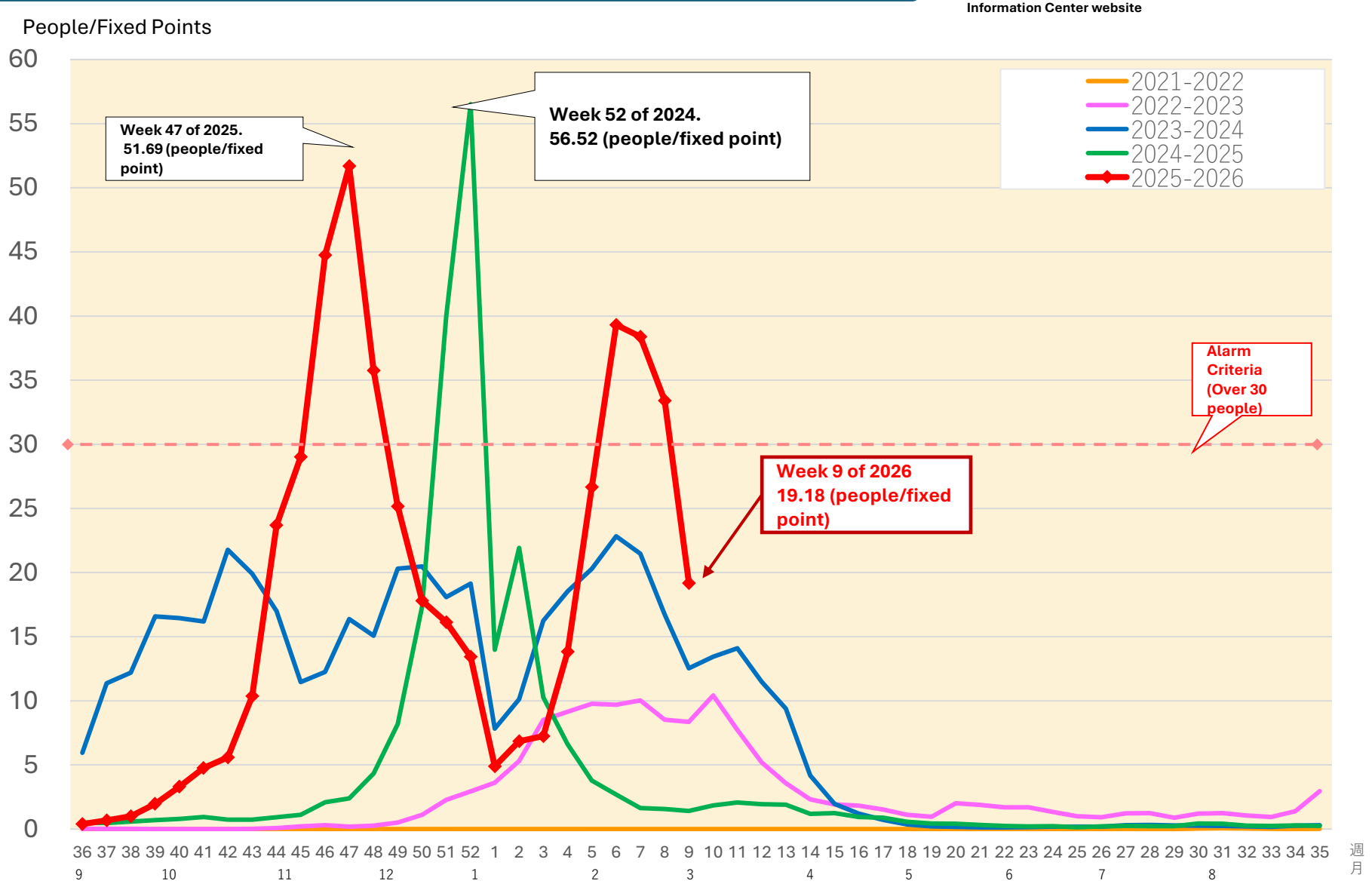
Class V - Infectious Diseases.

Influenza – Trends in Tokyo–

Week 9 （2/23～3/1）

Number of reported cases per designated medical institution in Tokyo

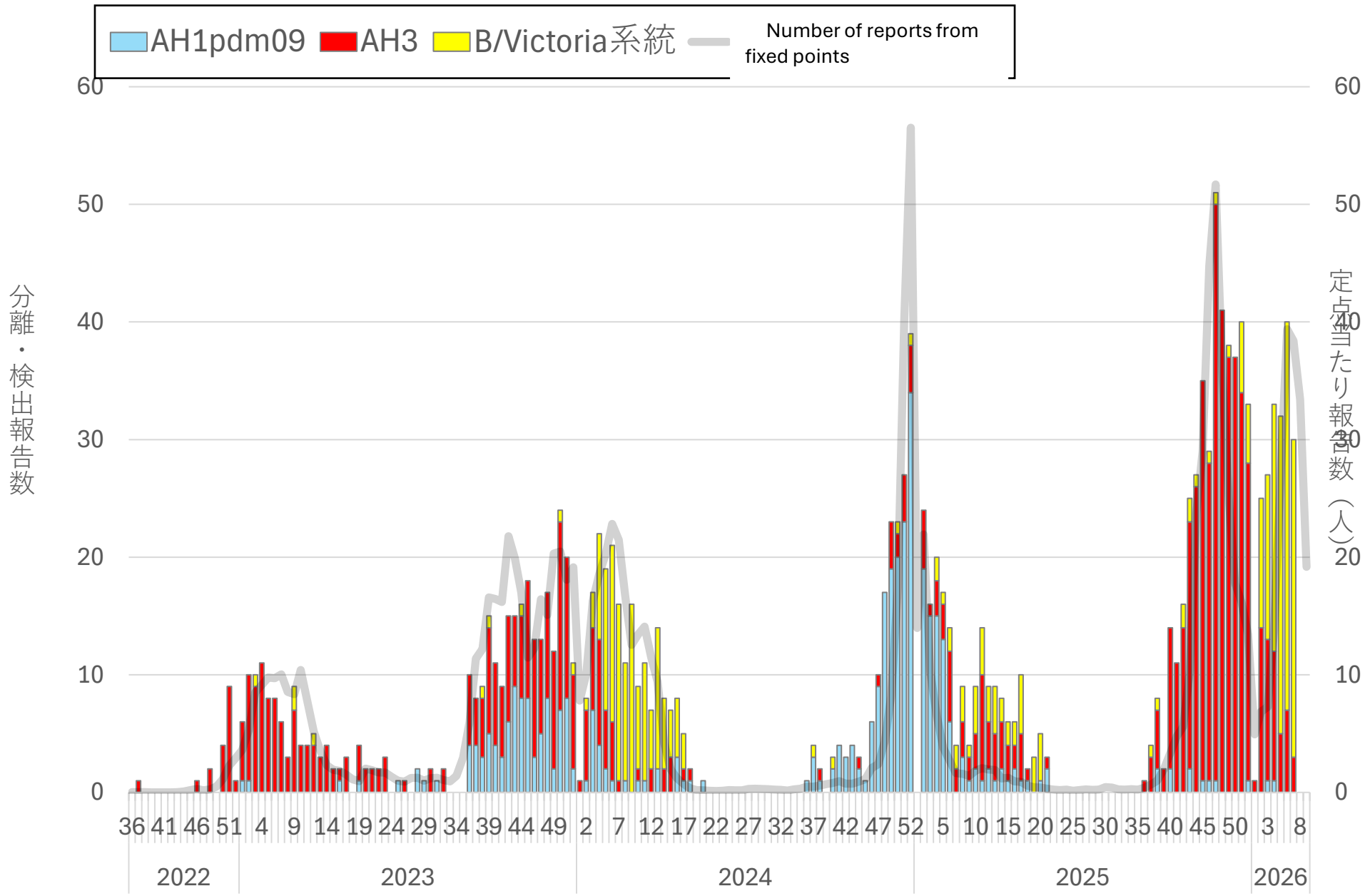
※ Data for 2025-2026 is up to week 9 (February 23rd to March 1st)
Reference: Tokyo Metropolitan Infectious Disease Information Center website



2025/26 : Two “ALERTS” in One Season (First time in Our History)

Trends in Weekly influenza Virus Detections, Week 36 of 2022 to Week 8 of 2026, Tokyo

Influenza



Number of Influenza Virus Isolations and Detections Reported, 2022/23-2025/26 season (up to week 6 of 2026)

型／亜型	シーズン　Season			
Type/subtype	2022/23	2023/24	2024/25	2025/26
A/H1pdm09	9	115	237	12
A/H3	126	186	77	**430**
A NT	0	0	0	0
B/Victoria	4	138	48	**125**
B/Yamagata	0	0	0	0
B NT	0	0	0	0
C	0	0	0	0
Vaccine	—	—	—	6
合計 Total	139	439	362	530

A NT: A subtype unidentified, B NT: B lineage unidentified

A NT:A not subtyped, B NT:B lineage not determined

※ *Isolated and identified by the Tokyo Metropolitan Institute of Public Health from samples collected each season (from the 36th week of the current year to the 35th week of the following year).

Influenza virus detection status (2025/26 season) and The Prevalence of AH3 Subclade K

東京都微生物検査情報
MONTHLY MICROBIOLOGICAL TESTS REPORT, TOKYO

第４６巻 第１０号
２０２５年１０月号
月　報

～速報～

最新のインフルエンザウイルスの検出状況（2025/26シーズン）と
AH3亜型サブクレードKの流行について

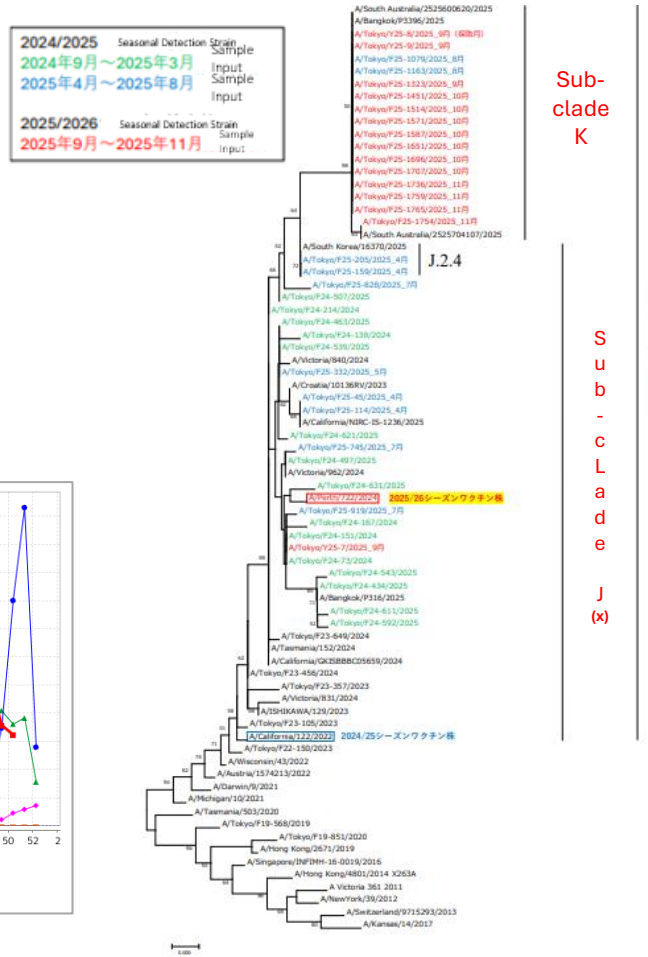
1. はじめに

インフルエンザウイルスのうち、近年、季節性インフルエンザとしてヒトで流行している亜型はAH1pdm09とAH3亜型（A/H3N2）、B型Victoria系統の3種類である。インフルエンザウイルスは、RNAウイルス特有の高い遺伝子変異率を有し、絶えず変異を繰り返している。特に、ウイルス粒子表面に存在するヘマグルチニン（HA）は、ウイルスが宿主細胞の受容体に結合して侵入する上で不可欠な分子であり、抗原変異を頻繁に起こすことで獲得免疫を回避する主要な要因となっている。
現在、広く使用されているインフルエンザワクチンは、HAを主要な標的抗原として設計して

そこで今回、2025/26シーズンにおける本年11月9日（第45週）時点でのインフルエンザウイルスの亜型検出状況と、主要流行株のHA遺伝子の解析結果を行った。

2. 検査対象・検査方法

2025年9月1日から11月9日までの期間、感染症発生動向調査事業において急性呼吸器感染症（ARI）病原体定点医療機関から搬入された598検体を対象に遺伝子検査を実施した。
遺伝子検査は、型別可能なリアルタイムPCR法を用い、上記の遺伝子検査で陽性となった検体とインフルエンザ様疾患の集団感染早期探知を目的としたクラスターサーベイランスで

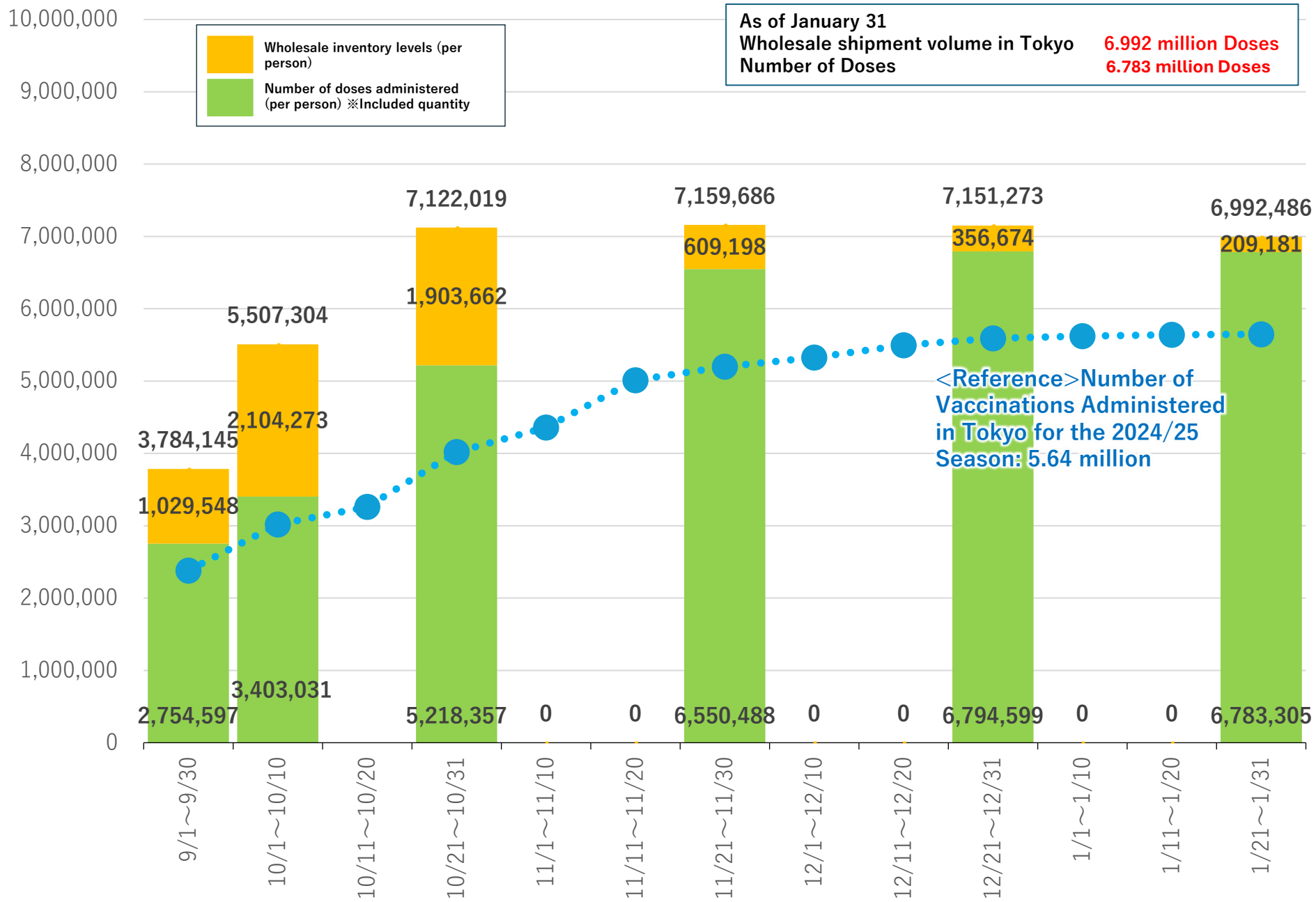


This season, it has been almost completely replaced by subclade K. Seven amino acid mutations were observed in the HA region (K2N, 144N, N158D, I160K, Q173R, T328A, S49N).

Phylogenetic tree of the HA gene of AH3 subtype influenza viruses

Tokyo Metropolitan Government Infectious Disease Information Center "Tokyo Metropolitan Microbiological Testing Information October 2025"https://idsc.tmiph.metro.tokyo.lg.jp/assets/epid/2025/tbkj4610.pdf

Cumulative Number of Influenza Vaccinations Administered in Tokyo (Weekly)



World Health Organization

Recommendations for influenza vaccine composition for the 2026-2027 northern hemisphere season

27 February 2026

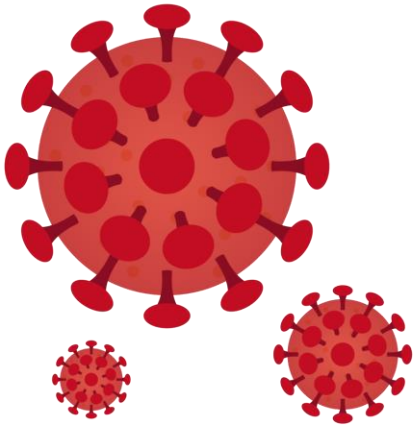
For vaccines for use in the 2026-2027 northern hemisphere influenza season, WHO recommends the following:

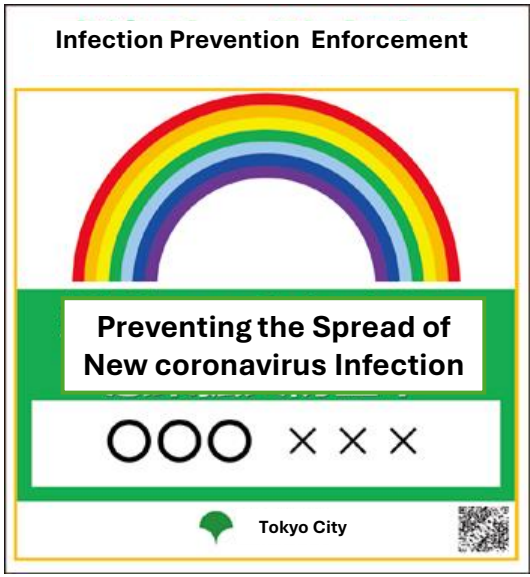
Egg-based vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus;
- an A/Darwin/1454/2025 (H3N2)-like virus; and
- a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

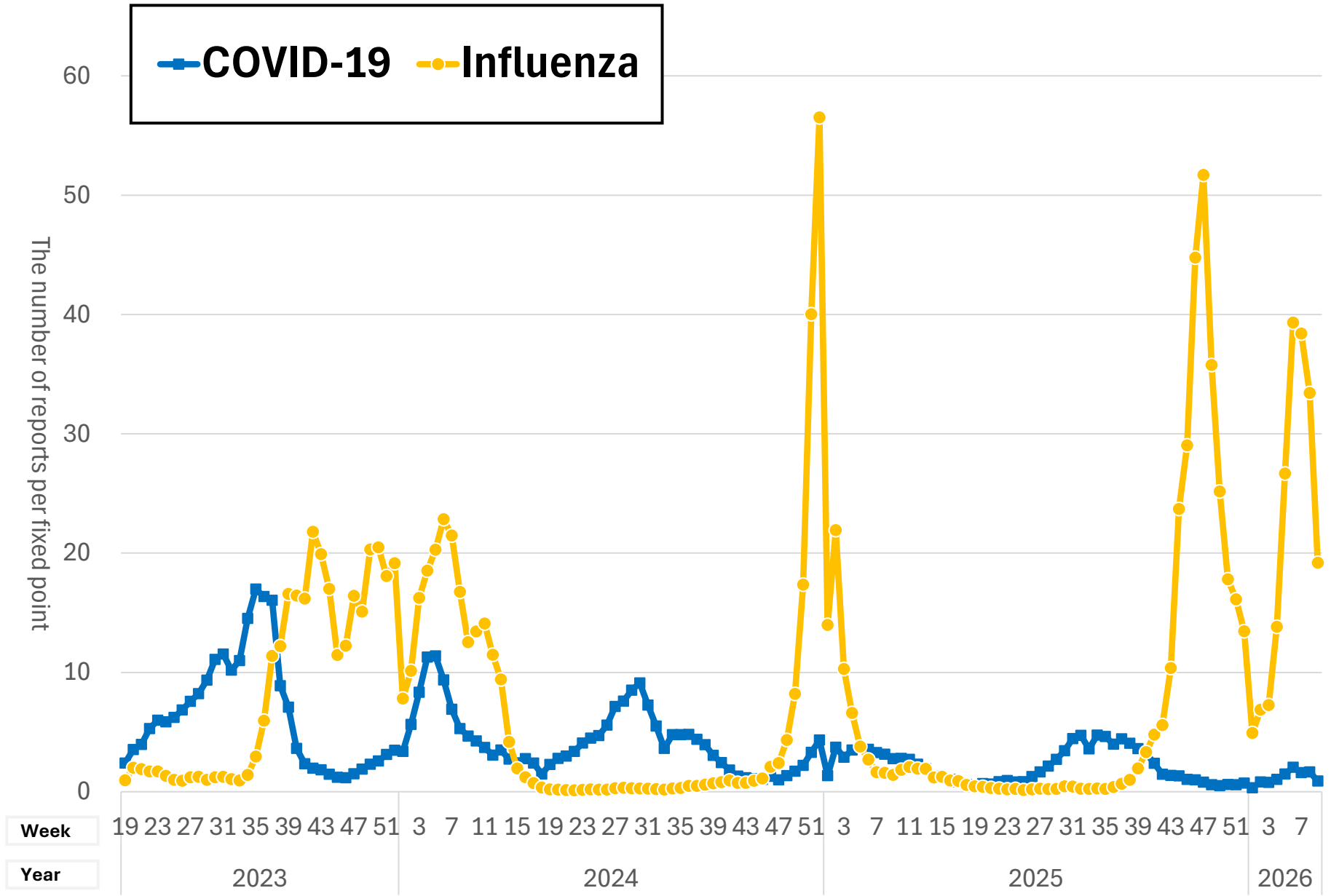
COVID-19

Class V - Infectious Diseases



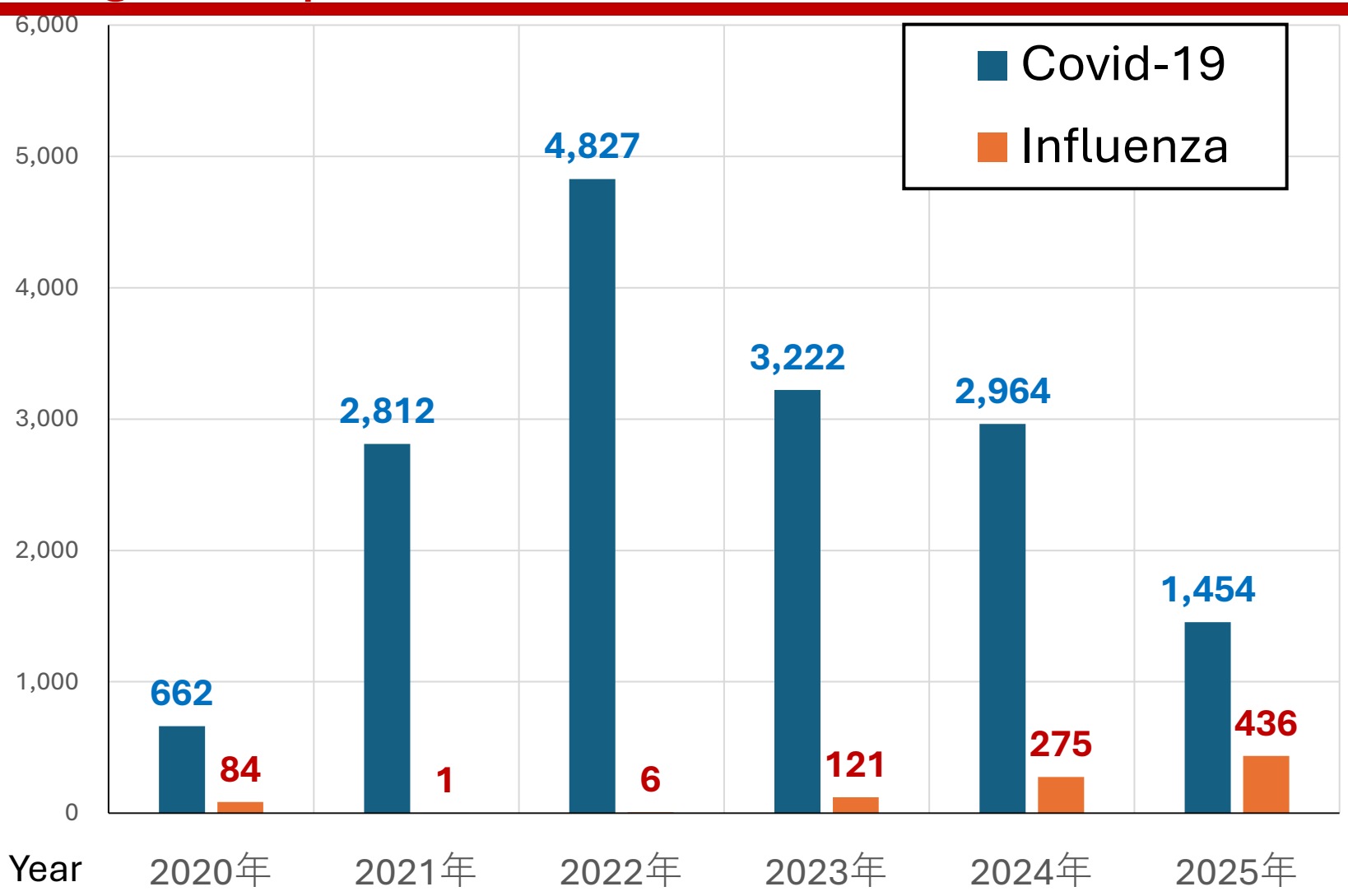


Trends in the Number of Influenza and COVID-19 cases reported per sentinel, Tokyo, Week 19 of 2023 to Week 9 of 2026

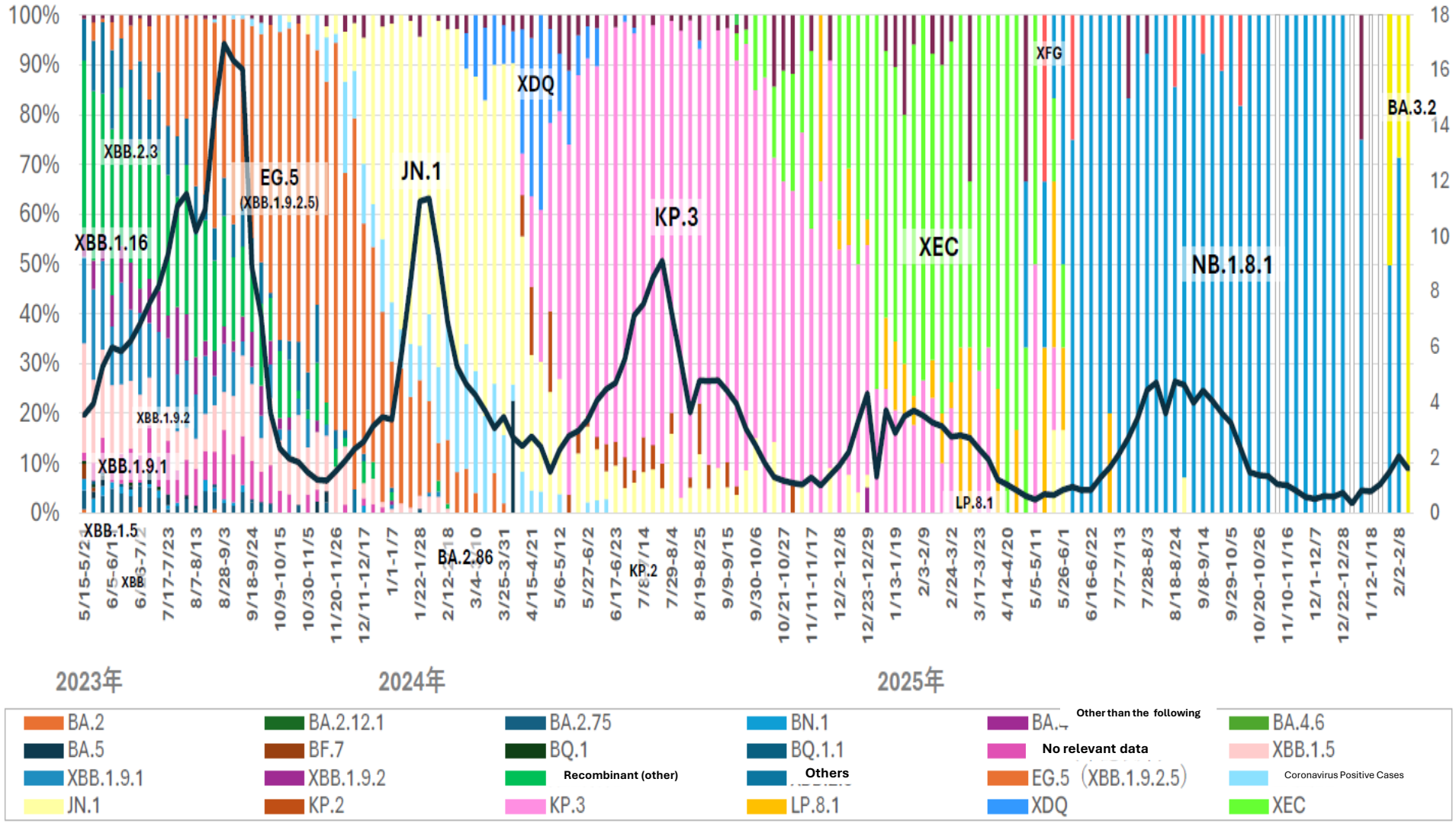


Tokyo - Deaths by cause (Influenza and COVID-19) by year, 2020 to 2025 (as of the end of October 2025)

COVID-19 deaths have declined since peaking in 2022, but deaths are still higher compared to influenza

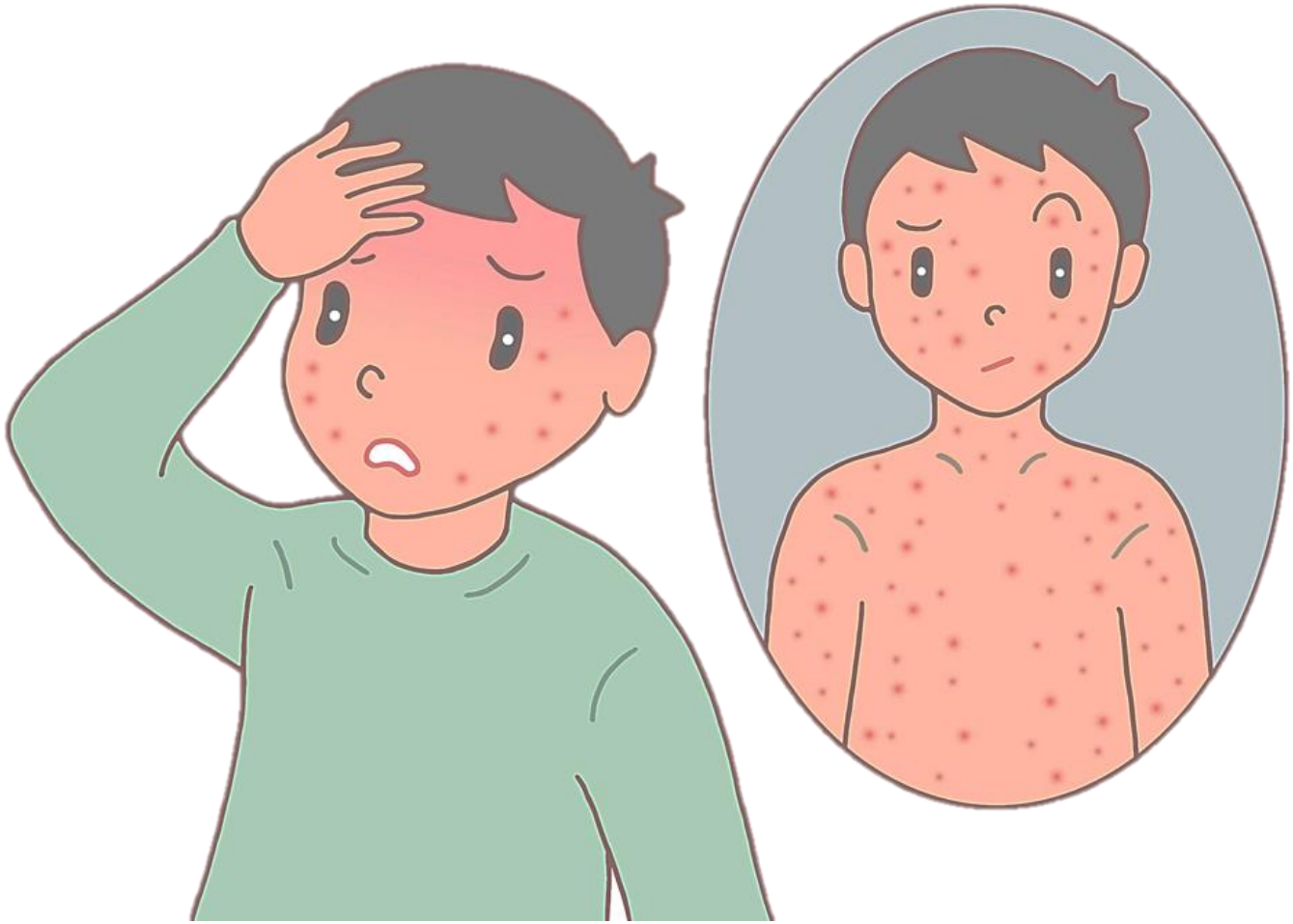


Trends in SARS-CoV2 variants in Tokyo (May 15, 2023 to February 15, 2026)

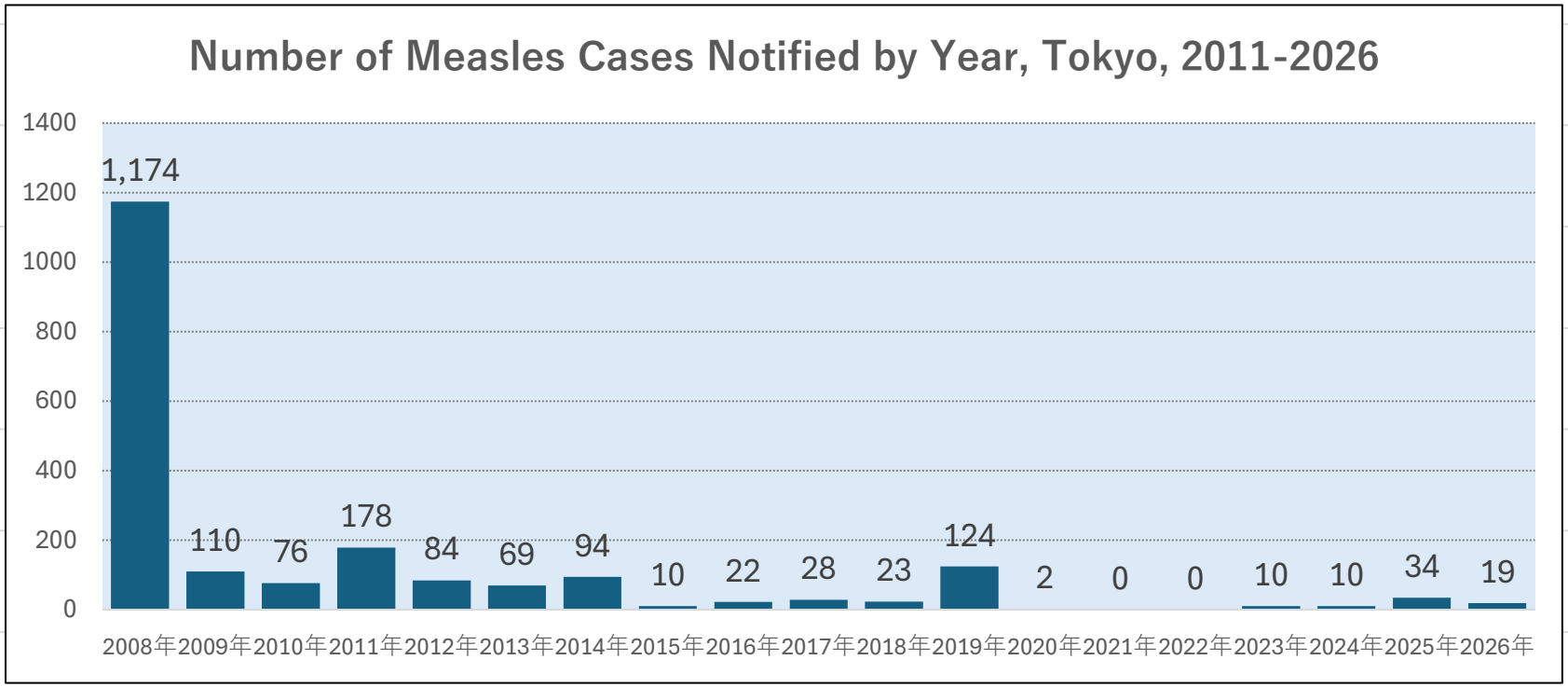


Measles

Class V – Infectious Diseases



Number of Notified Measles Cases by Week, 2008 - 2026, Tokyo



Tokyo Metropolitan Government Infectious Disease Surveillance Report, as of March 8, 2026 (Week 10)

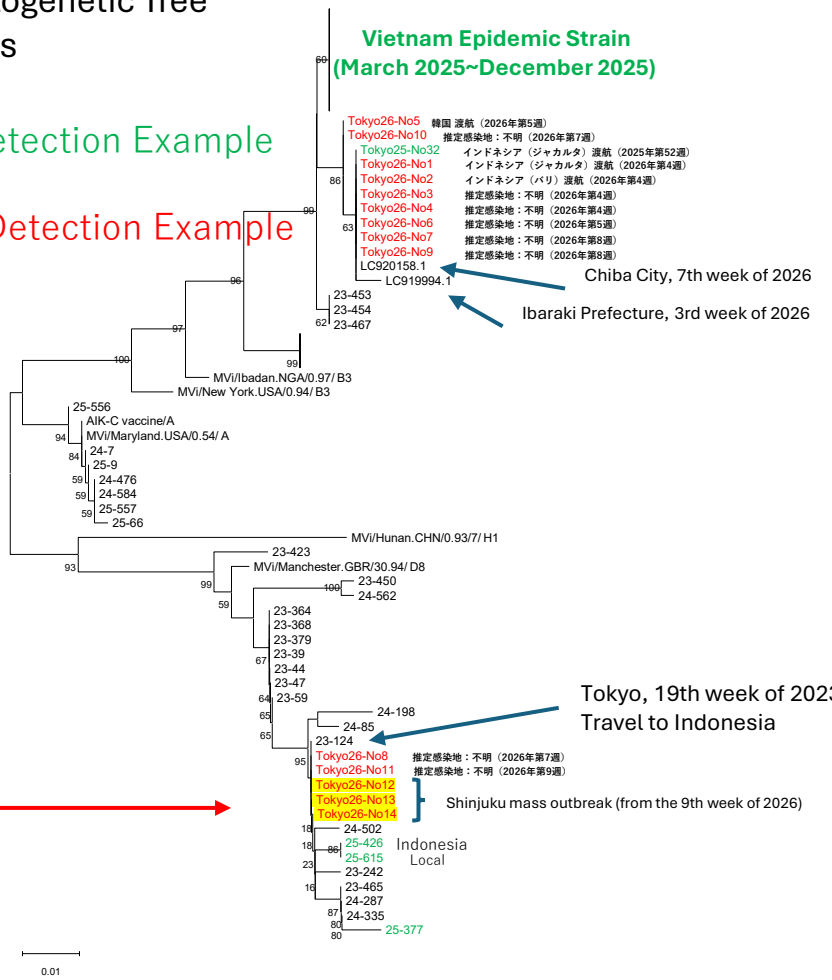
Phylogenetic Tree of Measles Viruses in Tokyo Outbreaks

Measles Virus Phylogenetic Tree
N region 450 bases

2025 Tokyo Detection Example

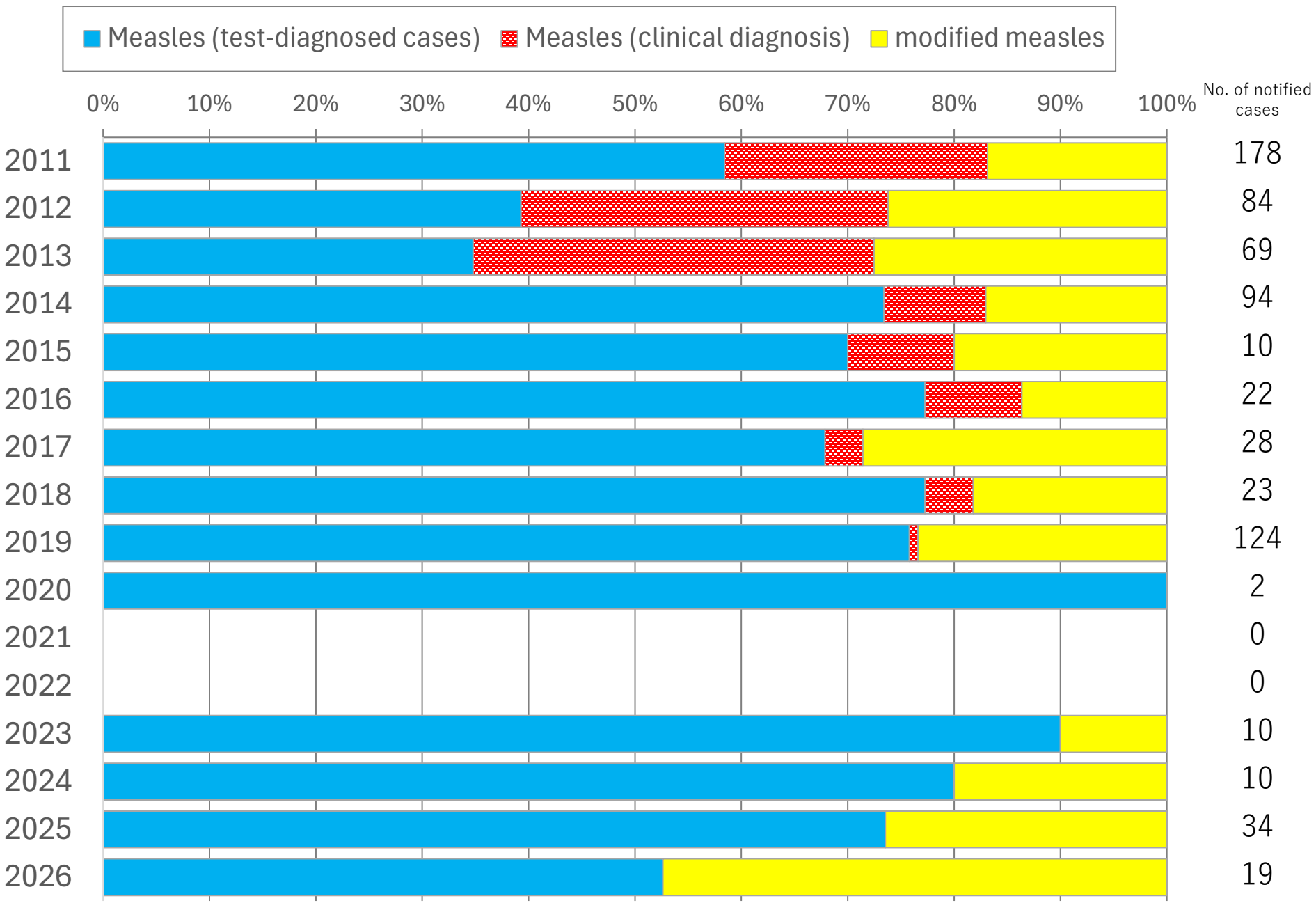
2026 Tokyo Detection Example

Occurred in Tokyo (Example)	Strain Name	Age Group	Gender	Travel History	Vaccine History
1例目	Tokyo26-No1	30	Man	Indonesia (Jakarta)	1 回
2例目	Tokyo26-No2	10	Woman	Indonesia (Bali)	0 回
3例目	Tokyo26-No3	40	Woman	None (suspected place of infection: unknown)	Unknown
4例目	Tokyo26-No4	20	Woman	None (suspected place of infection: unknown)	1 回
5例目	Tokyo26-No5	30	Man	Korea	Unknown
6例目	Tokyo26-No6	20	Man	None (suspected place of infection: unknown)	Unknown
7例目	Tokyo26-No7	40	Man	None(Suspected Place of Infection unknown)	Unknown
8例目	Tokyo26-No8	20	Man	None(Suspected Place of Infection unknown)	2 回
9例目	Tokyo26-No9	20	Man	None(Suspected Place of Infection unknown)	Unknown
10例目	Tokyo26-No10	30	Woman	None(Suspected Place of Infection unknown)	Unknown
11例目	Tokyo26-No11	50	Man	None(Suspected Place of Infection unknown)	0 回
12例目	Tokyo26-No12	20	Man	None(Suspected Place of Infection unknown)	Unknown
13例目	Tokyo26-No13	20	Man	None(Suspected Place of Infection unknown)	1 回
14例目	Tokyo26-No14	20	Man	None(Suspected Place of Infection unknown)	0 回

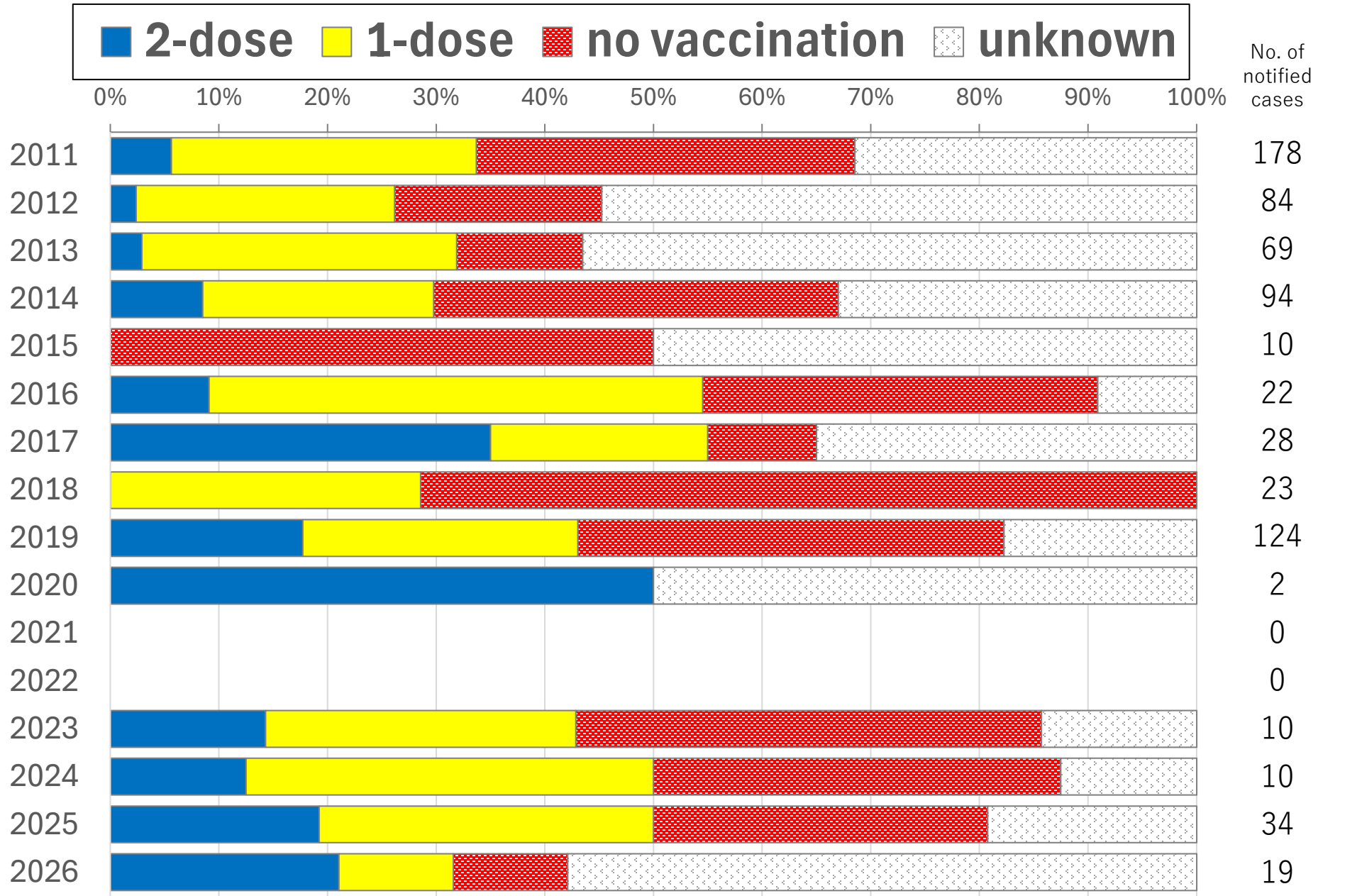


※The 8th case and 11th to 14th cases in Tokyo are type D8, which is different from the B3 type in cases 1 to 7 and 9 and 10.
※ Cases 12 to 14 in Tokyo are cluster cases in Shinjuku

Distribution of Notified Cases by Disease Type, 2011-2026, Tokyo



Distribution of Notified Measles cases by Number of Vaccine Doses



麻疹患者の予防接種歴別届出，2011～2026年第10週，東京

Yearly number of notified measles cases by vaccination status, 2011-2026,10w, Tokyo

年 Year	接種歴なし Not vaccinated	1回接種 1 dose of MCV※	2回接種 2 doses of MCV※	接種歴不明 Unknown	患者届出数 No. of notified cases
2011	62 (7)	50	10	56	178 (7)
2012	16 (5)	20	2	46	84 (5)
2013	8 (1)	20	2	39	69 (1)
2014	35 (5)	20	8	31	94 (7)
2015	5 (2)	0	0	5	10 (2)
2016	4	5	1	1 (1)	22 (1)
2017	2	4	7	7	28
2018	5 (2)	2	0	0	23 (2)
2019	31 (12)	20 (1)	14	14	124 (13)
2020	0	0	1	1	2
2021	0	0	0	0	0
2022	0	0	0	0	0
2023	3	2	1	1	10
2024	3 (2)	3	1	1	10 (2)
2025	8 (4)	8	5	5	34 (4)
2026	2	2	4	11	19

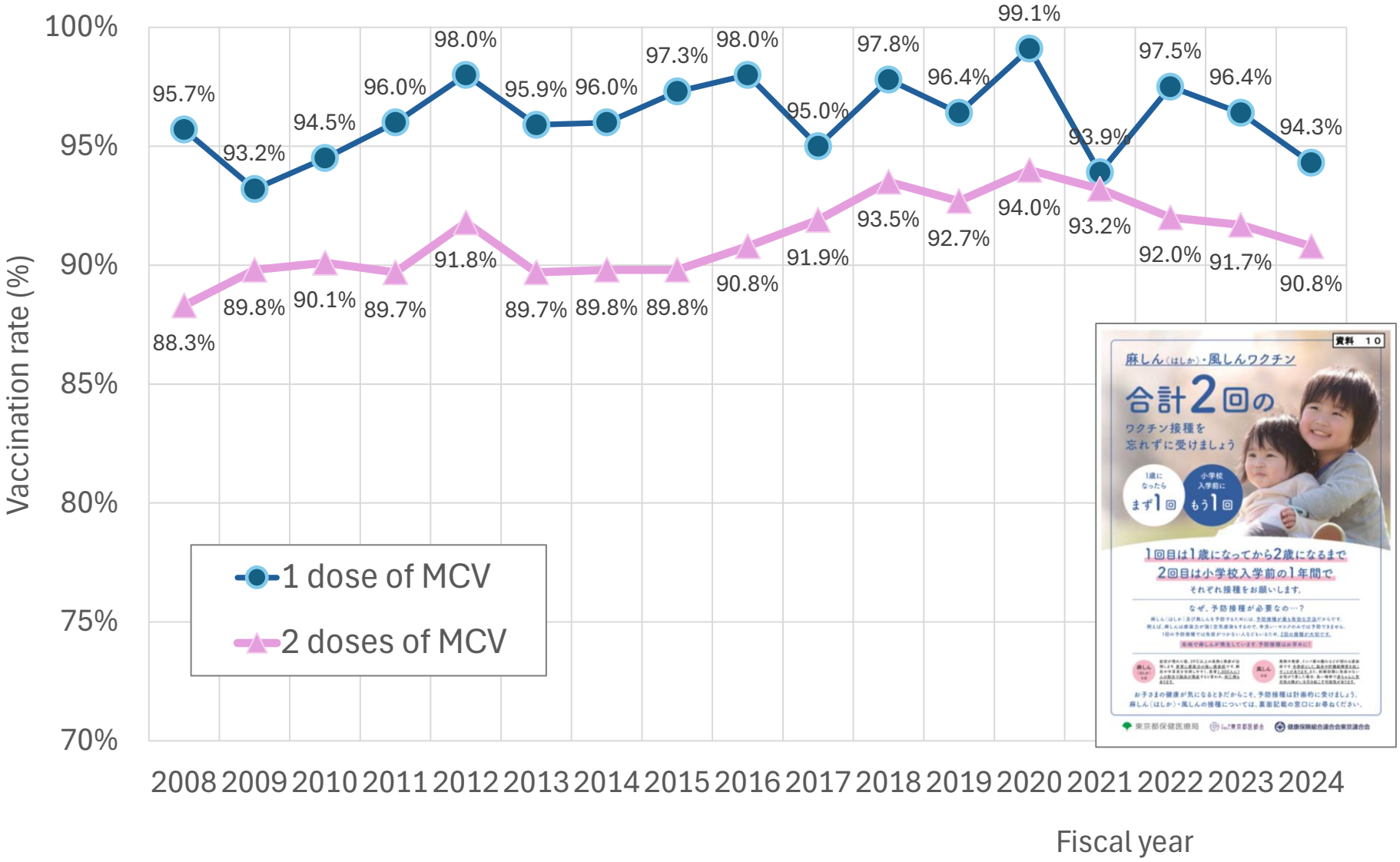
（　）は０歳患児の接種歴　　※MCV：麻疹含有ワクチン

（　）：No. of notified cases < 1 year of age　　※ Measles-containing vaccine

National Epidemiological Surveillance of Infectious Diseases: on 17 February 2026

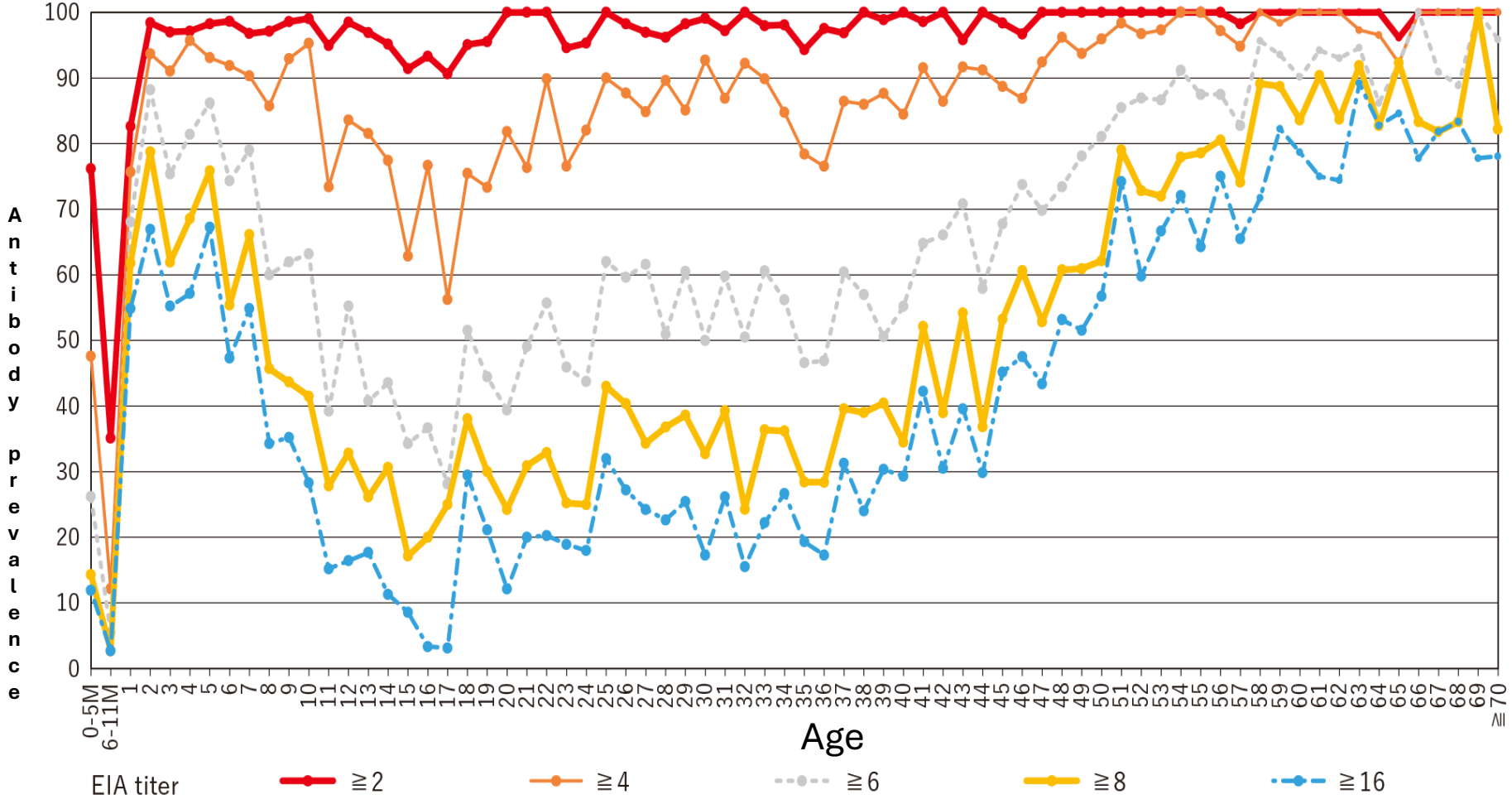
Trends in Measles-Containing Vaccine Coverage in Tokyo, Fiscal Years 2008–2024

Regional Measles Vaccination Coverage Trends, FY2008-FY2025, Tokyo



Nationwide Measles EIA Antibody Coverage by Age Group, 2024 Infectious Disease Epidemic Prediction Survey Project

Nationwide Measles EIA Antibody Prevalence by Age Group: FY 2024 Infectious Disease Epidemic Forecast Survey



Measles EIA Antibody Status by Age/Age Group

(n=5,337)

From the 2024 Infectious Disease Epidemic Forecast Survey Project

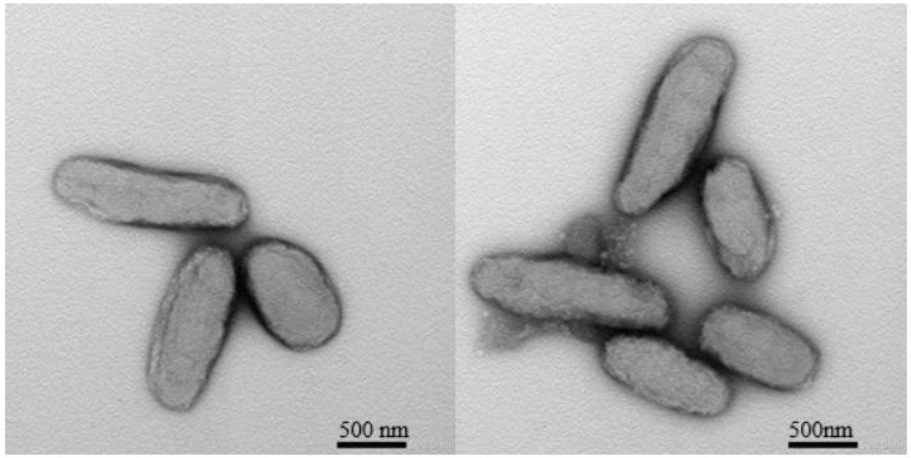
IASR

Pertussis

（Whooping cough）

Class V - Infectious Diseases

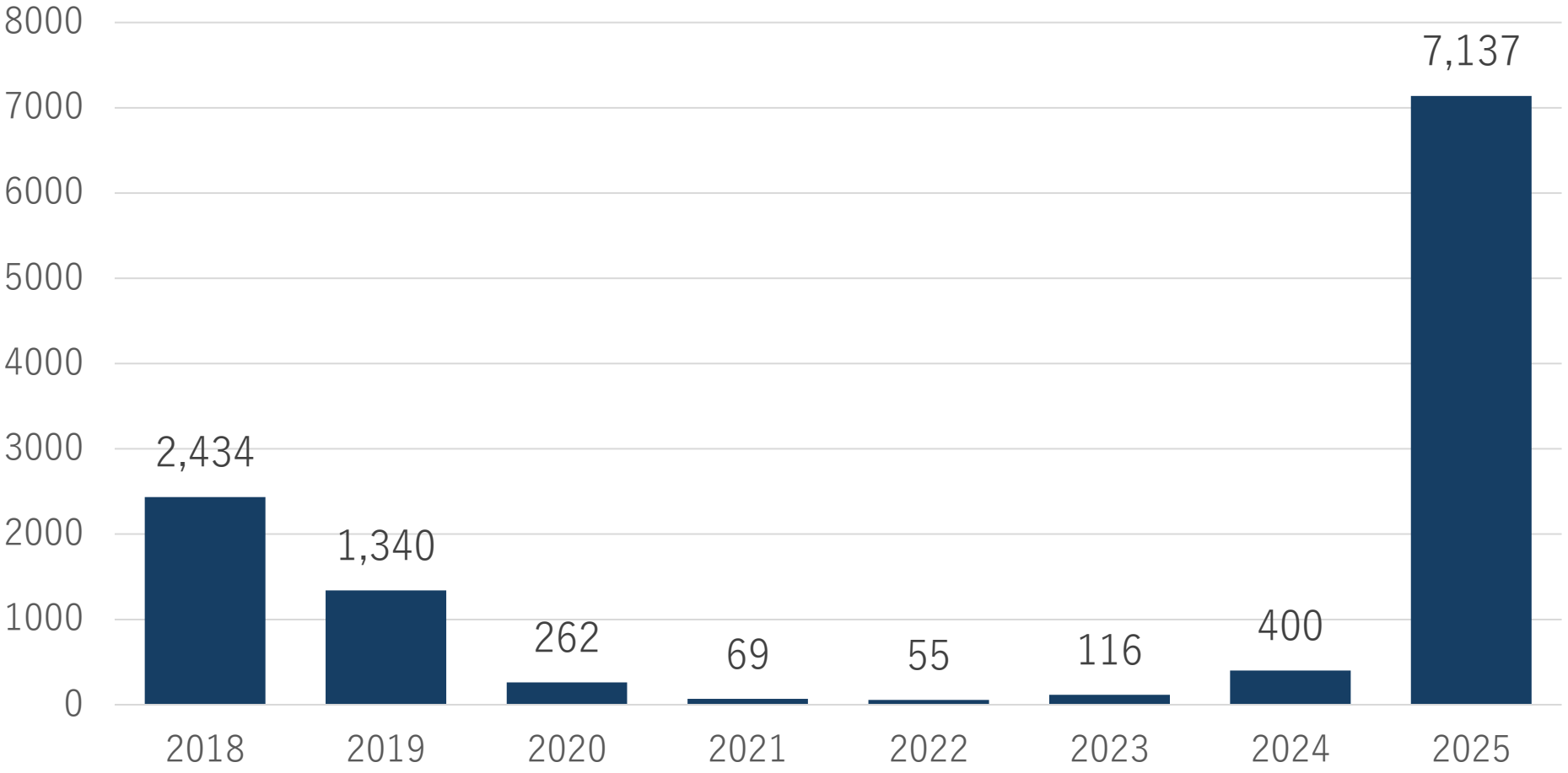
マクロライド耐性百日咳菌（*Bordetella pertussis*）



透過型電子顕微鏡（x 8,000）

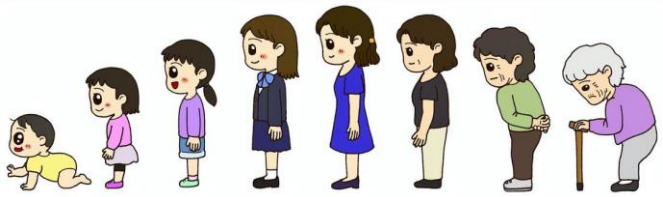
Number of reported pertussis (whooping cough) cases from 2018 to week 25 of 2025, Tokyo

- The number of whooping cough patients in Tokyo from the first to the 25th week of 2025 is more than **five times higher** than that of the previous year.



Age distribution and vaccination history of Pertussis cases in Tokyo from week 1 of 2024 to week 5 of 2026

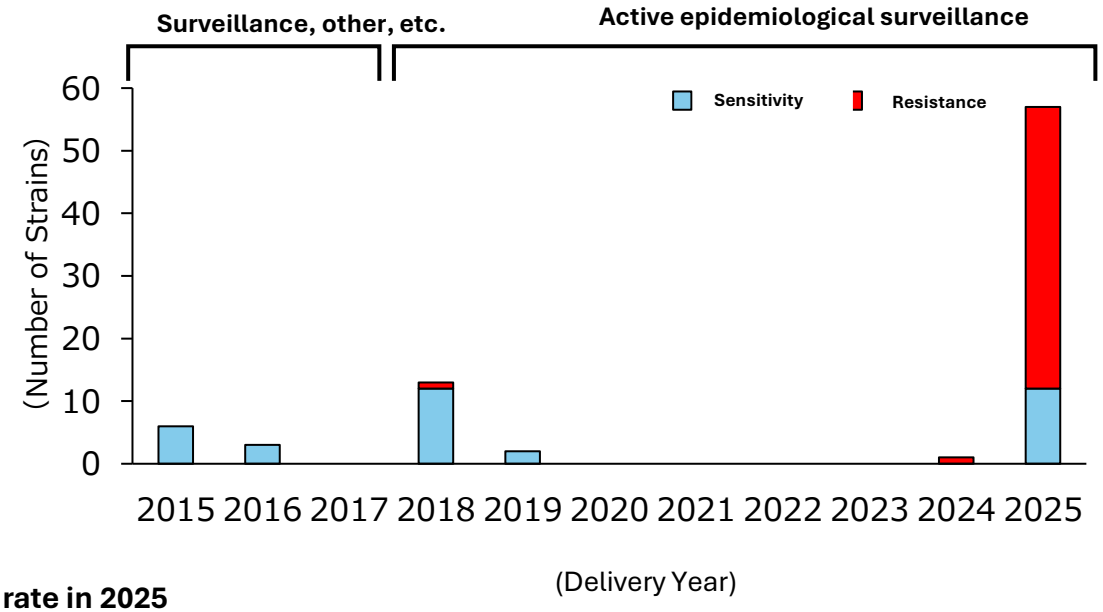
The number of reported pertussis cases is shown below, broken down by age and number of vaccinations.
Many infants under one year of age have not been vaccinated or have not completed their vaccination program.



- Spread of infection among schoolchildren who have completed routine vaccinations
- Infection among unvaccinated infants is likely to become severe

◆Number of Bordetella Pertussis Tests and Macrolide Resistance Gene Test Results at the Tokyo Metropolitan Institute of Public Health (up to December 2025)

Delivery Year	Strains Number	Resistant Rate
2015	6	0%
2016	3	0%
2017	0	–
2018	13	8%
2019	2	0%
2020	0	–
2021	0	–
2022	0	–
2023	0	–
2024	1	100%
2025	57	79%



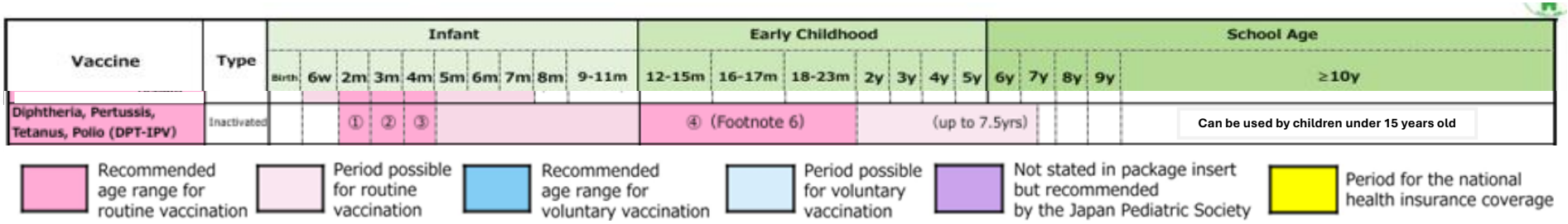
<Reference> Resistance rate in 2025

Delivery Period	Strains Number	Resistant Rate
First Quarter	6	83%
Second Quarter	10	90%
Third Quarter	28	79%
Fourth Quarter	13	69%

✓ The number of strains imported in 2025 was the highest ever, and the macrolide resistance rate was 79%.

Childhood Vaccination Schedule (Japan Pediatric Society)

Pertussis



Routine Vaccination Schedule (Pertussis)

Number of times	Classification	Standard Vaccination Period	Period Covered by Routine Vaccinations
1	1st Season - First Episode	2 Months old	2 months to under 7.5 years old
2	1st Season - First Episode	3 Months old	Same as above
3	1st Season - First Episode	4 Months old	Same as above
4	1st period (added)	1 to 1.5 years old	Same as above

Most children are fully vaccinated against pertussis by the time they reach 18 months of age. ⇒Antibody titers decrease during school age

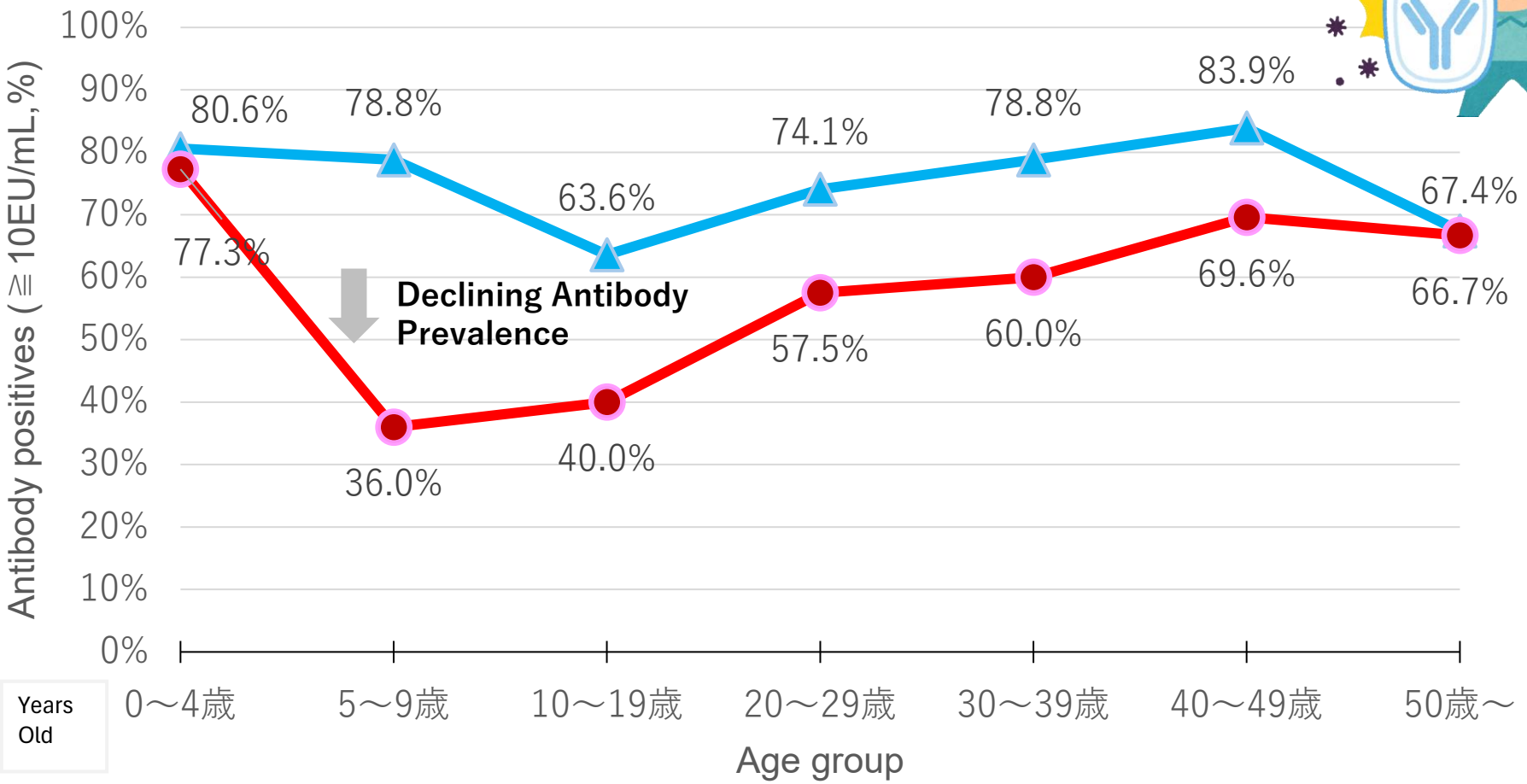
Changes in pertussis antibody prevalence rates before and after the COVID-19 pandemic:

Tokyo Metropolitan Government Infectious Disease Epidemic Surveillance Susceptibility Survey

Pertussis

- Compared to 2019, The 2024 survey showed that antibody possession rates had declined in all age groups under the age of 50.
- Compared to 2019, The 2024 survey showed the largest decline was seen in the 5-9 age group (▲ -54.3%).

Comparison of pertussis toxin antibody prevalence by age ; 2019 vs. 2024



[Source] Tokyo Metropolitan Government Infectious Disease Epidemic Forecast Survey 2024 https://idsc.tmiph.metro.tokyo.lg.jp/vpd/

"Pertussis Prevention" Leaflet for Tokyo Residents

Tokyo Metropolitan Infectious Disease Information Center
Published March 22, 2025 (Updated June 13 and July 22))

感染症ひとくち情報

2025年7月22日
東京都健康安全研究センター

Whooping Cough is still a concern, be careful!

How much is it spreading?

百日咳は特有のけいれん性の激しい咳発作が特徴的な病気です。患者の咳やくしゃみのしぶきに含まれる分泌物により、飛沫感染・接触感染で広がります。この百日咳が今年都内で流行しています。患者報告数は、直近で過去4年間よりも大きく上回っており、まだまだ増加傾向です。年代では保育園・学齢期が多く全体の75%を占めてます。

夏休みの時期となり、塾や学童クラブ、部活動などで過ごす時間も増えることから、体調が悪い際は早めに受診し、無理をせず、自宅で静養するようにしてください。

東京都における百日咳報告数

年代別（2025年1～28週（1/1～7/13））3276件

年齢	人数	%
0歳	68	2.1
1~6歳	203	6.2
7~12歳(小学生)	1406	42.9
13~18歳（中高生）	846	25.8
19~24歳（大学・専門学校等）	88	2.7
25~64歳	581	17.7
65歳以上	84	2.6

約75%

How can I avoid contracting whooping cough?

・予防にはワクチンが有効です。百日咳は定期予防接種が行われています。0歳2か月に達したら、早めにワクチンを接種しましょう。
・また、定期予防接種により免疫を得ていても、小学校就学前にワクチンの効果が薄まるため、日本小児科学会では任意での2回の追加接種（就学前1年間、11~12歳）を推奨しています。

What if I have whooping cough?

・マスクを着用してください。
・早めに医療機関を受診し診断を受けましょう。周囲に百日咳の方がいた場合は医師に伝えましょう。

What if I am diagnosed with whooping cough?

・周囲へ感染を広げないために、特に咳の激しい間は外出をひかえてください。
・日本でも治療薬となるマクロライド系抗菌薬耐性の百日咳が増えてきているため、これまで以上に咳が出ている間はマスクの着用と手洗いを徹底してください。

LINE message: "Pertussis is spreading"
April 25, 2025

LINE

1.2 million followers

87　東京都-新型…ルサポート

今日

【百日咳が流行っています】
百日咳は長引く咳が特徴です。乳児は重症化しやすいため、生後２か月を迎えたら速やかにワクチン接種をご検討ください。
また、特に乳児がいるご家庭では、マスクなどの咳エチケットや手洗いなど、基本的な感染防止対策を心がけてください。
詳しくは東京都感染症情報センターHPへ
https://idsc.tmiph.metro.tokyo.lg.jp/diseases/pertussis/

百日咳　pertussis(whoopi...
東京都感染症情報センターは、東京都における感染症の発生状況…

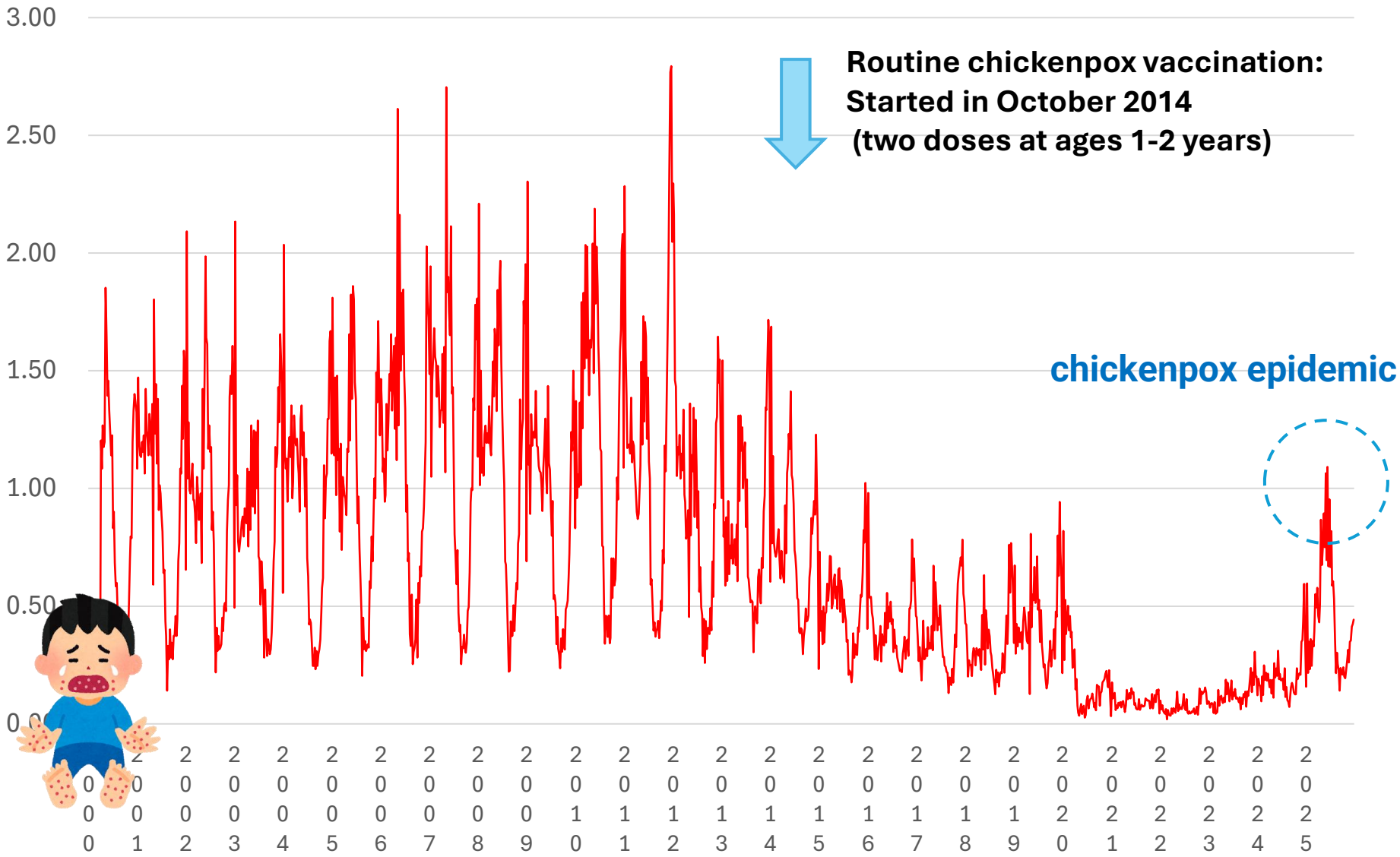
11:00

Chicken Pox

Chicken Pox

Class V - Infectious Diseases

Number of Reported Chickenpox Cases per Sentinel Site per Week, 2000-2025



"Chickenpox Epidemic Warning“

Tokyo Metropolitan Government Press Release (May 1, 2025)

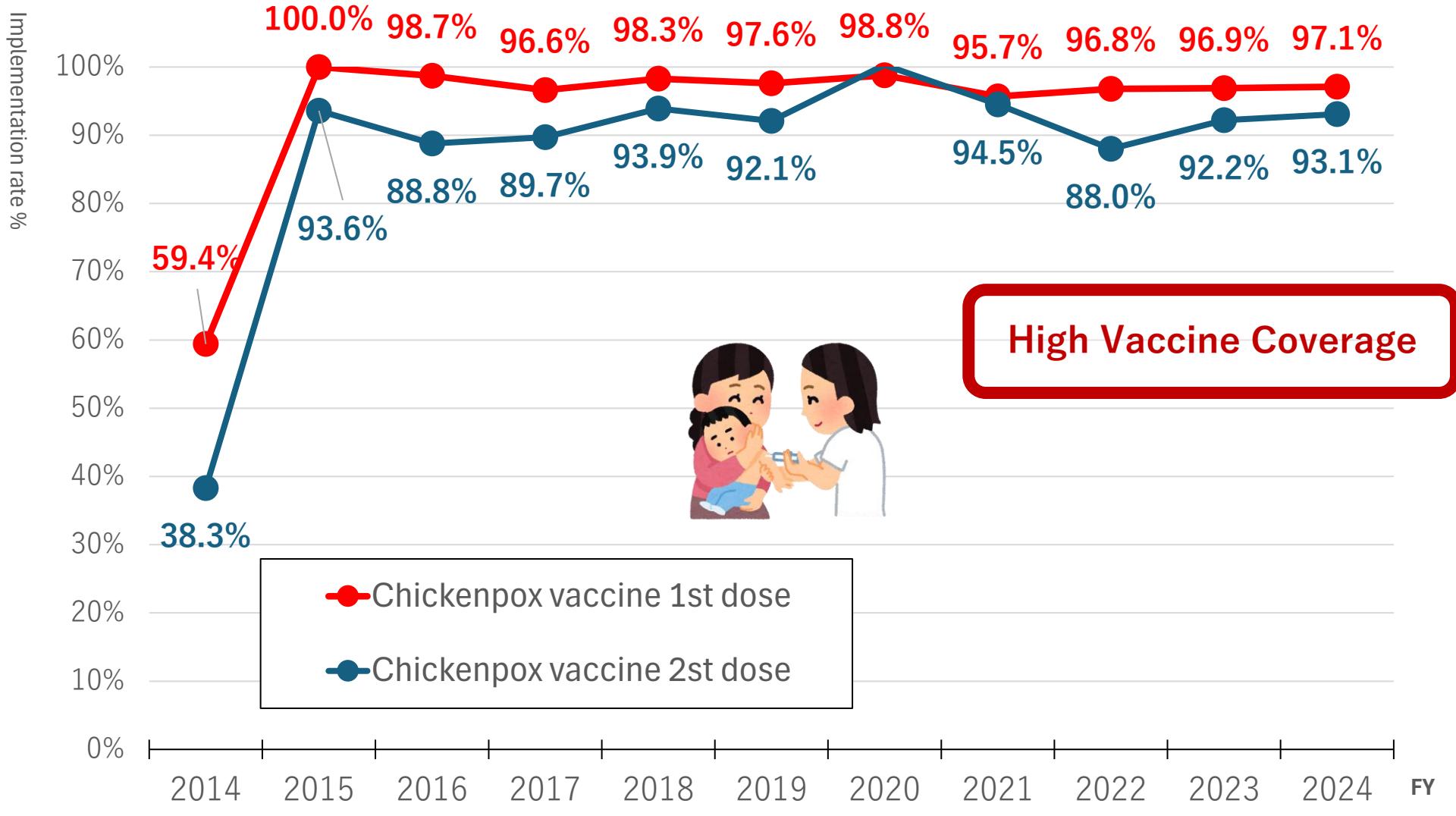
Six years since the last time

Please be careful of chickenpox (varicella).

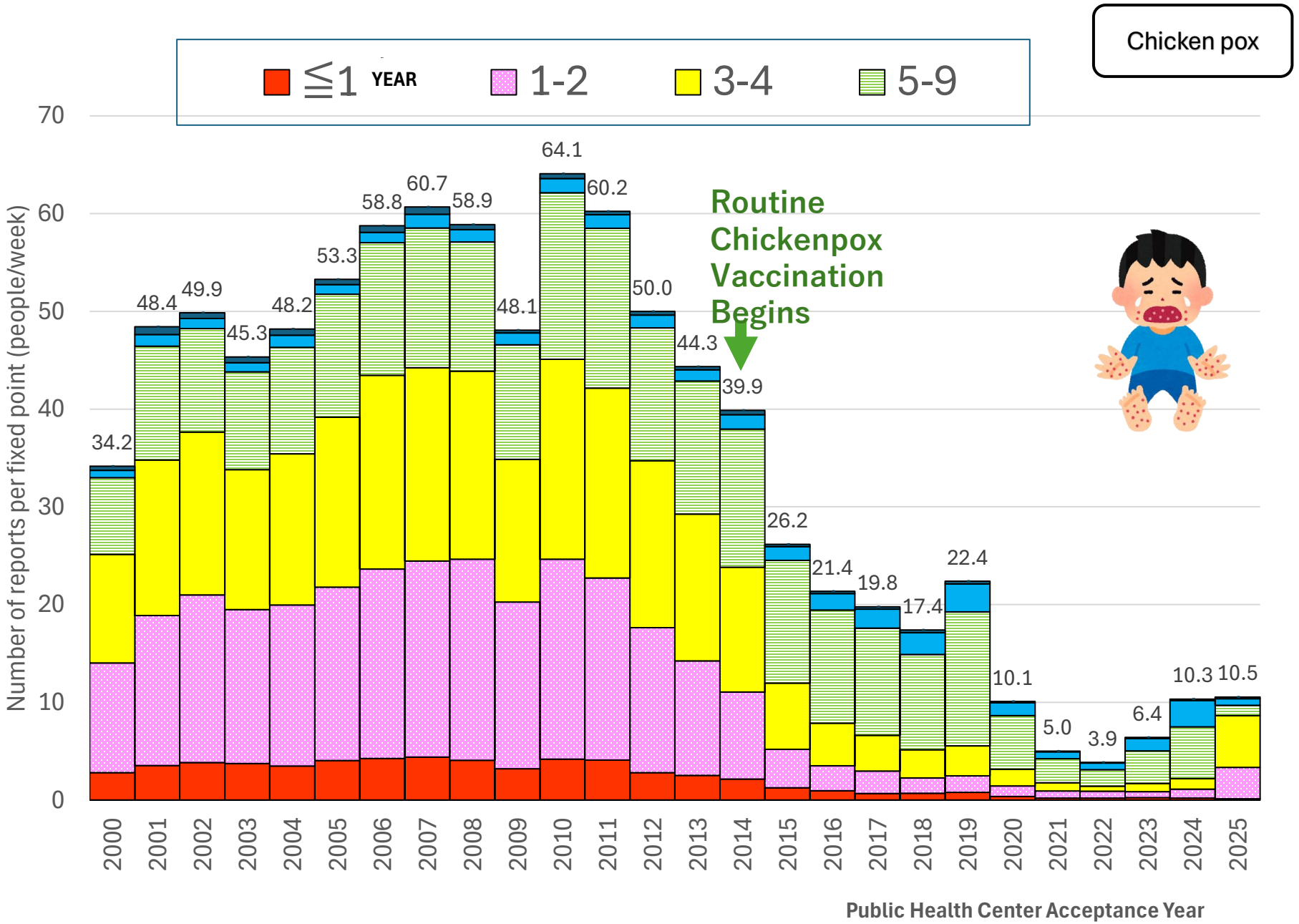
更新日：2025年5月1日

4月21日から4月27日（第17週）の1週間における水痘（すいとう）（みずぼうそう）の患者発生状況が6年ぶりに都の注意報基準を超えました。
水痘は、ウイルスによる感染症で、感染経路には、空気感染、飛まつ感染、接触感染があります。
最も有効な予防策は、ワクチン接種です。1歳を迎えたら、速やかに定期接種を受けることをご検討ください。

Chickenpox Vaccination Implementation Rate, 2014-2024, Tokyo

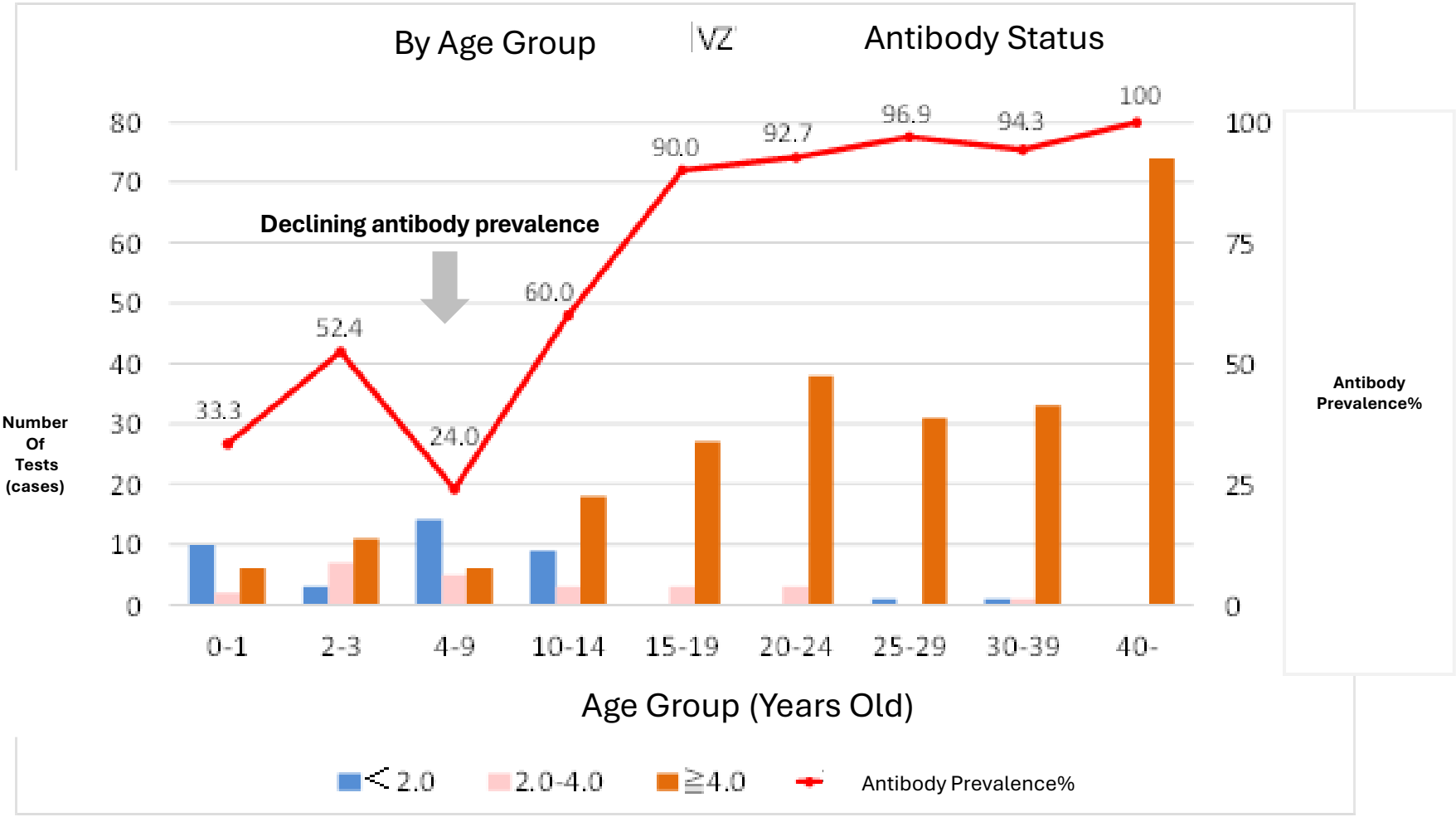


Age distribution of chickenpox patients, 2000-2025



VZV antibody prevalence by age, Tokyo Infectious Disease Epidemic Forecast Survey, 2024

Of the 306 subjects surveyed, 244 were positive, 38 negative, and 24 were indeterminate, resulting in an antibody prevalence of **79.7%** with an average antibody titer of 13.8 IU/mL.
When antibody prevalence rates were broken down by age group, 33.3% were in the 0-1 year old group, 52.4% in the 2-3 year old group, and **24.0% in the 4-9 year old group**, with average antibody titers ranging from 4.3 to 6.5 IU/mL. The antibody prevalence rate tended to increase with age, with those aged 15 and over showing a particularly high antibody prevalence rate of over 90.0%. Additionally, the average antibody titer for those aged 10 and over tended to be high, at over 10.0 IU/mL.

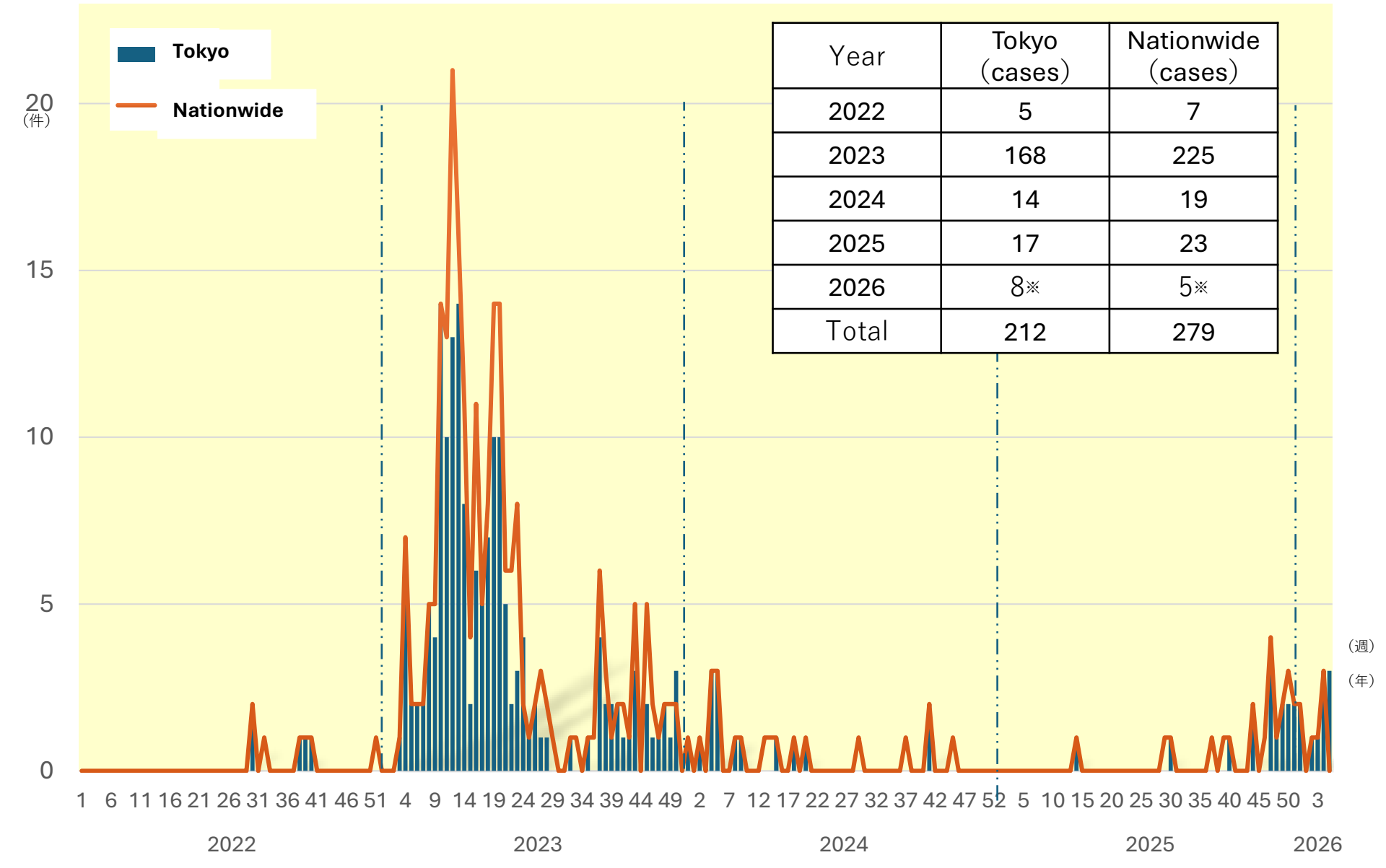


M-POX
(Monkey pox)

Class V - Infectious Diseases

M-pox (Monkeypox)

Trends in the number of reported cases by week (from the first week of 2022 to the fifth week of 2026)



Year	Tokyo (cases)	Nationwide (cases)
2022	5	7
2023	168	225
2024	14	19
2025	17	23
2026	8※	5※
Total	212	279

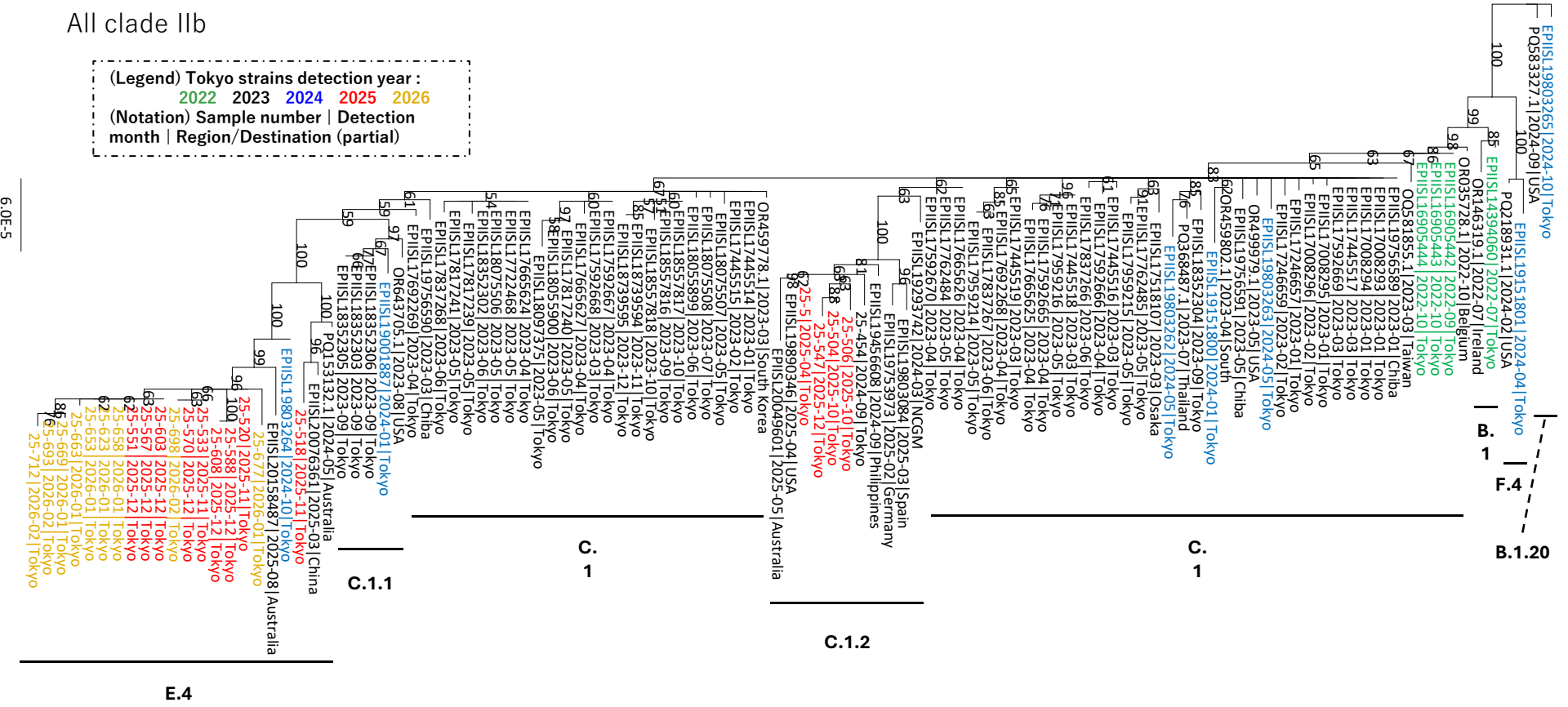
M-pox (Monkeypox)

Phylogenetic Analysis of Monkeypox Virus

MPXV Full-length phylogenetic tree

86 cases + reference strain from 2022/7 to 2026/2, approximately 190kb, NJ method)

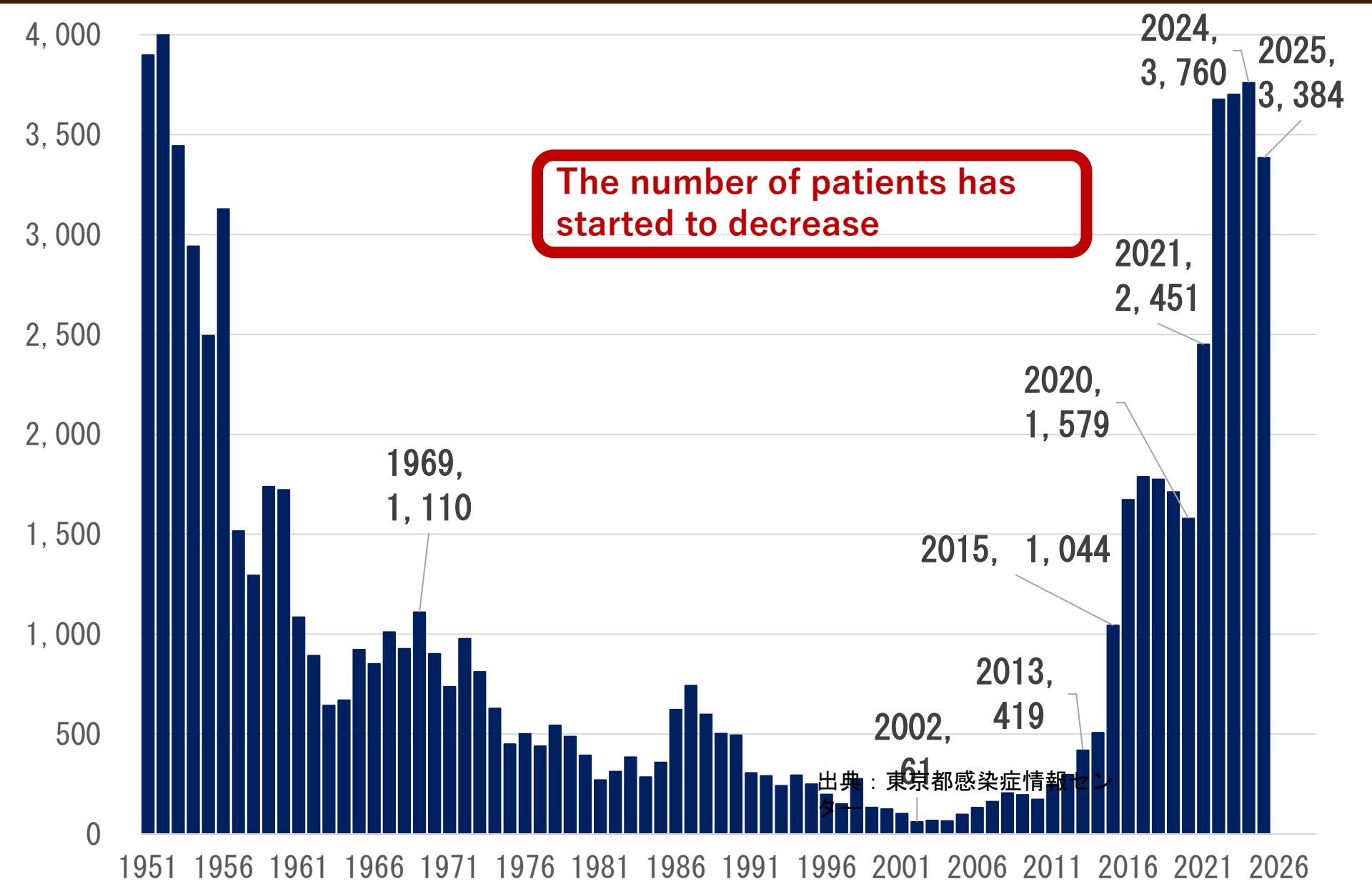
All clade IIb



Syphilis

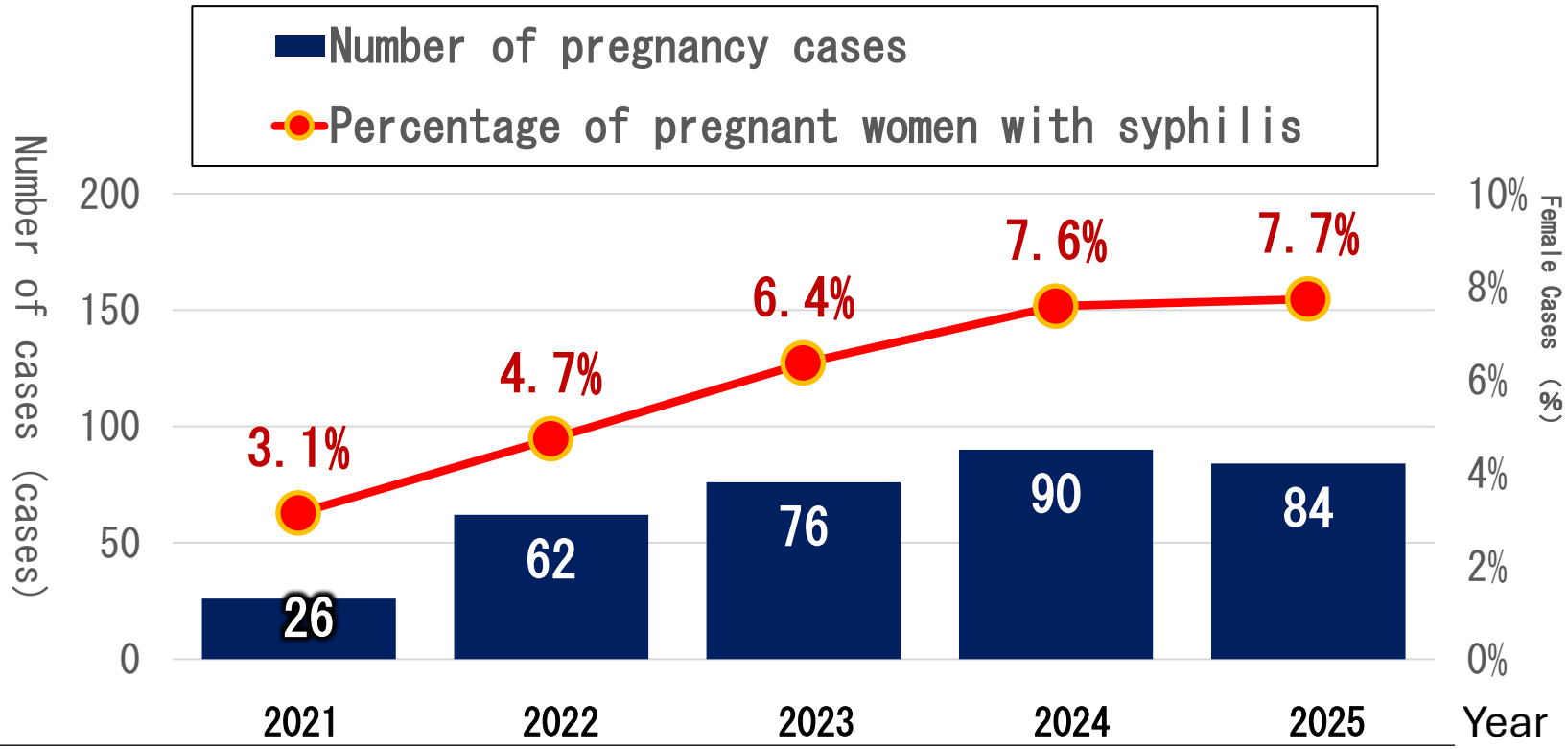
Class V - Infectious Diseases

Trends in the Annual Number of Reported Syphilis Cases in Tokyo, 1951-2025



Trends in the Number of Syphilis Cases During Pregnancy, Tokyo, 2021-2025

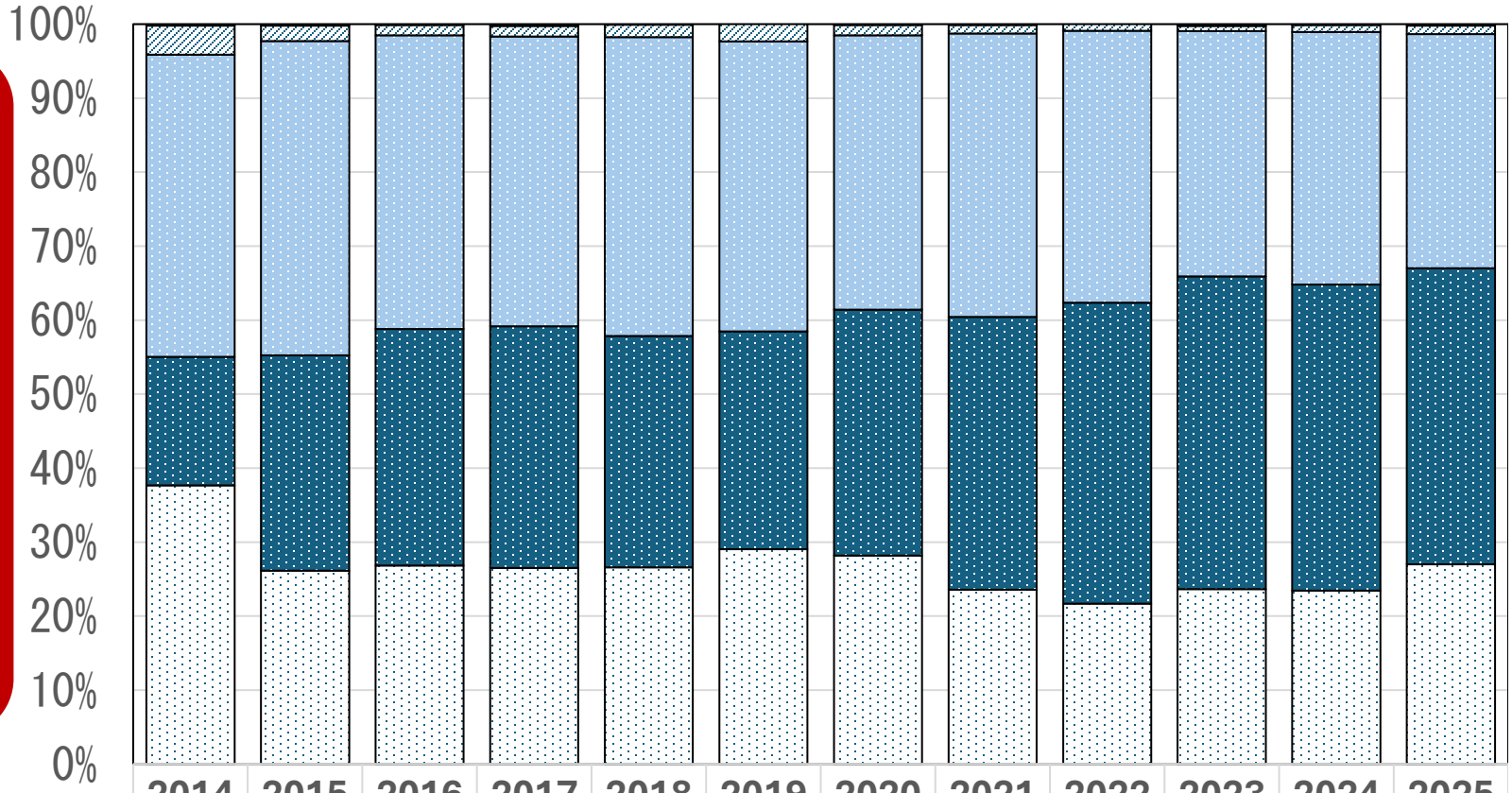
- The number of pregnancy cases of syphilis by year of diagnosis from 2022 onwards has increased significantly compared to 26 cases per year in 2021. Furthermore, not only the **number of pregnancy cases but also the percentage has increased**.



	2021	2022	2023	2024	2025
Number of pregnancy cases	26	62	76	90	82
Number of female cases (15-44 years old)	829	1,310	1,195	1,187	1,086
Number of female cases	874	1,386	1,302	1,289	1,125

Reported Number of Syphilis Cases by Disease Type, Tokyo, 2014-2025

Declining number of cases
↓
Congenital syphilis and late syphilis cases are currently increasing
↓
Delayed detection?

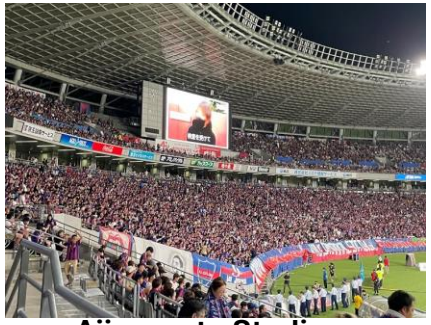


	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Congenital syphilis	1	2	2	4	1	0	2	3	0	9	5	6
Late syphilis	20	22	23	26	30	40	22	28	33	25	34	38
Early stage 2 syphilis	207	443	664	700	717	671	585	939	1351	1228	1278	1053
Early stage 1 syphilis	88	304	535	584	555	504	525	903	1496	1564	1547	1331
Asymptome	191	273	449	474	472	497	445	578	797	875	878	898

Countermeasures: Strategic Public Relations

Syphilis

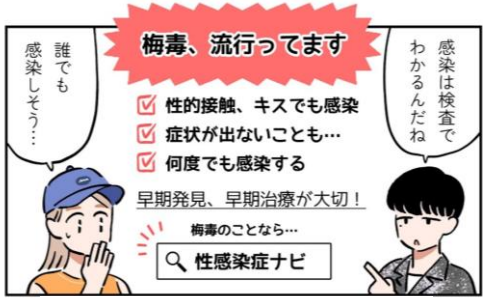
Summer Syphilis Awareness Campaign



Ajinomoto Stadium
(large screen)

Street vision advertising
(image)

Exhibiting at “Toyo Yoko Cultural Festival” (image)



SNS Manga Contents

Approaching Individual Policy Groups

You Tube, is it true that Syphilis has increased recently? Sexy actress x (special edition)

Support group for sex industry workers, calls for anonymous, free testing (Image)

Leaflet for sex industry workers

Countermeasures: Activities in Downtown Areas (in collaboration with private organizations)

Syphilis

City Dressing (Shinjuku)

HIV/Syphilis Rapid Test (Shinjuku)

Wakasapo (Shinjuku, Ikebukuro, etc.)

AIDS Fest 2025 (Ikebukuro)

Tokyo AIDS Awareness Center Project

ふぉー・てぃー

Conclusion
-The outbreak situation in Tokyo-

1. **Seasonal influenza**; This season, for the first time, we have issued two epidemic alerts. The number of residents **vaccinated** this season has **increased by 20%** compared to the previous season.
2. **Measles**: It's spreading in Tokyo. Cases imported from Vietnam and Indonesia are prominent. The **genotype "B3"** virus, which is prevalent in Southeast Asia, is also spreading in Tokyo.
3. Last summer, **pertussis** circulated in Tokyo. It was suspected that this was related to a **decline in pertussis antibodies** among residents. The Tokyo Metropolitan Government promoted **early vaccination to protect infants**.
4. **MPOX**: The number of cases has been increasing in Tokyo. We have prepared our laboratories and medical facilities for the invasion of **clade 1** and **hybrid variants**.
5. The number of reported **syphilis** cases has decreased, but the number of pregnant cases has increased, which we speculate is due to **delayed detection**.

THANK YOU!