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Influenza and Other Respiratory Viruses

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LETTER TO THE EDITOR OPEN ACCESS

Exceptionally Early Onset of the Influenza Epidemic Season During Ongoing Respiratory Syncytial Virus Circulation in Japan, 2026

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Dear Editor,

The seasonality of respiratory viruses in Japan has become increasingly difficult to predict since the coronavirus disease 2019 pandemic. Influenza activity outside the traditional winter season has been reported in Japan, including substantial summer activity in 2023 [1]. Respiratory syncytial virus (RSV) seasonality has likewise shifted in the post-pandemic period. In Saitama Prefecture, pediatric RSV hospitalization activity occurred from March to June in both 2023 and 2024, substantially earlier than the August peaks observed before the pandemic, suggesting that the timing of RSV epidemics has become less predictable [2].

Interactions between influenza virus and RSV have been described previously. A Japanese pediatric study observed epidemiological interference between influenza and RSV in two of three winter seasons, with RSV-associated lower respiratory tract infections decreasing after the onset of influenza epidemics [3]. Recent experimental work further demonstrated that influenza A virus can suppress RSV replication depending on the timing and sequence of infection [4].

Consistent with these observations, surveillance in Saitama Prefecture during 2021–2024 showed a largely alternating temporal pattern of influenza and RSV activity, with increases in one virus generally occurring when activity of the other was low (Figure S1).

Nevertheless, such viral interference does not preclude the simultaneous circulation of influenza and RSV at the population level. In January 2026, the Pan American Health Organization issued an epidemiological alert regarding the simultaneous circulation of seasonal influenza and RSV in the Americas, emphasizing the potential for increased pressure on health systems and the need for strengthened surveillance and preparedness [5]. Several months later, Japan experienced an exceptionally early onset of the influenza epidemic season while RSV circulation persisted.

We examined aggregated weekly surveillance data from the Japan Institute for Health Security (JIHS), Saitama Prefecture, and the RSV hospitalization surveillance conducted by the Saitama Chapter of the Japan Pediatric Society [6–8]. Saitama Prefecture has a population of approximately 7.29 million (as of September 1, 2026) [9]. In Saitama, influenza is reported through 176 designated acute respiratory infection sentinel sites, whereas RSV is reported through 111 designated pediatric sentinel sites [8]. Weekly reports per sentinel site were calculated as the total number of reported cases divided by the number of sentinel sites reporting in that week; sentinel sites are healthcare facilities and do not represent fixed population catchments. Because sentinel designation changed starting in epidemiological week 15 of 2025, comparisons with 2025 were restricted to weeks after this transition [6]. RSV hospitalizations

Riku Saito and Takuma Ohnishi contributed equally to this work.

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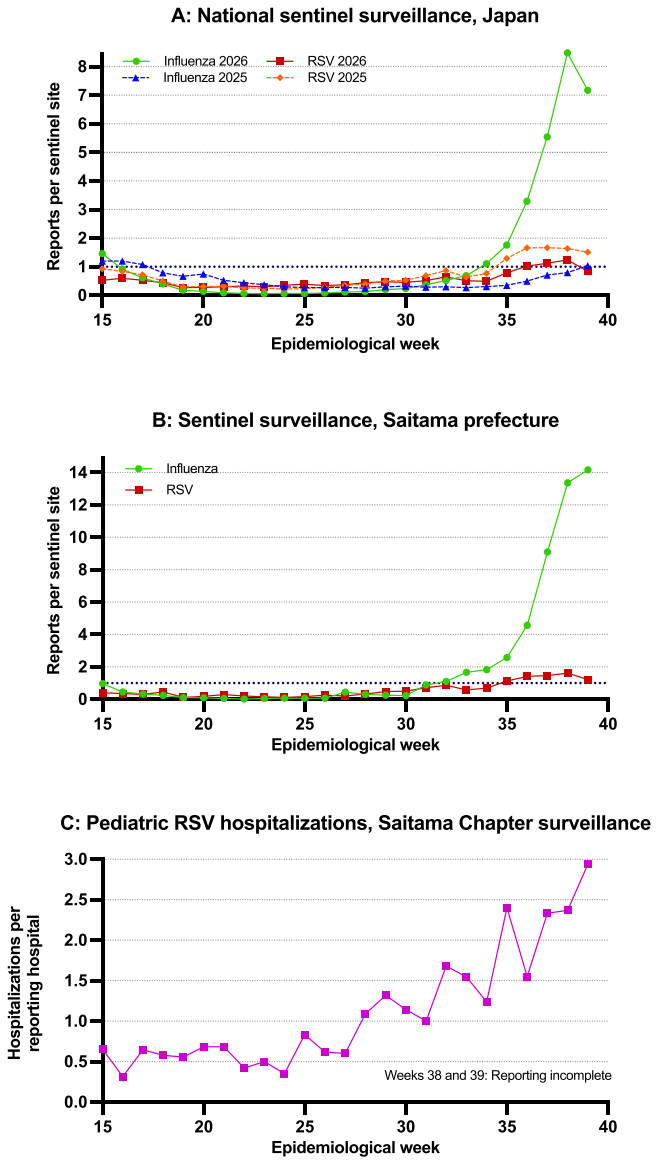


FIGURE 1 | Influenza and respiratory syncytial virus activity in Japan and Saitama Prefecture, 2025–2026. (A) National weekly reports per sentinel site for influenza and respiratory syncytial virus (RSV), epidemiological weeks 15–39 in 2025 and 2026. Dashed lines indicate 2025. (B) Weekly influenza and RSV reports per sentinel site in Saitama Prefecture in 2026. Influenza is reported through 176 acute respiratory infection sentinel sites and RSV through 111 pediatric sentinel sites; rates are total weekly reports divided by the number of sites reporting that week. (C) Weekly pediatric RSV-associated hospitalizations per reporting hospital in a 22-hospital surveillance network covering nearly all hospitals with pediatric wards in Saitama Prefecture. Weeks 38 and 39 had incomplete reporting and are provisional. The horizontal dotted line in panels A and B indicates the benchmark of 1.0 influenza report per sentinel site for epidemic-season onset, used nationally and by Saitama Prefecture. Sentinel systems differ; values show temporal trends rather than directly comparable incidence rates.

were expressed per reporting hospital because the number of participating hospitals varied by week.

National influenza activity began a sustained increase in week 29 and remained markedly elevated through week 39 (Figure 1A) [6]. The Ministry of Health, Labour and Welfare (MHLW) designated week 34 (August 17–23, 2026) as the start of the influenza epidemic season after the sentinel rate exceeded the benchmark of 1.0; 4094 cases were reported from approximately 3000 sentinel sites. The MHLW stated that this was the second-earliest epidemic onset since the implementation of the Infectious Diseases Control Law in 1999, following 2009, and excluding 2023 because epidemic-level activity had continued from the preceding year. In 2025, epidemic onset occurred in week 39, approximately 5 weeks later. During the same period in 2026, national RSV activity persisted, increasing from 0.49 per pediatric sentinel site in week 34 to 1.24 in week 38 before declining to 0.84 in week 39 [6].

To complement the national sentinel data with a measure of pediatric clinical burden, we further examined Saitama Prefecture, where the Saitama Chapter of the Japan Pediatric Society conducts a prefecture-wide RSV hospitalization surveillance program covering nearly all hospitals with pediatric wards [2, 7]. The surveillance network comprises 22 hospitals. The same temporal overlap was observed in Saitama Prefecture (Figure 1B). Influenza activity exceeded the same epidemic-onset benchmark of 1.0 report per sentinel site in week 32 and increased to 14.17 in week 39, while RSV activity exceeded 1.0 report per sentinel site in week 35 and remained above 1.0 through week 39 (1.22 reports per sentinel site) [8]. Pediatric RSV hospitalization surveillance further demonstrated that this population-level activity was accompanied by a sustained rise in pediatric hospitalizations (Figure 1C) [7].

The notable feature of 2026 is therefore not simply the co-circulation of influenza and RSV, but the exceptional timing of influenza epidemic onset. The approximately 5-week earlier onset compared with 2025 created an unusually early period of overlap with ongoing RSV circulation and sustained pediatric RSV hospitalizations. These surveillance observations do not imply the absence of biological viral interference. Experimental interference depends on the timing and sequence of infection, whereas sentinel surveillance reflects population-level viral activity [4].

For pediatric practice, this altered timing has practical implications. Even during the summer months, clinicians may need to consider both influenza and RSV in children presenting with acute respiratory illness. Concurrent activity may also affect diagnostic testing, infection-control practices, and pediatric bed planning. Continued surveillance will be important to determine the duration and clinical impact of this early overlap and whether similar patterns recur in subsequent seasons.

Author Contributions

Riku Saito: data curation, writing – original draft, formal analysis, visualization, writing – review and editing. **Takuma Ohnishi:** conceptualization, data curation, formal analysis, visualization, writing – original draft, writing – review and editing. **Tetsuya Kunikata:** supervision, writing – review and editing. **Seigo Korematsu:** supervision, writing – review and editing.

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The authors have nothing to report.

Disclosure

Figure 1 was created by the authors from aggregate surveillance data.

Ethics Statement

This report analyzes aggregate surveillance data without individual-level identifiers. National and prefectural surveillance data were publicly available.

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data supporting the findings of this study are openly available from the Japan Institute for Health Security (https://id-info.jihs.go.jp/surveillance/idwr/) and Saitama Prefecture (https://www.pref.saitama.lg.jp/b0714/surveillance/srv2026.html). Aggregate pediatric RSV hospitalization surveillance data are reported by the Saitama Chapter of the Japan Pediatric Society; access, use and sharing of these data are subject to the Chapter's data-use policy.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Figure S1:** Weekly trends of influenza and respiratory syncytial virus (RSV) activity in Saitama Prefecture, Japan (2021–2024).

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