

Nationally Notifiable Infectious Diseases and Conditions, United States: Annual Tables

TABLE 5. Annual reported cases of notifiable diseases and rates, by sex, United States, excluding U.S. Territories and Non-U.S. Residents, 2021

(Accessible Version: <https://wonder.cdc.gov/nndss/static/2021/annual/2021-table5.html>)

Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Anthrax	—	—	—	—	—	—
Arboviral diseases						
Chikungunya virus disease	17	0.01	18	0.01	—	35
Eastern equine encephalitis virus disease						
Neuroinvasive	3	0.00	2	0.00	—	5
Non-neuroinvasive	—	—	—	—	—	—
Jamestown Canyon virus disease						
Neuroinvasive	4	0.00	17	0.01	—	21
Non-neuroinvasive	2	0.00	9	0.01	—	11
La Crosse virus disease						
Neuroinvasive	12	0.01	27	0.02	—	39
Non-neuroinvasive	—	—	1	0.00	—	1
Powassan virus disease						
Neuroinvasive	11	0.01	13	0.01	—	24
Non-neuroinvasive	1	0.00	—	—	—	1
St. Louis encephalitis virus disease						
Neuroinvasive	4	0.00	7	0.00	—	11
Non-neuroinvasive	—	—	6	0.00	—	6
West Nile virus disease						
Neuroinvasive	776	0.46	1,231	0.76	—	2,007
Non-neuroinvasive	394	0.24	505	0.31	—	899
Western equine encephalitis virus disease						
Neuroinvasive	—	—	—	—	—	—
Non-neuroinvasive	—	—	—	—	—	—
Babesiosis						
Total	958	0.66	1,710	1.22	6	2,674
Confirmed	871	0.60	1,552	1.11	6	2,429
Probable	87	0.06	158	0.11	—	245
Botulism						
Total	115	0.07	121	0.07	—	236
Foodborne	10	0.01	10	0.01	—	20
Infant	88	4.82	83	4.35	—	171
Other (wound & unspecified)	17	0.01	28	0.02	—	45
Brucellosis	51	0.03	62	0.04	1	114
Campylobacteriosis	30,582	18.29	32,546	20.06	281	63,409
<i>Candida auris</i> , clinical *	210	0.16	390	0.30	8	608
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	1,090	0.72	1,179	0.80	59	2,328
Chancroid	2	0.00	1	0.00	—	3
<i>Chlamydia trachomatis</i> infection	1,033,569	629.82	576,673	361.95	3,598	1,613,840
Cholera	—	—	5	0.00	—	5
Coccidioidomycosis	9,277	13.08	10,900	15.71	24	20,201
Coronavirus Disease 2019 (COVID-19)						
Total	18,802,576	11,243.68	16,788,183	10,346.71	505,735	36,096,494
Confirmed	15,168,258	9,070.41	13,590,835	8,376.16	317,175	29,076,268
Probable †	3,634,318	2,173.27	3,197,348	1,970.56	188,560	7,020,226
Cryptosporidiosis						
Total	4,619	2.76	4,479	2.76	57	9,155
Confirmed	3,574	2.14	3,575	2.20	42	7,191
Probable	1,045	0.62	904	0.56	15	1,964
Cyclosporiasis	1,403	0.91	1,018	0.68	3	2,424
Dengue virus infections §						
Dengue	81	0.05	101	0.06	—	182

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Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Dengue-like illness	2	0.00	5	0.00	—	7
Severe dengue	2	0.00	2	0.00	—	4
Diphtheria	—	—	—	—	—	—
Ehrlichiosis and Anaplasmosis						
<i>Anaplasma phagocytophilum</i> infection	2,568	1.59	4,150	2.66	11	6,729
<i>Ehrlichia chaffeensis</i> infection	538	0.33	791	0.51	8	1,337
<i>Ehrlichia ewingii</i> infection	13	0.01	6	0.00	—	19
Undetermined ehrlichiosis/anaplasmosis	38	0.02	39	0.03	—	77
Giardiasis	4,656	3.50	6,940	5.37	47	11,643
Gonorrhea	293,778	179.02	404,091	253.63	1,716	699,585
<i>Haemophilus influenzae</i> , invasive disease						
All ages, all serotypes	1,511	0.90	1,516	0.93	15	3,042
Age <5 years						
Serotype b	12	0.13	15	0.15	—	27
Non-b serotype	53	0.56	82	0.83	2	137
Nontypeable	39	0.41	54	0.55	1	94
Unknown serotype	66	0.04	105	0.06	1	172
Hansen's disease	17	0.01	40	0.03	—	57
Hantavirus infection, non-hantavirus pulmonary syndrome ¶	1	0.00	1	0.00	—	2
Hantavirus pulmonary syndrome	4	0.00	10	0.01	—	14
Hemolytic uremic syndrome post-diarrheal	151	0.09	151	0.10	—	302
Hepatitis, Viral Disease **						
Hepatitis A	2,124	1.27	3,594	2.22	8	5,726
Hepatitis B						
Acute	829	0.50	1,214	0.75	1	2,044
Perinatal infection	10	0.27	7	0.18	—	17
Hepatitis C						
Acute	1,956	1.21	4,064	2.58	8	6,028
Confirmed	1,669	1.03	3,348	2.13	6	5,023
Probable	287	0.18	716	0.46	2	1,005
Perinatal infection	110	2.25	90	1.76	—	200
Human immunodeficiency virus diagnoses	5,718	3.42	25,551	15.75	—	31,269
Influenza-associated pediatric mortality	2	0.01	4	0.01	—	6
Invasive pneumococcal disease ††						
All ages	5,306	4.24	6,682	5.53	110	12,098
Confirmed	5,180	4.14	6,542	5.41	110	11,832
Probable	126	0.10	140	0.12	—	266
Age <5 years	334	0.25	431	0.33	5	770
Confirmed	321	4.23	413	5.21	5	739
Probable	13	0.17	18	0.23	—	31
Legionellosis §§	3,090	1.85	5,316	3.28	36	8,442
Leptospirosis	15	0.01	54	0.04	—	69
Listeriosis ¶¶						
Total	480	0.29	490	0.30	7	977
Confirmed	456	0.27	478	0.29	7	941
Probable	24	0.01	12	0.01	—	36
Lyme disease						
Total	10,286	6.18	14,113	8.74	211	24,610
Confirmed	6,738	4.05	9,356	5.79	117	16,211
Probable	3,548	2.13	4,757	2.94	94	8,399
Malaria	552	0.33	947	0.58	4	1,503
Measles ***						
Total	21	0.01	26	0.02	1	48
Indigenous	14	0.01	14	0.01	1	29

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Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Imported	7	0.00	12	0.01	—	19
Meningococcal disease						
All serogroups	101	0.06	106	0.07	1	208
Serogroups ACWY	42	0.03	41	0.03	—	83
Serogroup B	19	0.01	13	0.01	—	32
Other serogroups	7	0.00	9	0.01	—	16
Unknown serogroup	33	0.02	43	0.03	1	77
Mumps	93	0.06	96	0.06	—	189
Novel Influenza A virus infections	6	0.00	10	0.01	—	16
Pertussis	1,310	0.78	795	0.49	11	2,116
Plague ^{†††}	2	0.00	2	0.00	—	4
Poliomyelitis, paralytic	—	—	—	—	—	—
Poliovirus infection, nonparalytic	—	—	—	—	—	—
Psittacosis	1	0.00	3	0.00	—	4
Q fever						
Total	43	0.03	149	0.09	—	192
Acute	41	0.02	124	0.08	—	165
Chronic	2	0.00	25	0.02	—	27
Rabies						
Human	—	—	5	0.00	—	5
Rubella	3	0.00	4	0.00	—	7
Rubella, congenital syndrome	—	—	—	—	—	—
<i>Salmonella</i> Paratyphi infection ^{§§§}	35	0.02	29	0.02	—	64
<i>Salmonella</i> Typhi infection ^{¶¶¶}	107	0.06	126	0.08	1	234
Salmonellosis (excluding <i>S. Typhi</i> infection and <i>S. Paratyphi</i> infection) ^{****}	26,176	15.65	22,849	14.08	224	49,249
Severe acute respiratory syndrome-associated coronavirus disease	—	—	—	—	—	—
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	7,491	4.48	6,409	3.95	43	13,943
Shigellosis	3,188	1.91	6,767	4.17	44	9,999
Smallpox	—	—	—	—	—	—
Spotted fever rickettsiosis						
Total	342	0.21	911	0.57	4	1,257
Confirmed	10	0.01	33	0.02	—	43
Probable	332	0.20	878	0.54	4	1,214
Streptococcal toxic shock syndrome	59	0.05	85	0.08	1	145
Syphilis						
Total, all stages ^{†††}	45,882	27.96	125,090	78.51	3,395	174,367
Congenital ^{§§§§}	—	—	—	—	2,820	2,820
Primary and secondary	12,128	7.39	40,753	25.58	153	53,034
Tetanus	9	0.01	19	0.01	—	28
Toxic shock syndrome (other than Streptococcal)	8	0.01	6	0.01	1	15
Trichinellosis	—	—	2	0.00	—	2
Tuberculosis	3,052	1.83	4,827	2.97	3	7,882
Tularemia	78	0.05	82	0.05	2	162
Vancomycin-intermediate <i>Staphylococcus aureus</i>	32	0.02	41	0.03	—	73
Vancomycin-resistant <i>Staphylococcus aureus</i> ^{¶¶¶¶}	—	—	5	0.00	—	5
Varicella morbidity	1,682	1.17	1,762	1.27	52	3,496
Varicella mortality	U	U	U	U	U	U
Vibriosis						
Total	1,241	0.75	1,597	1.00	15	2,853
Confirmed	547	0.33	996	0.62	13	1,556
Probable	694	0.42	601	0.38	2	1,297
Viral hemorrhagic fevers						
Crimean-Congo hemorrhagic fever virus	—	—	—	—	—	—
Ebola virus	—	—	—	—	—	—

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Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Guanarito virus	—	—	—	—	—	—
Junin virus	—	—	—	—	—	—
Lassa virus	—	—	—	—	—	—
Lujo virus	—	—	—	—	—	—
Machupo virus	—	—	—	—	—	—
Marburg virus	—	—	—	—	—	—
Sabia virus	—	—	—	—	—	—
Yellow fever	—	—	1	0.00	—	1
Zika virus	—	—	—	—	—	—
Zika virus disease, congenital ****	1	0.05	—	—	—	1
Zika virus disease, non-congenital	1	0.00	1	0.00	—	2
Zika virus infection, congenital ****	—	—	—	—	—	—
Zika virus infection, non-congenital	—	—	—	—	—	—

—: No reported cases — The reporting jurisdiction did not submit any cases to CDC.

U: Unavailable — The data are unavailable.

* *Candida auris* colonization/screening cases are not included in this table. These data are available on the Mycotic Diseases Branch's Tracking *Candida auris* page (<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>)

† Of the reporting areas that submitted 2021 aggregate COVID-19 data to CDC, two did not submit probable cases. New York (excluding New York City) and U.S. Virgin Islands did not collect probable cases.

§ Counts include confirmed and probable dengue cases.

¶ Case counts may include Old World hantavirus infections, such as Seoul virus.

** Chronic hepatitis B and chronic hepatitis C data are not included in NNDSS tables but reported case counts are included in the annual Viral Hepatitis Surveillance Report, 2021, published online by CDC's Division of Viral Hepatitis, available at <https://www.cdc.gov/hepatitis/statistics/SurveillanceRpts.htm>.

†† Counts include drug resistant and susceptible cases of Invasive Pneumococcal Disease. This condition was previously named *Streptococcus pneumoniae* invasive disease and cases were reported to CDC using different event codes to specify whether the cases were drug resistant or in a defined age group, such as <5 years.

§§ Beginning in 2020, the CSTE case definition changed such that cases diagnosed by PCR were classified as confirmed, whereas previously those cases were classified as suspect and did not meet the publication/print criteria.

¶¶ Before 2019, probable cases were not reported, and cases in neonates ≤60 days of age were counted as one case in a mother-infant pair. Beginning in 2019, confirmed and probable cases are being reported, and maternal and neonatal cases are being counted separately.

*** Measles is considered imported if the disease was acquired outside of the United States and is considered indigenous if the disease was acquired anywhere within the United States or it is not known where the disease was acquired.

††† Beginning in 2020, confirmed and probable plague cases began to be combined and published.

§§§ Beginning in January 2019, cases began to be reported as *Salmonella* Paratyphi infection. In 2018, cases were reported as paratyphoid fever. Prior to 2018, cases of paratyphoid fever were considered salmonellosis.

¶¶¶ Beginning in January 2019, cases began to be reported as *Salmonella* Typhi infection. In previous years, cases were reported as typhoid fever.

**** Beginning in January 2019, cases began to be reported as salmonellosis (excluding *Salmonella* Typhi infection and *Salmonella* Paratyphi infection). In 2018, cases were reported as salmonellosis (excluding paratyphoid fever and typhoid fever). Prior to 2018, cases of paratyphoid fever were considered salmonellosis.

†††† Includes the following categories: primary; secondary; early non-primary non-secondary (includes cases previously reported as early latent); unknown duration or late (includes cases previously reported as late latent syphilis and cases previously reported as late syphilis with clinical manifestations) and congenital syphilis.

§§§§ Congenital syphilis cases are usually assigned to the mother's state of residence at the time of delivery. Data for congenital syphilis are aggregated by the infant's year of birth.

¶¶¶¶ Vancomycin-resistant *Staphylococcus aureus* cases reported in this table may not have been verified by CDC. CDC verified 2 vancomycin-resistant *Staphylococcus aureus* cases in 2021.

***** Data reported to ArboNET using the national surveillance case definition for congenital Zika virus infection (CSTE Position Statement 16-ID-01).

Notes:

- These are **annual** cases of selected infectious national notifiable diseases from the National Notifiable Diseases Surveillance System (NNDSS). NNDSS data reported by the 50 states, New York City, the District of Columbia, and the U.S. territories are collated and published. Cases are reported by state health departments to CDC weekly. Because source datasets may be updated as additional information is received, statistics in publications based on that source data may differ from what is presented in these tables. Source datasets for the 2021 annual tables were officially closed on March 29, 2023.
- The list of national notifiable Infectious diseases and conditions for 2021 and their national surveillance case definitions are available by navigating to the [Surveillance Case Definitions | CDC](#) web page, selecting "2021" for the notifiable condition list year, checking "Infectious" conditions, and clicking "Get Notifiable List by Year". CSTE adopted the first coronavirus disease 2019 (COVID-19) national surveillance case definition on April 5, 2020, and they approved a revision to the COVID-19 national surveillance case definition, effective August 5, 2020. On June 17, 2021, a revision to the COVID-19 national surveillance case definition was approved, effective September 1, 2021. Publication criteria for the finalized 2021 data are available at https://wonder.cdc.gov/nndss/documents/2021_NNDSS_Publication_Criteria_03162022.pdf. See also [Guide to Interpreting Provisional and Finalized NNDSS Data](#).
- Population estimates for incidence rates are July 1st, 2020, estimates obtained from the National Center for Health Statistics (NCHS) postcensal estimates of the resident population of the United States for April 1, 2010, to July 1, 2020, by year, county, single year of age (range: 0 to 85 years), bridged-race (white, black or African American, American Indian or Alaska Native, Asian, or Pacific Islander), Hispanic ethnicity (not Hispanic or Latino, Hispanic or Latino), and sex (Vintage 2020), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states released September 22, 2021, are available at https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Population estimates for territories are the 2020 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on March 15, 2022, at <https://www.census.gov/data->

[tools/demo/idb/#/country?YR_ANIM=2022](#). The choice of population denominators for incidence is based on the availability of population data at the time of publication preparation.

4. Annual tables for 2016 and later years are available on [CDC WONDER](#).
5. Annual summary reports from 1993–2015 are available as published in the *Morbidity and Mortality Weekly Report*.
6. NNDSS annual tables since 1952 are available at [CDC Stacks](#) (once in CDC Stacks, select "Annual Reports" in the "Genre" box to the left).
7. For most conditions, national incidence rates are calculated as the number of reported cases for each infectious disease or condition divided by the U.S. resident population for the specified demographic population or the total U.S. resident population, multiplied by 100,000. When a national notifiable infectious condition is associated with a specific age restriction, the same restriction was applied to the population in the denominator of the incidence rate calculation. In addition, population data from reporting jurisdictions in which the disease or condition was not reportable or not available were excluded from the denominator of the incidence rate calculations.

Age restrictions in the numerator and denominator are applied for the following childhood conditions:

- Zika virus disease, congenital (age restriction in numerator and denominator is <1 year)
- Zika virus infection, congenital (age restriction in numerator and denominator is <1 year)
- Haemophilus influenzae*, invasive disease <5 years (age restriction in numerator and denominator is <5 years)
- Invasive pneumococcal disease <5 years (age restriction in numerator and denominator is <5 years)
- Influenza associated pediatric mortality (age restriction in numerator and denominator is <18 years)
- Infant botulism (age restriction in numerator and denominator is <1 year)
- Congenital rubella syndrome (age restriction in numerator and denominator is <1 year)
- Perinatal hepatitis B infection (age restriction in numerator and denominator is ≤24 months)
- Perinatal hepatitis C infection (age restriction in numerator and denominator is ≤36 months).

Data for congenital syphilis are aggregated by the infant's year of birth. The rate for congenital syphilis is based upon the number of reported cases per 100,000 live births, using natality data for 2021 (National Center for Health Statistics [Natality 2021](#), as compiled from data provided by the Vital Statistics Cooperative Program). Congenital syphilis cases are usually assigned to the mother's state of residence at the time of delivery. The mother's race and ethnicity are used for race- and ethnicity-specific rates of congenital syphilis cases.

8. Surveillance data reported by other CDC programs might vary from data reported in these tables because of differences in 1) the date used to aggregate the data, 2) the timing of reports, 3) the source of the data, 4) surveillance case definitions, and 5) policies regarding case jurisdiction (i.e., which jurisdiction should submit the case notification to CDC).
9. Disease data presented in the 2021 tables reflect impacts of the COVID-19 pandemic, such as changes in exposure-related behavior, healthcare-seeking behavior, disease reporting, and public health investigations.

Suggested Citation:

- Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, 2021 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Office of Public Health Data, Surveillance, and Technology, 2024. Available at: <https://www.cdc.gov/nndss/data-statistics/infectious-tables/index.html>.

Acknowledgment:

- CDC acknowledges the local, state, and territorial health departments that collected the data from a range of case ascertainment sources (e.g., healthcare providers, hospitals, laboratories) and reported these data to CDC's National Notifiable Diseases Surveillance System.

National Notifiable Diseases Surveillance System

Provided by [CDC WONDER](#)