



TABLE 2p. Annual reported cases of notifiable diseases, by region and reporting area - - United States and U.S. Territories, 2018

(Accessible Version: <https://wonder.cdc.gov/nndss/static/2018/annual/2018-table2p.html>)

Reporting Area	Viral hemorrhagic fevers								
	Crimean-Congo hemorrhagic fever virus	Ebola virus	Guanarito virus	Junin virus	Lassa virus	Lujo virus	Machupo virus	Marburg virus	Sabia virus
Montana	—	—	—	—	—	—	—	—	—
Nevada	—	—	—	—	—	—	—	—	—
New Mexico	—	—	—	—	—	—	—	—	—
Utah	—	—	—	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—	—	—	—
Pacific	—	—	—	—	—	—	—	—	—
Alaska	—	—	—	—	—	—	—	—	—
California	—	—	—	—	—	—	—	—	—
Hawaii	—	—	—	—	—	—	—	—	—
Oregon	—	—	—	—	—	—	—	—	—
Washington	—	—	—	—	—	—	—	—	—
Territories	—	—	—	—	—	—	—	—	—
American Samoa	—	—	—	—	—	—	—	—	—
Commonwealth of Northern Mariana Islands	—	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	—	—
U.S. Virgin Islands	—	—	—	—	—	—	—	—	—

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

N: Not reportable — The disease or condition was not reportable by law, statute, or regulation in the reporting jurisdiction.

U: Unavailable — The data are unavailable.

#### Notes:

1. 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.
2. The list of nationally notifiable infectious diseases and conditions for 2018 and their national surveillance case definitions are available by navigating to the [Surveillance Case Definitions | CDC](#) web page, selecting "2018" for the notifiable condition list year, checking "infectious" conditions, and clicking "Get Notifiable List by Year". This list incorporates the Council of State and Territorial Epidemiologists (CSTE) position statements approved in 2017 by CSTE for national surveillance, that were implemented in January 2018, including updated surveillance case definitions for anthrax, shiga toxin-producing *Escherichia coli*, and syphilis. Perinatal hepatitis c virus infection became a new nationally notifiable condition in 2018. While Carbapenemase Producing Carbapenem-Resistant *Enterobacteriaceae* (CP-CRE) was added to the list of nationally notifiable diseases in 2018, reporting jurisdictions could not submit data for this condition since Office of Management and Budget Paperwork Reduction Act approval was pending during 2018. Publication criteria for the finalized 2018 data are available at [https://wonder.cdc.gov/nndss/documents/2018\\_NNDSS\\_Publication\\_Criteria\\_07122019\\_updated\\_09230219.pdf](https://wonder.cdc.gov/nndss/documents/2018_NNDSS_Publication_Criteria_07122019_updated_09230219.pdf). See also [Guide to Interpreting Provisional and Finalized NNDSS Data](#).
3. Annual tables for 2016 and later years are available on [CDC WONDER](#).
4. Annual summary reports from 1993-2015 are available as published in the [MMWR](#).
5. NNDSS annual tables since 1952 are available at [CDC Stacks](#) (once in CDC Stacks select "Annual Reports" in the "Genre" box to the left).
6. 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 nationally 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.

Population estimates for incidence rates are July 1st, 2018 estimates obtained from the National Center for Health Statistics (NCHS) postcensal estimates of the resident population of the United States for April 1, 2010 - July 1, 2018, 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 2018), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states released June 25, 2019 are available at [https://www.cdc.gov/nchs/nvss/bridged\\_race/data\\_documentation.htm](https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm). Population estimates for territories are the 2018 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on June 26, 2019 at <https://www.census.gov/data-tools/demo/idb/informationGateway.php>. The choice of population denominators for incidence is based on the availability of population data at the time of publication preparation.

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 is ≤24 months, denominator is <24 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 2018 (National Center for Health Statistics [Natality 2018](#), as compiled from data provided by the Vital Statistics Cooperative Program). The mother's race and ethnicity are used for race- and ethnicity-specific rates of congenital syphilis cases. Congenital syphilis data are published in Syphilis Statistics in the Sexually Transmitted Diseases (STD) surveillance report (<https://www.cdc.gov/std/syphilis/stats.htm>) and in the historical archives of the STD surveillance report (<https://www.cdc.gov/std/stats/archive.htm>). The STD surveillance report (<https://www.cdc.gov/std/syphilis/stats.htm>) updates congenital syphilis cases and rates over time.

7. 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).

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**National Notifiable Diseases Surveillance System**

Provided by [CDC WONDER](#)