TABLE 7. Annual reported cases of notifiable diseases and rates per 100,000 population, by ethnicity*, excluding U.S. Territories - - United States, 2018

(Accessible Version: https://wonder.cdc.gov/nndss/static/2018/annual/2018-table7.html)

Disease	Hispa	anic	Non-Hispanic		Ethnicity not stated	Total
	No.	Rate	No.	Rate	No.	No.
Anthrax	S	S	S	S	S	1
Arboviral diseases						
Chikungunya virus disease	11	0.02	67	0.03	39	117
Eastern equine encephalitis virus disease						
Neuroinvasive	S	S	S	S	S	6
Non-neuroinvasive	_	_	_	_	_	_
Jamestown Canyon virus disease						
Neuroinvasive	1	0.00	16	0.01	8	25
Non-neuroinvasive	S	S	S	S	S	16
La Crosse virus disease						
Neuroinvasive	3	0.01	51	0.02	29	83
Non-neuroinvasive	S	S	S	S	S	3
Powassan virus disease						
Neuroinvasive	S	S	S	S	S	21
Non-neuroinvasive	_	_	_	_	_	_
St. Louis encephalitis virus disease						
Neuroinvasive	S	S	S	S	S	5
Non-neuroinvasive	S	S	S	S	S	3
West Nile virus disease						
Neuroinvasive	150	0.25	1,038	0.39	469	1,657
Non-neuroinvasive	46	0.08	616	0.23	327	989
Western equine encephalitis virus disease						
Neuroinvasive	_	_	_	_	_	_
Non-neuroinvasive	_	_	_	_	_	_
Babesiosis						
Total	240	0.45	1,225	0.56	695	2,160
Confirmed	221	0.42	1,046	0.48	594	1,861
Probable	19	0.04	179	0.08	101	299
Botulism						
Total	52	0.09	117	0.04	56	225
Foodborne	S	S	S	S	S	17
Infant	34	3.37	83	2.92	40	157
Other (wound & unspecified)	15	0.03	25	0.01	11	51
Brucellosis	56	0.09	56	0.02	26	138
Campylobacteriosis	8,626	14.41	39,542	14.79	22,032	70,200
Chancroid	S	S	S	S	S	3
Chlamydia trachomatis infection	231,398	386.49	862,464	322.66	664,806	1,758,668
Cholera	S	S	S	S	S	14
Coccidioidomycosis [†]	2,531	9.93	4,089	3.74	8,991	15,611
Cryptosporidiosis	2/33.	3.30	.,003	3 ,7 1	9,551	,
Total	1,149	1.92	8,187	3.06	3,197	12,533
Confirmed	887	1.48	5,785	2.16	2,308	8,980
Probable	262	0.44	2,402	0.90	889	3,553
Cyclosporiasis	500	0.88	2,402	0.93	818	3,519
•	500	0.00	2,201	0.95	010	5,519
Dengue virus infections §		- · -				
Dengue	104	0.17	200	0.07	120	424
Dengue-like illness	4	0.01	26	0.01	11	41
Severe dengue	S	S	S	S	S	9
Diphtheria	S	S	S	S	S	1
Ehrlichiosis and Anaplasmosis						
Anaplasma phagocytophilum infection	115	0.20	2,511	0.97	1,382	4,008
Ehrlichia chaffeensis infection	56	0.10	1,246	0.48	497	1,799

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	Hispanic		ic Non-Hispanic		Ethnicity not stated	Total
Disease	No.	Rate	No.	Rate	No.	No.
Ehrlichia ewingii infection	1	0.00	27	0.01	5	33
Undetermined ehrlichiosis/anaplasmosis	7	0.01	227	0.09	49	283
Giardiasis	1,268	2.87	7,726	3.64	6,554	15,548
Gonorrhea	68,326	114.12	346,760	129.73	168,319	583,405
Haemophilus influenzae, invasive disease						
All ages, all serotypes	324	0.54	3,793	1.42	1,456	5,573
Age <5 years						
Serotype b	6	0.12	21	0.14	11	38
Non-b serotype	24	0.46	129	0.88	38	191
Nontypeable	32	0.62	141	0.96	49	222
Unknown serotype	34	0.66	106	0.72	35	175
Hansen's disease	14	0.02	41	0.02	35	90
Hantavirus infection, non-hantavirus pulmonary syndrome	S	S	S	S	S	2
Hantavirus pulmonary syndrome	S	S	S	S	S	18
Hemolytic uremic syndrome post-diarrheal	48	0.08	258	0.10	70	376
Hepatitis ¶						
A, acute	417	0.70	8,450	3.16	3,607	12,474
B, acute	227	0.38	2,383	0.90	712	3,322
B, perinatal infection	S	S	S	S	S	23
C, acute	341	0.60	3,298	1.30	1,129	4,768
Confirmed	292	0.51	2,456	0.97	873	3,621
Probable	49	0.09	842	0.33	256	1,147
C, perinatal infection	13	0.03	84	0.03	117	214
Human immunodeficiency virus diagnoses	8,216	13.72	24,783	9.27	_	32,999
Influenza-associated pediatric mortality	35	0.19	100	0.18	24	159
Invasive pneumococcal disease **	33	0.15	100	0.10	2-1	133
	1 202	2.57	12.004	C 20	F F70	10.057
All ages Confirmed	1,383	3.57	12,904	6.29	5,570	19,857
Probable	1,355	3.50	12,763	6.22	5,501	19,619
		0.07	141	0.07	69	238
Age <5 years Confirmed	154	0.37	684	0.31	278	1,116
	145	3.99	667	5.45	266	1,078
Probable	9	0.25	17	0.14	12	38
Legionellosis	646	1.08	7,110	2.66	2,177	9,933
Leptospirosis	6	0.01	52	0.02	33	91
Listeriosis	114	0.19	601	0.22	149	864
Lyme disease	400		40.750	- 47	40.445	22.555
Total	499	0.84	13,752	5.17	19,415	33,666
Confirmed	351	0.59	9,200	3.46	14,007	23,558
Probable	148	0.25	4,552	1.71	5,408	10,108
Malaria	28	0.05	1,232	0.46	488	1,748
Measles	_					
Total	8	0.01	319	0.12	48	375
Indigenous	5	0.01	257	0.10	34	296
Imported	3	0.01	62	0.02	14	79
Meningococcal disease						
All serogroups	44	0.07	227	0.08	56	327
Serogroups ACWY	15	0.03	72	0.03	13	100
Serogroup B	6	0.01	59	0.02	16	81
Other serogroups	_	_	20	0.01	3	23
Unknown serogroup	23	0.04	76	0.03	24	123
Mumps	514	0.86	1,282	0.48	719	2,515
Novel Influenza A virus infections	S	S	S	S	S	14
Paratyphoid fever ^{††}	6	0.01	86	0.03	41	133
Pertussis	2,335	3.90	10,014	3.75	3,260	15,609
Plague	S	S	S	S	S	1

TABLE 7. Annual reported cases of notifiable diseases and rates per 100,000 population, by ethnicity*, excluding U.S. Territories - - United States, 2018

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н		Hispanic		spanic	Ethnicity not stated	Total
Disease	No.	Rate	No.	Rate	No.	No.
Poliomyelitis, paralytic	_	_	_	_	_	_
Poliovirus infection, nonparalytic	_	_	_	_	_	_
Psittacosis	S	S	S	S	S	22
Q fever						
Total	36	0.06	129	0.05	50	215
Acute	34	0.06	105	0.04	39	178
Chronic	2	0.00	24	0.01	11	37
Rabies						
Human	S	S	S	S	S	3
Rubella	S	S	S	S	S	4
Rubella, congenital syndrome	_	_			_	
Salmonellosis (excluding paratyphoid fever and typhoid fever) §§	9,141	15.27	36,641	13.71	15,217	60,999
Severe acute respiratory syndrome-associated coronavirus disease	3,111	13.27	30,011	13.71	13,217	00,555
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	2,957	4.94	9,454	3.54	3,585	15,996
Shigellosis	3,657	6.11	8,915	3.34	3,761	16,333
Smallpox	_				_	
Spotted fever rickettsiosis	107	0.00	2.007		1.500	
Total	137	0.23	3,887	1.46	1,520	5,544
Confirmed	7	0.01	79	0.03	38	124
Probable	130	0.22	3,808	1.44	1,482	5,420
Streptococcal toxic shock syndrome	30	0.12	288	0.16	53	371
Syphilis						
Total, all stages ¶¶	30,124	50.31	75,851	28.38	9,070	115,045
Congenital	411	46.38	846	29.46	49	1,306
Primary and secondary	7,663	12.80	24,965	9.34	2,435	35,063
Tetanus	S	S	S	S	S	23
Toxic shock syndrome (other than Streptococcal)	2	0.01	22	0.01	9	33
Trichinellosis	S	S	S	S	S	1
Tuberculosis	2,617	4.37	6,373	2.38	35	9,025
Tularemia	11	0.02	177	0.07	41	229
Typhoid fever	50	0.08	268	0.10	83	401
Vancomycin-intermediate Staphylococcus aureus	3	0.01	41	0.02	41	85
Vancomycin-resistant <i>Staphylococcus aureus</i>	_	_	_	_	_	_
Varicella morbidity	1,392	2.61	4,824	2.25	1,985	8,201
Varicella mortality	U	U	U	U	U	U
Vibriosis						
Total	330	0.56	1,896	0.72	738	2,964
Confirmed	182	0.31	1,231	0.47	409	1,822
Probable	148	0.25	665	0.25	329	1,142
Viral hemorrhagic fevers						· ·
Crimean-Congo hemorrhagic fever virus	_	_	_	_	_	_
Ebola virus	_	_	_	_	_	_
Guanarito virus	_	_	_		_	_
Junin virus	_		_	_	_	_
Lassa virus	_	_	_		_	_
Lujo virus	_		_		_	_
Machupo virus					_	
Marburg virus	_		_		_	
Sabia virus	_		_		_	
Yellow fever	_		_		_	
	_	_	_	_	_	_
Zika virus					_	
Zika virus disease, congenital ***	S	S	S	S	S	2
Zika virus disease, non-congenital	42	0.07	12	0.00	25	79
Zika virus infection, congenital ***	S	S	S	S	S	8

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	Hispanic		Non-Hispanic		Ethnicity not stated	Total
Disease	No.	Rate	No.	Rate	No.	No.
Zika virus infection, non-congenital	137	0.23	58	0.02	50	245

- —: No reported cases The reporting jurisdiction did not submit any cases to CDC.
- U: Unavailable The data are unavailable.
- S: Suppressed
- * Conditions with <25 cases reported in the year were not broken down by ethnicity.
- + Reportable in <25 states.</p>
- § Counts include confirmed and probable dengue cases.
- ¶ Chronic hepatitis B and C data are not included in NNDSS tables but reported case counts are included in the annual Summary of Viral Hepatitis, 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.
- ++ Prior to 2018, cases of paratyphoid fever were considered salmonellosis.
- §§ Prior to 2018, cases of paratyphoid fever were included as salmonellosis, but beginning in 2018 they are being published as paratyphoid fever.
- ¶¶ Includes the following categories: primary; secondary; early non-primary non-secondary (includes cases previously reported as early latent); and unknown duration or late (includes cases previously reported as late latent syphilis and cases previously reported as late syphilis with clinical manifestations).
- *** Data reported to ArboNET using the national surveillance case definition for congenital Zika virus infection (CSTE Position Statement 16-ID-01).

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. 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. 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)

Perinatal Hepatitis C infection (age restriction in numerator is ≤36 months, 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 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/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).

Suggested Citation:

• Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, 2018 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatics and Surveillance, 2019. Available at: https://www.cdc.gov/nndss/data-statistics/infectious-tables/index.html.

Acknowledgement:

• CDC acknowledges the Local, State, and Territorial Health Departments that collected the data from a range of case ascertainment sources (e.g., health-care providers, hospitals, laboratories) and reported these data to CDC's National Notifiable Diseases Surveillance System.

National Notifiable Diseases Surveillance System

Provided by CDC WONDER