

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

TABLE 1. Annual reported cases of notifiable diseases and rates* per 100,000, United States, excluding U.S. Territories and Non-U.S. Residents, 2019

Data from some jurisdictions may be incomplete due to the coronavirus disease 2019 (COVID-19) pandemic. Please see Note #9 at the bottom of the table.

(Accessible Version: <https://wonder.cdc.gov/nndss/static/2019/annual/2019-table1.html>)

Disease	Case Count	Rate
Anthrax	1	0.00
Arboviral diseases		
Chikungunya virus disease	192	0.06
Eastern equine encephalitis virus disease		
Neuroinvasive	38	0.01
Non-neuroinvasive	—	—
Jamestown Canyon virus disease		
Neuroinvasive	25	0.01
Non-neuroinvasive	20	0.01
La Crosse virus disease		
Neuroinvasive	48	0.01
Non-neuroinvasive	7	0.00
Powassan virus disease		
Neuroinvasive	39	0.01
Non-neuroinvasive	4	0.00
St. Louis encephalitis virus disease		
Neuroinvasive	15	0.00
Non-neuroinvasive	2	0.00
West Nile virus disease		
Neuroinvasive	636	0.19
Non-neuroinvasive	338	0.10
Western equine encephalitis virus disease		
Neuroinvasive	—	—
Non-neuroinvasive	—	—
Babesiosis		
Total	2,420	0.90
Confirmed	2,066	0.77
Probable	354	0.13
Botulism		
Total	196	0.06
Foodborne	20	0.01
Infant	148	3.91
Other (wound & unspecified)	28	0.01
Brucellosis	165	0.05
Campylobacteriosis	71,509	21.79
<i>Candida auris</i> , clinical †	175	0.06
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	1,483	0.49
Chancroid	8	0.00
<i>Chlamydia trachomatis</i> infection	1,808,703	551.03
Cholera	14	0.00
Coccidioidomycosis §	18,407	13.43
Cryptosporidiosis		
Total	13,975	4.26
Confirmed	10,185	3.10
Probable	3,790	1.15
Cyclosporiasis	4,703	1.58
Dengue virus infections ¶		
Dengue	1,414	0.43
Dengue-like illness	43	0.01
Severe dengue	30	0.01
Diphtheria	2	0.00
Ehrlichiosis and Anaplasmosis		

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Disease	Case Count	Rate
<i>Anaplasma phagocytophilum</i> infection	5,655	1.79
<i>Ehrlichia chaffeensis</i> infection	2,093	0.66
<i>Ehrlichia ewingii</i> infection	43	0.01
Undetermined ehrlichiosis/anaplasmosis	185	0.06
Giardiasis	14,860	5.78
Gonorrhea	616,392	187.79
<i>Haemophilus influenzae</i> , invasive disease		
All ages, all serotypes	6,143	1.87
Age <5 years		
Serotype b	18	0.09
Non-b serotype	213	1.09
Nontypeable	200	1.02
Unknown serotype	254	1.30
Hansen's disease	77	0.03
Hantavirus infection, non-hantavirus pulmonary syndrome **	3	0.00
Hantavirus pulmonary syndrome	18	0.01
Hemolytic uremic syndrome post-diarrheal	392	0.12
Hepatitis ††		
A, acute	18,846	5.74
B, acute	3,544	1.09
B, perinatal infection	19	0.25
C, acute	5,479	1.74
Confirmed	4,136	1.32
Probable	1,343	0.43
C, perinatal infection	217	2.10
Human immunodeficiency virus diagnoses	31,723	9.66
Influenza-associated pediatric mortality	160	0.22
Invasive pneumococcal disease §§		
All ages	19,951	8.15
Confirmed	19,689	8.04
Probable	262	0.11
Age <5 years	1,115	0.42
Confirmed	1,091	6.95
Probable	24	0.15
Legionellosis	8,890	2.71
Leptospirosis	94	0.04
Listeriosis ¶¶		
Total	928	0.28
Confirmed	880	0.27
Probable	48	0.01
Lyme disease		
Total	34,945	10.69
Confirmed	23,453	7.18
Probable	11,492	3.52
Malaria	1,936	0.59
Measles ***		
Total	1,275	0.39
Indigenous	1,192	0.36
Imported	83	0.03
Meningococcal disease		
All serogroups	371	0.11
Serogroups ACWY	139	0.04
Serogroup B	60	0.02
Other serogroups	24	0.01

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Disease	Case Count	Rate
Unknown serogroup	148	0.05
Mumps	3,780	1.15
Novel Influenza A virus infections	1	0.00
Pertussis	18,617	5.67
Plague	1	0.00
Poliomyelitis, paralytic	—	—
Poliovirus infection, nonparalytic	—	—
Psittacosis	4	0.00
Q fever		
Total	212	0.06
Acute	178	0.05
Chronic	34	0.01
Rabies		
Animal	4,645	1.42
Human	—	—
Rubella	6	0.00
Rubella, congenital syndrome	1	0.03
<i>Salmonella</i> Paratyphi infection ^{†††}	155	0.05
<i>Salmonella</i> Typhi infection ^{§§§}	409	0.12
Salmonellosis (excluding <i>S. Typhi</i> infection and <i>S. Paratyphi</i> infection) ^{¶¶¶¶}	58,371	17.78
Severe acute respiratory syndrome-associated coronavirus disease	—	—
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	16,939	5.16
Shigellosis	18,574	5.66
Smallpox	—	—
Spotted fever rickettsiosis		
Total	5,207	1.60
Confirmed	128	0.04
Probable	5,079	1.56
Streptococcal toxic shock syndrome	416	0.20
Syphilis		
Total, all stages ^{****}	129,813	39.55
Congenital	1,870	49.90
Primary and secondary	38,992	11.88
Tetanus	26	0.01
Toxic shock syndrome (other than Streptococcal)	44	0.02
Trichinellosis	7	0.00
Tuberculosis	8,916	2.72
Tularemia	274	0.08
Vancomycin-intermediate <i>Staphylococcus aureus</i>	76	0.03
Vancomycin-resistant <i>Staphylococcus aureus</i>	3	0.00
Varicella morbidity	8,297	3.09
Varicella mortality	6	0.00
Vibriosis		
Total	2,851	0.88
Confirmed	1,651	0.51
Probable	1,200	0.37
Viral hemorrhagic fevers		
Crimean-Congo hemorrhagic fever virus	—	—
Ebola virus	—	—
Guanarito virus	—	—
Junin virus	—	—
Lassa virus	—	—
Lujo virus	—	—
Machupo virus	—	—

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Disease	Case Count	Rate
Marburg virus	—	—
Sabia virus	—	—
Yellow fever	—	—
Zika virus	—	—
Zika virus disease, congenital †††	—	—
Zika virus disease, non-congenital	28	0.01
Zika virus infection, congenital †††	—	—
Zika virus infection, non-congenital	177	0.05

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

* For population data, see Table 8. Also see notes 3 and 7.

† *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>)

§ Reportable in <25 states.

¶ Counts include confirmed and probable dengue cases.

** Includes data for old world hantavirus infections, such as Seoul virus and Puumala virus infections.

†† 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.

¶¶ 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 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); 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:

- 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.
- The list of national notifiable infectious diseases and conditions for 2019 and their national surveillance case definitions are available by navigating to the [Surveillance Case Definitions | CDC](#) web page, selecting "2019" 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 2018 by CSTE for national surveillance that were implemented in January 2019. *Candida auris*, clinical became a new national notifiable condition, and revised case definitions were implemented for the following conditions: diphtheria, acute hepatitis A, listeriosis, yellow fever, *Salmonella* Paratyphi infection and *Salmonella* Typhi infection. *Salmonella* Paratyphi infection and *Salmonella* Typhi infection replaced Paratyphoid fever and Typhoid fever, respectively, as national notifiable conditions. Salmonellosis (excluding *S. Typhi* infection and *S. Paratyphi* infection) replaced Salmonellosis (excluding paratyphoid fever and typhoid fever) as a national notifiable condition. In addition, Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) represents a consolidation of CP-CRE species *Klebsiella* spp, CP-CRE *E. coli*, and CP-CRE *Enterobacter* spp. Publication criteria for the finalized 2019 data are available at https://wonder.cdc.gov/nndss/documents/2019_NNDSS_Publication_Criteria_01212021.pdf. See also [Guide to Interpreting Provisional and Finalized NNDSS Data](#).
- Population estimates for incidence rates are July 1st, 2019, 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, 2019, 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 2019), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states released July 9, 2020, are available at https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Population estimates for territories are the 2019 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on August 6, 2020, at https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021. The choice of population denominators for incidence is based on the availability of population data at the time of publication preparation.
- Annual tables for 2016 and later years are available on [CDC WONDER](#).
- Annual summary reports from 1993–2015 are available as published in the [Morbidity and Mortality Weekly Report](#).
- NNDSS annual tables since 1952 are available at [CDC Stacks](#) (once in CDC Stacks, select "Annual Reports" in the "Genre" box to the left).
- 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 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 2019 (National Center for Health Statistics [Natality 2019](#), 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.

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. The following 24 jurisdictions may have incomplete data, due to the coronavirus disease 2019 (COVID-19) pandemic: Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Idaho, Indiana, Kansas, Massachusetts, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New York (excluding New York City), New York City, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, and West Virginia. In addition, the following 2 U.S. Territories may have incomplete data due to the COVID-19 pandemic: American Samoa and the U.S. Virgin Islands.

Suggested Citation:

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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](#)