

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

TABLE 2k. Annual reported cases of notifiable diseases, by region and reporting area, United States and U.S. Territories, excluding Non-U.S. Residents\*, 2019<sup>†</sup>

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-table2k.html>)

Reporting Area	Malaria	Measles <sup>§</sup>		
		Total	Imported	Indigenous
U.S. Residents, excluding U.S. Territories	1,936	1,275	83	1,192
New England	121	10	3	7
Connecticut	9	4	—	4
Maine	15	2	—	2
Massachusetts	73	3	2	1
New Hampshire	8	1	1	—
Rhode Island	13	—	—	—
Vermont	3	—	—	—
Middle Atlantic	518	947	26	921
New Jersey	102	19	2	17
New York (excluding New York City)	58	306	11	295
New York City	243	605	5	600
Pennsylvania	115	17	8	9
East North Central	183	57	7	50
Illinois	66	9	3	6
Indiana	22	1	—	1
Michigan	25	46	4	42
Ohio	58	1	—	1
Wisconsin	12	—	—	—
West North Central	164	3	1	2
Iowa	23	2	1	1
Kansas	10	—	—	—
Minnesota	77	—	—	—
Missouri	23	1	—	1
Nebraska	14	—	—	—
North Dakota	11	—	—	—
South Dakota	6	—	—	—
South Atlantic	513	29	4	25
Delaware	20	—	—	—
District of Columbia	29	—	—	—
Florida	52	3	2	1
Georgia	55	18	—	18
Maryland	180	5	—	5
North Carolina	76	—	—	—
South Carolina	—	1	—	1
Virginia	100	2	2	—
West Virginia	1	—	—	—
East South Central	43	7	2	5
Alabama	9	—	—	—
Kentucky	14	2	1	1
Mississippi	5	—	—	—
Tennessee	15	5	1	4
West South Central	174	26	5	21
Arkansas	—	—	—	—
Louisiana	7	—	—	—
Oklahoma	11	4	—	4
Texas	156	22	5	17
Mountain	92	5	4	1
Arizona	30	1	1	—
Colorado	39	1	1	—
Idaho	1	2	2	—

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Reporting Area	Malaria	Measles <sup>§</sup>		
		Total	Imported	Indigenous
Montana	—	—	—	—
Nevada	10	—	—	—
New Mexico	1	1	—	1
Utah	10	—	—	—
Wyoming	1	—	—	—
Pacific	128	191	31	160
Alaska	3	1	—	1
California	88	73	21	52
Hawaii	2	2	—	2
Oregon	4	25	5	20
Washington	31	90	5	85
U.S. Territories	2	—	—	—
American Samoa	—	—	—	—
Commonwealth of Northern Mariana Islands	—	—	—	—
Guam	—	—	—	—
Puerto Rico	2	—	—	—
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.

\* The 2019 annual tables exclude cases of nationally notifiable conditions and diseases among non-U.S. residents. As a result, data in Table 2 does not include a "Non-U.S. Resident" or "Total" row, that would have been included in the table had the data been stratified into the following four categories, based upon the "country of usual residence" (COUR) algorithm: U.S. Residents, excluding U.S. Territories; U.S. Territories; Non-US. Residents; and Total. Table 2 for the 2019 annual tables only includes the first two of these stratification categories.

† To calculate rates, use the populations provided in Table 8. Note that calculation of rates for the following conditions use population subsets presented in Table 8: Zika virus infection, congenital; Zika virus disease, congenital; Infant botulism; Congenital rubella syndrome; Perinatal Hepatitis B infection, Perinatal Hepatitis C infection, *Haemophilus influenzae*, invasive disease and Invasive pneumococcal disease, and Influenza associated pediatric mortality; see Table 8 (population reference table). Also see notes 3 and 7.

§ 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.

**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](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](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](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  $\leq 24$  months, denominator is <24 months)
- Perinatal Hepatitis C infection (age restriction in numerator is  $\leq 36$  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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**National Notifiable Diseases Surveillance System**

Provided by CDC WONDER