

TABLE 4. Annual reported cases of notifiable diseases and rates, by age group, 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-table4.html>)

Disease	<1 yr		1-4 yrs		5-14 yrs		15-24 yrs		25-39 yrs		40-64 yrs		≥65 yrs		Age not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.
Total	153	4.04	1,507	9.54	1,564	3.82	1,946	4.56	3,476	5.14	3,441	3.33	1,862	3.44	26	13,975
Confirmed	118	3.12	1,197	7.58	1,163	2.84	1,503	3.52	2,679	3.96	2,424	2.35	1,085	2.01	16	10,185
Probable	35	0.93	310	1.96	401	0.98	443	1.04	797	1.18	1,017	0.99	777	1.44	10	3,790
Cyclosporiasis	4	0.12	17	0.12	36	0.10	265	0.68	1,071	1.73	2,323	2.47	921	1.88	66	4,703
Dengue virus infections [§]																
Dengue	1	0.03	15	0.09	123	0.30	182	0.43	326	0.48	577	0.56	190	0.35	—	1,414
Dengue-like illness	—	—	—	—	4	0.01	4	0.01	8	0.01	23	0.02	4	0.01	—	43
Severe dengue	—	—	—	—	2	0.00	1	0.00	10	0.01	14	0.01	3	0.01	—	30
Diphtheria	—	—	—	—	1	0.00	—	—	—	—	1	0.00	—	—	—	2
Ehrlichiosis and Anaplasmosis																
<i>Anaplasma phagocytophilum</i> infection	2	0.05	12	0.08	106	0.27	139	0.34	454	0.70	2,402	2.41	2,536	4.86	4	5,655
<i>Ehrlichia chaffeensis</i> infection	1	0.03	7	0.05	65	0.16	128	0.31	235	0.36	873	0.88	772	1.48	12	2,093
<i>Ehrlichia ewingii</i> infection	—	—	—	—	—	—	4	0.01	5	0.01	23	0.02	11	0.02	—	43
Undetermined ehrlichiosis/anaplasmosis	—	—	1	0.01	7	0.02	12	0.03	25	0.04	85	0.09	53	0.10	2	185
Giardiasis	103	3.53	1,177	9.68	1,330	4.21	1,569	4.74	3,395	6.42	5,147	6.34	2,116	4.88	23	14,860
Gonorrhea	107	2.83	111	0.70	2,752	6.71	255,677	598.95	277,288	409.72	77,308	74.88	2,703	5.00	446	616,392
<i>Haemophilus influenzae</i> , invasive disease																
All ages, all serotypes	407	10.76	278	1.76	140	0.34	155	0.36	407	0.60	1,525	1.48	3,231	5.98	—	6,143
Age <5 years																
Serotype b	11	0.29	7	0.04	—	—	—	—	—	—	—	—	—	—	—	18
Non-b serotype	98	2.59	115	0.73	—	—	—	—	—	—	—	—	—	—	—	213
Nontypeable	135	3.57	65	0.41	—	—	—	—	—	—	—	—	—	—	—	200
Unknown serotype	163	4.31	91	0.58	—	—	—	—	—	—	—	—	—	—	—	254
Hansen's disease	—	—	—	—	2	0.01	6	0.02	15	0.02	29	0.03	24	0.05	1	77
Hantavirus infection, non-hantavirus pulmonary syndrome [¶]	—	—	—	—	1	0.00	—	—	2	0.00	—	—	—	—	—	3
Hantavirus pulmonary syndrome	—	—	—	—	—	—	4	0.01	6	0.01	7	0.01	1	0.00	—	18
Hemolytic uremic syndrome post-diarrheal	7	0.19	156	1.01	104	0.26	29	0.07	27	0.04	32	0.03	36	0.07	1	392
Hepatitis ^{**}																
A, acute	4	0.11	37	0.23	133	0.32	1,190	2.79	8,976	13.26	7,518	7.28	985	1.82	3	18,846
B, acute	—	—	1	0.01	1	0.00	96	0.23	1,025	1.52	2,133	2.08	287	0.53	1	3,544
B, perinatal infection	12	0.32	6	0.16	—	—	—	—	1	—	—	—	—	—	—	19
C, acute	—	—	3	0.02	3	0.01	602	1.47	2,936	4.53	1,714	1.73	215	0.42	6	5,479
Confirmed	—	—	3	0.02	2	0.01	499	1.22	2,165	3.34	1,274	1.29	190	0.37	3	4,136
Probable	—	—	—	—	1	0.00	103	0.25	771	1.19	440	0.44	25	0.05	3	1,343
C, perinatal infection	80	2.36	137	1.98	—	—	—	—	—	—	—	—	—	—	—	217
Human immunodeficiency virus diagnoses	22	0.58	12	0.08	38	0.09	6,447	15.10	14,979	22.13	9,461	9.16	764	1.41	—	31,723
Influenza-associated pediatric mortality	24	0.63	56	0.35	69	0.17	11	0.09	—	—	—	—	—	—	—	160
Invasive pneumococcal disease ^{††}																
All ages	358	12.70	694	5.90	470	1.54	325	1.02	1,704	3.42	8,209	10.63	8,177	19.96	14	19,951
Confirmed	348	12.35	681	5.79	447	1.47	317	1.00	1,683	3.38	8,113	10.51	8,086	19.74	14	19,689
Probable	10	0.35	13	0.11	23	0.08	8	0.03	21	0.04	96	0.12	91	0.22	—	262

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(Accessible Version: <https://wonder.cdc.gov/nndss/static/2019/annual/2019-table4.html>)

Disease	<1 yr		1-4 yrs		5-14 yrs		15-24 yrs		25-39 yrs		40-64 yrs		≥65 yrs		Age not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	611	16.15	2,916	18.46	1,895	4.62	2,481	5.81	2,781	4.11	3,521	3.41	2,702	5.00	32	16,939
Shigellosis	270	7.14	3,354	21.24	3,058	7.46	1,603	3.76	4,182	6.18	4,515	4.37	1,560	2.89	32	18,574
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spotted fever rickettsiosis																
Total	1	0.03	31	0.20	172	0.42	404	0.95	949	1.41	2,392	2.33	1,246	2.32	12	5,207
Confirmed	1	0.03	4	0.03	9	0.02	8	0.02	15	0.02	54	0.05	37	0.07	—	128
Probable	—	—	27	0.17	163	0.40	396	0.93	934	1.39	2,338	2.28	1,209	2.25	12	5,079
Streptococcal toxic shock syndrome	—	—	12	0.12	16	0.06	9	0.03	51	0.12	166	0.25	162	0.46	—	416
Syphilis																
Total, all stages ¶¶¶	1,875	49.56	11	0.07	72	0.18	23,266	54.50	65,883	97.35	36,207	35.07	2,467	4.56	32	129,813
Congenital	1,870	49.90	—	—	—	—	—	—	—	—	—	—	—	—	—	1,870
Primary and secondary	2	0.05	3	0.02	24	0.06	8,033	18.82	19,974	29.51	10,437	10.11	515	0.95	4	38,992
Tetanus	—	—	2	0.01	2	0.00	2	0.00	5	0.01	8	0.01	7	0.01	—	26
Toxic shock syndrome (other than Streptococcal)	—	—	4	0.04	9	0.03	16	0.05	6	0.01	4	0.01	5	0.01	—	44
Trichinellosis	—	—	—	—	—	—	—	—	3	0.00	4	0.00	—	—	—	7
Tuberculosis	58	1.53	157	0.99	152	0.37	850	1.99	2,053	3.03	3,224	3.12	2,422	4.48	—	8,916
Tularemia	1	0.03	18	0.11	29	0.07	32	0.07	44	0.07	90	0.09	58	0.11	2	274
Vancomycin-intermediate <i>Staphylococcus aureus</i>	—	—	—	—	1	0.00	1	0.00	8	0.02	37	0.05	29	0.07	—	76
Vancomycin-resistant <i>Staphylococcus aureus</i>	—	—	—	—	—	—	—	—	—	—	3	0.00	—	—	—	3
Varicella morbidity	836	26.91	1,623	12.53	2,644	7.87	955	2.73	1,016	1.83	655	0.78	76	0.17	492	8,297
Varicella mortality	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Vibriosis																
Total	28	0.75	74	0.48	158	0.39	195	0.46	539	0.81	1,122	1.10	733	1.38	2	2,851
Confirmed	4	0.11	24	0.15	115	0.29	113	0.27	325	0.49	682	0.67	387	0.73	1	1,651
Probable	24	0.64	50	0.32	43	0.11	82	0.20	214	0.32	440	0.43	346	0.65	1	1,200
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 ****	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus disease, non-congenital	—	—	—	—	1	0.00	6	0.01	10	0.01	11	0.01	—	—	—	28
Zika virus infection, congenital ****	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus infection, non-congenital	—	—	—	—	2	0.00	67	0.16	98	0.14	9	0.01	1	0.00	—	177

—: 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>)

† 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:

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 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](#).
3. 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.
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 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.

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- 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