## 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, 2020

Data from some reporting areas may be incomplete due to the coronavirus disease 2019 (COVID-19) pandemic or due to post-reconciliation data updates that could not be confirmed or included in the final data set. Please see Note #9 and Note #10, respectively.

(Accessible Version: https://wonder.cdc.gov/nndss/static/2020/annual/2020-table1.html)

Disease	Case Count	Rate
Anthrax	1	0.00
Arboviral diseases		
Chikungunya virus disease	37	0.01
Eastern equine encephalitis virus disease		
Neuroinvasive	13	0.00
Non-neuroinvasive	_	_
Jamestown Canyon virus disease		
Neuroinvasive	10	0.00
Non-neuroinvasive	3	0.00
La Crosse virus disease		
Neuroinvasive	84	0.03
Non-neuroinvasive	4	0.00
Powassan virus disease		
Neuroinvasive	19	0.01
Non-neuroinvasive	1	0.00
St. Louis encephalitis virus disease		
Neuroinvasive	14	0.00
Non-neuroinvasive	2	0.00
West Nile virus disease		
Neuroinvasive	558	0.17
Non-neuroinvasive	172	0.05
Western equine encephalitis virus disease		
Neuroinvasive	_	_
Non-neuroinvasive	_	_
Babesiosis		
Total	1,820	0.64
Confirmed	1,631	0.57
Probable	189	0.07
Botulism	103	0.07
Total	189	0.06
Foodborne	8	0.00
Infant	146	3.91
Other (wound & unspecified)	35	0.01
Brucellosis	87	0.01
Campylobacteriosis	51,764	15.71
Candida auris, clinical †	255	0.08
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	1,848	0.61
Chancroid	_	
Chlamydia trachomatis infection	1,579,837	479.49
Cholera	1	0.00
Coccidioidomycosis	19,220	13.70
Coronavirus Disease 2019 (COVID-19)		
Total	21,149,731	6,419.04
Confirmed	19,179,356	5,821.03
Probable <sup>§</sup>	1,970,375	598.02
Cryptosporidiosis		
Total	7,648	2.32
Confirmed	5,861	1.78
Probable	1,787	0.54
Cyclosporiasis	2,689	0.90
Dengue virus infections ¶		
Dengue	441	0.13

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Disease	Case Count	Rate
Dengue-like illness	9	0.00
Severe dengue	_	
Diphtheria	1	0.00
Ehrlichiosis and Anaplasmosis		
Anaplasma phagocytophilum infection	3,637	1.15
Ehrlichia chaffeensis infection	1,178	0.37
Ehrlichia ewingii infection	21	0.01
Undetermined ehrlichiosis/anaplasmosis	50	0.02
Giardiasis	9,453	3.66
Gonorrhea	677,751	205.70
Haemophilus influenzae, invasive disease		
All ages, all serotypes	2,996	0.91
Age <5 years		
Serotype b	15	0.08
Non-b serotype	76	0.39
Nontypeable	104	0.54
Unknown serotype	121	0.04
Hansen's disease	68	0.02
Hantavirus infection, non-hantavirus pulmonary syndrome **	2	0.00
Hantavirus pulmonary syndrome	14	0.00
Hemolytic uremic syndrome post-diarrheal	167	0.05
Hepatitis, Viral Disease <sup>††</sup>		
Hepatitis A	9,946	3.02
Hepatitis B	3,5 10	5,02
Acute	2,155	0.66
Perinatal infection	10	0.13
Hepatitis C	10	0.13
Acute	6,025	1.89
Confirmed	4,798	1.50
Probable	1,227	0.38
Perinatal infection	165	1.62
Human immunodeficiency virus diagnoses	25,007	7.59
Influenza-associated pediatric mortality	171	0.23
Invasive pneumococcal disease §§	171	0.23
	11.046	4.00
All ages	11,946	4.86
Confirmed	11,718	4.76
Probable	228	0.09
Age <5 years	561	0.21
Confirmed	536	3.45
Probable	25	0.16
Legionellosis ¶¶	6,310	1.92
Leptospirosis	51	0.02
Listeriosis ***		
Total	780	0.24
Confirmed	754	0.23
Probable	26	0.01
Lyme disease		
Total	18,000	5.49
Confirmed	12,123	3.70
Probable	5,877	1.79
Malaria	603	0.18
Measles ***		
Total	12	0.00
Indigenous	6	0.00

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Disease	Case Count	Rate
Imported	6	0.00
Meningococcal disease		
All serogroups	242	0.07
Serogroups ACWY	80	0.02
Serogroup B	40	0.01
Other serogroups	16	0.00
Unknown serogroup	106	0.03
Mumps	694	0.21
Novel Influenza A virus infections	_	_
Pertussis	6,124	1.86
Plague §§§	9	0.00
Poliomyelitis, paralytic	_	_
Poliovirus infection, nonparalytic	_	_
Psittacosis	8	0.00
Q fever		
Total	120	0.04
Acute	90	0.03
Chronic	30	0.01
Rabies		
Animal	4,457	1.35
Human	_	_
Rubella	6	0.00
Rubella, congenital syndrome		_
Salmonella Paratyphi infection ¶¶¶	75	0.02
Salmonella Typhi infection ****	182	0.06
Salmonellosis (excluding <i>S.</i> Typhi infection and <i>S.</i> Paratyphi infection)	45,442	13.79
Severe acute respiratory syndrome-associated coronavirus disease	_	
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	9,922	3.01
Shigellosis	9,108	2.76
Smallpox	_	
Spotted fever rickettsiosis	4.475	
Total	1,175	0.36
Confirmed	64	0.02
Probable	1,111	0.34
Streptococcal toxic shock syndrome	224	0.11
Syphilis		
Total, all stages <sup>§§§§</sup>	133,933	40.65
Congenital ¶¶¶¶	2,148	55.88
Primary and secondary	41,654	12.64
Tetanus	17	0.01
Toxic shock syndrome (other than Streptococcal)	24	0.01
Trichinellosis	_	_
Tuberculosis	7,174	2.18
Tularemia	150	0.05
Vancomycin-intermediate <i>Staphylococcus aureus</i>	45	0.02
Vancomycin-resistant <i>Staphylococcus aureus</i> *****	1	0.00
Varicella morbidity	2,927	1.05
Varicella mortality	1	0.00
Vibriosis		
Total	1,852	0.57
Confirmed	1,133	0.35
Probable	719	0.22
Viral hemorrhagic fevers		
Crimean-Congo hemorrhagic fever virus	_	

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Disease	Case Count	Rate
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	4	0.00
Zika virus infection, congenital *****	_	_
Zika virus infection, non-congenital	19	0.01

- —: 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)
- § Please see Note #11.
- ¶ Counts include confirmed and probable dengue cases.
- \*\* Case counts may include Old World hantavirus infections, such as Seoul virus.
- ## Chronic hepatitis B and chronic hepatitis C data are not included in NNDSS tables but reported case counts are included in the annual Viral Hepatitis Surveillance Report, 2020, 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.
- ¶¶ In 2020, the CSTE case definition changed such that cases diagnosed by PCR were classified as confirmed, whereas previously those cases were classified as suspect and did not meet the publication/print criteria.
- \*\*\* 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 2020, confirmed and probable plague cases are being combined and published. In 2019, only confirmed plague cases were published
- ¶¶¶ 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); unknown duration or late (includes cases previously reported as late latent syphilis and cases previously reported as late syphilis with clinical manifestations) and congenital syphilis.
- ¶¶¶¶ Congenital syphilis cases are usually assigned to the mother's state of residence at the time of delivery. Data for congenital syphilis are aggregated by the infant's year of birth.
- \*\*\*\*\* Vancomycin-resistant *Staphylococcus aureus* cases reported in this table may not have been verified by CDC. CDC verified 0 vancomycin-resistant *Staphylococcus aureus* cases in 2020.
- +++++ 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. Source datasets for the 2020 annual tables were officially closed on September 27, 2022.
- 2. The list of national notifiable Infectious diseases and conditions for 2020 and their national surveillance case definitions are available by navigating to the Surveillance Case Definitions | CDC web page, selecting "2020" 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 2019 by CSTE for national surveillance that were implemented in January 2020. Revised case definitions were implemented for the following conditions: plague, legionellosis, acute hepatitis C, spotted fever rickettsiosis, and pertussis. In addition, CSTE adopted the first coronavirus disease 2019 (COVID-19) national surveillance case definition on April 5, 2020, and they approved a revision to the COVID-19 national surveillance case definition, effective August 5, 2020. Publication criteria for the finalized 2020 data are available at https://wonder.cdc.gov/nndss/documents/2020\_NNDSS\_Publication\_Criteria\_03162022.pdf. See also Guide to Interpreting Provisional and Finalized NNDSS Data.

- 3. Population estimates for incidence rates are July 1st, 2020, 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, 2020, 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 2020), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states released September 21, 2021, are available at <a href="https://www.cdc.gov/nchs/nvss/bridged\_race/data\_documentation.htm">https://www.cdc.gov/nchs/nvss/bridged\_race/data\_documentation.htm</a>. Population estimates for territories are the 2020 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on March 15, 2022, at <a href="https://www.census.gov/data-tools/demo/idb/#/country?YR\_ANIM=2022">https://www.census.gov/data-tools/demo/idb/#/country?YR\_ANIM=2022</a>. 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 2020 (National Center for Health Statistics Natality 2020, as compiled from data provided by the Vital Statistics Cooperative Program). Congenital syphilis cases are usually assigned to the mother's state of residence at the time of delivery. The mother's race and ethnicity are used for race- and ethnicity-specific rates of congenital syphilis cases.

- 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 reporting areas may have incomplete data, due to technical or programmatic challenges while reconciling data during the COVID-19 pandemic: California, Guam, and Minnesota.
- 10. The following reporting areas may have incomplete data due to updates made to their data after the 2020 reconciliation period ended and there was not sufficient time before publication of the annual tables to confirm the updated counts: Idaho, Kansas, Maryland, Vermont, and Virgin Islands.
- 11. Of the reporting areas that submitted 2020 aggregate COVID-19 data to CDC, three did not submit probable cases. New York (excluding New York City) and Utah did not collect probable cases. U.S. Virgin Islands collected probable cases, but did not report them to CDC.
- 12. Disease data presented in the 2020 tables reflect impacts of the COVID-19 pandemic, such as changes in exposure-related behavior, healthcare-seeking behavior, disease reporting, and public health investigations.

### Suggested Citation:

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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