

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

TABLE 2p. Annual reported cases* of notifiable diseases, by region and reporting area, United States, U.S. Territories, and Non-U.S. Residents, 2022[†]
 (Accessible Version: <https://wonder.cdc.gov/nndss/static/2022/annual/2022-table2p.html>)

Reporting Area	Spotted fever rickettsiosis			Streptococcal toxic shock syndrome	Syphilis		
	Total	Confirmed	Probable		Total, all stages [§]	Congenital [¶]	Primary and secondary
U.S. Residents, excluding U.S. Territories	1,292	47	1,245	333	207,223	3,755	59,010
New England	19	—	19	41	4,025	29	1,359
Connecticut	1	—	1	17	731	7	243
Maine	1	—	1	16	154	3	82
Massachusetts	15	—	15	5	2,444	11	824
New Hampshire	—	—	—	—	175	3	74
Rhode Island	—	—	—	—	516	5	133
Vermont	2	—	2	3	5	—	3
Middle Atlantic	48	2	46	43	21,786	137	6,018
New Jersey	35	2	33	25	3,615	48	1,018
New York (excluding New York City)	3	—	3	15	3,586	32	1,303
New York City	7	—	7	—	10,099	18	2,300
Pennsylvania	3	—	3	3	4,486	39	1,397
East North Central	87	4	83	78	17,906	275	6,259
Illinois	18	1	17	48	5,734	85	1,457
Indiana	10	1	9	24	2,129	38	686
Michigan	8	—	8	4	2,824	36	972
Ohio	40	2	38	2	5,300	90	2,402
Wisconsin	11	—	11	—	1,919	26	742
West North Central	180	8	172	23	10,587	176	3,856
Iowa	10	1	9	N	886	8	334
Kansas	34	3	31	—	958	13	347
Minnesota	—	—	—	10	1,839	20	675
Missouri	128	2	126	12	4,176	82	1,454
Nebraska	7	2	5	—	653	11	215
North Dakota	—	—	—	—	128	2	64
South Dakota	1	—	1	1	1,947	40	767
South Atlantic	374	17	357	82	43,339	553	12,750
Delaware	4	—	4	—	435	4	238
District of Columbia	—	—	—	—	1,275	12	271
Florida	10	—	10	N	18,838	276	4,618
Georgia	40	1	39	47	7,361	101	2,182
Maryland	16	1	15	—	2,798	45	781
North Carolina	202	14	188	22	6,587	57	2,473
South Carolina	21	1	20	3	2,473	25	1,033
Virginia	69	—	69	10	2,962	20	936
West Virginia	12	—	12	—	610	13	218
East South Central	329	2	327	5	12,252	212	3,898
Alabama	118	1	117	N	3,087	43	1,190
Kentucky	96	—	96	4	2,031	35	669
Mississippi	21	—	21	N	3,260	73	913
Tennessee	94	1	93	1	3,874	61	1,126
West South Central	187	3	184	3	37,757	1,216	8,159
Arkansas	133	2	131	1	2,818	69	1,001
Louisiana	10	—	10	2	4,453	115	1,225
Oklahoma	25	—	25	N	3,501	110	1,278
Texas	19	1	18	N	26,985	922	4,655
Mountain	50	4	46	58	18,393	413	5,434
Arizona	38	2	36	1	7,496	219	2,151

TABLE 2p. Annual reported cases* of notifiable diseases, by region and reporting area, United States, U.S.

Territories, and Non-U.S. Residents, 2022[†]

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Reporting Area	Spotted fever rickettsiosis			Streptococcal toxic shock syndrome	Syphilis		
	Total	Confirmed	Probable		Total, all stages [§]	Congenital [¶]	Primary and secondary
Colorado	2	—	2	1	3,100	31	918
Idaho	6	1	5	—	350	—	118
Montana	2	1	1	2	629	15	325
Nevada	1	—	1	10	3,610	65	902
New Mexico	—	—	—	—	2,469	76	761
Utah	1	—	1	43	673	7	238
Wyoming	—	—	—	1	66	—	21
Pacific	18	7	11	—	41,178	744	11,277
Alaska	N	N	N	N	423	12	160
California	12	5	7	N	33,346	616	7,849
Hawaii	N	N	N	—	606	27	231
Oregon	4	1	3	N	2,393	37	1,117
Washington	2	1	1	N	4,410	52	1,920
U.S. Territories	—	—	—	—	1,480	5	388
American Samoa	N	N	N	N	—	—	—
Commonwealth of Northern Mariana Islands	—	—	—	—	4	—	—
Guam	N	N	N	—	19	—	2
Puerto Rico	N	N	N	N	1,424	5	380
U.S. Virgin Islands	—	—	—	—	33	—	6
Non-U.S. Residents	—	—	—	—	33	—	6
Total	1,292	47	1,245	333	208,736	3,760	59,404

—: 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.

* Cases are assigned to the reporting jurisdiction submitting the case to NNDSS if the case's country of usual residence is the United States, a U.S. territory, unknown, or country is not reported; otherwise, the case is assigned to the Non-U.S. Residents' category. Country of usual residence is currently not reported by all jurisdictions or for all conditions because this data element is only available in the HL7 generic version 2 and disease-specific message mapping guides. If a jurisdiction sends data in legacy formats, they are not able to send this information. For further information on interpretation of these data, see <https://www.cdc.gov/nndss/data-statistics/readers-guides/>.

† To calculate rates, use the populations provided in Table 8. Note that calculation of rates for the following conditions uses population subgroups as described in note #7 and population counts 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; Invasive pneumococcal disease; and Influenza-associated pediatric mortality. Also see Notes #3 and #7.

§ 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.

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 2022 annual tables were officially closed on March 29, 2024.
2. The list of national notifiable Infectious diseases and conditions for 2022 and their national surveillance case definitions are available by navigating to the [Surveillance Case Definitions | CDC](#) web page, selecting "2022" for the notifiable condition list year, checking "Infectious" conditions, and clicking "Get Notifiable List by Year". Publication criteria for the finalized 2022 data are available at https://wonder.cdc.gov/nndss/documents/NNDSS_Publication_Criteria_2022.pdf. See also [Guide to Interpreting Provisional and Finalized NNDSS Data](#).
3. Population estimates for incidence rates are July 1st, 2022 postcensal estimates of the resident population of the United States for July 1, 2020, to July 1, 2022, by year, county, single year of age (range: 0 to 85+ years), bridged-race (American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, White), Hispanic ethnicity (Hispanic or Latino, not Hispanic or Latino), and sex (Female, Male), prepared under a collaborative arrangement with the U.S. Census Bureau and the National Cancer Institute (NCI). The "Vintage 2022" population estimates for years 2020-2022 were released March 2024 by the National Cancer Institute at <https://seer.cancer.gov/popdata/>. For more information, see <https://seer.cancer.gov/popdata/singleages.html> Population estimates for territories are the 2022 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on May 02, 2024, at https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2022. 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](#). To find them, search for "NNDSS" under Collections. Once in NNDSS Collections, navigate to the "Genre" box on the left-hand side and select "Annual Reports".
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 is ≤24 months)
- Perinatal hepatitis C infection (age restriction 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 2022 (National Center for Health Statistics [Natality 2022](#), 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. Disease data presented in the 2022 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:

- Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, 2022 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Office of Public Health Data, Surveillance, and Technology, 2024. Available at: <https://www.cdc.gov/nndss/data-statistics/infectious-tables/index.html>.

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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](#)