

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

TABLE 3. Annual reported cases of notifiable diseases, by month*, United States, excluding U.S. Territories and Non-U.S. Residents, 2022
(Accessible Version: <https://wonder.cdc.gov/nndss/static/2022/annual/2022-table3.html>)

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unknown	Total
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arboviral diseases														
Chikungunya virus disease	7	3	7	4	1	6	7	10	9	13	5	9	—	81
Eastern equine encephalitis virus disease														
Neuroinvasive	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jamestown Canyon virus disease														
Neuroinvasive	—	—	—	—	1	2	1	2	1	3	1	—	—	11
Non-neuroinvasive	—	—	—	1	—	—	—	—	—	—	—	—	—	1
La Crosse virus disease														
Neuroinvasive	—	—	—	—	—	—	6	4	7	1	1	—	—	19
Non-neuroinvasive	—	—	—	—	—	—	1	—	1	1	—	—	—	3
Powassan virus disease														
Neuroinvasive	—	1	1	2	5	8	10	3	1	3	7	1	—	42
Non-neuroinvasive	—	—	—	1	1	—	—	—	—	2	—	—	—	4
St. Louis encephalitis virus disease														
Neuroinvasive	—	1	—	—	—	4	3	5	4	5	4	2	—	28
Non-neuroinvasive	—	—	—	—	—	—	—	2	2	—	2	—	—	6
West Nile virus disease														
Neuroinvasive	4	2	—	2	3	12	67	253	304	145	21	15	—	828
Non-neuroinvasive	2	2	3	2	4	6	29	109	104	39	8	2	—	310
Western equine encephalitis virus disease														
Neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Babesiosis														
Total	9	16	18	39	62	227	838	412	204	132	82	72	—	2,111
Confirmed	6	9	13	28	49	195	754	377	176	87	64	54	—	1,812
Probable	3	7	5	11	13	32	84	35	28	45	18	18	—	299
Botulism														
Total	15	12	8	21	12	19	21	19	27	11	16	16	—	197
Foodborne	1	—	—	—	1	2	—	1	1	—	—	—	—	6
Infant	13	11	8	19	10	15	17	16	18	7	15	14	—	163
Other (wound & unspecified)	1	1	—	2	1	2	4	2	8	4	1	2	—	28
Brucellosis	11	4	9	12	14	12	20	8	11	13	3	9	—	126
Campylobacteriosis	3,083	3,638	4,134	5,728	5,245	6,219	8,323	6,396	6,129	7,023	4,887	5,808	—	66,613
<i>Candida auris</i> , clinical †	95	78	69	65	48	67	66	85	89	105	96	138	—	1,001
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	143	211	218	240	211	197	247	249	249	313	234	306	—	2,818
Chancroid	—	—	—	—	—	—	—	1	—	—	—	—	—	1
<i>Chlamydia trachomatis</i> infection ‡	115,433	128,956	132,998	165,538	129,892	122,547	159,369	134,272	129,342	162,433	118,726	150,078	—	1,649,584
Cholera	—	1	—	4	1	2	2	—	—	1	1	—	—	12
Coccidioidomycosis	1,473	1,307	1,148	1,701	1,613	1,404	2,039	1,260	1,321	1,437	1,293	1,616	—	17,612
Coronavirus Disease 2019 (COVID-19)														
Total	18,537,709	3,374,286	764,989	1,386,788	2,807,834	2,963,968	4,051,734	2,827,843	1,663,122	1,299,123	1,238,476	2,202,006	14,917	43,132,795
Confirmed	15,242,207	2,639,104	592,059	1,147,267	2,280,462	2,346,849	3,139,250	2,112,462	1,233,301	984,486	935,847	1,615,898	8,212	34,277,404
Probable ¶	3,295,502	735,182	172,930	239,521	527,372	617,119	912,484	715,381	429,821	314,637	302,629	586,108	6,705	8,855,391
Cryptosporidiosis														
Total	535	623	749	1,100	906	989	1,521	1,463	1,440	1,383	871	1,026	—	12,606
Confirmed	407	488	611	868	738	801	1,240	1,209	1,176	1,122	691	818	—	10,169
Probable	128	135	138	232	168	188	281	254	264	261	180	208	—	2,437
Cyclosporiasis	7	9	12	26	151	484	1,288	675	162	121	102	54	—	3,091
Dengue virus infections **														
Dengue	35	14	19	22	30	35	136	264	302	310	132	155	—	1,454

TABLE 3. Annual reported cases of notifiable diseases, by month*, United States, excluding U.S. Territories and Non-U.S. Residents, 2022
 (Accessible Version: <https://wonder.cdc.gov/nndss/static/2022/annual/2022-table3.html>)

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unknown	Total
Dengue-like illness	—	—	—	2	—	—	1	10	6	5	4	5	—	33
Severe dengue	—	—	—	1	—	1	2	8	15	6	5	5	—	43
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Ehrlichiosis and Anaplasmosis														
<i>Anaplasma phagocytophilum</i> infection	19	13	42	293	603	1,420	1,377	461	259	364	526	274	—	5,651
<i>Ehrlichia chaffeensis</i> infection	4	5	11	60	162	345	449	203	137	96	36	61	—	1,569
<i>Ehrlichia ewingii</i> infection	—	—	—	—	—	8	12	3	1	—	1	—	—	25
Undetermined ehrlichiosis/anaplasmosis	—	—	2	6	6	23	33	9	5	2	6	3	—	95
Giardiasis	765	987	941	1,213	977	994	1,388	1,327	1,396	1,496	1,170	1,165	—	13,819
Gonorrhea	49,634	51,235	51,553	63,934	50,712	49,956	64,437	51,753	50,167	61,971	45,306	57,352	—	648,010
<i>Haemophilus influenzae</i> , invasive disease														
All ages, all serotypes	342	270	290	416	389	428	447	351	364	545	550	944	—	5,336
Age <5 years														
Serotype b	—	1	—	2	—	—	3	3	2	3	3	—	—	17
Non-b serotype	11	7	15	17	15	8	13	9	7	17	11	10	—	140
Nontypeable	13	9	6	22	13	20	22	14	19	42	31	43	—	254
Unknown serotype	19	17	11	22	15	31	27	14	19	33	33	32	—	273
Hansen's disease	5	2	7	10	4	5	5	1	3	6	4	10	—	62
Hantavirus infection, non-hantavirus pulmonary syndrome ^{††}	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hantavirus pulmonary syndrome	—	—	—	2	1	2	1	—	1	1	2	1	—	11
Hemolytic uremic syndrome post-diarrheal	9	11	12	26	19	28	42	54	30	30	20	31	—	312
Hepatitis, Viral Disease ^{§§}														
Hepatitis A	233	243	235	298	212	183	206	136	147	140	119	112	—	2,264
Hepatitis B														
Acute	113	172	165	237	168	166	224	133	176	200	127	245	—	2,126
Perinatal infection	—	1	1	3	2	—	1	1	—	—	1	3	—	13
Hepatitis C														
Acute	350	424	536	633	447	431	471	457	418	508	360	593	—	5,628
Confirmed	303	362	446	541	394	370	403	407	362	441	307	512	—	4,848
Probable	47	62	90	92	53	61	68	50	56	67	53	81	—	780
Perinatal infection	10	15	18	17	14	23	30	13	15	22	9	11	—	197
Human immunodeficiency virus diagnoses	2,724	2,827	3,461	3,072	3,163	3,278	3,199	3,672	3,320	3,038	2,993	2,888	28	37,663
Influenza-associated pediatric mortality	3	3	6	10	1	6	2	1	5	7	12	60	—	116
Invasive pneumococcal disease ^{¶¶}														
All ages	1,665	1,205	1,228	1,898	1,415	1,179	925	647	879	1,665	1,869	3,787	—	18,362
Confirmed	1,642	1,184	1,210	1,855	1,374	1,150	898	628	861	1,623	1,821	3,670	—	17,916
Probable	23	21	18	43	41	29	27	19	18	42	48	117	—	446
Age <5 years	71	47	70	100	99	73	66	50	67	153	126	195	—	1,117
Confirmed	71	45	69	97	98	70	64	49	65	147	123	180	—	1,078
Probable	—	2	1	3	1	3	2	1	2	6	3	15	—	39
Legionellosis	376	307	351	437	501	823	961	807	951	852	536	610	—	7,512
Leptospirosis	3	2	1	4	2	4	8	11	3	13	3	8	—	62
Listeriosis ^{***}														
Total	55	65	45	80	78	74	126	116	96	109	66	53	—	963
Confirmed	53	55	39	77	74	72	116	111	90	104	63	48	—	902
Probable	2	10	6	3	4	2	10	5	6	5	3	5	—	61
Lyme disease ^{†††}														
Total	2,244	2,494	2,440	3,565	3,924	7,808	13,658	8,448	5,263	5,110	3,568	3,906	—	62,428
Confirmed	55	69	58	99	129	419	574	249	152	117	75	70	—	2,066
Probable	2,189	2,425	2,382	3,466	3,795	7,389	13,084	8,199	5,111	4,993	3,493	3,836	—	60,362
Malaria	123	116	81	98	112	128	260	218	261	223	125	187	—	1,932

TABLE 3. Annual reported cases of notifiable diseases, by month*, United States, excluding U.S. Territories and Non-U.S. Residents, 2022
(Accessible Version: <https://wonder.cdc.gov/nndss/static/2022/annual/2022-table3.html>)

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unknown	Total
<i>aureus</i> §§§§§														
Varicella morbidity	270	272	356	516	390	293	314	289	347	445	374	482	—	4,348
Varicella mortality	—	—	—	—	1	—	1	—	1	—	—	—	—	3
Vibriosis														
Total	97	121	137	222	185	242	455	501	364	346	189	179	—	3,038
Confirmed	33	37	38	80	87	116	247	296	197	189	88	66	—	1,474
Probable	64	84	99	142	98	126	208	205	167	157	101	113	—	1,564
Viral hemorrhagic fevers														
Chapare virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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 †††††	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Zika virus disease, non-congenital	1	—	1	—	—	2	1	—	—	—	—	—	—	5
Zika virus infection, congenital †††††	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus infection, non-congenital	—	—	1	—	—	—	1	—	—	—	—	—	—	2

—: No reported cases — The reporting jurisdiction did not submit any cases to CDC.
 NC: Not Calculated — There is insufficient data available to support this statistic.

* Month is defined using MMWR week (https://ndc.services.cdc.gov/wp-content/uploads/2021/02/MMWR_Week_overview.pdf). MMWR week calendars can be found at <https://ndc.services.cdc.gov/event-codes-other-surveillance-resources/>.

† Note that *Candida auris* colonization/screening cases are not included in this table. Additionally, there may be case count discrepancies of *Candida auris* clinical cases reported by the NNDSS and the CDC's Mycotic Diseases Branch due to differences in data sources, reporting and aggregation methods. Please refer to the Mycotic Diseases Branch's [Tracking C. auris | Candida auris \(C. auris\) | CDC for Candida auris case data reported by jurisdictions](#). These data are submitted to the CDC separately of NNDSS by jurisdictions and are published by location of the facility. Please also see [Note #8](#).

§ Beginning in January 2022, only confirmed cases are published to align with the approved CSTE position statement 21-ID-06, whereas in previous years, all case classification statuses were published. This change may cause a decrease in published case counts when compared to previous years.

¶ Of the reporting areas that submitted 2022 aggregate COVID-19 data to CDC, three did not submit probable cases. American Samoa, New York (excluding New York City), and U.S. Virgin Islands did not collect probable cases.

** 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, 2022*, 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.

††† For surveillance reporting purposes, jurisdictions are grouped into high- and low-incidence categories. Confirmed cases are only reported from low-incidence jurisdictions; however, probable cases are reported from both high- and low-incidence jurisdictions. For more information on jurisdiction classifications, visit <https://www.cdc.gov/lyme>. Currently, high-incidence jurisdictions include Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York (excluding New York City), New York City, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin, and the District of Columbia.

§§§ 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.

¶¶¶ CSTE adopted MpoX as a nationally notifiable condition on June 23, 2022 and beginning August 1, 2022 confirmed and probable cases are published to align with the CSTE position statement 22-ID-10. Case classifications for cases reported prior to August 1, 2022 should not have been retroactively changed based on the case definition in the CSTE position statement 22-ID-10.

**** Beginning in 2020, confirmed and probable plague cases began to be combined and 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 2022.

Beginning in January 2022, Chapare virus was added as a nationally notifiable condition, and confirmed and suspect cases combined are published to align with the approved CSTE position statement 21-ID-04.

***** Beginning in January 2022, confirmed and suspect cases combined are published to align with the approved CSTE position statement 21-ID-04, whereas in previous years, only confirmed cases were published.

+++++ 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 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>.

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