

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

TABLE 4. Annual reported cases of notifiable diseases and rates, by age group, United States, excluding U.S. Territories and Non-U.S. Residents, 2022
(Accessible Version: <https://wonder.cdc.gov/nndss/static/2022/annual/2022-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.
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arboviral diseases																
Chikungunya virus disease	—	—	3	0.02	1	0.00	14	0.03	24	0.04	32	0.03	7	0.01	—	88
Eastern equine encephalitis virus disease																
Neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	1	0.00	—	—
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jamestown Canyon virus disease																
Neuroinvasive	—	—	—	—	—	—	—	—	2	0.00	4	0.00	5	0.01	—	11
Non-neuroinvasive	—	—	—	—	—	—	—	—	1	0.00	—	—	—	—	—	—
La Crosse virus disease																
Neuroinvasive	—	—	4	0.03	13	0.03	1	0.00	—	—	—	—	1	0.00	—	19
Non-neuroinvasive	—	—	1	0.01	1	0.00	1	0.00	—	—	—	—	—	—	—	—
Powassan virus disease																
Neuroinvasive	2	0.05	3	0.02	—	—	1	0.00	3	0.00	12	0.01	21	0.04	—	49
Non-neuroinvasive	—	—	2	0.01	—	—	—	—	—	—	1	0.00	1	0.00	—	—
St. Louis encephalitis virus disease																
Neuroinvasive	—	—	—	—	—	—	2	0.00	3	0.00	7	0.01	16	0.03	—	28
Non-neuroinvasive	—	—	—	—	—	—	—	—	1	0.00	3	0.00	2	0.00	—	—
West Nile virus disease																
Neuroinvasive	—	—	1	0.01	9	0.02	16	0.04	57	0.08	321	0.31	424	0.73	—	828
Non-neuroinvasive	—	—	2	0.01	5	0.01	10	0.02	42	0.06	148	0.14	103	0.18	—	310
Western equine encephalitis virus disease																
Neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Babesiosis																
Total	4	0.13	9	0.07	31	0.09	39	0.10	130	0.22	803	0.90	1,095	2.20	—	2,111
Confirmed	4	0.13	7	0.05	23	0.07	32	0.08	102	0.17	675	0.75	969	1.94	—	1,811
Probable	—	—	2	0.02	8	0.02	7	0.02	28	0.05	128	0.14	126	0.25	—	299
Botulism																
Total	162	4.40	2	0.01	1	0.00	—	—	7	0.01	18	0.02	7	0.01	—	197
Foodborne	—	—	—	—	1	0.00	—	—	1	0.00	2	0.00	2	0.00	—	—
Infant	161	4.37	2	—	—	—	—	—	—	—	—	—	—	—	—	163
Other (wound & unspecified)	1	0.03	—	—	—	—	—	—	6	0.01	16	0.02	5	0.01	—	23
Brucellosis	—	—	1	0.01	7	0.02	9	0.02	26	0.04	50	0.05	33	0.06	—	126
Campylobacteriosis	1,657	44.99	5,184	34.90	4,293	10.50	6,162	13.90	12,086	17.83	21,433	20.62	15,774	27.29	24	66,611
Candida auris, clinical *	—	—	1	0.01	1	0.00	21	0.06	86	0.16	403	0.48	488	1.06	1	1,000
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	6	0.21	12	0.10	14	0.04	45	0.13	184	0.35	1,050	1.29	1,504	3.32	3	2,811
Chancroid	—	—	—	—	—	—	1	0.00	—	—	—	—	—	—	—	—
Chlamydia trachomatis infection †	405	11.00	115	0.77	10,609	25.94	952,516	2,148.13	571,833	843.79	106,808	102.75	3,572	6.18	3,726	1,649,588
Cholera	—	—	4	0.03	—	—	1	0.00	—	—	6	0.01	1	0.00	—	11
Coccidioidomycosis	8	0.51	49	0.78	417	2.38	1,208	6.39	3,226	11.27	7,235	16.58	5,452	22.39	17	17,611
Coronavirus Disease 2019 (COVID-19)																
Total	603,287	16,379.81	1,405,101	9,458.62	4,380,477	10,710.47	5,925,706	13,363.77	10,406,161	15,355.28	13,877,931	13,351.29	6,429,096	11,123.99	105,036	43,132,799
Confirmed	495,892	13,463.94	1,141,450	7,683.82	3,362,913	8,222.48	4,673,644	10,540.10	8,450,094	12,468.92	11,067,202	10,647.22	5,013,200	8,674.13	73,009	34,277,400
Probable §	107,395	2,915.88	263,651	1,774.80	1,017,564	2,487.99	1,252,062	2,823.68	1,956,067	2,886.36	2,810,729	2,704.07	1,415,896	2,449.87	32,027	8,855,399
Cryptosporidiosis																
Total	121	3.29	1,126	7.58	995	2.43	1,571	3.54	3,020	4.46	3,381	3.25	2,389	4.13	3	12,600
Confirmed	103	2.80	922	6.21	822	2.01	1,263	2.85	2,476	3.65	2,708	2.61	1,875	3.24	—	10,160
Probable	18	0.49	204	1.37	173	0.42	308	0.69	544	0.80	673	0.65	514	0.89	3	2,440
Cyclosporiasis	2	0.06	7	0.05	27	0.07	159	0.39	767	1.22	1,419	1.48	703	1.32	7	3,090
Dengue virus infections ¶																
Dengue	1	0.03	6	0.04	67	0.16	113	0.25	276	0.41	764	0.74	227	0.39	—	1,455
Dengue-like illness	—	—	—	—	1	0.00	1	0.00	2	0.00	18	0.02	11	0.02	—	33
Severe dengue	—	—	1	0.01	2	0.00	4	0.01	4	0.01	26	0.03	6	0.01	—	43
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	1	0.00	—	—

TABLE 4. Annual reported cases of notifiable diseases and rates, by age group, United States, excluding U.S. Territories and Non-U.S. Residents, 2022
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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.
Ehrlichiosis and Anaplasmosis																
<i>Anaplasma phagocytophilum</i> infection	—	—	15	0.10	97	0.25	90	0.21	346	0.53	2,062	2.06	3,038	5.45	3	5,655
<i>Ehrlichia chaffeensis</i> infection	1	0.03	11	0.08	37	0.09	54	0.13	134	0.21	643	0.64	688	1.23	1	1,566
<i>Ehrlichia ewingii</i> infection	—	—	—	—	—	—	—	—	1	0.00	10	0.01	14	0.03	—	25
Undetermined ehrlichiosis/anaplasmosis	—	—	2	0.01	4	0.01	5	0.01	8	0.01	37	0.04	39	0.07	—	99
Giardiasis	66	2.29	992	8.53	1,448	4.53	1,299	3.72	3,253	6.06	4,507	5.43	2,251	4.77	3	13,811
Gonorrhea	124	3.37	111	0.75	2,958	7.23	260,649	587.82	292,898	432.20	87,262	83.95	3,433	5.94	575	648,011
<i>Haemophilus influenzae</i> , invasive disease																
All ages, all serotypes	364	9.88	320	2.15	165	0.40	187	0.42	505	0.75	1,312	1.26	2,483	4.30	—	5,333
Age <5 years																
Serotype b	11	0.30	6	0.04	—	—	—	—	—	—	—	—	—	—	—	17
Non-b serotype	68	1.85	72	0.48	—	—	—	—	—	—	—	—	—	—	—	144
Nontypeable	134	3.64	120	0.81	—	—	—	—	—	—	—	—	—	—	—	255
Unknown serotype	151	4.10	122	0.82	—	—	—	—	—	—	—	—	—	—	—	277
Hansen's disease	—	—	—	—	1	0.00	2	0.00	22	0.04	17	0.02	20	0.04	—	66
Hantavirus infection, non-hantavirus pulmonary syndrome **	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hantavirus pulmonary syndrome	—	—	—	—	3	0.01	2	0.00	—	—	4	0.00	2	0.00	—	15
Hemolytic uremic syndrome post-diarrheal	12	0.35	135	0.97	88	0.23	19	0.05	12	0.02	21	0.02	25	0.05	—	311
Hepatitis, Viral Disease ††																
Hepatitis A	—	—	12	0.08	27	0.07	152	0.34	908	1.34	907	0.87	258	0.45	—	2,266
Hepatitis B																
Acute	1	0.03	—	—	2	0.00	81	0.18	466	0.69	1,274	1.23	300	0.52	2	2,122
Perinatal infection	8	NC	5	NC	—	—	—	—	—	—	—	—	—	—	—	13
Hepatitis C																
Acute	1	0.03	3	0.02	6	0.02	428	0.99	2,521	3.81	2,140	2.11	522	0.93	7	5,622
Confirmed	1	0.03	3	0.02	5	0.01	371	0.86	2,203	3.33	1,837	1.81	422	0.75	6	4,844
Probable	—	—	—	—	1	0.00	57	0.13	318	0.48	303	0.30	100	0.18	1	788
Perinatal infection	59	NC	138	NC	—	—	—	—	—	—	—	—	—	—	—	199
Human immunodeficiency virus diagnoses	35	0.95	11	0.07	38	0.09	7,027	15.85	18,792	27.73	10,888	10.47	872	1.51	—	37,666
Influenza-associated pediatric mortality	16	0.43	33	0.22	57	0.14	10	0.08	—	—	—	—	—	—	—	116
Invasive pneumococcal disease §§																
All ages	258	9.30	800	7.15	632	2.06	321	0.97	1,982	3.95	7,254	9.30	7,100	16.17	15	18,366
Confirmed	249	8.98	772	6.90	591	1.93	308	0.93	1,936	3.86	7,085	9.09	6,961	15.85	14	17,911
Probable	9	0.32	28	0.25	41	0.13	13	0.04	46	0.09	169	0.22	139	0.32	1	444
Age <5 years	272	9.15	845	7.03	—	—	—	—	—	—	—	—	—	—	—	1,117
Confirmed	263	8.84	815	6.78	—	—	—	—	—	—	—	—	—	—	—	1,079
Probable	9	0.30	30	0.25	—	—	—	—	—	—	—	—	—	—	—	38
Legionellosis	4	0.11	3	0.02	9	0.02	51	0.12	528	0.78	3,356	3.23	3,561	6.16	—	7,511
Leptospirosis	—	—	—	—	2	0.01	6	0.02	19	0.04	27	0.03	8	0.02	—	66
Listeriosis ¶¶																
Total	50	1.36	5	0.03	4	0.01	32	0.07	95	0.14	198	0.19	579	1.00	—	966
Confirmed	46	1.25	5	0.03	4	0.01	27	0.06	73	0.11	191	0.18	556	0.96	—	906
Probable	4	0.11	—	—	—	—	5	0.01	22	0.03	7	0.01	23	0.04	—	60
Lyme disease ***																
Total	10	0.27	1,091	7.38	6,441	15.81	4,822	10.92	8,217	12.18	22,655	21.89	19,183	33.36	9	62,422
Confirmed	1	0.03	78	0.53	462	1.13	169	0.38	296	0.44	637	0.62	423	0.74	—	2,066
Probable	9	0.25	1,013	6.85	5,979	14.68	4,653	10.53	7,921	11.74	22,018	21.27	18,760	32.63	9	60,356
Malaria	—	—	63	0.43	186	0.46	239	0.55	536	0.80	752	0.74	152	0.27	4	1,933
Measles †††																
Total	25	0.68	65	0.44	26	0.06	4	0.01	1	0.00	—	—	—	—	—	121
Indigenous	24	0.65	55	0.37	15	0.04	3	0.01	1	0.00	—	—	—	—	—	99
Imported	1	0.03	10	0.07	11	0.03	1	0.00	—	—	—	—	—	—	—	22
Meningococcal disease																
All serogroups	14	0.38	14	0.09	9	0.02	48	0.11	77	0.11	107	0.10	43	0.07	—	311
Serogroups ACWY	8	0.22	4	0.03	5	0.01	17	0.04	50	0.07	62	0.06	22	0.04	—	166

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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.	
Guanarito virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Junin virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lassa virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lujovirus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Machupo virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Marburg virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sabia virus ¶¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus disease, congenital *****	1	0.03	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus disease, non-congenital	—	—	—	—	—	—	1	0.00	2	0.00	2	0.00	—	—	—	—	—
Zika virus infection, congenital *****	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Zika virus infection, non-congenital	—	—	—	—	—	—	—	—	2	0.00	—	—	—	—	—	—	—

—: 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.
 U: Unavailable — The data are unavailable.

* 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 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.

†††† 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, Chapeau 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.

***** Data reported to ArboNET using the national surveillance case definition for congenital Zika virus infection (CSTE Position Statement 16-ID-01).

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. Source datasets for the 2022 annual tables were officially closed on March 29, 2024.
- 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](#).
- 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.
- 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](#).

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 [Nativity 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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National Notifiable Diseases Surveillance System

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