TABLE 5. Annual reported cases of notifiable diseases and rates, by sex, United States, excluding U.S. Territories and Non-U.S. Residents, 2022

(Accessible Version: https://wonder.cdc.gov/nndss/static/2022/annual/2022-table5.html)

Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Anthrax	—	—	—	—	—	—
Arboviral diseases						
Chikungunya virus disease	46	0.03	35	0.02	—	81
Eastern equine encephalitis virus disease						
Neuroinvasive	1	0.00	—	—	—	1
Non-neuroinvasive	—	—	—	—	—	—
Jamestown Canyon virus disease						
Neuroinvasive	2	0.00	9	0.01	—	11
Non-neuroinvasive	1	0.00	—	—	—	1
La Crosse virus disease						
Neuroinvasive	8	0.00	11	0.01	—	19
Non-neuroinvasive	2	0.00	1	0.00	—	3
Powassan virus disease						
Neuroinvasive	19	0.01	23	0.01	—	42
Non-neuroinvasive	2	0.00	2	0.00	—	4
St. Louis encephalitis virus disease						
Neuroinvasive	9	0.01	19	0.01	—	28
Non-neuroinvasive	4	0.00	2	0.00	—	6
West Nile virus disease						
Neuroinvasive	315	0.19	513	0.31	—	828
Non-neuroinvasive	126	0.07	184	0.11	—	310
Western equine encephalitis virus disease						
Neuroinvasive	—	—	—	—	—	—
Non-neuroinvasive	—	—	—	—	—	—
Babesiosis						
Total	753	0.52	1,353	0.95	5	2,111
Confirmed	630	0.44	1,181	0.83	1	1,812
Probable	123	0.08	172	0.12	4	299
Botulism						
Total	104	0.06	92	0.06	1	197
Foodborne	2	0.00	4	0.00	—	6
Infant	93	5.17	69	3.66	1	163
Other (wound & unspecified)	9	0.01	19	0.01	—	28
Brucellosis	47	0.03	78	0.05	1	126
Campylobacteriosis	31,945	19.01	34,263	20.73	405	66,613
Candida auris, clinical *	390	0.29	605	0.46	6	1,001
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae	1,229	0.94	1,422	1.10	167	2,818
Chancroid	—	—	1	0.00	—	1
Chlamydia trachomatis infection †	1,043,485	621.11	601,162	363.72	4,937	1,649,584
Cholera	8	0.00	4	0.00	—	12
Coccidioidomycosis	8,234	11.64	9,334	13.30	44	17,612
Coronavirus Disease 2019 (COVID-19)						
Total	23,574,636	14,032.19	18,945,677	11,462.53	612,482	43,132,795
Confirmed	18,711,845	11,137.74	15,154,101	9,168.55	411,458	34,277,404
Probable §	4,862,791	2,894.45	3,791,576	2,293.98	201,024	8,855,391
Cryptosporidiosis						
Total	6,812	4.05	5,741	3.47	53	12,606
Confirmed	5,466	3.25	4,674	2.83	29	10,169
Probable	1,346	0.80	1,067	0.65	24	2,437
Cyclosporiasis	1,777	1.14	1,311	0.86	3	3,091
Dengue virus infections ¶						
Dengue	706	0.42	746	0.45	2	1,454

TABLE 5. Annual reported cases of notifiable diseases and rates, by sex, United States, excluding U.S. Territories and Non-U.S. Residents, 2022

(Accessible Version: https://wonder.cdc.gov/nndss/static/2022/annual/2022-table5.html)

Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Dengue-like illness	11	0.01	22	0.01	—	33
Severe dengue	23	0.01	20	0.01	—	43
Diphtheria	—	—	1	0.00	—	1
Ehrlichiosis and Anaplasmosis						
Anaplasma phagocytophilum infection	2,122	1.31	3,522	2.21	7	5,651
Ehrlichia chaffeensis infection	614	0.38	951	0.60	4	1,569
Ehrlichia ewingii infection	10	0.01	15	0.01	—	25
Undetermined ehrlichiosis/anaplasmosis	33	0.02	57	0.04	5	95
Giardiasis	5,264	3.94	8,502	6.46	53	13,819
Gonorrhea	255,544	152.11	390,524	236.28	1,942	648,010
Haemophilus influenzae, invasive disease						
All ages, all serotypes	2,738	1.63	2,558	1.55	40	5,336
Age <5 years						
Serotype b	7	0.08	9	0.09	1	17
Non-b serotype	63	0.70	77	0.81	—	140
Nontypeable	104	1.15	150	1.58	—	254
Unknown serotype	108	0.06	163	0.10	2	273
Hansen's disease	12	0.01	49	0.03	1	62
Hantavirus infection, non-hantavirus pulmonary syndrome **	—	—	—	—	—	—
Hantavirus pulmonary syndrome	5	0.00	6	0.00	—	11
Hemolytic uremic syndrome post-diarrheal	175	0.11	135	0.09	2	312
Hepatitis, Viral Disease ††						
Hepatitis A	790	0.47	1,471	0.89	3	2,264
Hepatitis B						
Acute	843	0.50	1,280	0.77	3	2,126
Perinatal infection	7	NC	6	NC	—	13
Hepatitis C						
Acute	1,858	1.13	3,761	2.33	9	5,628
Confirmed	1,614	0.98	3,227	2.00	7	4,848
Probable	244	0.15	534	0.33	2	780
Perinatal infection	98	NC	99	NC	—	197
Human immunodeficiency virus diagnoses	7,007	4.17	30,656	18.55	—	37,663
Influenza-associated pediatric mortality	59	0.17	57	0.15	—	116
Invasive pneumococcal disease §§						
All ages	8,254	6.54	9,914	8.02	194	18,362
Confirmed	8,041	6.37	9,681	7.83	194	17,916
Probable	213	0.17	233	0.19	—	446
Age <5 years	483	0.36	627	0.47	7	1,117
Confirmed	467	6.37	604	7.88	7	1,078
Probable	16	0.22	23	0.30	—	39
Legionellosis	2,774	1.65	4,714	2.85	24	7,512
Leptospirosis	11	0.01	51	0.04	—	62
Listeriosis ¶¶						
Total	488	0.29	462	0.28	13	963
Confirmed	445	0.26	445	0.27	12	902
Probable	43	0.03	17	0.01	1	61
Lyme disease ***						
Total	26,177	15.65	35,082	21.32	1,169	62,428
Confirmed	860	0.51	1,201	0.73	5	2,066
Probable	25,317	15.13	33,881	20.59	1,164	60,362
Malaria	697	0.42	1,213	0.75	22	1,932
Measles †††						
Total	56	0.03	65	0.04	—	121
Indigenous	48	0.03	50	0.03	—	98

TABLE 5. Annual reported cases of notifiable diseases and rates, by sex, United States, excluding U.S. Territories and Non-U.S. Residents, 2022

(Accessible Version: https://wonder.cdc.gov/nndss/static/2022/annual/2022-table5.html)

Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
Imported	8	0.00	15	0.01	—	23
Meningococcal disease						
All serogroups	123	0.07	188	0.11	1	312
Serogroups ACWY	61	0.04	107	0.06	—	168
Serogroup B	22	0.01	25	0.02	—	47
Other serogroups	9	0.01	11	0.01	—	20
Unknown serogroup	31	0.02	45	0.03	1	77
Mpox §§§	896	0.53	26,689	16.15	2,236	29,821
Mumps	163	0.10	223	0.13	—	386
Novel Influenza A virus infections	5	0.00	7	0.00	—	12
Pertussis	1,712	1.02	1,320	0.80	12	3,044
Plague ¶¶¶	—	—	—	—	—	—
Poliomyelitis, paralytic	—	—	1	0.00	—	1
Poliovirus infection, nonparalytic	—	—	—	—	—	—
Psittacosis	1	0.00	6	0.00	—	7
Q fever						
Total	40	0.02	153	0.09	1	194
Acute	35	0.02	135	0.08	1	171
Chronic	5	0.00	18	0.01	—	23
Rabies						
Human	—	—	—	—	—	—
Rubella	5	0.00	2	0.00	—	7
Rubella, congenital syndrome	—	—	—	—	—	—
Salmonella Paratyphi infection ****	67	0.04	63	0.04	—	130
Salmonella Typhi infection ††††	199	0.12	241	0.15	2	442
Salmonellosis (excluding *S.* Typhi infection and *S.* Paratyphi infection) §§§§	30,024	17.87	25,913	15.68	192	56,129
Severe acute respiratory syndrome-associated coronavirus disease	—	—	—	—	—	—
Shiga toxin-producing *Escherichia coli* (STEC)	8,954	5.33	7,383	4.47	69	16,406
Shigellosis	5,221	3.11	9,483	5.74	40	14,744
Smallpox	—	—	—	—	—	—
Spotted fever rickettsiosis						
Total	388	0.23	894	0.54	10	1,292
Confirmed	18	0.01	29	0.02	—	47
Probable	370	0.22	865	0.53	10	1,245
Streptococcal toxic shock syndrome	138	0.13	187	0.18	8	333
Syphilis						
Total, all stages ¶¶¶¶	59,665	35.51	143,522	86.83	4,036	207,223
Congenital *****	—	—	—	—	3,755	3,755
Primary and secondary	14,652	8.72	44,303	26.80	55	59,010
Tetanus	6	0.00	20	0.01	—	26
Toxic shock syndrome (other than Streptococcal)	24	0.02	7	0.01	—	31
Trichinellosis	5	0.00	4	0.00	—	9
Tuberculosis	3,144	1.87	5,157	3.12	30	8,331
Tularemia	64	0.04	100	0.06	3	167
Vancomycin-intermediate *Staphylococcus aureus*	35	0.03	46	0.04	1	82
Vancomycin-resistant *Staphylococcus aureus* †††††	1	0.00	1	0.00	—	2
Varicella morbidity	1,911	1.37	2,309	1.68	128	4,348
Varicella mortality	U	U	U	U	U	U
Vibriosis						
Total	1,336	0.81	1,689	1.04	13	3,038
Confirmed	516	0.31	953	0.59	5	1,474
Probable	820	0.50	736	0.45	8	1,564
Viral hemorrhagic fevers						
Chapare virus §§§§§	—	—	—	—	—	—

TABLE 5. Annual reported cases of notifiable diseases and rates, by sex, United States, excluding U.S. Territories and Non-U.S. Residents, 2022

(Accessible Version: https://wonder.cdc.gov/nndss/static/2022/annual/2022-table5.html)

Disease	Female		Male		Sex not stated	Total
	No.	Rate	No.	Rate	No.	No.
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	0.06	—	—	—	1
Zika virus disease, non-congenital	2	0.00	3	0.00	—	5
Zika virus infection, congenital ******	—	—	—	—	—	—
Zika virus infection, non-congenital	2	0.00	—	—	—	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.
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 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.

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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.