TABLE 2j. Annual reported cases of notifiable diseases, by region and reporting area, United States and U.S. Territories, excluding Non-U.S. Residents*, 2019[†]

(Accessible Version: https://wonder.cdc.gov/nndss/static/2019/annual/2019-table2j.html)

Reporting Area	Listeriosis [§]			Lyme disease		
	Total	Confirmed	Probable	Total	Confirmed	Probable
U.S. Residents, excluding U.S. Territories	928	880	48	34,945	23,453	11,492
New England	54	54	—	7,152	4,769	2,383
Connecticut	13	13	—	1,233	795	438
Maine	5	5	—	2,167	1,629	538
Massachusetts	28	28	—	7	6	1
New Hampshire	5	5	—	1,710	1,106	604
Rhode Island	2	2	—	971	527	444
Vermont	1	1	—	1,064	706	358
Middle Atlantic	178	175	3	16,860	12,010	4,850
New Jersey	34	34	—	3,619	2,400	1,219
New York (excluding New York City)	63	63	—	3,487	2,450	1,037
New York City	38	37	1	756	397	359
Pennsylvania	43	41	2	8,998	6,763	2,235
East North Central	125	114	11	3,642	2,227	1,415
Illinois	30	26	4	395	242	153
Indiana	22	17	5	189	102	87
Michigan	26	25	1	413	276	137
Ohio	29	28	1	467	388	79
Wisconsin	18	18	—	2,178	1,219	959
West North Central	46	43	3	1,941	1,025	916
Iowa	7	7	—	303	70	233
Kansas	5	3	2	35	13	22
Minnesota	17	16	1	1,528	915	613
Missouri	15	15	—	17	2	15
Nebraska	2	2	—	10	4	6
North Dakota	—	—	—	38	14	24
South Dakota	—	—	—	10	7	3
South Atlantic	197	182	15	4,803	3,160	1,643
Delaware	4	3	1	641	619	22
District of Columbia	1	—	1	100	57	43
Florida	50	45	5	162	78	84
Georgia	25	25	—	18	2	16
Maryland	23	23	—	1,417	804	613
North Carolina	32	32	—	334	92	242
South Carolina	22	19	3	47	17	30
Virginia	31	28	3	1,199	788	411
West Virginia	9	7	2	885	703	182
East South Central	43	39	4	137	83	54
Alabama	7	6	1	66	44	22
Kentucky	9	8	1	22	12	10
Mississippi	4	4	—	4	4	—
Tennessee	23	21	2	45	23	22
West South Central	91	84	7	67	28	39
Arkansas	4	4	—	18	5	13
Louisiana	12	11	1	8	8	—
Oklahoma	10	10	—	—	—	—
Texas	65	59	6	41	15	26
Mountain	39	37	2	88	40	48
Arizona	13	12	1	10	6	4
Colorado	12	11	1	8	8	—
Idaho	5	5	—	14	5	9

TABLE 2j. Annual reported cases of notifiable diseases, by region and reporting area, United States and U.S. Territories, excluding Non-U.S. Residents*, 2019[†]

(Accessible Version: https://wonder.cdc.gov/nndss/static/2019/annual/2019-table2j.html)

Reporting Area	Listeriosis [§]			Lyme disease		
	Total	Confirmed	Probable	Total	Confirmed	Probable
Montana	—	—	—	8	6	2
Nevada	7	7	—	17	4	13
New Mexico	—	—	—	7	4	3
Utah	2	2	—	19	5	14
Wyoming	—	—	—	5	2	3
Pacific	155	152	3	255	111	144
Alaska	1	1	—	3	1	2
California	114	111	3	144	82	62
Hawaii	10	10	—	N	N	N
Oregon	12	12	—	65	10	55
Washington	18	18	—	43	18	25
U.S. Territories	3	2	1	—	—	—
American Samoa	N	—	—	N	N	N
Commonwealth of Northern Mariana Islands	—	—	—	—	—	—
Guam	—	—	—	—	—	—
Puerto Rico	3	2	1	N	N	N
U.S. Virgin Islands	—	—	—	—	—	—

—: 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.

* The 2019 annual tables exclude cases of nationally notifiable conditions and diseases among non-U.S. residents. As a result, data in Table 2 does not include a "Non-U.S. Resident" or "Total" row, that would have been included in the table had the data been stratified into the following four categories, based upon the "country of usual residence" (COUR) algorithm: U.S. Residents, excluding U.S. Territories; U.S. Territories; Non-US. Residents; and Total.Table 2 for the 2019 annual tables only includes the first two of these stratification categories.

† To calculate rates, use the populations provided in Table 8. Note that calculation of rates for the following conditions use population subsets 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 and Invasive pneumococcal disease, and Influenza associated pediatric mortality; see Table 8 (population reference table). Also see notes 3 and 7.

§ 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.

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.

2. The list of national notifiable infectious diseases and conditions for 2019 and their national surveillance case definitions are available by navigating to the Surveillance Case Definitions | CDC web page, selecting "2019" 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 2018 by CSTE for national surveillance that were implemented in January 2019. *Candida auris*, clinical became a new national notifiable condition, and revised case definitions were implemented for the following conditions: diphtheria, acute hepatitis A, listeriosis, yellow fever, *Salmonella* Paratyphi infection and *Salmonella* Typhi infection. *Salmonella* Paratyphi infection and *Salmonella* Typhi infection replaced Paratyphoid fever and Typhoid fever, respectively, as national notifiable conditions. Salmonellosis (excluding S. Typhi infection and S. Paratyphi infection) replaced Salmonellosis (excluding paratyphoid fever and typhoid fever) as a national notifiable condition. In addition, Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) represents a consolidation of CP-CRE species *Klebsiella* spp, CP-CRE E. *coli*, and CP-CRE *Enterobacter* spp. Publication criteria for the finalized 2019 data are available at https://wonder.cdc.gov/nndss/documents/2019_NNDSS _Publication_Criteria_01212021.pdf. See also Guide to Interpreting Provisional and Finalized NNDSS Data.

3. Population estimates for incidence rates are July 1st, 2019, 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, 2019, 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 2019), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states released July 9, 2020, are available at https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Population estimates for territories are the 2019 mid-year estimates from the U.S. Census Bureau International Data Base, accessed on August 6, 2020, at https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021. 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 2019 (National Center for Health Statistics Natality 2019, as compiled from data provided by the Vital Statistics Cooperative Program). The mother's race and ethnicity are used for race- and ethnicity-specific rates of congenital syphilis cases. Congenital syphilis data are published in Syphilis Statistics in the sexually transmitted diseases (STD) surveillance report (https://www.cdc.gov/std/syphilis/stats.htm) and in the historical archives of the STD surveillance report (https://www.cdc.gov/std/stats/archive.htm). The STD surveillance report (https://www.cdc.gov/std/syphilis/stats.htm) updates congenital syphilis cases and rates over time.

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 24 jurisdictions may have incomplete data, due to the coronavirus disease 2019 (COVID-19) pandemic: Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Idaho, Indiana, Kansas, Massachusetts, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New York (excluding New York City), New York City, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, and West Virginia. In addition, the following 2 U.S. Territories may have incomplete data due to the COVID-19 pandemic: American Samoa and the U.S. Virgin Islands.

Suggested Citation:

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National Notifiable Diseases Surveillance System

Provided by CDC WONDER