

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, 2023

Reporting Area	Salmonella <i>Paratyphi</i> infection [†]	Salmonella <i>Typhi</i> infection [‡]	Salmonellosis (excluding <i>S. Typhi</i> infection and <i>S. Paratyphi</i> infection) [§]	Severe acute respiratory syndrome-associated coronavirus disease	Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Shigellosis	Smallpox
U.S. Residents, excluding U.S. Territories	181	535	60,934	—	18,844	21,769	—
New England	7	25	2,322	—	512	625	—
Connecticut	1	9	499	—	146	173	—
Maine	—	—	121	—	29	15	—
Massachusetts	6	13	1,187	—	204	304	—
New Hampshire	—	1	213	—	33	14	—
Rhode Island	—	2	184	—	56	97	—
Vermont	—	—	118	—	44	22	—
Middle Atlantic	37	136	6,601	—	2,057	5,782	—
New Jersey	9	44	1,518	—	16	1,712	—
New York (excluding New York City)	11	27	1,847	—	755	1,210	—
New York City	11	46	1,498	—	829	2,366	—
Pennsylvania	6	19	1,738	N	457	494	—
East North Central	20	77	6,780	—	2,392	1,488	—
Illinois	13	30	2,083	—	659	568	—
Indiana	—	5	972	—	262	158	—
Michigan	—	16	1,082	—	347	220	—
Ohio	6	18	1,613	—	616	389	—
Wisconsin	1	8	1,030	—	508	153	—
West North Central	6	20	4,440	—	2,196	789	—
Iowa	1	1	795	—	478	143	—
Kansas	1	2	682	—	242	68	—
Minnesota	2	12	1,046	—	696	270	—
Missouri	—	4	1,120	—	389	168	—
Nebraska	1	1	447	—	210	78	—
North Dakota	—	—	103	—	68	10	—
South Dakota	1	—	247	—	113	52	—
South Atlantic	24	83	15,879	—	3,421	3,385	—
Delaware	2	1	218	—	48	46	—
District of Columbia	—	—	50	—	50	126	—
Florida	7	25	7,131	—	1,138	1,273	—
Georgia	—	13	2,122	—	448	571	—
Maryland	3	15	1,090	—	448	348	—
North Carolina	—	12	2,288	—	562	437	—
South Carolina	—	1	1,473	—	140	147	—
Virginia	9	15	1,260	—	484	412	—
West Virginia	3	1	247	—	103	25	—
East South Central	8	12	3,512	—	1,022	545	—
Alabama	—	2	879	—	169	100	—
Kentucky	1	4	699	—	276	128	—
Mississippi	—	1	950	—	99	77	—
Tennessee	7	5	984	—	478	240	—
West South Central	19	47	8,616	—	1,742	1,703	—
Arkansas	—	1	720	—	187	55	—
Louisiana	—	1	1,194	—	104	122	—

Table 2p. Annual reported cases* of notifiable diseases, by region and reporting area, United States, U.S. Territories and Non-U.S. Residents, 2023

Reporting Area	Salmonella Paratyphi infection†	Salmonella Typhi infection‡	Salmonellosis (excluding <i>S. Typhi</i> infection and <i>S. Paratyphi</i> infection)§	Severe acute respiratory syndrome-associated coronavirus disease	Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Shigellosis	Smallpox
Oklahoma	2	2	953	—	214	90	—
Texas	17	43	5,749	—	1,237	1,436	—
Mountain	9	22	3,918	—	1,830	1,533	—
Arizona	5	7	1,242	—	329	516	—
Colorado	1	6	917	—	638	463	—
Idaho	—	1	318	—	206	46	—
Montana	1	—	177	—	138	22	—
Nevada	—	2	302	—	79	101	—
New Mexico	—	4	349	—	61	192	—
Utah	2	2	532	—	300	182	—
Wyoming	—	—	81	—	79	11	—
Pacific	51	113	8,866	—	3,672	5,919	—
Alaska	—	1	89	—	13	8	—
California	34	86	6,988	—	2,714	4,475	—
Hawaii	—	1	207	—	17	74	—
Oregon	—	4	565	—	355	324	—
Washington	17	21	1,017	—	573	1,038	—
U.S. Territories	2	—	503	—	10	31	—
American Samoa	—	—	—	—	—	—	—
Commonwealth of Northern Mariana Islands	—	—	—	—	—	—	—
Guam	—	—	23	—	1	12	—
Puerto Rico	2	—	475	—	9	17	—
U.S. Virgin Islands	—	—	5	—	—	2	—
Non-U.S. Residents	—	—	6	—	3	4	—
Total	183	535	61,443	—	18,857	21,804	—

—: 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 the [Guide to Interpreting Provisional and Finalized NNDSS Data](#).

† 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.

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 2023 annual tables were officially closed on November 7, 2024.
2. The list of national notifiable Infectious diseases and conditions for 2023 and their national surveillance case definitions are available by navigating to the [Surveillance Case Definitions | CDC](#) web page, selecting "2023" for the notifiable condition list year, checking "Infectious" conditions, and clicking "Get Notifiable List by Year". Publication criteria for the finalized 2023 data are available at <https://www.cdc.gov/nndss/infectious-disease/notice-to-data-users.html>. See also [Guide to Interpreting Provisional and Finalized NNDSS Data](#).
3. Population estimates for incidence rates are July 1st, 2023 postcensal estimates of the resident population of the United States for July 1, 2020, to July 1, 2023, 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 2023" population estimates for years 2020–2023 were released February 2025 by the National Cancer Institute at <https://seer.cancer.gov/popdata/>. For more information, see <https://seer.cancer.gov/popdata/singleages.html>. 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's NNDSS Annual Summary Data Query](#).
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 "Resource Type Specific" section on the left-hand side and select "Annual Reports" (1952–2015) or "Annual Tables" (2016–present).
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; however, rates will not be calculated due to population estimates not being available for the specific sub-population required to align with the defined age restriction criteria)
Perinatal hepatitis C infection (age restriction in numerator is ≤36 months; however, rates will not be calculated due to population estimates not being available for the specific sub-population required to align with the defined age restriction criteria).

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 2023 (National Center for Health Statistics [Nativity 2023](#), 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).

Suggested Citation:

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[National Notifiable Diseases Surveillance System](#)