

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

TABLE 6. Annual reported cases of notifiable diseases and rates, by race*,†,‡,§,¶, United States, excluding U.S. Territories and Non-U.S. Residents, 2023

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black or African American		White		Other or Multi-Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate			
Anthrax	—	—	—	—	—	—	—	—	—	—	—
Arboviral diseases											
Chikungunya virus disease	—	—	37	0.15	11	0.02	49	0.02	17	36	150
Eastern equine encephalitis virus disease											
Neuroinvasive	S	S	S	S	S	S	S	S	S	S	7
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—
Jamestown Canyon virus disease											
Neuroinvasive	S	S	S	S	S	S	S	S	S	S	20
Non-neuroinvasive	S	S	S	S	S	S	S	S	S	S	7
La Crosse virus disease											
Neuroinvasive	1	0.02	—	—	3	0.01	26	0.01	—	4	34
Non-neuroinvasive	S	S	S	S	S	S	S	S	S	S	1
Powassan virus disease											
Neuroinvasive	—	—	—	—	—	—	44	0.02	—	3	47
Non-neuroinvasive	S	S	S	S	S	S	S	S	S	S	2
St. Louis encephalitis virus disease											
Neuroinvasive	S	S	S	S	S	S	S	S	S	S	14
Non-neuroinvasive	S	S	S	S	S	S	S	S	S	S	7
West Nile virus disease											
Neuroinvasive	17	0.33	20	0.08	90	0.18	1,361	0.53	181	122	1,791
Non-neuroinvasive	12	0.23	12	0.05	5	0.01	632	0.25	115	63	839
Western equine encephalitis virus disease											
Neuroinvasive	—	—	—	—	—	—	—	—	—	—	—
Non-neuroinvasive	—	—	—	—	—	—	—	—	—	—	—
Babesiosis											
Confirmed	7	0.18	111	0.53	58	0.14	2,133	0.96	174	633	3,116
Probable	2	0.05	14	0.07	5	0.01	279	0.13	19	151	470
Total	9	0.23	125	0.60	63	0.15	2,412	1.08	193	784	3,586
Botulism											
Foodborne	S	S	S	S	S	S	S	S	S	S	17
Infant	—	—	6	2.32	7	1.04	103	3.91	25	33	174
Other (wound & unspecified)	S	S	S	S	S	S	S	S	S	S	14
Total	4	0.08	9	0.04	8	0.02	117	0.05	27	40	205
Brucellosis	—	—	5	0.02	3	0.01	73	0.03	41	23	145
Campylobacteriosis	703	13.76	3,061	12.71	4,689	9.64	53,255	20.72	6,878	12,961	81,547
<i>Candida auris</i>											
Clinical#	13	0.26	107	0.46	925	2.14	1,447	0.61	307	401	3,200
Screening**	8	0.16	78	0.32	1,392	2.86	1,877	0.73	402	609	4,366
Carbapenemase-producing organisms (CPO), total††, ‡‡	59	1.29	297	1.40	1,330	3.41	3,406	1.61	737	1,081	6,910
Chancroid	S	S	S	S	S	S	S	S	S	S	4
<i>Chlamydia trachomatis</i> infection	19,729	386.02	27,530	114.34	502,132	1031.87	478,755	186.24	161,795	458,503	1,648,444
Cholera	S	S	S	S	S	S	S	S	S	S	19
Coccidioidomycosis§§											
Confirmed	301	11.40	759	6.79	794	4.82	7,223	6.51	2,124	9,484	20,685
Probable	19	0.72	11	0.10	24	0.15	177	0.16	33	63	327

TABLE 6. Annual reported cases of notifiable diseases and rates, by race*,†,‡,§,¶, United States, excluding U.S. Territories and Non-U.S. Residents, 2023

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black or African American		White		Other or Multi-Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.	No.
Total	320	12.12	770	6.89	818	4.96	7,400	6.67	2,157	9,547	21,012
Coronavirus Disease 2019 (COVID-19)											
Confirmed	72,932	1615.31	203,815	919.37	606,485	1447.40	2,439,275	1117.40	542,140	1,031,604	4,896,251
Probable¶¶	18,155	402.10	75,426	340.23	282,200	673.48	1,394,237	638.68	265,274	438,879	2,474,171
Total	91,087	2017.41	279,241	1259.61	888,685	2120.88	3,833,512	1756.08	807,414	1,470,483	7,370,422
Cryptosporidiosis											
Confirmed	77	1.51	217	0.90	866	1.78	7,391	2.88	766	1,267	10,584
Probable	15	0.29	64	0.27	249	0.51	2,031	0.79	131	236	2,726
Total	92	1.80	281	1.17	1,115	2.29	9,422	3.67	897	1,503	13,310
Cyclosporiasis	21	0.43	177	0.77	213	0.47	3,040	1.26	310	702	4,463
Dengue virus infections##											
Dengue	7	0.14	202	0.84	128	0.26	1,112	0.43	215	280	1,944
Dengue-like illness	S	S	S	S	S	S	S	S	S	S	23
Severe dengue	—	—	4	0.02	7	0.01	33	0.01	5	4	53
Diphtheria	S	S	S	S	S	S	S	S	S	S	2
Ehrlichiosis and Anaplasmosis											
<i>Anaplasma phagocytophilum</i> infection	37	0.81	42	0.19	45	0.09	5,656	2.29	198	1,301	7,279
<i>Ehrlichia chaffeensis</i> infection	2	0.04	16	0.07	49	0.10	1,460	0.59	108	272	1,907
<i>Ehrlichia ewingii</i> infection	—	—	—	—	1	0.00	19	0.01	—	6	26
Undetermined ehrlichiosis/anaplasmosis	1	0.02	—	—	2	0.00	77	0.03	3	6	89
Giardiasis	114	2.89	430	2.10	1,102	2.97	9,384	4.58	1,378	3,770	16,178
Gonorrhea***	8,158	159.62	10,942	45.45	239,055	491.25	174,329	67.82	54,658	114,120	601,262
<i>Haemophilus influenzae</i> , invasive disease											
Age <5 years											
Non-b serotype	6	1.48	1	0.07	31	0.91	76	0.57	10	15	139
Nontypeable	6	1.48	9	0.66	58	1.71	126	0.94	24	32	255
Serotype b	2	0.49	1	0.07	1	0.03	25	0.19	3	2	34
Unknown serotype	1	0.25	7	0.51	52	1.53	115	0.86	12	41	228
All ages, all serotypes	72	1.41	132	0.55	1,076	2.21	4,531	1.76	249	767	6,827
Hansen's disease	—	—	12	0.05	3	0.01	46	0.02	1	26	88
Hantavirus infection, non-hantavirus pulmonary syndrome†††	S	S	S	S	S	S	S	S	S	S	1
Hantavirus pulmonary syndrome	12	0.24	—	—	—	—	11	0.00	—	3	26
Hemolytic uremic syndrome post-diarrheal	1	0.02	7	0.03	15	0.03	216	0.09	23	14	276
Hepatitis, Viral Disease†††											
Hepatitis A, acute	12	0.23	150	0.62	135	0.28	1,029	0.40	209	108	1,643
Hepatitis B, acute	13	0.25	78	0.32	482	0.99	1,384	0.54	144	111	2,212
Hepatitis B, perinatal infection	S	—	S	—	S	—	S	—	S	S	7
Hepatitis C, acute											
Confirmed	76	1.66	90	0.38	744	1.55	3,254	1.30	361	439	4,964
Probable	4	0.09	5	0.02	42	0.09	450	0.18	39	34	574
Total	80	1.75	95	0.40	786	1.63	3,704	1.48	400	473	5,538
Hepatitis C, perinatal infection	1	NC	5	NC	11	NC	159	NC	29	30	235
Human immunodeficiency virus diagnoses	203	3.97	872	3.62	14,781	30.37	8,911	3.47	14,083	—	38,850
Influenza-associated pediatric mortality	3	0.20	3	0.06	31	0.24	80	0.15	4	21	142
Invasive pneumococcal disease											
Age <5 years											
Confirmed	20	6.56	46	5.13	263	8.82	552	5.10	67	166	1,114

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Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black or African American		White		Other or Multi-Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.	No.
Probable	—	—	5	0.56	10	0.34	42	0.39	2	8	67
Total	20	6.56	51	5.68	273	9.15	594	5.49	69	174	1,181
All ages											
Confirmed	444	13.75	303	2.13	3,641	9.06	12,654	6.53	691	2,818	20,551
Probable	3	0.09	14	0.10	98	0.24	373	0.19	21	91	600
Total§§§	447	13.84	317	2.23	3,739	9.30	13,027	6.73	712	2,909	21,151
Legionellosis	43	0.84	140	0.58	1,658	3.41	5,304	2.06	475	481	8,101
Leptospirosis	—	—	12	0.06	—	—	53	0.03	9	20	94
Listeriosis¶¶¶											
Confirmed	6	0.12	72	0.30	90	0.18	580	0.23	71	115	934
Probable	—	—	4	0.02	3	0.01	41	0.02	6	10	64
Total	6	0.12	76	0.32	93	0.19	621	0.24	77	125	998
Lyme disease###											
Confirmed	14	0.27	39	0.17	37	0.08	2,708	1.05	107	625	3,530
Probable	171	3.35	617	2.68	865	1.78	44,503	17.33	1,437	38,345	85,938
Total	185	3.62	656	2.85	902	1.86	47,211	18.39	1,544	38,970	89,468
Malaria	3	0.06	101	0.42	1,703	3.50	303	0.12	229	267	2,606
Measles****											
Imported	—	—	7	0.03	2	0.00	5	0.00	3	5	22
Indigenous	—	—	3	0.01	6	0.01	16	0.01	10	7	42
Total	—	—	10	0.04	8	0.02	21	0.01	13	12	64
Melioidosis+++	5	5	5	5	5	5	5	5	5	5	6
Meningococcal disease											
All serogroups	4	0.08	11	0.05	147	0.30	206	0.08	30	40	438
Other serogroups	—	—	1	0.00	9	0.02	14	0.01	6	3	33
Serogroup B	1	0.02	2	0.01	1	0.00	33	0.01	5	2	44
Serogroups ACWY	3	0.06	6	0.02	112	0.23	111	0.04	16	12	260
Unknown serogroup	—	—	2	0.01	25	0.05	48	0.02	3	23	101
Mpox	17	0.33	59	0.25	391	0.80	898	0.35	161	204	1,730
Mumps	1	0.02	31	0.13	43	0.09	226	0.09	34	98	433
Novel Influenza A virus infections	5	5	5	5	5	5	5	5	5	5	3
Pertussis	30	0.59	168	0.70	235	0.48	4,590	1.79	421	1,619	7,063
Plague+++	5	5	5	5	5	5	5	5	5	5	2
Poliomyelitis, paralytic	—	—	—	—	—	—	—	—	—	—	—
Poliovirus infection, nonparalytic	—	—	—	—	—	—	—	—	—	—	—
Psittacosis	5	5	5	5	5	5	5	5	5	5	1
Q fever											
Acute	1	0.02	7	0.03	8	0.02	107	0.04	28	30	181
Chronic	—	—	—	—	1	0.00	27	0.01	3	7	38
Total	1	0.02	7	0.03	9	0.02	134	0.05	31	37	219
Rabies											
Human	—	—	—	—	—	—	—	—	—	—	—
Rubella	5	5	5	5	5	5	5	5	5	5	11
Rubella, congenital syndrome	5	5	5	5	5	5	5	5	5	5	1
Salmonella Paratyphi infection§§§§	2	0.04	76	0.32	6	0.01	41	0.02	29	27	181
Salmonella Typhi infection¶¶¶¶	6	0.12	275	1.14	27	0.06	84	0.03	105	38	535
Salmonellosis (excluding S. Typhi infection and S. Paratyphi infection)#####	475	9.29	2,383	9.90	5,681	11.67	40,420	15.72	5,218	6,757	60,934

TABLE 6. Annual reported cases of notifiable diseases and rates, by race*,†,‡,§,¶, United States, excluding U.S. Territories and Non-U.S. Residents, 2023

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black or African American		White		Other or Multi-Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.	No.
Severe acute respiratory syndrome-associated coronavirus disease	—	—	—	—	—	—	—	—	—	—	—
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	117	2.29	578	2.40	1,116	2.29	12,848	5.00	2,034	2,151	18,844
Shigellosis	193	3.78	814	3.38	2,751	5.65	11,984	4.66	2,773	3,254	21,769
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Spotted fever rickettsiosis											
Confirmed	4	0.08	—	—	1	0.00	42	0.02	3	6	56
Probable	40	0.80	8	0.03	48	0.10	849	0.33	43	160	1,148
Total	44	0.88	8	0.03	49	0.10	891	0.35	46	166	1,204
Streptococcal toxic shock syndrome	11	0.39	31	0.25	121	0.36	621	0.38	44	63	891
Syphilis											
Congenital****	195	246.84	58	22.44	1,173	173.87	1,891	71.72	295	270	3,882
Primary and secondary	1,549	30.31	1,122	4.66	17,086	35.11	24,627	9.58	5,537	3,067	52,988
Total****	5,927	115.97	4,160	17.28	66,117	135.87	90,857	35.34	24,437	17,621	209,119
Tetanus	S	S	S	S	S	S	S	S	S	S	18
Toxic shock syndrome (other than Streptococcal)	—	—	3	0.02	5	0.01	21	0.01	4	6	39
Trichinellosis	S	S	S	S	S	S	S	S	S	S	1
Tuberculosis	135	2.64	3,063	12.72	1,773	3.64	3,975	1.55	646	41	9,633
Tularemia	3	0.06	2	0.01	9	0.02	149	0.06	11	22	196
Vancomycin-intermediate <i>Staphylococcus aureus</i>	1	0.03	2	0.01	11	0.02	37	0.02	3	5	59
Vancomycin-resistant <i>Staphylococcus aureus</i> ****	S	S	S	S	S	S	S	S	S	S	1
Varicella morbidity§§§§	55	1.39	307	1.55	422	1.04	3,584	1.67	839	1,689	6,896
Varicella mortality	U	U	U	U	U	U	U	U	U	U	U
Vibriosis											
Confirmed	12	0.24	68	0.28	109	0.22	1,081	0.43	101	171	1,542
Probable	10	0.20	94	0.39	261	0.54	1,128	0.45	142	245	1,880
Total	22	0.44	162	0.68	370	0.76	2,209	0.88	243	416	3,422
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¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—
Zika virus disease, non-congenital	S	S	S	S	S	S	S	S	S	S	6
Zika virus infection, congenital¶¶¶¶	—	—	—	—	—	—	—	—	—	—	—
Zika virus infection, non-congenital	S	S	S	S	S	S	S	S	S	S	1

—: 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.
 S: Suppressed

* Conditions with <25 cases reported in the year were not broken down by race.

† Race data were collected using current Office of Management and Budget (OMB) standards for race/ethnicity data and were mapped to bridged race categories.

‡ Any variation of disease incidence by race or ethnicity does not reflect biological differences but reflects systemic, cultural, behavioral, and social factors.

§ Includes individuals reported as other race or multiple races.

¶ Delaware was unable to provide race and ethnicity data for COVID-19 cases; therefore, these cases have been categorized as 'Race not stated' and 'Ethnicity not stated' in Tables 6 and 7.

Beginning in 2023, only confirmed cases of *Candida auris* clinical are published to align with CSTE position statement 22-ID-05, whereas in previous years, confirmed and probable case classification statuses were published. 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 2023, *Candida auris* screening was added as a nationally notifiable condition, and confirmed cases are published to align with the approved CSTE position statement 22-ID-05. Additionally, there may be case count discrepancies of *Candida auris* screening 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 2023, cases began to be reported as carbapenemase-producing organisms, clinical or carbapenemase-producing organisms, screening. In previous years, only carbapenemase-producing carbapenem-resistant *Enterobacteriaceae* (CP-CRE) cases were reported.

‡‡ CPO total is the sum of CP-CRE cases reported in MMWR year 2023, CPO, clinical cases, and CPO, screening cases.

§§ For coccidioidomycosis surveillance reporting purposes, jurisdictions are grouped into high- and low-incidence categories. Probable cases are only reported from low-incidence jurisdictions, while confirmed cases are reported from both high- and low-incidence jurisdictions.

¶¶ Of the reporting areas that submitted 2023 aggregate COVID-19 data to CDC, four did not submit probable cases. American Samoa, Commonwealth of Northern Mariana Islands, New York (excluding New York City), and U.S. Virgin Islands did not collect probable cases.

Counts include confirmed and probable dengue cases.

*** Beginning in 2023, confirmed and probable cases of gonorrhea are published to align with the approved CSTE position statement 22-ID-03, 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.

††† 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, 2023, published online by CDC's Division of Viral Hepatitis, available at <https://www.cdc.gov/hepatitis/php/statistics-surveillance/>.

§§§ 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 Lyme 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.

†††† Beginning in 2023, melioidosis was added as a nationally notifiable condition, and confirmed and probable cases are published to align with the approved CSTE position statement 22-ID-08.

‡‡‡‡ 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.

***** 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.

††††† Includes the following categories: primary; secondary; early non-primary non-secondary; unknown duration or late; and congenital syphilis.

‡‡‡‡‡ 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 2023.

§§§§§ Beginning in 2023, varicella mortality will have an age restriction of <50 years applied to the numerator (i.e., case counts).

¶¶¶¶¶ 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 2023 annual tables were officially closed on November 7, 2024.
- 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](#).
- 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.
- Annual tables for 2016 and later years are available on [CDC WONDER's NNDSS Annual Summary Data Query](#).
- Annual summary reports from 1993–2015 are available as published in the [Morbidity and Mortality Weekly Report](#).
- 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).
- 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 [Natality 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