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Summary of Notifiable Infectious Diseases and Conditions — United States, 2014

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Summary of Notifiable Infectious Diseases and Conditions — United States, 2014

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Preface

The *Summary of Notifiable Infectious Diseases and Conditions—United States, 2014* (hereafter referred to as the summary) contains the official statistics, in tabular and graphic form, for the reported occurrence of nationally notifiable infectious diseases and conditions in the United States for 2014. Unless otherwise noted, data are final totals for 2014 reported as of June 30, 2015. These statistics are collected and compiled from reports sent by U.S. state and territory, New York City, and District of Columbia health departments to the National Notifiable Diseases Surveillance System (NNDSS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE). This summary is available at http://www.cdc.gov/mmwr/mmwr_nd/index.html. This site also includes summary publications from previous years.

The Highlights section presents noteworthy epidemiologic and prevention information for 2014 for selected infectious diseases and conditions and additional information to aid in the interpretation of surveillance and infectious diseases- and conditions-trend data. Part 1 contains tables showing incident (new) cases and incidence rates for the nationally notifiable infectious diseases and conditions reported during 2014; these tables do not include rows for conditions with zero cases reported in 2014 (Tables 1,2,3,4,5, and 6).* The tables provide the number of cases reported to CDC for 2014 and the distribution of cases by *MMWR* month, geographic location, and demographic characteristics (e.g., age, sex, race, and ethnicity). Part 1 also includes a table with the reported incidence of notifiable diseases during 2004–2014 and a table enumerating deaths associated with specified notifiable infectious diseases and conditions reported to CDC's National Center for Health Statistics (NCHS) during 2008–2014 (Tables 7 and 8). Part 2 contains graphs and maps that depict summary data for selected notifiable infectious diseases and conditions described in tabular form in Part 1. Historical notifiable disease data, annotated as Part 3 in previous releases of this summary, will no longer be included in this report. Historical notifiable disease data during 1944–2013 are available online in previous years' summaries (http://www.cdc.gov/mmwr/mmwr_nd). The Selected Reading section presents general and disease-specific references for notifiable infectious diseases and conditions. These references provide additional information on surveillance and epidemiologic concerns, diagnostic concerns, and infectious disease-control activities. To increase the usefulness of future editions, comments regarding the current report and descriptions of how information is or could be used are invited. Comments should be e-mailed to NNDSSweb@cdc.gov with the following subject line: "Annual Summary".

Background

The infectious diseases and conditions designated by CSTE and CDC as nationally notifiable during 2014 are listed in this section. A notifiable infectious disease or condition is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease or condition. A brief history of the reporting of nationally notifiable infectious diseases and conditions in the United States is available at https://wwwn.cdc.gov/nndss/history.aspx. In 1961, CDC assumed responsibility for the collection of data on nationally notifiable diseases and deaths in 122 U.S. cities. Data are collected through NNDSS, which is neither a single surveillance system nor a method of reporting. Rather, it is a "system of systems", which is coordinated by CDC at the national level across disease-specific programs to optimize data compilation, analysis, and dissemination of notifiable disease data. Monitoring surveillance data enables public health authorities to detect sudden changes in disease

* No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; and yellow fever were reported in the United States during 2014.

or condition occurrence and distribution, identify changes in agents and host factors, and detect changes in health-care practices. National level surveillance data are compiled from case notification reports of nationally notifiable infectious diseases and conditions submitted from the state, territory, and selected local health departments to CDC.

Cases are first identified through reports of infectious diseases and conditions from the local level to the state or territory. Legislation, regulation, or other rules in those jurisdictions require health-care providers, hospitals, laboratories, and others to provide information on reportable conditions to public health authorities or their agents. Case reporting at the local level protects the public's health by ensuring the proper identification and follow-up of cases. Public health workers ensure that persons who are already ill receive appropriate treatment; trace contacts who need vaccines, treatment, quarantine, or education; investigate and control outbreaks; eliminate environmental hazards; and close premises where disease transmission is believed to be ongoing.

Although infectious disease and condition reporting is mandated at the state, territory, and local levels by legislation or regulation, state and territory notification to CDC is voluntary. All U.S. state health departments, five territorial health departments, and two local health departments (New York City and District of Columbia) voluntarily notify CDC about nationally notifiable infectious diseases and conditions which are reportable in their jurisdictions; the data in these case notifications that CDC receives are collected by staff working on reportable disease and condition surveillance systems in local, state, and territorial health departments. Case notification of nationally notifiable infectious diseases and conditions helps public health authorities monitor the effect of these diseases and conditions, measure the disease and condition trends, assess the effectiveness of control and prevention measures, identify populations or geographic areas at high risk, allocate resources appropriately, formulate prevention strategies, and develop public health policies.

The list of nationally notifiable infectious diseases and conditions is revised periodically (Box 1). An infectious disease or condition might be added to the list as a new pathogen emerges, or a disease or condition might be removed as its incidence declines. Public health officials at state and territorial health departments collaborate with CDC staff in determining which infectious diseases and conditions should be considered nationally notifiable. CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list. The list of infectious diseases and conditions considered reportable in each jurisdiction varies over time and across jurisdictions. Current and historic national public health surveillance case definitions used for classifying and enumerating cases consistently at the national level across reporting jurisdictions are available at https://wwwn.cdc.gov/nndss/conditions.

Data Sources

Provisional data on the reported occurrence of nationally notifiable infectious diseases and conditions are published weekly in *MMWR*. After each reporting year, staff in state and territory health departments finalize reports of cases for that year with local or county health departments and reconcile the data with reports previously sent to CDC throughout the year. These data are compiled in final form in this summary, which represents the official and archival counts of cases for each year. The data in these reports are approved by the appropriate chief epidemiologist from each submitting state or territory before being published in this summary. Data published in *MMWR Surveillance Summaries* or other surveillance reports produced by CDC programs might differ from data reported in this summary because of differences in the timing of reports, the source of the data, or surveillance methodology.

Data in this summary were derived primarily from reports transmitted to CDC from health departments in the 50 states, five territories, New York City, and the District of Columbia (reporting jurisdictions). Data were reported for *MMWR* weeks 1–53, which correspond to the period for the week ending January 4, 2014 through the week ending January 3, 2015. More information regarding notifiable infectious diseases and conditions, including national surveillance case definitions, is available at https://wwwn.cdc.gov/nndss/conditions. Policies for reporting notifiable infectious disease and condition cases can vary by disease, condition, or reporting jurisdiction. The case-status categories used to determine which cases reported to NNDSS are published in the tables are listed by infectious disease or condition in the publication criteria column of the 2014 NNDSS event code list (Box 2).

For a report of a nationally notifiable disease or condition to be published in *MMWR* (formerly described as "print criteria" and currently described as "publication criteria"), the reporting state or territory must have designated the infectious disease or condition reportable in their state or territory for the year corresponding to the year of report to CDC. After this criterion is met, the infectious disease- or condition-specific criteria listed in the Exhibit are applied. Where the Exhibit indicates that all reports will be published, this means that cases designated with unknown or suspect case confirmation status will be included in the counts along with probable and confirmed cases. Data for new nationally notifiable infectious diseases or conditions are not usually available from reporting jurisdictions until

BOX 1. Infectious Diseases and Conditions Designated by CSTE and CDC as Nationally Notifiable During 2014*

Anthrax
Arboviral diseases, neuroinvasive and nonneuroinvasive†
  California serogroup viruses
  Eastern equine encephalitis virus
  Powassan virus
  St. Louis encephalitis virus
  West Nile virus
  Western equine encephalitis virus
Babesiosis
Botulism
  Foodborne
  Infant
  Other (includes wound and unspecified)
Brucellosis
Chancroid
Chlamydia trachomatis infection
Cholera (*Vibrio cholerae* O1 or O139)
Coccidioidomycosis
Cryptosporidiosis
Cyclosporiasis
Dengue virus infections
  Dengue fever
  Dengue hemorrhagic fever
  Dengue shock syndrome
Diphtheria
Ehrlichiosis/Anaplasmosis
  Anaplasma phagocytophilum infection
  Ehrlichia chaffeensis infection
  Ehrlichia ewingii infection
  Undetermined human ehrlichiosis/anaplasmosis
Giardiasis
Gonorrhea†
Haemophilus influenzae, invasive disease
Hansen's disease (Leprosy)
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome, postdiarrheal
Hepatitis, viral
  Hepatitis A, acute
  Hepatitis B, acute
  Hepatitis B, chronic
  Hepatitis B, perinatal infection
  Hepatitis C, acute
  Hepatitis C, past or present
Human Immunodeficiency Virus (HIV) diagnoses§
Influenza-associated pediatric mortality
Invasive pneumococcal disease (*Streptococcus pneumoniae*, invasive disease)
Legionellosis (Legionnaire's Disease or Pontiac fever)
Leptospirosis†
Listeriosis
Lyme disease
Malaria†
Measles
Meningococcal disease (*Neisseria meningitidis*)
Mumps
Novel influenza A virus infections†
Pertussis†
Plague
Poliomyelitis, paralytic
Poliovirus infection, nonparalytic
Psittacosis
Q fever
  Acute
  Chronic
Rabies
  Animal
  Human
Rubella
Rubella, congenital syndrome
Salmonellosis
Severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV)
Shiga toxin-producing *Escherichia coli* (STEC)
Shigellosis
Smallpox
Spotted fever rickettsiosis
Streptococcal toxic shock syndrome
Syphilis†¶
Syphilis, congenital
Tetanus
Toxic shock syndrome (other than streptococcal)
Trichinellosis†
Tuberculosis
Tularemia
Typhoid fever (caused by *Salmonella enterica* serotype *Typhi*)
Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection
Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection
Varicella (morbidity)
Varicella (mortality)
Vibriosis (any species of the family *Vibrionaceae*, other than toxigenic *Vibrio cholerae* O1 or O139)
Viral Hemorrhagic Fever
  Crimean-Congo Hemorrhagic fever virus
  Ebola virus
  Lassa virus
  Lujo virus
  Marburg virus
  New World Arenaviruses (Guanarito, Machupo, Junin, and Sabia viruses)
Yellow fever

* This list reflects position statements approved in 2013 (or 2012, in the case of leptospirosis) by the Council of State and Territorial Epidemiologists (CSTE) for national surveillance, which were implemented in January 2014. In 2012, CSTE recommended that Leptospirosis be made nationally notifiable, but because of delays in Office of Management and Budget Paperwork Reduction Act approval, it was not added to the list of nationally notifiable conditions until 2014. National surveillance case definitions for these infectious diseases and conditions are available at http://wwwn.cdc.gov/nndss/conditions.
† The year 2014 reflects a modified surveillance case definition for this disease per approved 2013 CSTE position statements.
§ AIDS (Acquired Immunodeficiency Syndrome) has been reclassified as HIV stage III.
¶ Includes the following categories: primary, secondary, latent (including early latent and late latent) and late syphilis with clinical manifestations (including late benign syphilis and cardiovascular syphilis).

January of the year following the approval of the CSTE position statement. In addition, CDC must have Office of Management and Budget Paperwork Reduction Act approval to request data from reporting jurisdictions (*1*). As a result, there is usually a delay between the time CSTE recommends a condition be made nationally notifiable and the time CDC can aggregate the data submitted by reporting jurisdictions.

BOX 2. EXHIBIT: Publication criteria and CDC organization responsible for finalizing the data with reporting jurisdictions for notifiable conditions reported to the National Notifiable Diseases Surveillance System, 2014

Code	Notifiable condition	Publication criteria[*,†,§]	CDC Organization responsible for finalizing the data
11090	*Anaplasma phagocytophilum*	Confirmed and probable	OPHSS
10350	Anthrax	Confirmed and probable	OPHSS
12010	Babesiosis	Confirmed and probable	OPHSS
10530	Botulism, foodborne	Confirmed	OPHSS
10540	Botulism, infant	Confirmed	OPHSS
10550	Botulism, other (includes wound)	Confirmed	OPHSS
10548	Botulism, other (unspecified)	Confirmed	OPHSS
10549	Botulism, wound	Confirmed	OPHSS
10020	Brucellosis	Confirmed and probable	OPHSS
10054	California serogroup virus diseases, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10061	California serogroup virus diseases, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
10273	Chancroid	All reports	NCHHSTP; DSTDP
10274	*Chlamydia trachomatis* infection	All reports	NCHHSTP; DSTDP
10470	Cholera (toxigenic *Vibrio cholerae* O1 or O139)	Confirmed	OPHSS
11900	Coccidioidomycosis	Confirmed	OPHSS
11580	Cryptosporidiosis	Confirmed and probable	OPHSS
11575	Cyclosporiasis	Confirmed and probable	OPHSS
10680	Dengue fever (DF)	Confirmed and probable	NCEZID; DVBD
10685	Dengue hemorrhagic fever (DHF) (and Dengue shock syndrome (DSS)	Confirmed and probable	NCEZID; DVBD
10040	Diphtheria	Confirmed, probable, and unknown	OPHSS
10053	Eastern equine encephalitis virus disease, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10062	Eastern equine encephalitis virus disease, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
11088	*Ehrlichia chaffeensis*	Confirmed and probable	OPHSS
11089	*Ehrlichia ewingii*	Confirmed and probable	OPHSS
11091	Ehrlichiosis/Anaplasmosis, undetermined	Confirmed and probable	OPHSS
11570	Giardiasis	Confirmed and probable	OPHSS
10280	Gonorrhea	All reports	NCHHSTP; DSTDP
10590	*Haemophilus influenzae*, invasive disease	Confirmed, probable, and unknown	OPHSS
10380	Hansen's disease (leprosy)	Confirmed	OPHSS
11590	Hantavirus pulmonary syndrome (HPS)	Confirmed	NCEZID; DHCPP
11550	Hemolytic uremic syndrome, postdiarrheal (HUS)	Confirmed and probable	OPHSS
10110	Hepatitis A, acute	Confirmed	NCHHSTP; DVH
10100	Hepatitis B, acute	Confirmed	NCHHSTP; DVH
10105	Hepatitis B, chronic	Confirmed and probable	NCHHSTP; DVH
10104	Hepatitis B perinatal infection	Confirmed	NCHHSTP; DVH
10101	Hepatitis C, acute	Confirmed	NCHHSTP; DVH
10106	Hepatitis C, past or present	Confirmed and probable	NCHHSTP; DVH
	HIV diagnoses	Confirmed	NCHHSTP; DHAP
11061	Influenza-associated pediatric mortality	Confirmed	NCIRD; ID
11723	Invasive Pneumococcal Disease (IPD)/*Streptococcus pneumoniae*, invasive disease (all ages)	Confirmed	OPHSS
10490	Legionellosis	Confirmed	OPHSS
10390	Leptospirosis	Confirmed and probable	OPHSS
10640	Listeriosis	Confirmed	OPHSS
11080	Lyme disease	Confirmed and probable	OPHSS
10130	Malaria	Confirmed	OPHSS
10140	Measles (rubeola), total	Confirmed and unknown	OPHSS
10150	Meningococcal disease (*Neisseria meningitidis*)	Confirmed and probable	OPHSS
10180	Mumps	Confirmed, probable, and unknown	OPHSS
11062	Novel influenza A virus infections, initial detections of	Confirmed	NCIRD; ID
10190	Pertussis (Whooping Cough)	Confirmed, probable, and unknown	OPHSS
10440	Plague	All reports	OPHSS
10410	Poliomyelitis, paralytic	Confirmed	OPHSS
10405	Poliovirus infection, nonparalytic	Confirmed	OPHSS
10057	Powassan virus disease, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10063	Powassan virus disease, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
10450	Psittacosis (Ornithosis)	Confirmed and probable	OPHSS
10257	Q fever, acute	Confirmed and probable	OPHSS
10258	Q fever, chronic	Confirmed and probable	OPHSS
10340	Rabies, animal	Confirmed	NCEZID; DHCPP
10460	Rabies, human	Confirmed	NCEZID; DHCPP
10200	Rubella	Confirmed and unknown	OPHSS
10370	Rubella, congenital syndrome (CRS)	Confirmed, probable, and unknown	OPHSS

BOX 2. EXHIBIT: (Continued) Publication criteria and CDC organization responsible for finalizing the data with reporting jurisdictions for notifiable conditions reported to the National Notifiable Diseases Surveillance System, 2014

Code	Notifiable condition	Publication criteria*,†,§	CDC Organization responsible for finalizing the data
11000	Salmonellosis	Confirmed and probable	OPHSS
10575	Severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease	Confirmed and probable	OPHSS
11563	Shiga toxin-producing *Escherichia coli* (STEC)	Confirmed and probable	OPHSS
11010	Shigellosis	Confirmed and probable	OPHSS
11800	Smallpox	Confirmed and probable	OPHSS
10250	Spotted fever rickettsiosis	Confirmed, probable, and unknown	OPHSS
10051	St. Louis encephalitis virus disease, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10064	St. Louis encephalitis virus disease, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
11700	Streptococcal toxic shock syndrome (STSS)	Confirmed and probable	OPHSS
10316	Syphilis, congenital	All reports	NCHHSTP; DSTDP
10313	Syphilis, early latent	All reports	NCHHSTP; DSTDP
10314	Syphilis, late latent	All reports	NCHHSTP; DSTDP
10319	Syphilis, late with clinical manifestations (including late benign syphilis and cardiovascular syphilis)	All reports	NCHHSTP; DSTDP
10311	Syphilis, primary	All reports	NCHHSTP; DSTDP
10312	Syphilis, secondary	All reports	NCHHSTP; DSTDP
10310	Syphilis, total primary and secondary	All reports	NCHHSTP; DSTDP
10210	Tetanus	All reports	OPHSS
10520	Toxic shock syndrome (staphylococcal) (TSS)	Confirmed and probable	OPHSS
10270	Trichinellosis	Confirmed and probable	OPHSS
10220	Tuberculosis	Confirmed	NCHHSTP; DTE
10230	Tularemia	Confirmed and probable	OPHSS
10240	Typhoid fever (caused by *Salmonella typhi*)	Confirmed and probable	OPHSS
11663	Vancomycin-intermediate *Staphylococcus aureus* (VISA)	Confirmed	OPHSS
11665	Vancomycin-resistant *Staphylococcus aureus* (VRSA)	Confirmed	OPHSS
10030	Varicella morbidity (Chickenpox)	Confirmed and probable	OPHSS
	Varicella mortality	Confirmed and probable¶	NCIRD; DVD
11545	Vibriosis (any species of the family *Vibrionaceae*, other than toxigenic *Vibrio cholerae* O1 or O139)	Confirmed and probable	OPHSS
11647	Viral hemorrhagic fevers (VHF)	Confirmed	OPHSS
10056	West Nile virus disease, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10049	West Nile virus disease, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
10052	Western equine encephalitis virus disease, neuroinvasive	Confirmed and probable	NCEZID; DVBD
10065	Western equine encephalitis virus disease, nonneuroinvasive	Confirmed and probable	NCEZID; DVBD
10660	Yellow fever	Confirmed and probable	NCEZID; DVBD

Abbreviations: OPHSS = Office of Public Health Scientific Services; NCEZID = National Center for Emerging and Zoonotic Infectious Diseases; DVBD = Division of Vector-Borne Diseases; NCHHSTP = National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention; DSTDP = Division of STD Prevention; DHCPP = Division of High Consequence Pathogens and Pathology; DVH = Division of Viral Hepatitis; DHAP = Division of HIV/AIDS Prevention; NCIRD = National Center for Infectious and Respiratory Diseases; ID = Influenza Division; DTE = Division of Tuberculosis Elimination; DVD = Division of Viral Diseases.

* An unknown case classification status is used when a reporting jurisdiction sends aggregate counts of cases or when the surveillance information system of a reporting jurisdiction does not capture case classification data. In both situations, cases are verified to meet the case classification (e.g., confirmed, probable, and suspected) specified in the publication criteria.

† Publication criteria for the National Notifiable Diseases Surveillance System (NNDSS): for a case report of a nationally notifiable disease to be published in *MMWR*, the reporting state or territory must have designated the disease reportable in their state or territory for the year corresponding to the year of report to CDC. After this criterion is met, the disease-specific criteria listed in the Exhibit are applied. When the above-listed table indicates that all reports will be earmarked for publication, this means that cases designated with unknown or suspect case confirmation status will be published just as probable and confirmed cases will be published. Because Council of State and Territorial (CSTE) position statements customarily are not finalized until July of each year, NNDSS data for the newly added conditions usually are not available from all reporting jurisdictions until January of the year following the approval of the CSTE position statement.

§ Based on case classification status.

¶ Publication criteria determined by reporting jurisdictions. In 2014 Varicella deaths were reported from four jurisdictions with the following publication criteria; Texas (probable), Florida (confirmed), Virginia (confirmed), and Georgia (confirmed).

Final data for certain infectious diseases and conditions are derived from the surveillance records of the CDC program. Requests for further information regarding these data should be directed to the appropriate program. The CDC organization responsible for finalizing the data used for the final *MMWR* tables for each condition is listed in the Exhibit.

Population estimates were obtained from the NCHS postcensal estimates of the resident population of the United States during July 1, 2013–July 1, 2014, 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 2014), prepared under a collaborative arrangement with the U.S. Census Bureau. Population estimates for states as of June 25, 2015 are available at http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2014. Population estimates for territories are from the 2014 U.S. Census Bureau International Data Base, available at http://www.census.gov/population/international/data/idb/informationGateway.php. The choice of population denominators for incidence reported in *MMWR* is based on the availability of census population data at the time of preparation for publication and the desire for consistent use of the same population data to compute incidence reported by different CDC programs.

Incidence in this summary was calculated as the number of reported cases for each infectious disease or condition divided by either the U.S. resident population for the specified demographic population or the total U.S. resident population, multiplied by 100,000. For Territories, incidence in this summary was calculated as the number of reported cases for each infectious disease or condition divided by either the territorial resident population for the specified demographic population or the total territorial resident population, multiplied by 100,000. When a nationally notifiable infectious disease or condition is associated with a specific age restriction, the same age restriction was applied to the population in the denominator of the incidence calculation. In addition, population data from states in which the disease or condition was not reportable or was not available are excluded from incidence calculations. Unless otherwise stated, disease totals for the United States do not include data for American Samoa, Guam, Puerto Rico, the Commonwealth of the Northern Mariana Islands, or the U.S. Virgin Islands.

Interpreting Data

The completeness of information on notifiable infectious diseases and conditions was highly variable and related to the disease or condition being reported (*2*–*9*). Incidence data in this summary are presented by the *MMWR* week and year (https://wwwn.cdc.gov/nndss/document/MMWR_Week_overview.pdf) assigned by the state or territorial health department, with some exceptions, including human immunodeficiency virus (HIV) (presented by date of diagnosis), tuberculosis (presented by date CDC surveillance staff verified that the case met the criteria in the national surveillance case definition), domestic arboviral diseases (presented by date of illness onset), and varicella deaths (presented by date of death). Data were reported by the jurisdiction of the person's "usual residence" at the time of disease or condition onset (https://wwwn.cdc.gov/nndss/document/11-SI-04.pdf). For certain nationally notifiable infectious diseases and conditions, surveillance data are reported independently to various CDC programs. For this reason, surveillance data reported by other CDC programs might vary from data reported in this summary because of differences in 1) the date used to aggregate data (e.g., date of report or date of disease or condition occurrence), 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). In addition, the "date of disease occurrence" of conditions might vary. For infectious diseases, the meaning of the "date of disease occurrence" varies across jurisdictions and by disease and might be a date of symptom or disease onset, diagnosis, laboratory result, reporting of a case to a jurisdiction, or notification of a case to CDC.

Data reported in this summary are useful for analyzing infectious disease or condition trends and determining relative infectious disease or condition numbers. However, reporting practices affect how these data should be interpreted. Infectious disease and condition reporting is likely incomplete, and completeness might vary depending on the infectious disease or condition and reporting state. The degree of completeness of data reporting also might be influenced by the diagnostic facilities available, control measures in effect, public awareness of a specific infectious disease or condition, and the resources and priorities of state and local officials responsible for public health surveillance and for controlling infectious diseases and conditions. Finally, factors such as changes in methods for public health surveillance, introduction of new diagnostic tests, or discovery of new infectious disease or condition entities can cause changes in reporting that are independent of the actual incidence of infectious disease or condition.

Public health surveillance data are published for selected racial/ethnic populations because these characteristics can be risk markers for certain notifiable infectious diseases or conditions. Race and ethnicity data also can be used to highlight populations for focused prevention programs. However, caution must be used when drawing conclusions from reported race and ethnicity. Different racial/ethnic populations might have different patterns of access to health care, potentially resulting in data that are not representative of actual infectious disease or condition incidence among specific population groups. In addition, not all race and ethnicity data are collected or reported uniformly for all infectious diseases and conditions; for example, the recommended standard for classifying a person's race or ethnicity is based on self-reporting. However, this procedure might not always be followed.

Surveillance data reported to NNDSS are in either individual case-specific form or summary form (i.e., aggregated data for a group of cases). Summary data often lack demographic information (e.g., race); therefore, the demographic-specific rates presented in this summary might be underestimated.

Transitions in NNDSS Data Collection

Data collection in NNDSS has undergone various transitions over time. Before 1990, data were reported to CDC as cumulative counts rather than as individual case reports. In 1990, using the National Electronic Telecommunications System for Surveillance (or NETSS), states began electronically capturing and reporting individual cases to CDC without personal identifiers. In 2001, CDC launched the National Electronic Disease Surveillance System (NEDSS) to promote the use of data and information system standards that advance the development of efficient, integrated, and interoperable surveillance information systems at the local, state, territorial, and national levels. Reporting jurisdictions now use integrated surveillance information systems based on NEDSS architectural standards to submit NNDSS data to CDC. Additional information concerning NEDSS is available at https://wwwn.cdc.gov/nndss/nedss.aspx.

In 2013, CDC began to conceptualize improvements to strengthen and modernize the technical infrastructure supporting NNDSS. In 2014, CDC and selected states began work on the NNDSS Modernization Initiative (NMI), a multiyear commitment to enhance NNDSS surveillance capabilities. An important benefit for public health decision making will be the ability to acquire higher quality data that are more comprehensive and timely. Through NMI, CDC and its state partners will increase the robustness of the NNDSS technological infrastructure so that it is based on interoperable, standardized data and data exchange mechanisms. Additional information is available at http://www.cdc.gov/nmi.

Method for Identifying which Nationally Notifiable Infectious Diseases and Conditions are Reportable

States and jurisdictions are sovereign entities. Reportable conditions are determined by the laws and regulations of each state, territory, or local jurisdiction. Some infectious diseases and conditions deemed nationally notifiable by CSTE might not be designated as reportable in certain states or jurisdictions. Only data from reporting states, territories, and jurisdictions that designated the infectious disease or condition as reportable are included in the summary tables. This ensures the data displayed in this summary are from population-based surveillance efforts and are generally comparable across states, territories, and other jurisdictions. When a CSTE- and CDC-recommended nationally notifiable disease or condition is not reportable by state, territory, or other jurisdiction officials, an "N" indicator for "not reportable" is inserted in the table for the specified reporting state, territory, or jurisdiction and applicable year. Each year, the NNDSS Data Processing Team solicits information from each NNDSS reporting state, territory, and jurisdiction (all 50 U.S. states, the District of Columbia, New York City, and five U.S. territories) about whether reporting is mandated by law or regulation for each nationally notifiable condition.

International Health Regulations

At its annual meeting in June 2007, CSTE approved a position statement that supports implementation of International Health Regulations (IHR) in the United States (*10*). CSTE approval followed the adoption of revised IHR in May 2005 by the World Health Assembly (*11*) that went into effect in the United States on July 18, 2007. This international legal instrument governs the role of the World Health Organization (WHO) and its member countries, including the United States, in identifying, responding to, and sharing information about events that might constitute a Public Health Emergency of International Concern (PHEIC). A PHEIC is an extraordinary event that constitutes a public health risk to other countries through international spread of disease and potentially requires a coordinated international response. All WHO member countries are required to notify WHO of a potential PHEIC. WHO makes the final determination about the existence of a PHEIC.

Health care providers in the United States are required to report diseases, conditions, and outbreaks determined to be reportable by local, state, or territorial law or regulation. In addition, all health care providers should work with their local, state, or territorial health agencies to identify and report events occurring in their location that might constitute a PHEIC. U.S. state and territorial departments of health report information about a potential PHEIC to the most relevant federal agency responsible for monitoring such an event. In the case of human infectious disease, the U.S. state or territorial departments of health notifies CDC through existing formal and informal reporting mechanisms (*10*). CDC further analyzes the event by use of the decision algorithm in Annex 2 of the IHR and notifies the U.S. Department of Health and Human Services (HHS) Secretary's Operations Center (SOC), as appropriate. The HHS SOC is responsible for reporting a potential PHEIC to WHO.

In the United States, HHS has the lead role in carrying out IHR, in cooperation with multiple federal departments and agencies. When a potential PHEIC is identified, the United States has 48 hours to assess the risk of the reported event. If authorities determine that a potential PHEIC exists, the United

States, as with all WHO member countries, has 24 hours to report the event to WHO. The HHS SOC is responsible for reporting a potential PHEIC to WHO.

An IHR decision algorithm (Annex 2 of the IHR) was developed to help countries determine whether an event should be reported. If any two of the following four questions are answered in the affirmative, then a potential PHEIC exists and WHO should be notified:

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk for international travel or trade restrictions?

The revised IHR reflects a conceptual shift from the use of a predefined disease list to a framework of reporting and responding to events on the basis of an assessment of public health criteria, including seriousness, unexpectedness, and international travel and trade implications. A PHEIC is an event that falls within those criteria (further defined in a decision algorithm in Annex 2 of the revised IHR); however, any one of the following four conditions always constitutes a PHEIC and do not require the use of the IHR decision instrument in Annex 2:

- severe acute respiratory syndrome (SARS),
- smallpox,
- poliomyelitis caused by wild-type poliovirus, and
- human influenza caused by a new subtype.

Examples of events that require the use of the decision instrument include, but are not limited to cholera, pneumonic plague, yellow fever, West Nile fever, viral hemorrhagic fevers, and meningococcal disease. Other biologic, chemical, or radiologic events that fit the decision algorithm also must be reported to WHO.

Additional information about IHR is available at http://www.who.int/ihr/publications/9789241580496/en, http://www.cdc.gov/globalhealth/ihregulations.htm, and http://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html. CSTE also approved a position statement that added initial detections of novel influenza A virus infections to the list of nationally notifiable infectious diseases, beginning in January 2007, to in part support the implementation of the revised IHR in the United States to identify human influenza caused by a new subtype (*12*).

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Highlights for 2014

Anthrax

The U.S. Food and Drug Administration (FDA) has approved two antitoxin treatments for inhalation anthrax: anthrax immune globulin intravenous (human) (i.e., Anthrasil) (*1*) and raxibacumab (*2*). These therapeutics are held in the Strategic National Stockpile, and requests for use must be made to CDC. Antitoxins, in combination with antimicrobials and supportive therapies, are recommended for treatment of systemic anthrax. In addition, anthrax vaccine adsorbed (i.e., BioThrax) is FDA-approved as a 3-dose postexposure prophylaxis (PEP) series, along with antimicrobials, to prevent anthrax in adults exposed to *Bacillus anthracis* (*3*). PEP and treatment recommendations exist for multiple populations, including children, pregnant and postpartum women, and adults for conventional and mass casualty settings (*4*–*7*).

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3. Food and Drug Administration. FDA approves vaccine for use after known or suspected anthrax exposure. 2015. http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm474027.htm
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Domestic Arboviral Disease, Neuroinvasive and Nonneuroinvasive

In 2014, a total of 2,205 West Nile virus (WNV) disease cases were reported, including 1,347 cases of neuroinvasive disease (e.g., meningitis, encephalitis, and acute flaccid paralysis) and 97 deaths (*1*). WNV disease cases were reported from 42 states and the District of Columbia. Three states reported two thirds (66%) of the WNV neuroinvasive disease cases: California (561 cases), Texas (253), and Arizona (80). The incidence of neuroinvasive disease was similar to the median incidence during 2002–2013 (median = 0.40; range = 0.13–1.02). However, California reported a record 561 neuroinvasive disease cases, 83% more than the next highest year (2005). In California, 70% of all neuroinvasive disease cases were reported from two counties (Los Angeles and Orange). These findings underscore the focal nature of WNV outbreaks.

After WNV, the next most commonly reported cause of neuroinvasive arboviral disease was La Crosse virus, followed by Jamestown Canyon virus, St. Louis encephalitis virus, Powassan virus, and Eastern equine encephalitis virus. Jamestown Canyon virus disease cases continue to be reported from new locations (e.g., Tennessee) following the implementation of routine Jamestown Canyon virus antibody testing at CDC in 2013 (*2*). Although rare, Eastern equine encephalitis virus disease remained the most severe arboviral disease, with two deaths among eight patients.

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Babesiosis

Babesiosis is caused by protozoan parasites of the genus *Babesia*, which infect red blood cells. *Babesia* infection can range from asymptomatic to life threatening. Clinical manifestations can include fever, chills, other nonspecific influenza-like symptoms, and hemolytic anemia. *Babesia* parasites usually are tickborne but also can be transmitted via blood transfusion or congenitally (*1*).

In 2014, a total of 1,744* cases of babesiosis were reported to CDC. Babesiosis cases were reported by 22 of the 31 states in which babesiosis was a reportable condition; 94% (1,636) of the reported cases occurred in residents of seven states (Connecticut, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, and Wisconsin). The median age of patients was 63 years (range: <1–96 years); 65% (1,131) were male, and sex was unknown for <1% (six). Among the 1,340 patients for whom data were available, 84% (1,124) had symptom onset dates during June–August.

* This number differs slightly from the denominator of 1,760 presented in Table 2, which includes 22 erroneous reports not retracted before the deadline for finalizing the data. In addition, six cases that were reported after the deadline are included at the request of the pertinent health departments.

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Botulism

Botulism is a severe paralytic illness caused by toxins produced by *Clostridium botulinum*. Exposure to the toxin can occur by ingestion (foodborne botulism), *in situ* production from *C. botulinum* colonization of either a wound (wound botulism) or the gastrointestinal tract (infant botulism and adult intestinal colonization botulism), or overdose of botulinum toxin used for cosmetic or therapeutic purposes (*1*). In 2014, a total of 161 cases of botulism were reported, including 127 cases in infants, 15 foodborne cases, and 19 cases classified as other, including wound botulism. During 2014, four outbreaks (events with two or more cases) of foodborne botulism were reported. One outbreak was associated with stinkheads (fermented whitefish heads, a traditional Alaska Native food) (three cases), one with seal oil (three cases), one with home-canned tomato sauce (two cases), and one with pasta and jarred pesto (two cases). The jarred pesto was produced in a home kitchen, sold commercially, and then mixed with the pasta by one of the cases; the only leftovers available for testing were the pesto and pasta mixed together.

All states maintain 24-hour telephone services for reporting of botulism and other public health emergencies. Health care providers should report suspected botulism cases immediately to their state health departments. CDC maintains intensive surveillance for cases of botulism in the United States and provides consultation and antitoxin for suspected cases. State health departments can reach the CDC botulism duty officer on call 24 hours a day, 7 days a week via the CDC Emergency Operations Center (telephone: 770-488-7100).

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Brucellosis

During 2014, a total of 92 human brucellosis cases were reported in the United States; 58 were among men. Cases were distributed throughout the United States, with the South Atlantic and Pacific regions having the highest number of reported cases (19 and 25, respectively). Persons who consume raw (unpasteurized) dairy products might be at increased risk for exposure to *Brucella* spp., which can cause brucellosis (*1*). Feral swine hunters also are considered an at-risk population (*2*).

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2. CDC. Hunters risks. http://www.cdc.gov/brucellosis/exposure/hunters.html

Chlamydia

Chlamydia trachomatis is the most commonly reported nationally notifiable infectious disease in the United States; 1,441,789 cases were reported to CDC in 2014. Following a slight decline during 2012–2013, the national rate of reported chlamydial infection increased 2.8% during 2013–2014,* from 443.5 to 456.1 per 100,000 population (*1*). Rates were highest among females aged 15–19 years (2,941.0 cases per 100,000 females) and 20–24 years (3,651.1). The rate among women aged 15–19 years increased steadily during 2000–2011, but decreased 4.4% during 2011–2012, 7.9% during 2012–2013, and 4.2% during 2013–2014. As in previous years, rates of reported chlamydia were highest among non-Hispanic blacks. The rate of reported chlamydia among black females aged 15–19 years was 4.9 times the rate among white females in the same age group. Most chlamydial infections are asymptomatic, and rates of reported cases are affected by the diagnostic test used and the proportion of the population screened. Consequently, increases in case rates might reflect expanded screening coverage, use of more sensitive diagnostic tests, and increases in incidence of infection. Likewise, decreases in rates of reported chlamydial infections might suggest decreases in incidence of infection or decreases in screening coverage.

* Rates for 2014 were calculated using the 2013 population estimates and differ from 2014 rates presented in the figures and table 7 (calculated using 2014 population estimates).

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Cholera

Cholera continues to be rare in the United States and is most often acquired during travel in countries where toxigenic *Vibrio cholerae* O1 or O139 is circulating (*1–3*). Of the five cholera infections in 2014, all were travel-associated (two with travel to Cuba, two to India, and one to Ghana). Although cholera is endemic in many African countries, the patient who traveled to Ghana is the first since 2011 to be associated with travel to an African country (*4*).

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Coccidioidomycosis

Coccidioidomycosis (i.e., Valley fever) is a fungal infection caused by inhalation of *Coccidioides* spp. spores that are present in the arid soil of the southwestern United States, California, and parts of Central and South America. *Coccidioides* also was recently identified in soil in south-central Washington in association with cases of human disease (*1*). After a substantial increase during 1998–2011 (*2*), the number of cases has decreased each year since then, including a 13% decrease in the number of cases from 2013 to 2014 (9,438 and 8,232, respectively). Historically, Arizona and California have had the highest number of reported coccidioidomycosis cases. Arizona, which reported the most cases (5,624) of any state in 2014, experienced a 4% decrease in the number of cases compared with 2013 (5,861 cases). California reported the second-highest number of cases (2,243) of any state in 2014 and experienced a 31% decrease compared with 2013 (3,272 cases).

Reasons for the overall decrease in reported cases might, in part, be related to changes in the environment or changes in the at-risk population. Physicians should continue to maintain a high suspicion for acute coccidioidomycosis in patients who live in or have traveled to areas in which the disease is endemic and should be aware of the possibility for coccidioidomycosis outside of its previously recognized geographic range.

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2. CDC. Increase in reported coccidioidomycosis—United States, 1998–2011. MMWR Morb Mortal Wkly Rep 2013;62:217–21.

Cryptosporidiosis

Approximately 95% of human cryptosporidiosis is caused by the numerous *Cryptosporidium parvum* and *Cryptosporidium hominis* subtypes. Although cryptosporidiosis affects persons of all age groups, cases are most frequently reported in children aged 1–4 years (*1*). A substantial increase in transmission of *Cryptosporidium* occurs during summer, coinciding with increased use of recreational water, a well-established risk factor for cryptosporidiosis. *Cryptosporidium* has emerged as the leading cause of nationally notified recreational water–associated outbreaks and waterborne disease outbreaks overall (*2*). Transmission through recreational water is facilitated by the substantial number (up to 10^8–10^9) of immediately infectious *Cryptosporidium* oocysts that can be shed in a single bowel movement (*3*), the extended time (days to weeks) that oocysts can be shed (*4*), the low (≤10 oocysts) infectious dose (*5*), and the extreme tolerance of *Cryptosporidium* oocysts to chlorine (*6*). In 2014, the increased reporting observed after 2004 continued. In addition, the proportion of probable cases has increased to 36% of all reported cases, primarily because of changes in the 2011 and 2012 national case definitions.

Conventional diagnostics (e.g., microscopy and immunoassays) cannot discriminate among the *Cryptosporidium* species and their subtypes. CDC has launched CryptoNet, a molecular-based surveillance system that will integrate traditional and molecular data to help elucidate *Cryptosporidium* transmission pathways and thus the epidemiology of cryptosporidiosis in the United States. CryptoNet has successfully differentiated clusters of illness caused by different *Cryptosporidium* species and detected outbreaks caused by rare subtypes. Additional information about CryptoNet is available at http://www.cdc.gov/parasites/crypto/cryptonet.html.

To reduce the burden of cryptosporidiosis associated with recreational water, enhanced prevention measures are needed. In the United States, public health codes for public aquatic facilities are written, enacted, implemented, and enforced by state or local officials; no federal agency regulates the design, construction, operation, and maintenance of these venues. To provide support to state and local jurisdictions, CDC led the development and revision of the Model Aquatic Health Code (MAHC) (http://www.cdc.gov/mahc/editions/current.html). This guidance document integrates the latest science and best practices with specific code language and explanatory materials covering the design, construction, operation, and maintenance of public swimming pools, hot tubs/spas, and other aquatic venues. The MAHC is updated every 2 years through an all-stakeholder–driven process via the Council for the Model Aquatic Health Code (www.cmahc.org/index.php) to ensure its continued relevance and to respond to the latest scientific data and aquatics sector innovations.

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Cyclosporiasis

Of the 398 cyclosporiasis cases reported in 2014, a total of 275 (69%) were domestically acquired (i.e., they occurred in persons with no known history of travel outside the United States and Canada during the 14-day incubation period), 77 (19%) were associated with international travel, and 46 (12%) occurred in persons for whom the travel status was unknown or missing. Of the domestically acquired cases, 244 (89%) occurred in persons with onset of illness during May–August. Clusters of cases were identified in Michigan (June onset dates), Texas (June–July onsets), and South Carolina (July onsets) (*1*). In Michigan, a cluster of 14 cases identified among attendees of a conference included residents of Michigan and six other states. In Texas, 26 cluster-associated cases occurred among patrons of five different local Mexican-style restaurants. In South Carolina, one temporospatial cluster of 13 cases was investigated, although the exact location(s) of exposure was not identified. A vehicle of infection (i.e., fresh cilantro imported from Mexico) was implicated only for the 26 cluster-associated cases in Texas, marking the second consecutive year in which fresh cilantro from Mexico was implicated as the vehicle of infection for at least some of the reported cyclosporiasis cases in Texas. The vehicle(s) of infection was not identified for the remaining 218 (89% of 244) domestically acquired cases with onsets during May–August 2014. No molecular subtyping methods are available that could facilitate linking cases of cyclosporiasis to each other and to particular vehicles and sources of infection.

1. CDC. U.S. foodborne outbreaks of cyclosporiasis—2000–2014. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.

Dengue

Dengue is an acute febrile illness characterized by myalgia, headache, leukopenia, and minor bleeding manifestations (*1*). Patients with severe dengue experience plasma leakage resulting in fluid accumulation, hemorrhage, and/or major organ impairment (e.g., liver failure, myocarditis, and impaired consciousness). Dengue is endemic throughout much of the tropics and subtropics, where an estimated 50–100 million cases and 9,200 deaths occur annually (*2*). With proper clinical management, the case-fatality rate of hospitalized dengue patients can be <0.5% (*3*). Efforts to improve outcomes among persons with dengue include an online clinical education course developed by CDC (http://www.cdc.gov/dengue/training/cme.html).

In 2014, a total 680 laboratory-positive, travel-associated dengue cases were reported from 44 of the 50 states, two of the five territories, and the District of Columbia. Most (65%) persons with travel-associated dengue had a history of travel to the Caribbean or Americas, where chikungunya had recently emerged. Because dengue and chikungunya often have a similar clinical presentation, the increase in reported dengue cases compared to previous years, when dengue was not epidemic in the region, might be attributable to increased diagnostic testing to differentiate between these diseases among patients with acute febrile illness. The states with the most travel-associated dengue cases reported were California (130), Arizona (97), and Florida and New Jersey (84 each). Concomitant with a dengue epidemic in northern Mexico, an outbreak of travel-associated dengue occurred in Arizona, and all reported case-patients had recently traveled to Mexico; enhanced surveillance revealed no locally acquired cases (*4*). Florida reported seven locally acquired dengue cases. In the dengue-endemic Caribbean territories of Puerto Rico and the U.S. Virgin Island, reports of laboratory-positive dengue cases were substantially lower than in previous years (525 and 19 cases, respectively). No cases of dengue hemorrhagic fever were reported in 2014 in travelers or residents of U.S. territories.

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Diphtheria

During 2014, a nonfatal case of diphtheria caused by nontoxigenic *Corynebacterium diphtheriae* was reported to CDC. The case occurred in a 17-year-old white female resident of Ohio. The patient was fully vaccinated. No other family member or close contact was ill.

Giardiasis

Giardiasis is the most common enteric parasitic infection in the United States, infecting an estimated 1.2 million persons annually (*1*). Symptomatology is variable, but giardiasis is normally characterized by diarrhea, abdominal cramps, bloating, weight loss, and malabsorption; extraintestinal symptoms are possible (*2*). Infected persons can shed *Giardia* for several weeks, and recent studies indicate a potential for

chronic sequelae from giardiasis (*3*). *Giardia* is endemic worldwide, including in the United States, and is the most commonly diagnosed pathogen among travelers returning to the United States from other countries (*4*). *Giardia* is commonly detected in internationally adopted children screened in the United States; often, these children do not have gastrointestinal symptoms (*5*). In 2014, the reported incidence of giardiasis appeared to decrease compared with 2013, which could reflect changes in reporting practices or changes in the actual occurrence of giardiasis.

Giardia is transmitted through the fecal-oral route with the ingestion of environmentally stable *Giardia* cysts. Most information on giardiasis transmission is from outbreak investigations; 242 giardiasis outbreaks reported to CDC for 1971–2011 resulted from waterborne (74.8%), foodborne (15.7%), person-to-person (2.5%) and animal contact (1.2%) transmission (*6*). On the basis of outbreak trends, investigators identified groundwater and distribution system vulnerabilities in drinking water systems, inadequate pool disinfection, fruit and vegetable contamination, and poor food handler hygiene as possible targets for giardiasis prevention measures. However, the majority of reported giardiasis cases are not linked to known outbreaks. Among reported cases, <2% are documented as outbreak-associated (*7*). An ecological study of sporadic giardiasis in the United States indicated that high county-level reliance on private wells was associated with higher giardiasis rates (*8*). Prospective epidemiologic studies and continued outbreak and case surveillance are needed to understand transmission pathways and to identify effective public health prevention measures.

Population studies of *Giardia* seroprevalence would contribute substantially to understanding the prevalence of giardiasis in the United States (*9*). Enhanced genotyping methods would increase knowledge of the molecular epidemiology of *Giardia*, including elucidating species-specific subassemblages (*10*). Application of these tools to epidemiologic studies and surveillance has the potential to improve understanding of giardiasis risk factors, enable researchers to identify outbreaks by linking cases currently classified as sporadic infections, and provide risk factor information needed to inform prevention strategies.

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Gonorrhea

Following a historically low rate in 2009 (98.1 cases per 100,000 population), the national rate of reported gonorrhea cases increased 12.8% to 110.7 cases per 100,000 population in 2014* (*1*). The rate among men steadily increased during this period, including a 10.5% increase during 2013–2014; the rate among women decreased 0.4% during 2013–2014. The increase among men, coinciding with the decrease among women, suggests increased transmission and/or or increased case detection, including expanded extragenital gonorrhea screening, among gay, bisexual, and other men who have sex with men. As in previous years, the highest rates of gonorrhea were among persons aged 15–24 years, among non-Hispanic blacks, and in the South. In 2014, the gonorrhea rate among non-Hispanic blacks was 10.6 times the rate among non-Hispanic whites. Although the highest rate overall was in the South, including a 3.1% increase during 2013–2014, the rate of reported gonorrhea cases increased by 22.2% in the West during the same time.

Treatment for gonorrhea has been complicated by the repeated acquisition of antimicrobial resistance by *Neisseria gonorrhoeae*. The emergence of fluoroquinolone resistance during 2000–2007 and subsequent declining cefixime susceptibility (2006–2011) resulted in changes in the CDC treatment guidelines in 2007, 2010, and 2012. The only CDC-recommended treatment regimen for gonorrhea is dual therapy with intramuscular ceftriaxone and oral azithromycin (*2*). In CDC's sentinel surveillance system (Gonococcal Isolate

* Rates for 2014 were calculated using the 2013 population estimates and differ from 2014 rates presented in the figures and table 7 (calculated using 2014 population estimates).

Surveillance Project), the percentage of isolates with reduced cefixime susceptibility decreased from 1.4% in 2011 to 0.4% in 2013, and then increased to 0.8% in 2014. During this time, the percentage of isolates with elevated ceftriaxone minimum inhibitory concentrations (MICs) ranged from 0.05% (2013) to 0.4% (2011). During 2013–2014, the percentage with elevated azithromycin MICs increased from 0.6% to 2.5% (*1*).

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Hansen's Disease (Leprosy)

Hansen's Disease (HD) (i.e., leprosy) is a chronic infectious disease caused by the obligate intracellular bacterium *Mycobacterium leprae*. Growing optimally at 27°–30°C (80.6°–86.0°F), HD primarily affects the skin and superficial peripheral nerves, most notably the posterior tibial and lateral popliteal nerves of the lower leg and foot, the ulnar, median, and radial nerves of the forearm and hand, and the facial nerve (*1*). HD is highly responsive to treatment but requires a prolonged multidrug therapy of 1–2 years of dapsone, rifampin, and clofazamine to result in cure (*2*). However, untreated disease can result in sensory and motor neuropathy, with eventual permanent disability of the eyes, hands, and feet (*3*).

An average of 89 HD cases have been reported to CDC per year since 2000, with a low of 66 in 2006 and a high of 105 in 2004; not all states list HD as a reportable disease, which might account for the higher numbers reported annually by the National Hansen's Disease Programs (*4*). By race, white and Asian/Pacific Islanders accounted for the majority of new reported cases (36 [54%] of 67 cases and 24 [36%] of 67 cases, respectively). Similar to 2013, the majority of new cases in 2014 were reported from Texas (19 [22%] of 88), Hawaii (14 [16%] of 88), and New York City and Florida (10 [11%] of 88 each). In addition to the 88 cases reported in the United States, 13 cases were reported from Guam and two from Puerto Rico.

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Hantavirus Pulmonary Syndrome

Hantavirus pulmonary syndrome (HPS), a severe and sometimes fatal pulmonary disease resembling acute respiratory distress syndrome, is caused by hantavirus infection. Hantaviruses are transmitted by inhalation or direct contact with virus-containing particles or through direct contact with rodents who harbor the virus, such as the deer mouse (*Peromyscus maniculatus*). Most HPS cases occur in the western United States (*1*,*2*). In 2014, a total of 34* cases of HPS occurred in 13 states, of which 33 (97%) occurred in western states. Median age of patients was 38 years (range: 5–84). The 2014 case fatality rate was 38%, similar to previous reports.

Although HPS is a rare disease in the United States, it is associated with severe illness and high rates of death. Persons should avoid contact with deer mice or their droppings and use personal protective equipment when cleaning rodent infested environments.

* Although 32 cases were reported in table 1, two cases were subsequently added.

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Hemolytic Uremic Syndrome, Postdiarrheal

Hemolytic uremic syndrome (HUS) is characterized by the triad of hemolytic anemia, thrombocytopenia, and renal insufficiency. The most common etiology of postdiarrheal HUS in the United States is infection with Shiga toxin-producing *Escherichia coli* (STEC), principally STEC O157:H7 (*1*,*2*). Children aged <5 years progress to HUS more often than all other persons infected with STEC O157:H7 (15.3% vs. 6.3%) (*3*). In 2014, as in previous years of surveillance, the age group with the most reported cases was children aged 1−4 years (117 of 250 cases).

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Human Immunodeficiency Virus Infections

CDC requires states to report Human Immunodeficiency Virus Infections (HIV) case data through the enhanced HIV/AIDS Reporting System (eHARS), which is a browser-based system deployed at 54 state/local and territorial public health departments in the United States. HIV surveillance data are not reported through NNDSS. De-identified data are transmitted monthly from health departments through the secure access management system (SAMS) directly to CDC's Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, and are incorporated into the National HIV Surveillance System database.

As of April 2008, all 50 states, the District of Columbia, and six U.S. dependent areas required confidential name-based reporting for HIV infection, in addition to reporting persons whose disease has been classified as stage 3 (acquired immunodeficiency syndrome [AIDS]). In 2008, CDC published a revised surveillance case definition for HIV infection that includes AIDS and incorporates the HIV infection classification (*1*). Laboratory-confirmed evidence of HIV infection is required to meet the surveillance case definition for HIV infection, including stage 3 (AIDS).

In 2014, the HIV surveillance case definition was revised to adapt to changes in diagnostic criteria used by laboratories and clinicians (*2*). The laboratory criteria for defining a confirmed case of HIV infection were changed to accommodate multitest algorithms that do not include previously required tests (e.g., Western blot). New to the case definition is the inclusion of criteria for differentiating HIV-1 and HIV-2 infections and for recognizing early HIV infection (stage 0), during which viral loads might be high enough and CD4 T-lymphocyte counts low enough to be confused with stage 3 (AIDS). In addition, the revised definition consolidates the staging systems for adults/adolescents and children, simplifies surveillance criteria for opportunistic illnesses indicative of stage 3, and incorporates revisions of clinical criteria (i.e., medical record documentation) for reporting diagnoses without laboratory evidence. Because retroactive implementation of some features (e.g., the new staging system) of the 2014 case definition would be impractical, for this report, cases diagnosed before 2014 were classified according to the 2008 HIV case definition and cases diagnosed in 2014 were classified according to the 2014 HIV case definition.

A total of 35,606 cases of HIV infection were diagnosed in the United States during 2014 and reported to CDC as of December 2014. Blacks had the highest rate of diagnoses of HIV infection of all racial/ethnic groups (40.1 per 100,000 population) and accounted for 44.5% of diagnoses in 2014. Although HIV affects persons in all age groups, cases were most frequently diagnosed in adults aged 25–39 years. Areas with the highest rates (≥15.0) of diagnoses during 2014 were the District of Columbia, Florida, Louisiana, Mississippi, New York, South Carolina, and the U.S. Virgin Islands.

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Influenza-Associated Pediatric Mortality

In 2004, the Council of State and Territorial Epidemiologists added influenza-associated pediatric mortality to the list of conditions reportable to the National Notifiable Diseases Surveillance System (*1*). A pediatric influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test in a person aged <18 years. From December 29, 2013 to January 3, 2015*, a total of 141 influenza-associated pediatric deaths were reported to CDC from 34 states and New York City.

Of the 141 influenza-associated pediatric deaths reported to CDC during 2014, four deaths occurred during the 2008–09 influenza season, six deaths during the 2009–10 influenza season, two deaths during the 2011–12 influenza season, 103 during the 2013–14 influenza season, and 26 during the 2014–15 influenza season. An influenza season spans the time period between *MMWR* week 40 of a calendar year to *MMWR* week 39 of the following year. A total of 117 (83%) cases were associated with influenza A viruses, 20 (14%) with influenza B viruses, three (2.1%) with an influenza virus for which the type was not determined, and one (0.7%) death was associated with influenza A virus and influenza B virus co-infection. Of 117 influenza A viruses, subtype was determined for 70 (60%); 52 were influenza A (H1N1)pdm09 viruses and 18 were influenza A (H3N2) viruses.

Among the 141 deaths reported in 2014, a total of 18 (13%) occurred among children aged <6 months, 46 (33%) among those aged 6–59 months, 43 (31%) among those aged 5–11 years, and 34 (24%) among those aged 12–17 years; the median age at the time of death was 6.1 years (range: 3 days–17 years). The median age in 2014 is similar to previous influenza seasons during nonpandemic periods, but

* For 2014, only influenza-associated pediatric deaths that were reported during *MMWR* week 1 through *MMWR* week 53 (December 29, 2013–January 3, 2015) are included in this summary.

is lower than the median age of deaths observed during the 2009 pandemic.

Information on the location of death was available for 131 (93%) of the 141 children: 81 (62%) children died after being admitted to the hospital (73 were admitted to the intensive care unit), 30 (23%) died in the emergency department, and 20 (15%) died outside the hospital. Information on pre-existing medical conditions was reported for 136 (96%) children: 73 (54%) children had one or more underlying medical condition known to confer increased risk for complications from influenza (*2*). The most common group of underlying conditions was neurologic disorders (e.g., moderate to severe developmental delay, seizure disorders, cerebral palsy, mitochondrial disorders, neuromuscular disorders, and neurologic conditions), which was reported for 48 (35.3%) of 136 children. Eleven (8.1%) of 136 children had cardiac disease or congenital heart disease, 19 (14%) had chromosomal abnormalities and/or genetic syndromes, and 33 (24%) had a chronic pulmonary condition (e.g., asthma, cystic fibrosis, or other chronic pulmonary disease).

Among the 141 deaths in children, 69 children had specimens collected for bacterial culture from normally sterile sites. Of these, 24 (35%) had positive cultures, and two (8.3%) of the 24 were positive for more than one pathogen. *Staphylococcus aureus* was detected in five (21%) of 24 positive cultures; three were methicillin-resistant, and for two specimens methicillin-sensitivity testing was not done. Three cultures (13%) were positive for *Streptococcus pneumoniae*, six (25%) were positive for Group A *Streptococcus*, three (13%) were positive for *Pseudomonas aeruginosa*, and two (8.3%) were positive for *Escherichia coli.* Other bacterial pathogens identified included one each with *Haemophilus influenzae*, *Klebsiella pneumoniae*, and *Streptococcus* species.

Of 93 children aged ≥6 months at the time of illness onset for whom seasonal vaccination status was known, 20 (22%) had been vaccinated against influenza as recommended by the Advisory Committee on Immunization Practices (*2*,*3*). Twenty-three children were aged <6 months at the time of illness onset and ineligible for vaccination.

The number of influenza-associated pediatric deaths reported during 2014 was higher than that in nine of the previous 10 seasons, excluding the 2009 influenza A (H1N1)pdm09 pandemic. Influenza seasons typically span portions of two calendar years and can vary widely in terms of severity and timing of peak activity, thus affecting the number of deaths reported in a calendar year. The 2014–15 influenza season was moderately severe and peaked in late December 2014 (*4*). Continued surveillance for influenza-associated mortality is important to monitor the effects of seasonal and novel influenza, factors contributing to severe influenza-associated disease, and the influence of interventions among children.

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Leptospirosis

Leptospirosis is a zoonotic disease caused by bacteria of the genus *Leptospira*. Infection in humans occurs through direct or indirect contact with the urine of infected host animals including rodents (*1*,*2*), livestock (*3*), dogs (*4*), and many wildlife species. Initial signs and symptoms might mimic certain other febrile illnesses, making recognition difficult (*5*). Some cases of leptospirosis progress to severe, potentially fatal, disease with signs of multiorgan involvement that can include aseptic meningitis, jaundice, renal failure, pulmonary involvement, and hemorrhage (*1*,*2*).

Exposure risks for leptospirosis include recreational water activities (*2*,*6*), such as wading, swimming, rafting and kayaking, especially after heavy rainfall; contact with floodwaters; occupational exposures related to farming (*6*) and contact with host animals, such as occurs with slaughterhouse workers and veterinarians (*2*,*7*); and living in areas with rodent infestation (*8*). Cases of leptospirosis in the United States also have been linked to adventure racing and multisport events (*9*,*10*) and with travel to countries where leptospirosis is endemic.

The emergence of new risk groups; the lack of dynamic data on incidence, distribution, and risk factors; and the likely underestimation of disease incidence led to the reinstatement of leptospirosis to the list of nationally notifiable diseases by the Council of State and Territorial Epidemiologists in 2013. CDC officially began receiving case notifications through the National Notifiable Diseases Surveillance System (NNDSS) in January 2014. Leptospirosis is reportable in 46 jurisdictions, states, and territories.

In 2014, a total of 107 cases of leptospirosis were reported to NNDSS from 11 states and one territory. Sixty-nine (64%) cases were from Puerto Rico and 23 (21%) were from Hawaii. In the 50 states and the District of Columbia, of 38 total cases, 30 (79%) were male, a trend identified in previous reports (*6*). Of 35 cases with reported age, 31 (89%) were aged 15–64 years. After 19 years without standardized reporting of leptospirosis cases, increasing the awareness of leptospirosis among health

care providers and improving the detection and reporting of leptospirosis cases is essential for improving understanding of the disease's epidemiology in the United States.

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Listeriosis

Listeria monocytogenes infection (listeriosis) is rare but can cause severe invasive disease (e.g., bacteremia and meningitis). Listeriosis is predominately acquired through contaminated food and occurs most frequently among older adults, persons with certain immunocompromising conditions, and pregnant women and their newborns. Pregnancy-associated listeriosis is usually a relatively mild illness for women, but can result in fetal loss or severe neonatal disease.

Listeriosis has been nationally notifiable since 2000. In 2014, the incidence of listeriosis reported to the National Notifiable Diseases Surveillance System (NNDSS) was 0.24 infections per 100,000 population. Progress toward the 2020 national target of 0.2 infections (*1*) is measured through the Foodborne Diseases Active Surveillance Network (FoodNet), which conducts active, population-based surveillance for listeriosis in 10 U.S. states. FoodNet reported a preliminary annual incidence of *Listeria monocytogenes* in 2014 of 0.24 infections, the same rate reported to NNDSS (*2*).

The *Listeria* Initiative is an enhanced surveillance system designed to aid in the rapid investigation of listeriosis outbreaks by combining molecular subtyping results with epidemiologic data collected by state and local health departments (*3*). As part of the *Listeria* Initiative, CDC recommends that all clinical isolates of *L. monocytogenes* be forwarded routinely to a public health laboratory for pulsed-field gel electrophoresis (PFGE) subtyping and that these PFGE subtyping results be submitted to PulseNet, the National Molecular Subtyping Network for Foodborne Disease Surveillance (*4*); clinical isolates also should be promptly sent to CDC for further characterization. In addition, communicable disease programs are asked to interview all patients with listeriosis promptly using the standard *Listeria* Initiative questionnaire, which is available in English and Spanish (http://www.cdc.gov/listeria/surveillance.html).

Beginning in September 2013, whole genome sequencing has been performed on all clinical isolates as part of a project conducted by CDC, state and local health departments, the Food and Drug Administration, the U.S. Department of Agriculture's Food Safety and Inspection Service, the National Institutes of Health, and international partners (*5*). All isolate sequences are deposited in publicly available databases at the National Center for Biotechnology Information of the National Institutes of Health. The *Listeria* Initiative has aided in the timely identification and removal of contaminated food during several listeriosis investigations, including a multistate outbreak of 35 illnesses that was linked to commercially produced, prepackaged caramel apples in 2014 (*6*).

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Lyme Disease

In 2014, the number of confirmed Lyme disease cases reported to CDC decreased compared with the number reported in 2013, but was higher compared to the number reported during 2010–2012. On the basis of reports to the National Notifiable Diseases Surveillance System (NNDSS), the geographic distribution of high incidence areas has

expanded over time (*1*), with 381 counties reporting an incidence of ≥10 confirmed cases per 100,000 persons in 2014, compared with 324 counties in 2008. In addition, during 2013–2014, CDC and state and county health departments investigated several sudden cardiac deaths associated with Lyme carditis through case series, death certificate analysis, and review of NNDSS surveillance data (*2*,*3*). This rare but very serious complication of Lyme disease underscores the importance of reducing exposure to ticks and tick habitat.

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Measles

Measles was declared eliminated from the United States in 2000. Since then, elimination has been maintained through high population immunity along with adequate disease surveillance and public health response capacity (*1*,*2*). Nonetheless, because measles remains endemic in much of the world, importations continue to result in sporadic cases and outbreaks in the United States, which can be costly to control (*3*). As in the other years since elimination, most measles cases (99%) were import-associated (*4*).

A measles outbreak is defined as a chain of transmission involving three or more cases. A total of 23 outbreaks occurred in 2014, accounting for 81% of the total cases. There were 63 international importations, the most since 2011, and 43% of importations originated from the Philippines. The largest outbreak accounted for 57% of the cases. In each of these outbreaks, transmission occurred after a U.S. resident traveler introduced measles into communities with pockets of persons unvaccinated because of philosophical or religious beliefs. This allowed for spread to occur, mainly in households and community gatherings, before public health interventions could be implemented (CDC, unpublished data, 2014).

The largest outbreak occurred in Ohio, which started when unvaccinated travelers visited the Philippines where a large outbreak of measles was occurring. The travelers returned to Ohio and spread the disease to other unvaccinated persons (89% unvaccinated, 10% unknown, and 1% with 1 dose). This outbreak was the largest outbreak in the United States since 1992.

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Meningococcal Disease

Neisseria meningitidis is an important cause of bacterial meningitis and sepsis in the United States. In 2014, rates of meningococcal disease continued to be at historic lows in the United States (0.18 cases per 100,000 population). CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine use of quadrivalent (serogroup A, C, W, and Y) meningococcal conjugate vaccine in adolescents and others at increased risk for disease (*1*–*3*). In 2014, coverage with at least 1 dose of meningococcal conjugate vaccine was 79.3% among adolescents aged 13–17 years in the United States; however, by state, coverage ranged from 46.0%–95.2%, including the District of Columbia (*4*). Coverage with ≥2 doses of meningococcal conjugate vaccine among adolescents aged 17 years was 28.5% (*4*).

Two serogroup B meningococcal vaccines were licensed for use in the United States in 2014 and 2015. Both vaccines are approved for use in persons aged 10–25 years. In 2015, ACIP recommended routine use of serogroup B meningococcal vaccine in certain groups at increased risk for disease (*5*). A serogroup B meningococcal vaccine series also can be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for serogroup B meningococcal vaccination is 16–18 years (*6*).

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6. MacNeil JR, Rubin L, Folaranmi T, Ortega-Sanchez IR, Patel M, Martin SW. Use of serogroup B meningococcal (MenB) vaccines in adolescents and young adults: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2015. MMWR Morb Mortal Wkly Rep 2015;64:1171–6. http://dx.doi.org/10.15585/mmwr.mm6441a3

Mumps

In 2014, a total of 1,223 cases of mumps were reported in the United States with an overall incidence rate of 0.38 cases per 100,000 persons. Most (N = 883 [72%]) mumps cases reported in the United States during 2014 were from three states (Ohio, Illinois, and Wisconsin) and New York City, all of which experienced university-based outbreaks. University-based outbreaks are known to occur despite high 2-dose vaccine coverage (*1*). Reported median vaccine-effectiveness for mumps vaccine is 78% for 1-dose and 88% for 2-doses (*2*). Close and prolonged contact likely facilitates mumps transmission.

1. Dayan GH, Quinlisk MP, Parker AA, et al. Recent resurgence of mumps in the United States. N Engl J Med 2008;358:1580–9. http://dx.doi.org/10.1056/NEJMoa0706589
2. McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2013;62(No. RR-4).

Novel Influenza A Viruses

In 2007, the Council of State and Territorial Epidemiologists added human infection with a novel influenza A virus to the list of conditions reportable to the National Notifiable Diseases Surveillance System (*1*). Novel influenza A virus infections are human infections with influenza A viruses that are different from currently circulating human seasonal influenza viruses. These viruses include those that are subtyped as nonhuman in origin and those that cannot be subtyped with standard methods and reagents used for currently circulating influenza viruses.

Influenza viruses that normally circulate in swine are called swine influenza viruses when isolated from swine, but are called variant viruses when isolated from humans. During 2005–2014, all reported novel influenza A human infections in the United States involved variant viruses rather than avian-origin influenza viruses. Although most persons identified with variant influenza virus infection report contact with swine preceding their illness, suggesting swine-to-human spread, limited human-to-human transmission of these viruses has occurred (*2*). Because the implications of ongoing transmission of these viruses between humans are potentially severe, prompt and thorough investigation of human infections with novel influenza viruses is critical so that risk for infection can be more fully understood and appropriate public health measures can be taken (*3*).

In 2014, three human infections with novel influenza A viruses were reported from two states (Ohio [two] and Wisconsin [one]) (*4*,*5*). All three cases involved infection with an influenza A (H3N2) variant virus (H3N2v). The median age of patients was seven years (range: 2–10 years), and all three were female. Reported symptoms associated with infection were fever (100%), cough (100%), fatigue (100%), shortness of breath (67%), muscle aches (67%), vomiting or diarrhea (67%), and conjunctivitis (33%); all three cases reported influenza-like illness (e.g. fever (≥100°F [37.8°C] with cough and/or sore throat). None had an underlying medical condition known to confer increased risk for complications from influenza (*6*). All three patients sought health care for their illness and one was hospitalized; all three fully recovered. All three reported direct contact with (e.g., touching or handling) or proximity to (e.g., walking through an area or coming within 6 feet of) swine in the week preceding illness onset. No likely human-to-human transmission of novel influenza A viruses was identified.

Transmission of variant influenza A viruses to humans usually occurs among persons with direct, unprotected contact with swine or environments where swine are or have been present (e.g., agricultural fairs, farms, and petting zoos). CDC conducts surveillance for human infections with novel influenza A viruses in conjunction with state and local public health laboratories year-round and conducts extensive epidemiologic investigations on each case. Any specimen with results suggestive of the presence of a novel influenza A virus or that cannot be subtyped using standard methods and reagents at a public health laboratory is immediately submitted to CDC for further testing. Surveillance for human infections with novel influenza A viruses is essential, and early identification and investigation of human infections with novel influenza A viruses are critical so that risk for infection can be more fully understood and appropriate public health measures taken.

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Pertussis

Reported pertussis cases in the United States increased 15% from 2013 (incidence: 9.0 per 100,000 population) to 2014 (10.4). Despite the national increase in reporting, a majority of states reported fewer cases in 2014 than in 2013 (32). However, in 2014, California reported the largest number of cases observed (8,723) since its 2010 pertussis epidemic (7,195) (*1*). Six additional states reported a ≥50% increase in cases (Connecticut, Delaware, Idaho, Maine, Nebraska, and South Dakota). Although the age distribution of reported cases is similar to that reported for 2013, peak incidence has shifted from children aged 10 years in 2013 to those aged 15 years in 2014, likely the effect of waning immunity among aging cohorts of adolescents vaccinated exclusively with acellular pertussis vaccines (*2–4*). A total of 13 deaths occurred among all age groups; eight of the deaths occurred among infants aged <1 year, who account for most pertussis-related deaths reported in the United States. Maternal Tdap vaccination during the third trimester of pregnancy remains the primary recommendation for prevention of pertussis in infants (*5*).

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Plague

Plague is a highly virulent fleaborne zoonosis caused by *Yersinia pestis*. A median of eight cases are reported each year in the United States (*1*). Most human plague infections result from an infectious flea bite; however, domestic animals can become infected and transmit plague to humans. Bubonic and septicemic plague are common clinical forms of plague and are not transmissible to others. In contrast, persons with pneumonic plague can transmit infection to others via infective respiratory droplets (*2*).

During 2014, an outbreak of pneumonic plague occurred in Colorado involving four patients. All four had exposure to a dog with confirmed pneumonic plague; however, person-to-person transmission between two of these patients could not be excluded (*3*). This is the first documented transmission from a domestic dog to humans in the United States. Furthermore, this event represents the largest outbreak and the first instance of possible human-to-human transmission in the United States since 1924 (*1*,*2*).

1. Kugeler KJ, Staples JE, Hinckley AF, Gage KL, Mead PS. Epidemiology of human plague in the United States, 1900–2012. Emerg Infect Dis 2015;21:16–22. http://dx.doi.org/10.3201/eid2101.140564
2. Kool JL. Risk of person-to-person transmission of pneumonic plague. Clin Infect Dis 2005;40:1166–72. http://dx.doi.org/10.1086/428617
3. Runfola JK, House J, Miller L, et al. Outbreak of human pneumonic plague with dog-to-human and possible human-to-human transmission—Colorado, June–July 2014. MMWR Morb Mortal Wkly Rep 2015;64:429–34.

Q-Fever

Q fever is a zoonosis caused by the obligate intracellular bacterium *Coxiella burnetii*. The primary route of exposure is inhalation of aerosolized birth products from livestock (e.g., cows, goats, or sheep). In addition, other routes of exposure, such as ingestion, tick bite, and sexual transmission, are possible. In 2014, a cluster of five suspect Q fever cases in New York was associated with a history of travel to Germany for live cell therapy (injections of cells from the organs or fetuses of nonhuman animals) (*1*). A case from Canada was also associated with the New York cluster. Health care providers should be aware of medical tourism for this live cell therapy and the associated risks.

1. Robyn MP, Newman AP, Amato M, et al. Q Fever outbreak among travelers to Germany linked to live cell therapy—United States and Canada, 2014. MMWR Morb Mortal Wkly Rep 2015;64:1071–3. http://dx.doi.org/10.15585/mmwr.mm6438a3

Rabies

During 2014, one case of human rabies was reported in the United States. The case was reported from Missouri. The patient presented with neck pain that radiated down the left arm that progressed to left arm numbness and tingling, bilateral upper body tremors, anxiousness, and hallucinations. Because of the unexplained rapidly progressive encephalitis and self-reported hydrophobia, rabies was suspected. CDC antemortem testing confirmed a rabies virus variant associated with the tri-colored bat *Perimyotis subflavus*. Following diagnosis, life support was withdrawn and the patient died.

During 2014, the number of animals submitted to state and local laboratories for rabies diagnosis (104,313) increased 7.8% compared with 2013. A total of 5,988 animals were confirmed positive. Increases in the number of animals reported rabid were observed for the following species: sheep/goats (10.0%), skunks (9.8%), cats (9.2%), and bats (9.0%). The number of reported rabid dogs (50.8%), foxes (10.6%), cattle (8.9%), raccoons (4.2%) and horses/mules (3.3%) also decreased compared with 2013.

Salmonellosis

In 2014, the incidence of salmonellosis in the United States was 16.3 laboratory-confirmed infections per 100,000 population, approximately one and a half times the 2020 national health objectives target of 11.4 (*1*). Data from the Foodborne Diseases Active Surveillance Network (FoodNet), which conducts active surveillance for salmonellosis in 10 U.S. states, are used to measure progress towards Healthy People 2020 objectives. In 2014, FoodNet reported a preliminary annual incidence of *Salmonella* of 15.5, slightly lower than the rate reported to the National Notifiable Diseases Surveillance System (*2*). During 2014, as in previous years of surveillance, children aged <5 years had the highest reported incidence rates of salmonellosis. Salmonellosis is reported most frequently in late summer and early fall; in 2014, this seasonality was evident, with most reports during July–October.

Accounting for underdiagnosis, *Salmonella* causes an estimated 1.2 million illnesses annually in the United States; of these, an estimated 1 million are transmitted by food consumed in the United States (*3*). *Salmonella* can contaminate a wide range of foods, and different serotypes tend to have different animal reservoirs and food sources, making control challenging. The largest multistate outbreak of *Salmonella* infections in 2014 (serotypes Infantis, Newport, and Hadar) was traced to live poultry in backyard flocks; other notable outbreaks in 2014 were linked to cucumbers (serotype Newport), bean sprouts (serotype Enteritidis), nut butter (serotype Braenderup), clinical and college and university teaching microbiology laboratories (serotype Typhimurium), organic sprouted chia powder (serotypes Newport, Hartford, and Oranienburg), frozen feeder rodents (serotype Typhimurium), pet bearded dragons (serotypes Cotham and Kisarawe), mechanically separated chicken (serotype Heidelberg), and raw cashew cheese (serotype Stanley) (*4*).

1. US Department of Health and Human Services. Healthy People 2020 objectives. https://www.healthypeople.gov/2020/topics-objectives/topic/food-safety/objectives?topicId=14
2. CDC. Foodborne Diseases Active Surveillance Network. http://www.cdc.gov/foodnet/data/trends/tables/2013/table2a-b.html#table-2b
3. Scallan E, Hoekstra RM, Angulo FJ, et al. Foodborne illness acquired in the United States—major pathogens. Emerg Infect Dis 2011;17:7–15. http://dx.doi.org/10.3201/eid1701.P11101
4. CDC. Reports of selected *Salmonella* outbreak investigations, 2014. http://www.cdc.gov/salmonella/outbreaks.html

Shiga Toxin-Producing *Escherichia coli*

In 2014, the incidence of laboratory-confirmed Shiga toxin-producing Escherichia coli (STEC) infections in the United States was 2.0 cases per 100,000 population. FoodNet, an active, population-based surveillance system for enteric diseases, reported STEC incidence of 2.4 in 2014 (*1*). As in all previous years of surveillance, the age group with the highest incidence of reported STEC infections was children aged 1–4 years (9.0). In 2014, multistate outbreaks of STEC infection linked to foods included raw clover sprouts (STEC O121) and ground beef (STEC O157:H7) (*2*).

Public health actions to monitor, prevent, and control STEC infections are based on serogroup characterization. Development of postdiarrheal hemolytic uremic syndrome (HUS), a severe complication of STEC infection, is most strongly associated with STEC O157. Non-O157 STEC, a diverse group that varies in virulence, comprises over 50 other serogroups. Increased use of assays for the detection of Shiga toxins in clinical laboratories in recent years has led to increased reporting of non-O157 STEC infection (*3*). STEC can produce Shiga toxins (Stx): Stx1, Stx2, or both. In general, strains that produce certain types of Stx2 are the most virulent (*4*). Accounting for underdiagnosis, an estimated 96,000 illnesses are caused by STEC O157 and 168,000 illnesses by non-O157 STEC each year (*5*,*6*).

Stool specimens from patients with community-acquired diarrhea submitted to clinical laboratories should be tested routinely both by culture for STEC O157 and by an assay that detects Shiga toxins (or the genes that encode them). Detection of Shiga toxin alone is inadequate for clinical management and public health investigation; characterizing STEC isolates by serogroup and by pulsed-field gel electrophoresis pattern is important to detect, investigate, and control outbreaks.

1. Crim SM, Griffin PM, Tauxe R, et al.. Preliminary incidence and trends of infection with pathogens transmitted commonly through food—Foodborne Diseases Active Surveillance Network, 10 U.S. sites, 2006–2014. MMWR Morb Mortal Wkly Rep 2015;64:495–9.
2. CDC. Reports of selected *E. coli* outbreak investigations. http://www.cdc.gov/ecoli/outbreaks.html
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Shigellosis

In 2014, the incidence of reported shigellosis in the United States was 6.5 infections per 100,000 population. This is comparable to the incidence of laboratory-confirmed shigellosis reported by FoodNet, an active, population-based surveillance system for enteric diseases, in 2014 (5.8), and is in line with fairly stable incidence rates observed in FoodNet during the previous decade (*1*,*2*). In 2014, as in previous years, the highest number of reported cases of shigellosis occurred among children aged <10 years. *S. sonnei* infections account for approximately 75% of shigellosis in the United States (*3*). Shigellosis does not demonstrate marked seasonality, likely reflecting the importance of person-to-person transmission.

Accounting for underdiagnoses, *Shigella* causes an estimated 500,000 illnesses annually in the United States; of these, an estimated 130,000 are transmitted by food consumed in the United States (*3*). *Shigella* is often transmitted person-to-person, including through sexual contact between men who have sex with men (MSM), and can also be transmitted by contaminated food or by contaminated water used for drinking or recreational purposes (*4*). Some cases of shigellosis are acquired during international travel (*5*,*6*) and have caused multidrug-resistant outbreaks in the United States (*7*). Childcare-associated outbreaks are common and are often difficult to control (*8*).

MSM and persons infected with human immunodeficiency virus appear to be at the greatest risk for infection with *Shigella* with decreased susceptibility to azithromycin (*9*,*10*). In 2014, the majority of isolates known to be resistant to azithromycin harbored *mph*A or *erm*B, macrolide resistance genes that are typically plasmid-encoded. For adults with suspected shigellosis, clinicians should obtain sexual histories, collect stool specimens, test for antimicrobial susceptibility, and counsel patients about prevention.

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Syphilis, Congenital

From 2008 to 2012, the rate of reported congenital syphilis decreased from 10.5 to 8.4 reported cases per 100,000 live births (*1*). However, in 2013, the rate of reported congenital syphilis increased to 9.1. In 2014*, the rate increased to 11.6, a 27.5% increase relative to 2013. Historically, increases in congenital syphilis parallel increases in primary and secondary (P&S) syphilis among women. During 2013–2014, the reported P&S syphilis rate among women increased 22.7%.

During 2013–2014, the congenital syphilis rate increased in every region of the United States, but as in previous years, the highest rates in 2014 were reported from the South (15.5).

* Rates for 2013 and 2014 were calculated using the 2012 live birth estimates and differ from the 2013 and 2014 rates presented in the figures and table 7 (calculated using 2013 and 2014 live birth estimates, respectively).

Similarly, during 2013–2014, the congenital syphilis rate increased among most race/ethnicity groups including whites, blacks, Hispanics, and Asians/Pacific Islanders, but race and ethnic disparities persisted in 2014. The rate of congenital syphilis among non-Hispanic blacks (38.2) was 10.3 times the rate among non-Hispanic whites (3.7), and the rate among Hispanics (12.1) was 3.3 times the rate among non-Hispanic whites.

1. CDC. Sexually transmitted disease surveillance 2014. Atlanta, GA: US Department of Health and Human Services, CDC; 2015.

Syphilis, Primary and Secondary

In 2000 and 2001, the national rate of reported primary and secondary (P&S) syphilis cases reached the lowest rate (2.1 cases per 100,000 population) since reporting began in 1941. However, since 2000–2001, the P&S syphilis rate has increased almost every year. In 2014*, the rate was 6.3 in the United States, the highest rate reported since 1994 (*1*). Since 2000, increases in the P&S syphilis rate have primarily been attributable to increased cases among men, specifically among gay, bisexual, and other men who have sex with men (collectively referred to as MSM). In 2014, men accounted for the majority (90.7%) of all cases of P&S syphilis. Among male cases with known sex of sex partner(s), 82.9% occurred among MSM. However, during 2013–2014, the P&S syphilis rate increased 22.7% among women (from 0.9 to 1.1) and 14.4% among men (from 10.2 to 11.7). Increases in the overall, male, and female P&S syphilis rates were observed in every region of the country.

* Rates for 2014 were calculated using the 2013 population estimates and differ from 2014 rates presented in the figures and table 7 (calculated using 2014 population estimates).

1. CDC. Sexually transmitted disease surveillance 2014. Atlanta, GA: US Department of Health and Human Services, CDC; 2015.

Trichinellosis

In 2014, a total of 11 confirmed and two probable trichinellosis cases were reported. Of these, a known or suspected source of *Trichinella* infection was documented for nine (69%) and included bear (six), free-range pork (one), pork from an unspecified source (one), and hamburger (one). No likely source of infection could be identified for four cases.

An outbreak of two confirmed (one each from Texas and Utah) and two probable cases (one each from Colorado and Washington) was reported among a group of six persons who hunted and consumed meat from a black bear in Alaska. The meat was consumed "somewhat rare" after being cooked on skewers over an open fire. The Washington State Public Health Laboratory detected *Trichinella* larvae in a sample of leftover bear meat via microscopy. The best way to prevent *Trichinella* infection is to thoroughly cook all meats to the USDA-recommended temperatures (as verified with a food thermometer) before consumption (*1*).

1. CDC. Trichinellosis. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. http://www.cdc.gov/parasites/trichinellosis/prevent.html.

Tuberculosis

Tuberculosis (TB) is one of the world's deadliest airborne diseases. It is the leading cause of death worldwide of persons living with human immunodeficiency virus (HIV), causing one fourth of all HIV-related deaths. In 2014, an estimated 9.6 million persons worldwide developed TB, and 1.5 million died from the disease (*1*). One third of the world's population has latent TB infection (LTBI), which can later develop into active disease (*2*). Many persons arrive in the United States annually from countries with high burdens of TB, including immigrants, refugees, students, or travelers.

In the United States, new cases of TB disease have been reported annually since 1953 to the National Tuberculosis Surveillance System (NTSS) in CDC's Division of Tuberculosis Elimination (DTBE) (*3*). CDC receives data from 60 reporting jurisdictions (all 50 U.S. states, the District of Columbia, New York City, and eight U.S.-affiliated islands) through a standardized data collection form, the Report of Verified Case of Tuberculosis (RVCT). In 2009, the RVCT was revised and NTSS transitioned into a web-based reporting system.

The number and rate of TB cases have declined each year since 1993, representing steady progress toward the goal of TB elimination in the United States (<1 case per 1,000,000 population). However, in 2014, the number (9,421) of new TB cases and rate of 3.0 per 100,000 population marked the smallest annual decline of incidence and TB case rate (-2.2%) in more than a decade (*4*).

Among all TB cases in the United States, racial/ethnic minorities, especially foreign-born persons, are disproportionately affected. In 2014, the proportion of persons with TB who were foreign-born increased to 66% (6,215 of 9,421) of total cases (*4*). Non-Hispanic Asians had the largest number of TB cases and the highest incidence rate in 2014. Compared with non-Hispanic whites, the TB rate among non-Hispanic Asians in 2014 was approximately 30 times higher (17.8 versus 0.6).*

TB drug resistance continues to be a major concern. During 1996–2014, the percentage of primary multidrug-resistant (MDR) TB cases, (i.e., patients with no previous history of TB

* Race/ethnicity is presented differently than in tables 5 and 6. Persons of Hispanic ethnicity might be of any race.

disease and resistant to at least isoniazid [INH] and rifampin [RIF]) has fluctuated between 1.3 and 0.9%. The percentage of U.S.-born patients with primary MDR TB has remained below 1%. However, of the total number of reported primary MDR TB cases, the proportion occurring in foreign-born persons increased from 25% in 1993 to 85% in 2014. In addition, 15 extensively drug-resistant TB cases (i.e., patients with resistance to INH and RIF, plus resistance to any fluoroquinolone and at least one of three injectable second-line anti-TB drugs [i.e., amikacin, kanamycin, or capreomycin]) have been reported since 2009; of these, 11 were among foreign-born persons (*4*).

To achieve TB elimination, intensified efforts are needed to address the persistent disparities that exist between U.S.-born and foreign-born persons and between whites and minorities in the United States. Improved awareness, testing, and treatment of LTBI and TB disease in minorities and foreign-born populations are essential to these efforts. DTBE is developing an initiative to enhance testing, monitoring, and treatment of LTBI to prevent progression to TB disease and accelerate the decline of TB.

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Typhoid Fever

Typhoid fever is rare in the United States. Since 2009, an annual average of <400 cases has been reported. In 2014, a total of 349 cases were reported. Approximately 75% of U.S. cases are associated with international travel (*1*), and the risk for infection is highest for travelers visiting friends and relatives in countries where typhoid fever is endemic. These persons might stay for extended periods and are less likely than other travelers to seek pretravel vaccination and to observe strict safe water and food practices, possibly because of misperception of disease risk (*2*). The risk is also higher for travelers who visit areas where the disease is highly endemic, such as the Indian subcontinent, even for a short time (*3*). In 2011, CDC removed pretravel typhoid vaccination recommendations for 26 low-risk destinations; pretravel vaccination guidelines are available at http://wwwnc.cdc.gov/travel (*4*).

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Varicella

As the 2-dose varicella vaccination program continues to mature and with the discontinuation of active surveillance for varicella, national surveillance is increasingly important for monitoring impact of the program. More states are reporting varicella cases to CDC through the National Notifiable Diseases Surveillance System; reporting of varicella cases to CDC from states and the District of Columbia increased from 29 in 2006 (when the second dose of varicella vaccine was recommended for children [*1*]) to 40 as of 2014. Although the number of states reporting has increased, varicella incidence has declined 84.3% from an average of 25.4 per 100,000 population during 2005–2006 to 4.0 in 2014.

To monitor impact of the varicella vaccination program, data from key variables such as age, vaccination status, disease severity (e.g., number of lesions), outcome of the case (e.g., hospitalized), and whether the case is associated with an outbreak, are used. In 2014, a total of 10,089 (99%) of 10,172 cases reported to CDC from 40 states had data on at least one of the key variables important for monitoring the varicella vaccination program; completeness was 95% (9,622) for age, 60% (6,077) for vaccination status, 43% (4,344) for disease severity, 8% (802) for whether the case resulted in hospitalization, and 84% (8,493) for whether the case was associated with an outbreak. Of the cases with data reported for each of the key variables, 52% (4,975) was for persons aged 1–9 years, 22% (2,165) for those aged 10–19 years, and 18% (1,726) for those aged ≥20 years; 55% (3,330) was for persons who had received at least 1 dose of varicella vaccine. Of those with information on number of doses, 56% (1,330 of 2,358) had received 2 doses, 48% (2,081) had mild disease presentation (<50 lesions), 3% (25) resulted in hospitalization, and 11% (919) were associated with outbreaks. Laboratory testing for varicella was performed for 25% (1,159 of 4,696) of reported cases, of which 79% (912 of 1,159) were laboratory confirmed.

Much of the varicella data should be interpreted with caution because of the large proportion of missing data. States continue improving varicella surveillance practices (*2*) and are working to increase completeness of reporting for the variables important

for monitoring the varicella vaccination program. As varicella incidence continues to decline, national surveillance data will provide the information needed to monitor progress and changing varicella epidemiology.

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Vibriosis

The incidence of vibriosis, defined as infection caused by a species from the family *Vibrionaceae* other than toxigenic *Vibrio cholerae* O1 or O139, has increased during 2007–2014 (*1*). In 2012, an outbreak of *V. parahaemolyticus* infections was associated with consumption of shellfish harvested from Oyster Bay Harbor, New York (*2*). Now endemic on the Atlantic Coast, this same strain continued to cause illness in 2013 and 2014 (*3*).

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Viral Hemorrhagic Fever

Viral Hemorrhagic Fever (VHF) is a group of acute febrile illnesses that are caused by approximately 30 viruses (*1*). Many are of substantial public health concern, particularly in Africa and South America, with the possibility of importation to the United States. Nationally notifiable VHFs are those with documented person to person transmission: Crimean-Congo hemorrhagic fever, Ebola virus disease (EVD), Lassa fever, Lujo, Marburg, and several New World Arenaviruses (Junin, Machupo, Guanarito, Sabia).

The 2014–16 West African EVD epidemic is the largest in history, with approximately 28,000 cases and 11,000 deaths (*2*). Such large numbers of cases presented new challenges in effectively diagnosing patients with EVD, caring for affected patients, and containing the epidemic. In 2014, a total of 10 persons with EVD received medical care in the United States. Six were medically evacuated to the United States after having EVD diagnosed in West Africa (*3–6*); four had the disease diagnosed in the United States. The four EVD cases diagnosed in the United States consisted of traveler from Liberia with two subsequent nosocomial infections (*7–11*) and a medical aid worker who returned from Guinea (*12*). These were the first EVD cases to receive care in the United States. Previously, a patient with Marburg virus disease was cared for in Colorado in 2007 (*13*).

In response to the concern about importation of EVD to the United States, national and state level surveillance systems were enhanced in 2014 (*14–18*). In October 2014, all airline passengers who had traveled to Liberia, Sierra Leone, and Guinea within the previous 21 days were diverted to five airports for admittance to the United States using enhanced screening methods (*19*). At risk travelers and health care workers were required to complete a 21-day active monitoring period (*17,18*). In addition, CDC responded to inquiries from state and local health officials and health care providers and facilitated testing of persons under investigation (*20,21*).

One imported case of Lassa fever was reported in April 2014. This is only the seventh known imported case to the United States (*22*). Lassa fever is endemic in West Africa, with an estimated 100,000 to 300,000 cases and 5,000 deaths annually.

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PART 1
Summary of Notifiable Diseases in the United States, 2014

Abbreviations and Symbols Used in Tables

U	Data not available.
N	Not reportable (i.e., report of disease is not required in that jurisdiction).
—	No reported cases.
Notes:	Rates <0.01 after rounding are listed as 0.
	Data in the *MMWR Summary of Notifiable Diseases — United States, 2014* might differ from data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, the use of different case definitions, and print criteria.

TABLE 1. Number of reported cases of notifiable diseases,* by month,† excluding U.S. territories — United States, 2014

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Not stated	Total
Arboviral diseases§														
California serogroup viruses														
neuroinvasive	—	—	1	—	2	1	19	29	28	5	—	—	—	**85**
nonneuroinvasive	—	—	—	—	—	2	4	4	1	—	—	—	—	**11**
Eastern equine encephalitis virus														
neuroinvasive	—	—	—	—	—	—	1	3	4	—	—	—	—	**8**
Powassan virus														
neuroinvasive	—	—	—	—	2	—	2	1	2	—	—	—	—	**7**
nonneuroinvasive	—	—	—	—	1	—	—	—	—	—	—	—	—	**1**
St. Louis encephalitis virus														
neuroinvasive	1	—	—	—	—	—	2	3	—	—	—	—	—	**6**
nonneuroinvasive	—	—	—	1	—	—	—	1	—	2	—	—	—	**4**
West Nile virus														
neuroinvasive	—	1	1	—	2	28	182	547	480	88	15	3	—	**1,347**
nonneuroinvasive	—	1	—	—	4	24	129	390	257	46	4	3	—	**858**
Babesiosis, total	8	8	15	11	45	221	526	535	158	72	72	89	—	**1,760**
confirmed	6	6	7	4	34	184	476	462	120	51	52	70	—	**1,472**
probable	2	2	8	7	11	37	50	73	38	21	20	19	—	**288**
Botulism, total	11	10	11	16	8	19	10	19	9	20	12	16	—	**161**
foodborne	—	1	—	—	—	1	2	6	1	—	—	4	—	**15**
infant	9	9	8	13	6	15	7	11	8	19	11	11	—	**127**
other (wound and unspecified)	2	—	3	3	2	3	1	2	—	1	1	1	—	**19**
Brucellosis	2	5	4	8	15	7	5	16	11	4	5	10	—	**92**
Chancroid¶	—	1	—	—	1	1	—	1	2	—	—	—	—	**6**
Chlamydia trachomatis infection¶	97,157	109,226	142,149	110,169	132,858	111,251	107,315	144,706	114,508	114,227	132,164	126,059	—	**1,441,789**
Cholera	—	1	—	1	—	—	—	2	—	—	1	—	—	**5**
Coccidioidomycosis**	761	847	890	676	956	671	483	619	542	483	600	704	—	**8,232**
Cryptosporidiosis, total	334	417	502	434	529	534	793	1,637	1,250	953	666	633	—	**8,682**
confirmed	224	253	292	264	311	314	490	1,138	838	612	406	423	—	**5,565**
probable	110	164	210	170	218	220	303	499	412	341	260	210	—	**3,117**
Cyclosporiasis	—	5	2	3	13	36	135	152	22	15	7	8	—	**398**
Dengue fever§	46	27	23	23	40	54	76	85	56	66	137	47	—	**680**
Diphtheria	—	—	—	1	—	—	—	—	—	—	—	—	—	**1**
Ehrlichiosis/Anaplasmosis														
Anaplasma phagocytophilum	13	18	20	53	351	662	611	339	138	163	302	130	—	**2,800**
Ehrlichia chaffeensis	5	8	6	21	149	313	310	311	131	65	101	55	—	**1,475**
Ehrlichia ewingii	—	—	1	—	1	1	5	8	—	1	—	—	—	**17**
undetermined	3	1	4	5	21	47	38	34	20	8	9	6	—	**196**
Giardiasis	835	954	1,204	989	1,221	1,012	1,197	1,973	1,464	1,238	1,296	1,171	—	**14,554**
Gonorrhea¶	24,079	25,407	31,899	25,395	31,273	27,111	27,073	35,376	28,522	27,492	33,167	33,268	—	**350,062**
Haemophilus influenzae, invasive disease														
all ages, serotypes	328	285	356	280	323	255	253	271	204	235	299	452	—	**3,541**
age <5 yrs														
serotype b	1	2	6	2	4	1	1	4	1	4	5	9	—	**40**
nontypeable	16	18	20	8	8	7	9	3	5	6	9	19	—	**128**
non-b serotype	6	2	7	1	2	5	1	3	3	3	4	1	—	**38**
unknown serotype	27	23	34	28	28	21	11	16	18	19	19	22	—	**266**
Hansen's disease	1	10	7	7	5	8	9	9	6	5	5	16	—	**88**
Hantavirus pulmonary syndrome	2	1	2	3	5	4	6	1	1	2	3	2	—	**32**
Hemolytic uremic syndrome postdiarrheal	4	12	11	12	18	27	31	41	32	21	20	21	—	**250**
Hepatitis, virus														
A acute	62	96	107	83	142	86	87	151	117	86	99	123	—	**1,239**
B acute	205	206	282	222	280	199	188	264	217	189	258	281	—	**2,791**
B chronic	937	941	1,517	1,068	1,330	1,069	958	1,135	835	764	988	858	—	**12,400**
B infection perinatal	3	5	4	6	4	4	3	2	4	1	5	6	—	**47**
C acute	121	171	244	171	238	143	166	214	158	117	226	235	—	**2,204**
C past or present	9,256	11,158	15,679	12,670	15,395	13,707	12,401	15,532	12,269	13,030	15,758	16,008	—	**162,863**
Human immunodeficiency virus (HIV) diagnoses ††	3,602	3,209	3,528	3,552	3,506	3,470	3,512	3,247	3,100	2,812	1,664	401	3	**35,606**
Influenza-associated pediatric mortality§§	31	24	21	9	6	3	5	13	2	2	4	21	—	**141**
Invasive pneumococcal disease														
all ages	1,722	1,575	1,955	1,481	1,585	832	626	588	706	802	1,200	2,284	—	**15,356**
age <5 yrs	77	89	140	111	100	61	44	46	58	85	104	150	—	**1,065**
Legionellosis	205	185	277	261	390	495	607	717	561	470	484	514	—	**5,166**
Leptospirosis	2	2	3	2	3	1	3	3	5	3	7	4	—	**38**
Listeriosis	39	21	42	45	56	63	81	104	89	69	80	80	—	**769**
Lyme disease, total	653	608	856	979	2,201	5,210	7,700	6,502	2,868	2,071	2,124	1,689	—	**33,461**
confirmed	438	434	604	682	1,523	4,100	6,227	5,088	2,124	1,454	1,482	1,203	—	**25,359**
probable	215	174	252	297	678	1,110	1,473	1,414	744	617	642	486	—	**8,102**

See table footnotes on next page.

TABLE 1. (*Continued*) Number of reported cases of notifiable diseases,* by month,† excluding U.S. territories — United States, 2014

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Not stated	Total
Malaria	110	86	91	84	170	177	191	246	154	112	121	111	—	**1,653**
Measles, total	15	46	49	27	196	210	31	15	4	10	7	57	—	**667**
indigenous	6	32	44	16	189	207	29	15	1	7	4	54	—	**604**
imported	9	14	5	11	7	3	2	—	3	3	3	3	—	**63**
Meningococcal disease														
all serogroups	53	44	55	36	39	30	14	28	27	32	29	46	—	**433**
serogroups ACWY	18	7	19	12	8	9	7	7	6	6	9	15	—	**123**
serogroup B	9	6	13	7	11	1	—	4	7	9	6	16	—	**89**
other serogroups	3	4	2	3	—	2	—	3	1	2	3	2	—	**25**
unknown serogroup	23	27	21	14	20	18	7	14	13	15	11	13	—	**196**
Mumps	26	52	168	335	242	99	48	48	22	29	47	107	—	**1,223**
Novel influenza A virus infection	—	—	—	—	—	—	—	2	—	1	—	—	—	**3**
Pertussis	1,984	1,925	2,375	2,236	3,755	3,238	3,073	3,358	2,142	2,038	3,199	3,648	—	**32,971**
Plague	—	—	—	1	—	—	5	1	1	—	1	1	—	**10**
Psittacosis	—	—	1	—	—	—	—	—	1	2	3	1	—	**8**
Q fever, total	11	9	19	18	19	13	11	24	12	10	7	15	—	**168**
acute	9	8	13	14	15	12	10	16	11	5	5	14	—	**132**
chronic	2	1	6	4	4	1	1	8	1	5	2	1	—	**36**
Rabies														
animal¶¶	267	292	394	573	515	449	511	756	675	567	292	277	420	**5,988**
human	—	—	—	—	—	—	—	—	1	—	—	—	—	**1**
Rubella	—	—	2	—	1	1	—	—	—	—	1	1	—	**6**
Rubella, congenital syndrome	—	—	—	1	—	—	—	—	—	—	—	—	—	**1**
Salmonellosis	1,981	2,122	2,691	2,652	4,264	4,538	5,538	7,954	5,837	5,085	4,936	3,857	—	**51,455**
Shiga toxin-producing *E. coli* (STEC)	195	193	354	369	541	624	839	948	604	455	543	514	—	**6,179**
Shigellosis	939	825	1,179	1,163	1,980	1,838	2,032	2,132	1,875	2,077	2,319	2,386	—	**20,745**
Spotted fever rickettsiosis, total	39	30	77	105	426	745	612	633	339	235	301	215	—	**3,757**
confirmed	1	1	2	1	12	23	26	17	8	8	12	4	—	**115**
probable	38	28	75	104	414	722	583	612	331	227	289	211	—	**3,634**
Streptococcal toxic shock syndrome	29	26	36	26	23	24	18	13	10	6	17	31	—	**259**
Syphilis, total, all stages¶,***	4,143	4,464	6,056	4,795	6,090	5,153	4,935	6,269	5,086	5,223	5,604	5,632	—	**63,450**
primary and secondary¶	1,349	1,377	1,805	1,449	1,902	1,635	1,558	2,040	1,622	1,640	1,773	1,849	—	**19,999**
congenital¶	39	36	37	26	36	36	32	48	48	43	38	39	—	**458**
Tetanus	2	2	1	2	3	3	4	3	—	2	—	3	—	**25**
Toxic shock syndrome (other than streptococcal)	7	2	6	3	6	1	10	3	6	1	8	6	—	**59**
Trichinellosis	—	1	—	—	3	1	3	1	—	—	2	2	—	**13**
Tuberculosis†††	503	535	726	879	786	796	775	879	779	777	714	1,272	—	**9,421**
Tularemia	1	—	1	6	19	31	41	25	16	19	10	11	—	**180**
Typhoid fever	23	28	36	25	36	31	34	46	40	19	9	22	—	**349**
Vancomycin-intermediate *Staphylococcus aureus* (VISA)	13	18	20	20	17	16	16	20	28	12	17	15	—	**212**
Varicella (Chickenpox)														
morbidity	603	676	972	869	1,270	843	580	726	913	877	1,008	835	—	**10,172**
mortality§§§	—	—	—	—	—	1	—	1	—	1	1	—	—	**4**
Vibriosis	20	19	36	30	68	106	162	343	197	130	77	73	—	**1,261**
Viral hemorrhagic fevers	—	—	—	1	—	—	—	—	—	4	—	—	—	**5**
Yellow fever§	—	—	—	—	—	—	—	—	—	—	—	—	—	**—**

* No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.

† Month is defined using *MMWR* week http://wwwn.cdc.gov/nndss/document/MMWR_Week_overview.pdf. *MMWR* week calendars can be found at http://wwwn.cdc.gov/nndss/script/downloads.aspx.

§ Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **July 1, 2015.**

¶ Totals reported to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of **June 10, 2015**.

** Reportable in <25 states.

†† Total number of HIV diagnoses reported to the Division of HIV/AIDS Prevention, NCHHSTP through **December 31, 2014**.

§§ Totals reported to the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD), as of **June 30, 2015**.

¶¶ Totals reported to the National Center for Emerging and Zoonotic Infectious Diseases, Division of High Consequence Pathogens and Pathology, as of **October 30, 2015**.

*** Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis. Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015.**

††† Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 15, 2015**.

§§§ Totals reported to the Division of Viral Diseases, NCIRD, as of **June 30, 2015**.

TABLE 2a. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Total resident population (in thousands)	Arboviruses†								
		California serogroup§		Eastern equine encephalitis	Powassan		St. Louis encephalitis		West Nile	
		Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive
United States	318,856	85	11	8	7	1	6	4	1,347	858
New England	14,681	2	—	4	4	—	—	—	8	4
Connecticut	3,597	—	—	—	—	—	—	—	3	3
Maine	1,330	—	—	1	—	—	—	—	—	—
Massachusetts	6,745	2	—	—	4	—	—	—	5	1
New Hampshire	1,327	—	—	3	—	—	—	—	—	—
Rhode Island	1,055	—	—	—	—	—	—	—	—	—
Vermont	627	—	—	—	—		—	—	—	—
Mid. Atlantic	41,471	—	—	2	1	1	—	—	36	11
New Jersey	8,938	—	—	—	1	—	—	—	6	2
New York (upstate)	11,255	—	—	2	—	1	—	—	7	4
New York City	8,491	—	—	—	—	—	—	—	12	3
Pennsylvania	12,787	—	—	—	—	—	—	—	11	2
E.N. Central	46,740	37	6	1	2	—	—	—	59	13
Illinois	12,881	—	1	—	—	—	—	—	36	8
Indiana	6,597	2	—	—	—	—	—	—	9	1
Michigan	9,910	—	—	1	—	—	—	—	1	—
Ohio	11,594	30	1	—	—	—	—	—	10	1
Wisconsin	5,758	5	4	—	2	—	—	—	3	3
W.N. Central	21,006	6	2	—	—	—	—	—	104	221
Iowa	3,107	—	—	—	—	—	—	—	5	10
Kansas	2,904	—	—	—	—	—	—	—	18	36
Minnesota	5,457	6	2	—	—	—	—	—	6	15
Missouri	6,064	—	—	—	—	—	—	—	10	3
Nebraska	1,882	—	—	—	—	—	—	—	41	101
North Dakota	739	—	—	—	—	—	—	—	12	11
South Dakota	853	—	—	—	—	—	—	—	12	45
S. Atlantic	62,513	28	2	—	—	—	2	—	38	11
Delaware	936	—	—	—	—	—	—	—	—	—
District of Columbia	659	—	—	—	—	—	—	—	1	2
Florida	19,893	1	—	—	—	—	2	—	12	5
Georgia	10,097	1	1	—	—	—	—	—	11	2
Maryland	5,976	—	—	—	—	—	—	—	6	—
North Carolina	9,944	23	—	—	—	—	—	—	—	—
South Carolina	4,832	—	—	—	—	—	—	—	3	—
Virginia	8,326	2	—	—	—	—	—	—	5	2
West Virginia	1,850	1	1	—	—	—	—	—	—	—
E.S. Central	18,805	12	1	1	—	—	3	—	38	24
Alabama	4,849	—	—	1	—	—	1	—	—	2
Kentucky	4,413	—	—	—	—	—	—	—	—	1
Mississippi	2,994	—	1	—	—	—	2	—	26	17
Tennessee	6,549	12	—	—	—	—	—	—	12	4
W.S. Central	38,451	—	—	—	—	—	1	3	332	201
Arkansas	2,966	—	—	—	—	—	—	—	9	2
Louisiana	4,650	—	—	—	—	—	—	—	61	64
Oklahoma	3,878	—	—	—	—	—	—	—	9	9
Texas	26,957	—	—	—	—	—	1	3	253	126
Mountain	23,197	—	—	—	—	—	—	1	157	126
Arizona	6,731	—	—	—	—	—	—	1	80	27
Colorado	5,356	—	—	—	—	—	—	—	46	72
Idaho	1,634	—	—	—	—	—	—	—	6	13
Montana	1,024	—	—	—	—	—	—	—	2	3
Nevada	2,839	—	—	—	—	—	—	—	3	—
New Mexico	2,086	—	—	—	—	—	—	—	19	5
Utah	2,943	—	—	—	—	—	—	—	1	1
Wyoming	584	—	—	—	—	—	—	—	—	5

See table footnotes on next page.

TABLE 2a. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Total resident population (in thousands)	Arboviruses†								
		California serogroup§		Eastern equine encephalitis	Powassan		St. Louis encephalitis		West Nile	
		Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive
Pacific	51,992	—	—	—	—	—	—	—	575	247
Alaska	737	—	—	—	—	—	—	—	—	—
California	38,803	—	—	—	—	—	—	—	561	240
Hawaii	1,420	—	—	—	—	—	—	—	—	1
Oregon	3,970	—	—	—	—	—	—	—	7	1
Washington	7,062	—	—	—	—	—	—	—	7	5
Territories										
American Samoa	55	—	—	—	—	—	—	—	—	—
C.N.M.I.	51	—	—	—	—	—	—	—	—	—
Guam	161	—	—	—	—	—	—	—	—	—
Puerto Rico	3,621	—	—	—	—	—	—	—	—	—
U.S. Virgin Islands	104	—	—	—	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Totals reported to the Division of Vector-Borne Diseases (DVBD), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (ArboNET Surveillance), as of **July 1, 2015**.

§ California serogroup viral diseases for 2014 include LaCrosse virus, Jamestown Canyon virus and California serogroup viruses not specified.

TABLE 2b. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Babesiosis			Botulism				Brucellosis
	Total	Confirmed	Probable	Total	Foodborne	Infant	Other†	
United States	1,760	1,472	288	161	15	127	19	92
New England	1,007	902	105	1	—	1	—	3
Connecticut	212	173	39	—	—	—	—	—
Maine	42	34	8	—	—	—	—	—
Massachusetts	537	510	27	—	—	—	—	3
New Hampshire	41	36	5	—	—	—	—	—
Rhode Island	172	148	24	—	—	—	—	—
Vermont	3	1	2	1	—	1	—	—
Mid. Atlantic	640	498	142	26	2	24	—	2
New Jersey	169	133	36	10	—	10	—	1
New York (upstate)	421	319	102	5	2	3	—	—
New York City	50	46	4	2	—	2	—	1
Pennsylvania	N	N	N	9	—	9	—	—
E.N. Central	47	31	16	8	4	4	—	12
Illinois	1	1	—	1	1	—	—	4
Indiana	—	—	—	1	1	—	—	—
Michigan	2	1	1	1	—	1	—	2
Ohio	1	—	1	5	2	3	—	1
Wisconsin	43	29	14	—	—	—	—	5
W.N. Central	50	32	18	4	—	4	—	4
Iowa	N	N	N	—	—	—	N	—
Kansas	N	N	N	—	—	—	—	2
Minnesota	49	31	18	1	—	1	—	1
Missouri	N	N	N	3	—	3	—	—
Nebraska	—	—	—	—	—	—	—	1
North Dakota	—	—	—	—	—	—	—	—
South Dakota	1	1	—	—	—	—	—	—
S. Atlantic	6	3	3	18	—	17	1	19
Delaware	1	1	—	4	—	4	—	—
District of Columbia	N	N	N	1	—	1	—	2
Florida	N	N	N	—	—	—	—	3
Georgia	N	N	N	2	—	2	—	7
Maryland	2	—	2	10	—	9	1	—
North Carolina	N	N	N	—	—	—	—	2
South Carolina	3	2	1	—	—	—	—	1
Virginia	N	N	N	1	—	1	—	1
West Virginia	—	—	—	—	—	—	—	3
E.S. Central	1	—	1	2	—	2	—	2
Alabama	1	—	1	—	—	—	—	—
Kentucky	N	N	N	1	—	1	—	1
Mississippi	N	N	N	—	—	—	—	—
Tennessee	—	—	—	1	—	1	—	1
W.S. Central	1	1	—	11	—	8	3	16
Arkansas	N	N	N	3	—	1	2	—
Louisiana	—	—	—	—	—	—	—	—
Oklahoma	N	N	N	—	—	—	—	1
Texas	1	1	—	8	—	7	1	15
Mountain	—	—	—	17	1	15	1	9
Arizona	N	N	N	2	—	1	1	6
Colorado	N	N	N	6	1	5	—	3
Idaho	N	N	N	—	—	—	—	—
Montana	—	—	—	1	—	1	—	—
Nevada	N	N	N	1	—	1	—	—
New Mexico	N	N	N	1	—	1	—	—
Utah	—	—	—	6	—	6	—	—
Wyoming	—	—	—	—	—	—	—	—
Pacific	8	5	3	74	8	52	14	25
Alaska	N	N	N	7	7	—	—	—
California	3	2	1	63	—	49	14	20
Hawaii	N	N	N	—	—	—	—	1
Oregon	1	—	1	1	1	—	—	1
Washington	4	3	1	3	—	3	—	3

See table footnotes on next page.

TABLE 2b. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Babesiosis			Botulism				Brucellosis
	Total	Confirmed	Probable	Total	Foodborne	Infant	Other†	
Territories								
American Samoa	U	U	U	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
Puerto Rico	N	N	N	—	—	—	—	—
U.S. Virgin Islands	N	N	N	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Includes cases reported as wound and unspecified botulism.

TABLE 2c. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Chancroid†	*Chlamydia trachomatis* infection†	Cholera	Coccidioidomycosis§	Cryptosporidiosis			Cyclosporiasis
					Total	Confirmed	Probable	
United States	6	1,441,789	5	8,232	8,682	5,565	3,117	398
New England	1	48,355	1	5	318	282	36	26
Connecticut	—	13,382	—	N	45	45	—	8
Maine	—	3,530	—	N	51	34	17	N
Massachusetts	1	21,271	1	—	139	139	—	18
New Hampshire	—	3,586	—	3	40	23	17	—
Rhode Island	—	4,349	—	2	16	16	—	—
Vermont	—	2,237	—	N	27	25	2	—
Mid. Atlantic	—	179,254	—	—	785	609	176	53
New Jersey	—	29,904	—	N	77	77	—	16
New York (upstate)	—	38,845	—	N	237	230	7	14
New York City	—	59,969	—	N	102	102	—	23
Pennsylvania	—	50,536	—	N	369	200	169	N
E.N. Central	—	217,323	—	55	1,451	1,044	407	26
Illinois	—	66,536	—	N	158	79	79	14
Indiana	—	28,519	—	N	185	96	89	2
Michigan	—	44,256	—	33	239	215	24	8
Ohio	—	54,858	—	16	324	109	215	1
Wisconsin	—	23,154	—	6	545	545	—	1
W.N. Central	—	85,924	1	118	1,248	666	582	10
Iowa	—	11,804	—	N	264	61	203	—
Kansas	—	11,116	—	N	67	22	45	1
Minnesota	—	19,907	1	90	338	244	94	5
Missouri	—	27,981	—	19	167	81	86	1
Nebraska	—	7,499	—	4	111	87	24	3
North Dakota	—	3,451	—	5	148	143	5	N
South Dakota	—	4,166	—	N	153	28	125	—
S. Atlantic	—	289,330	2	11	2,627	1,488	1,139	70
Delaware	—	4,473	—	—	8	6	2	—
District of Columbia	—	5,293	—	1	5	5	—	—
Florida	—	84,194	2	N	1,905	1,031	874	33
Georgia	—	51,945	—	N	240	240	—	6
Maryland	—	27,424	—	10	79	47	32	4
North Carolina	—	47,147	—	N	166	85	81	4
South Carolina	—	28,087	—	N	63	41	22	18
Virginia	—	36,048	—	N	152	32	120	4
West Virginia	—	4,719	—	N	9	1	8	1
E.S. Central	—	97,072	—	—	411	282	129	1
Alabama	—	29,010	—	N	147	67	80	N
Kentucky	—	17,664	—	N	80	50	30	N
Mississippi	—	19,605	—	N	66	66	—	N
Tennessee	—	30,793	—	N	118	99	19	1
W.S. Central	1	196,441	—	3	804	436	368	201
Arkansas	—	15,605	—	—	56	55	1	1
Louisiana	—	28,955	—	3	244	107	137	—
Oklahoma	—	20,662	—	N	88	23	65	N
Texas	1	131,219	—	N	416	251	165	200
Mountain	—	97,489	1	5,792	487	361	126	6
Arizona	—	32,397	—	5,624	46	33	13	2
Colorado	—	21,863	1	N	75	52	23	1
Idaho	—	5,442	—	N	100	87	13	N
Montana	—	4,193	—	10	66	57	9	2
Nevada	—	11,841	—	70	16	10	6	N
New Mexico	—	11,558	—	40	86	80	6	—
Utah	—	8,223	—	46	70	16	54	1
Wyoming	—	1,972	—	2	28	26	2	—
Pacific	4	230,601	—	2,248	551	397	154	5
Alaska	—	5,789	—	N	4	3	1	—
California	4	176,308	—	2,243	357	346	11	2
Hawaii	—	6,419	—	N	3	3	—	—
Oregon	—	15,508	—	5	112	10	102	1
Washington	—	26,577	—	N	75	35	40	2

See table footnotes on next page.

TABLE 2c. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Chancroid†	*Chlamydia trachomatis* infection†	Cholera	Coccidioidomycosis§	Cryptosporidiosis			Cyclosporiasis
					Total	Confirmed	Probable	
Territories								
American Samoa	—	—	—	N	N	N	N	N
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	839	—	—	—	—	—	—
Puerto Rico	—	4,899	—	N	—	—	—	—
U.S. Virgin Islands	—	791	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.
§ Notifiable in <25 states.

TABLE 2d. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Dengue† Virus Infection	Diphtheria	*Anaplasma phagocytophilum*	Ehrlichiosis/Anaplasmosis		
	Dengue Fever			*Ehrlichia chaffeensis*	*Ehrlichia ewingii*	Undetermined
United States	680	1	2,800	1,475	17	196
New England	35	—	1,182	60	—	10
Connecticut	3	—	75	—	—	—
Maine	1	—	191	8	—	6
Massachusetts	17	—	621	20	—	1
New Hampshire	5	—	131	7	—	2
Rhode Island	5	—	97	24	—	—
Vermont	4	—	67	1	—	1
Mid. Atlantic	160	—	547	177	—	26
New Jersey	84	—	69	54	—	10
New York (upstate)	28	—	421	109	—	11
New York City	42	—	32	9	—	—
Pennsylvania	6	—	25	5	—	5
E.N. Central	34	1	507	62	—	96
Illinois	7	—	18	47	—	—
Indiana	5	—	—	—	—	49
Michigan	5	—	4	3	—	—
Ohio	9	1	1	4	—	1
Wisconsin	8	—	484	8	—	46
W.N. Central	10	—	483	386	12	39
Iowa	4	—	N	N	N	N
Kansas	1	—	4	46	2	3
Minnesota	3	—	448	5	1	17
Missouri	2	—	24	328	9	19
Nebraska	—	—	1	6	—	—
North Dakota	—	—	6	1	—	—
South Dakota	—	—	—	—	—	—
S. Atlantic	126	—	41	299	3	10
Delaware	1	—	2	22	—	—
District of Columbia	2	—	—	—	—	1
Florida	84	—	7	29	—	—
Georgia	4	—	1	14	—	1
Maryland	8	—	2	38	1	—
North Carolina	8	—	12	73	—	—
South Carolina	2	—	—	8	—	—
Virginia	16	—	15	112	2	8
West Virginia	1	—	2	3	—	—
E.S. Central	8	—	11	163	1	12
Alabama	3	—	7	10	—	2
Kentucky	1	—	—	62	—	—
Mississippi	2	—	1	4	—	—
Tennessee	2	—	3	87	1	10
W.S. Central	41	—	24	328	1	—
Arkansas	4	—	15	236	1	—
Louisiana	3	—	2	3	—	—
Oklahoma	—	—	4	77	—	—
Texas	34	—	3	12	—	—
Mountain	113	—	—	—	—	1
Arizona	97	—	—	—	—	1
Colorado	10	—	N	N	N	N
Idaho	1	—	N	N	N	N
Montana	2	—	—	—	—	—
Nevada	3	—	—	—	—	—
New Mexico	—	—	N	N	N	N
Utah	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—
Pacific	153	—	5	—	—	2
Alaska	4	—	N	N	N	N
California	130	—	5	—	—	2
Hawaii	10	—	N	N	N	—
Oregon	—	—	—	—	—	N
Washington	9	—	—	—	—	—

See table footnotes on next page.

TABLE 2d. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Dengue† Virus Infection	Diphtheria	*Anaplasma phagocytophilum*	Ehrlichiosis/Anaplasmosis		
	Dengue Fever			*Ehrlichia chaffeensis*	*Ehrlichia ewingii*	Undetermined
Territories						
American Samoa	—	—	N	N	N	N
C.N.M.I.	—	—	—	—	—	—
Guam	—	—	N	N	N	N
Puerto Rico	525	—	N	N	N	N
U.S. Virgin Islands	19	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Total number of reported laboratory-positive dengue cases including all confirmed cases [by antidengue virus (DENV) molecular diagnostic methods or seroconversion of anti-DENV IgM] and all probable cases (by a single, positive anti-DENV IgM). Totals reported to the Division of Vector-Borne Diseases (DVBD), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (ArboNET Surveillance), as of **July 1, 2015.**

TABLE 2e. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Giardiasis	Gonorrhea†	*Haemophilus influenzae*, invasive disease					Hansen's disease (leprosy)
			All ages, serotypes	Age <5 Years				
				Serotype b	Nontypeable	Non-b serotype	Unknown serotype	
United States	14,554	350,062	3,541	40	128	38	266	88
New England	1,361	7,287	240	2	8	2	10	3
Connecticut	219	2,333	60	—	—	—	9	—
Maine	154	237	21	1	2	—	—	N
Massachusetts	709	3,817	104	1	4	1	—	3
New Hampshire	97	226	24	—	1	1	—	—
Rhode Island	45	590	16	—	1	—	1	—
Vermont	137	84	15	—	—	—	—	N
Mid. Atlantic	2,931	40,104	598	9	15	2	31	10
New Jersey	384	6,636	149	—	—	—	14	—
New York (upstate)	951	6,616	148	3	5	—	1	N
New York City	874	14,142	120	—	—	—	12	10
Pennsylvania	722	12,710	181	6	10	2	4	—
E.N. Central	1,562	53,262	589	7	33	13	18	4
Illinois	N	15,970	164	—	4	5	5	—
Indiana	167	7,289	102	2	5	1	3	—
Michigan	506	9,688	106	4	5	5	—	1
Ohio	385	16,237	128	—	15	2	4	2
Wisconsin	504	4,078	89	1	4	—	6	1
W.N. Central	1,501	18,714	304	2	1	1	41	2
Iowa	205	1,641	4	1	—	—	—	—
Kansas	104	2,568	43	1	1	—	8	—
Minnesota	662	4,073	127	—	—	—	18	—
Missouri	228	7,387	97	—	—	—	8	2
Nebraska	131	1,459	25	—	—	—	6	—
North Dakota	39	694	8	—	—	1	1	N
South Dakota	132	892	—	—	—	—	—	—
S. Atlantic	2,663	75,743	854	4	14	10	62	13
Delaware	24	1,279	16	—	—	—	4	—
District of Columbia	78	1,883	10	—	—	1	1	—
Florida	1,165	20,944	259	—	—	—	32	10
Georgia	656	13,770	138	1	5	8	4	1
Maryland	268	6,108	85	1	1	—	2	1
North Carolina	N	14,415	146	—	—	—	16	—
South Carolina	150	8,253	63	1	1	—	—	—
Virginia	256	8,250	89	—	7	1	1	1
West Virginia	66	841	48	1	—	—	2	N
E.S. Central	182	24,854	239	—	18	5	17	5
Alabama	182	7,677	65	—	7	3	3	—
Kentucky	N	4,353	37	—	1	1	6	1
Mississippi	N	5,625	36	—	—	—	5	4
Tennessee	N	7,199	101	—	10	1	3	—
W.S. Central	393	55,000	204	7	9	—	8	27
Arkansas	113	4,539	50	—	4	—	—	7
Louisiana	280	9,002	46	—	—	—	6	1
Oklahoma	N	6,137	96	1	5	—	2	N
Texas	N	35,322	12	6	N	N	N	19
Mountain	1,111	18,788	330	5	25	2	26	4
Arizona	119	7,750	101	—	8	—	12	—
Colorado	332	3,170	66	—	4	2	2	1
Idaho	154	443	18	—	—	—	—	—
Montana	89	434	14	1	—	—	1	—
Nevada	65	3,188	17	—	2	—	1	1
New Mexico	101	2,246	49	2	4	—	6	—
Utah	225	1,441	59	2	7	—	3	2
Wyoming	26	116	6	—	—	—	1	—

See table footnotes on next page.

TABLE 2e. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Giardiasis	Gonorrhea†	*Haemophilus influenzae,* invasive disease					Hansen's disease (leprosy)
				Age <5 Years				
			All ages, serotypes	Serotype b	Nontypeable	Non-b serotype	Unknown serotype	
Pacific	2,850	56,310	183	4	5	3	53	20
Alaska	89	1,341	25	—	4	—	3	—
California	1,852	45,408	42	—	—	—	35	6
Hawaii	43	1,020	23	—	—	—	6	14
Oregon	351	2,320	84	—	1	—	7	N
Washington	515	6,221	9	4	—	3	2	N
Territories								
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	1	99	—	—	—	—	—	13
Puerto Rico	31	454	3	—	—	1	—	2
U.S. Virgin Islands	—	84	N	N	N	N	N	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.

TABLE 2f. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome postdiarrheal	Hepatitis A, acute	Hepatitis B, acute	Hepatitis B, chronic†	Hepatitis B perinatal infection	Hepatitis C, acute	Hepatitis C, past or present†
United States	32	250	1,239	2,791	12,400	47	2,204	162,863
New England	—	11	88	59	411	1	272	11,227
Connecticut	N	4	23	9	72	—	9	3,263
Maine	—	1	8	12	44	—	31	1,423
Massachusetts	—	6	43	30	233	1	228	5,639
New Hampshire	—	—	5	4	28	—	N	N
Rhode Island	—	—	8	U	U	—	U	U
Vermont	—	—	1	4	34	—	4	902
Mid. Atlantic	—	7	191	240	3,669	11	308	33,947
New Jersey	—	3	59	77	487	—	113	7,765
New York (upstate)	—	3	38	38	496	1	113	8,448
New York City	—	1	46	57	1,759	6	13	7,339
Pennsylvania	—	—	48	68	927	4	69	10,395
E.N. Central	—	33	186	416	1,662	5	381	32,104
Illinois	—	4	82	58	972	—	27	8,777
Indiana	—	7	20	126	U	—	122	U
Michigan	—	6	45	50	475	2	78	7,572
Ohio	—	9	32	171	214	2	105	15,755
Wisconsin	—	7	7	11	1	1	49	—
W.N. Central	4	34	79	78	1,013	2	76	12,033
Iowa	2	6	12	9	66	—	U	—
Kansas	—	10	7	11	116	—	28	1,560
Minnesota	—	10	19	16	197	—	40	1,899
Missouri	—	6	20	31	431	2	6	6,278
Nebraska	—	1	9	8	110	—	2	926
North Dakota	2	—	9	—	83	—	—	848
South Dakota	—	1	3	3	10	—	—	522
S. Atlantic	—	31	225	848	2,874	4	423	49,338
Delaware	—	—	1	8	88	—	U	U
District of Columbia	—	—	U	U	U	U	U	U
Florida	—	7	90	313	1,137	1	93	22,253
Georgia	—	7	24	103	N	—	57	4,237
Maryland	—	6	27	40	498	—	42	7,041
North Carolina	—	4	38	100	447	2	111	N
South Carolina	—	1	6	37	145	—	4	3,586
Virginia	—	6	27	61	341	1	54	5,590
West Virginia	—	—	12	186	218	—	62	6,631
E.S. Central	—	21	49	561	625	2	334	—
Alabama	N	1	15	117	N	—	35	N
Kentucky	—	4	19	164	N	—	176	N
Mississippi	N	2	3	48	N	N	U	—
Tennessee	—	14	12	232	625	2	123	N
W.S. Central	6	37	148	294	211	5	127	2,657
Arkansas	—	8	2	28	N	—	13	N
Louisiana	—	2	5	87	125	1	22	2,116
Oklahoma	1	21	17	57	86	1	45	541
Texas	5	6	124	122	N	3	47	N
Mountain	19	30	86	100	449	—	112	10,299
Arizona	5	—	29	31	98	—	U	U
Colorado	4	6	23	29	144	—	33	3,644
Idaho	—	10	7	6	51	—	6	932
Montana	1	5	5	—	26	—	13	1,413
Nevada	—	1	5	21	N	—	6	N
New Mexico	6	—	8	2	50	—	16	2,316
Utah	2	8	8	11	34	—	38	1,492
Wyoming	1	—	1	U	46	—	U	502
Pacific	3	46	187	195	1,486	17	171	11,258
Alaska	—	—	1	3	U	—	N	—
California	1	38	142	110	1,114	14	73	1,317
Hawaii	—	2	5	6	182	N	1	11
Oregon	1	6	13	32	97	—	15	5,002
Washington	1	—	26	44	93	3	82	4,928

See table footnotes on next page.

TABLE 2f. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome postdiarrheal	Hepatitis A, acute	Hepatitis B, acute	Hepatitis B, chronic†	Hepatitis B perinatal infection	Hepatitis C, acute	Hepatitis C, past or present†
Territories								
American Samoa	N	N	—	—	N	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	N	—	5	9	47	—	5	63
Puerto Rico	—	N	8	19	5	—	N	558
U.S. Virgin Islands	—	N	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Reported cases of chronic hepatitis B and hepatitis C past or present might not reflect unique case reports and might include both confirmed and probable case reports.

TABLE 2g. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	HIV diagnoses	Influenza-associated pediatric mortality†	Invasive pneumococcal disease§		Legionellosis	Leptospirosis	Listeriosis
			All ages	Age <5 years			
United States	35,606	141	15,356	1,065	5,166	38	769
New England	887	3	1,136	51	270	1	57
Connecticut	248	—	241	9	60	N	15
Maine	40	1	137	6	19	—	8
Massachusetts	474	2	531	27	144	1	21
New Hampshire	29	—	98	4	12	N	2
Rhode Island	82	—	73	4	28	—	10
Vermont	14	—	56	1	7	—	1
Mid. Atlantic	5,315	16	2,009	116	1,173	1	136
New Jersey	1,029	6	519	34	199	—	17
New York (upstate)	910	1	842	48	422	—	36
New York City	2,282	6	648	34	228	1	37
Pennsylvania	1,094	3	N	N	324	—	46
E.N. Central	3,449	10	2,600	128	1,108	4	100
Illinois	1,171	3	N	—	249	—	30
Indiana	431	—	624	32	129	1	8
Michigan	703	2	614	34	229	1	20
Ohio	932	2	936	45	406	2	30
Wisconsin	212	3	426	17	95	—	12
W.N. Central	1,053	10	954	83	254	1	46
Iowa	98	1	N	N	33	—	7
Kansas	112	3	136	N	19	N	6
Minnesota	245	5	487	41	59	—	17
Missouri	468	—	N	23	106	1	11
Nebraska	81	1	153	14	23	—	4
North Dakota	24	—	88	5	4	N	1
South Dakota	25	—	90	N	10	N	—
S. Atlantic	10,895	26	2,944	241	959	—	153
Delaware	105	—	41	1	20	—	1
District of Columbia	242	—	71	2	13	—	1
Florida	5,257	6	792	89	280	—	49
Georgia	1,401	1	925	62	93	—	15
Maryland	778	1	428	34	144	—	13
North Carolina	1,378	8	N	N	187	—	30
South Carolina	741	2	421	23	45	—	10
Virginia	912	6	19	19	129	—	25
West Virginia	81	2	247	11	48	—	9
E.S. Central	1,944	9	1,430	101	352	1	34
Alabama	517	—	213	17	63	1	9
Kentucky	235	1	189	12	95	N	3
Mississippi	463	1	261	23	33	N	6
Tennessee	729	7	767	49	161	N	16
W.S. Central	5,649	34	2,205	208	394	—	34
Arkansas	283	2	290	26	38	N	4
Louisiana	1,400	6	353	27	64	—	9
Oklahoma	276	2	N	26	36	—	2
Texas	3,690	24	1,562	129	256	N	19
Mountain	1,651	10	1,902	116	208	2	50
Arizona	705	3	724	38	59	1	14
Colorado	361	1	471	21	65	N	10
Idaho	12	—	N	7	17	—	3
Montana	15	—	40	2	4	—	1
Nevada	388	3	139	6	25	—	4
New Mexico	124	1	299	14	8	—	9
Utah	37	2	204	25	28	1	9
Wyoming	9	—	25	3	2	—	—
Pacific	4,763	23	176	21	448	28	159
Alaska	41	—	87	10	2	—	—
California	3,988	22	N	N	351	5	114
Hawaii	82	—	89	11	7	23	5
Oregon	215	1	N	N	33	—	16
Washington	437	—	N	N	55	—	24

See table footnotes on next page.

TABLE 2g. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	HIV diagnoses	Influenza-associated pediatric mortality†	Invasive pneumococcal disease§		Legionellosis	Leptospirosis	Listeriosis
			All ages	Age <5 years			
Territories							
American Samoa	—	—	N	—	N	—	N
C.N.M.I.	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—
Puerto Rico	489	—	—	—	13	69	—
U.S. Virgin Islands	16	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Totals reported to the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD), as of **June 30, 2015**.

§ *Streptococcus pneumoniae*, invasive disease. Since January 1, 2010, "Invasive pneumococcal disease (IPD)" has been nationally notifiable and separate notifications for "Drug resistant *S. pneumoniae*" and "IPD in children <5 years of age" have been discontinued.

TABLE 2h. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Lyme disease			Malaria	Measles		
	Total	Confirmed	Probable		Total	Indigenous	Imported
United States	33,461	25,359	8,102	1,653	667	604	63
New England	11,292	8,168	3,124	120	13	6	7
Connecticut	2,360	1,719	641	15	5	4	1
Maine	1,401	1,169	232	7	—	—	—
Massachusetts	5,304	3,646	1,658	61	8	2	6
New Hampshire	724	622	102	11	—	—	—
Rhode Island	904	570	334	22	—	—	—
Vermont	599	442	157	4	—	—	—
Mid. Atlantic	14,509	11,912	2,597	427	38	30	8
New Jersey	3,286	2,589	697	79	3	1	2
New York (upstate)	2,887	2,285	602	59	5	2	3
New York City	849	568	281	204	27	25	2
Pennsylvania	7,487	6,470	1,017	85	3	2	1
E.N. Central	1,950	1,511	439	141	392	384	8
Illinois	233	233	—	55	2	1	1
Indiana	110	100	10	20	1	—	1
Michigan	127	93	34	17	5	3	2
Ohio	119	94	25	38	382	379	3
Wisconsin	1,361	991	370	11	2	1	1
W.N. Central	1,663	1,035	628	115	52	48	4
Iowa	194	110	84	17	—	—	—
Kansas	20	12	8	9	14	13	1
Minnesota	1,416	896	520	51	2	1	1
Missouri	10	7	3	15	27	25	2
Nebraska	7	6	1	9	1	1	—
North Dakota	14	2	12	9	—	—	—
South Dakota	2	2	—	5	8	8	—
S. Atlantic	3,678	2,557	1,121	421	3	1	2
Delaware	417	341	76	2	—	—	—
District of Columbia	40	35	5	18	—	—	—
Florida	155	85	70	52	—	—	—
Georgia	4	4	—	82	—	—	—
Maryland	1,373	957	416	146	—	—	—
North Carolina	170	27	143	36	1	—	1
South Carolina	37	20	17	6	—	—	—
Virginia	1,346	976	370	77	2	1	1
West Virginia	136	112	24	2	—	—	—
E.S. Central	127	48	79	46	5	3	2
Alabama	64	28	36	14	1	—	1
Kentucky	44	11	33	11	—	—	—
Mississippi	2	2	—	1	—	—	—
Tennessee	17	7	10	20	4	3	1
W.S. Central	42	20	22	143	10	7	3
Arkansas	—	—	—	7	—	—	—
Louisiana	2	—	2	20	—	—	—
Oklahoma	—	—	—	10	—	—	—
Texas	40	20	20	106	10	7	3
Mountain	59	38	21	79	8	6	2
Arizona	21	14	7	25	3	3	—
Colorado	—	—	—	30	1	—	1
Idaho	9	8	1	3	—	—	—
Montana	7	5	2	2	—	—	—
Nevada	6	4	2	11	—	—	—
New Mexico	—	—	—	3	1	1	—
Utah	13	5	8	5	3	2	1
Wyoming	3	2	1	—	—	—	—
Pacific	141	70	71	161	146	119	27
Alaska	8	5	3	4	—	—	—
California	73	54	19	95	92	75	17
Hawaii	N	N	N	4	15	10	5
Oregon	45	3	42	17	6	5	1
Washington	15	8	7	41	33	29	4

See table footnotes on next page.

TABLE 2h. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Lyme disease			Malaria	Measles		
	Total	Confirmed	Probable		Total	Indigenous	Imported
Territories							
American Samoa	N	N	N	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—
Guam	—	—	—	—	2	2	—
Puerto Rico	N	N	N	1	2	2	—
U.S. Virgin Islands	N	N	N	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and non-neuroinvasive; and yellow fever were reported in the United States during 2014.

TABLE 2i. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Meningococcal disease					Mumps	Novel influenza A virus infections†	Pertussis
	All Serogroups	Serogroups ACWY	Serogroup B	Other Serogroups	Unknown Serogroup			
United States	433	123	89	25	196	1,223	3	32,971
New England	18	11	4	2	1	10	—	1,199
Connecticut	3	3	—	—	—	3	—	100
Maine	2	1	—	1	—	—	—	557
Massachusetts	12	6	4	1	1	5	—	308
New Hampshire	—	—	—	—	—	2	—	84
Rhode Island	1	1	—	—	—	—	—	108
Vermont	—	—	—	—	—	—	—	42
Mid. Atlantic	51	7	11	3	30	193	—	2,223
New Jersey	9	—	—	—	9	39	—	387
New York (upstate)	8	2	5	1	—	12	—	901
New York City	18	—	—	—	18	123	—	122
Pennsylvania	16	5	6	2	3	19	—	813
E.N. Central	50	19	21	3	7	805	3	5,658
Illinois	12	7	4	1	—	142	—	764
Indiana	4	—	4	—	—	25	—	492
Michigan	12	4	5	—	3	20	—	1,424
Ohio	12	7	2	—	3	552	2	1,463
Wisconsin	10	1	6	2	1	66	1	1,515
W.N. Central	22	3	3	—	16	41	—	2,689
Iowa	2	1	1	—	—	10	—	222
Kansas	1	1	—	—	—	2	—	431
Minnesota	7	—	—	—	7	22	—	950
Missouri	8	—	—	—	8	6	—	558
Nebraska	—	—	—	—	—	—	—	366
North Dakota	2	1	1	—	—	1	—	52
South Dakota	2	—	1	—	1	—	—	110
S. Atlantic	102	17	22	5	58	47	—	3,002
Delaware	1	—	1	—	—	—	—	205
District of Columbia	1	—	1	—	—	16	—	22
Florida	50	—	—	—	50	1	—	719
Georgia	14	7	2	1	4	2	—	408
Maryland	7	2	4	1	—	3	—	203
North Carolina	13	6	5	—	2	2	—	752
South Carolina	5	—	3	1	1	2	—	170
Virginia	10	2	6	1	1	20	—	505
West Virginia	1	—	—	1	—	1	—	18
E.S. Central	19	9	3	—	7	8	—	983
Alabama	7	4	1	—	2	2	—	285
Kentucky	3	—	—	—	3	2	—	300
Mississippi	1	—	—	—	1	—	—	68
Tennessee	8	5	2	—	1	4	—	330
W.S. Central	40	15	8	6	11	21	—	3,094
Arkansas	1	1	—	—	—	1	—	286
Louisiana	7	—	—	—	7	1	—	90
Oklahoma	10	3	4	3	—	4	—	142
Texas	22	11	4	3	4	15	—	2,576
Mountain	33	17	6	4	6	49	—	4,176
Arizona	9	4	4	1	—	12	—	517
Colorado	9	5	1	2	1	4	—	1,282
Idaho	5	2	1	1	1	26	—	367
Montana	4	4	—	—	—	1	—	494
Nevada	3	—	—	—	3	2	—	144
New Mexico	2	2	—	—	—	2	—	370
Utah	1	—	—	—	1	2	—	940
Wyoming	—	—	—	—	—	—	—	62
Pacific	98	25	11	2	60	49	—	9,947
Alaska	3	3	—	—	—	1	—	169
California	57	—	—	—	57	37	—	8,723
Hawaii	2	1	—	1	—	1	—	38
Oregon	19	11	5	—	3	1	—	416
Washington	17	10	6	1	—	9	—	601

See table footnotes on next page.

TABLE 2i. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Meningococcal disease					Mumps	Novel influenza A virus infections†	Pertussis
	All Serogroups	Serogroups ACWY	Serogroup B	Other Serogroups	Unknown Serogroup			
Territories								
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	17
U.S. Virgin Islands	—	—	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Totals reported to the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD), as of **June 30, 2015**.

TABLE 2j. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Plague	Psittacosis	Q fever			Rabies		Rubella
			Total	Acute	Chronic	Animal†	Human	
United States	10	8	168	132	36	5,988	1	6
New England	—	—	1	—	1	479	—	—
Connecticut	—	N	—	—	—	183	—	—
Maine	—	—	—	—	—	43	—	—
Massachusetts	—	—	1	—	1	148	—	—
New Hampshire	—	—	N	N	N	23	—	—
Rhode Island	—	—	—	—	—	27	—	—
Vermont	—	—	N	—	—	55	—	—
Mid. Atlantic	—	1	18	13	5	1,136	—	1
New Jersey	—	1	4	3	1	349	—	—
New York (upstate)	—	—	6	6	—	372	—	—
New York City	—	—	2	—	2	12	—	—
Pennsylvania	—	—	6	4	2	403	—	1
E.N. Central	—	—	18	8	10	150	—	1
Illinois	—	—	4	2	2	40	—	1
Indiana	—	—	2	2	—	12	—	—
Michigan	—	—	2	1	1	43	—	—
Ohio	—	—	4	—	4	28	—	—
Wisconsin	—	—	6	3	3	27	—	—
W.N. Central	—	5	15	14	1	204	1	1
Iowa	—	—	N	N	N	15	—	—
Kansas	—	—	2	2	—	70	—	—
Minnesota	—	—	3	3	—	33	—	—
Missouri	—	—	1	1	—	26	1	—
Nebraska	—	5	2	2	—	21	—	1
North Dakota	—	—	2	2	—	18	—	—
South Dakota	—	—	5	4	1	21	—	—
S. Atlantic	—	1	11	10	1	1,833	—	—
Delaware	—	—	—	—	—	9	—	—
District of Columbia	—	—	N	—	—	40	—	—
Florida	—	1	1	1	—	95	—	—
Georgia	—	—	—	—	—	272	—	—
Maryland	—	—	—	—	—	344	—	—
North Carolina	—	—	3	3	—	355	—	—
South Carolina	—	—	—	—	—	140	—	—
Virginia	—	—	4	3	1	528	—	—
West Virginia	—	—	3	3	—	50	—	—
E.S. Central	—	—	4	4	—	137	—	—
Alabama	—	—	2	2	—	86	—	—
Kentucky	—	—	—	—	—	10	—	—
Mississippi	—	—	—	—	—	1	—	—
Tennessee	—	—	2	2	—	40	—	—
W.S. Central	—	—	22	14	8	1,396	—	—
Arkansas	—	—	5	5	N	152	—	—
Louisiana	—	—	1	1	—	5	—	—
Oklahoma	—	—	4	2	2	106	—	—
Texas	—	N	12	6	6	1,133	—	—
Mountain	10	—	34	24	10	422	—	1
Arizona	—	—	9	6	3	157	—	—
Colorado	8	—	6	4	2	131	—	—
Idaho	—	—	4	4	—	12	—	—
Montana	—	—	4	2	2	16	—	—
Nevada	—	—	—	—	—	14	—	—
New Mexico	2	—	2	2	—	12	—	—
Utah	—	—	9	6	3	22	—	1
Wyoming	—	—	—	—	—	58	—	—
Pacific	—	1	45	45	—	231	—	2
Alaska	—	—	—	—	—	3	—	—
California	—	—	35	35	—	200	—	2
Hawaii	—	—	—	—	—	U	—	—
Oregon	—	—	9	9	—	13	—	—
Washington	—	1	1	1	—	15	—	—

See table footnotes on next page.

TABLE 2j. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Plague	Psittacosis	Q fever			Rabies		Rubella
			Total	Acute	Chronic	Animal†	Human	
Territories								
American Samoa	—	N	N	N	N	U	U	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	—	N	N	N	—	—	—
Puerto Rico	—	N	—	—	—	45	—	—
U.S. Virgin Islands	—	—	—	—	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Totals reported to the National Center for Emerging and Zoonotic Infectious Diseases, Division of High-consequence Pathogens and Pathology, as of **December 14, 2015**.

TABLE 2k. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Rubella, Congenital syndrome	Salmonellosis	Shiga toxin-producing *Escherichia coli* (STEC)†	Shigellosis	Spotted Fever Rickettsiosis§			Streptococcal toxic shock syndrome
					Total	Confirmed	Probable	
United States	1	51,455	6,179	20,745	3,757	115	3,634	259
New England	—	2,231	223	335	19	1	18	46
Connecticut	—	457	60	67	6	—	6	19
Maine	—	127	33	29	3	—	3	18
Massachusetts	—	1,223	95	187	8	—	8	6
New Hampshire	—	191	16	14	2	1	1	—
Rhode Island	—	140	4	34	—	—	—	1
Vermont	—	93	15	4	—	—	—	2
Mid. Atlantic	—	4,968	577	1,224	86	2	84	50
New Jersey	—	1,170	124	297	58	—	58	37
New York (upstate)	—	1,320	200	281	20	1	19	13
New York City	—	1,008	70	443	1	—	1	—
Pennsylvania	—	1,470	183	203	7	1	6	—
E.N. Central	1	5,672	871	3,475	148	2	146	78
Illinois	1	1,778	195	840	89	1	88	52
Indiana	—	725	117	1,362	36	—	36	12
Michigan	—	1,053	133	310	—	—	—	4
Ohio	—	1,199	204	606	12	—	12	9
Wisconsin	—	917	222	357	11	1	10	1
W.N. Central	—	3,038	1,013	2,615	411	8	403	11
Iowa	—	527	224	208	10	—	10	—
Kansas	—	428	90	55	110	—	110	2
Minnesota	—	727	332	95	7	—	7	8
Missouri	—	839	180	1,395	265	2	263	1
Nebraska	—	259	107	220	13	3	10	—
North Dakota	—	88	39	21	3	2	1	—
South Dakota	—	170	41	621	3	1	2	—
S. Atlantic	—	14,163	514	4,768	1,002	56	946	35
Delaware	—	157	14	74	24	—	24	—
District of Columbia	—	64	5	118	—	—	—	—
Florida	—	6,019	117	2,396	29	2	27	N
Georgia	—	2,242	97	1,021	37	37	—	—
Maryland	—	894	74	260	6	2	4	4
North Carolina	—	2,057	51	510	496	10	486	20
South Carolina	—	1,399	15	162	32	1	31	1
Virginia	—	1,151	121	214	373	4	369	10
West Virginia	—	180	20	13	5	—	5	—
E.S. Central	—	3,738	323	1,893	881	25	850	4
Alabama	—	1,165	41	516	220	8	206	—
Kentucky	—	585	97	344	53	—	53	4
Mississippi	—	990	31	199	50	4	46	N
Tennessee	—	998	154	834	558	13	545	—
W.S. Central	—	7,821	843	3,791	1,155	3	1,152	2
Arkansas	—	668	89	770	824	—	824	—
Louisiana	—	1,210	18	139	18	—	18	2
Oklahoma	—	798	124	139	219	3	216	N
Texas	—	5,145	612	2,743	94	—	94	N
Mountain	—	2,933	627	749	37	10	25	33
Arizona	—	1,046	98	376	16	6	10	4
Colorado	—	616	168	80	5	1	4	2
Idaho	—	174	116	12	1	—	1	1
Montana	—	146	39	44	4	1	3	—
Nevada	—	173	36	36	1	—	1	12
New Mexico	—	333	47	64	2	1	1	—
Utah	—	370	91	41	8	1	5	13
Wyoming	—	75	32	96	—	—	—	1
Pacific	—	6,891	1,188	1,895	18	8	10	—
Alaska	—	68	—	4	N	N	N	N
California	—	5,358	691	1,655	11	5	6	N
Hawaii	—	323	25	29	N	N	N	—
Oregon	—	401	185	50	5	2	3	N
Washington	—	741	287	157	2	1	1	N

See table footnotes on next page.

TABLE 2k. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Rubella, Congenital syndrome	Salmonellosis	Shiga toxin-producing *Escherichia coli* (STEC)†	Shigellosis	Spotted Fever Rickettsiosis§			Streptococcal toxic shock syndrome
					Total	Confirmed	Probable	
Territories								
American Samoa	—	—	—	—	N	N	N	N
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	13	—	4	N	N	N	—
Puerto Rico	N	832	5	26	N	N	N	N
U.S. Virgin Islands	—	—	—	—	N	N	N	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Includes *E. coli* O157:H7; shiga toxin-positive, serogroup non-O157; and shiga toxin positive, not serogrouped.
§ Total case count includes eight unknown case status reports.

TABLE 2I. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Syphilis†,§			Tetanus	Toxic shock syndrome	Trichinellosis
	All Stages	Primary and Secondary	Congenital			
United States	63,450	19,999	458	25	59	13
New England	1,256	515	3	—	2	—
Connecticut	169	86	—	—	N	—
Maine	23	16	—	—	—	—
Massachusetts	813	301	3	—	—	—
New Hampshire	79	36	—	—	—	—
Rhode Island	160	71	—	—	1	—
Vermont	12	5	—	—	1	—
Mid. Atlantic	9,825	2,556	27	2	7	—
New Jersey	1,172	297	—	—	2	—
New York (upstate)	1,341	401	3	—	4	—
New York City	5,788	1,326	19	—	—	—
Pennsylvania	1,524	532	5	2	1	—
E.N. Central	5,880	2,106	65	3	17	2
Illinois	2,796	863	27	—	2	—
Indiana	475	168	8	1	—	1
Michigan	1,095	421	15	—	4	—
Ohio	1,229	568	15	1	9	1
Wisconsin	285	86	—	1	2	—
W.N. Central	2,083	857	6	2	6	—
Iowa	239	72	1	—	1	—
Kansas	200	60	—	—	—	—
Minnesota	631	257	—	2	5	—
Missouri	771	352	1	—	—	—
Nebraska	96	50	1	—	—	—
North Dakota	51	13	—	—	—	—
South Dakota	95	53	3	—	—	—
S. Atlantic	14,857	4,886	93	3	9	1
Delaware	110	47	—	—	1	—
District of Columbia	281	116	—	—	—	—
Florida	6,102	1,740	47	2	N	—
Georgia	3,384	1,234	17	—	4	N
Maryland	1,475	449	16	1	N	—
North Carolina	1,998	733	6	—	2	—
South Carolina	750	250	5	—	1	—
Virginia	702	289	2	—	N	1
West Virginia	55	28	—	—	1	—
E.S. Central	2,541	745	9	1	6	—
Alabama	475	161	3	—	—	—
Kentucky	447	158	3	—	1	—
Mississippi	642	189	1	1	N	—
Tennessee	977	237	2	—	5	—
W.S. Central	10,780	2,483	132	6	2	2
Arkansas	389	121	6	—	2	N
Louisiana	2,173	575	46	1	—	—
Oklahoma	414	151	6	1	N	—
Texas	7,804	1,636	74	4	N	2
Mountain	3,201	1,317	20	—	7	2
Arizona	1,459	577	13	—	2	—
Colorado	355	186	—	—	4	1
Idaho	46	12	—	—	—	—
Montana	9	8	—	—	—	—
Nevada	894	357	6	—	—	—
New Mexico	283	126	1	—	—	—
Utah	149	47	—	—	1	1
Wyoming	6	4	—	—	—	—
Pacific	13,027	4,534	103	8	3	6
Alaska	45	15	—	1	N	2
California	11,440	3,835	99	4	3	2
Hawaii	106	68	—	—	N	—
Oregon	582	272	2	—	N	—
Washington	854	344	2	3	N	2

See table footnotes on next page.

TABLE 2I. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Syphilis†,§			Tetanus	Toxic shock syndrome	Trichinellosis
	All Stages	Primary and Secondary	Congenital			
Territories						
American Samoa	—	—	—	—	N	N
C.N.M.I.	—	—	—	—	—	—
Guam	13	7	—	—	—	—
Puerto Rico	960	484	—	—	N	N
U.S. Virgin Islands	6	2	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis.

§ Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015.**

TABLE 2m. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Tuberculosis†	Tularemia	Typhoid fever	Vancomycin-intermediate *Staphylococcus aureus* (VISA)
United States	9,421	180	349	212
New England	307	4	19	2
Connecticut	60	—	1	—
Maine	14	—	—	1
Massachusetts	199	3	15	—
New Hampshire	11	—	1	N
Rhode Island	21	—	2	1
Vermont	2	1	—	—
Mid. Atlantic	1,304	4	85	62
New Jersey	308	1	21	7
New York (upstate)	202	3	10	31
New York City	585	—	39	20
Pennsylvania	209	—	15	4
E.N. Central	736	12	38	17
Illinois	320	7	15	3
Indiana	108	2	5	—
Michigan	105	2	9	3
Ohio	156	1	7	9
Wisconsin	47	—	2	2
W.N. Central	381	63	15	106
Iowa	54	1	1	N
Kansas	40	27	1	—
Minnesota	147	—	6	—
Missouri	79	20	5	104
Nebraska	38	6	—	—
North Dakota	15	4	2	—
South Dakota	8	5	—	2
S. Atlantic	1,667	2	56	16
Delaware	22	—	4	—
District of Columbia	32	—	—	—
Florida	595	1	13	4
Georgia	335	—	10	3
Maryland	198	—	16	1
North Carolina	195	—	4	4
South Carolina	79	—	—	1
Virginia	198	—	9	3
West Virginia	13	1	—	—
E.S. Central	438	3	4	3
Alabama	133	—	2	2
Kentucky	80	1	—	—
Mississippi	74	—	—	—
Tennessee	151	2	2	1
W.S. Central	1,542	60	23	5
Arkansas	93	42	1	—
Louisiana	121	1	—	—
Oklahoma	59	17	2	—
Texas	1,269	—	20	5
Mountain	431	24	21	1
Arizona	193	—	4	—
Colorado	64	16	6	N
Idaho	11	—	—	N
Montana	6	1	3	—
Nevada	74	—	3	—
New Mexico	50	5	1	N
Utah	31	1	4	1
Wyoming	2	1	—	—
Pacific	2,615	8	88	—
Alaska	62	—	—	N
California	2,145	—	66	N
Hawaii	136	—	4	—
Oregon	77	4	3	N
Washington	195	4	15	N

See table footnotes on next page.

TABLE 2m. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Tuberculosis†	Tularemia	Typhoid fever	Vancomycin-intermediate *Staphylococcus aureus* (VISA)
Territories				
American Samoa	1	—	—	N
C.N.M.I.	23	—	—	—
Guam	56	—	—	—
Puerto Rico	44	—	1	—
U.S. Virgin Islands	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.
† Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 1, 2015**.

TABLE 2n. Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Varicella		Vibriosis	Viral hemorrhagic fever§
	Morbidity	Mortality†		
United States	10,172	4	1,261	5
New England	1,147	—	86	—
Connecticut	186	—	15	—
Maine	207	—	9	—
Massachusetts	470	N	51	—
New Hampshire	112	—	5	—
Rhode Island	54	—	6	—
Vermont	118	—	—	—
Mid. Atlantic	1,151	—	70	1
New Jersey	317	—	34	—
New York (upstate)	N	N	N	—
New York City	—	—	17	1
Pennsylvania	834	—	19	—
E.N. Central	2,498	—	63	—
Illinois	596	—	24	—
Indiana	220	—	6	—
Michigan	728	—	7	—
Ohio	535	N	12	—
Wisconsin	419	—	14	—
W.N. Central	855	—	38	1
Iowa	N	N	N	—
Kansas	294	—	2	—
Minnesota	297	—	25	1
Missouri	201	—	8	—
Nebraska	19	—	2	—
North Dakota	21	—	1	—
South Dakota	23	—	N	—
S. Atlantic	1,282	3	326	—
Delaware	15	—	5	—
District of Columbia	—	—	1	—
Florida	570	1	166	—
Georgia	64	1	18	—
Maryland	N	—	42	—
North Carolina	N	N	14	—
South Carolina	151	—	18	—
Virginia	324	1	59	—
West Virginia	158	N	3	—
E.S. Central	111	—	55	—
Alabama	107	—	20	—
Kentucky	N	N	9	—
Mississippi	4	N	11	—
Tennessee	N	—	15	—
W.S. Central	1,943	1	130	3
Arkansas	254	N	N	—
Louisiana	42	—	50	—
Oklahoma	N	N	2	—
Texas	1,647	1	78	3
Mountain	1,059	—	57	—
Arizona	300	—	36	—
Colorado	386	N	13	—
Idaho	N	N	N	—
Montana	72	—	2	—
Nevada	N	N	2	—
New Mexico	75	N	1	—
Utah	215	—	2	—
Wyoming	11	N	1	—
Pacific	126	—	436	—
Alaska	31	—	5	—
California	43	—	272	—
Hawaii	52	—	38	—
Oregon	N	N	29	—
Washington	N	—	92	—

See table footnotes on next page.

TABLE 2n. (*Continued*) Number of reported cases of notifiable diseases,* by region and reporting area — United States and U.S. territories, 2014

Area	Varicella		Vibriosis	Viral hemorrhagic fever§
	Morbidity	Mortality†		
Territories				
American Samoa	N	N	N	—
C.N.M.I.	—	—	—	—
Guam	33	N	—	—
Puerto Rico	231	—	—	—
U.S. Virgin Islands	—	—	—	—

* No cases of anthrax; dengue hemorrhagic fever; eastern equine encephalitis, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated coronavirus disease (SARS-CoV); smallpox; Vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; and yellow fever were reported in the United States during 2014.

† Totals reported to the Division of Viral Diseases, National Center for Immunization and Respiratory Diseases (NCIRD), as of **June 30, 2015**.

§ In addition to the four cases of Ebola Virus Disease diagnosed in the United States in 2014, six patients were medically evacuated to the United States for care after being diagnosed with Ebola Virus Disease in West Africa. In total, 11 VHF cases were reported for 2014, 10 confirmed infections with Ebola virus and one confirmed infection with Lassa virus.

TABLE 3. Number of reported cases of notifiable diseases* and rates per 100,000 population, by age group, excluding U.S. territories — United States, 2014

Disease	<1 yr		1–4 yrs		5–14 yrs		15–24 yrs		25–39 yrs		40—64 yrs		≥65 yrs		Age not stated	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Total
Arboviral diseases†																
California serogroup viruses																
neuroinvasive	2	(0.05)	12	(0.08)	59	(0.14)	2	(0.00)	2	(0.00)	3	(0.00)	5	(0.01)	—	**85**
nonneuroinvasive	—	(0.00)	—	(0.00)	4	(0.01)	2	(0.00)	2	(0.00)	1	(0.00)	2	(0.00)	—	**11**
Eastern equine encephalitis virus																
neuroinvasive	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	4	(0.00)	3	(0.01)	—	**8**
Powassan virus																
neuroinvasive	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	—	(0.00)	2	(0.00)	4	(0.01)	—	**7**
nonneuroinvasive	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	—	**1**
St. Louis encephalitis virus																
neuroinvasive	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	2	(0.00)	4	(0.00)	—	(0.00)	—	**6**
nonneuroinvasive	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	2	(0.00)	2	(0.00)	—	**4**
West Nile virus																
neuroinvasive	2	(0.05)	—	(0.00)	26	(0.06)	54	(0.12)	150	(0.24)	633	(0.61)	481	(1.04)	1	**1,347**
nonneuroinvasive	—	(0.00)	3	(0.02)	13	(0.03)	53	(0.12)	137	(0.22)	432	(0.41)	220	(0.48)	—	**858**
Babesiosis, total	1	(0.04)	10	(0.09)	33	(0.12)	48	(0.17)	144	(0.34)	700	(1.03)	816	(2.80)	8	**1,760**
confirmed	1	(0.04)	8	(0.08)	23	(0.08)	30	(0.10)	114	(0.27)	575	(0.84)	715	(2.46)	6	**1,472**
probable	—	(0.00)	2	(0.02)	10	(0.04)	18	(0.06)	30	(0.07)	125	(0.18)	101	(0.35)	2	**288**
Botulism, total	127	(3.22)	1	(0.01)	1	(0.00)	4	(0.01)	6	(0.01)	18	(0.02)	4	(0.01)	—	**161**
foodborne	1	(0.03)	—	(0.00)	1	(0.00)	3	(0.01)	1	(0.00)	6	(0.01)	3	(0.01)	—	**15**
Infant	126	(3.19)	1	(0.01)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**127**
other (wound and unspecified)	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	5	(0.01)	12	(0.01)	1	(0.00)	—	**19**
Brucellosis	—	(0.00)	3	(0.02)	2	(0.00)	13	(0.03)	18	(0.03)	32	(0.03)	22	(0.05)	2	**92**
Chancroid§	—	(0.00)	—	(0.00)	—	(0.00)	3	(0.01)	2	(0.00)	1	(0.00)	—	(0.00)	—	**6**
Chlamydia trachomatis, infection§	—	(0.00)	—	(0.00)	—	(0.00)	948,102	(2155.77)	419,569	(61.38)	58,726	(56.40)	1,449	(3.13)	1,753	**1,441,789****
Cholera	—	(0.00)	1	(0.01)	—	(0.00)	—	(0.00)	1	(0.00)	3	(0.00)	—	(0.00)	—	**5**
Coccidioidomycosis¶	4	(0.26)	27	(0.43)	256	(1.58)	720	(4.14)	1,532	(6.13)	3,434	(8.47)	2,232	(12.54)	27	**8,232**
Cryptosporidiosis, total	158	(4.00)	1,313	(8.24)	1,201	(2.92)	1,262	(2.87)	1,975	(3.11)	1,873	(1.80)	883	(1.91)	17	**8,682**
confirmed	90	(2.28)	923	(5.79)	817	(1.98)	862	(1.96)	1,272	(2.01)	1,133	(1.09)	457	(0.99)	11	**5,565**
probable	68	(1.72)	390	(2.45)	384	(0.93)	400	(0.91)	703	(1.11)	740	(0.71)	426	(0.92)	6	**3,117**
Cyclosporiasis	—	(0.00)	2	(0.01)	1	(0.00)	21	(0.05)	74	(0.13)	214	(0.23)	85	(0.20)	1	**398**
Dengue fever†	1	(0.03)	1	(0.01)	28	(0.07)	86	(0.20)	167	(0.26)	312	(0.30)	83	(0.18)	2	**680**
Diphtheria	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**1**
Ehrlichiosis/Anaplasmosis																
Anaplasma phagocytophilum	—	(0.00)	10	(0.07)	99	(0.25)	127	(0.30)	245	(0.40)	1,241	(1.25)	1,072	(2.42)	6	**2,800**
Ehrlichia chaffeensis	1	(0.03)	9	(0.06)	36	(0.09)	85	(0.20)	151	(0.25)	657	(0.66)	526	(1.19)	10	**1,475**
Ehrlichia ewingii	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	4	(0.01)	7	(0.01)	6	(0.01)	—	**17**
undetermined	—	(0.00)	1	(0.01)	8	(0.02)	17	(0.04)	25	(0.04)	75	(0.08)	69	(0.16)	1	**196**
Giardiasis	103	(3.37)	1,720	(13.95)	1,960	(6.15)	1,823	(5.29)	2,891	(5.81)	4,493	(5.44)	1,489	(4.00)	75	**14,554**
Gonorrhea§	—	(0.00)	—	(0.00)	—	(0.00)	184,668	(419.89)	128,783	(203.01)	32,558	(31.27)	911	(1.97)	485	**350,062****
Haemophilus influenzae, invasive disease																
all ages, serotypes	277	(7.02)	195	(1.22)	97	(0.24)	80	(0.18)	211	(0.33)	876	(0.84)	1,800	(3.89)	5	**3,541**
age <5 yrs																
serotype b	25	(0.63)	15	(0.09)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**40**
nontypeable	86	(2.42)	42	(0.25)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**128**
non-b serotype	20	(1.52)	18	(0.10)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**38**
unknown serotype	146	(4.10)	120	(0.83)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**266**
Hansen's disease	—	(0.00)	—	(0.00)	3	(0.01)	7	(0.02)	22	(0.04)	22	(0.02)	19	(0.05)	15	**88**
Hantavirus pulmonary syndrome	—	(0.00)	—	(0.00)	2	(0.01)	2	(0.00)	12	(0.02)	13	(0.01)	3	(0.01)	—	**32**
Hemolytic uremic syndrome postdiarrheal	6	(0.15)	117	(0.73)	87	(0.21)	12	(0.03)	2	(0.00)	16	(0.02)	8	(0.02)	2	**250**
Hepatitis,virus																
A acute	2	(0.05)	13	(0.08)	68	(0.17)	181	(0.41)	344	(0.54)	407	(0.39)	217	(0.47)	7	**1,239**
B acute	—	(0.00)	1	(0.01)	1	(0.00)	102	(0.23)	1,080	(1.72)	1,436	(1.39)	157	(0.34)	14	**2,791**
B chronic	13	(0.41)	28	(0.22)	79	(0.24)	821	(2.30)	4,316	(8.39)	5,705	(6.67)	1,064	(2.75)	374	**12,400**
B infection perinatal	24	(0.62)	23	(0.15)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**47**
C acute	11	(0.30)	3	(0.02)	1	(0.00)	502	(1.21)	1,139	(1.90)	482	(0.49)	38	(0.09)	28	**2,204**
C past or present	232	(7.68)	138	(1.13)	142	(0.45)	14,420	(42.41)	42,430	(86.33)	87,854	(107.79)	13,470	(36.85)	4,177	**162,863**
Human immunodeficiency virus (HIV) diagnoses††	34	(0.90)	24	(0.20)	95	(0.20)	7,723	(17.60)	14,927	(23.50)	12,059	(11.60)	744	(1.60)	—	**35,606**

See table footnotes on page 62.

TABLE 3. (*Continued*) Number of reported cases of notifiable diseases* and rates per 100,000 population, by age group, excluding U.S. territories — United States, 2014

Disease	<1 yr		1–4 yrs		5–14 yrs		15–24 yrs		25–39 yrs		40—64 yrs		≥65 yrs		Age not stated	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Total
Influenza-associated pediatric mortality§§	33	(0.84)	31	(0.19)	61	(0.15)	16	(0.13)	—	(0.00)	—	(0.00)	—	(0.00)	—	**141**
Invasive pneumococcal disease																
all ages	363	(13.42)	660	(6.05)	372	(1.32)	262	(0.87)	1,161	(2.69)	6,407	(8.95)	6,103	(19.06)	28	**15,356**
age <5 yrs	378	(12.78)	687	(5.75)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**1,065**
Legionellosis	1	(0.03)	—	(0.00)	2	(0.00)	37	(0.08)	335	(0.53)	2,374	(2.28)	2,185	(4.73)	232	**5,166**
Leptospirosis	—	(0.00)	—	(0.00)	2	(0.01)	11	(0.03)	9	(0.02)	11	(0.01)	2	(0.01)	3	**38**
Listeriosis	48	(1.22)	2	(0.01)	5	(0.01)	19	(0.04)	67	(0.11)	187	(0.18)	438	(0.95)	3	**769**
Lyme disease, total	36	(0.92)	1,263	(7.97)	5,649	(13.77)	3,337	(7.62)	4,092	(6.48)	11,968	(11.54)	6,310	(13.71)	806	**33,461**
confirmed	26	(0.66)	1,100	(6.94)	4,502	(10.97)	2,384	(5.44)	3,019	(4.78)	9,115	(8.79)	4,543	(9.87)	670	**25,359**
probable	10	(0.25)	163	(1.03)	1,147	(2.80)	953	(2.18)	1,073	(1.70)	2,853	(2.75)	1,767	(3.84)	136	**8,102**
Malaria	6	(0.15)	49	(0.31)	128	(0.31)	255	(0.58)	512	(0.81)	584	(0.56)	115	(0.25)	4	**1,653**
Measles, total	49	(1.24)	102	(0.64)	150	(0.36)	156	(0.35)	134	(0.21)	75	(0.07)	1	(0.00)	—	**667**
Indigenous	41	(1.04)	90	(0.57)	146	(0.35)	142	(0.32)	120	(0.19)	64	(0.06)	1	(0.00)	—	**604**
Imported	8	(0.20)	12	(0.08)	4	(0.01)	14	(0.03)	14	(0.02)	11	(0.01)	—	(0.00)	—	**63**
Meningococcal disease																
all serogroups	42	(1.06)	40	(0.25)	18	(0.04)	63	(0.14)	68	(0.11)	119	(0.11)	83	(0.18)	—	**433**
serogroups ACWY	6	(0.15)	11	(0.07)	4	(0.01)	6	(0.01)	21	(0.03)	40	(0.04)	35	(0.08)	—	**123**
serogroup B	16	(0.41)	12	(0.08)	5	(0.01)	24	(0.05)	10	(0.02)	16	(0.02)	6	(0.01)	—	**89**
other serogroups	6	(0.15)	—	(0.00)	1	(0.00)	7	(0.02)	2	(0.00)	7	(0.01)	2	(0.00)	—	**25**
unknown serogroup	14	(0.35)	17	(0.11)	8	(0.02)	26	(0.06)	35	(0.06)	56	(0.05)	40	(0.09)	—	**196**
Mumps	6	(0.15)	62	(0.39)	118	(0.29)	481	(1.09)	242	(0.38)	269	(0.26)	44	(0.10)	1	**1,223**
Novel influenza A virus infection	—	(0.00)	—	(0.00)	2	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	1	**3**
Pertussis	4,155	(105.23)	4,418	(27.74)	12,945	(31.43)	6,027	(13.70)	1,820	(2.87)	2,734	(2.63)	750	(1.62)	122	**32,971**
Plague	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	4	(0.01)	5	(0.00)	—	(0.00)	—	**10**
Psittacosis	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	1	(0.00)	4	(0.00)	2	(0.00)	—	**8**
Q fever, total	—	(0.00)	—	(0.00)	1	(0.00)	7	(0.02)	22	(0.04)	92	(0.09)	42	(0.09)	4	**168**
acute	—	(0.00)	—	(0.00)	1	(0.00)	7	(0.02)	21	(0.03)	73	(0.07)	27	(0.06)	3	**132**
chronic	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	19	(0.02)	15	(0.03)	1	**36**
Rabies, human	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	—	(0.00)	—	**1**
Rubella	—	(0.00)	—	(0.00)	—	(0.00)	3	(0.01)	2	(0.00)	1	(0.00)	—	(0.00)	—	**6**
Rubella, congenital syndrome	—	(0.00)	1	(0.01)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**1**
Salmonellosis	5,135	(130.05)	7,357	(46.19)	6,173	(14.99)	5,136	(11.68)	7,093	(11.18)	12,337	(11.85)	7,929	(17.15)	295	**51,455**
Shiga toxin-producing *E. coli* (STEC)	205	(5.19)	1,433	(9.00)	1,208	(2.93)	1,041	(2.37)	855	(1.35)	830	(0.80)	569	(1.23)	38	**6,179**
Shigellosis	309	(7.83)	5,600	(35.16)	6,303	(15.30)	1,566	(3.56)	3,203	(5.05)	2,866	(2.75)	779	(1.68)	119	**20,745**
Spotted fever rickettsiosis, total	5	(0.13)	38	(0.23)	175	(0.43)	293	(0.66)	650	(1.03)	1,745	(1.68)	838	(.82)	13	**3,757**
confirmed	1	(0.03)	5	(0.03)	6	(0.01)	10	(0.02)	18	(0.03)	46	(0.04)	29	(0.06)	—	**115**
probable	4	(0.10)	33	(0.20)	169	(0.41)	282	(0.64)	630	(1.00)	1,695	(1.63)	808	(1.76)	13	**3,634**
Streptococcal toxic shock syndrome	1	(0.04)	5	(0.05)	10	(0.04)	16	(0.05)	40	(0.10)	117	(0.16)	70	(0.22)	—	**259**
Syphilis, total, all stages§,¶¶	—	(0.00)	—	(0.00)	—	(0.00)	13,653	(31.04)	27,286	(43.01)	20,572	(19.76)	1,404	(3.04)	18	**63,450****
primary and secondary§	—	(0.00)	—	(0.00)	—	(0.00)	5,160	(11.73)	9,024	(14.22)	5,621	(5.40)	176	(0.38)	6	**19,999****
congenital§	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**458****
Tetanus	—	(0.00)	1	(0.01)	3	(0.01)	1	(0.00)	5	(0.01)	5	(0.00)	5	(0.01)	5	**25**
Toxic shock syndrome (other than streptococcal)	—	(0.00)	2	(0.02)	18	(0.06)	22	(0.07)	3	(0.01)	10	(0.01)	—	(0.00)	4	**59**
Trichinellosis	—	(0.00)	—	(0.00)	1	(0.00)	—	(0.00)	5	(0.01)	5	(0.01)	2	(0.00)	—	**13**
Tuberculosis***	45	(1.14)	217	(1.36)	198	(0.48)	961	(2.19)	2,150	(3.39)	3,634	(3.49)	2,216	(4.79)	—	**9,421**
Tularemia	2	(0.05)	6	(0.04)	30	(0.07)	16	(0.04)	12	(0.02)	68	(0.07)	44	(0.10)	2	**180**
Typhoid fever	3	(0.08)	31	(0.19)	80	(0.19)	57	(0.13)	102	(0.16)	56	(0.05)	18	(0.04)	2	**349**
Vancomycin-intermediate *Staphylococcus aureus* (VISA)	1	(0.03)	1	(0.01)	—	(0.00)	11	(0.03)	20	(0.04)	110	(0.13)	65	(0.17)	4	**212**
Vibriosis	1	(0.03)	9	(0.06)	108	(0.28)	93	(0.23)	239	(0.40)	550	(0.56)	254	(0.59)	7	**1,261**
Viral hemorrhagic fevers	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	3	(0.01)	1	(0.00)	—	(0.00)	1	**5**
Yellow fever†	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	**—**

See table footnotes on page 62.

TABLE 3. (*Continued*) Number of reported cases of notifiable diseases* and rates per 100,000 population, by age group, excluding U.S. territories — United States, 2014

* No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.
† Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **July 1, 2015.**
§ Cases among persons aged <15 years are not shown because some might not be caused by sexual transmission; totals reported to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of **June 10, 2015**.
¶ Reportable in <25 states.
** The row totals do not sum to total column. Data are suppressed for those aged <15 years. The total reflects the total count across all age groups.
†† Total number of HIV diagnoses reported to the Division of HIV/AIDS Prevention, NCHHSTP through **December 31, 2014**.
§§ Totals reported to the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD) as of **June 30, 2015**.
¶¶ Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis. Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.
*** Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 15, 2015**.

TABLE 4. Number of reported cases of notifiable diseases* and rates per 100,000 population, by sex, excluding U.S. territories — United States, 2014

Disease	Male		Female		Sex not stated	
	No.	Rate	No.	Rate	No.	Total
Arboviral diseases†						
California serogroup viruses						
neuroinvasive	42	(0.03)	43	(0.03)	—	**85**
nonneuroinvasive	6	(0.00)	5	(0.00)	—	**11**
Eastern equine encephalitis virus						
neuroinvasive	4	(0.00)	4	(0.00)	—	**8**
Powassan virus						
neuroinvasive	5	(0.00)	2	(0.00)	—	**7**
nonneuroinvasive	1	(0.00)	—	(0.00)	—	**1**
St. Louis encephalitis virus						
neuroinvasive	3	(0.00)	3	(0.00)	—	**6**
nonneuroinvasive	1	(0.00)	3	(0.00)	—	**4**
West Nile virus						
neuroinvasive	881	(0.57)	466	(0.29)	—	**1,347**
nonneuroinvasive	522	(0.33)	336	(0.21)	—	**858**
Babesiosis, total	1,138	(1.11)	616	(0.58)	6	**1,760**
confirmed	969	(0.94)	498	(0.47)	5	**1,472**
probable	169	(0.16)	118	(0.11)	1	**288**
Botulism, total	93	(0.06)	68	(0.04)	—	**161**
foodborne	7	(0.00)	8	(0.00)	—	**15**
infant	71	(3.52)	56	(2.90)	—	**127**
other (wound and unspecified)	15	(0.01)	4	(0.00)	—	**19**
Brucellosis	58	(0.04)	34	(0.02)	—	**92**
Chancroid§	4	(0.00)	2	(0.00)	—	**6**
Chlamydia trachomatis, infection§	433,325	(276.11)	1,006,441	(621.56)	2,023	**1,441,789**
Cholera	4	(0.00)	1	(0.00)	—	**5**
Coccidioidomycosis¶	4,283	(6.96)	3,940	(6.24)	9	**8,232**
Cryptosporidiosis, total	4,289	(2.73)	4,361	(2.69)	32	**8,682**
confirmed	2,775	(1.77)	2,763	(1.71)	27	**5,565**
probable	1,514	(0.96)	1,598	(0.99)	5	**3,117**
Cyclosporiasis	179	(0.12)	218	(0.15)	1	**398**
Dengue fever†	324	(0.21)	356	(0.22)	—	**680**
Diphtheria	—	(0.00)	1	(0.00)	—	**1**
Ehrlichiosis/Anaplasmosis						
Anaplasma phagocytophilum	1,714	(1.14)	1,079	(0.70)	7	**2,800**
Ehrlichia chaffeensis	874	(0.58)	596	(0.39)	5	**1,475**
Ehrlichia ewingii	11	(0.01)	6	(0.00)	—	**17**
undetermined	113	(0.08)	83	(0.05)	—	**196**
Giardiasis	8,652	(7.00)	5,712	(4.48)	190	**14,554**
Gonorrhea§	186,943	(119.12)	162,608	(100.42)	511	**350,062**
Haemophilus influenzae, invasive disease						
all ages, serotypes	1,651	(1.05)	1,868	(1.15)	22	**3,541**
age <5 yrs						
serotype b	19	(0.19)	21	(0.22)	—	**40**
nontypeable	74	(0.73)	53	(0.55)	1	**128**
non-b serotype	24	(0.24)	13	(0.13)	1	**38**
unknown serotype	157	(1.55)	104	(1.07)	5	**266**
Hansen's disease	48	(0.03)	25	(0.02)	15	**88**
Hantavirus pulmonary syndrome	25	(0.02)	7	(0.00)	—	**32**
Hemolytic uremic syndrome postdiarrheal	99	(0.06)	151	(0.09)	—	**250**
Hepatitis, virus						
A acute	645	(0.41)	591	(0.37)	3	**1,239**
B acute	1,778	(1.14)	1,001	(0.62)	12	**2,791**
B chronic	6,782	(5.30)	5,473	(4.14)	145	**12,400**
B infection perinatal	25	(0.02)	22	(0.01)	—	**47**
C acute	1,173	(0.79)	1,029	(0.67)	2	**2,204**
C past or present	98,372	(80.68)	63,550	(50.46)	941	**162,863**
Human immunodeficiency virus (HIV) diagnoses**	28,806	(18.40)	6,800	(4.20)	—	**35,606**
Influenza-associated pediatric mortality††	69	(0.18)	72	(0.20)	—	**141**
Invasive pneumococcal disease						
all ages	7,967	(7.41)	7,321	(6.58)	68	**15,356**
age <5 yrs	567	(7.44)	443	(6.08)	55	**1,065**
Legionellosis	3,050	(1.94)	2,112	(1.30)	4	**5,166**
Leptospirosis	30	(0.02)	8	(0.01)	—	**38**
Listeriosis	368	(0.23)	399	(0.25)	2	**769**

See table footnotes on next page.

TABLE 4. (*Continued*) Number of reported cases of notifiable diseases* and rates per 100,000 population, by sex, excluding U.S. territories — United States, 2014

Disease	Male		Female		Sex not stated	
	No.	Rate	No.	Rate	No.	Total
Lyme disease, total	19,180	(12.28)	13,841	(8.59)	440	**33,461**
confirmed	14,526	(9.30)	10,485	(6.50)	348	**25,359**
probable	4,654	(2.98)	3,356	(2.08)	92	**8,102**
Malaria	1,048	(0.67)	598	(0.37)	7	**1,653**
Measles, total	357	(0.23)	310	(0.19)	—	**667**
indigenous	319	(0.20)	285	(0.18)	—	**604**
imported	38	(0.02)	25	(0.02)	—	**63**
Meningococcal disease						
all serogroups	223	(0.14)	210	(0.13)	—	**433**
serogroups ACWY	61	(0.04)	62	(0.04)	—	**123**
serogroup B	50	(0.03)	39	(0.02)	—	**89**
other serogroups	12	(0.01)	13	(0.01)	—	**25**
unknown serogroup	100	(0.06)	96	(0.06)	—	**196**
Mumps	598	(0.38)	624	(0.39)	1	**1,223**
Novel influenza A virus infection	—	(0.00)	3	(0.00)	—	**3**
Pertussis	15,378	(9.80)	17,406	(10.75)	187	**32,971**
Plague	4	(0.00)	6	(0.00)	—	**10**
Psittacosis	3	(0.00)	5	(0.00)	—	**8**
Q fever, total	117	(0.08)	51	(0.03)	—	**168**
acute	92	(0.06)	40	(0.03)	—	**132**
chronic	25	(0.02)	11	(0.01)	—	**36**
Rabies, human	1	(0.00)		(0.00)	—	**1**
Rubella	3	(0.00)	3	(0.00)	—	**6**
Rubella, congenital syndrome	—	(0.00)	1	(0.00)	—	**1**
Salmonellosis	23,965	(15.27)	27,086	(16.73)	404	**51,455**
Shiga toxin-producing *E. coli* (STEC)	2,810	(1.79)	3,348	(2.07)	21	**6,179**
Shigellosis	10,051	(6.40)	10,368	(6.40)	326	**20,745**
Spotted fever rickettsiosis, total	2,610	(1.66)	1,140	(0.70)	7	**3,757**
confirmed	90	(0.06)	24	(0.01)	1	**115**
probable	2,515	(1.60)	1,113	(0.68)	6	**3,634**
Streptococcal toxic shock syndrome	139	(0.13)	120	(0.11)	—	**259**
Syphilis, total, all stages§,§§	51,774	(32.99)	11,180	(6.90)	496	**63,450**
primary and secondary§	18,146	(11.56)	1,840	(1.14)	13	**19,999**
congenital§	23	(1.14)	19	(0.98)	416	**458**
Tetanus	9	(0.01)	16	(0.01)	—	**25**
Toxic shock syndrome (other than streptococcal)	19	(0.02)	40	(0.03)	—	**59**
Trichinellosis	9	(0.01)	4	(0.00)	—	**13**
Tuberculosis¶¶	5,840	(3.72)	3,578	(2.21)	3	**9,421**
Tularemia	113	(0.07)	67	(0.04)	—	**180**
Typhoid fever	183	(0.12)	165	(0.10)	1	**349**
Vancomycin-intermediate *Staphylococcus aureus* (VISA)	111	(0.09)	101	(0.08)	—	**212**
Vibriosis	862	(0.59)	393	(0.26)	6	**1,261**
Viral hemorrhagic fevers	3	(0.00)	2	(0.00)	—	**5**
Yellow fever†	—	(0.00)	—	(0.00)	—	**—**

* No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.

† Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **July 15, 2015**.

§ Totals reported to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of **June 10, 2015**.

¶ Reportable in <25 states.

** Total number of HIV diagnoses reported to the Division of HIV/AIDS Prevention, NCHHSTP through **December 31, 2014**.

†† Totals reported to the Division of Influenza, National Center for Immunization and Respiratory Diseases, as of **June 30, 2015.**

§§ Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis. Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.

¶¶ Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **June 15, 2015**.

TABLE 5. Number of reported cases of notifiable diseases* and rates per 100,000, by race, excluding U.S. territories — United States, 2014

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black		White		Other Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.	
Arboviral diseases†											
California serogroup viruses											
neuroinvasive	5	(0.11)	1	0.01)	4	(0.01)	68	(0.03)	0	7	**85**
West Nile virus											
neuroinvasive	7	(0.15)	17	(0.09)	78	(0.18)	806	(0.32)	114	325	**1,347**
nonneuroinvasive	5	(0.11)	10	(0.05)	21	(0.05)	571	(0.23)	39	212	**858**
Babesiosis, total	6	(0.20)	51	(0.35)	31	(0.12)	1,021	(0.62)	30	621	**1,760**
confirmed	5	(0.17)	48	(0.32)	28	(0.10)	841	(0.51)	28	522	**1,472**
probable	1	(0.03)	3	(0.02)	3	(0.01)	180	(0.11)	2	99	**288**
Botulism, total	5	(0.11)	9	(0.05)	5	(0.01)	108	(0.04)	2	32	**161**
infant	1	(1.28)	8	(3.23)	3	(0.44)	91	(3.09)	1	23	**127**
Brucellosis	—	(0.00)	2	(0.01)	4	(0.01)	54	(0.02)	13	19	**92**
Chlamydia trachomatis, infection§	18,205	(402.86)	21,794	(112.35)	436,045	(984.09)	477,720	(190.61)	62,704	425,321	**1,441,789**
Coccidioidomycosis¶	127	(5.68)	139	(1.48)	229	(1.69)	2,024	(2.03)	260	5,453	**8,232**
Cryptosporidiosis, total	80	(1.77)	96	(0.49)	826	(1.86)	5,919	(2.36)	309	1,452	**8,682**
confirmed	48	(1.06)	59	(0.30)	530	(1.20)	3,676	(1.47)	203	1,049	**5,565**
probable	32	(0.71)	37	(0.19)	296	(0.67)	2,243	(0.89)	106	403	**3,117**
Cyclosporiasis	1	(0.03)	7	(0.04)	16	(0.04)	292	(0.13)	5	77	**398**
Dengue fever†	3	(0.07)	67	(0.34)	36	(0.06)	345	(0.14)	35	203	**680**
Ehrlichiosis/Anaplasmosis											
Anaplasma phagocytophilum	30	(0.75)	17	(0.09)	21	(0.05)	1,928	(0.81)	47	757	**2,800**
Ehrlichia chaffeensis	12	(0.30)	12	(0.07)	40	(0.09)	971	(0.41)	21	419	**1,475**
undetermined	3	(0.07)	1	(0.01)	2	(0.00)	136	(0.06)	18	36	**196**
Giardiasis	79	(2.26)	670	(4.01)	1,161	(3.46)	6,718	(3.40)	652	5,274	**14,554**
Gonorrhea§	4,404	(97.46)	3,761	(19.39)	157,302	(355.01)	99,200	(39.58)	12,939	72,456	**350,062**
Haemophilus influenzae, invasive disease											
all ages, serotypes	42	(0.93)	68	(0.35)	414	(0.93)	2,295	(0.92)	91	631	**3,541**
age <5 yrs											
serotype b	2	(0.52)	1	(0.08)	—	(0.00)	30	(0.20)	—	7	**40**
nontypeable	6	(1.55)	2	(0.16)	27	(0.80)	67	(0.45)	8	18	**128**
non-b serotype	—	(0.00)	1	(0.08)	10	(0.29)	18	(0.12)	2	7	**38**
unknown serotype	10	(2.59)	12	(0.96)	58	(1.71)	116	(0.78)	15	55	**266**
Hansen's disease	1	(0.03)	24	(0.13)	3	(0.01)	36	(0.02)	3	21	**88**
Hantavirus pulmonary syndrome	7	(0.16)	1	(0.01)	—	(0.00)	20	(0.01)	—	4	**32**
Hemolytic uremic syndrome postdiarrheal	2	(0.04)	9	(0.05)	3	(0.01)	189	(0.08)	8	39	**250**
Hepatitis, virus											
A acute	4	(0.09)	137	(0.71)	85	(0.19)	710	(0.28)	57	246	**1,239**
B acute	23	(0.51)	55	(0.28)	345	(0.79)	1,817	(0.73)	61	490	**2,791**
B chronic	24	(0.60)	2,780	(16.36)	1,555	(4.55)	1,801	(0.88)	492	5,748	**12,400**
B infection perinatal	—	(0.00)	21	(0.11)	6	(0.01)	8	(0.00)	1	11	**47**
C acute	29	(0.74)	11	(0.06)	78	(0.19)	1,655	(0.70)	62	369	**2,204**
C past or present	1,331	(38.26)	1,189	(7.13)	12,128	(35.10)	55,561	(28.76)	5,970	86,684	**162,863**
Human immunodeficiency virus (HIV) diagnoses**	205	(8.70)	813	(4.80)	15,843	(40.10)	10,116	(5.10)	8,629	—	**35,606**
Influenza-associated pediatric mortality††	2	(0.17)	6	(0.14)	20	(0.17)	95	(0.19)	1	17	**141**
Invasive pneumococcal disease											
all ages	216	(7.99)	185	(1.75)	2,294	(6.75)	9,054	(5.28)	382	3,225	**15,356**
age <5 yrs	19	(7.02)	42	(5.42)	224	(7.92)	466	(4.22)	42	272	**1,065**
Legionellosis	21	(0.46)	69	(0.36)	901	(2.03)	3,155	(1.26)	122	898	**5,166**
Leptospirosis	—	(0.00)	2	(0.01)	1	(0.00)	9	(0.00)	4	22	**38**
Listeriosis	8	(0.18)	70	(0.36)	66	(0.15)	498	(0.20)	25	102	**769**
Lyme disease, total	102	(2.26)	376	(2.04)	349	(0.79)	19,745	(7.89)	987	11,902	**33,461**
confirmed	74	(1.64)	259	(1.40)	255	(0.58)	14,791	(5.91)	804	9,176	**25,359**
probable	28	(0.62)	117	(0.63)	94	(0.21)	4,954	(1.98)	183	2,726	**8,102**
Malaria	3	(0.07)	103	(0.53)	823	(1.86)	261	(0.10)	56	407	**1,653**
Measles, total	4	(0.09)	86	(0.44)	2	(0.00)	509	(0.20)	4	62	**667**
indigenous	4	(0.09)	58	(0.30)	1	(0.00)	484	(0.19)	3	54	**604**
imported	—	(0.00)	28	(0.14)	1	(0.00)	25	(0.01)	1	8	**63**
Meningococcal disease											
all serogroups	7	(0.15)	9	(0.05)	53	(0.12)	296	(0.12)	10	58	**433**
serogroups ACY and W-135	5	(0.11)	—	(0.00)	13	(0.03)	86	(0.03)	3	16	**123**
serogroup B	1	(0.02)	1	(0.01)	12	(0.03)	64	(0.03)	1	10	**89**
other serogroups	—	(0.00)	2	(0.01)	5	(0.01)	15	(0.01)	—	3	**25**
unknown serogroup	1	(0.02)	6	(0.03)	23	(0.05)	131	(0.05)	6	29	**196**

See table footnotes on next page.

TABLE 5. (*Continued*) Number of reported cases of notifiable diseases* and rates per 100,000, by race, excluding U.S. territories — United States, 2014

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black		White		Other Race	Race not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	No.	
Mumps	4	(0.09)	39	(0.20)	104	(0.23)	781	(0.31)	24	271	**1,223**
Pertussis	211	(4.67)	560	(2.89)	1,460	(3.30)	23,466	(9.36)	1,074	6,200	**32,971**
Q fever, total	3	(0.07)	7	(0.04)	8	(0.02)	112	(0.05)	9	29	**168**
acute	3	(0.07)	6	(0.03)	7	(0.02)	92	(0.04)	6	18	**132**
chronic	—	(0.00)	1	(0.01)	1	(0.00)	20	(0.01)	3	11	**36**
Salmonellosis	401	(8.87)	1,829	(9.43)	4,522	(10.21)	32,194	(12.85)	2,099	10,410	**51,455**
Shiga toxin-producing *E. coli* (STEC)	56	(1.24)	145	(0.75)	244	(0.55)	4,256	(1.70)	210	1,268	**6,179**
Shigellosis	684	(15.14)	280	(1.44)	5,511	(12.44)	10,049	(4.01)	885	3,336	**20,745**
Spotted fever rickettsiosis, total	53	(1.21)	22	(0.11)	95	(0.21)	2,597	(1.04)	35	955	**3,757**
confirmed	1	(0.02)	1	(0.01)	4	(0.01)	77	(0.03)	1	31	**115**
probable	52	(1.18)	21	(0.11)	90	(0.20)	2,515	(1.01)	34	922	**3,634**
Streptococcal toxic shock syndrome	1	(0.04)	5	(0.05)	36	(0.11)	162	(0.10)	14	41	**259**
Syphilis, total, all stages[§,§§]	436	(9.65)	1,576	(8.12)	24,281	(54.80)	28,144	(11.23)	4,122	4,891	**63,450**
primary and secondary[§]	187	(4.14)	483	(2.49)	7,381	(16.66)	9,682	(3.86)	1,083	1,183	**19,999**
congenital[§]	5	(6.42)	18	(7.27)	227	(33.45)	175	(5.94)	17	16	**458**
Tetanus	—	(0.00)	1	(0.01)	—	(0.00)	17	(0.01)	—	7	**25**
Toxic shock syndrome (other than streptococcal)	—	(0.00)	3	(0.02)	5	(0.02)	45	(0.02)	—	6	**59**
Tuberculosis[¶¶]	131	(2.90)	3,006	(15.50)	2,078	(4.69)	3,864	(1.54)	254	88	**9,421**
Tularemia	9	(0.20)	—	(0.00)	1	(0.00)	143	(0.06)	1	26	**180**
Typhoid fever	2	(0.04)	200	(1.03)	18	(0.04)	50	(0.02)	31	48	**349**
Vancomycin-intermediate *Staphylococcus aureus* (VISA)	1	(0.03)	1	(0.01)	51	(0.13)	121	(0.06)	—	38	**212**
Vibriosis	6	(0.14)	51	(0.27)	55	(0.13)	860	(0.37)	30	259	**1,261**
Yellow fever[†]	—	(0.00)	—	(0.00)	—	(0.00)	—	(0.00)	—	—	—

* Conditions for which <25 cases were reported for the year are not included in the table. No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.

† Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **June 1, 2014**.

§ Totals reported to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of **June 10, 2015**.

¶ Reportable in <25 states.

** Total number of HIV diagnoses reported to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) through **December 31, 2014**.

†† Totals reported to the Division of Influenza, National Center for Immunization and Respiratory Diseases, as of **June 30, 2015**.

§§ Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis. Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.

¶¶ Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 15, 2015**.

TABLE 6. Number of reported cases of notifiable diseases* and rates per 100,000 population, by ethnicity, excluding U.S. territories — United States, 2014

Disease	Hispanic		Non-Hispanic		Ethnicity not stated	
	No.	Rate	No.	Rate	No.	Total
Arboviral diseases†						
California serogroup viruses						
neuroinvasive	2	(0.00)	69	(0.03)	14	**85**
West Nile virus						
neuroinvasive	251	(0.45)	713	(0.27)	383	**1,347**
nonneuroinvasive	75	(0.14)	520	(0.20)	263	**858**
Babesiosis, total	76	(0.18)	842	(0.51)	842	**1,760**
confirmed	68	(0.17)	692	(0.41)	712	**1,472**
probable	8	(0.02)	150	(0.09)	130	**288**
Botulism, total	38	(0.07)	86	(0.03)	37	**161**
infant	31	(3.06)	69	(2.35)	27	**127**
Brucellosis	49	(0.09)	31	(0.01)	12	**92**
Chlamydia trachomatis, infection§	201,171	(363.21)	711,693	(270.12)	528,925	**1,441,789**
Coccidioidomycosis¶	936	(1.69)	1,737	(0.66)	5,559	**8,232**
Cryptosporidiosis, total	631	(1.14)	5,789	(2.20)	2,262	**8,682**
confirmed	434	(0.78)	3,617	(1.37)	1,514	**5,565**
probable	197	(0.36)	2,172	(0.82)	748	**3,117**
Cyclosporiasis	60	(0.11)	252	(0.10)	86	**398**
Dengue fever†	272	(0.49)	248	(0.09)	160	**680**
Ehrlichiosis/Anaplasmosis						
Anaplasma phagocytophilum	31	(0.06)	1,705	(0.68)	1,064	**2,800**
Ehrlichia chaffeensis	21	(0.04)	1,044	(0.41)	410	**1,475**
undetermined	2	(0.00)	150	(0.06)	44	**196**
Giardiasis	1,151	(2.81)	7,347	(3.49)	6,056	**14,554**
Gonorrhea§	38,672	(69.82)	210,362	(79.84)	101,028	**350,062**
Haemophilus influenzae, invasive disease						
all ages, serotypes	216	(0.39)	2,148	(0.82)	1,177	**3,541**
age <5 yrs						
serotype b	5	(0.10)	23	(0.16)	12	**40**
nontypeable	24	(0.47)	66	(0.45)	38	**128**
non-b serotype	5	(0.10)	27	(0.18)	6	**38**
unknown serotype	43	(0.84)	139	(0.94)	84	**266**
Hansen's disease	12	(0.02)	48	(0.02)	28	**88**
Hantavirus pulmonary syndrome	4	(0.01)	21	(0.01)	7	**32**
Hemolytic uremic syndrome postdiarrheal	25	(0.05)	178	(0.07)	47	**250**
Hepatitis, virus						
A acute	211	(0.38)	730	(0.28)	298	**1,239**
B acute	158	(0.29)	1,883	(0.72)	750	**2,791**
B chronic	319	(0.76)	4,605	(2.11)	7,476	**12,400**
B infection perinatal	2	(0.00)	34	(0.01)	11	**47**
C acute	127	(0.24)	1,421	(0.57)	656	**2,204**
C past or present	5,086	(12.79)	44,360	(21.32)	113,417	**162,863**
Human immunodeficiency virus (HIV) diagnoses**	7,927	(14.30)	27,679	(10.50)	—	**35,606**
Influenza-associated pediatric mortality††	44	(0.25)	84	(0.15)	13	**141**
Invasive pneumococcal disease						
all ages	1,005	(2.94)	8,503	(4.61)	5,848	**15,356**
age <5 yrs	153	(4.50)	572	(4.97)	340	**1,065**
Legionellosis	280	(0.51)	3,577	(1.36)	1,309	**5,166**
Leptospirosis	1	(0.00)	16	(0.01)	21	**38**
Listeriosis	117	(0.21)	498	(0.19)	154	**769**
Lyme disease, total	650	(1.18)	13,839	(5.28)	18,972	**33,461**
confirmed	469	(0.85)	10,244	(3.91)	14,646	**25,359**
probable	181	(0.33)	3,595	(1.37)	4,326	**8,102**
Malaria	33	(0.06)	1,264	(0.48)	356	**1,653**
Measles, total	38	(0.07)	534	(0.20)	95	**667**
indigenous	38	(0.07)	479	(0.18)	87	**604**
Imported	0	(0.00)	55	(0.02)	8	**63**
Meningococcal disease						
all serogroups	69	(0.12)	278	(0.11)	86	**433**
serogroups ACWY	21	(0.04)	76	(0.03)	26	**123**
serogroup B	2	(0.00)	58	(0.02)	29	**89**
other serogroups	1	(0.00)	19	(0.01)	5	**25**
unknown serogroup	45	(0.08)	125	(0.05)	26	**196**

See table footnotes on next page.

TABLE 6. (*Continued*) Number of reported cases of notifiable diseases* and rates per 100,000 population, by ethnicity, excluding U.S. territories — United States, 2014

Disease	Hispanic		Non-Hispanic		Ethnicity not stated	
	No.	Rate	No.	Rate	No.	Total
Mumps	66	(0.12)	859	(0.33)	298	**1,223**
Pertussis	6,799	(12.28)	19,531	(7.41)	6,641	**32,971**
Q fever, total	22	(0.04)	111	(0.04)	35	**168**
acute	20	(0.04)	90	(0.03)	22	**132**
chronic	2	(0.00)	21	(0.01)	13	**36**
Salmonellosis	7,181	(12.97)	29,707	(11.28)	14,567	**51,455**
Shiga toxin-producing *E. coli* (STEC)	776	(1.40)	3,903	(1.48)	1,500	**6,179**
Shigellosis	4,091	(7.39)	11,989	(4.55)	4,665	**20,745**
Spotted fever rickettsiosis, total	124	(0.22)	2,494	(0.94)	1,139	**3,757**
confirmed	6	(0.01)	73	(0.03)	36	**115**
probable	118	(0.21)	2,415	(0.91)	1,101	**3,634**
Streptococcal toxic shock syndrome	26	(0.11)	150	(0.08)	83	**259**
Syphilis, total, all stages[§,§§]	15,348	(27.71)	43,029	(16.33)	5,073	**63,450**
primary and secondary[§]	4,036	(7.29)	14,700	(5.58)	1,263	**19,999**
congenital[§]	110	(10.86)	322	(10.97)	26	**458**
Tetanus	4	(0.01)	12	(0.00)	9	**25**
Toxic shock syndrome (other than streptococcal)	3	(0.01)	41	(0.02)	15	**59**
Tuberculosis[¶¶]	2,758	(4.98)	6,653	(2.53)	10	**9,421**
Tularemia	7	(0.01)	148	(0.06)	25	**180**
Typhoid fever	28	(0.05)	271	(0.10)	50	**349**
Vancomycin-intermediate *Staphylococcus aureus* (VISA)	13	(0.04)	145	(0.07)	54	**212**
Vibriosis	142	(0.27)	802	(0.33)	317	**1,261**
Yellow fever[†]	—	(0.00)	—	(0.00)	—	**—**

* Conditions for which <25 cases were reported for the year are not included in the table. No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.

† Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **July 1, 2015**.

§ Totals reported to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of **June 10, 2015**.

¶ Reportable in <25 states.

** Total number of HIV diagnoses reported to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) through **December 31, 2014**.

†† Totals reported to the Division of Influenza, National Center for Immunization and Respiratory Diseases, as of **June 30, 2015**.

§§ Includes the following categories: primary, secondary, latent (including early latent, late latent, and latent syphilis of unknown duration), neurosyphilis, late (including late syphilis with clinical manifestations other than neurosyphilis), and congenital syphilis. Totals reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.

¶¶ Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 15, 2015**.

TABLE 7. Rate of notifiable diseases,* excluding U.S. territories, by year — United States, 2004–2014

Disease	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*
AIDS	15.28	14	12.87	12.53	13	†	†	†	†	†	†
Anthrax	—	—	0	0	0	0	0	0	0	0	0
Arboviral diseases§											
California serogroup virus disease											
neuroinvasive	—	0.02	0.02	0.02	0.02	0.02	0.02	0.04	0.02	0.03	0.03
nonneuroinvasive	¶	0	0	0	0	0	0	0.01	0	0.01	0
Eastern equine encephalitis virus disease											
neuroinvasive	—	0	0	0	0	0	0	0	0	0	0
nonneuroinvasive	¶	0	0	0	0	0	—	—	—	—	—
Powassan virus disease											
neuroinvasive	—	0	0	0	0	0	0	0	0	0	0
nonneuroinvasive	¶	0	0	0	0	—	—	0	0	0	0
St. Louis encephalitis virus disease											
neuroinvasive	—	0	0	0	0	0	0	0	0	0	0
nonneuroinvasive	¶	0	0	0	0	0	0	0	0	0	0
West Nile virus disease											
neuroinvasive	—	0.45	0.5	0.41	0.23	0.13	0.2	0.16	0.92	0.4	0.42
nonneuroinvasive	¶	0.58	0.94	0.8	0.22	0.11	0.13	0.07	0.9	0.38	0.27
Western equine encephalitis virus disease											
neuroinvasive	—	—	—	—	—	—	—	—	—	—	—
nonneuroinvasive	¶	—	—	—	—	—	—	—	—	—	—
Babesiosis, total**											
confirmed	¶	¶	¶	¶	¶	¶	¶	¶	0.22	0.77	0.71
probable	¶	¶	¶	¶	¶	¶	¶	¶	0.06	0.16	0.14
Botulism, total	0.02	0.01	0.02	0.05	0.05	0.04	0.04	0.01	0.05	0.05	0.05
foodborne	0.01	0.01	0.01	0.01	0.01	0	0	0.01	0.01	0	0
infant	2.12	2.09	2.35	2.05	2.56	1.92	1.88	2.34	3.1	3.45	3.22
other (wound and unspecified)	—	—	—	—	—	—	—	—	0.01	0	0.01
Brucellosis	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.03	0.04	0.03	0.03
Chancroid††	0	0.01	0.01	0.01	0.01	0.01	0.01	0	0	0	0
Chlamydia trachomatis infections††	319.61	332.51	347.8	370.2	401.34	409.19	426.01	457.14	456.69	446.65	452.17
Cholera	0	0	0	0	0	0	0	0.01	0.01	0	0
Coccidioidomycosis§§	4.14	6.24	6.79	14.39	7.76	13.24	§	16.49	12.97	7.82	6.6
Cryptosporidiosis, total	1.23	1.93	2.05	3.73	3.02	2.52	2.91	3	2.56	2.89	2.72
confirmed	¶	¶	¶	¶	¶	2.43	2.73	1.98	1.68	1.82	1.75
probable	¶	¶	¶	¶	¶	0.09	0.19	1.01	0.87	1.06	0.98
Cyclosporiasis	0.14	0.24	0.06	0.04	0.05	0.05	0.07	0.05	0.04	0.28	0.14
Dengue virus infection§											
Dengue fever	¶	¶	¶	¶	¶	¶	0.22	0.08	0.17	0.27	0.21
Dengue hemorrhagic fever	¶	¶	¶	¶	¶	¶	0	0	0	0	0
Diphtheria	—	—	—	—	—	—	—	—	—	—	0
Ehrlichiosis											
human granulocytic (HGE)	0.2	0.28	0.23	0.31	¶	¶	¶	¶	¶	¶	¶
human monocytic (HME)	0.12	0.18	0.2	0.3	¶	¶	¶	¶	¶	¶	¶
human (other and unspecified)¶¶	—	0.04	0.08	0.12	¶	¶	¶	¶	¶	¶	¶
Ehrlichiosis/Anaplasmosis											
Ehrlichia chaffeensis	¶	¶	¶	¶	0.35	0.34	0.26	0.29	0.38	0.51	0.48
Ehrlichia ewingii	¶	¶	¶	¶	0	0	0	0	0.01	0.01	0.01
Anaplasma phagocytophilum	¶	¶	¶	¶	0.43	0.42	0.61	0.88	0.81	0.93	0.92
undetermined	¶	¶	¶	¶	0.06	0.06	0.04	0.05	0.06	0.07	0.06
Encephalitis/meningitis, arboviral ***											
California serogroup virus	0	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
Eastern equine virus	0	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
Powassan virus	0	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
St. Louis virus	0	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
West Nile virus	0.43	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
Western equine virus	—	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶
Enterohemorrhagic *Escherichia coli*											
O157:H7	0.87	0.89	¶	¶	¶	¶	¶	¶	¶	¶	¶
non-O157	0.13	0.19	¶	¶	¶	¶	¶	¶	¶	¶	¶
not serogrouped	0.13	0.16	¶	¶	¶	¶	¶	¶	¶	¶	¶
Giardiasis	8.35	7.82	7.28	7.66	7.41	7.37	7.64	6.42	5.87	5.8	5.79
Gonorrhea††	113.52	115.64	120.9	118.9	111.64	99.05	100.76	104.14	107.46	106.09	109.79

See table footnotes on next page.

TABLE 7. (*Continued*) Rate of notifiable diseases,* excluding U.S. territories, by year — United States, 2004–2014

Disease	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*
Haemophilus influenzae, invasive disease											
all ages, serotypes	0.72	0.78	0.82	0.85	0.96	0.99	1.03	1.15	1.1	1.21	1.11
age <5 yrs											
serotype b	0.03	0.04	0.14	0.11	0.14	0.18	0.11	0.06	0.15	0.16	0.2
non-b serotype*	0.04	0.67	0.86	0.97	1.18	1.17	0.94	0.57	1.02	1.11	¶
unknown serotype	0.97	1.08	0.88	0.88	0.79	0.79	1.05	0.89	1.04	0.93	1.03
nontypeable	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	0.64
Hansen's disease (Leprosy)	0.04	0.03	0.03	0.04	0.03	0.04	0.04	0.03	0.03	0.03	0.03
Hantavirus pulmonary syndrome	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Hemolytic uremic syndrome postdiarrheal	0.07	0.08	0.11	0.1	0.12	0.09	0.09	0.1	0.09	0.11	0.08
Hepatitis, viral, acute											
A acute	1.95	1.53	1.21	1	0.86	0.65	0.54	0.45	0.5	0.57	0.39
B acute	2.14	1.78	1.62	1.51	1.34	1.12	1.1	0.94	0.93	0.97	0.88
B chronic	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	4.76
B perinatal infection	—	—	—	—	—	—	—	—	0.01	0.02	0.01
C acute	0.31	0.23	0.26	0.28	0.29	0.27	0.29	0.42	0.59	0.71	0.73
C past and present	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	65.7
Human immunodeficiency virus (HIV) diagnoses	—	—	—	—	—	12.13	11.64	11.32	11.26	11.06	11.2
Influenza-associated pediatric mortality†††	§	0.02	0.07	0.1	0.12	0.48	0.08	0.17	0.07	0.22	0.19
Invasive pneumococcal disease, all ages¶¶¶¶	—	—	—	—	—	—	—	—	7.72	8.3	7.02
age <5 years	—	—	—	—	—	—	—	—	8.35	7.8	7.14
Legionellosis	0.71	0.78	0.96	0.91	1.05	1.16	1.09	1.36	1.19	1.58	1.62
Leptospirosis	¶	¶	¶	¶	¶	¶	¶	¶	¶	¶	0.01
Listeriosis	0.32	0.31	0.3	0.27	0.25	0.28	0.27	0.28	0.23	0.23	0.24
Lyme disease, total§§§	¶	¶	¶	¶	11.67	12.71	9.86	10.78	9.96	11.62	10.54
confirmed	6.84	7.94	6.75	9.21	9.59	9.85	7.38	7.92	7.1	8.71	7.99
probable	¶	¶	¶	¶	2.08	2.8	2.49	2.84	2.84	2.91	2.55
Malaria	0.51	0.51	0.5	0.47	0.42	0.48	0.58	0.56	0.48	0.51	0.52
Measles, total	0.01	0.02	0.02	0.01	0.05	0.02	0.02	0.06	0.02	0.06	0.21
indigenous	—	—	—	—	—	—	—	—	0.01	0.04	0.19
imported	—	—	—	—	—	—	—	—	0.01	0.02	0.02
Meningococcal disease, invasive¶¶¶											
all serogroups	0.47	0.42	0.4	0.36	0.39	0.32	0.27	0.25	0.18	0.18	0.14
serogroups ACWY	¶	0.1	0.11	0.11	0.11	0.1	0.09	0.08	0.05	0.05	0.04
serogroup B	¶	0.05	0.07	0.06	0.06	0.06	0.04	0.05	0.04	0.03	0.03
other serogroup	¶	0.01	0.01	0.01	0.01	0.01	0	0.01	0.01	0.01	0.01
serogroup unknown	¶	0.26	0.22	0.18	0.2	0.16	0.13	0.1	0.08	0.09	0.06
Mumps	0.09	0.11	2.22	0.27	0.15	0.65	0.85	0.13	0.07	0.19	0.38
Novel influenza A virus infections	§	§	§	0	0	14.37	0	0	0.1	0.1	0
Pertussis	8.88	8.72	5.27	3.49	4.4	5.54	8.97	6.06	15.49	9.12	10.34
Plague	0	0	0.01	0	0	0	0	0	0	0	0
Poliomyelitis, paralytic	0	0	0	—	—	0	—	—	—	—	—
Poliovirus infection, nonparalytic	¶	¶	¶	—	—	—	—	—	—	—	—
Psittacosis	0	0.01	0.01	0	0	0	0	0	0	0	0
Q Fever, total****	0.03	0.05	0.06	0.06	0.04	0.04	0.04	0.04	0.04	0.05	0.05
acute	¶	¶	¶	¶	0.04	0.03	0.04	0.04	0.04	0.04	0.04
chronic	¶	¶	¶	¶	0	0.01	0.01	0.01	0.01	0.01	0.01
Rabies											
animal	0	0	0	0	0	0	0	0	1.48	1.41	1.98
human	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0.01	0	0	0	0	0	0
Rubella, congenital syndrome	0	0	0	0	—	—	0	—	0	0	0
Salmonellosis	14.47	15.43	15.45	16.03	16.92	16.18	17.73	16.79	17.27	16.13	16.14
SARS-CoV††††	—	—	—	—	—	—	—	—	—	—	—
Shiga toxin-producing *E. coli* (STEC)	¶	¶	1.71	1.62	1.76	1.53	1.78	1.96	2.08	2.13	1.94
Shigellosis	4.99	5.51	5.23	6.6	7.5	5.24	4.82	4.32	4.9	4.06	6.51
Spotted Fever Rickettsiosis, total§§§§	¶	¶	¶	¶	0.85	0.6	0.65	0.91	1.44	1.08	1.18
confirmed	0.6	0.66	0.8	0.77	0.06	0.05	0.05	0.08	0.06	0.06	0.04
probable	¶	¶	¶	¶	0.78	0.55	0.59	0.83	1.38	1.02	1.14
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Streptococcal disease, invasive, group A	1.82	2	2.24	1.89	2.3	2.13	§	§	§	§	§
Streptococcal, toxic shock syndrome	0.06	0.07	0.06	0.06	0.07	0.08	0.07	0.09	0.1	0.11	0.12

See table footnotes on next page.

TABLE 7. (*Continued*) Rate of notifiable diseases,* excluding U.S. territories, by year — United States, 2004–2014

Disease	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*
Streptococcus pneumoniae invasive disease (IPD)[¶¶¶¶]											
all ages	¶	¶	¶	¶	¶	¶	8.83	8.52	—	—	—
age < 5 yrs	¶	¶	¶	¶	¶	¶	14.15	7.64	—	—	—
Streptococcus pneumoniae invasive disease[¶¶¶¶]											
drug resistant, all ages	1.49	1.42	2.19	1.49	1.6	1.75	¶	¶	¶	¶	¶
age <5 yrs	—	—	—	3.73	3.51	4.54	¶	¶	¶	¶	¶
nondrug resistant, age <5 yrs	8.22	8.21	11.93	13.59	13.36	12.93	¶	¶	¶	¶	¶
Syphilis[††]											
all stages	11.94	11.33	12.46	13.67	15.34	14.74	14.93	14.9	16.02	17.99	19.9
congenital	9.12	8.24	9.07	10.46	10.12	9.9	8.85	8.68	8.12	8.83	11.6
primary and secondary	2.71	2.97	3.29	3.83	4.48	4.6	4.49	4.52	5.03	5.54	6.27
Tetanus	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Toxic shock syndrome	0.04	0.04	0.05	0.04	0.03	0.03	0.04	0.03	0.03	0.03	0.03
Trichinellosis	0	0.01	0.01	0	0.01	0	0	0.01	0.01	0.01	0
Tuberculosis*****	5.09	4.8	4.65	4.44	4.28	3.8	3.64	3.41	3.19	3.05	2.95
Tularemia	0.05	0.05	0.03	0.05	0.04	0.03	0.04	0.05	0.05	0.06	0.06
Typhoid fever	0.11	0.11	0.12	0.14	0.15	0.13	0.15	0.13	0.11	0.11	0.11
Vancomycin-intermediate *Staphylococcus aureus*	—	0	0	0.02	0.03	0.03	0.04	0.04	0.06	0.1	0.08
Vancomycin-resistant *Staphylococcus aureus*	0	0	0	0	0	0	0	—	—	—	—
Varicella (chickenpox morbidity)	18.41	19.64	28.65	18.68	13.56	8.71	6.46	5.79	5.33	4.62	3.94
Varicella (chickenpox mortality)	—	—	—	—	—	—	—	—	0	0	0
Vibriosis	¶	¶	¶	0.25	0.24	0.3	0.3	0.29	0.39	0.43	0.42
Viral hemorrhagic fevers	¶	¶	¶	¶	¶	¶	0	0	0	0	0
Yellow fever[§,†††††]	—	—	—	—	—	—	—	—	—	—	—

* Per 100,000 population. No cases of anthrax; dengue hemorrhagic fever (and dengue shock syndrome), eastern equine encephalitis, nonneuroinvasive disease; poliomyelitis, paralytic; poliovirus infection, nonparalytic; severe acute respiratory syndrome-associated Coronavirus disease (SARS-CoV); smallpox; vancomycin-resistant *Staphylococcus aureus* (VRSA); western equine encephalitis, neuroinvasive and nonneuroinvasive disease; or yellow fever were reported in the United States during 2014.

† In 2008 CDC published a revised HIV case definition. This combined separate surveillance case definitions for HIV infection and AIDS into a single case definition for HIV infection that includes AIDS (and incorporates the HIV infection classification system). The revised HIV case definition provides a more complete presentation of the HIV epidemic on a population level. Please see the Centers for Disease Control and Prevention revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. MMWR Recomm Rep 2008;57(No. RR-10). These case counts can be found under "HIV Diagnoses" in this table. The total number of HIV Diagnoses includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), through December 31, 2012. AIDS: Acquired Immunodeficiency Syndrome. HIV: Human Immunodeficiency Virus.

§ Totals reported to the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance), as of **July 1, 2015**.

¶ Not nationally notifiable.

** Revision of National Surveillance Case Definition distinguishing between confirmed and probable cases for annual report only (weekly reports contain total cases).

†† Total reported to the Division of STD Prevention, NCHHSTP, as of **June 10, 2015**.

§§ Reportable in <25 states.

¶¶ As of 2008, these categories were replaced with codes for *Anaplasma phagocytophilum*. Refer to Ehrlichiosis/Anaplasmosis.

*** In 2005, the arboviral disease surveillance case definitions and categories were revised. The nationally notifiable arboviral encephalitis and meningitis conditions continued to be nationally notifiable in 2005 and 2006, but under the category of arboviral neuroinvasive disease.

††† Totals reported to the Division of Influenza, National Center for Immunization and Respiratory Diseases, as of **December 28, 2014**.

§§§ The National surveillance case definition was revised in 2008; probable cases not previously reported.

¶¶¶ To help public health specialists monitor the impact of the new meningococcal conjugate vaccine (Menactra®, licensed in the United States in January 2005), the data display for meningococcal disease was modified to differentiate the fraction of the disease that is vaccine preventable (serogroups A,C,Y, W-135) from the nonpreventable fraction of disease (serogroup B and others).

**** In 2008, Q fever acute and chronic reporting categories were recognized as a result of revision to the Q fever case definition. Before that time, case counts were not differentiated relative to acute and chronic Q fever cases.

†††† Severe acute respiratory syndrome-associated coronavirus disease.

§§§§ Revision of the National Surveillance Case Definition distinguishing between confirmed and probable cases; total case count includes eight case reports with unknown case status in 2014.

¶¶¶¶ *Streptococcus pneumoniae* invasive disease drug resistant (all ages) (11720) and nondrug resistant age <5 years (11717) became *Streptococcus pneumoniae* invasive disease (IPD) (11723) from 2010 through 2011 and finally simply invasive pneumococcal disease (IPD) (11723) starting in 2012.

***** Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of **July 15, 2015**.

††††† The last indigenous case of yellow fever was reported in 1911; all other case reports since 1911 have been imported.

TABLE 8. Number of deaths from selected nationally notifiable infectious diseases — United States, 2008–2014*

Cause of death	ICD-10† Cause of death code	No. of Deaths						
		2008	2009	2010	2011	2012	2013	2014
Anthrax	A22	0	0	0	0	0	0	0
Babesiosis	B60.0	7	6	4	5	4	6	7
Botulism, foodborne	A05.1	4	3	0	0	1	1	2
Brucellosis	A23.0–A23.9	0	1	0	1	0	1	0
Cholera (toxigenic *Vibrio cholerae* O1 or O139)	A00	0	1	0	0	0	1	0
Coccidioidomycosis	B38	72	87	92	88	70	56	68
Cryptosporidiosis	A07.2	3	2	4	4	2	0	1
Cyclosporiasis	A07.8	0	0	0	0	0	0	0
Dengue Fever	A90	0	1	2	0	1	3	2
Dengue Hemorrhagic Fever	A91	0	0	1	0	1	0	0
Diphtheria	A36.0–A36.3, A36.9	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis (*Anaplasma phagocytophilum, Ehrlichia chaffeensis, Ehrlichia ewingii*, undetermined human Ehrlichiosis/Anaplasmosis)	A77.8, A79	6	7	5	5	13	9	13
Giardiasis	A07.1	1	0	1	1	0	0	1
Haemophilus influenzae infection	A41.3, A49.2, G00.0, J14, J20.1	61	57	47	68	70	65	69
Hansen's disease (leprosy)	A30	2	1	4	1	0	0	0
Hantavirus Pulmonary Syndrome (HPS)	B33.4	9	0	2	8	4	4	5
Hemolytic uremic syndrome, postdiarrheal	D59.3	32	25	20	25	23	22	38
Hepatitis A, viral (acute)	B15	37	26	29	25	23	24	26
Hepatitis B, viral (acute, chronic, perinatal)	B16, B17.0, B18.0, B18.1	671	597	588	614	581	573	535
Hepatitis C, viral (acute, chronic)	B17.1, B18.2	6,834	6,981	6,844	7,048	7,292	7,366	7,349
Human immunodeficiency virus (HIV) infection	B20–B24	10,285	9,406	8,369	7,683	7,216	6,955	6,721
Invasive pneumococcal disease, all ages	A40.3, G00.1	203	228	191	181	156	199	152
Legionellosis	A48.1, A48.2	92	104	104	111	124	131	132
Leptospirosis	A27.0, A27.8, A27.9	2	2	0	0	1	2	0
Listeriosis	A32, P37.2	30	29	28	52	47	32	36
Lyme disease	A69.2, L90.4	10	12	10	6	11	5	15
Measles	B05	0	2	2	0	2	0	0
Meningococcal disease	A39.0	31	28	14	26	11	9	10
Mumps	B26	2	2	1	0	0	1	0
Pertussis	A37.0	6	1	5	1	4	2	7
Plague	A20	0	1	0	0	0	0	0
Poliomyelitis, paralytic	A80	0	0	0	0	0	0	0
Psittacosis	A70	0	0	0	0	0	0	0
Q Fever	A78	0	1	0	2	0	2	3
Rabies, human	A82	2	4	1	4	1	0	1
Rubella	B06	0	1	1	1	0	0	0
Rubella, congenital syndrome	P35.0	5	4	8	5	8	6	4
Salmonellosis	A02	42	26	28	44	44	40	45
Shiga toxin-producing *E. coli* (STEC)	A04.3	0	1	0	0	1	0	0
Shigellosis	A03	3	4	2	3	2	5	3
Spotted Fever Rickettsiosis	A77.0–A77.3, A77.9	4	8	8	6	4	7	8
Smallpox	B03	0	0	0	0	0	0	0
Tetanus	A33, A34, A35	3	6	3	6	4	3	1
Trichinellosis	B75	1	0	0	0	0	0	0
Tuberculosis	A16–A19	585	529	569	539	510	555	493
Tularemia	A21	1	3	0	0	0	2	1
Typhoid fever	A01.0	2	0	0	0	0	0	0
Varicella (chickenpox mortality)	B01	18	22	15	14	16	8	4
Vibriosis	A05.3§	1	0	0	0	0	0	0
Viral hemorrhagic fevers								
Crimean-Congo hemorrhagic fever	A98.0	0	0	0	0	0	0	0
Ebola virus	A98.4	0	0	0	0	0	0	1
Lassa virus	A96.2	0	0	0	0	0	0	0
Lujo virus	A98.8	0	0	0	0	0	0	0
Marburg virus	A98.3	0	0	0	0	0	0	0
New World Arenavirus-Guanarito virus	A96.8	0	0	0	0	0	0	0
New World Arenavirus-Junin virus	A96.0	0	0	0	0	0	0	0
New World Arenavirus-Machupo virus	A96.1	0	0	0	0	0	0	0
New World Arenavirus-Sabia virus	A96.8	0	0	0	0	0	0	0
Yellow fever	A95.0, A95.1, A95.9	0	0	0	0	0	0	0

See table footnotes on next page.

TABLE 8. (*Continued*) Number of deaths from selected nationally notifiable infectious diseases — United States, 2008–2014*

Source: CDC. CDC WONDER Detailed Mortality files (http://wonder.cdc.gov/) provided by the National Center for Health Statistics, National Vital Statistics System, 1999–2014. Underlying causes of death are classified according to ICD-10. Data are limited by the accuracy of the information regarding the underlying cause of death indicated on death certificates and reported to the National Vital Statistics System.

* List of Nationally Notifiable Conditions in 2014.

† World Health Organization. International Statistical Classification of Disease and Related Health Problems. Tenth Revision, 1992.

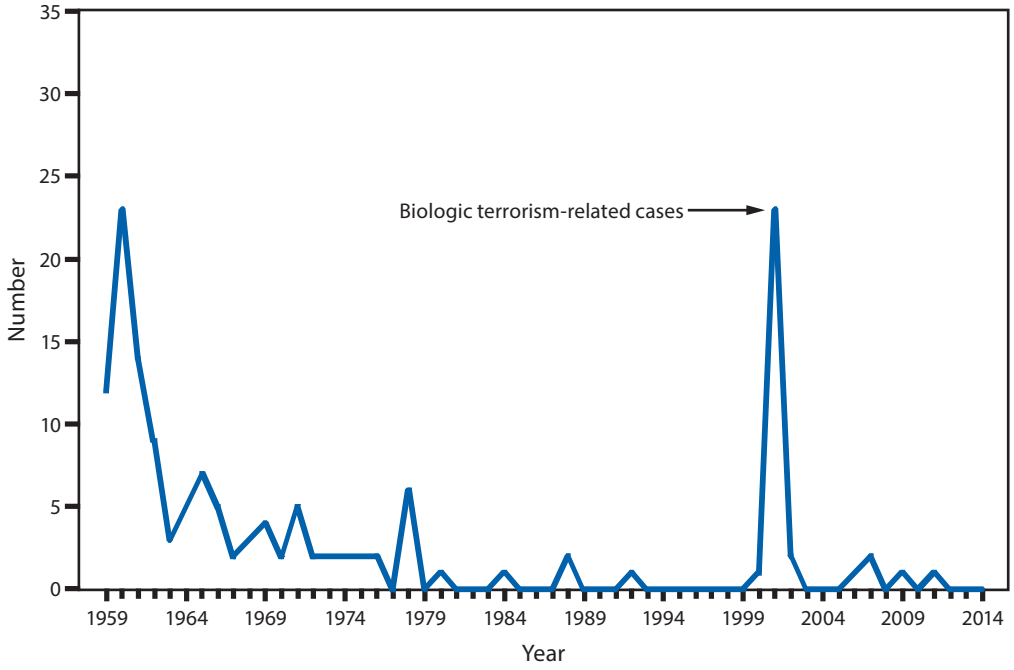
§ The mortality code listed (A05.3) specifies cause of death as "foodborne Vibrio parahaemolyticus intoxication" and might not accurately reflect mortality from other vibrio species.

PART 2
Graphs and Maps for Selected Notifiable Diseases in the United States, 2014

Abbreviations and Symbols Used in Graphs and Maps

U	Data not available.
N	Not reportable (i.e., report of disease not required in that jurisdiction).
DC	District of Columbia
NYC	New York City
AS	American Samoa
CNMI	Commonwealth of Northern Mariana Islands
GU	Guam
PR	Puerto Rico
VI	U.S. Virgin Islands

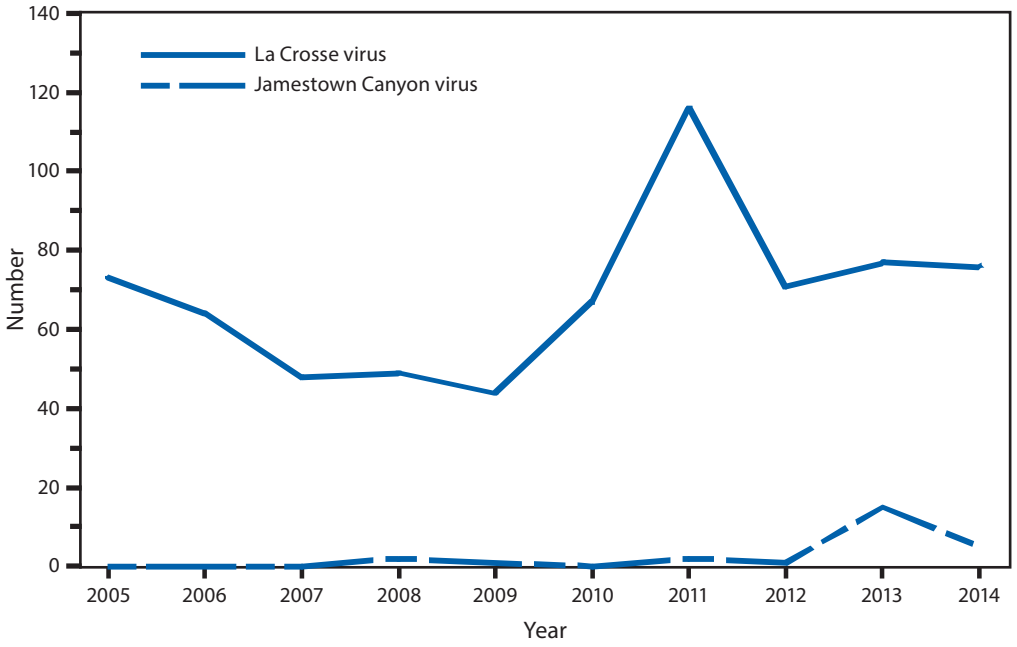
ANTHRAX. Number* of reported cases, by year — United States, 1959–2014



* One epizootic-associated cutaneous case was reported in 2001 from Texas.

In 2014, anthrax epizootics were reported in North Dakota, South Dakota, and Texas. Epizootics involved domestic and wildlife bovine, caprine, and cervid species. No human anthrax cases were reported in 2014 from zoonotic or other causes.

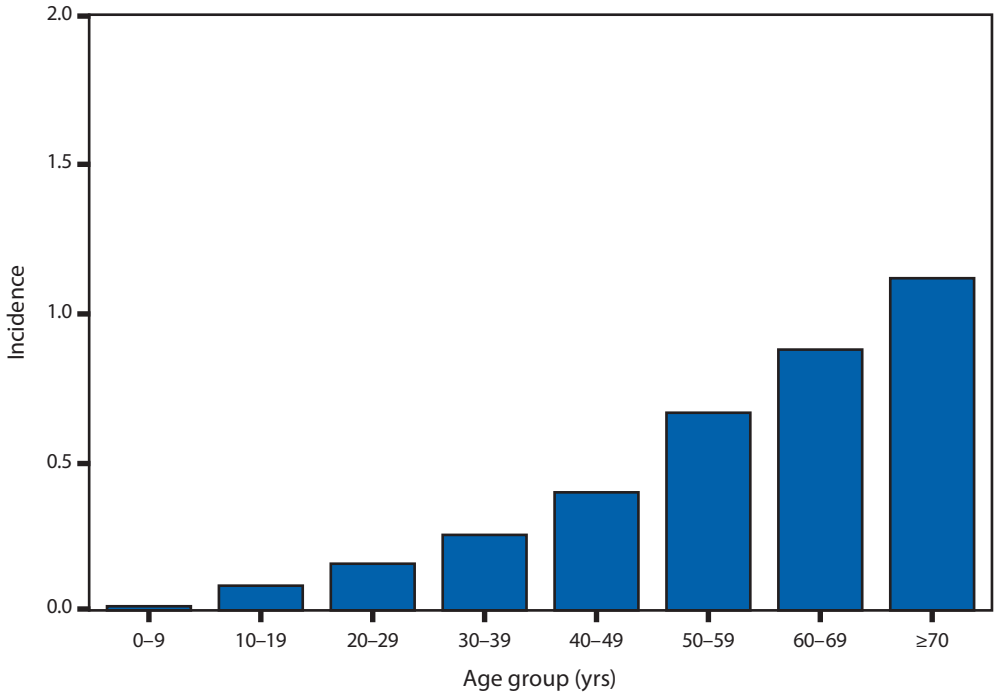
ARBOVIRAL DISEASES. Number* of reported cases of neuroinvasive disease, by year — United States, 2005–2014



* Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance). Only reported cases of neuroinvasive diseases are shown.

During 2005–2014, an average of 69 La Crosse virus neuroinvasive disease cases were reported each year. La Crosse virus was the most common cause of neuroinvasive arboviral disease among children. During that same time period, Jamestown Canyon virus caused an average of two neuroinvasive disease cases per year. Starting in 2013, following the implementation of routine antibody testing for Jamestown Canyon virus disease, reported cases increased.

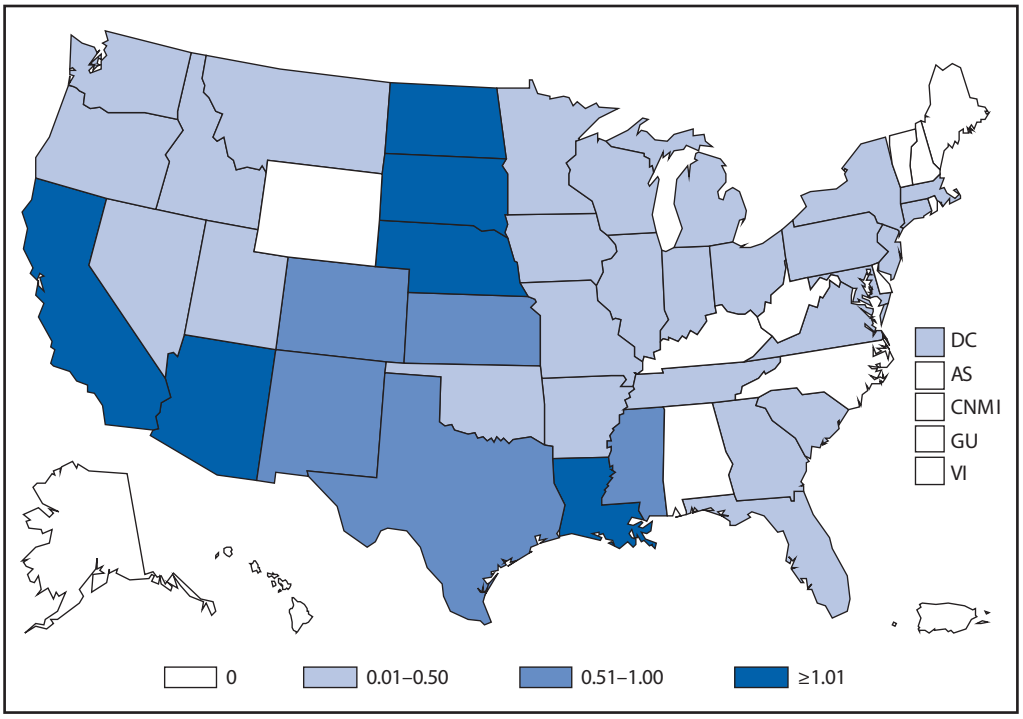
ARBOVIRAL DISEASES, WEST NILE VIRUS. Incidence* of reported cases of neuroinvasive disease, by age group — United States, 2014



* Per 100,000 population. Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance).

In 2014, West Nile virus neuroinvasive disease incidence increased with increasing age, ranging from 0.03 per 100,000 among persons aged <10 years to 1.15 among those aged ≥70 years.

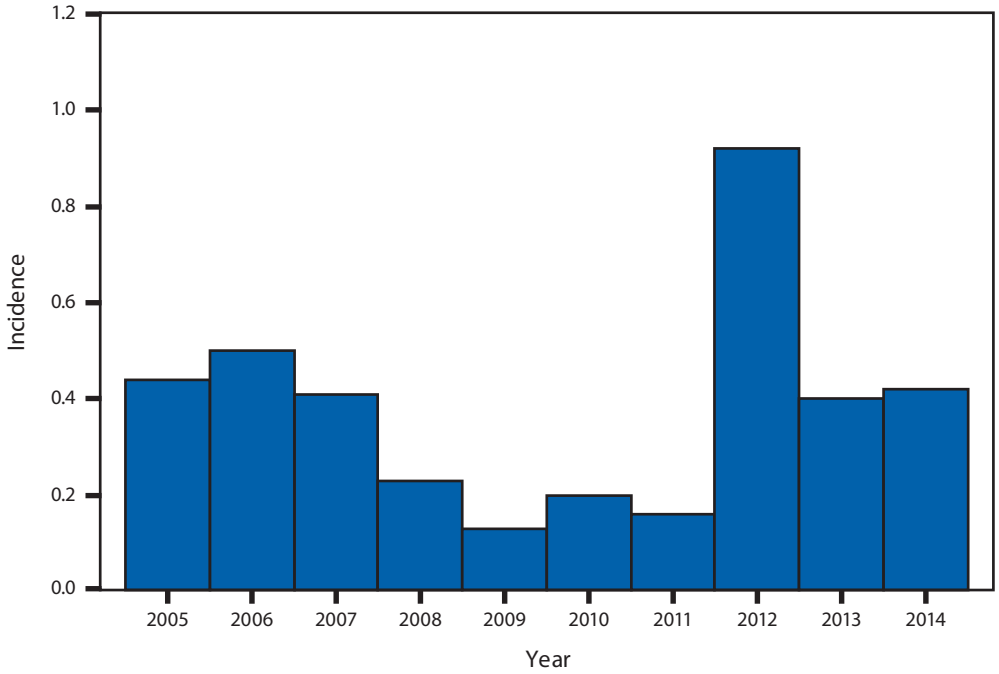
ARBOVIRAL DISEASES, WEST NILE VIRUS. Incidence* of reported cases of neuroinvasive disease — United States and U.S. territories, 2014



* Per 100,000 population. Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance).

In 2014, the states with the highest reported incidence of West Nile virus (WNV) neuroinvasive disease were Nebraska (2.2 per 100,000), North Dakota (1.6), California (1.4), South Dakota (1.4), Louisiana (1.3), and Arizona (1.2). Three states reported two thirds of WNV neuroinvasive disease cases: California (561 cases), Texas (253), and Arizona (80).

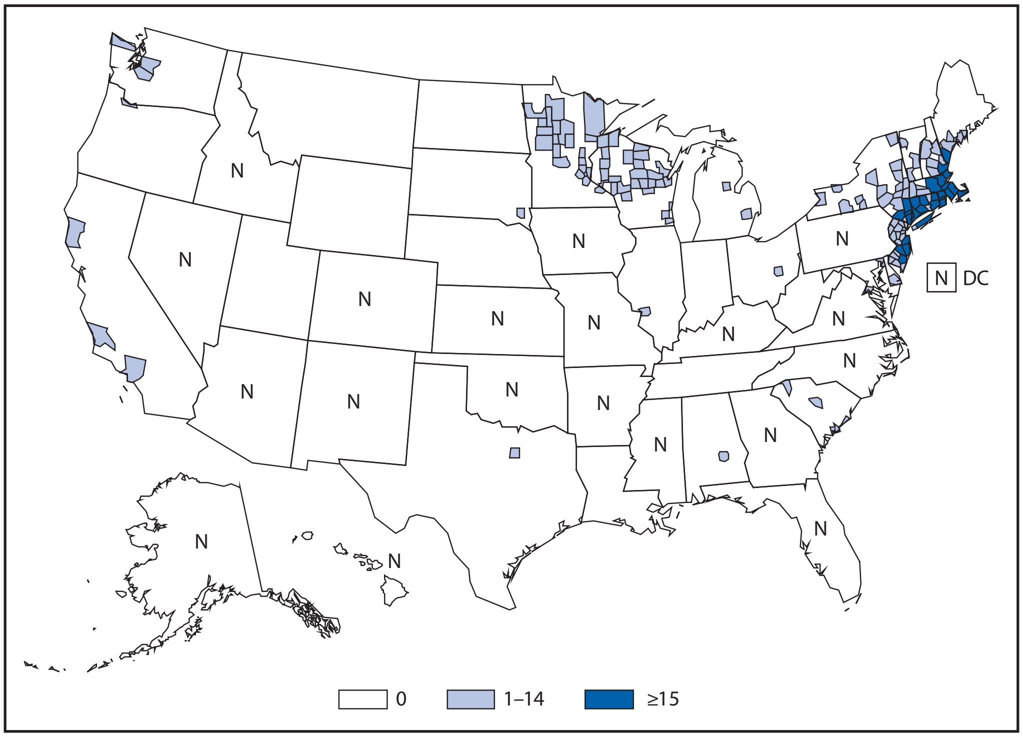
ARBOVIRAL DISEASES, WEST NILE VIRUS. Incidence* of reported cases of neuroinvasive disease, by year — United States, 2005–2014



* Per 100,000 population. Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance).

Nationally, West Nile virus neuroinvasive disease incidence in 2014 was similar to the median incidence during 2005–2013.

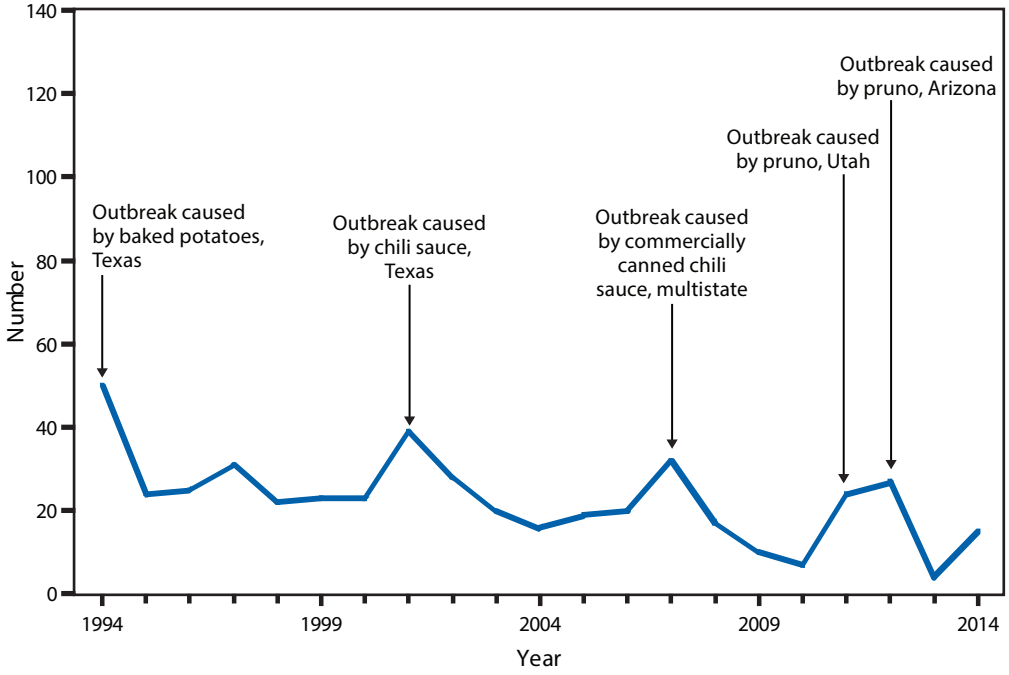
BABESIOSIS. Number of reported cases, by county — United States, 2014



Abbreviation: N = not reportable.

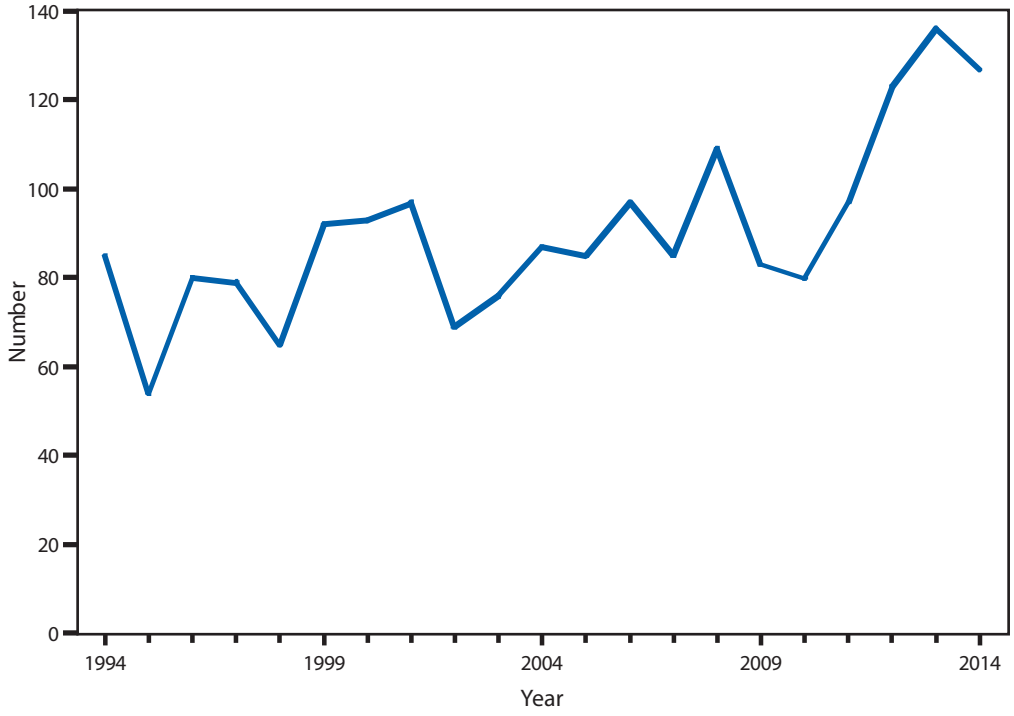
Babesiosis, a tickborne parasitic disease, became a nationally notifiable condition in 2011. In 2014, babesiosis was reportable in 31 states. Twenty-two of the 31 states reported at least one case; however, 1,636 (94%) of the 1,744 reported cases occurred in residents of seven of the states in which tickborne transmission of *Babesia microti* has been well documented (Connecticut, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, and Wisconsin).

BOTULISM, FOODBORNE. Number of reported cases, by year — United States, 1994–2014



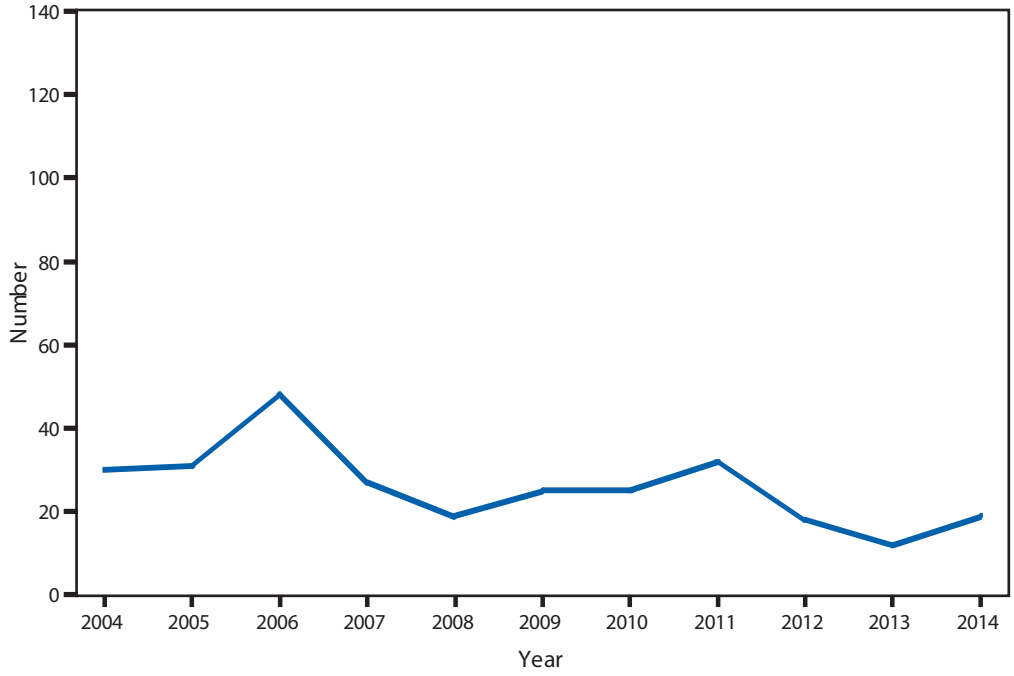
The number of foodborne botulism cases, caused by ingestion of preformed toxin, increased slightly from 2013 but remains below the average of the preceding 20 years. Pruno, which caused the 2011 and 2012 outbreaks in Utah and Arizona, respectively, is an illicit alcoholic beverage brewed by prison inmates.

BOTULISM, INFANT. Number of reported cases, by year — United States, 1994–2014



Infant botulism remains the most common transmission category of botulism in the United States and accounted for most botulism cases in 2014. Reported cases have increased since 2010, but declined slightly from 2013 to 2014.

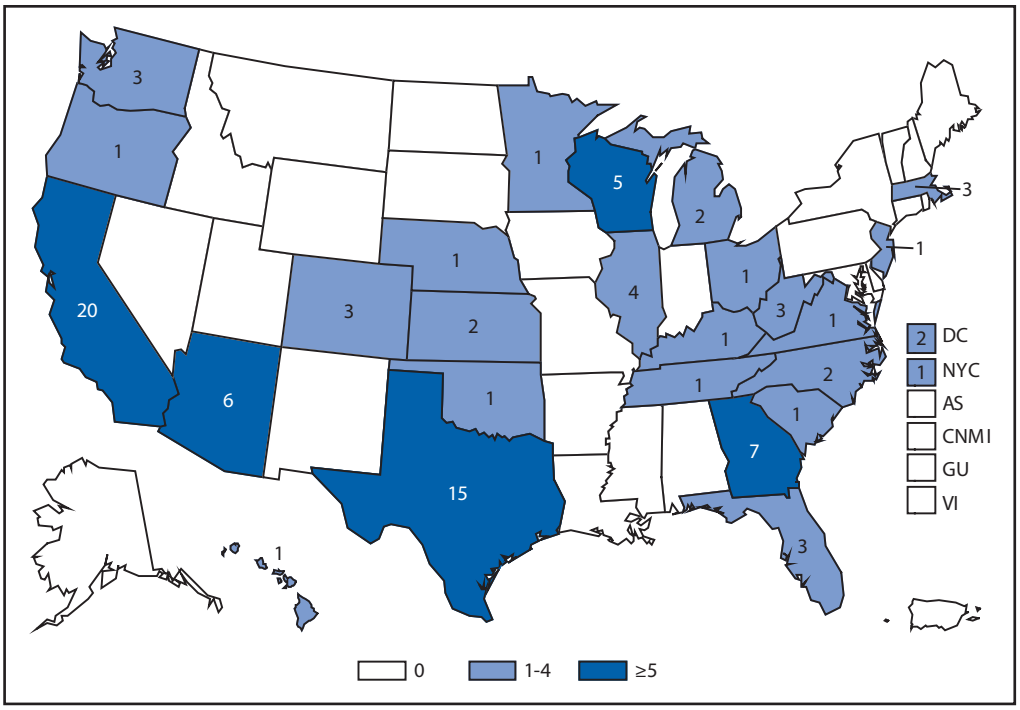
BOTULISM, OTHER. Number* of reported cases, by year — United States, 2004–2014



* Includes wound and unspecified.

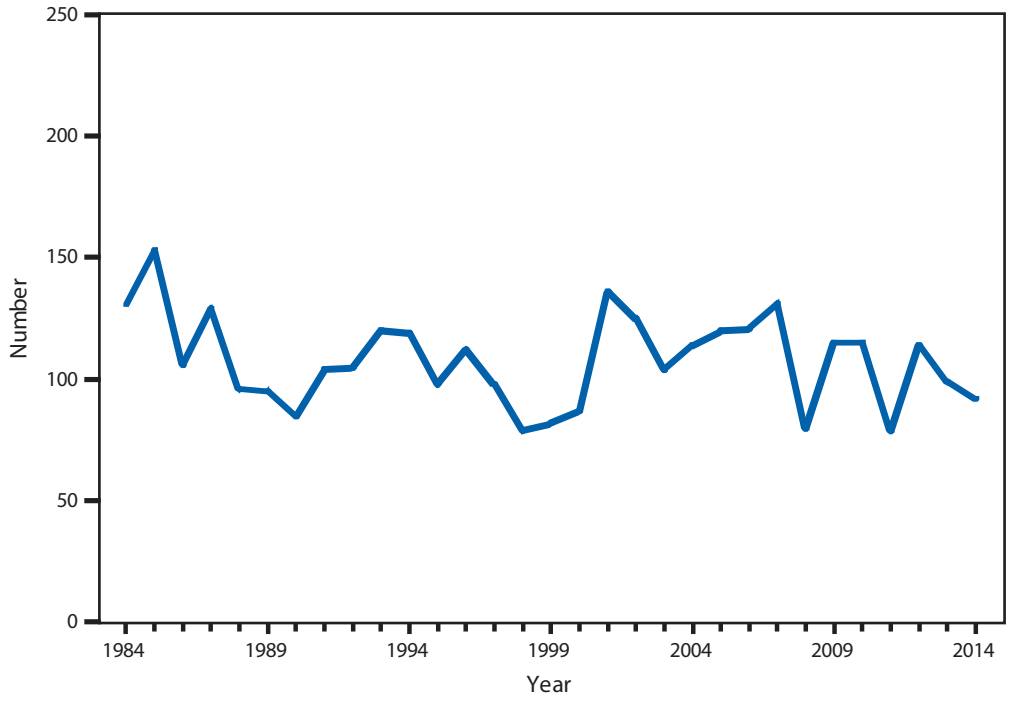
Annual number of cases of wound botulism and of botulism in "unspecified" transmission categories have remained generally stable since 2007.

BRUCELLOSIS. Number of reported cases — United States and U.S. territories, 2014



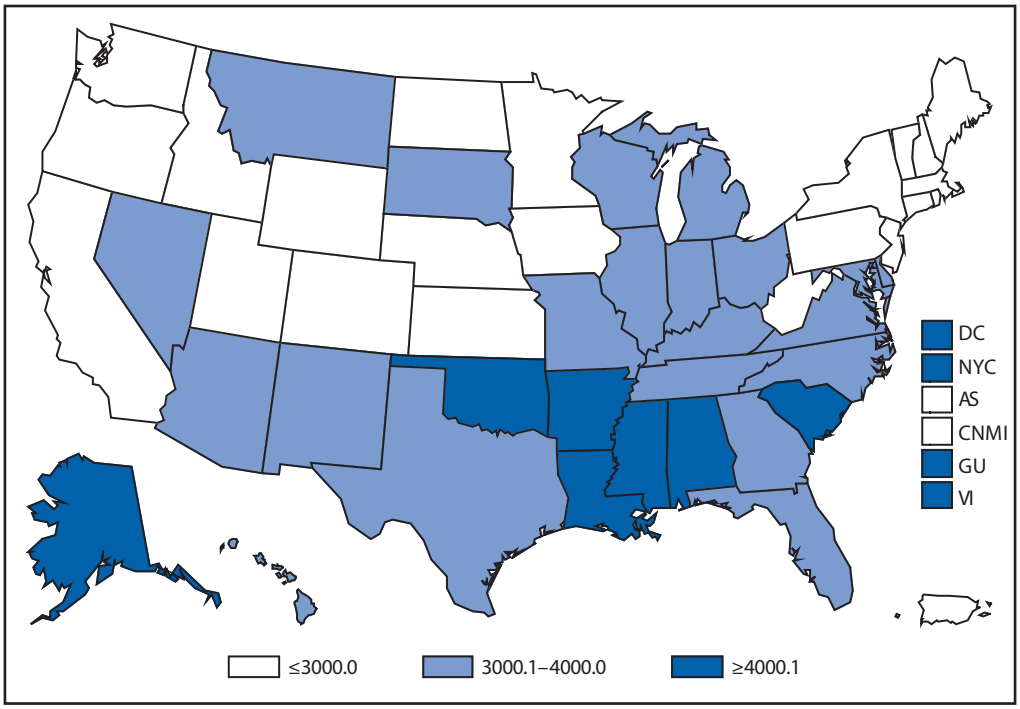
The number of states reporting more than four cases of human brucellosis decreased from 2013 to 2014.

BRUCELLOSIS. Number of reported cases, by year — United States, 1984–2014



The number of annual reported cases of brucellosis has continued to decrease since 2012.

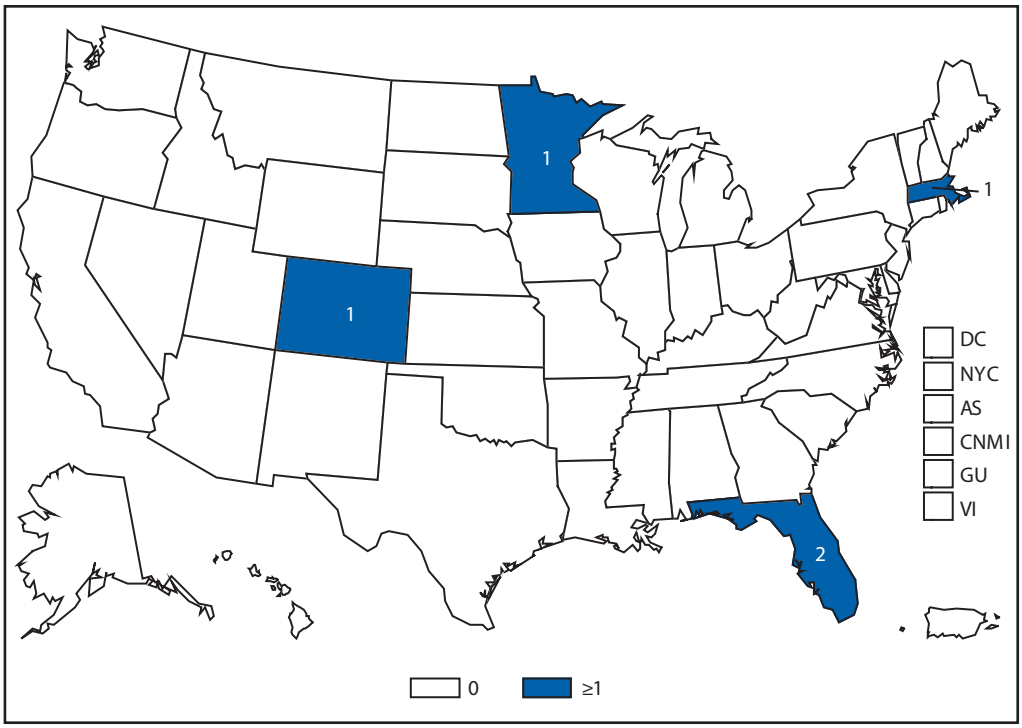
CHLAMYDIA. Incidence* of reported cases among women aged 15–24 years — United States and U.S. Territories, 2014



* Per 100,000 population.

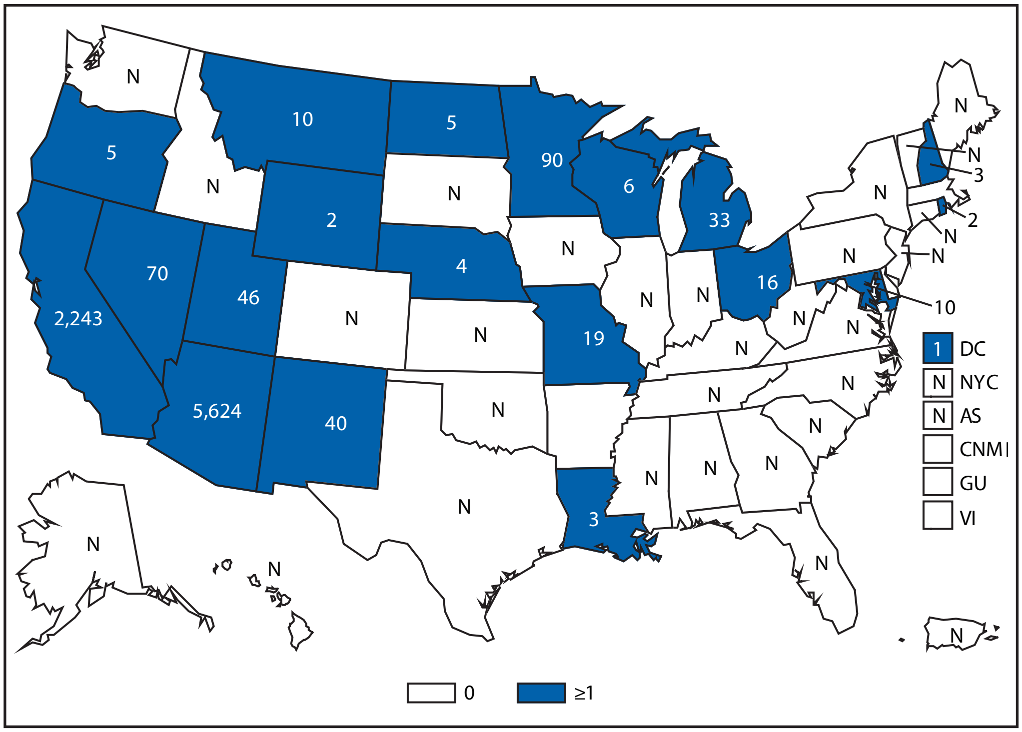
Among women aged 15–24 years, the population targeted for chlamydia screening, the overall rate of reported cases of chlamydia was 3,305.2 per 100,000 females. Rates varied by state, with the highest reported rates in the South.

CHOLERA. Number of reported cases — United States and U.S. territories, 2014



In 2014, five travel-associated cases of cholera were reported from four states.

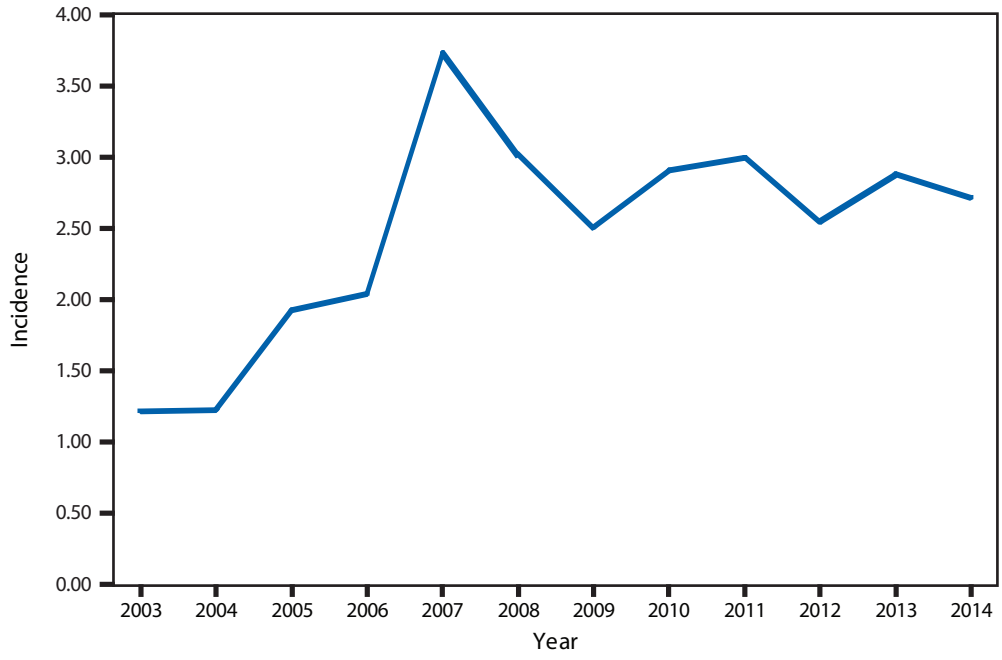
COCCIDIOIDOMYCOSIS. Number of reported cases — United States and U.S. territories, 2014



Abbreviation: N = not reportable.

In the United States, coccidioidomycosis is endemic in Southwestern states. However, the fungus that causes coccidioidomycosis also was recently found in south-central Washington. Cases reported from states outside the endemic area usually occur among travelers returning from areas in which the disease is endemic.

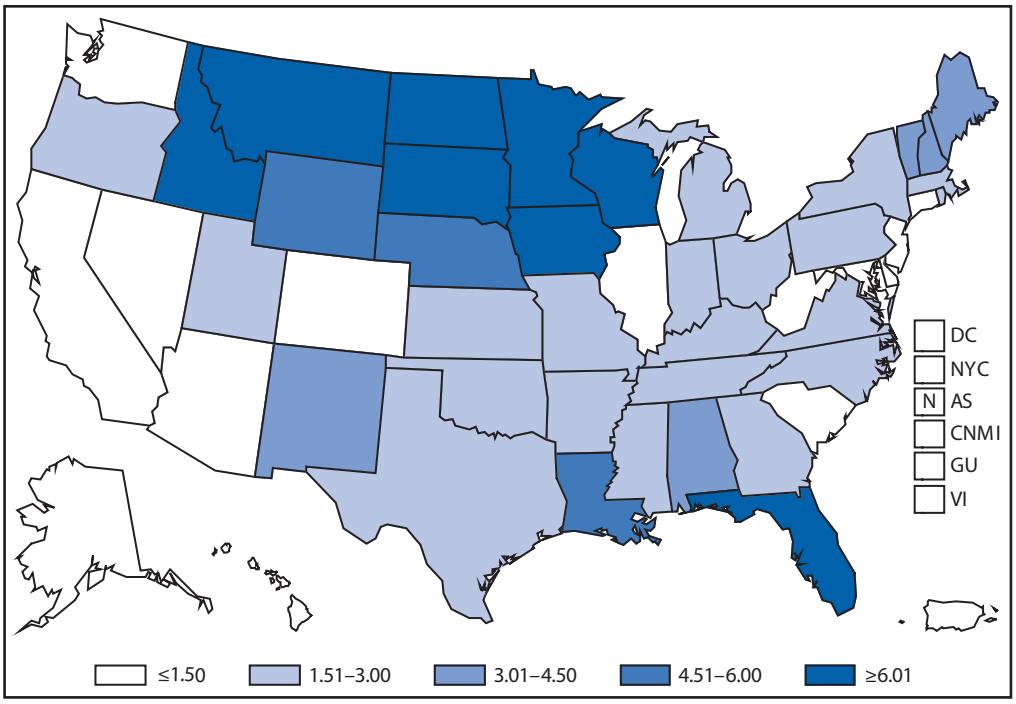
CRYPTOSPORIDIOSIS. Incidence* of reported cases, by year — United States, 2003–2014



* Per 100,000 population.

The incidence of reported cryptosporidiosis after 2007 remains elevated (>2.5 cases per 100,000 population) relative to the baseline observed before 2005 (<1.5). Whether this increase reflects a change in the true incidence of cryptosporidiosis or changing diagnosis, testing, or reporting patterns is unclear.

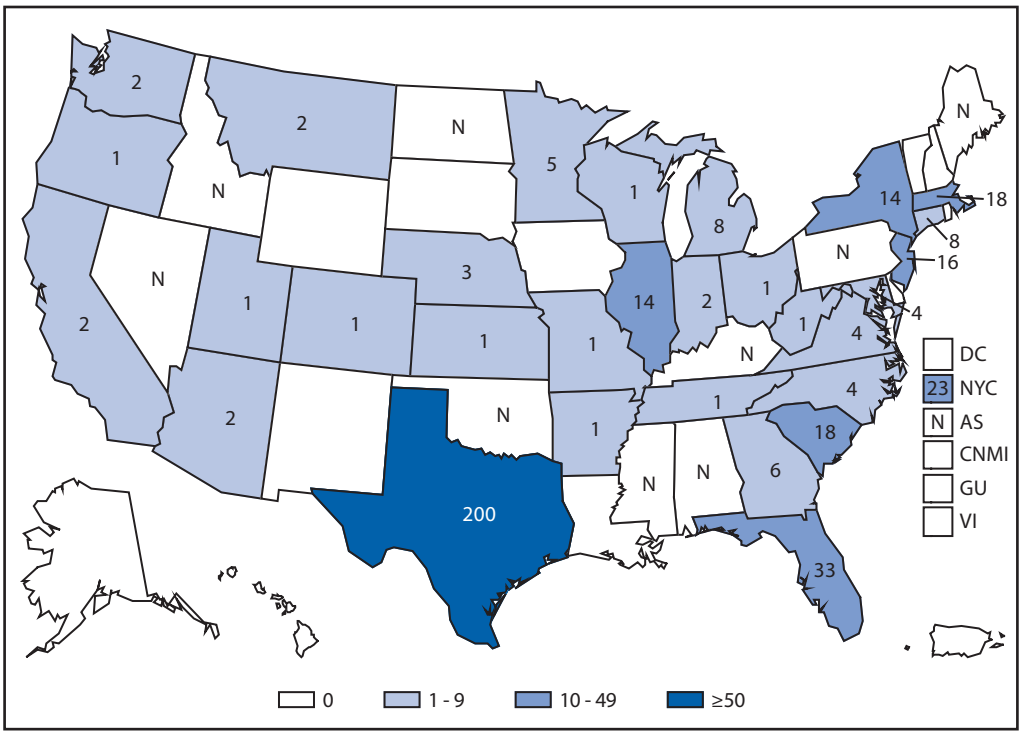
CRYPTOSPORIDIOSIS. Incidence* of reported cases — United States and U.S. territories, 2014



Abbreviation: N = not reportable.
* Per 100,000 population.

Cryptosporidiosis is widespread geographically in the United States. Although incidence appears to be consistently higher in certain states, differences in reported incidence among states might reflect differences in risk factors; the number of cases associated with outbreaks; or the capacity to detect, investigate, and report cases.

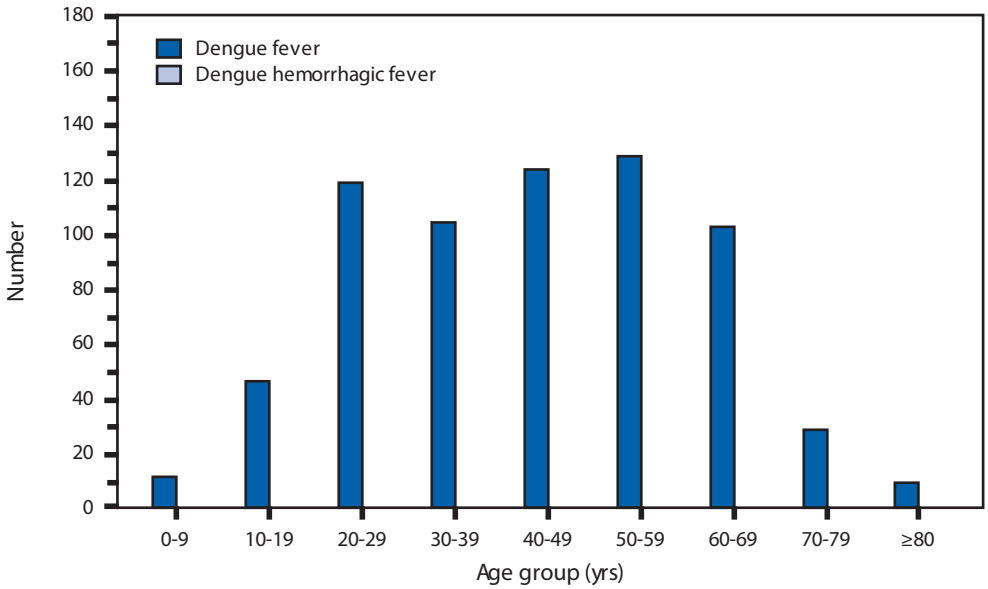
CYCLOSPORIASIS. Number of reported cases — United States and U.S. territories, 2014



Abbreviation: N = not reportable.

In 2014, a total of 398 cases (356 confirmed and 42 probable) were reported from 30 states and New York City. Of these, 275 (69%) were domestically acquired (i.e., they occurred in persons with no known history of travel outside the United States and Canada during the 14-day incubation period), at least 244 (89%) of which occurred in persons with onset of illness during May–August. A vehicle of infection (fresh cilantro from Mexico) was identified for 26 cluster-associated cases in Texas.

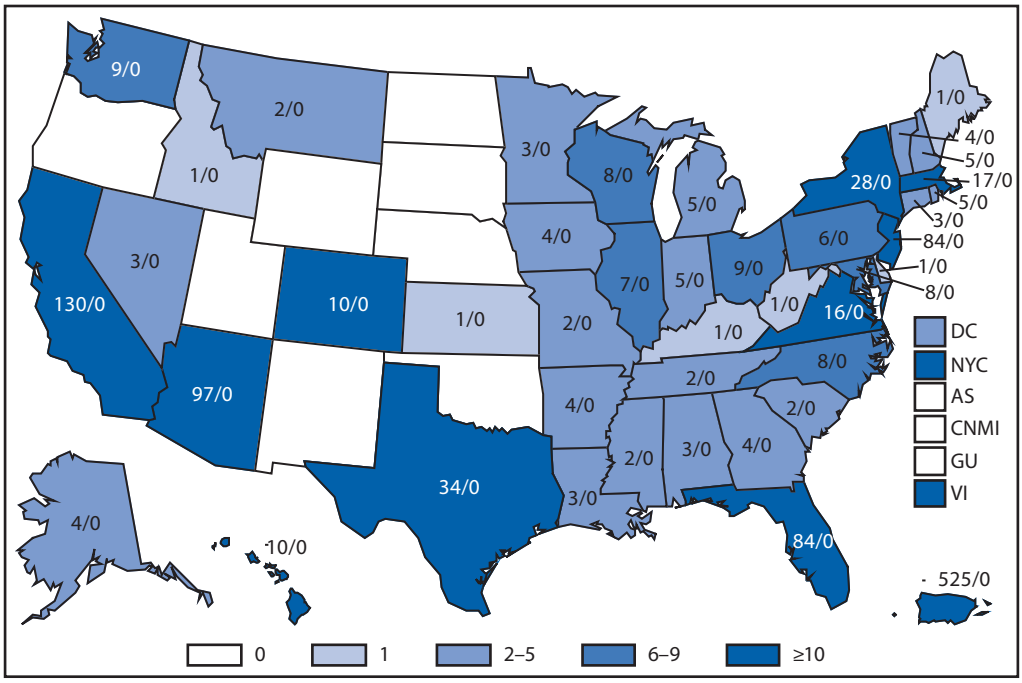
DENGUE VIRUS INFECTION. Number* of reported cases, by age group — United States, 2014



* Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance). Three age unknown cases of dengue fever. No cases of dengue hemorrhagic fever were reported in 2014 in travelers or residents of U.S. territories.

All age groups were affected by dengue.

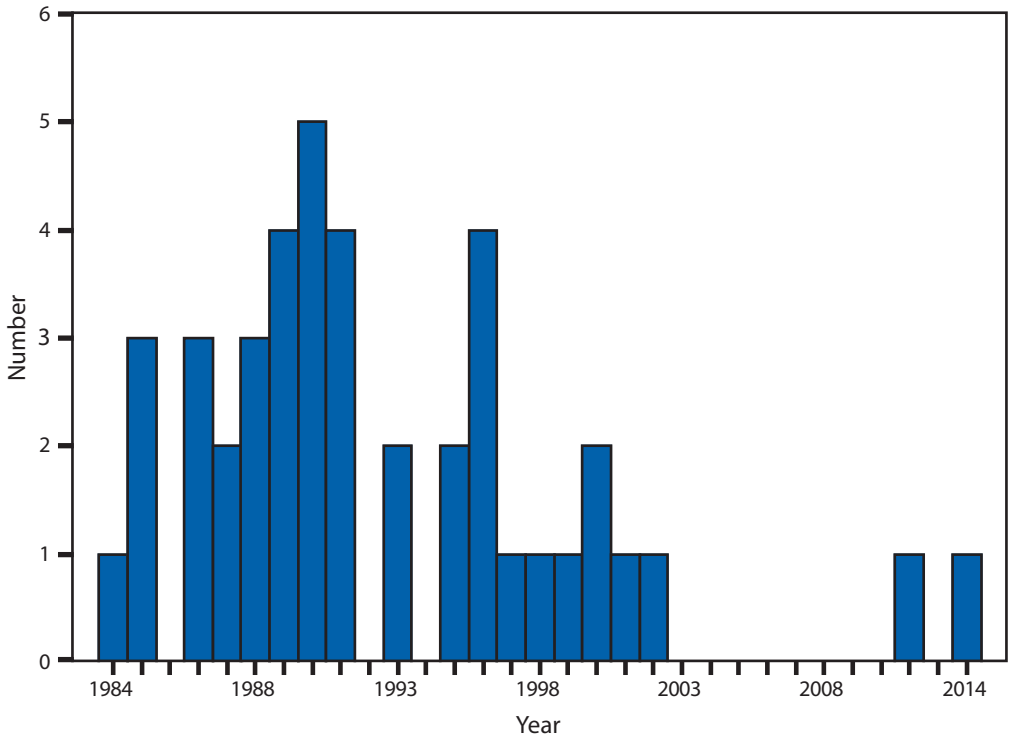
DENGUE FEVER AND DENGUE HEMORRHAGIC FEVER. Number* of reported cases, by location of residence — United States and U.S. territories, 2014



* Number of dengue fever cases/dengue hemorrhagic fever cases. Data from the Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (ArboNET Surveillance). The District of Columbia reported 2/0 cases, New York City 42/0, and U.S. Virgin Islands 19/0.

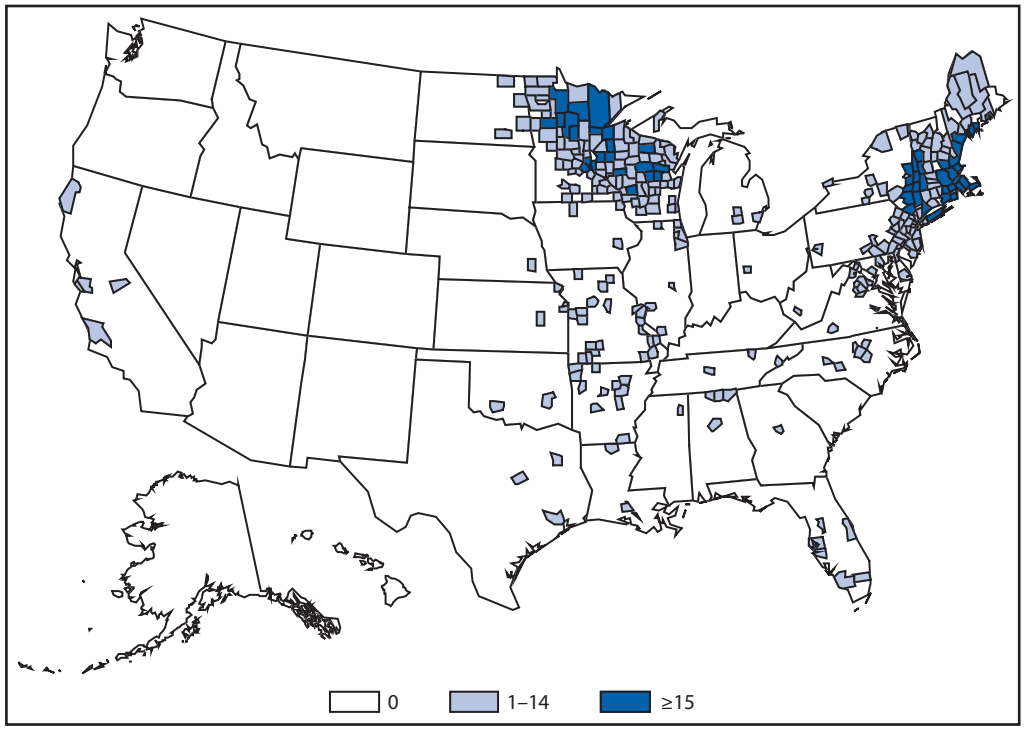
California, New Jersey, and Arizona reported the most dengue cases. No cases of dengue hemorrhagic fever were reported in 2014 in travelers or residents of U.S. states and territories.

DIPHTHERIA. Number of reported cases, by year — United States, 1984–2014



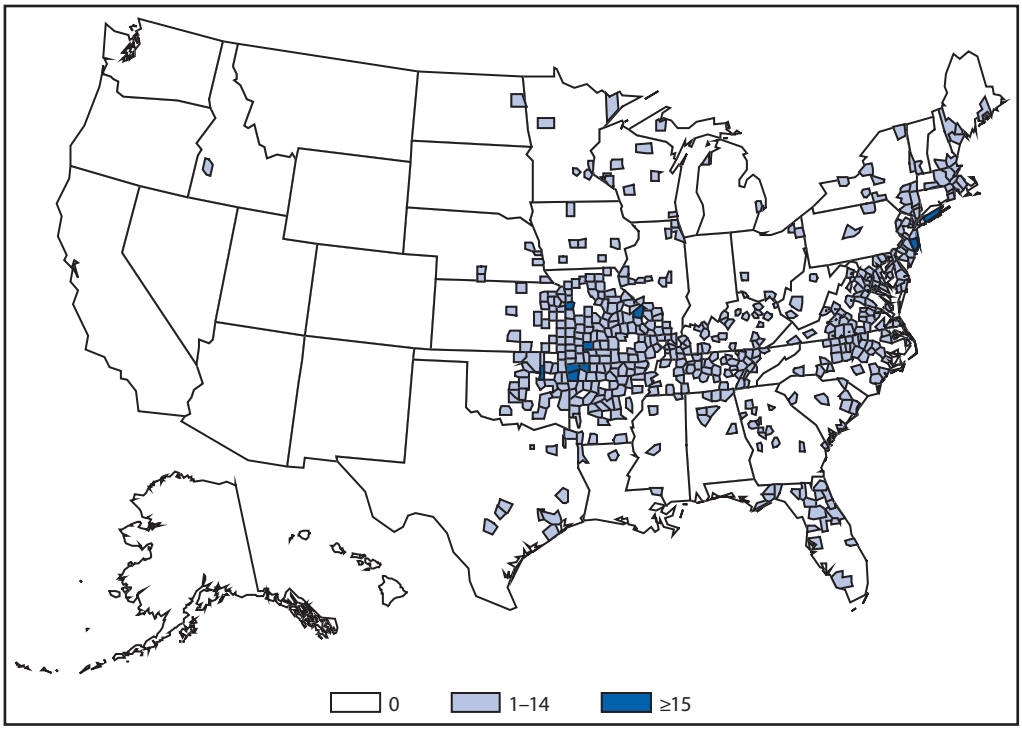
Reported diphtheria is rare in the United States; no more than one case per year has been reported since 2003.

EHRLICHIOSIS AND ANAPLASMOSIS, *ANAPLASMA PHAGOCYTOPHILUM*. Number of reported cases, by county — United States, 2014



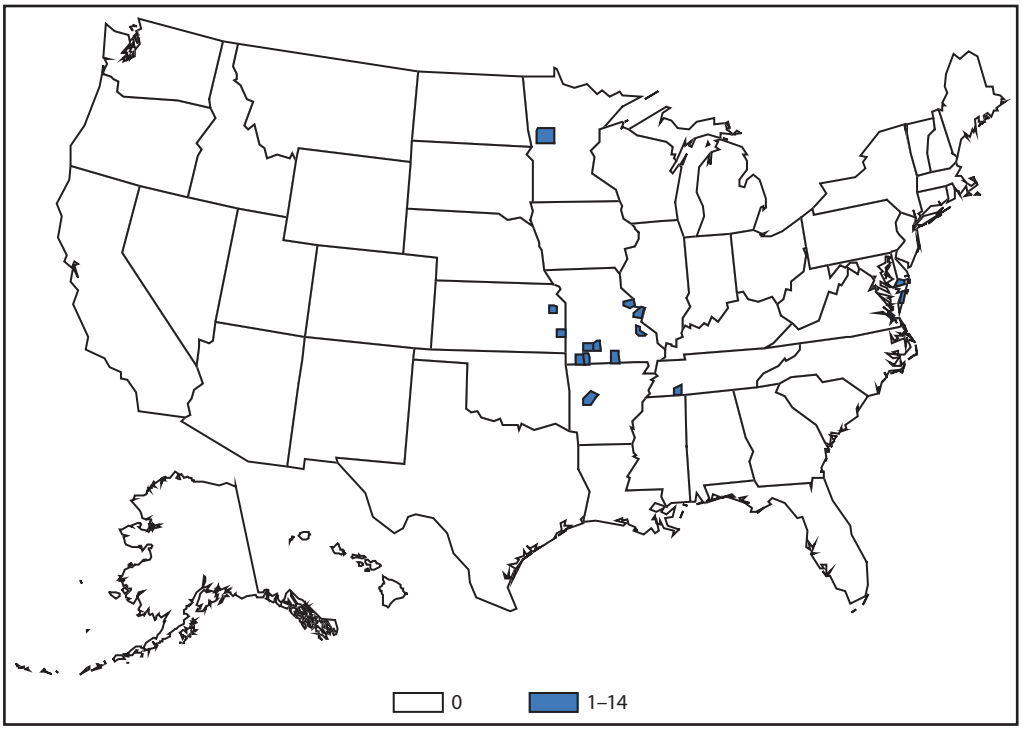
Cases are reported primarily from the Upper Midwest and coastal New England, reflecting both the range of the primary tick vector species, *Ixodes scapularis*, which is also known to transmit Lyme disease and babesiosis, and the range of preferred animal hosts for tick feeding.

EHRLICHIOSIS AND ANAPLASMOSIS, *EHRLICHIA CHAFFEENSIS*. Number of reported cases, by county — United States, 2014



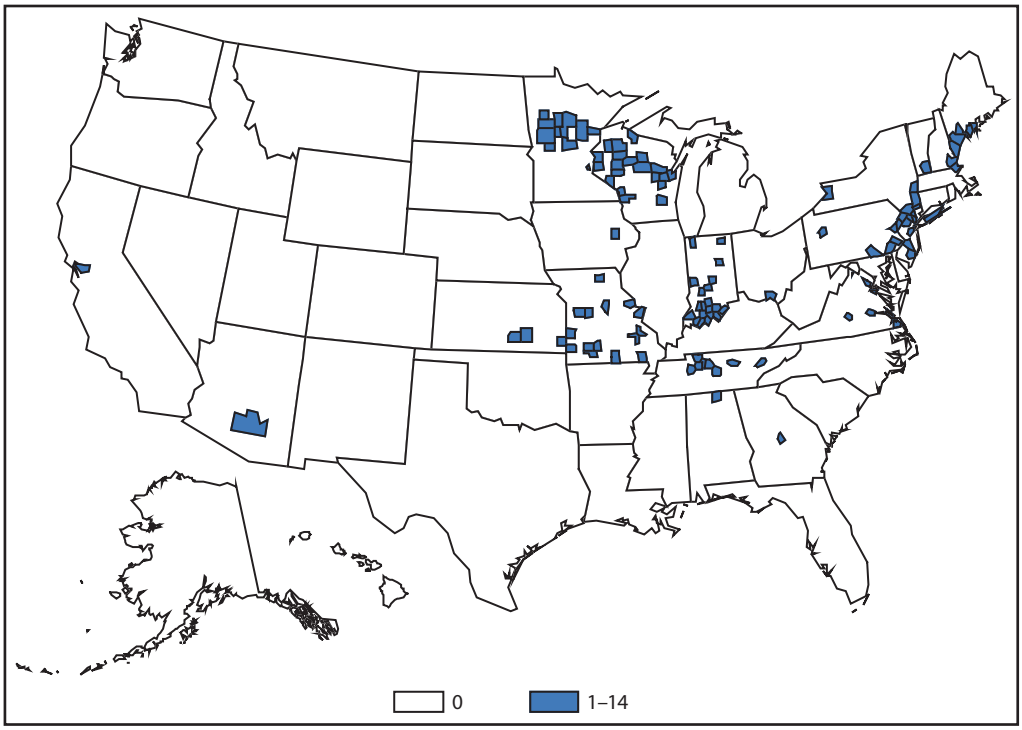
Ehrlichia chaffeensis is the most common type of ehrlichiosis infection in the United States. This tickborne pathogen is transmitted by *Amblyomma americanum*, the lone star tick, whose geographic range extends from the Southeast into parts of the Northeast and Midwest. The majority of cases of *E. chaffeensis* ehrlichiosis are reported from the Midwest, South, and Northeast regions.

EHRLICHIOSIS AND ANAPLASMOSIS, *EHRLICHIA EWINGII*. Number of reported cases, by county — United States, 2014



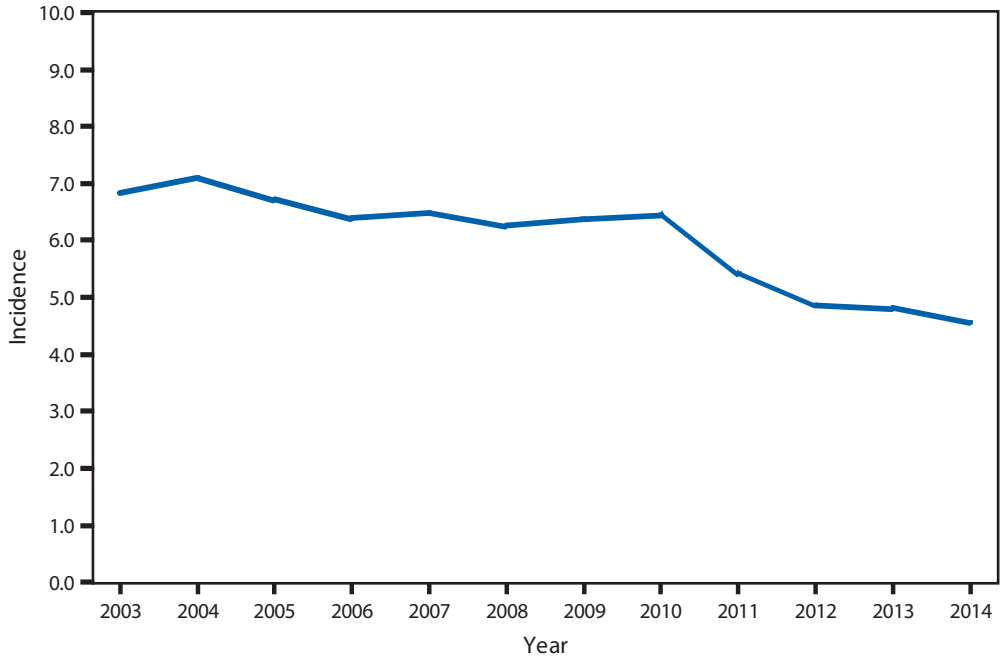
Ehrlichia ewingii is the least common cause of ehrlichiosis. *Ehrlichia ewingii* is carried by *Amblyomma americanum*, the tick, which is the same vector that transmits *E. chaffeensis* and whose geographic range extends from the Southeast into parts of the Northeast and Midwest. No serologic tests are used to distinguish between the two species, and differentiation can only be made by molecular genotyping.

EHRLICHIOSIS AND ANAPLASMOSIS, UNDETERMINED. Number of reported cases, by county — United States, 2014



Cases of ehrlichiosis and anaplasmosis caused by an undetermined species are reported across the United States but are more likely to be reported in the Midwest region and the Middle Atlantic division. This classification of "undetermined" is most often used in areas where no clear geographic boundary separates the individual tick vectors. In the Upper Midwest, some cases are likely caused by *Ehrlichia muris*-like agent, a recognized cause of ehrlichiosis in the United States. Because ehrlichiosis and anaplasmosis elicit some cross reactivity in antibody detection, this category can also be used when single, inappropriate diagnostic tests are performed that do not provide differentiation of etiology.

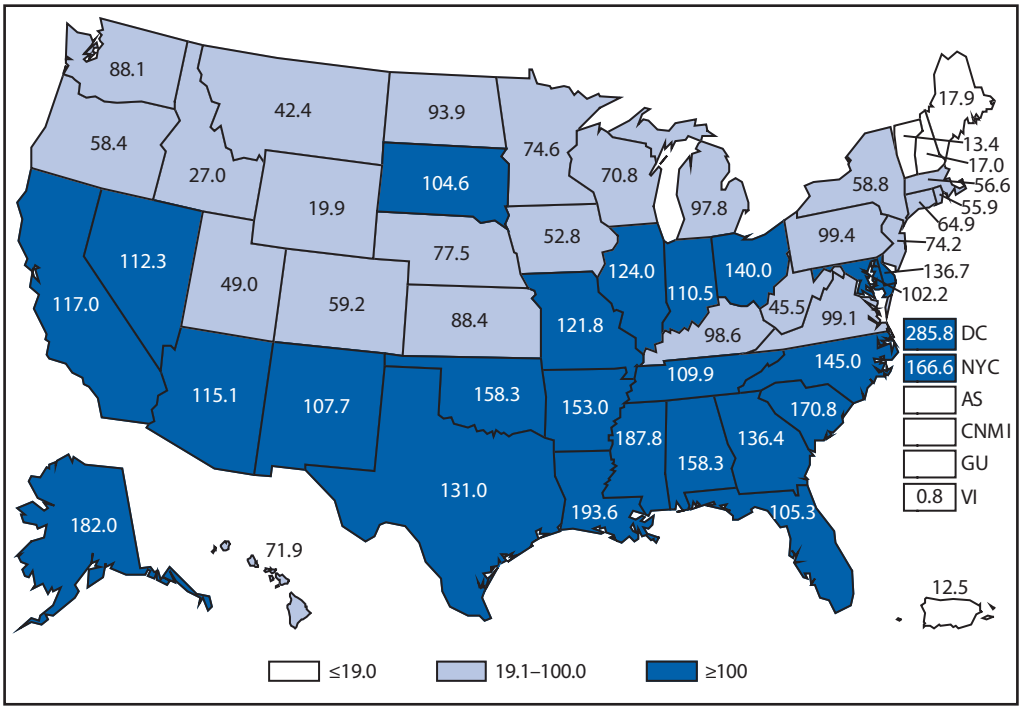
GIARDIASIS. Incidence* of reported cases, by year — United States, 2003–2014



* Per 100,000 population.

The incidence of giardiasis decreased in 2014, continuing a general decrease that began in 2011 following several years of stable reporting. Factors contributing to this decrease might include a decrease in disease transmission, changes in case definition, or changes in surveillance priorities in some states.

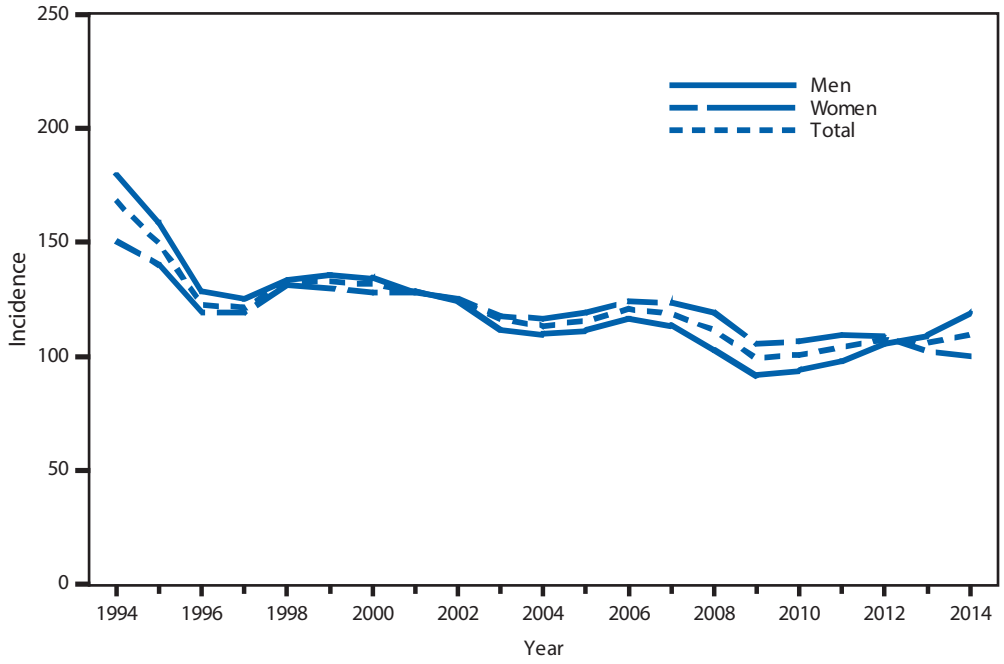
GONORRHEA. Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

In 2014, rates of reported gonorrhea cases per 100,000 population ranged by state from 13.4 in Vermont to 193.6 in Louisiana; the gonorrhea rate in the District of Columbia was 285.8.

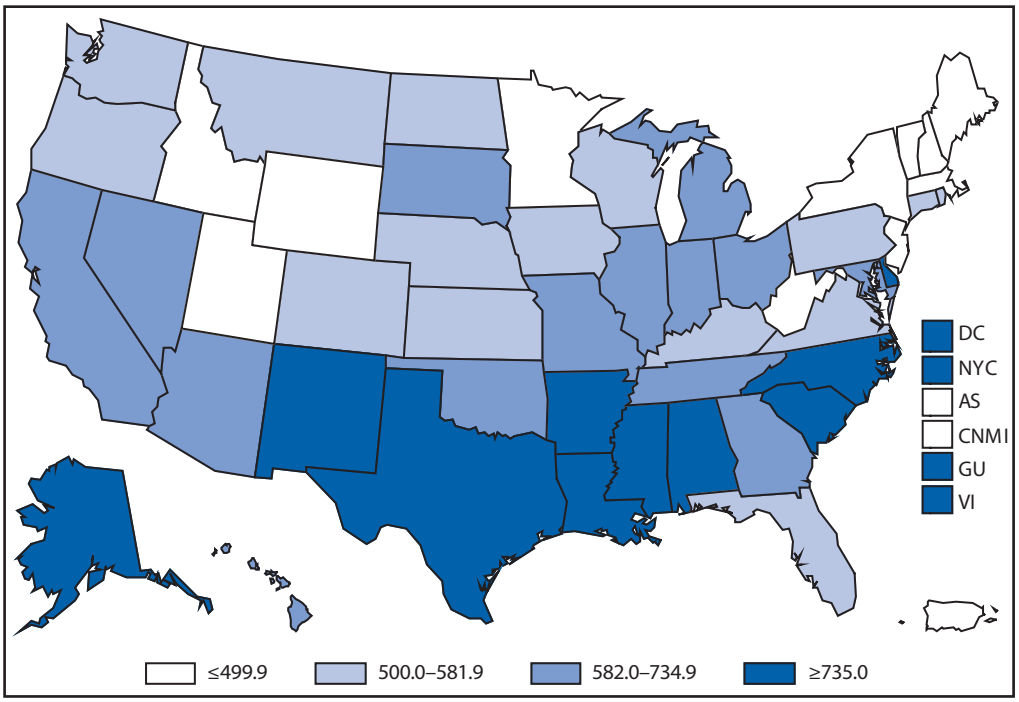
GONORRHEA. Incidence* of reported cases, by sex — United States, 1994–2014



* Per 100,000 population.

Since 2013, the rate of reported cases of gonorrhea among men was higher than the rate among women. During 2010-2014, the rate among men increased from 94.1 to 119.1 (26.5%) and the rate among women decreased from 106.5 to 100.4 (5.7%). During 2013-2014, the rate among men increased from 109.5 to 119.1 (8.8%) and the rate among women decreased from 102.4 to 100.4 (1.9%).

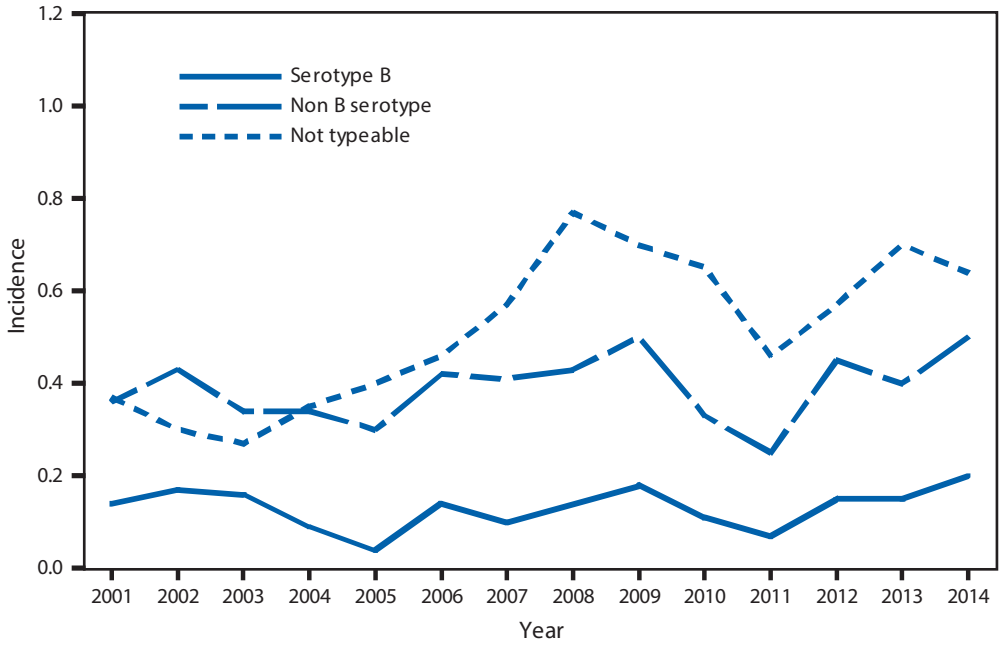
GONORRHEA. Incidence* of reported cases among women aged 15–24 years — United States and U.S. territories, 2014



* Per 100,000 population.

In 2014, rates per 100,000 population of reported gonorrhea cases continued to be highest among adolescents and young adults. For women, the highest rates were observed among those aged 20–24 years (531.0) and 15–19 years (431.7).

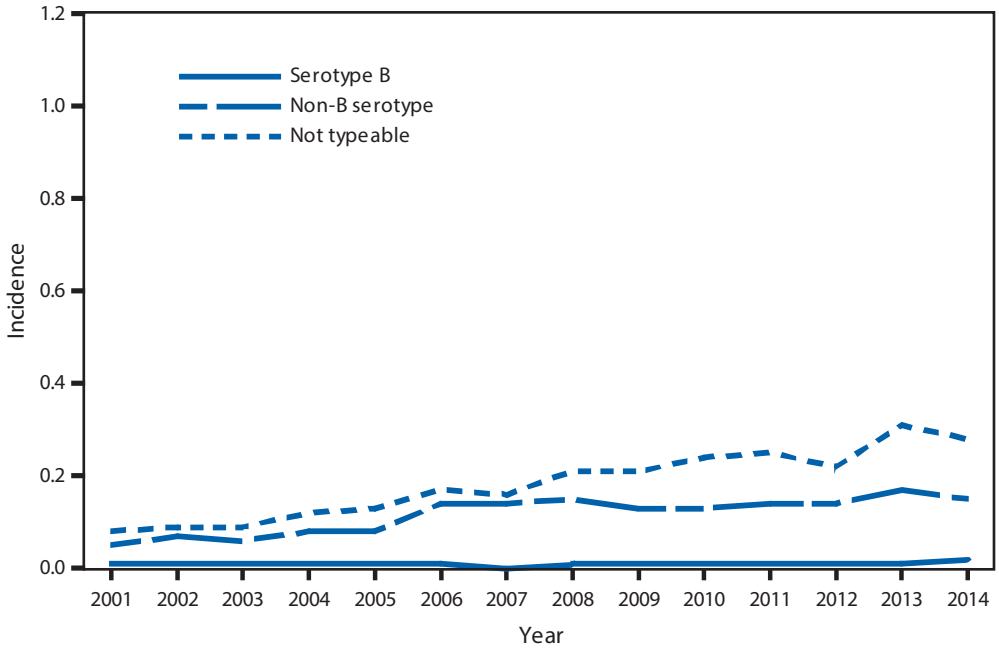
***HAEMOPHILUS INFLUENZAE,* INVASIVE DISEASE. Incidence* of reported cases, by serotype among persons aged <5 years — United States, 2001–2014**



* Per 100,000 population.

Rates of all invasive *Haemophilus influenzae* disease remain low; the majority of invasive disease in children aged <5 years is caused by nontypeable *Haemophilus influenzae. Haemophilus influenzae* Type b incidence remains below the Healthy People 2020 goal of 0.27 per 100,000 population among those aged <5 years.

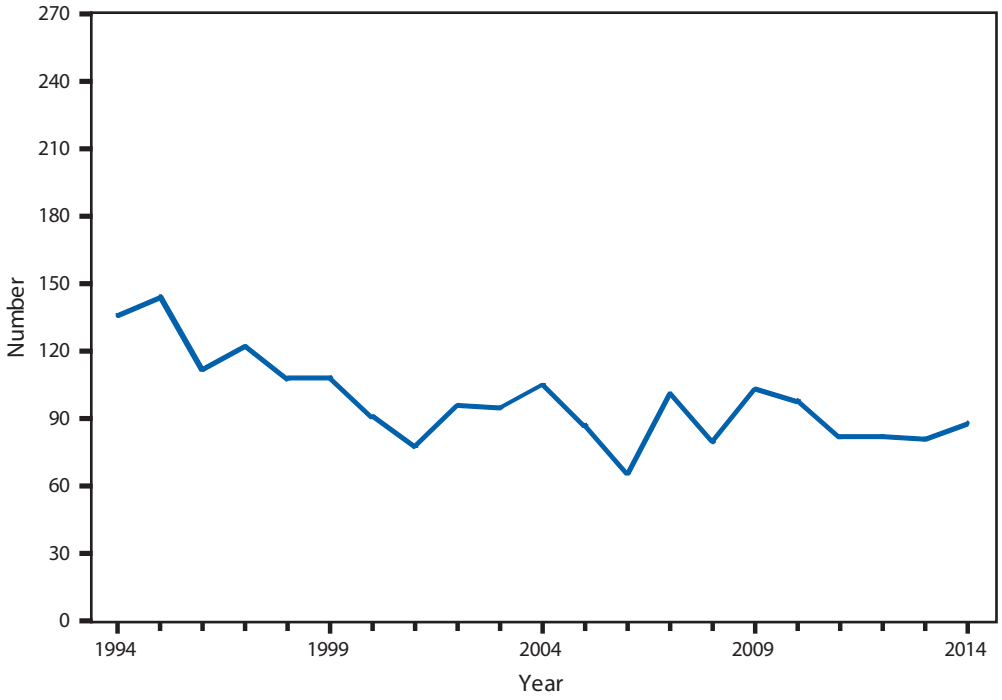
***HAEMOPHILUS INFLUENZAE,* INVASIVE DISEASE. Incidence* of reported cases, by serotype among persons aged ≥5 years — United States, 2001–2014**



* Per 100,000 population.

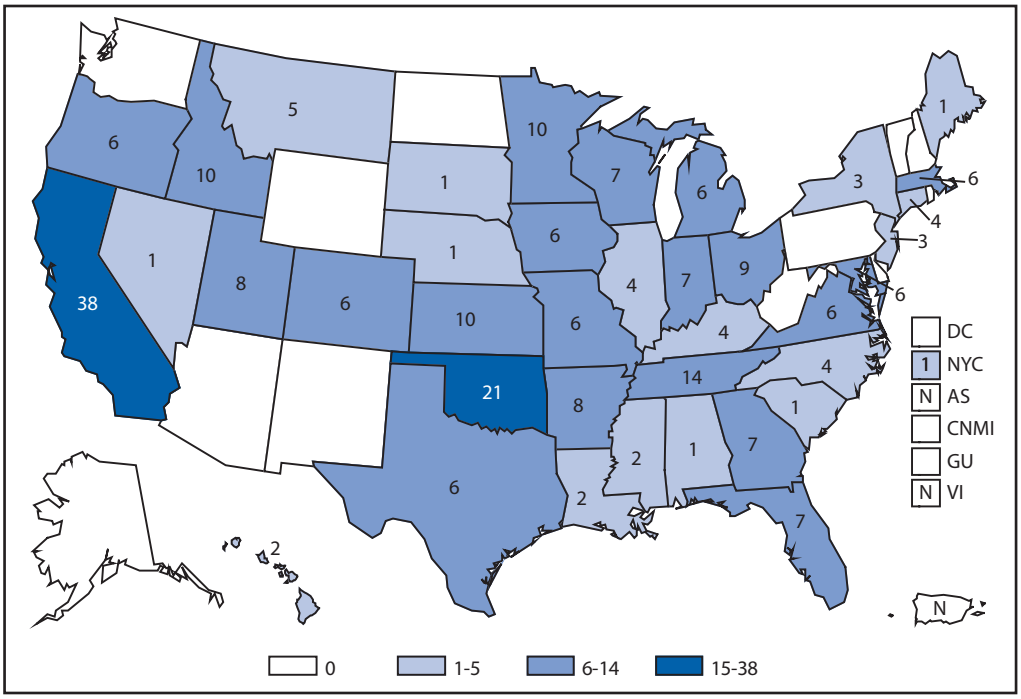
Rates of all invasive *Haemophilus influenzae* disease remain low; the majority of invasive disease in persons aged ≥5 years is caused by nontypeable *Haemophilus influenzae*.

HANSEN'S DISEASE (LEPROSY). Number of reported cases, by year — United States, 1994–2014



An annual average of 89 Hansen's disease cases have been reported since 2000, with a low of 66 in 2006 and a high of 105 in 2004.

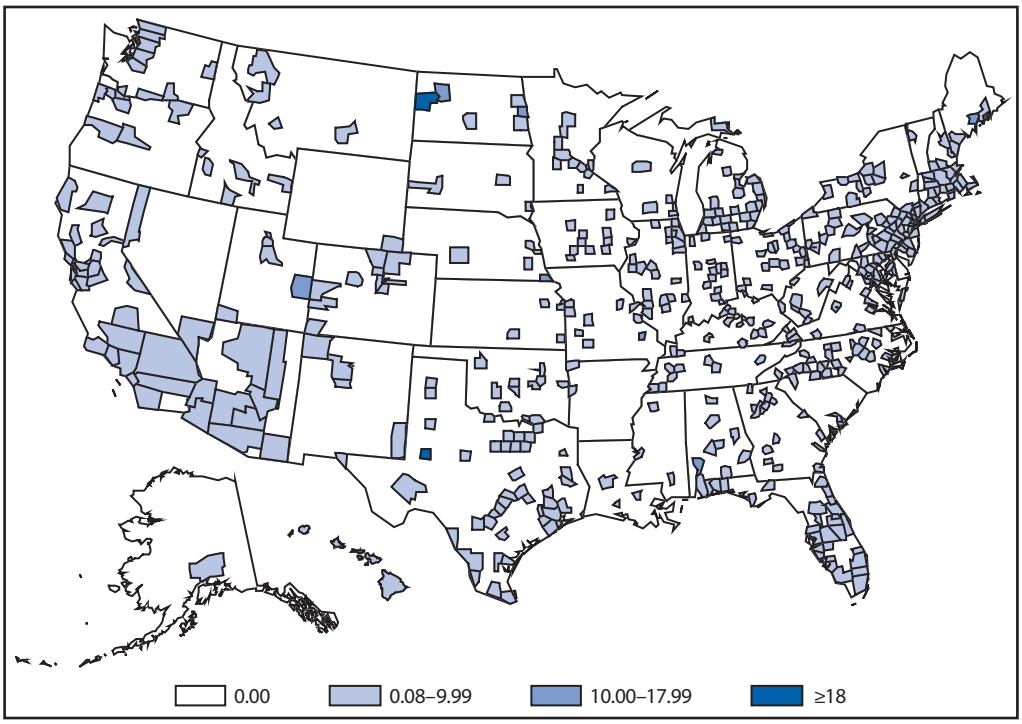
HEMOLYTIC UREMIC SYNDROME, POSTDIARRHEAL. Number of reported cases — United States and U.S. territories, 2014



Abbreviation: N = not reportable.

In 2014, a total of 41 of 56 jurisdictions (states, districts, and territories) reported cases, and three jurisdictions did not report their data. Most cases of postdiarrheal hemolytic uremic syndrome are caused by Shiga toxin-producing *Escherichia coli*.

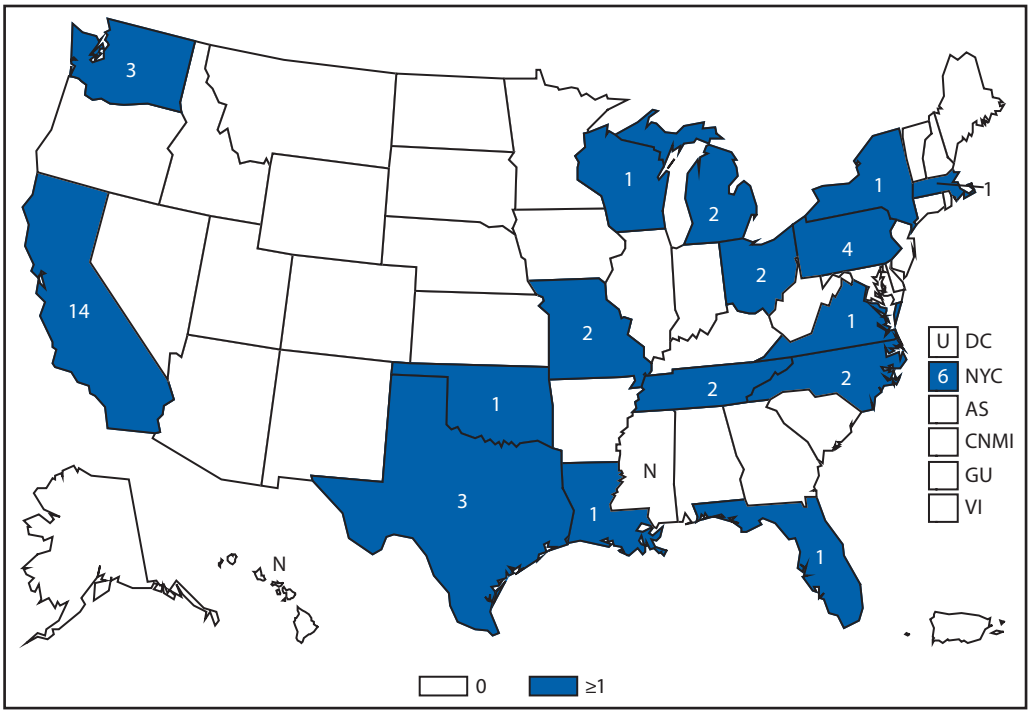
HEPATITIS, ACUTE A. Incidence* of reported cases, by county — United States, 2014



* Per 100,000 population.

Although effective vaccines to prevent Hepatitis A infections have been available in the United States since 1995, in 2014, at least one case occurred in each state. A total of 1,239 cases were reported, and nine counties in seven states reported incidence rates of ≥10 cases per 100,000 population.

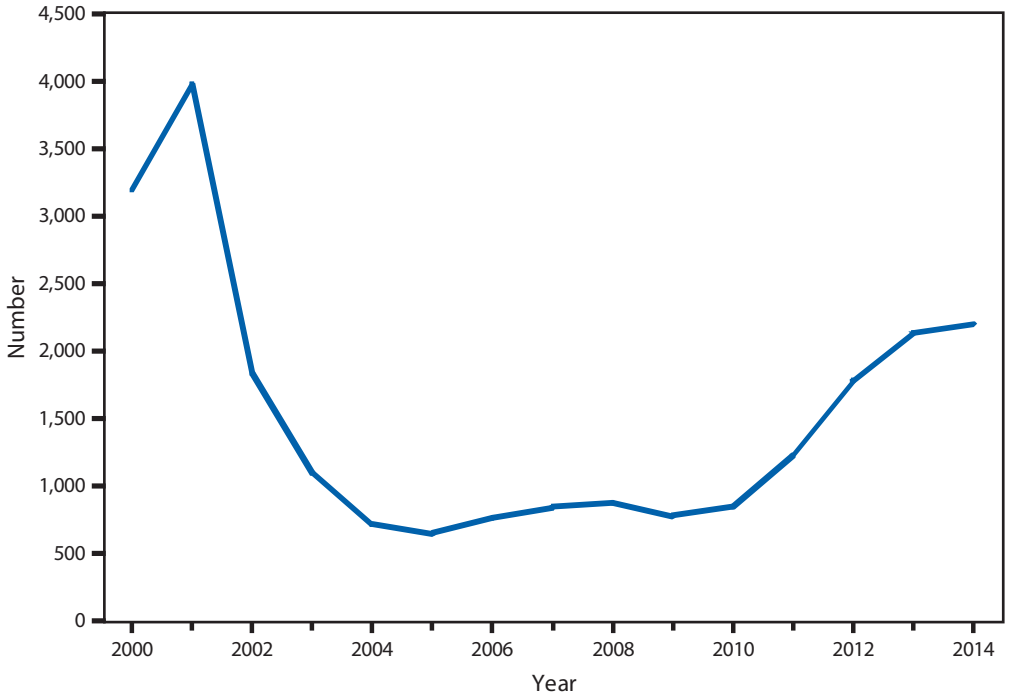
HEPATITIS B, PERINATAL INFECTION. Number of reported cases — United States and U.S. territories, 2014



Abbreviations: N = not reportable; U = data not available.

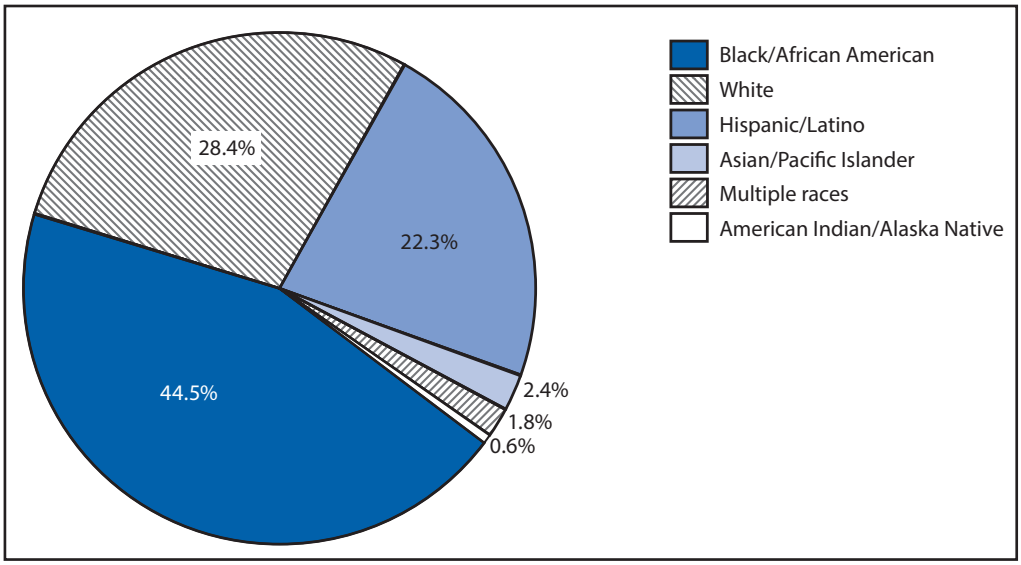
In 2014, a total of 16 states reported 47 cases of perinatal hepatitis B. Because of the asymptomatic nature of hepatitis B (HBV) in young children, lack of timely testing among exposed infants, and incomplete reporting of infants with hepatitis B, the reported number of cases of perinatal hepatitis B is considered low and probably represents only a fraction of all infants infected with HBV at birth.

HEPATITIS, ACUTE C. Number of of reported cases, by year — United States, 2000–2014



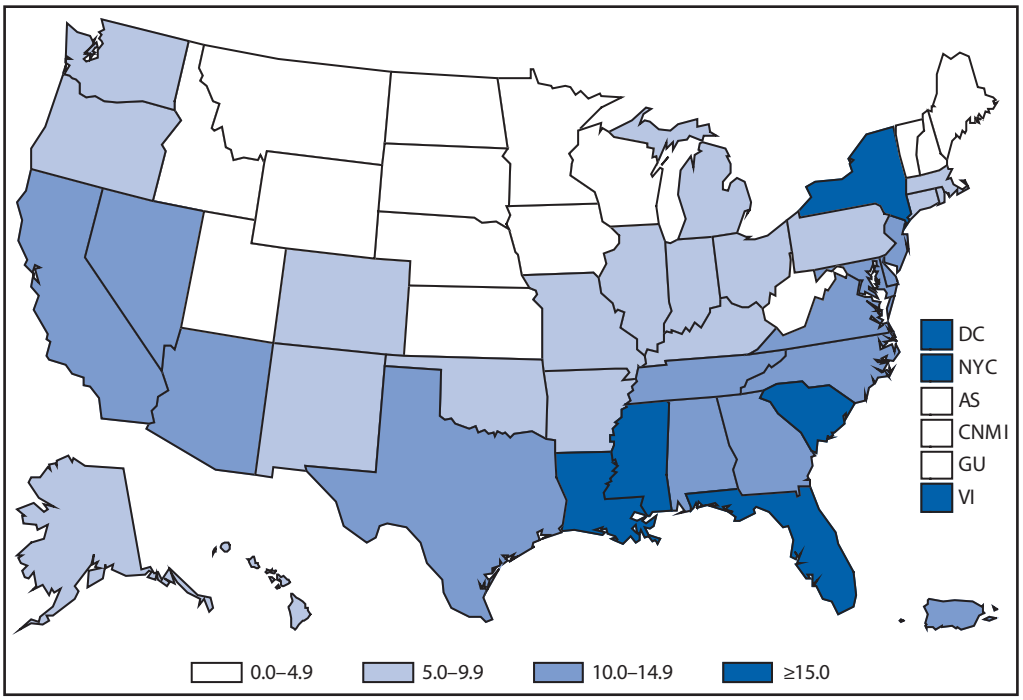
After declining during 2000–2005, then remaining stable at approximately 800–1000 reported cases per year until 2010, reported acute hepatitis C cases doubled during 2011–2014. The rate of increase has slowed, and the number of cases were reported in 2014 (2,204) and 2013 (2,154) remained stable.

HUMAN IMMUNODEFICIENCY VIRUS DIAGNOSES. Percentage of diagnosed cases, by race/ethnicity — United States, 2014



Among persons with HIV infection diagnosed in 2014, the greatest percentage was among blacks/African Americans, followed by whites, Hispanics/Latinos, Asians/Pacific Islanders, persons of multiple races, and American Indians/Alaska Natives.

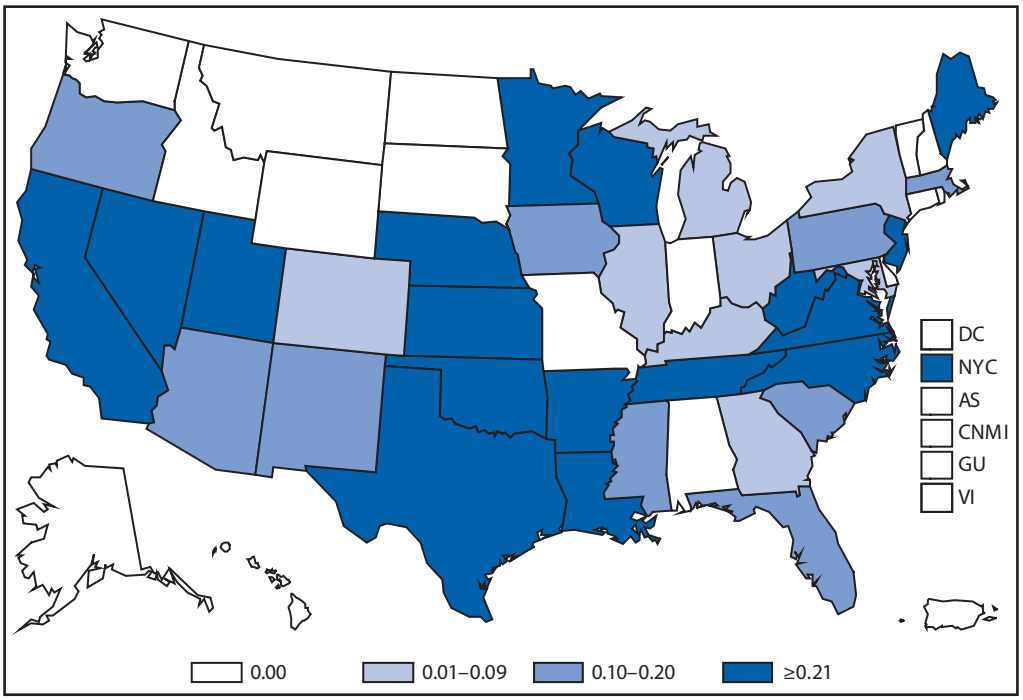
HUMAN IMMUNODEFICIENCY VIRUS DIAGNOSES. Diagnosis incidence* — United States and U.S. territories, 2014



* Per 100,000 population.

The highest rates (i.e., ≥15 diagnoses per 100,000 population) of HIV diagnoses were in certain states in the Southeast and Northeast as well as the District of Columbia and the U.S. Virgin Islands.

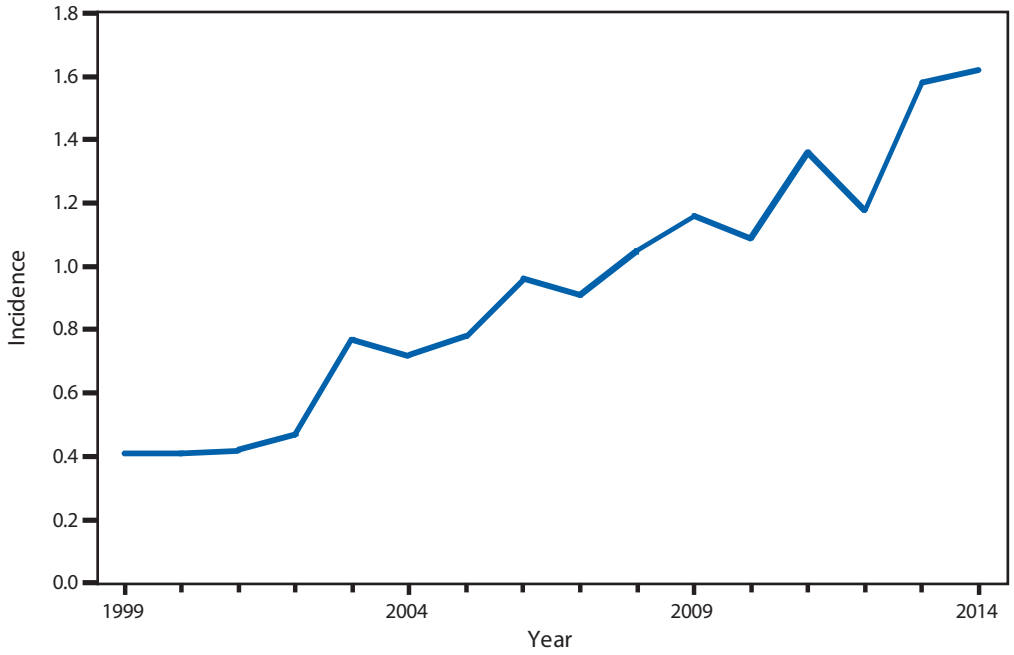
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY. Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

In 2014, New York City and 34 states reported 141 influenza-associated pediatric deaths for an overall incidence rate of 0.19 deaths per 100,000 children aged <18 years.

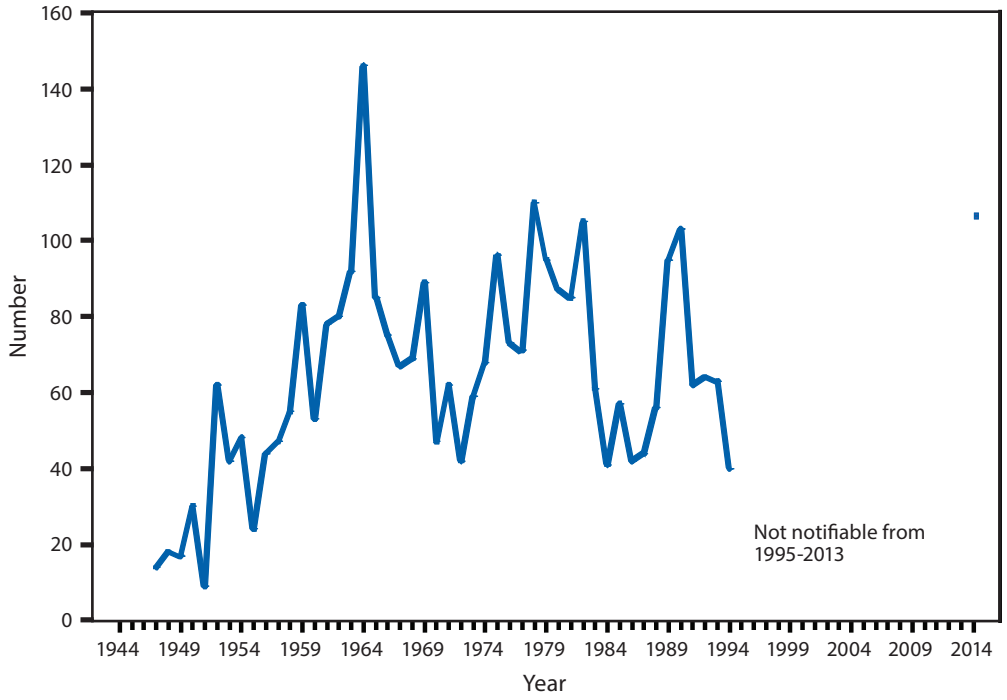
LEGIONELLOSIS. Incidence* of reported cases, by year — United States, 1999–2014



* Per 100,000 population.

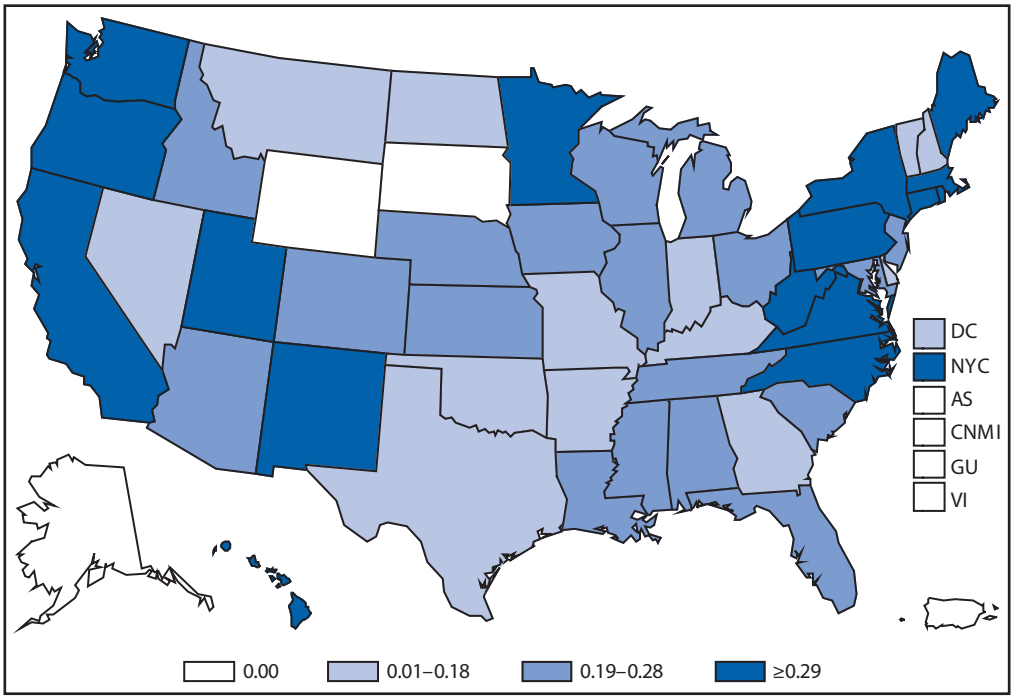
From 2013 to 2014, the incidence of legionellosis increased, continuing a general increase that began in 2003. Decreases since 2003 did not result in a lower incidence beyond the immediate past year. Factors potentially contributing to this increase include increased diagnostic testing or an increase in disease transmission.

LEPTOSPIROSIS. Number of reported cases, by year — United States and U.S. territories, 1947–2014



In 2014, of 107 leptospirosis cases reported, 38 were from U.S. states and 69 were from Puerto Rico, demonstrating a substantial increase in cases reported in Puerto Rico compared to all previous years that leptospirosis was notifiable (1947–1994). Although leptospirosis was first notifiable starting in 1947, territories did not begin reporting cases until 1959. Territory data for 1970 and 1978 are not available.

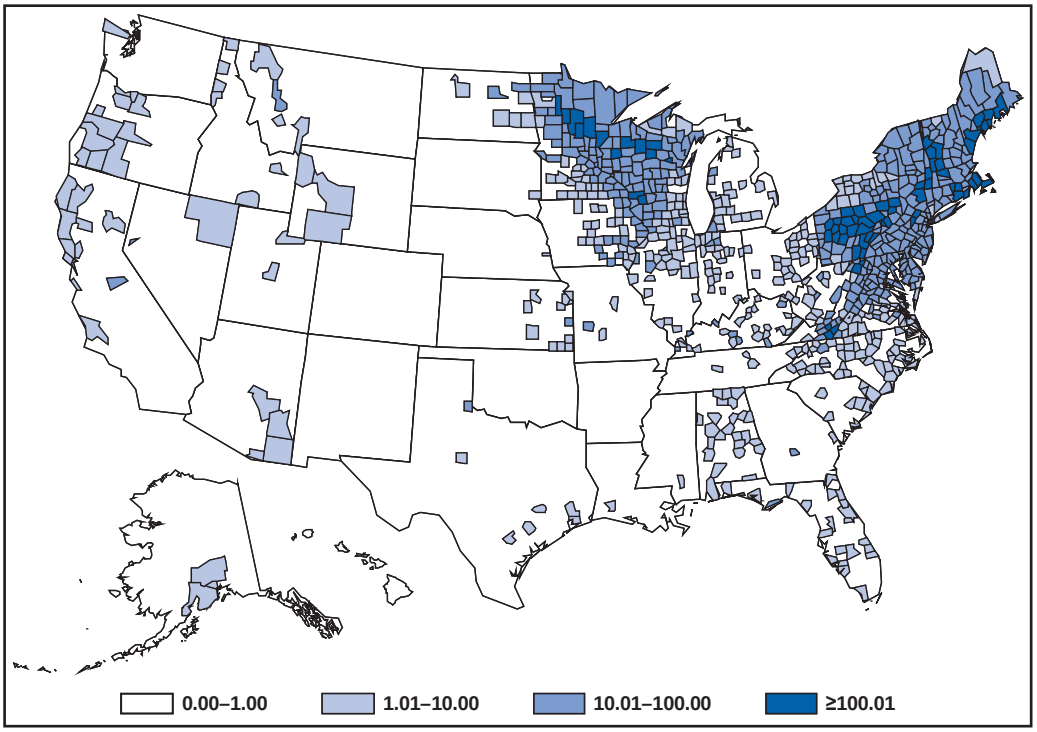
LISTERIOSIS. Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

In 2014, a total of 47 states, the District of Columbia, and New York City reported 769 cases of Listeriosis for an overall incidence rate of 0.24 infections per 100,000, which is unchanged from 2013.

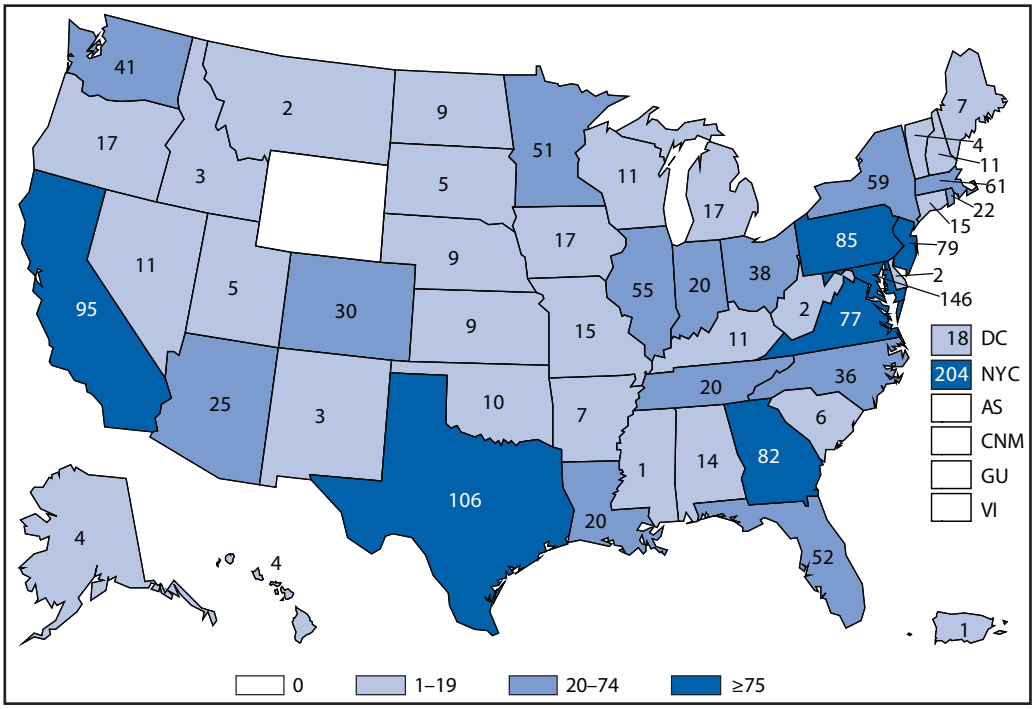
LYME DISEASE. Incidence* of reported confirmed cases, by county — United States, 2014



* Per 100,000 population.

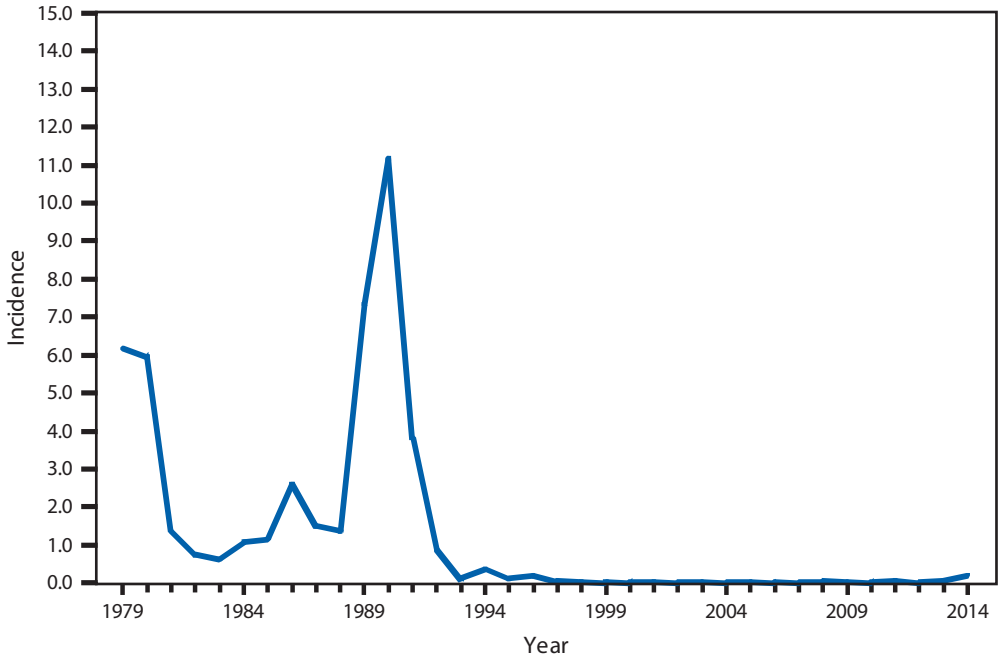
Although it is one of the most common nationally notifiable diseases, Lyme disease does not occur nationwide. Approximately 95% of confirmed Lyme disease cases are reported from states in the Northeast, mid-Atlantic, and upper Midwest. Many cases reported from other states are associated with travel to areas where Lyme disease is common. A rash that can be confused with and might be reported as Lyme disease sometimes occurs following bites of the lone star tick (*Amblyomma americanum*). These ticks, which do not transmit the Lyme disease bacterium, are common human biting ticks in the southeastern United States.

MALARIA. Number of reported cases — United States and U.S. territories, 2014



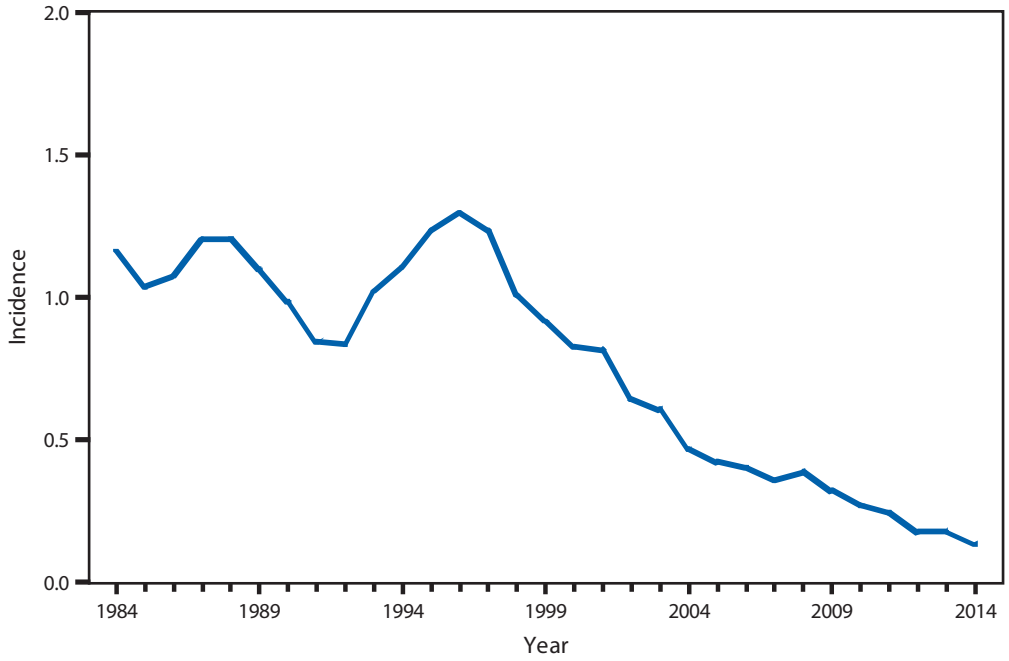
In 2014, cases of malaria were reported from almost every jurisdiction, and nearly all cases reported in the United States were imported. Cases in eight jurisdictions (California, Georgia, Maryland, New Jersey, New York City, Pennsylvania, Texas, and Virginia) accounted for 53% of the reported cases because of large immigrant populations and international travelers.

MEASLES. Incidence* of reported cases, by year — United States, 1979–2014



* Per 100,000 population.

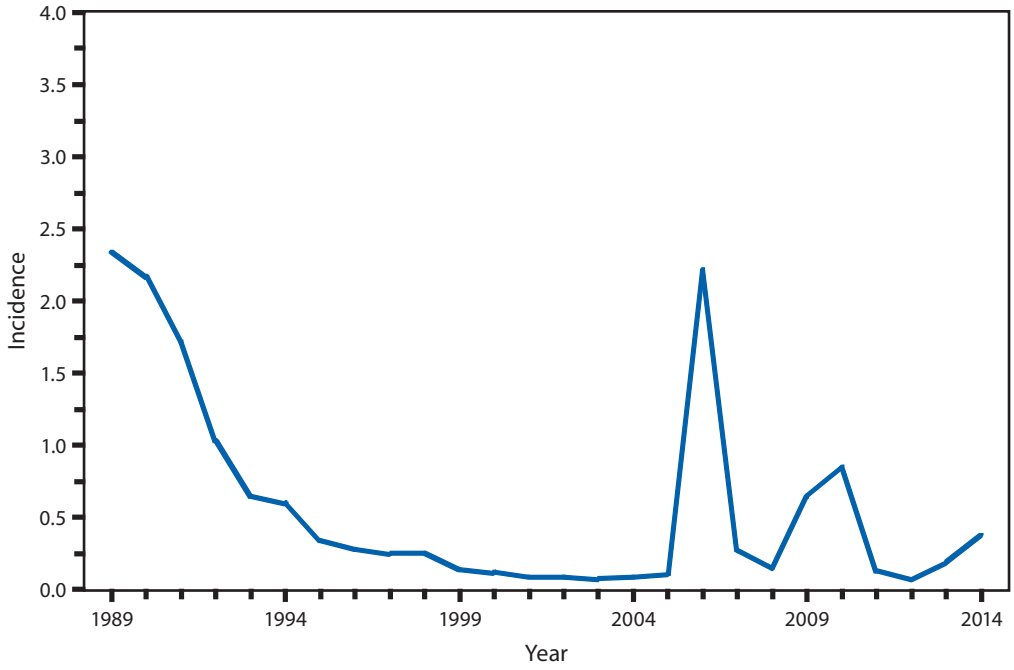
MENINGOCOCCAL DISEASE. Incidence* of reported cases, by year — United States, 1984–2014



* Per 100,000 population.

In 2014, meningococcal disease incidence remained at an historic low in the United States. However, *Neisseria meningitidis* remains an important cause of bacterial meningitis and sepsis in the United States.

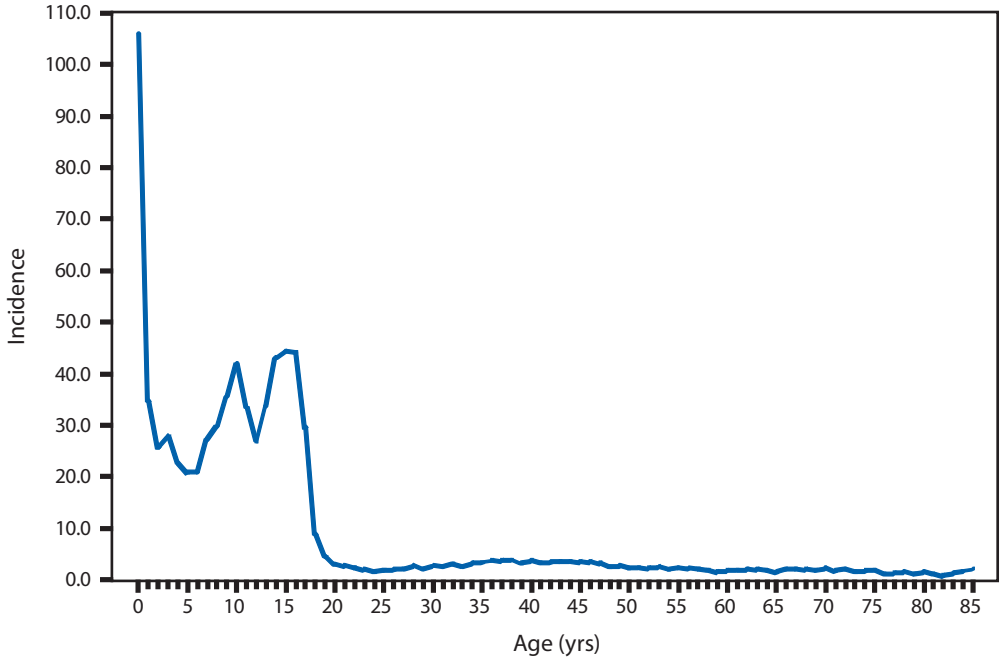
MUMPS. Incidence* of reported cases, by year — United States, 1989–2014



* Per 100,000 population.

The widespread use of a second dose of mumps vaccine beginning in 1989 was followed by historically low morbidity until 2006, when the U.S. experienced the largest mumps outbreak in two decades. The 2006 outbreak of approximately 6,000 cases primarily affected college students aged 18–24 years in the Midwest. A second large outbreak occurred during 2009–2010 and affected Orthodox Jewish communities in the Northeast.

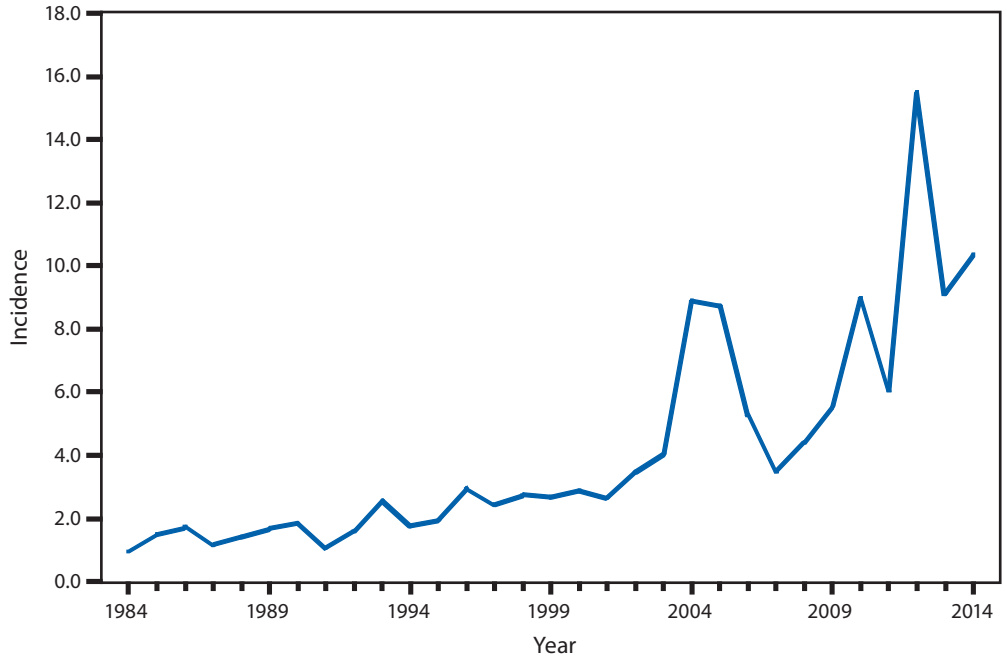
PERTUSSIS. Incidence* of reported cases, by age — United States, 2014



* Per 100,000 population.

In 2014, the incidence of pertusis among infants remained highest, and the increased incidence among adolescents expanded to include persons aged 10–15 years.

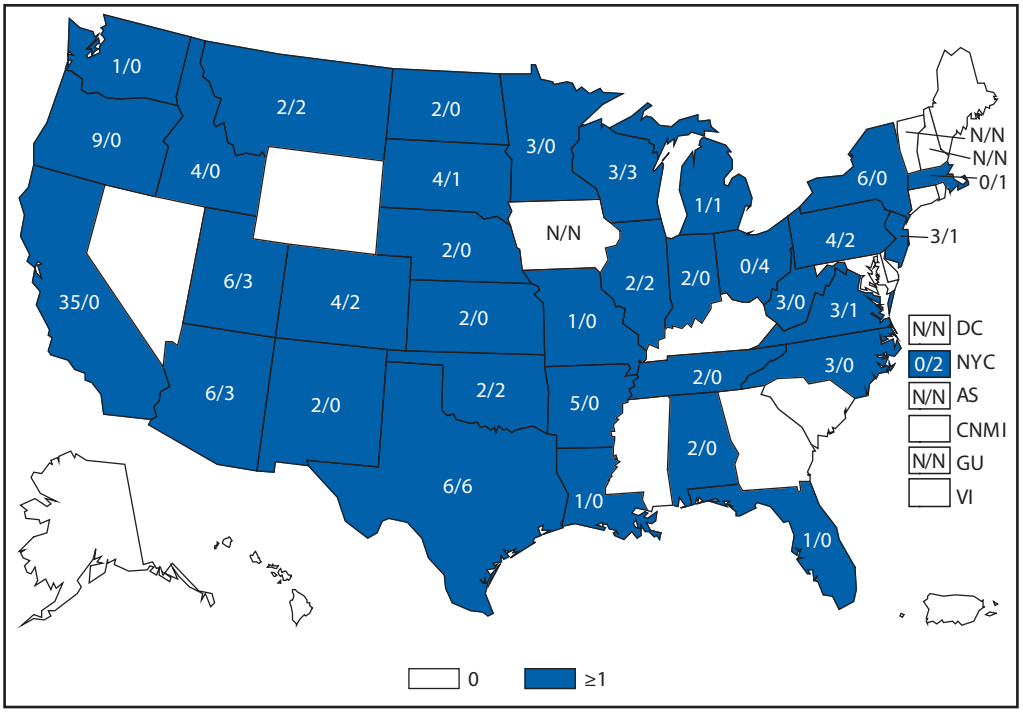
PERTUSSIS. Incidence* of reported cases, by year — United States, 1984–2014



* Per 100,000 population.

Although substantially lower than the incidence observed during the prevaccine era, overall pertussis incidence remains elevated compared with the lowest historical rates reported during the 1990s and early 2000s.

Q FEVER, ACUTE AND CHRONIC. Number* of reported cases — United States and U.S. territories, 2014

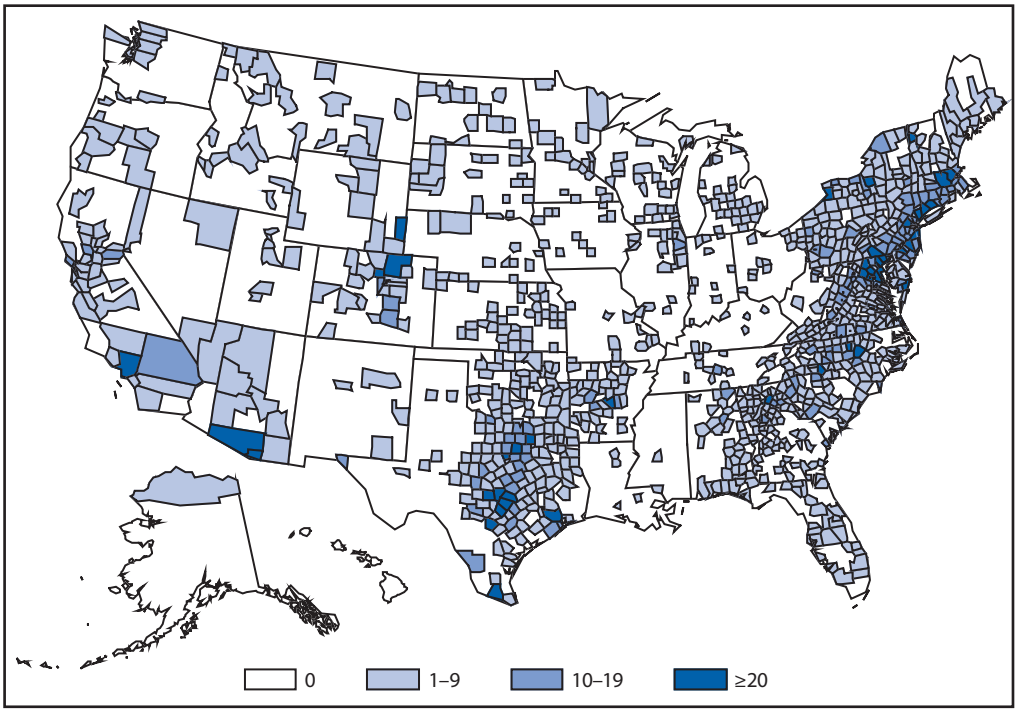


Abbreviation: N = not reportable.

* Number of Q fever acute cases/number of Q fever chronic cases.

Q fever, caused by *Coxiella burnetii*, is reported throughout the United States. Human cases of Q fever most often result from contact with infected livestock, especially sheep, goats, and cattle.

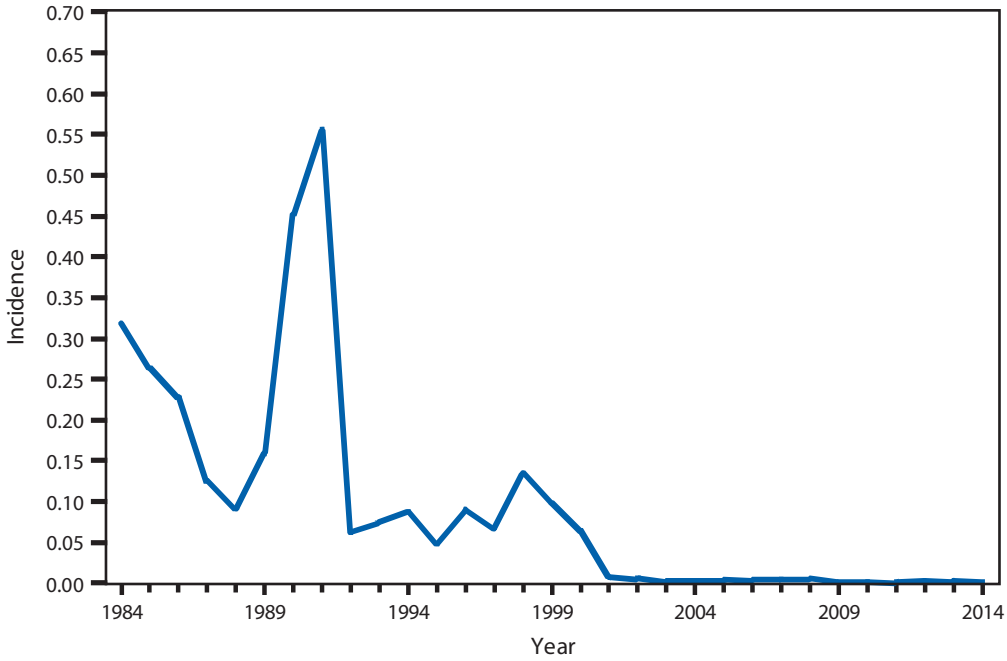
RABIES, ANIMAL. Number* of reported cases, by county — United States, 2014



* Data from the Division of High Consequence Pathogens and Pathology, National Center for Emerging and Zoonotic Infectious Diseases.

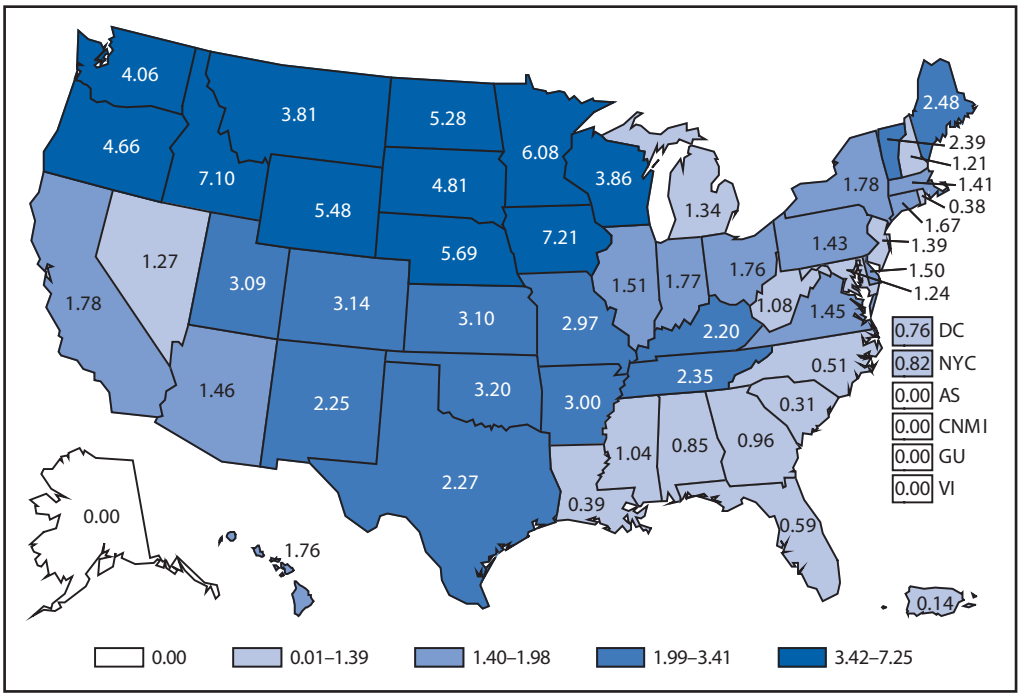
In 2014, rabid animals were reported in all jurisdictions except Hawaii. Because reporting is based on the number of animals tested, the burden of disease is likely underestimated.

RUBELLA. Incidence* of reported cases, by year — United States, 1984–2014



* Per 100,000 population.

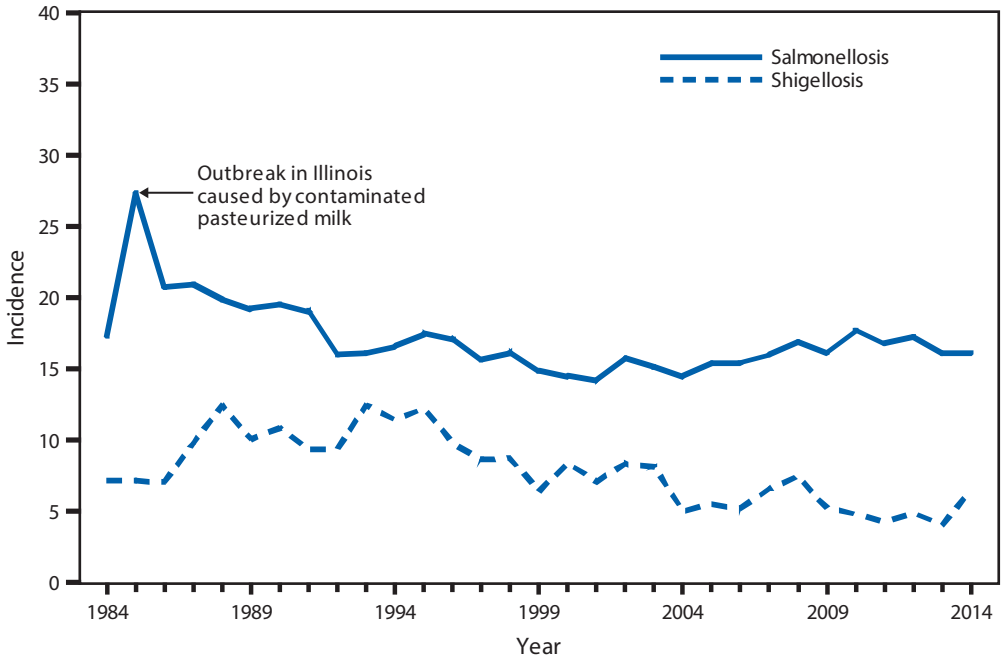
SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC). Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

Incidence rates for STEC infection were generally highest in northern states.

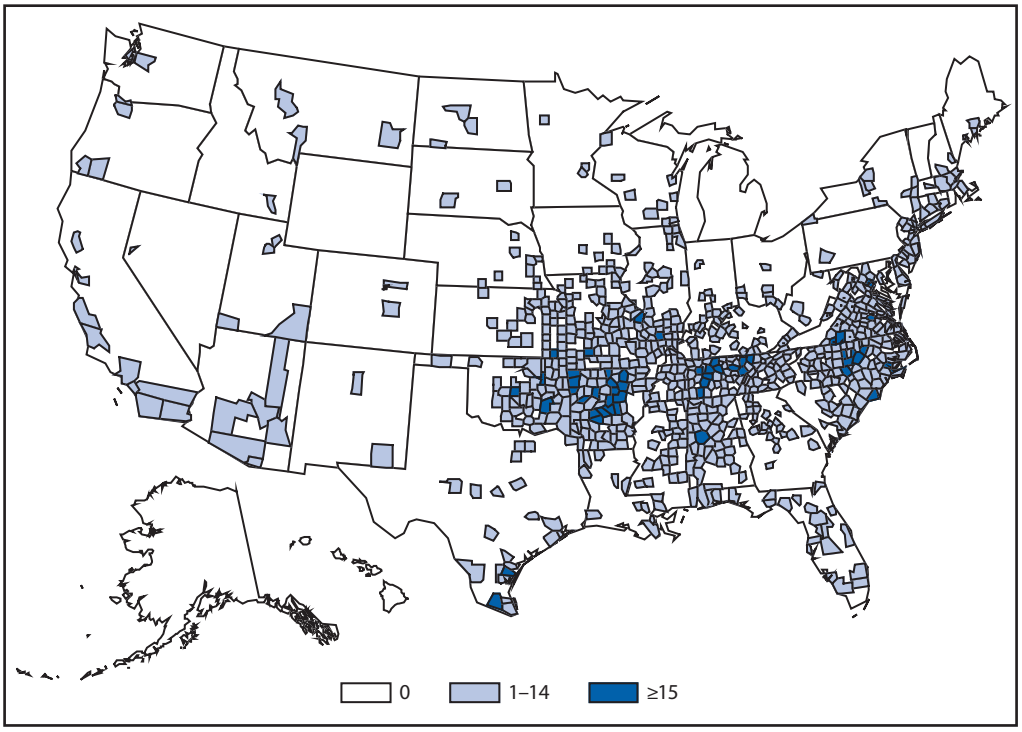
SALMONELLOSIS AND SHIGELLOSIS. Incidence* of reported cases, by year — United States, 1984–2014



* Per 100,000 population.

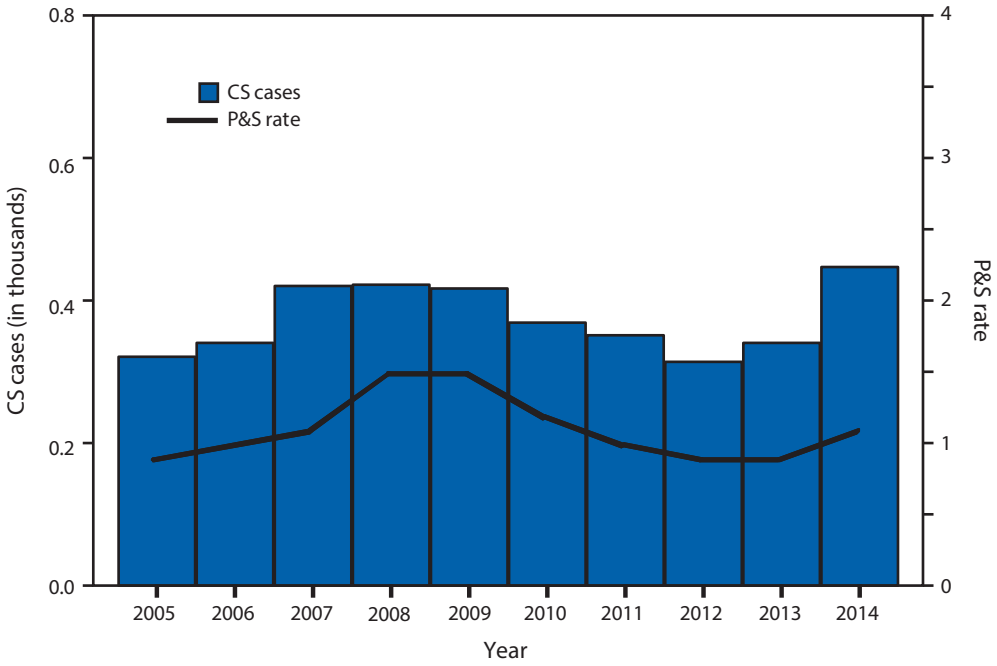
Although incidence rates of salmonellosis have remained relatively stable since the early 1990s, incidence rates of shigellosis during the same period have followed a general decreasing trend.

SPOTTED FEVER RICKETTSIOSIS. Number of reported cases, by county — United States, 2014



In the United States the majority of cases of spotted fever rickettsiosis are attributed to infection with *Rickettsia rickettsii*, the causative agent of Rocky Mountain spotted fever (RMSF), but might also be from other agents such as *Rickettsia parkeri* and *Rickettsia* species 364D. RMSF is ubiquitous across the United States, which represents the widespread nature of the three tick vectors known to transmit RMSF: *Dermacentor variabilis* in the East, *Dermacentor andersoni* in the West, and *Rhipicephalus sanguineus* in parts of Arizona.

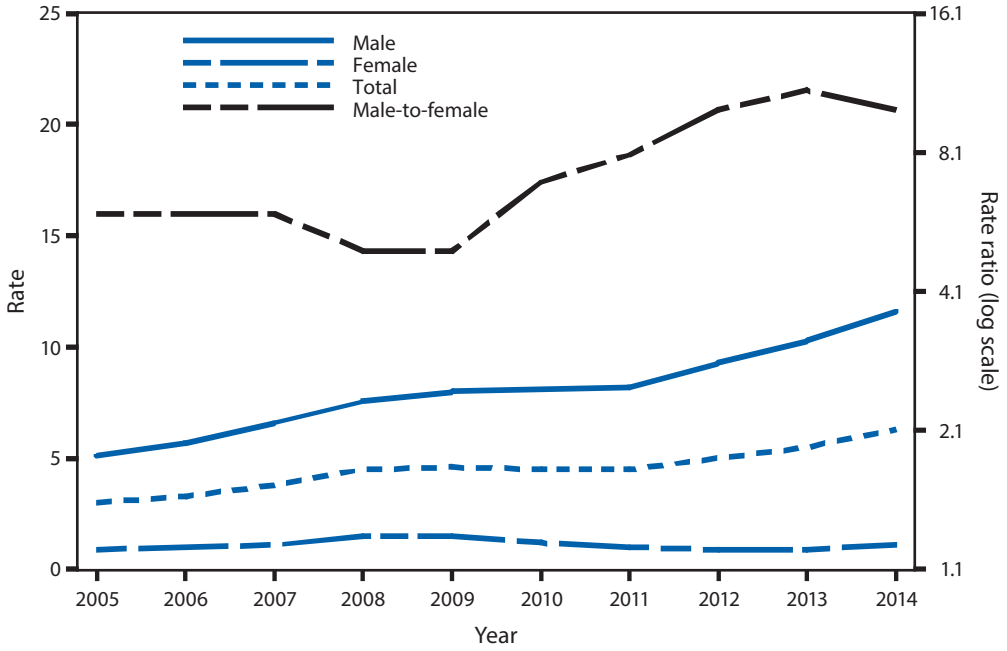
SYPHILIS, CONGENITAL. Reported cases among infants, by year of birth and incidence* of primary and secondary syphilis among women — United States, 2005–2014



Abbreviations: CS = congenital syphilis; P&S = primary and secondary syphilis.
* Per 100,000 population.

After decreasing from 431 cases in 2008 to 322 cases in 2012, the number of reported congenital syphilis cases increased to 348 in 2013. From 2013 to 2014, reported cases increased 31.6% to 458 in 2014. As has been observed historically, this increase parallels a similar increase (21.3%) in the rate of primary and secondary syphilis among women during 2013–2014.

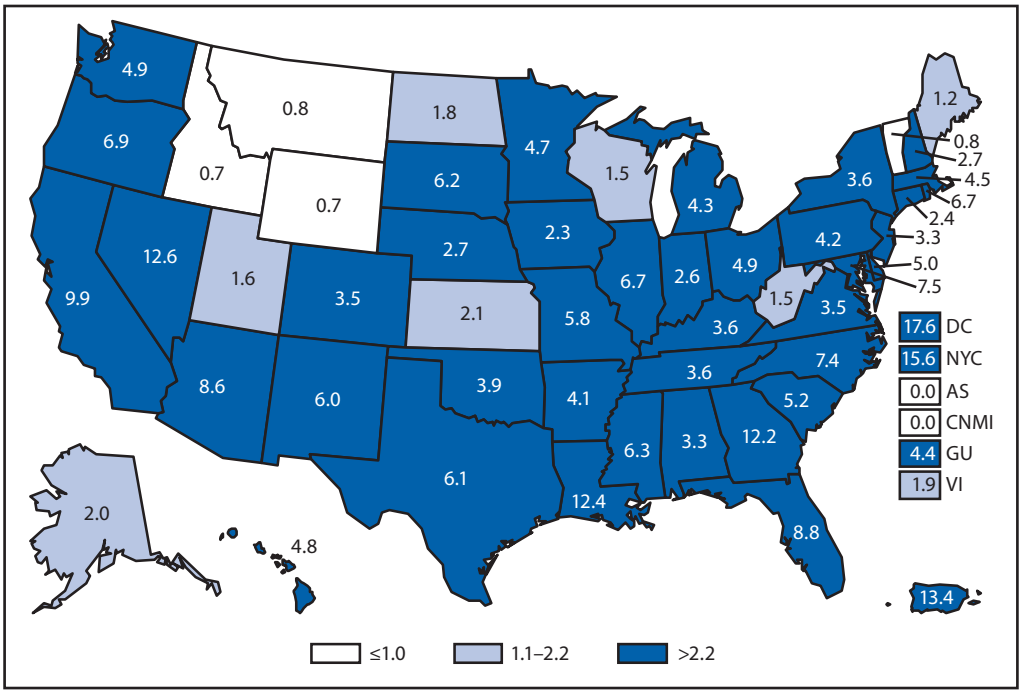
SYPHILIS, PRIMARY AND SECONDARY. Rate* of reported cases, by sex and male-to-female rate ratio — United States, 2005–2014



* Per 100,000 population.

In 2014, the rate of reported primary and secondary (P&S) syphilis cases among men (11.6 cases per 100,000 males) was substantially higher than rates among women (1.1), and men accounted for the large majority (87.1%) of P&S syphilis cases with known sex. Among men, the rate of P&S syphilis has increased every year since 2000, and during 2013–2014, the rate among men increased from 10.3 to 11.6 (12.6%). In contrast, the P&S syphilis rate among women has fluctuated between 0.8 and 1.8 since 2000. During 2013–2014, the P&S syphilis rate among women increased from 0.9 to 1.1 (21.3%).

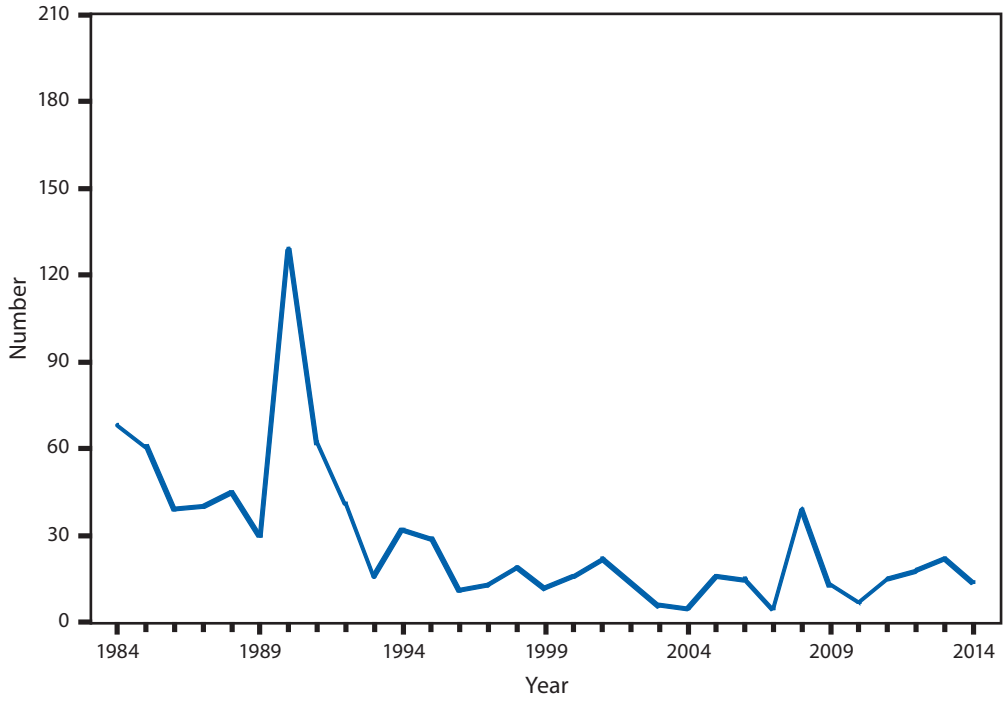
SYPHILIS, PRIMARY AND SECONDARY. Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

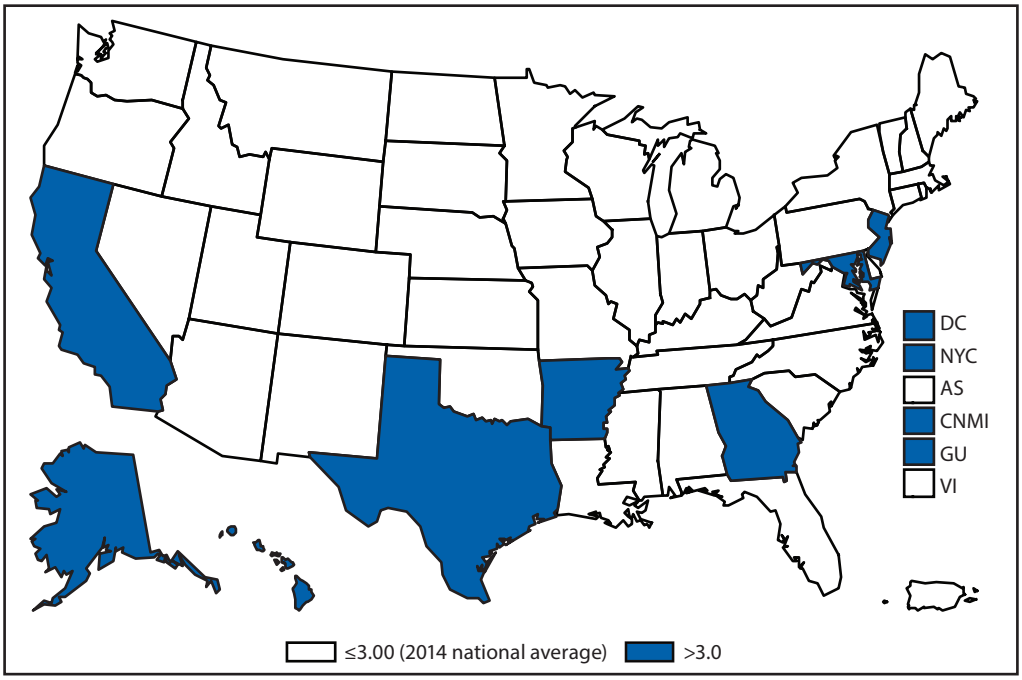
In 2014, rates of reported primary and secondary (P&S) syphilis cases per 100,000 population ranged by state from 0.7 in Wyoming to 12.6 in Nevada. The P&S syphilis rate in the District of Columbia was 17.6.

TRICHINELLOSIS. Number of reported cases, by year — United States, 1984–2014



In 2014, a total of 13 trichinellosis cases were reported. One outbreak of two confirmed and two probable cases occurred in persons from four states who consumed meat from a black bear that was hunted in Alaska. Overall, a majority of reported trichinellosis cases occurred in persons with a history of consumption of undercooked wild game meat.

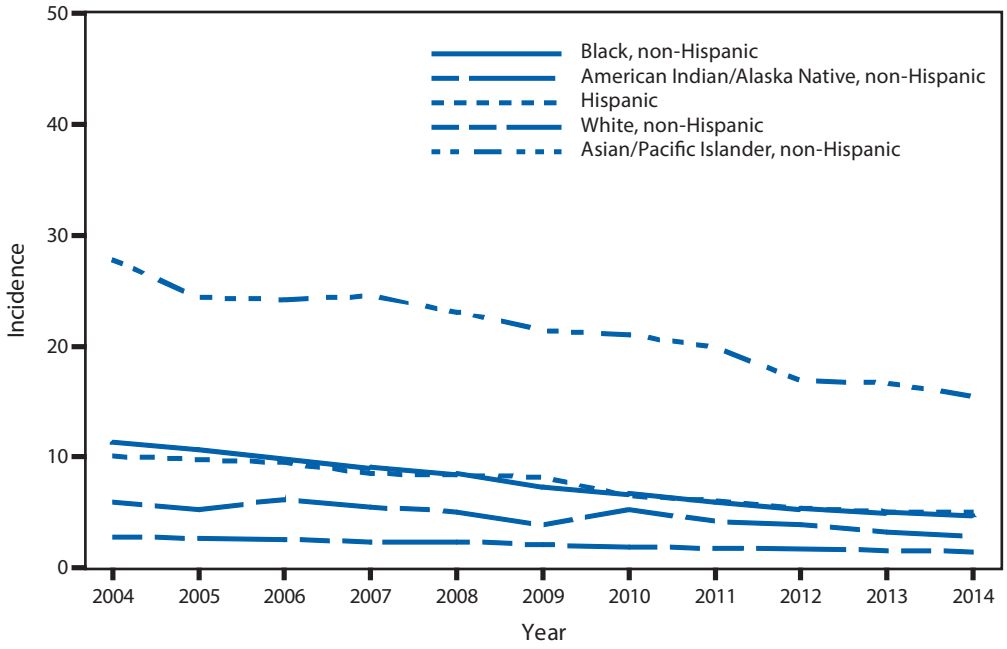
TUBERCULOSIS. Incidence* of reported cases — United States and U.S. territories, 2014



* Per 100,000 population.

In 2014, eight states, New York City, and the District of Columbia had tuberculosis (TB) incidence rates above the 2013 national average of 3.0 per 100,000 persons. The decline in the TB incidence rate in 2014 was the smallest in over two decades and there was not much change from 2013.

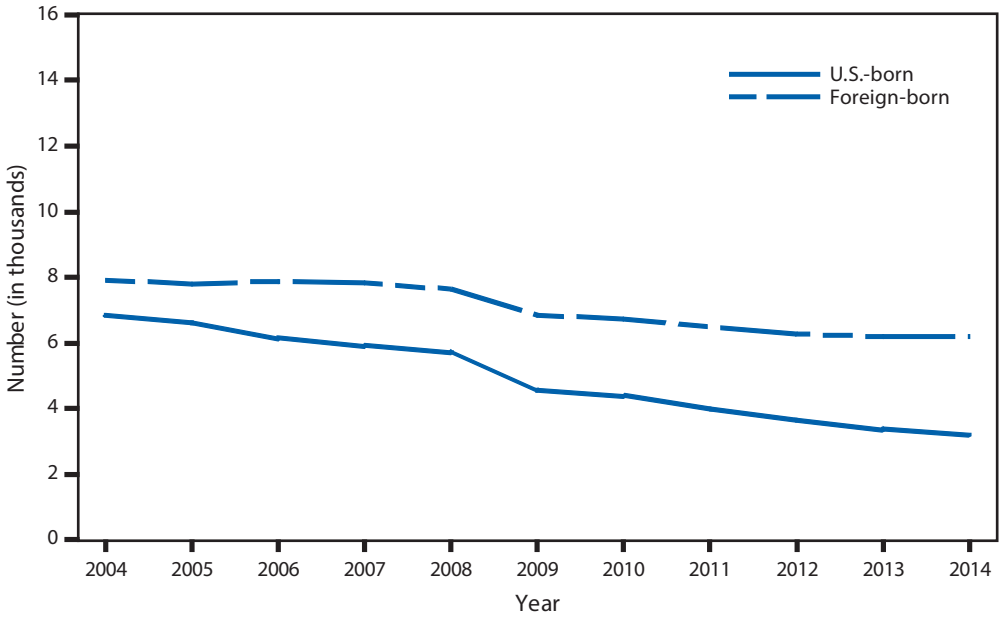
TUBERCULOSIS. Incidence* of reported cases, by race/ethnicity — United States, 2004–2014



* Per 100,000 population. Data from the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Declines in tuberculosis (TB) incidence were reported in all race-ethnic groups in 2014 except Hispanics, which was largely unchanged. TB incidence in the Asian/Pacific Islanders continues to be much higher than all other race and ethnic groups.

TUBERCULOSIS. Number* of reported cases among U.S.-born and foreign-born persons,† by year — United States, 2004–2014

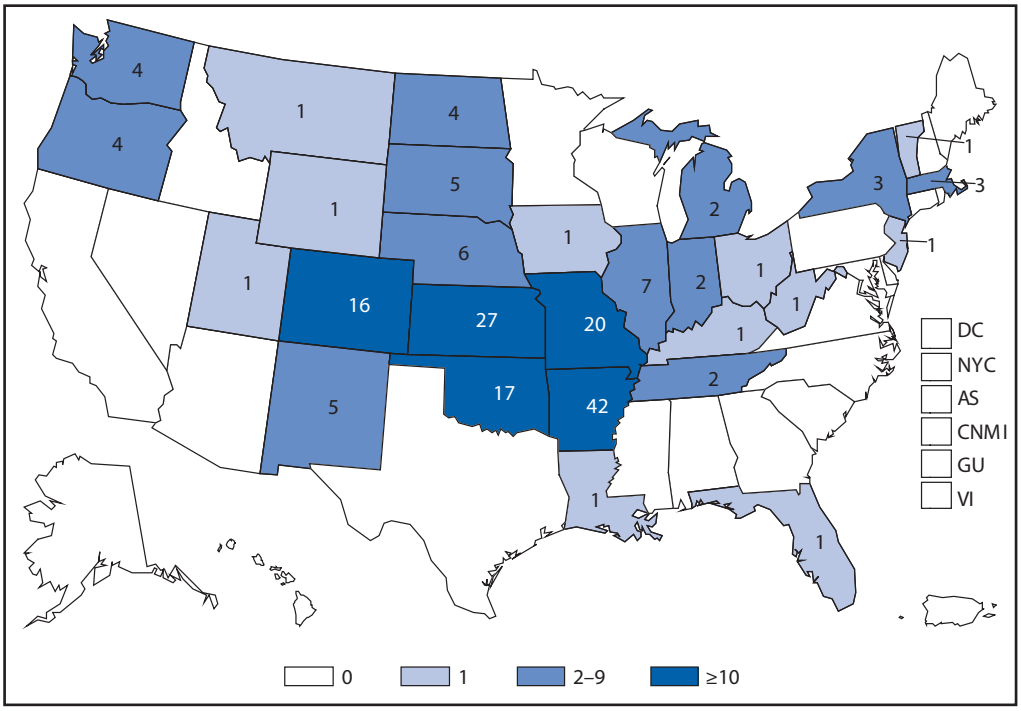


* Number represented is in thousands. Data from the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

† For 18 cases, origin of patients was unknown.

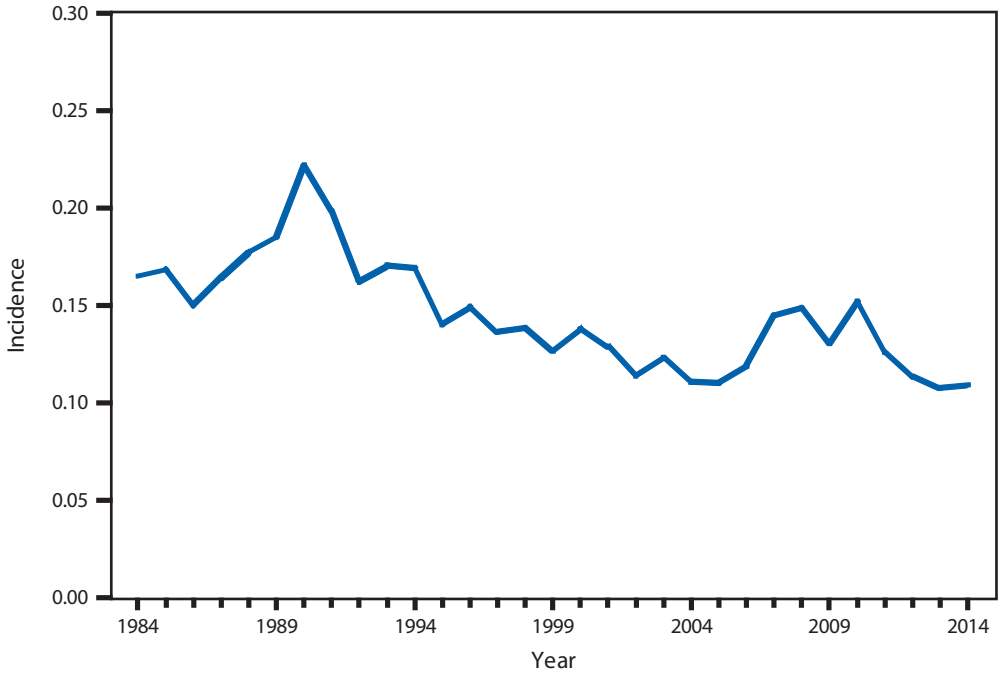
The proportion of tuberculosis cases in foreign-born persons continues to increase. In 2014, of 9,421 reported cases, 6,215 (66%) occurred among foreign-born persons.

TULAREMIA. Number of reported cases — United States and U.S. territories, 2014



During 1990–2010, an average of 125 cases of tularemia were reported in the United States each year. Since 2011, the number of reported cases has been above this historical average. Most cases are reported from south-central states. In 2014, Colorado reported a much higher number of cases than in previous years.

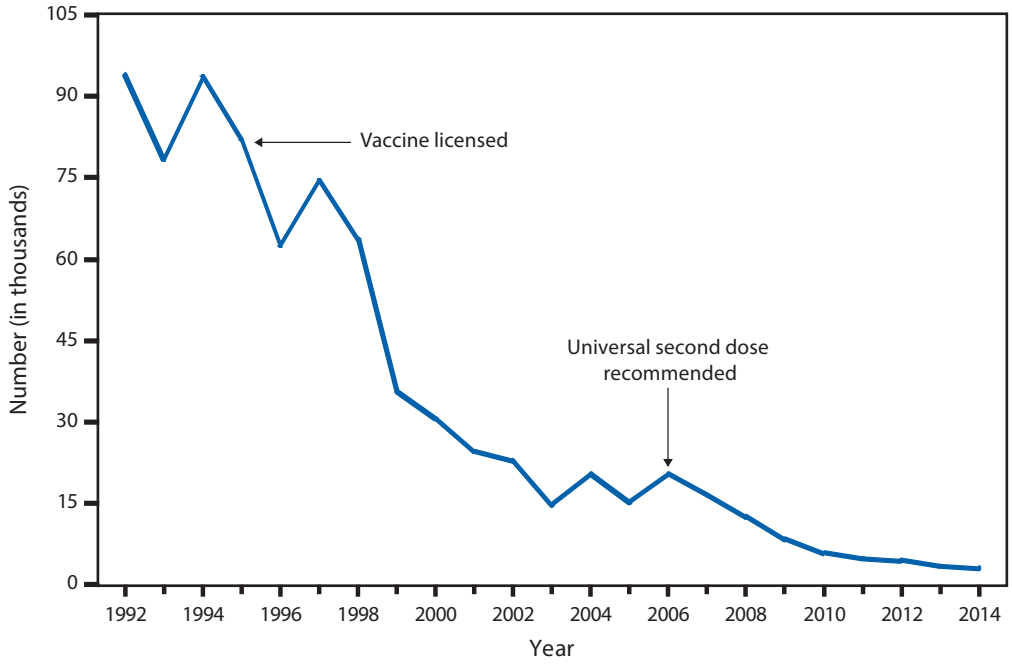
TYPHOID FEVER. Incidence* of reported cases, by year — United States, 1984–2014



* Per 100,000 population.

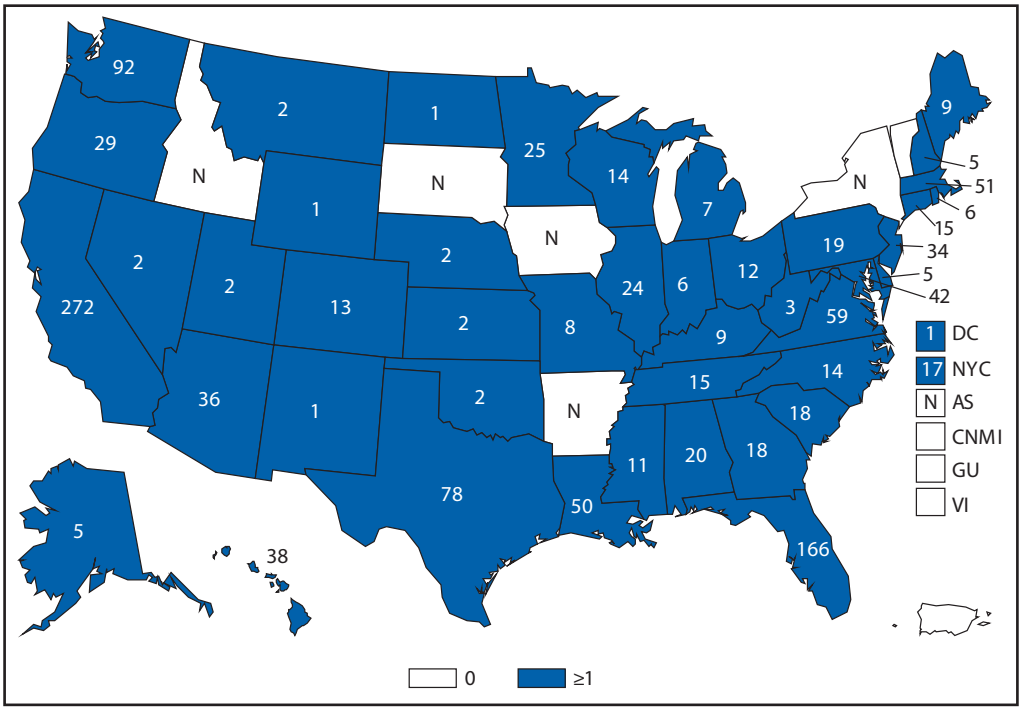
In the United States, typhoid fever continues to occur primarily among travelers to countries where typhoid fever is endemic, for whom vaccination against typhoid fever is recommended. During the preceding 30 years, the annual number of typhoid fever cases peaked in 1990 (552 cases) and then declined to a low of 321 cases in 2002. Case counts then returned to levels observed in the early 1990s and increased 3% from 338 in 2013 to 349 in 2014.

VARICELLA (CHICKENPOX). Number of reported cases — Illinois, Michigan, Texas, and West Virginia, 1992–2014



In four states (Illinois, Michigan, Texas, and West Virginia), the number of varicella cases reported in 2014 was 19% lower than 2013, 85% lower than the average annual number reported during the mature 1-dose varicella vaccination era of 2000–2006, and 96% lower than the average annual number reported during the prevaccine years of 1993–1995.

VIBRIOSIS. Number of reported cases — United States and U.S. territories, 2014



Abbreviation: N = not reportable.

In 2014, a total of 1,261 cases of vibriosis were reported. California, Florida, Washington, and Texas reported the highest numbers of cases.

Selected Reading for 2014

General

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