



DISEASE	2023	2022	2021	2020 <sup>3</sup>	2019	2018	2017	2016	2015	2014
RUBELLA, CONGENITAL SYNDROME <sup>19</sup>	-	-	-	-	-	0.0	0.5	0.0	0.0	0.0
SALMONELLOSIS	18.5	17.9	13.6	10.2	19.1	20.1	17.8	20.9	20.7	18.7
SHIGELLOSIS	4.6	3.5	2.3	4.7	13.8	4.6	5.3	15.5	20.3	10.0
SPOTTED FEVER RICKETTSIOSIS	-	0.1	-	-	0.1	0.3	0.4	0.3	0.2	0.3
ST. LOUIS ENCEPHALITIS VIRUS <sup>8</sup>	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
STREPTOCOCCUS PNEUMONIAE, INVASIVE	6.0	5.3	3.6	2.8	6.8	6.9	6.2	6.2	6.1	5.7
STREPTOCOCCUS, GROUP A, INVASIVE	NR	NR	NR	1.8	3.3	3.5	3.0	2.5	2.6	2.2
STREPTOCOCCUS, GROUP B, INVASIVE	NR	NR	NR	4.7	7.3	6.9	6.7	6.2	6.1	4.9
TAENIASIS	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
TETANUS	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
TRICHINOSIS	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
TRICHURIASIS <sup>5</sup>	-	-	-	-	-	0.0	0.0	0.1	NR	NR
TULAREMIA	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
TYPHOID FEVER	0.1	0.1	-	-	0.1	0.1	0.1	0.1	0.1	0.1
TYPHUS, FLEA-BORNE (ENDEMIC, MURINE)	2.7	1.9	2.2	1.8	2.0	2.5	1.8	1.3	1.2	1.1
VIBRIO (NON-CHOLERA VIBRIO SPECIES)	0.9	0.7	0.7	0.3	1.0	0.9	0.6	0.4	0.4	0.3
VIRAL HEMORRHAGIC FEVER <sup>20</sup>	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
VISA <sup>21</sup>	-	-	-	-	-	0.0	0.0	0.0	0.0	0.0
WEST NILE FEVER	0.1	-	-	0.1	-	0.1	0.2	0.4	0.3	0.5
WEST NILE NEUROINVASIVE DISEASE	0.4	0.1	0.4	0.3	0.1	0.4	0.3	0.9	0.7	0.9
YERSINIOSIS	1.1	0.9	0.5	0.4	0.8	0.1	0.2	0.2	0.2	0.1
ZIKA VIRUS DISEASE	-	-	-	-	-	0.0	0.2	1.1	NR	NR

Note: Per Emerging and Acute Infectious Disease Unit Data Suppression policy, beginning with data published after June 2021, rates are not provided (-) when the Relative Standard Error exceeds 25% (n<16).

<sup>1</sup> Diseases listed reflect those that were notifiable in Texas each year based on Texas Administrative Code and where cases were reported in the previous ten-year period. Counts are by calendar year. Case counts are presumed to be underestimates of true disease incidence due to incomplete reporting. Data in this table may not match tables in articles in this publication that were written prior to completion of data review for this report, or other previously published materials.

<sup>2</sup> Population data for years 2014-2018 is from the Department of State Health Services, Center for Health Statistics. Population data for 2019-2023 is projected population from Texas Demographic Center's Texas Populations Projections Program and updated on July 18, 2019. For years 2014 (27,470,110), 2015 (27,695,284), 2016 (28,240,245), 2017 (28,797,290), 2018 (29,366,479), 2019 (29,193,268), 2020 (29,677,668), 2021 (30,168,926), 2022 (30,667,390), and 2023 (31,172,832) projected population was used.

<sup>3</sup> Due to the extenuating circumstances arising from the COVID-19 Pandemic, a considerable decline in the reported number of cases was noted across many notifiable conditions by the Texas Department of State Health Services for 2020. Thus, the reported case counts and associated rates may not accurately reflect the incidence of disease in the population.

<sup>4</sup> Amebic Central Nervous System (CNS) infections include primary amebic meningoencephalitis (PAM) caused by *Naegleria fowleri* and CNS infections caused by other amebae. Counts by organism and year: *Acanthamoeba healyi*: 1-2012, *Acanthamoeba* unspecified: 1-2016, 2-2018, 1-2022; *Balamuthia mandrillaris*: 1-2010, 1-2014, 1-2015, 1-2016, 1-2018, 1-2022, 1-2023; *Naegleria fowleri*: 1-2010, 1-2013, 2-2015, 1-2016, 1-2019, 3-2020, 1-2021, 1-2023.

<sup>5</sup> Neglected tropical diseases reportable effective for 2016 are ancylostomiasis (hookworm), ascariasis, echinococcosis, fascioliasis, paragonimiasis, and trichuriasis. Numbers previously published for 2016 for ancylostomiasis (hookworm), ascariasis, and trichuriasis have been corrected and include additional cases that were retrospectively identified.

<sup>6</sup> Condition was not reportable (NR) in Texas.

<sup>7</sup> Infant botulism rates are calculated using the population under 1 year of age (446,287 in 2023).

<sup>8</sup> These arbovirus counts include both neuroinvasive and non-neuroinvasive cases.

<sup>9</sup> California serogroup includes California encephalitis, La Crosse, Jamestown Canyon, Keystone, snowshoe hare, and trivittatus viruses.

<sup>10</sup> Data is not available (NA) for the whole year. MDR-A and CRE were not officially reportable until April 21st, 2014.

<sup>11</sup> Rates are not available. The referent population, health care workers at Texas governmental entities, is unknown.

<sup>12</sup> Data is not available (NA) due to changes in case classification or surveillance practices.

<sup>13</sup> Effective in 2016, *Haemophilus influenzae* type b infection, invasive was expanded to all invasive *Haemophilus influenzae* regardless of type.

<sup>14</sup> Influenza-associated pediatric mortality cases are calculated using the population under 18 years of age (7,757,746 in 2023).

<sup>15</sup> Includes all cases of invasive *Neisseria meningitidis* including cases of meningitis, septicemia, and joint infections.

<sup>16</sup> The last reported case of wild-strain paralytic poliomyelitis occurred in Texas in 1977 and in the US in 1979. The last Texas case of vaccine-associated paralytic poliomyelitis (VAPP) acquired in the US occurred in 1999. The use of oral polio vaccine (OPV) was discontinued in the US in 2000. The 2013 case is travel-associated VAPP.

<sup>17</sup> Effective in 2016, Creutzfeldt-Jakob disease was expanded to include all human prion disease.

<sup>18</sup> The "Rickettsiosis, unspecified" condition was added to the Epi Case Criteria Guide in 2016 to capture rickettsial cases that could not be definitively classified as either flea-borne typhus or spotted fever rickettsiosis.

<sup>19</sup> Congenital rubella rates are calculated using the population under 1 year of age.

<sup>20</sup> This category includes exotic conditions such as Lassa fever, Marburg, and Ebola. Dengue and Hantavirus would be reported only under their respective conditions. In 2014 there were 3 cases of Ebola virus with onset in Texas, one case imported from Liberia and 2 nurses with secondary transmission from the imported case.

<sup>21</sup> Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA)--*Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) of 4 µg/mL through 8 µg/mL.