

August 8, 2023

Valley Fever

- Speaker: *Mandana Naderi*
- Case Discussions
- Open Discussions

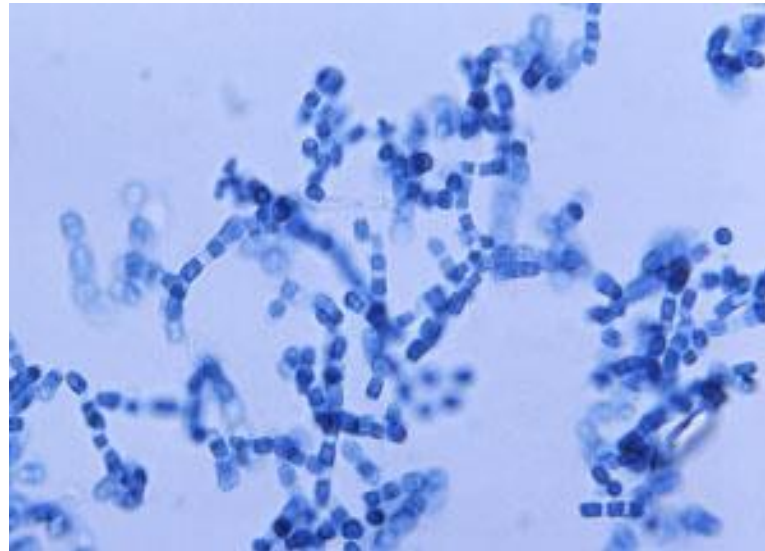
Valley Fever (Coccidioidomycosis)

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Arizona Department of Health Services**



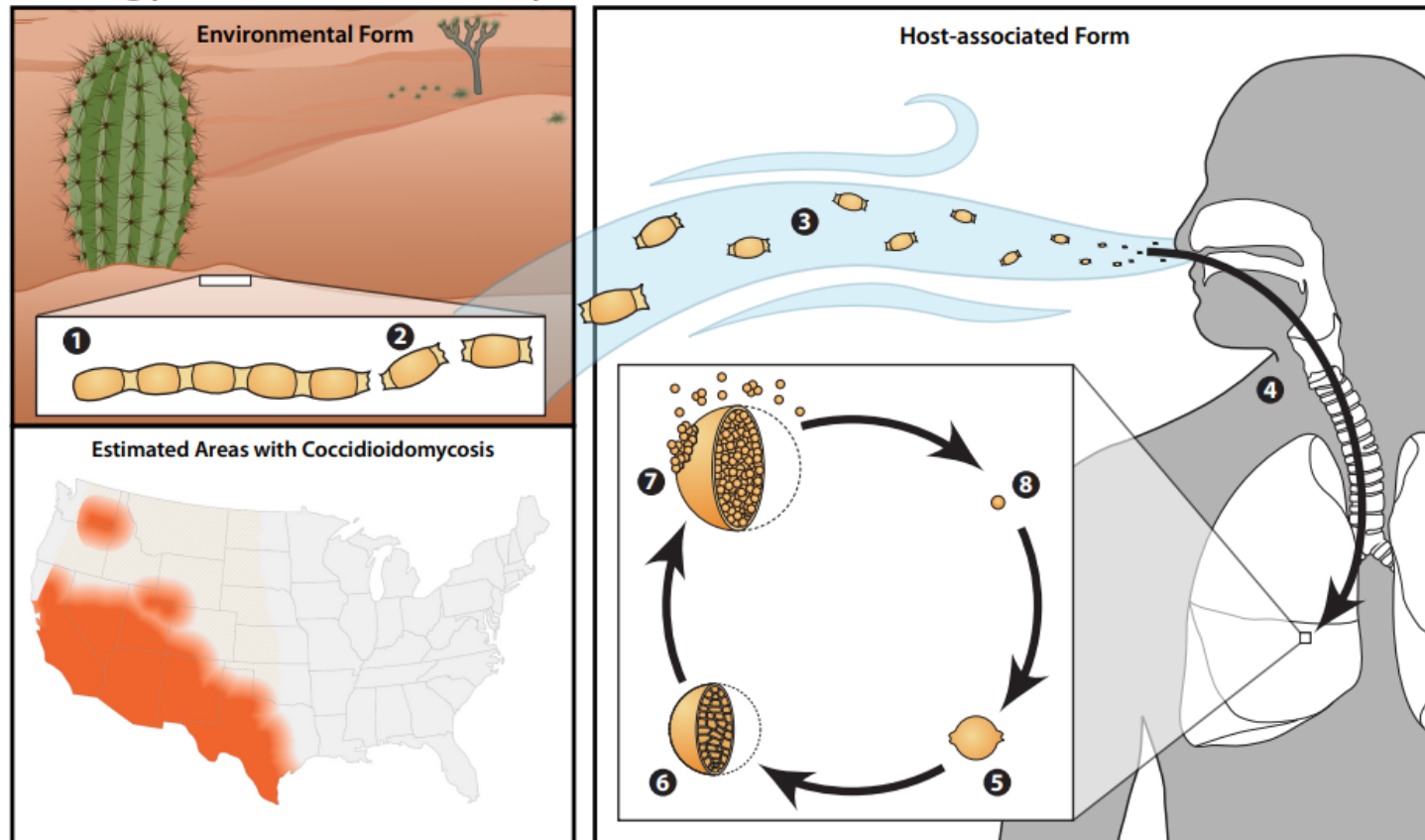
What is Valley Fever?

- Valley Fever is a fungal infection caused by the *Coccidioides* species
 - AKA coccidioidomycosis or “cocci”
 - *Coccidioides immitis* and *posadasii*
- Infection is caused by inhalation of airborne fungal spores



Life Cycle of the Fungus

Biology of Coccidioidomycosis

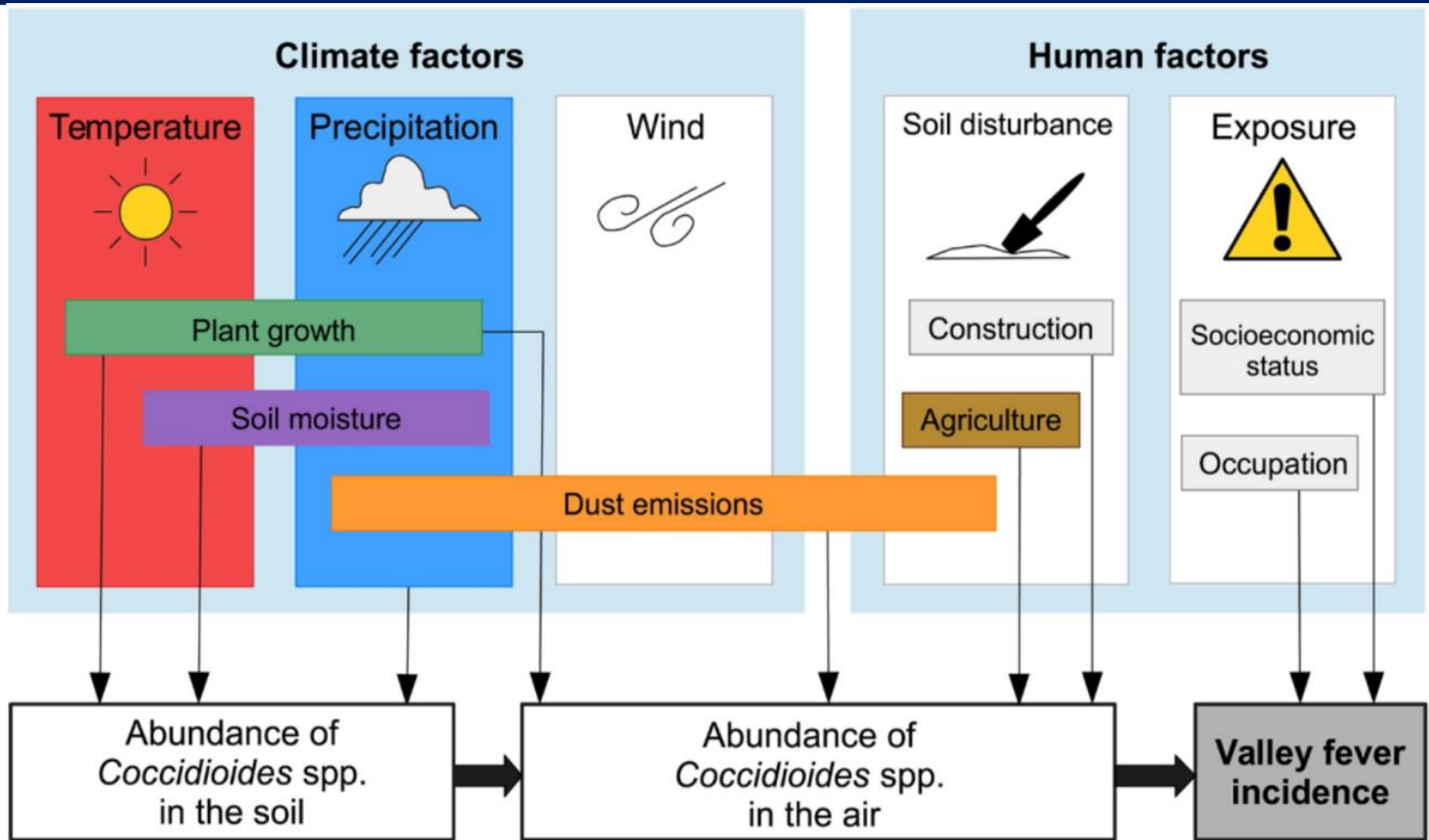


In the environment, *Coccidioides* spp. exists as a mold (1) with septate hyphae. The hyphae fragment into arthroconidia (2), which measure only 2-4 μm in diameter and are easily aerosolized when disturbed (3). Arthroconidia are inhaled by a susceptible host (4) and settle into the lungs. The new environment signals a morphologic change, and the arthroconidia become spherules (5). Spherules divide internally until they are filled with endospores (6). When a spherule ruptures (7) the endospores are released and disseminate within surrounding tissue. Endospores are then able to develop into new spherules (6) and repeat the cycle.

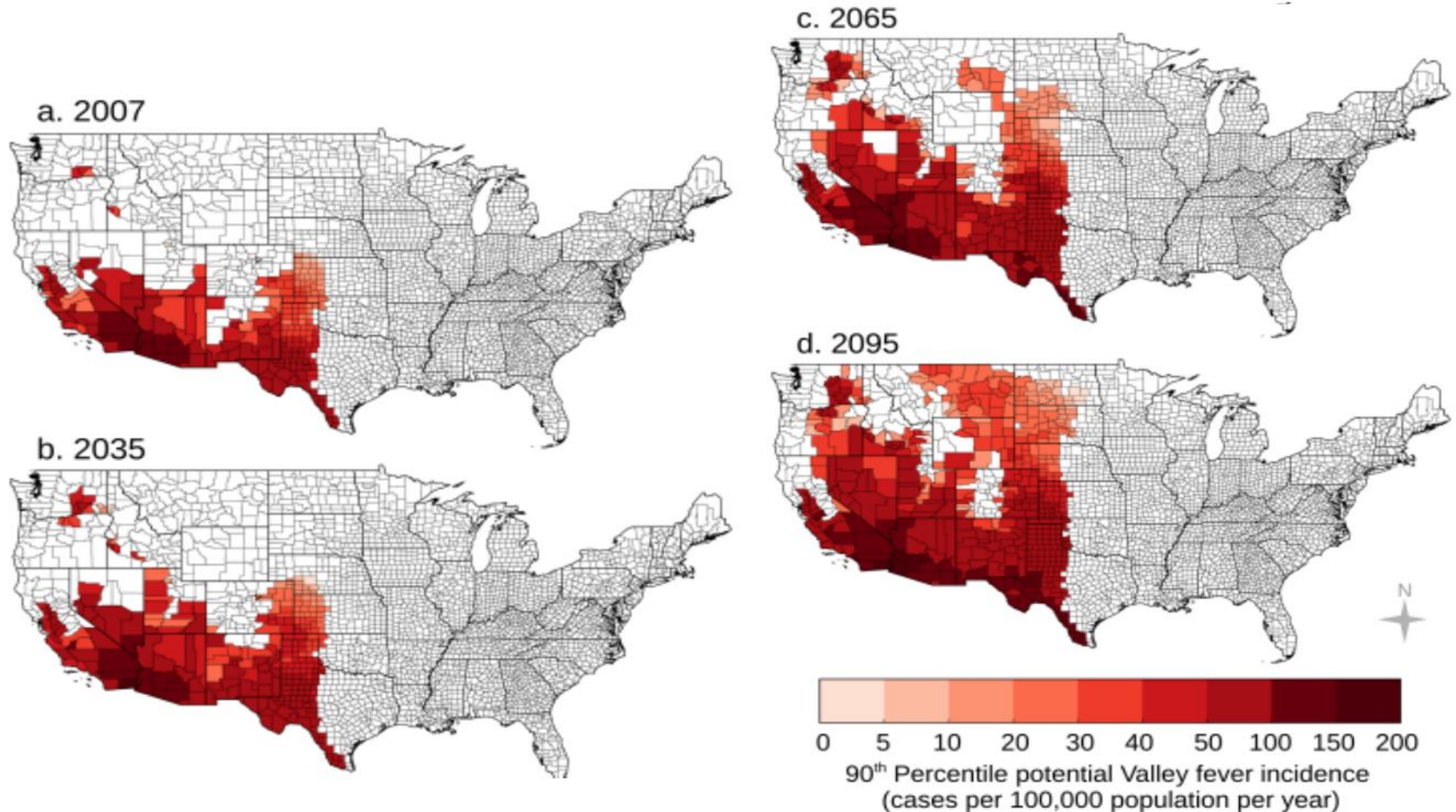
313841-A <https://www.cdc.gov/fungal/diseases/coccidioidomycosis/causes.html>



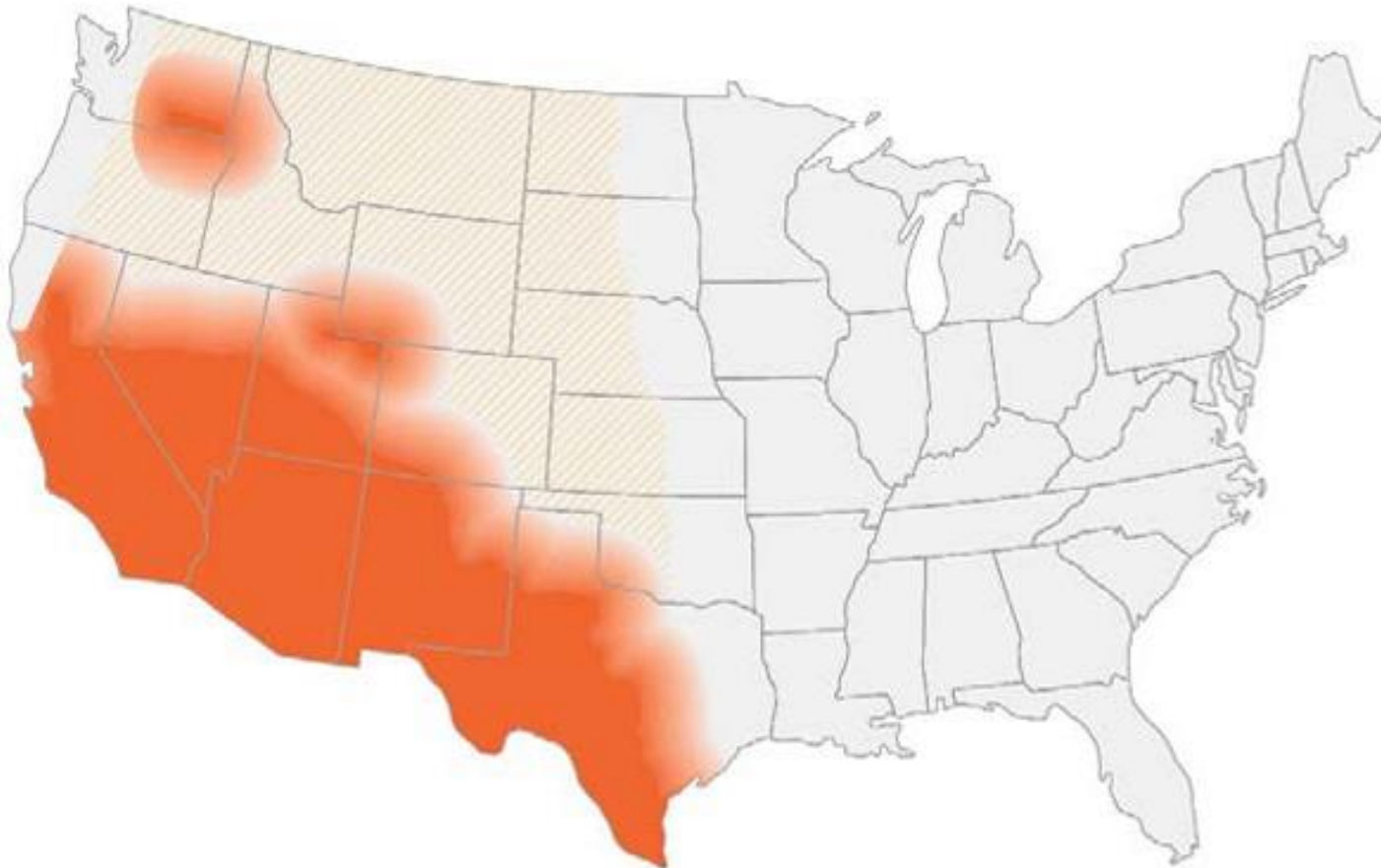
Climate Impacts



Predicted Valley Fever Incidence



Estimated Areas with Valley Fever



Expanding Geographic Range

Geographic range of Valley fever expands to Washington State

Scientists believed that *Coccidioides* only lived in the Southwestern United States and parts of Latin America until discovering it in south-central Washington in 2013 after several residents developed Valley fever without recent travel to areas where the fungus is known to live. Samples from one patient and soil from the suspected exposure site were analyzed using a laboratory technique called whole genome sequencing and were found to be identical, proving that the infection was acquired in Washington.



Coccidioides lives in dry, dusty soil. It was recently found in south-central Washington.

After this discovery, many unanswered questions remain: How widespread is *Coccidioides* in Washington? How did it get there? How long has it been living there? Information about where a person was most likely infected with Valley fever, how strains are related, and which areas could pose a risk is essential for raising awareness about the disease among public health officials, healthcare providers, and the public. CDC is working with state and local public health officials and other agencies to better understand where the fungus lives so that healthcare providers and the public can be aware of the risk for Valley fever.



Arizona Valley Fever Dashboard

Valley fever reported cases in Arizona.

Select a year

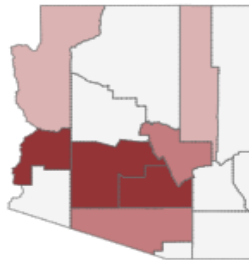
2021

Hover over the icon to get more information on the Valley fever data in this dashboard.



Which counties have had the largest burden of Valley fever?

Select a county below to filter the charts.

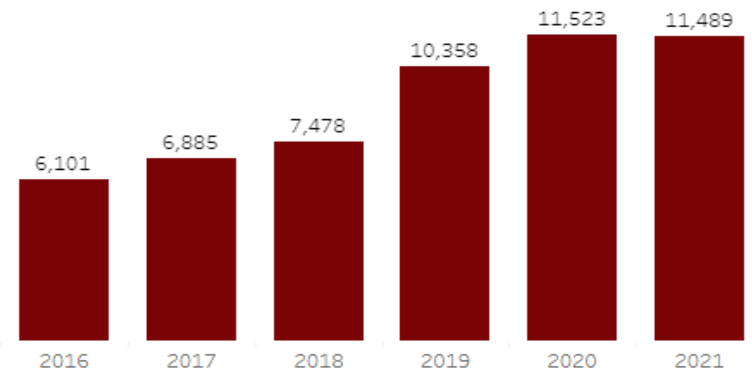


Rates per 100,000 population

20.8 225.9

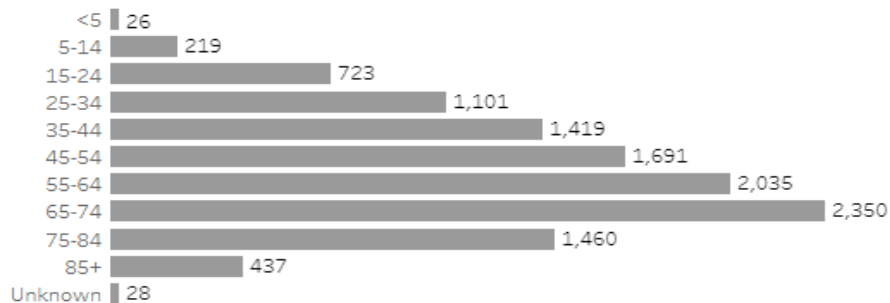
Which years have seen the most Valley fever cases?

County: All



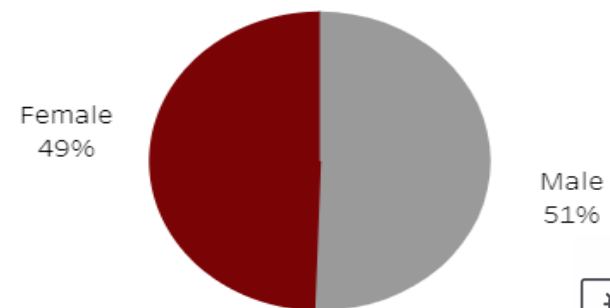
Which age groups are most affected by Valley fever?

All|2021



Which sex is most affected by Valley fever?

All|2021



Arizona Valley Fever 2021 Annual Report

2021 Surveillance Highlights

11,489 reported cases of Valley fever

94% of cases were reported in 3 counties

75 – 84 years is the age group with the highest case rate

862 hospitalizations with a primary diagnosis of Valley fever

\$84.2 million in total hospitalization charges for Arizonans with a primary diagnosis of Valley fever

\$55,990 was the median charge per hospitalization with a primary diagnosis of Valley fever

102 deaths attributable to Valley fever



Transmission

- Inhalation of airborne spores from the soil
 - Wind
 - Soil disturbance
 - Dust storms
 - Outdoor activities: hiking, gardening, 4-wheeling, etc.
- Incubation period: 1 – 4 weeks before symptom onset
- No person-to-person spread



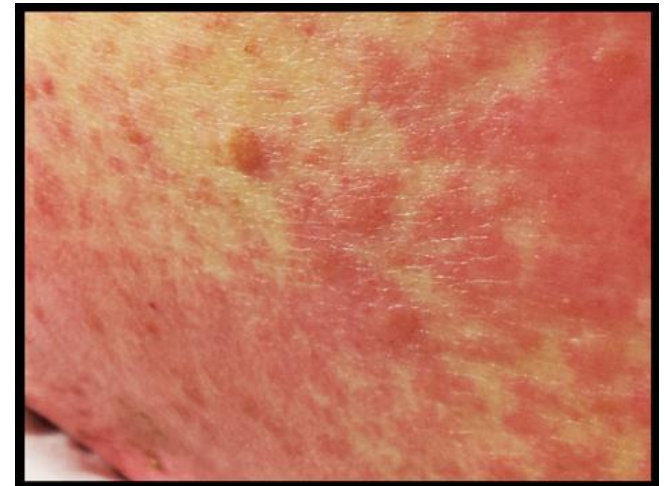
Risk Factors

- Primary Disease
 - Exposure to an endemic area
 - Male sex
- Disseminated
 - Immunocompromising conditions including HIV, solid organ transplant, cancer, chronic steroid use
 - Male sex
 - Racial (African American, Filipino)
 - Pregnancy, especially 3rd trimester
 - Diabetes

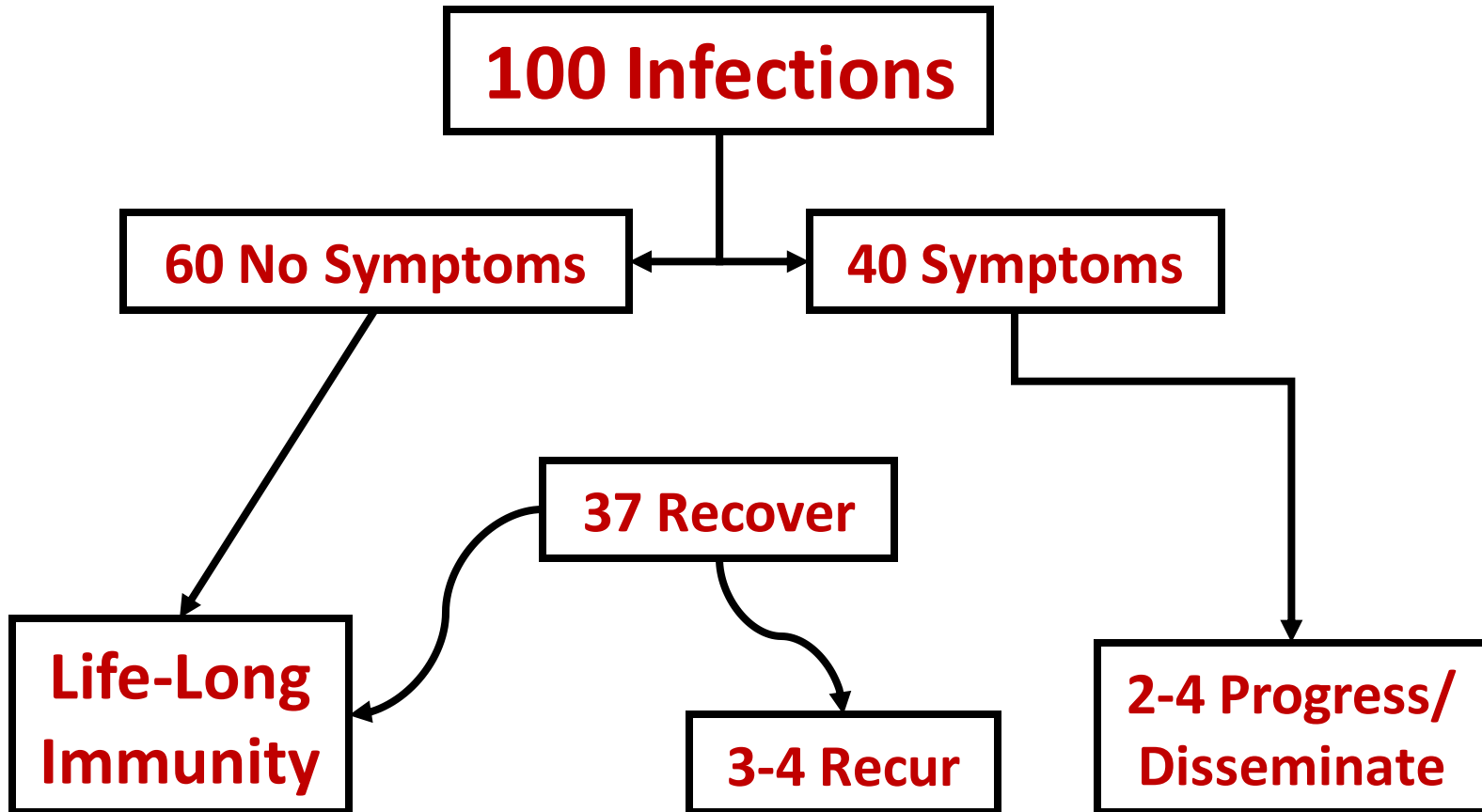


Signs and Symptoms

- 40% of infected people with symptoms develop a **pulmonary infection** 7-28 days after exposure and experience one or more of the following symptoms:
 - **Fatigue**
 - **Cough**
 - **Fever**
 - Rash
 - Night sweats
 - Loss of appetite
 - Weight loss
 - Achy joints
 - Headaches
 - Muscle aches
 - Chest pain
- Symptoms can last weeks or months



Spectrum of Disease

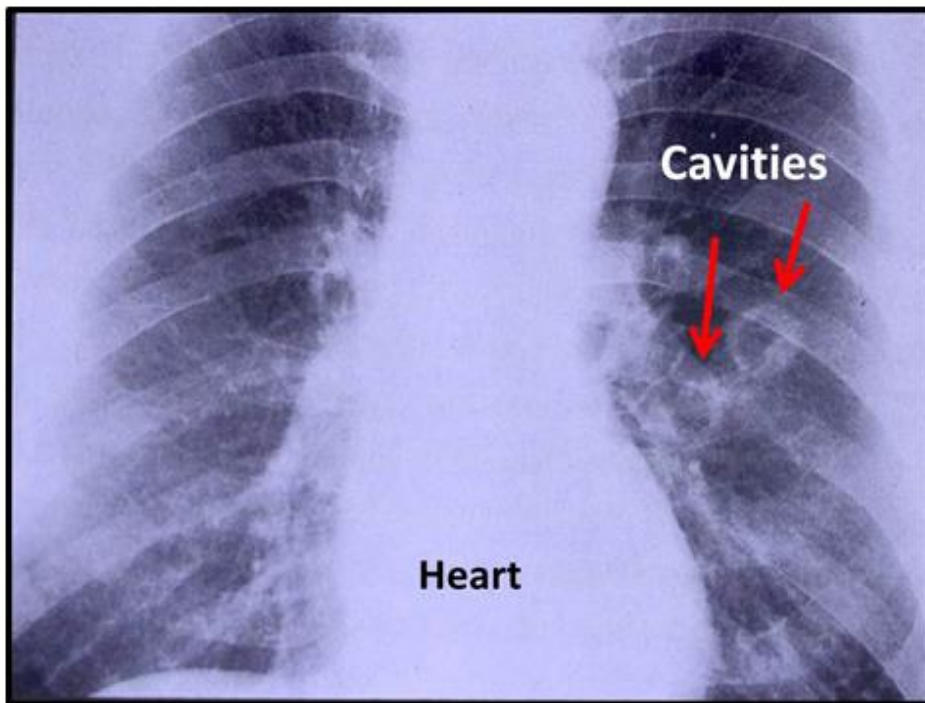


Severe and Disseminated Disease

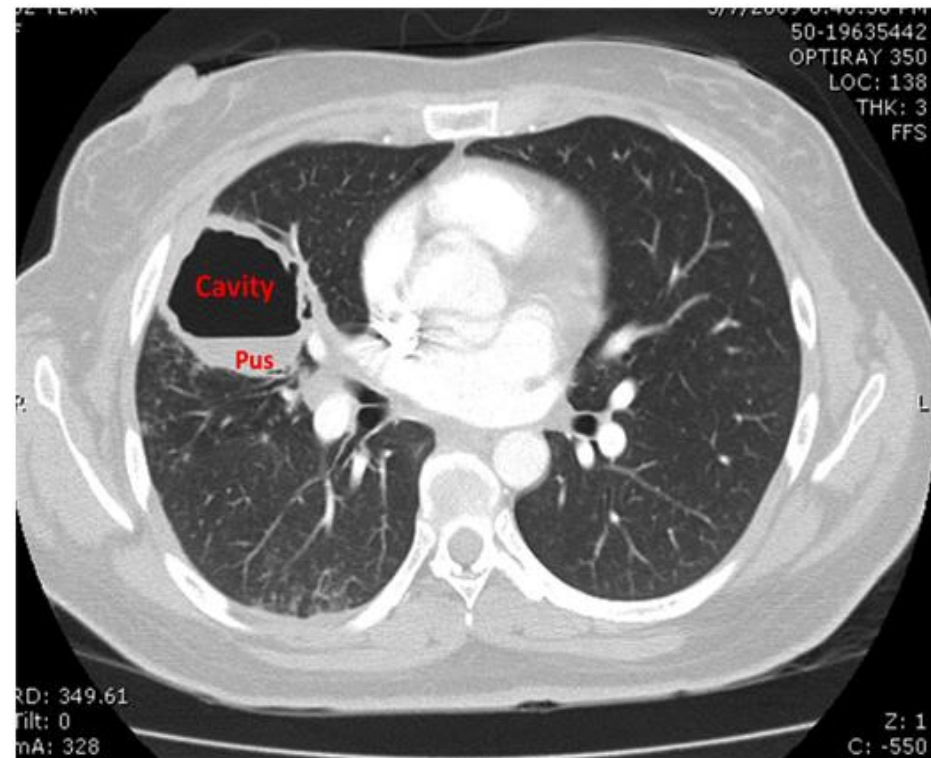
- In 5% of cases, pulmonary infection becomes severe or chronic
 - Infiltrates, cavities, pleural effusion
- In <1% of cases, infection disseminates outside of the lungs
 - Bones
 - Joints
 - Skin
 - Brain (meninges)
- Symptoms can recur and may be lifelong
- Rarely fatal (meningitis, fungemia)



Imaging Findings



Coccidioides left lung cavitory pneumonia



Coccidioides right lung cavitory pneumonia with bacterial abscess.

When to Consider Testing

- **Consider testing patients for coccidioidomycosis if they have been to endemic areas and have:**
 - Respiratory symptoms that have required:
 - More than 1 office visit
 - A chest x-ray
 - Antibiotics
 - Two of the following for a prolonged period:
 - Fever
 - Fatigue
 - Arthralgia
 - Skin lesions consistent with erythema nodosum and/or erythema multiforme
 - Unexplained peripheral blood eosinophilia

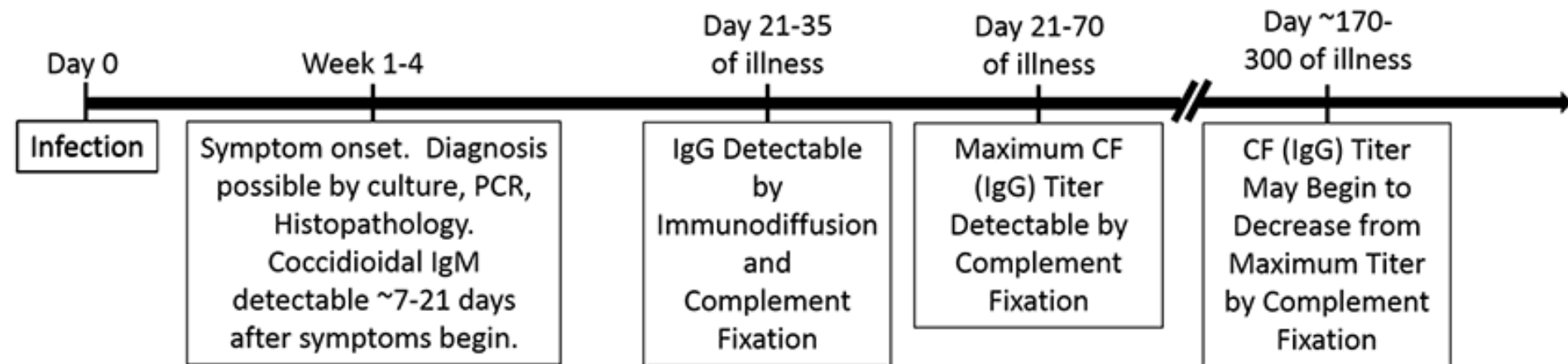


Diagnosis

- Cultural, histopathologic, or molecular evidence of *Coccidioides* species
- Immunologic/Serologic (blood, CSF, or other body fluid)
 - Tube precipitin (TP): tests IgM
 - Complement fixation (CF): tests IgG
 - Titer from blood of $\geq 1:4$ is considered positive
 - Any titer from CSF is considered positive
 - Enzyme Immunoassays (EIA): tests IgM and IgG
 - Most sensitive of all tests, positive results may have to be confirmed by other tests
 - Immunodiffusion (ID): tests IgM and IgG



Serologic Timeline



Treatment

- Mild infection - no treatment
- Moderate - Fluconazole ≥ 400 mg PO daily for 6 weeks
 - Side effects include nausea/vomiting, headache, increased LFTs, dry skin
 - Other azoles with coverage include voriconazole, posaconazole, isavuconazole, itraconazole
- Severe - Amphotericin for 4-8 weeks, then fluconazole or itraconazole - often for life
 - Side effects for amphotericin include nephrotoxicity, infusion-related reactions



Additional Resources

- [2016 Infectious Diseases Society of America Guidelines for Coccidioidomycosis](#)
- [A Training Manual for Primary Care Professionals](#)
- [Valley Fever Center for Excellence clinician resources](#)
- [Centers for Disease Control and Prevention resources for healthcare professionals](#)



Thank you!

