

COCCIDIOIDOMYCOSIS

(Valley fever)

Last revised May 26, 2011

I. IDENTIFICATION

A. CLINICAL DESCRIPTION:

Infection may be asymptomatic or may produce an acute or chronic disease. Although the disease initially resembles an influenza-like or pneumonia-like febrile illness primarily involving the bronchopulmonary system, dissemination can occur to multiple organ systems. An illness is typically characterized by one or more of the following:

- Influenza-like signs and symptoms (e.g., fever, chest pain, cough, myalgia, arthralgia, and headache)
- Pneumonia or other pulmonary lesion, diagnosed by chest radiograph
- Erythema nodosum or erythema multiforme rash
- Involvement of bones, joints, or skin by dissemination
- Meningitis
- Involvement of viscera and lymph nodes

B. REPORTING CRITERIA: Clinically compatible illness that is laboratory confirmed.

C. LABORATORY CRITERIA FOR CONFIRMATION:

- Cultural, histopathologic, or molecular evidence of presence of *Coccidioides* species, **or**
- Positive serologic test for coccidioidal antibodies in serum, cerebrospinal fluid, or other body fluids by:
 - Detection of coccidioidal immunoglobulin M (IgM) by immunodiffusion, enzyme immunoassay (EIA), latex agglutination, or tube precipitin, **or**
 - Detection of coccidioidal immunoglobulin G (IgG) by immunodiffusion, EIA, or complement fixation, **or**
 - Coccidioidal skin-test conversion from negative to positive after onset of clinical signs and symptoms

D. WISCONSIN CASE DEFINITION: A clinically compatible illness that is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II: Report to the Local Health Department electronically, through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F44151](#)), or by other means within 72 hours upon recognition of a case.

B. EPIDEMIOLOGY REPORTS REQUESTED:

Electronically Report through WEDSS,

or

Paper copy-Acute and Communicable Diseases Case Report ([F44151](#))

C. PUBLIC HEALTH INTERVENTIONS:

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENTS – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / MYCOLOGY: (608) 224-6261.

IV. RELATED REFERENCES

- Heymann DL, ed. Meningococcal infection. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008:139-141.
- Pickering LK, ed. Meningococcal infections. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009:266-268.