Communicable Disease Case Reporting and Investigation Protocol
COCCIDIOIDOMYCOSIS (VALLEY FEVER)

I. IDENTIFICATION AND DEFINITION OF CASES
   A. Clinical Description: Coccidioidomycosis, commonly known as Valley Fever or “cocci,” is a fungal disease caused by inhaling spores from Coccidioides species. This fungus lives in the soil of semi-arid regions of the world, and is endemic in areas of the southwestern U.S., northern Mexico, and portions of South America. 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.

   Clinically compatible presentation 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. Laboratory Criteria: Confirmatory laboratory evidence, at least one of the following:
      • Culture of Coccidioides from a clinical specimen
      • Identification of characteristic Coccidioides endospore-containing spherules in tissue or body fluid by histopathology
      • Demonstration of Coccidioides-specific nucleic acid in a clinical specimen using a validated assay (e.g., PCR, DNA probe, MALDI-TOF)
      • Detection of Coccidioides IgM antibodies in serum, cerebrospinal fluid (CSF) or other body fluid by immunodiffusion (ID), enzyme immunoassay (EIA), or tube precipitin (TP)
      • Detection of Coccidioides IgG antibodies in serum, CSF or other body fluid by immunodiffusion (ID), enzyme immunoassay (EIA), or complement fixation (CF)

   C. Wisconsin Surveillance Case Definition:
      Confirmed: A clinically compatible case that meets at least one of the confirmatory laboratory criteria.

II. REPORTING
   A. Wisconsin Disease Surveillance Category II—Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04(3)(b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

   B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

   C. Clinical Criteria for Reporting: Clinically compatible illness in a person known to have traveled or resided in an endemic area.

   D. Laboratory Criteria for Reporting: Laboratory evidence of infection by culture or by non-culture-based methods. All positive results should be reported.
III. CASE INVESTIGATION

A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required Documentation:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
   2. Clinical signs and symptoms, estimated date of illness onset, and travel history are necessary to determine case classification.
   3. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional Investigation Responsibilities:
   Determine whether the case is potentially outbreak-related and, if so, notify the Bureau of Communicable Diseases.

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES


B. Provide the patient with appropriate health education and offer link to Valley Fever Center of Excellence: https://vfce.arizona.edu/.

V. CONTACTS FOR CONSULTATION

A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003

VI. RELATED REFERENCES


D. University of Arizona Valley Fever Center of Excellence website: https://vfce.arizona.edu/.