EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

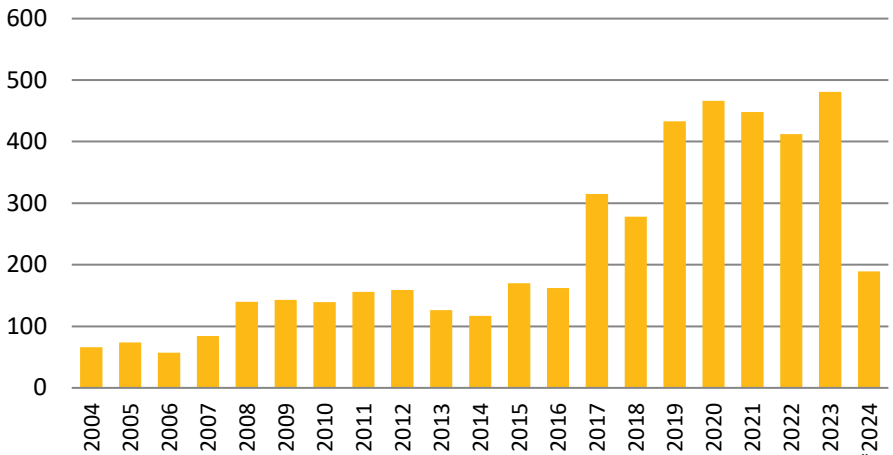
JULY 2024

Volume 8, Issue 7: August 15, 2024

COCCIDIOIDOMYCOSIS

Coccidioidomycosis also known as valley fever or cocci, is an acute infection caused by fungi known to live in the soil and dirt. *Coccidioides* subspecies can infect the lungs, causing respiratory symptoms, and are spread when people or animals breathe in dust that contains *Coccidioides* spores. *Coccidioides* can be found in the soil of the southwestern United States, Mexico, and South America. In the United States, these fungi are predominantly found in Arizona, California, Nevada, New Mexico, Texas and Utah. Transmission of coccidioidomycosis occurs when there is disruption of contaminated soil by humans, animals, or the weather.

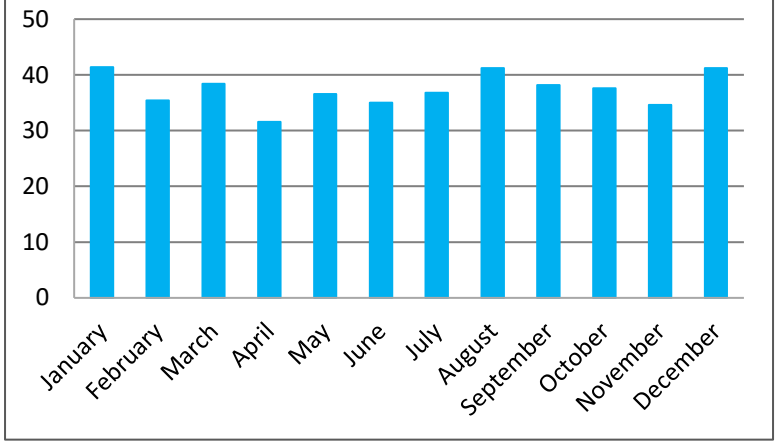
Figure 1. Coccidioidomycosis Cases, San Diego County, 2004-2024*



*2024 data are year-to-date; current as of 8/15/2024. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years. A revision to the surveillance case definition for coccidioidomycosis was adopted by California in June 2007; a single positive IgG result (in place of a rising IgG titer) became sufficient to meet laboratory criteria. A case definition update was adopted 1/1/2019 by California; a single positive laboratory result became sufficient to confirm a case.

While most individuals with valley fever (around 60%) are asymptomatic, those with symptoms may experience fatigue, cough, fever, shortness of breath, headache, night sweats, muscle aches or join paint, and/or rash on the upper body or legs one to three weeks after exposure. Symptom duration can range from weeks to a few months.

Figure 2. Average Coccidioidomycosis Cases by Month, San Diego County, 2019-2023



Averages based on 5 CDC disease years of aggregated data. Data current as of 07/31/2024. Data are provisional and subject to change as additional information becomes available. Grouped by calendar months.

Most cases recover without treatment; however, in cases of severe illness, complications, or for individuals at higher risk for severe illness, antifungals may be prescribed to reduce severity of symptoms or worsening infection. Those at higher risk for severe illness include people who are immunocompromised, people who are pregnant, people with diabetes, and people who are Black, Filipino, or Pacific Islander.

In 2022, there were 17,612 cases of valley fever reported to the CDC in the United States. The majority of those cases were in Arizona and California, with California reporting 7,459 cases. In 2023, the number of coccidioidomycosis cases reported in California rose to 8,112. Increases in the number of reported coccidioidomycosis cases have also been observed in San Diego County.

Continued on next page

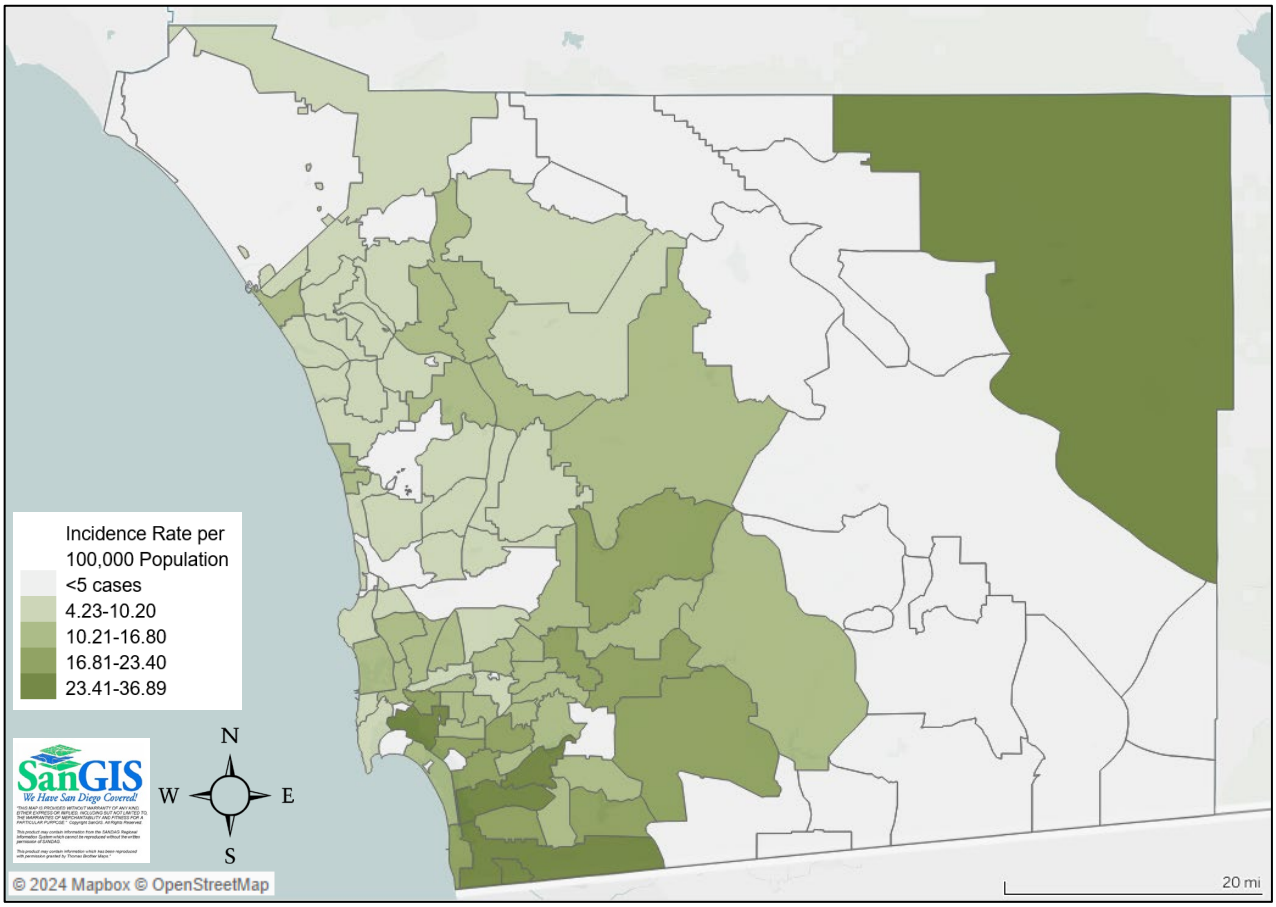
The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

COCCIDIOIDOMYCOSIS, continued

In 2023, 481 cases of coccidioidomycosis were reported in San Diego County, marking an increase over time from 2004-2023 (Figure 1). Observed increases in the incidence of coccidioidomycosis may be attributed to multiple factors, including changing weather patterns, changes in case definitions, and more frequent testing/diagnosis. However, this is still being investigated. While the seasonality of cocci infections has been reported in scientific literature, recent seasonal shifts within San Diego County have appeared smaller in magnitude (Figure 2). Importantly, coccidiomycosis can infect individuals at any time during the year.

From 2019-2023, the incidence rate of coccidioidomycosis in San Diego County was 13.6 per 100,000 population. However, within San Diego County, coccidioidomycosis was not equally distributed among zip codes of residence. Zip codes with the highest incident rate of coccidioidomycosis per 100,000 population from 2019-2023 were: 92004 (36.9), 92173 (33.5), 91902 (31.3), and 92154 (28.6). Rates by zip code were calculated based on location of residence at the time of report to the County of San Diego Health and Human Services Agency and may not reflect the location of exposure.

Figure 3. Incidence Rates of Coccidioidomycosis by Zip Code of Residence, San Diego County, 2019-2023 (N=2,240)



Rates are based on 5-year aggregate counts due to small individual year counts for many zip codes. Rates are calculated for zip codes which reported at least 5 cases in the 2019-2023 period. Rates are average annual rates of newly reported cases (may be acute or chronic). Rates based on small case counts may vary considerably and should be interpreted with caution. Location is location of residence when the case was reported to the County of San Diego Health and Human Services Agency, which may not be location of exposure. Grouped by CDC disease years.

Resources

- Centers for Disease Control and Prevention (CDC) Coccidioidomycosis website
- California Department of Public Health (CDPH) Coccidioidomycosis website
- Valley Fever Center for Excellence (College of Medicine, University of Arizona)

Suggested citation: Cleverly W, Howard K, Thomas H, Nelson JA. Coccidioidomycosis. County of San Diego Monthly Communicable Disease Report 2024; 8(7):1-2.

MONTHLY COMMUNICABLE DISEASE REPORT

JULY 2024

Volume 8, Issue 7: August 15, 2024

Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2024 July	2024 June	2024 January-July (YTD)	Prior Years 2023 YTD	Prior Years Avg YTD, 2021-2023	Prior Years 2023 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	1	2	0	1.0	1
Brucellosis	C,P	0	0	1	1	2.3	3
Campylobacteriosis	C,P	120	109	687	631	553.0	1,122
Candida auris	C	10	10	72	47	21.0	95
Chickenpox, Hospitalization or Death	C,P	1	0	3	5	2.7	8
Chikungunya	C,P	0	0	0	0	0.7	0
Coccidioidomycosis	C	0	9	189	285	262.0	481
Cryptosporidiosis	C,P	9	11	74	70	46.0	131
Dengue Virus Infection	C,P	10	2	25	8	4.7	26
Encephalitis, All	C	1	2	16	16	18.0	34
Giardiasis	C,P	12	24	135	133	111.7	238
Hepatitis A, Acute	C	0	0	7	32	19.0	45
Hepatitis B, Acute	C	0	0	5	7	9.3	13
Hepatitis B, Chronic	C,P	33	38	362	448	462.0	749
Hepatitis C, Acute	C,P	5	19	71	71	59.0	112
Hepatitis C, Chronic	C,P	154	131	1,079	1,312	1,784.3	2,176
Legionellosis	C	8	6	38	60	44.3	94
Listeriosis	C	4	0	6	8	7.7	11
Lyme Disease	C,P	0	1	3	6	7.0	12
Malaria	C	0	1	7	3	5.0	16
Measles (Rubeola)	C	0	0	3	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	5	16	53	39	37.3	63
Meningitis, Bacterial	C,P,S	1	2	24	22	18.7	42
Meningitis, Other/Unknown	C	1	0	12	13	14.7	25
Meningococcal Disease	C,P	0	0	4	4	2.0	4
Mumps	C,P	0	0	1	0	1.3	0
Pertussis	C,P	47	56	391	55	41.7	329
Rabies, Animal	C	1	0	1	3	2.7	8
Rocky Mountain Spotted Fever	C,P	1	2	5	2	1.7	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	107	51	383	323	308.0	685
Shiga toxin-Producing *E. coli* (including O157)	C,P	29	22	142	115	108.3	265
Shigellosis	C,P	34	39	268	231	193.0	523
Typhoid Fever	C,P	0	1	3	3	7.7	7
Vibriosis	C,P	6	2	20	20	18.3	45
West Nile Virus Infection	C,P	0	0	0	0	0.3	0
Yersiniosis	C,P	10	8	87	45	27.0	86
Zika Virus	C,P	0	0	0	0	0.3	0

Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

MONTHLY COMMUNICABLE DISEASE REPORT

JULY 2024

Volume 8, Issue 7: August 15, 2024

Figure 4. Select Enteric Infections by Month
August 2023 – July 2024

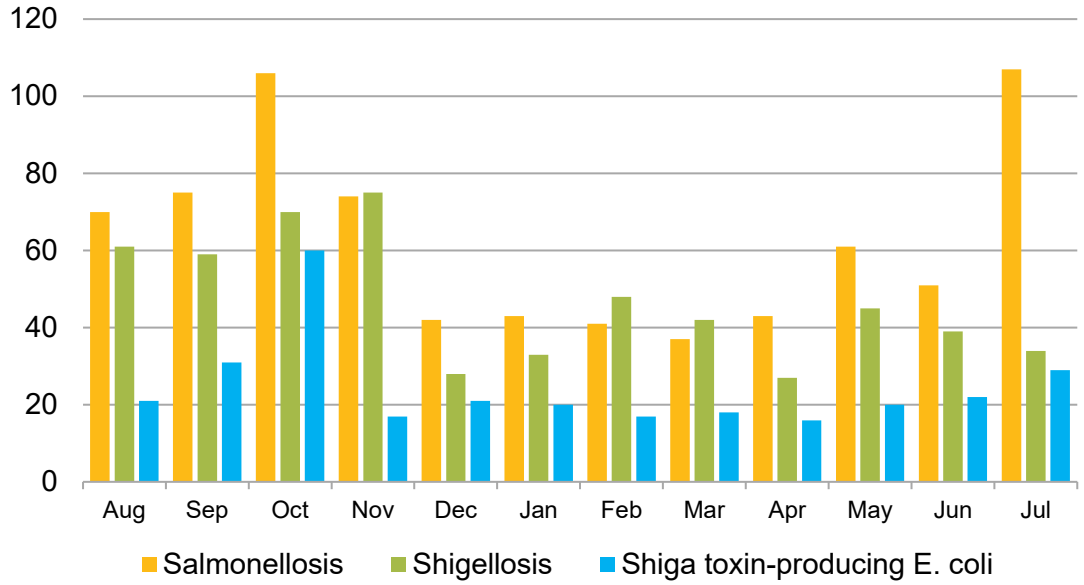
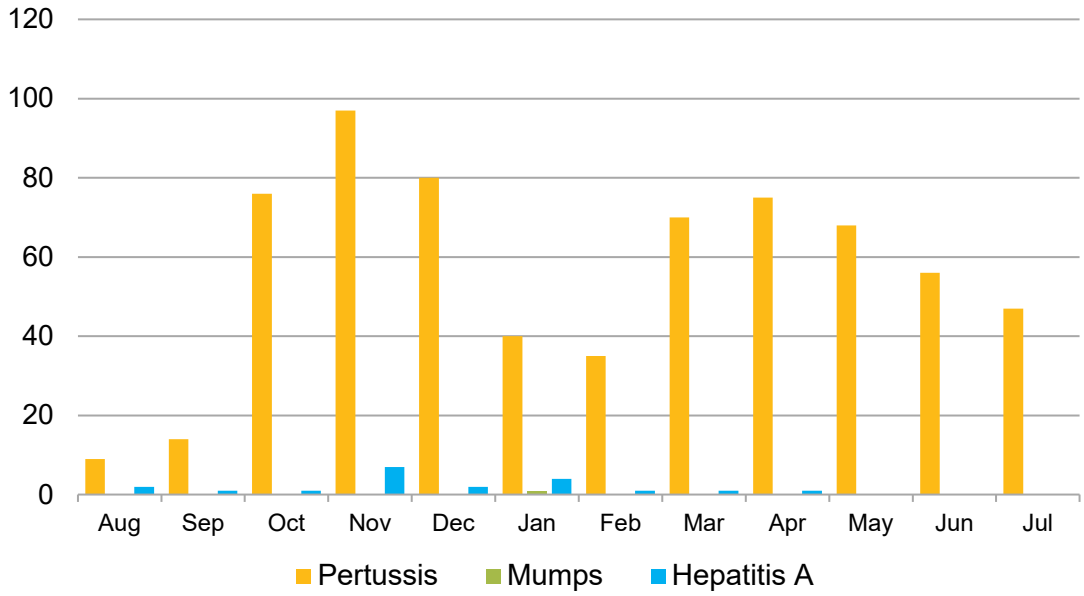


Figure 5. Select Vaccine-Preventable Infections by Month
August 2023 – July 2024



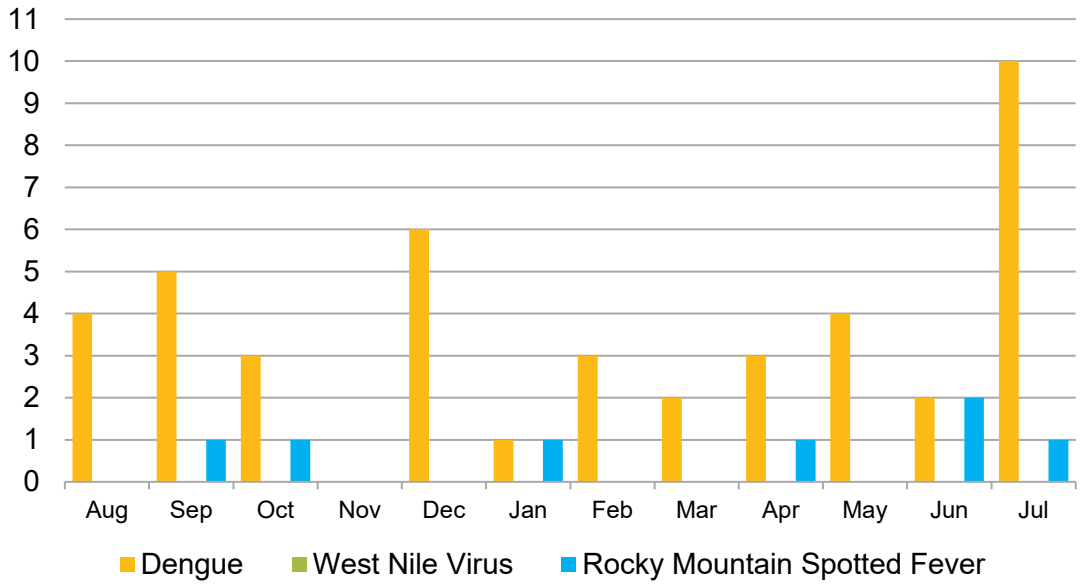
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

MONTHLY COMMUNICABLE DISEASE REPORT

JULY 2024

Volume 8, Issue 7: August 15, 2024

Figure 6. Select Vector-Borne Infections by Month
August 2023 – July 2024



All of the dengue cases are travel-associated. For more information on West Nile virus, see the County West Nile virus webpage.
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.