Coccidioidomycosis can be acquired by breathing in the microscopic fungal spores from the air. About 60% of people infected with Coccidioides have no symptoms and will fight off the infection naturally. People who get sick usually develop a flu-like illness 1–10 weeks after exposure to the fungus.1

San Diego County (SDC) has the sixth highest rate of valley fever in California: 2.8/100,000 population in 2013.1 This evaluation assessed characteristics of coccidioidomycosis surveillance in SDC with the goal of identifying opportunities to improve the investigation and surveillance system.

Purpose of surveillance system: To comply with California Code of Regulations reporting requirements, identify and prevent potential morbidity and mortality, and detect changes in incidence.

METHODS

Coccidioidomycosis surveillance system was evaluated according to CDC Guidelines for Evaluating Surveillance Systems. Discussions with county epidemiology staff were arranged to discuss various aspects of the system.

Confidential mortality registry data were obtained from SDC from January 2010 to December 2014.

Death surveillance data files from 2010 to 2014 were reviewed to summarize the number of coccidioidomycosis related deaths in SDC and to identify death cases not reported to surveillance system.

Analysis of SDC disease registry data (WebCMR) was performed by: Reviewing confirmed cases for potential misclassification, accuracy of residence status, and duplicate reports; Assessing demographic information in confirmed cases was completed to evaluate data quality.

Comparing coccidioidomycosis cases reported by SDC and California Department of Public Health (CDPH) data, sensitivity and completeness of the surveillance system.

Coccidioidomycosis surveillance system in SDC has decreased from 2012 to 2014. A total of 1,065 WebCMR coccidioidomycosis reports were extracted: duplicate reports; misclassification in disease resolution status, and residency status (increase in combinations of these factors were identified in 22/1086 (2.1%). After review, 263 reports were classified as not a total; 704 (65%) reports were classified as confirmed coccidioidomycosis cases.

Out of the 18 coccidioidomycosis related deaths identified in the surveillance system, four death cases (22%) were not found in WebCMR. Six deaths (33%) were not SDC residents at the time of death. Some cases were not at diagnosis based on WebCMR records. Of the 18 death cases, 8 had true chronic coccidioidomycosis related death (22%), and 10 had true acute coccidioidomycosis related death (28%); 73% had the lowest percentage of completeness.

It may be difficult to distinguish between chronic and acute in some cases. Differences in the total number of coccidioidomycosis cases reported by SDC and CDPH were found. CDPH reported less number of confirmed cases, including hospitals, laboratories, and providers. Differences in the total number of coccidioidomycosis cases reported by SDC and CDPH were found. CDPH reported less number of confirmed cases, including hospitals, laboratories, and providers.

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