

Public Forum on Valley Fever

*Kern County Valley
Fever Symposium*

September 23, 2013

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Congressman McCarthy meets with CDC mycotic diseases experts on Valley Fever, April 22, 2013



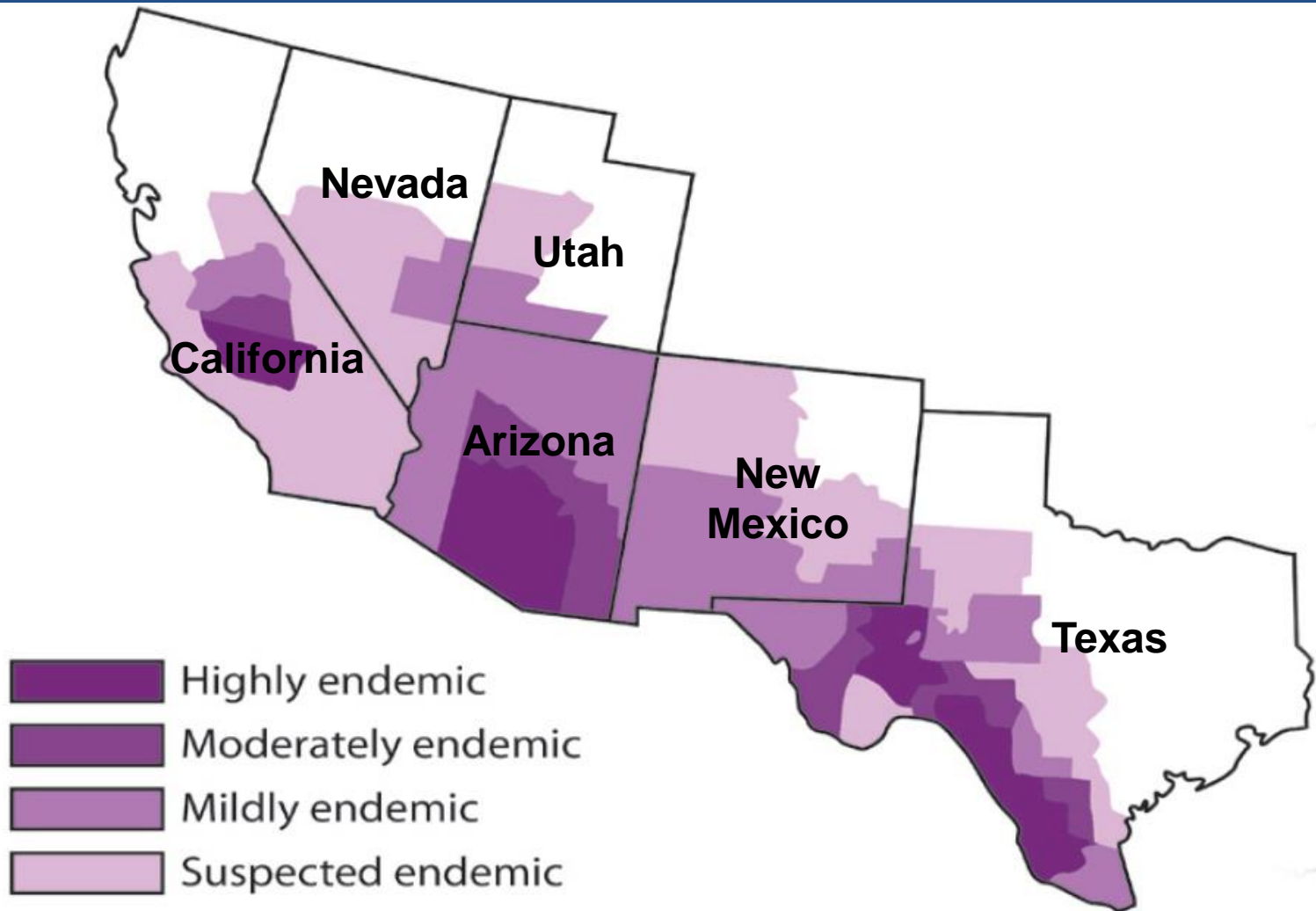
Dr. Mark Lindsley, Mycotic Diseases Branch staff scientist, explains the reading of Valley fever serology tests to Congressman McCarthy

CDC works 24/7 to protect us from threats

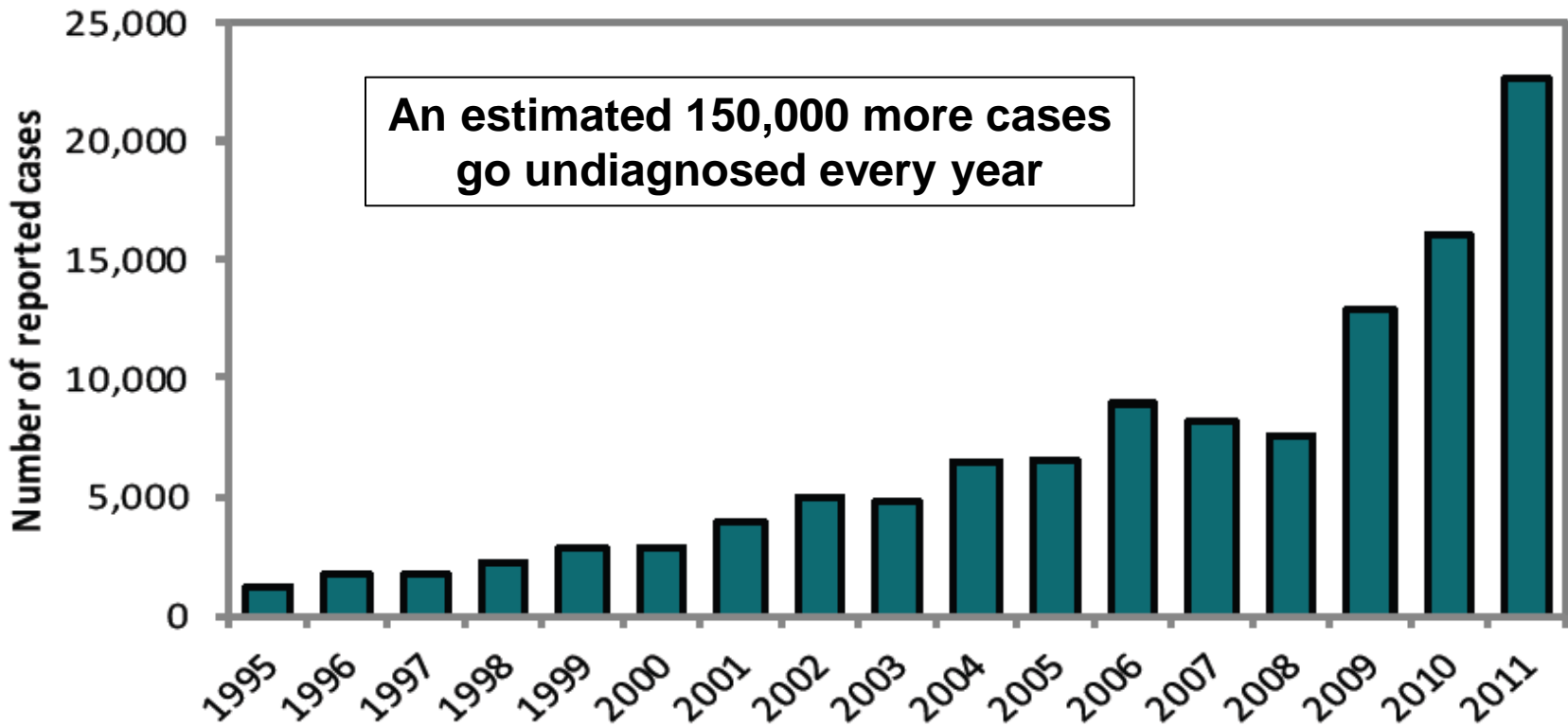
- Monitor health
- Detect, investigate, and stop health problems directly and along with state, local, federal, and global partners
- Conduct research to improve prevention
- Implement prevention and control strategies
- Foster safe and healthful environments
- Inform, educate, and empower people about health
- Provide leadership and training



Coccidioides is common in the Southwest



Large increase in reported cases – and many more undiagnosed and unreported cases



Valley Fever is on the rise

Trends from 1998 to 2011

- National trends
 - >100,000 cases reported in 28 states and DC
 - 66% from AZ, 31% from CA
 - Increase from >2,000 to >22,000 in endemic areas
 - Incidence in endemic states increased in all age groups
- CA trends
 - Almost 35,000 reported cases
 - From 719 to almost 5,700
 - Kern County: From 328 to >2,700
 - In 2011, incidence in males is double that for females (20.5/100,000 vs 9.7/100,000)

Heavy costs of Valley Fever

- Illness
- ~14 days off school/work on average
- Disability
- Health care costs
- Actual costs and burdens much higher than reported or generally understood
- Human impacts

Some CDC activities on Valley Fever

- Better understand disease patterns and costs
- Support state, local, and academic partners
 - Epidemiology and Laboratory Capacity cooperative agreement
 - Staffing support for state/local public health
- Working with others to improve diagnosis and treatment
 - Epidemiologic study to help inform RCT
 - Evaluation and training on lab methods including environmental test
- Increase awareness among public, health care providers



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