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## **PUBLIC HEALTH ADVISORY**

### **Valley Fever Update**

**August 2025**

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#### **Background**

Valley Fever (*coccidioidomycosis* or “cocci”) is a fungal infection caused by inhaling airborne *Coccidioides* spores from disturbed soil or dust. Most infections are mild and self-limited; however, severe or chronic disease can occur, leading to hospitalization or, rarely, death. Occupational exposure, particularly in outdoor and construction settings, is a major risk factor.

#### **Valley Fever Trends in California and Riverside County**

Surveillance data show that Valley Fever cases continue to rise both statewide and locally, highlighting the growing public health impact of this disease. Riverside County has confirmed 465 cases in 2024. Preliminary 2025 data indicate a 58% increase compared to the same time period last year. A recent enhanced surveillance project conducted by RUHS-PH showed that 59% of participants diagnosed with Valley Fever reported having a comorbidity such as diabetes and 36% of them worked outdoors. In addition, a notable delay in diagnosis has been identified with a median time of 44 days between symptom onset and receiving a diagnostic test.

**Local Hotspots:** Valley Fever cases have been reported at a higher rate in Northwest Riverside County.

**People at higher risk:** Outdoor workers, older adults (especially >60), and those with conditions that weaken the immune system.

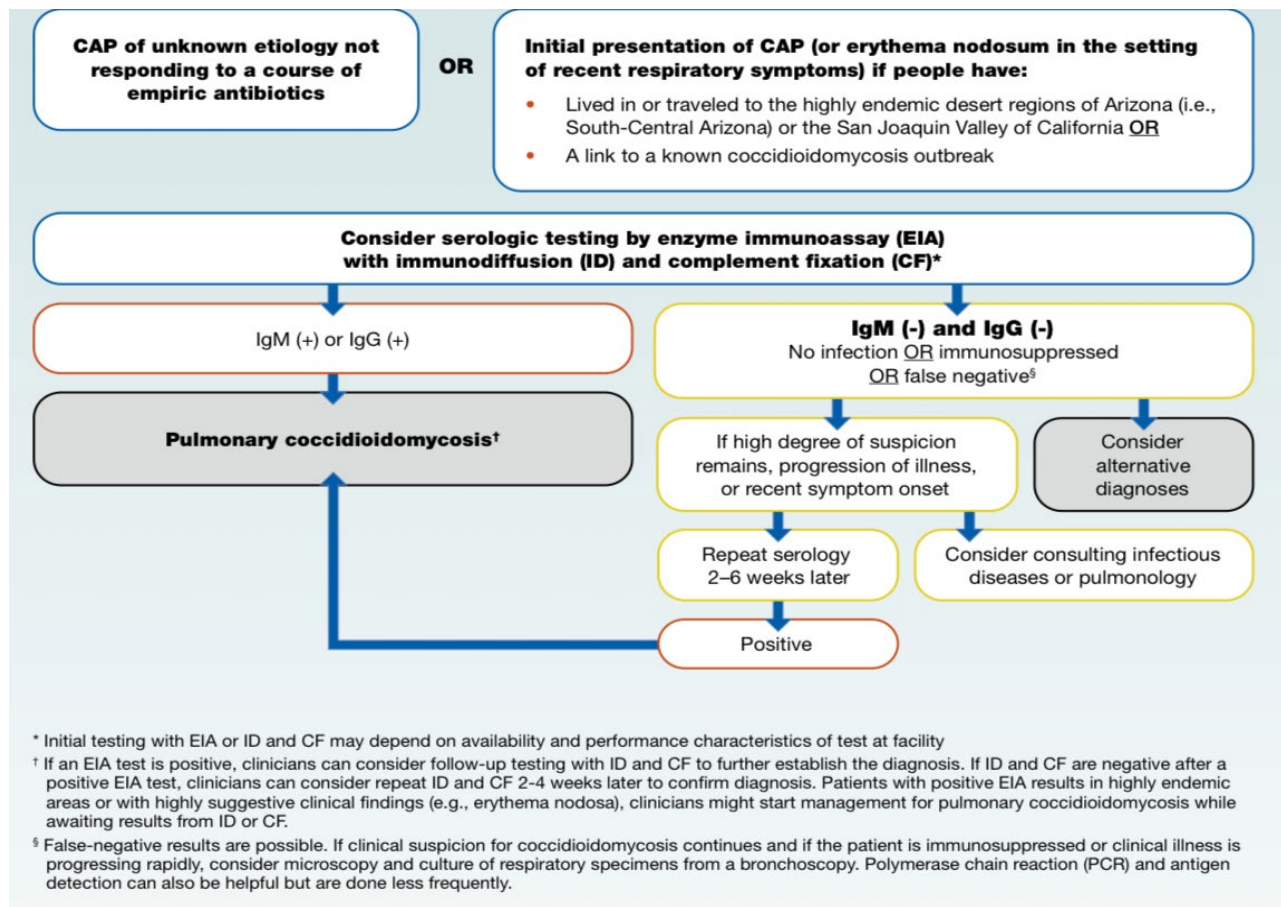
#### **Signs and Symptoms (1–3 weeks after exposure)**

- Fever and chills
- Persistent cough or chest pain
- Shortness of breath
- Night sweats
- Fatigue or weakness
- Muscle or joint aches
- Rash on the upper body or legs (less commonly)

Healthcare providers should suspect **pulmonary coccidioidomycosis** in patients diagnosed with community-acquired pneumonia who fail to improve after initial antibiotics, report significant dust exposure, or have persistent symptoms >1–2 weeks.

A negative serology test does **not** rule out the disease. For severe cases, **culture or PCR testing** is recommended when available.

Follow this abridged [CDC algorithm for testing](#):



## Treatment:

Some infections will resolve without antifungal treatment. Infectious Diseases Society of America (IDSA) guidelines suggest treatment for primary pulmonary coccidioidomycosis in patients who:

- Are immunosuppressed
- Have severe or significantly debilitating illness
- Have diabetes or are frail because of age or comorbidities
- Are pregnant
- Are of African or Filipino ancestry

Disseminated coccidioidomycosis requires antifungal treatment, typically with fluconazole or amphotericin B.

## Prevention

### For Patient Education:

- Advise patients to stay indoors and keep windows and doors closed during windy or dusty conditions.
- Recommend using the “recirculate” setting on home and vehicle air conditioning systems.
- Counsel patients to avoid outdoor activities in dusty areas, especially if they are in high-risk groups.
- Instruct patients to wet soil before digging, gardening, or disturbing dirt to help reduce dust exposure.

### Reporting Requirements

- **Report *coccidioidomycosis* cases to Riverside County Public Health, within 7 calendar days.**
- Use **CalREDIE** or Confidential Morbidity Report (CMR).
- **Contact:** RUHS-PH Disease Control
  - **Phone:** (951) 358-5107
  - **Fax:** (951) 358-5446

Valley Fever diagnosis and management can be complex and challenging. The following resources provide current guidelines and consultation tools:

- [CDC Valley Fever Diagnostic Algorithm](#) – Testing guidance
- [2016 IDSA Clinical Practice Guideline for the Treatment of Coccidioidomycosis](#)
- [2024 CDPH Valley Fever Health Advisory](#) – Summary of recent activity and clinical reminders
- [CDC – Clinical Overview of Valley Fever](#)