

Valley Fever cases on the rise

When someone has a cough that doesn't get better, friends or family usually encourage their loved one to seek medical attention with the admonition, "Maybe you have Valley Fever." They may not be too far off track. Arizona's Department of Health Services has reported an alarming increase, 2,300 cases to be exact, in just the first four months of 2006. This represents three times the average for this time period in the last five years.

What better topic could there be for this month's column than coccidiomycosis, the medical name for Valley Fever, or "Cocci" for short. The organism that causes Valley Fever is neither a bacterium nor a virus, but rather a fungus. This fungus prefers (much like the burgeoning population of our beloved Southwest) an environment that is dry, hot in the summer and moderate in winter. Whereas bacteria reproduce by dividing to form new bacteria and viruses reproduce by invading host cells, fungi reproduce by creating a spore that gets carried away by wind or rain. You may be tempted to say that the Valley of the Sun has little of either wind or rain (aside from the occasional intense summer storms), but when you consider the tremendous amount of construction that has been ongoing and its resultant dust it is easy to see why our population is experiencing this increased number of Valley Fever cases. Anything that riles up the upper crusts of the desert will cause spores to be released into the air. From construction sites to desert trails where ATVs and mountain bikes are almost as plentiful as cacti,

the coccidiomycosis fungus could be swirling around in the air.

Is Valley Fever serious? Yes and no. Sixty percent



Medical Advice

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of Valley Fever infections are mild enough that no medical attention is even sought. The patient recovers, believing it was "the flu." Evidence of the infection (a spot on a lung) may not be detected until a chest X-ray is obtained at another time for another reason. The other 40 percent of Valley Fever infections can become a more serious pneumonia. Some of these cases spread beyond the lungs to cause skin and joint problems, or brain and spinal cord meningitis. The medical term for this spread is "dissemination."

Since the majority of patients recover uneventfully, treatment is not essential. Anti-fungal drugs require long-term dosing from months to even years in some cases. (Therefore, monitoring for medication damage to the liver is required so only those who have more severe pneumonia or disseminated Cocci). How should you judge if you might be suffering from Valley Fever? First, if someone has been telling you you've been coughing long enough, it's probably time to check it out. Second, if you know you were in a high risk area (construction site or blowing dust) and three weeks later you develop fatigue, cough, fever, rash, headache and joint pains. The third scenario would be our out-of-state visitors who might unknowingly become ill upon returning home. Teach visitors about Valley Fever so that they may intel-

ligently suggest appropriate testing and treatment to their unsuspecting providers. After all, Valley Fever probably doesn't top the list of differential diagnoses for flu-like symptoms in mid-town Manhattan.

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