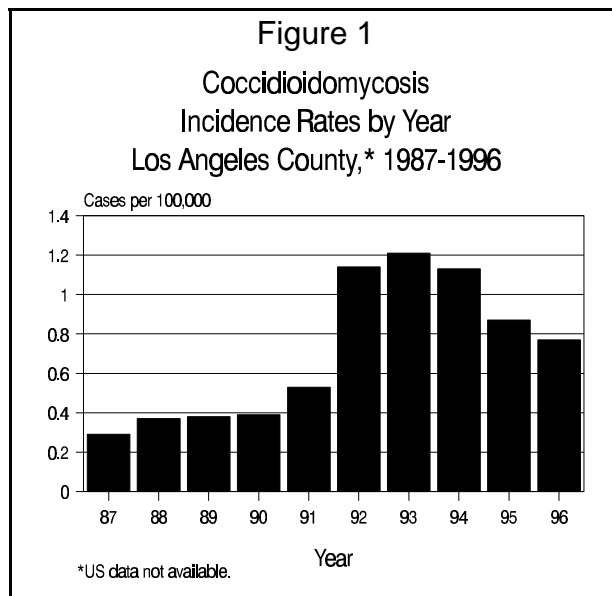




## COCCIDIOIDOMYCOSIS

CRUDE DATA	
Number of Cases	68
Annual Incidence <sup>a</sup>	
LA County	0.77
California	2.94
United States	N/A
Age at Onset	
Mean	46.5
Median	48.0
Range	18-79
Case Fatality	
LA County	18.0%
United States	N/A

<sup>a</sup>Cases per 100,000 population.



### ETIOLOGY

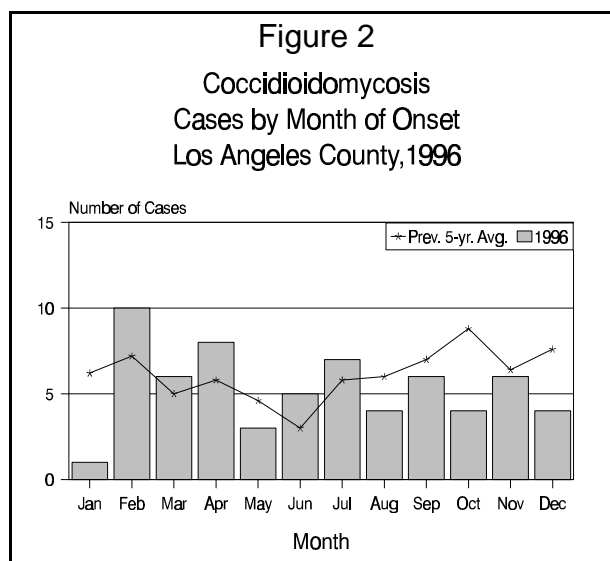
*Coccidioides immitis*, a dimorphic fungus found in the soil.

### DISEASE ABSTRACT

Coccidioidomycosis incidence for 1996 has declined from 1994 and 1995 (Figure 1) and is lower than the five-year average.

### STRATIFIED DATA

**Trends:** The incidence of coccidioidomycosis declined from 1.13 cases per 100,000 population in 1994 and 0.87 in 1995 to 0.77 in 1996. This approaches the past 10-year average





incidence of 0.6.

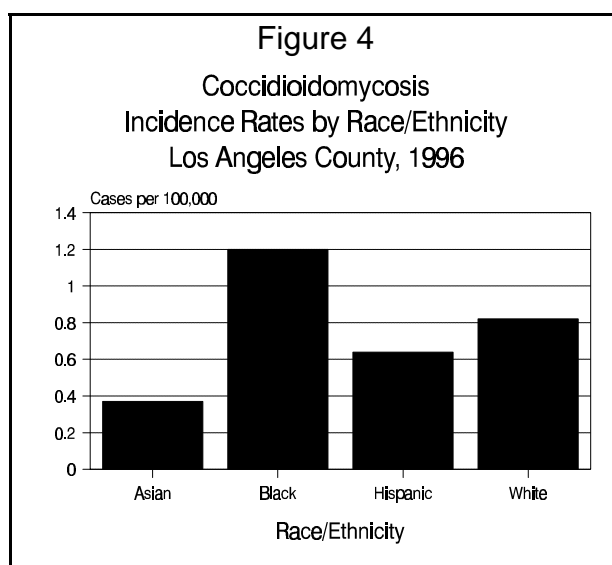
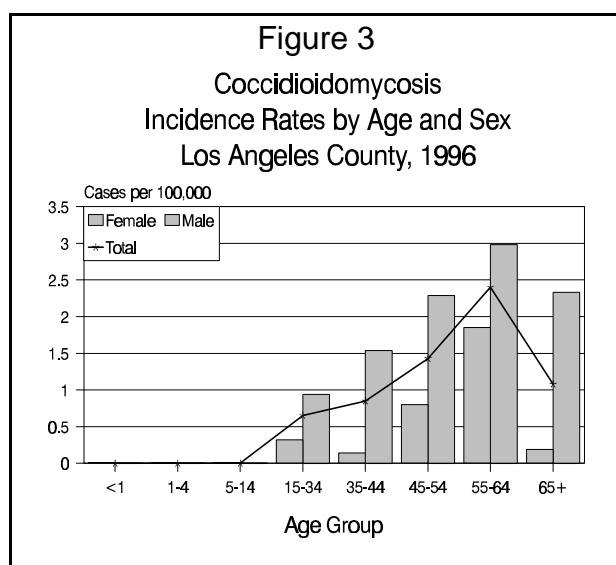
**Seasonality:** In 1993 and 1994, increased cases were seen in January through March. The 1996 seasonality again resembled this trend (Figure 2).

**Age:** The highest incidence rates of reported cases were in the 55-64 age group (2.40 cases per 100,000 population) followed by the 45-54 age group (1.43) (Figure 3). There were no cases under the age of 18.

**Sex:** The male-to-female rate ratio was 3.6:1. The difference is likely due to occupational and recreational exposure of males (Figure 3).

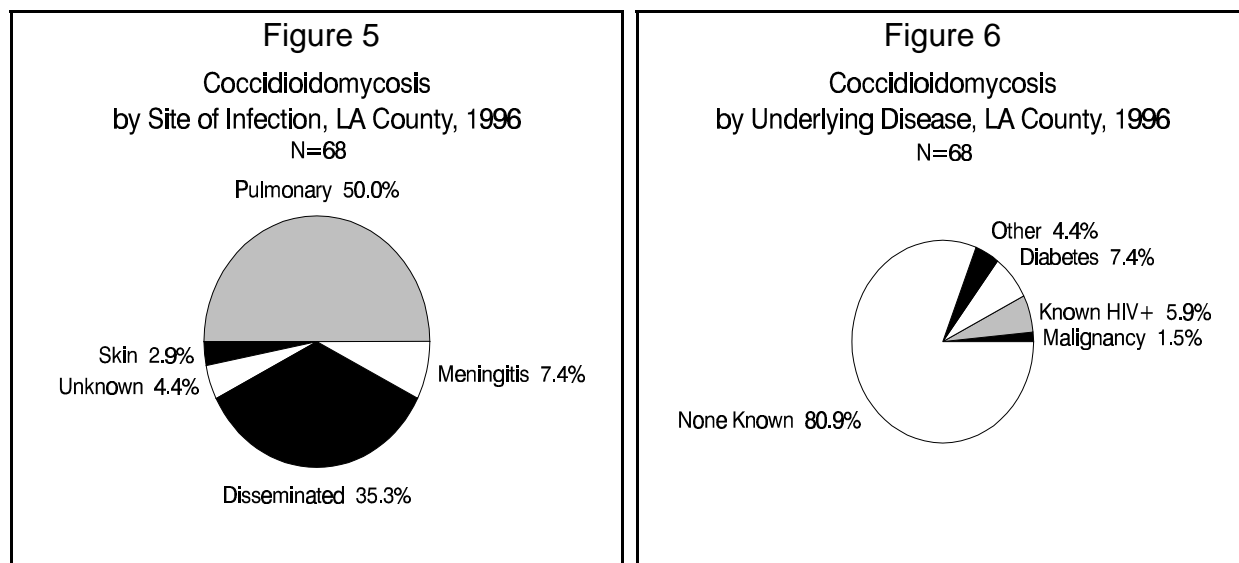
**Race/Ethnicity:** As shown in Figure 4, a slightly higher incidence among Blacks (1.20 cases per 100,000 population) with incidence somewhat lower in Whites (0.82) and Hispanics (0.64) occurred. Incidence in Asians was the lowest (0.37). Ethnic groups considered at highest risk for **disseminated disease** are Filipinos, Malaysians, Hispanics, Blacks, and Native Americans.

**Location:** Antelope Valley District had the highest rate of coccidioidomycosis at 2.57 per



100,000 population. One other northern county district, San Fernando, had a high rate (1.97).

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## COMMENTS

Of the cases reported in 1996, sites of infection were reported as 50% primary pulmonary, 35% disseminated, 7% meningitis, and 3% skin; 4% had an unknown site of infection (Figure 5). The majority of the cases had no known underlying disease (82%), but 7% were known to be diabetic and approximately 6% were known to be HIV positive (Figure 6). Of the total cases reported, twelve (18%) died: two (17%) of the persons who died were HIV positive, two (17%) had diabetes, one (8%) was a transplant patient, one (8%) was pregnant and the other six (50%) had no known underlying disease.