

## State of California—Health and Human Services Agency California Department of Public Health



## Coccidioidomycosis in California Provisional Monthly Report

January - March 2024

(as of March 31, 2024)

Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section

An accessible Excel file version of the

March 2024 Coccidioidomycosis in California

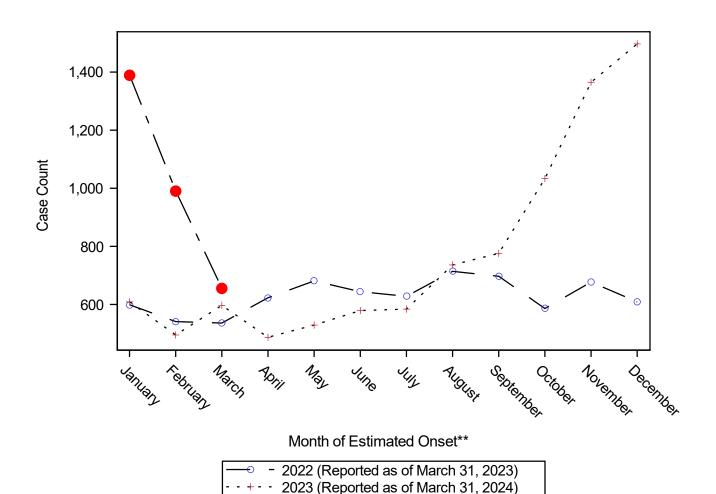
Provisional Monthly Report
is available for download

Cumulative Reported Suspect, Probable, and Confirmed Cases of Coccidioidomycosis in January through March by Local Health Jurisdiction and Year of Estimated Onset, California, 2022-2024 (reported as of March 31 of each year\*)

	Year o	Year of Estimated Onset**						
County	2024	2023	2022					
California Total	3.037	1.599	1.495					

	Year of Estimated Onset**							
Local Health Jurisdiction	2024	2023	2022					
Alameda County Total	31	16	22					
Alameda	31	15	22					
Berkeley	0	1	0					
Alpine	0	0	0					
Amador	0	SC	SC					
Butte	3	3	1					
Calaveras	SC***	0	SC					
Colusa	0	0	0					
Contra Costa	46	20	23					
Del Norte	0	SC	0					
El Dorado Fresno	3 200	1 80	1 82					
Glenn	SC SC	0	02					
Humboldt	0	1	1					
Imperial	3	2	4					
Inyo	SC	0	SC					
Kern	1,003	534	437					
Kings	95	30	35					
Lake	SC	0	0					
Lassen	0	0	0					
Los Angeles County Total	431	322	316					
Long Beach	21	10	12					
Los Angeles	407	312	301					
Pasadena	3	0	3					
Madera	30	7	12					
Marin	5	1	1					
Mariposa Mendocino	0 SC	SC SC	SC SC					
Merced	39	15	14					
Modoc	0	0	0					
Mono	0	0	0					
Monterey	86	22	34					
Napa	1	0	0					
Nevada	SC	0	SC					
Orange	76	83	55					
Placer	1	1	1					
Plumas	0	0	0					
Riverside	101	93	74					
Sacramento	35	14	16					
San Benito	SC	SC	0					
San Bernardino San Diego	89 72	95	49 96					
San Francisco	75	7	3					
San Joaquin	145	29	32					
San Luis Obispo	102	25	27					
San Mateo	14	11						
Santa Barbara	28	12	3 5					
Santa Clara	30	23	16					
Santa Cruz	5	2	4					
Shasta	2	0	0					
Sierra	0	0	0					
Siskiyou	0	0	0					
Solano	11 3	12	10					
Sonoma Stanislaus	40	5 8	3 12					
Sutter	1	0	0					
Tehama	0	SC	0					
Trinity	0	0	0					
Tulare	147	71	50					
Tuolumne	SC	0	0					
Ventura	64	45	47					
Yolo	2	2	2					
Yuba	SC	0	0					

## Reported Suspect, Probable, and Confirmed Cases of Coccidioidomycosis by Month and Year of Estimated Onset, California, 2022-2024



	Month of Estimated Onset**											
Year of Estimated Onset**	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
2024 (Reported as of March 31, 2024)†	1,390	991	656		•				•		•	•
2023 (Reported as of March 31, 2024)	609	495	597	487	529	579	584	736	776	1,033	1,365	1,497
2022 (Reported as of March 31, 2023)	599	541	536	623	681	644	628	714	697	586	677	609

2024 (Reported as of March 31, 2024)†

## **Technical Notes**

In interpretation of the numbers in this report, please consider the following points:

- \* Data presented in this report may differ from previously published data due to delays inherent to case reporting, laboratory reporting, and epidemiologic investigation.
- \*\* Estimated onset date is the date closest to the time when symptoms first appeared. For cases which date of onset was not recorded, the estimated onset date can range from the date of first appearance of symptoms to the date the report was made to the California Department of Public Health.
- \*\*\* SC Case counts have been suppressed due to small numbers based on Publication Scoring Criteria published in https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf.
- † Due to reporting delays, counts for January March 2024 (reported as of March 31 of same year) are likely to increase and not directly comparable to counts for January March 2023 and January March 2022 (reported as of March 31 of the following year) as presented.

Because coccidioidomycosis can occur as a chronic condition and be reported more than once, we included only the first report of coccidioidomycosis per person using a probabilistic de-duplication method spanning multiple reporting years.

Local health jurisdictions reviewed cases and determined whether surveillance case definitions were met to classify cases as Confirmed, Probable, or Suspect according to established clinical and laboratory criteria. All cases classified as Confirmed, Probable, and Suspect are included in this report.

Combined provisional Suspect, Probable, and Confirmed case counts in this report may differ from counts of Confirmed cases that CDPH will eventually publish in final year-end surveillance reports.

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