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# Coccidioidomycosis in California Provisional Monthly Report

## January - April 2024

(as of April 30, 2024)

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

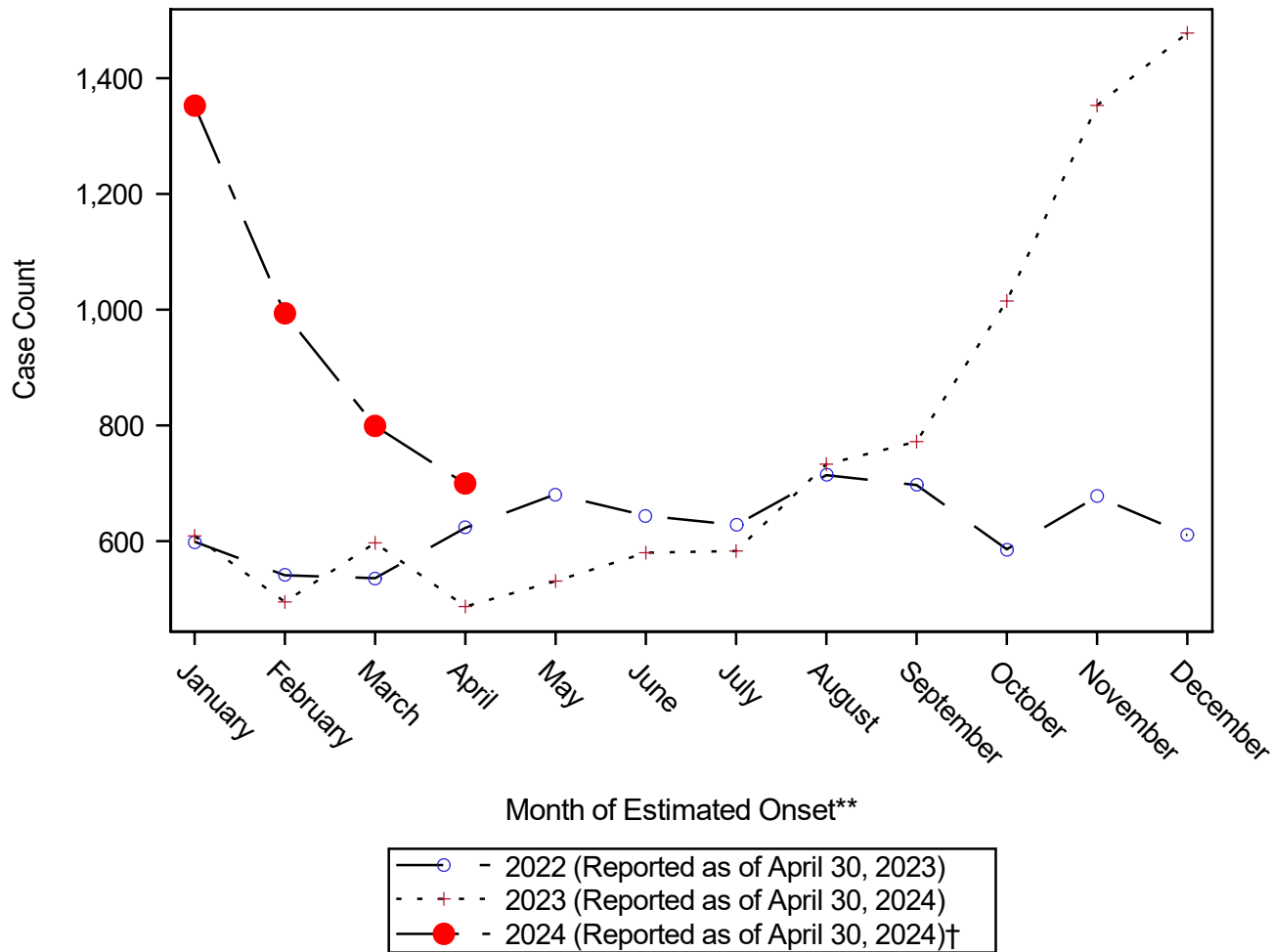
An accessible Excel file version of the  
[April 2024 Coccidioidomycosis in California  
Provisional Monthly Report](#)  
is available for download

**Cumulative Reported Suspect, Probable, and Confirmed Cases of Coccidioidomycosis in January through April by  
Local Health Jurisdiction and Year of Estimated Onset, California, 2022-2024**  
(reported as of April 30 of each year\*)

County	Year of Estimated Onset**		
	2024	2023	2022
California Total	3,843	2,079	2,102

Local Health Jurisdiction	Year of Estimated Onset**		
	2024	2023	2022
<b>Alameda County Total</b>	43	21	23
Alameda	43	20	23
Berkeley	0	1	0
Alpine	0	0	0
Amador	0	SC	SC
Butte	4	3	1
Calaveras	SC***	SC	SC
Colusa	0	0	SC
Contra Costa	56	24	31
Del Norte	0	SC	0
El Dorado	3	1	1
Fresno	264	104	123
Glenn	SC	0	SC
Humboldt	0	1	1
Imperial	4	4	5
Inyo	SC	0	SC
Kern	1,264	673	634
Kings	107	40	52
Lake	SC	0	0
Lassen	0	0	0
<b>Los Angeles County Total</b>	569	424	446
Long Beach	27	16	16
Los Angeles	539	408	426
Pasadena	3	0	4
Madera	37	10	18
Marin	8	2	1
Mariposa	0	SC	SC
Mendocino	SC	SC	SC
Merced	59	21	20
Modoc	0	0	0
Mono	0	0	0
Monterey	103	28	44
Napa	5	0	0
Nevada	SC	0	SC
Orange	98	106	69
Placer	1	4	4
Plumas	0	0	0
Riverside	133	123	105
Sacramento	53	26	19
San Benito	SC	SC	SC
San Bernardino	112	1	69
San Diego	97	141	124
San Francisco	52	8	4
San Joaquin	176	36	42
San Luis Obispo	123	33	39
San Mateo	18	14	3
Santa Barbara	36	14	9
Santa Clara	40	25	23
Santa Cruz	6	2	4
Shasta	4	1	0
Sierra	0	0	0
Siskiyou	0	0	0
Solano	15	13	11
Sonoma	5	5	4
Stanislaus	54	10	17
Sutter	1	0	0
Tehama	0	SC	0
Trinity	0	0	0
Tulare	185	99	75
Tuolumne	SC	SC	0
Ventura	87	50	68
Yolo	3	3	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	OCT	NOV	DEC
<b>2024</b> (Reported as of April 30, 2024)†	1,352	993	799	699	.	.	.	.	.	.	.	.
<b>2023</b> (Reported as of April 30, 2024)	609	495	597	487	531	580	583	733	772	1,015	1,353	1,478
<b>2022</b> (Reported as of April 30, 2023)	599	541	536	623	681	644	628	714	697	586	677	611

## 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 - April 2024 (reported as of April 30 of same year) are likely to increase and not directly comparable to counts for January - April 2023 and January - April 2022 (reported as of April 30 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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