Program to Begin Shortly

New Banner Clinical Practice for Ambulatory Management of Valley Fever

Implementation Begins Now September 20, 2018 12:15-12:45 PM

David Valenzuela MD & John Galgiani MD Banner University Valley Fever Program





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What Is Valley Fever?

- Caused by soil fungi
 Coccidioides immitis
 Coccidioides posadasii
- Other names:
 - Coccidioidomycosis
 - "COCCI"
- Inhalation of one spore causes infection

- Spectrum of disease
 - Sub-Clinical: 60%
 - Self-Limited: 30%
 - Complicated: 10%
- After infection, most persons develop life-long immunity to a second infection





The Valley Fever Corridor: 2/3 of all US disease occur here







Common "Mild" Self-Limited Valley Fever

Signs and Symptoms, < 1 months from exposure:

- Cough, chest pain, fever, weight loss
- Fatigue
- Bone and joint pains (a.k.a. Desert Rheumatism)
- Skin rashes (painful or intense itching)

Course of illness:

- Weeks to months
- 25% of college students are sick for > 4 months
- 50% of workers lose > 2 weeks





Coccidioidomycosis as Community-Acquired Pneumonia (CAP)

In Phoenix and Tucson 25 – 30% of all CAP Is Valley Fever





22nd Anniversary of the UA VFCE

Education

2002 Valley Fever (FV) Awareness Program

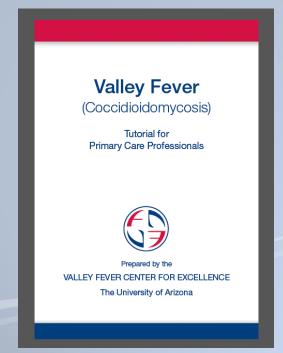


16th Annual
Valley Fever
Awareness
Week
November
10th - 18th
2018





- Education
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 - 2016 Primary Care Tutorial, 2nd Edition







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 - New VFCE website, ATS, CDC

Research

\$25-35 million in funding: Epi., Immunol., Genetics,
 Diagnostics, Drugs, Vaccines





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 - \$25-35 million in funding: Epi., Immunol., Genetics,
 Diagnostics, Drugs, Vaccines
- Clinical Care (?)





How bad is it?

Arizona CAP

- ~ 25% 30% due to CoccidioidesBUT
- < 15% are tested for Coccidioides</p>
- ~ 1,000 new AZ medical licenses/year
 - 12% received MD in AZ
 - 40% no AZ GME

80% didn't know:

- VF is reportable
- Vaccine does not exist

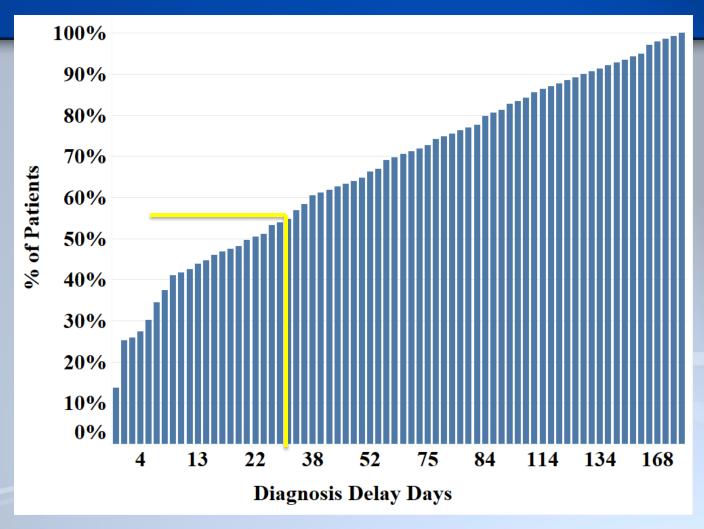
40% of clinicians are not confident to treat VF





Delay of Valley Fever Diagnosis: BUMC-P

45% of Diagnoses Delayed > 1 month

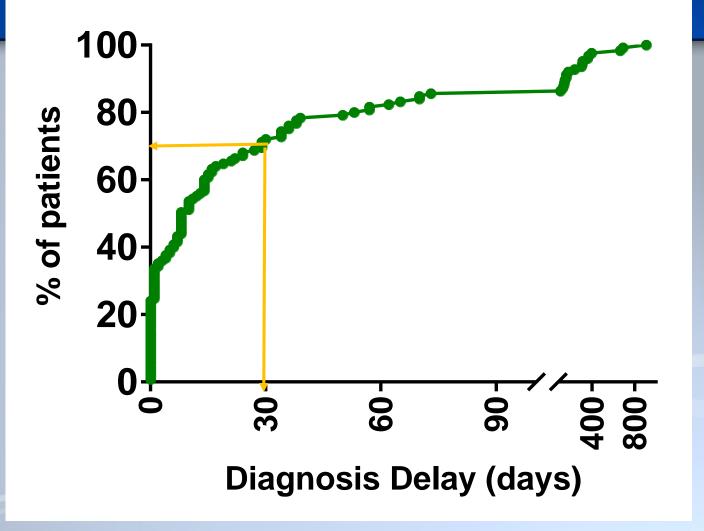






Delay of Valley Fever Diagnosis: BUMC-T

30% of Diagnoses
Delayed > 1 month







What Do Weeks of Delayed Diagnosis Mean?

- Unnecessary anti-bacterial drug use
- Protracted patient anxiety and fear
- Over-utilization CT scans and bronchoscopies, even thoracotomies

Improve outcomes and reduce cost





Primary Care of Coccidioidomycosis

C onsider the diagnosis
 O rder the right tests
 C heck for risk factors
 C heck for complications
 I nitiate management





Consider the diagnosis in Arizona

- In Arizona, Valley Fever is very common.
 It should be in the differential often.
- More frequent between the monsoons

and the winter rains.

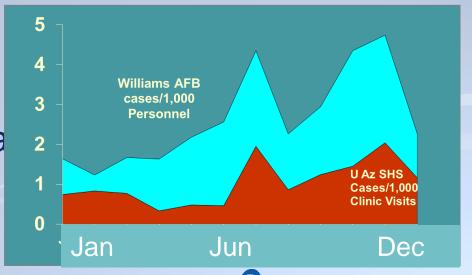
Syndromes:

Always in community a

Rheumatism.

Rashes.





Order the Right Tests: EIA screen for Coccidioidal Antibodies

Enzyme Immunoassay (EIA) test

- A positive test is very specific and usually is diagnostic.
- -A negative test never rules out Valley Fever. Repeated testing improves diagnostic sensitivity.





Check Risk Factors for

Pulmonary Complications

- -Diabetes mellitus
- -Cardio-pulmonary or other co-morbidities (Evidence: "common sense").

Disseminated Infection

- Cell immunodificiency
- Males > Females
- Racial background
 - African or Filipino
- -Adults > Children
- Pregnancy





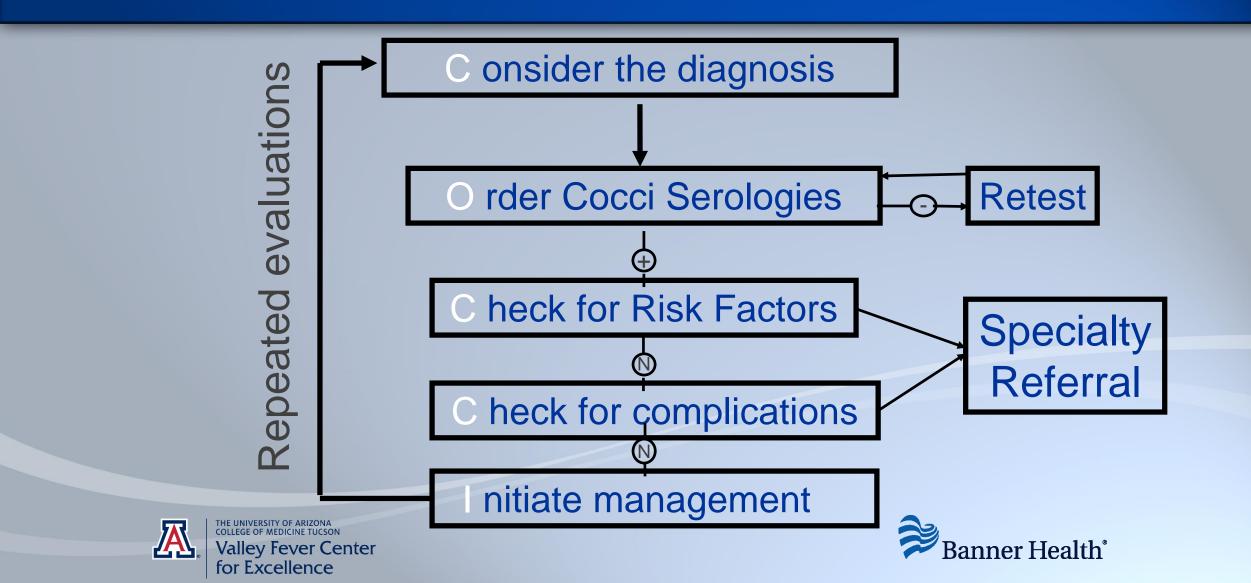
Check for Complications

- Most complications are focal
- A review of systems and physical examination will usually detect or exclude the possibility of complications.
- If new focal findings are present, further imaging and laboratory studies can determine if they are related to infection.





Primary Care of Coccidioidomycosis



Initiate Management for Low Risk - Simple Early Infection

- Follow-up office visits
- Serial body weights
- Check for new symptoms or signs
- Repeat coccidioidal antibody testing
- Repeat Chest PA and Lateral X-rays
- Most patients do not need therapy





The Valley Fever Tool Kit





Recognition, Evaluation and Management of Coccidioidomycosis (Valley Fever)

Just Remember C-O-C-C-I

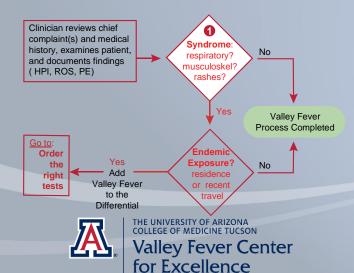
RECOGNITION



1 Consider the diagnosis

Respiratory: Previous visit, needs X-ray or antibacterial Rx? Musc/Skel: More than one week, associated with fever or fatique.

Rashes: E. nodosum or E. multiforme



RECOGNITION continued



Order the right tests

EIA screen for coccidioidal antibodies with reflex to immunodiffusion and quantitative CF.



EVALUATION



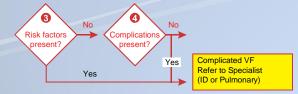
O Check for Risk Factors

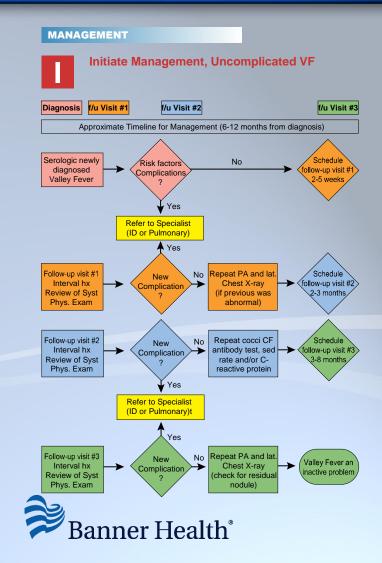
Immunosuppression (HIV, organ recipient, Rheum/GI/Derm response modifier Rx, renal failure
Diabetes, major cardiac or pulmonary comorbidities, pregnancy



Check for complications evident by PE exam or imaging

Focal ulceration or inflammation of skin/soft tissue Asymmetric skeletal pain, joint effusions Progressive or unusual headache





The Valley Fever Tool Kit

Training Resources

- Process flow pocket guide
- CME presentations at individual clinical practices.
- Powerpoint training presentation online
- Primary Care

 Valley Fever Center

 Tutorial For Excellence

Support Resources

- Wall posters and patient educational brochures
- Nurse Navigator referral support? (proposed)
- -EMR alerts? (only if wanted by the clinicians) Banner Health

Metrics to Track Implementation

- # of EIA serologies ordered
- % of EIA tests that are positive
- # of new ICD10 diagnoses of Valley Fever
- # of antibacterial Rx are written before Valley Fever diagnosis
- % of new Valley Fever patients are referred for Infectious Diseases or Pulmonary consultation





Summary

- Banner Heallth and the UA Valley Fever Center for Excellence are changing the way Arizona clinicians recognize and manages patients with Valley Fever.
- Central to this change will be the expanded roll of primary care clinicians in earlier diagnosis and management of uncomplicated VF.





New Banner Clinical Practice for Ambulatory Management of Valley Fever Thank-You





For more information: https://vfce.arizona.edu/education/banner-valley-fever-clinical-practice-toolbox