Utah Department of Health
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Coccidioidomycosis

Confidential case report

Utah Department of Health & Human Services
Population Health

Fill in the blanks or check the answer for each field

Demographic information

UT-NEDSS ID _____

Last name _____ **First/MI** _____

Address _____ **City** _____ **ZIP** _____

County _____ **State** ___ **Phone number(s)** ❶ _____ ❷ _____ ❸ _____

Date of birth _____ **Age** ___ **Sex** ☐M ☐F **Parent/contact** _____

Clinical information

Onset
Date:
Time:

Symptom resolution
Date:
Time:

☐Ongoing illness

Hospitalized? Y☐ N☐ U☐
Facility:
Admit date:
Discharge date:

Admitted to ICU? Y☐ N☐ U☐
Mechanical ventilation or intubation required? Y☐ N☐ U☐

Treated? Y☐ N☐ U☐
Antibiotic/antifungal:
Start date:
End date:

Symptoms:

Y☐ N☐ U☐ Cough

Y☐ N☐ U☐ Fever
☐Subjective ☐Measured, Temp (°F): ____

Y☐ N☐ U☐ Chills or night sweats

Y☐ N☐ U☐ Shortness of breath

Y☐ N☐ U☐ Chest pain

Y☐ N☐ U☐ Flank pain

Y☐ N☐ U☐ Headache

Y☐ N☐ U☐ Unintentional weight loss

Y☐ N☐ U☐ Myalgia (muscle pain)

Y☐ N☐ U☐ Arthralgia (joint pain) or bone pain

Y☐ N☐ U☐ Fatigue

Other clinical findings:

Y☐ N☐ U☐ Abnormal lung findings on chest imaging (e.g., pulmonary infiltrates, nodule, or cavitary lesions)
Describe: _____
_____
_____

Y☐ N☐ U☐ Pneumonia
☐ Diagnosed by X-ray, CT, MRI, etc.
☐ Diagnosed by provider only

Y☐ N☐ U☐ Single or multiple skin lesions

Y☐ N☐ U☐ Bone or joint abnormality (e.g., osteomyelitis, pathologic fracture)

Y☐ N☐ U☐ Meningitis, encephalitis, or focal brain lesion

Y☐ N☐ U☐ Abscess, granuloma, or lesion in other body system

Y☐ N☐ U☐ Erythema nodosum or erythema multiforme rash

Y☐ N☐ U☐ Disseminated to another site
☐ Bone ☐ Joint ☐ Lymph node
☐ Skin ☐ Other: _____

Clinical history

Are you currently pregnant? Y☐ N☐ U☐ N/A ☐

Do you have any underlying health conditions?
Y☐ N☐ U☐

Condition:
☐ HIV/AIDS ☐ Diabetes ☐ Cancer ☐ Previous transplant recipient ☐ Cardiovascular disease ☐ Lung disease (e.g., COPD, emphysema, etc.) ☐ Chronic kidney disease
☐ Other underlying condition(s): _____

Do you take any immunosuppressive therapies or medications?
Y☐ N☐ U☐

Immunosuppressive therapies
☐ Chemotherapy ☐ Corticosteroids (e.g., prednisone, cortisone, etc.) ☐ TNF-a inhibitors ☐ Other: _____

Have you previously been tested for Valley fever?
Year tested: _____
Place tested: _____

Test result:
☐ Positive ☐ Negative ☐ Unknown

Test type:
☐ Serum ☐ Skin test ☐ Biopsy ☐ Other: _____
☐ Unknown

Were you being screened for coccidioidomycosis as part of the process to become a living organ donor or to receive an organ transplant? Y☐ N☐ U☐

Specify:
☐ Living donor ☐ Transplant recipient

Organ donation type:
☐ Liver ☐ Kidney ☐ Other: _____

Have you received a diagnosis of another fungal infection (e.g., histoplasmosis, blastomycosis, etc.)?
Y☐ N☐ U☐

Specify:
☐ Histoplasmosis ☐ Blastomycosis ☐ Other: _____

Ill contacts

Any contacts ill with similar symptoms? Y☐ N☐ U☐ If yes, list below. If no, skip to Prior residence/Travel history

Note: Cocci is not transmitted person-to-person; identify ill contacts who may have had same/similar exposures as patient.

❶ Last name: _____ First / MI: _____

Relationship to case: _____ Onset date: _____

Address: _____

❷ Last name: _____ First / MI: _____

Relationship to case: _____ Onset date: _____

Address: _____

Prior residence/travel history

Have you ever lived in another county in Utah? Y☐ N☐ U☐
County: _____
City: _____
Years: _____

Have you ever lived in another US state? Y☐ N☐ U☐
State: _____
City: _____
Years: _____

Have you ever lived in another country? Y☐ N☐ U☐
Country: _____
City: _____
Years: _____

Have you ever traveled to Mexico or Central/South America? Y☐ N☐ U☐
Country: _____
City: _____
Depart date: _____ Return date: _____

Recent travel history (60 days before onset)

Travel outside USA? Y☐ N☐ U☐
City: _____
Country: _____
Depart date: _____
Return date: _____

Travel outside Utah, but inside USA? Y☐ N☐ U☐
City: _____
State: _____
Depart date: _____
Return date: _____

Travel outside county, but inside Utah? Y☐ N☐ U☐
City: _____
County: _____
Depart date: _____
Return date: _____

Recreational exposure (21 days before onset)

Did you participate in any of the following activities?
☐Biking ☐4-wheeling/ATVs ☐Digging/excavation ☐Hiking ☐Camping ☐Hunting ☐Landscaping
Location: _____ Date: _____
Other details: _____

Did you participate in any other activities in which you had contact with or may have inhaled dust or soil? Y☐ N☐ U☐
Activity (including details): _____
Location: _____
Date: _____

Do you have any pets that have been diagnosed with coccidioidomycosis? Y☐ N☐ U☐
Type of pet: ☐Dog ☐Cat ☐Other: _____
Date diagnosed: _____
Diagnosed via lab results? Y☐ N☐ U☐

Occupation and race/ethnicity

Occupation:
☐Agricultural worker ☐Archeological worker ☐Construction worker ☐Geologist ☐Military personnel/trainee ☐Wildland firefighter ☐Mining, gas, or oil extraction worker
☐ Other: _____

Job duties: _____

Employer: _____

Race:
☐White ☐Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Filipino ☐ Unknown ☐ Other: _____

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown

Follow-up actions

Date	Action
_____	☐ Provide client education (see disease plan)
_____	☐ Notify DHHS of potential cluster/outbreak
_____	☐ Other follow-up: