

Improving Diagnosis of Valley Fever to Improve Antibiotic Use

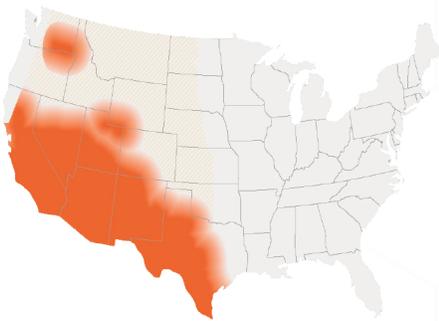
CDC is providing critical support to improve antibiotic use and combat antibiotic resistance.

Improved Diagnosis and Prescribing Can Help Protect Patients

People who get Valley fever are often misdiagnosed with bacterial pneumonia and given antibiotics. However, Valley fever is caused by a fungus, so antibiotics will not work.

CDC estimates about 60 to 80 percent of patients with Valley fever are given one or more rounds of antibiotics before receiving a correct diagnosis and appropriate treatment.

Prescribing antibiotics when they are not needed puts patients at unnecessary risk of drug resistant infections.



Estimated areas with Valley fever

Valley fever, also called coccidioidomycosis, can cause up to one in three cases of community-acquired pneumonia in the Southwest. It is often misdiagnosed as bacterial pneumonia.

Healthcare providers: Consider testing patients with community-acquired pneumonia for Valley fever if they live in or have traveled to this area.

Only Laboratory Tests Can Identify Valley Fever

About 10,000 cases of Valley fever are reported every year. However, tens of thousands more illnesses likely occur and may be misdiagnosed because many patients are not tested for Valley fever.

Early testing for Valley fever reduces unnecessary antibiotic use and allows for appropriate treatment, which may include antifungal medicine. However, only laboratory tests can identify Valley fever.

CDC Supports Development of Rapid Diagnostic Tests

CDC is working to improve potential rapid diagnostic tests for Valley fever and help get them to market.

A rapid diagnostic test for Valley fever will provide clinicians the tool they need to quickly diagnose patients, get them the correct treatment, and prevent the use of unneeded antibiotics.

Visit CDC websites for more about antibiotic use and resistance.
www.cdc.gov/antibiotic-use www.cdc.gov/drugresistance



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