



From Cave to Clinic: Managing Histoplasmosis in Returning Travelers

Clinician Outreach and Communication Activity (COCA) Call

Thursday, January 15, 2026

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Objectives

At the conclusion of today's session, the participant will be able to accomplish the following:

- Identify counseling points for travelers engaging in activities that pose a heightened risk for *Histoplasma* exposure.
- Describe the epidemiology of travel-associated histoplasmosis, including risk factors related to bat-inhabited cave exposure.
- Review various control measures for preventing worker exposure to *Histoplasma*.
- Outline appropriate diagnostic approaches for patients presenting with community-acquired pneumonia.
- Summarize treatment options and resources for mild, moderate, and severe histoplasmosis.

To Ask a Question

- Using the MS Teams Platform
 - The ability to ask questions during the live webinar is limited to the first 1,000 attendees who join the webinar.
 - Questions may be submitted after the live session by emailing coca@cdc.gov.
- If you are a patient, please refer your question to your healthcare provider.
- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Today's Presenters

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Mycotic Diseases Branch
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National Center for Emerging and Zoonotic Infectious Diseases
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- **Marie De Perio, MD**
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Epidemiology Team Lead, Mycotic Diseases Branch

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Introduction and Background

Histoplasmosis is caused by an environmental fungus

- Commonly caused by *Histoplasma capsulatum*, endemic to certain regions of North, Central and South America
- Infection usually occurs after breathing in fungal spores
- Does not spread between people or between people and animals



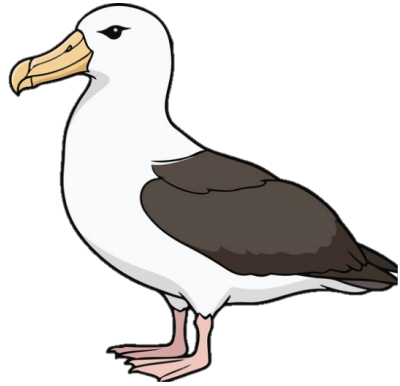
Histoplasma grows best in high nitrogen soils *i.e.*, soil enriched with bird or bat droppings.

- Soil disturbance (e.g., tree planting, digging, construction) can increase risk of inhalation



Current wisdom on *Histoplasma* in birds and bats

BIRDS



- Not reservoirs for *Histoplasma*; nitrogen-rich droppings enrich soil and promote environment for fungal growth

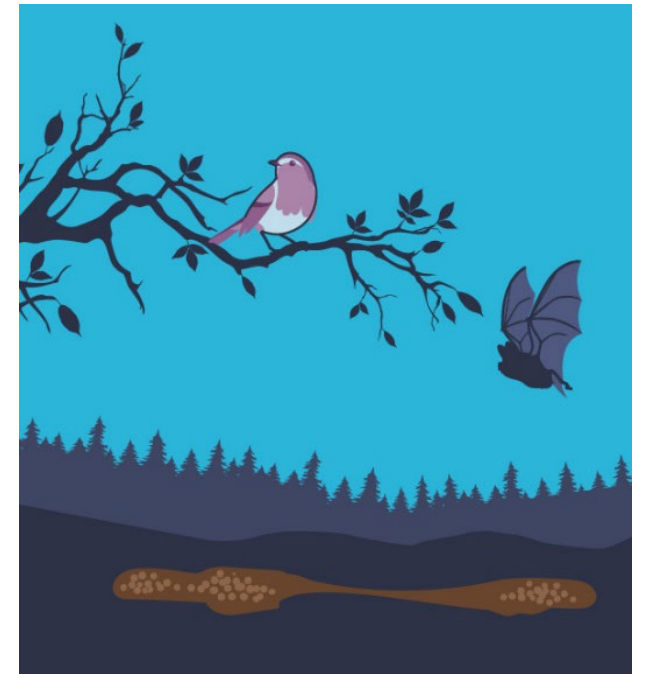
BATS



- May be reservoirs of *Histoplasma*; excrete fungus into environment

People with sporadic histoplasmosis might not recall contact with bird and bat droppings

- Exposure to birds, bats or their droppings described in 77% of histoplasmosis outbreaks
- Only 25% of people with sporadic (non-outbreak-associated) histoplasmosis recall these exposures



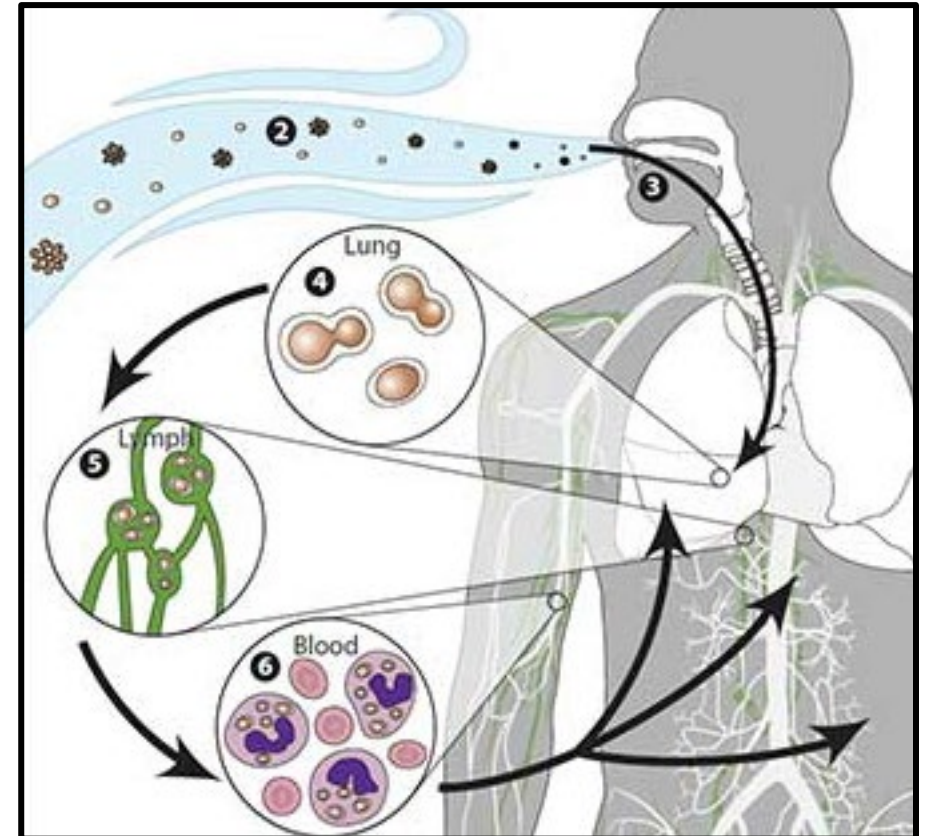
***Histoplasma* is dimorphic:**

Mold spores are inhaled and become yeast cells in the body

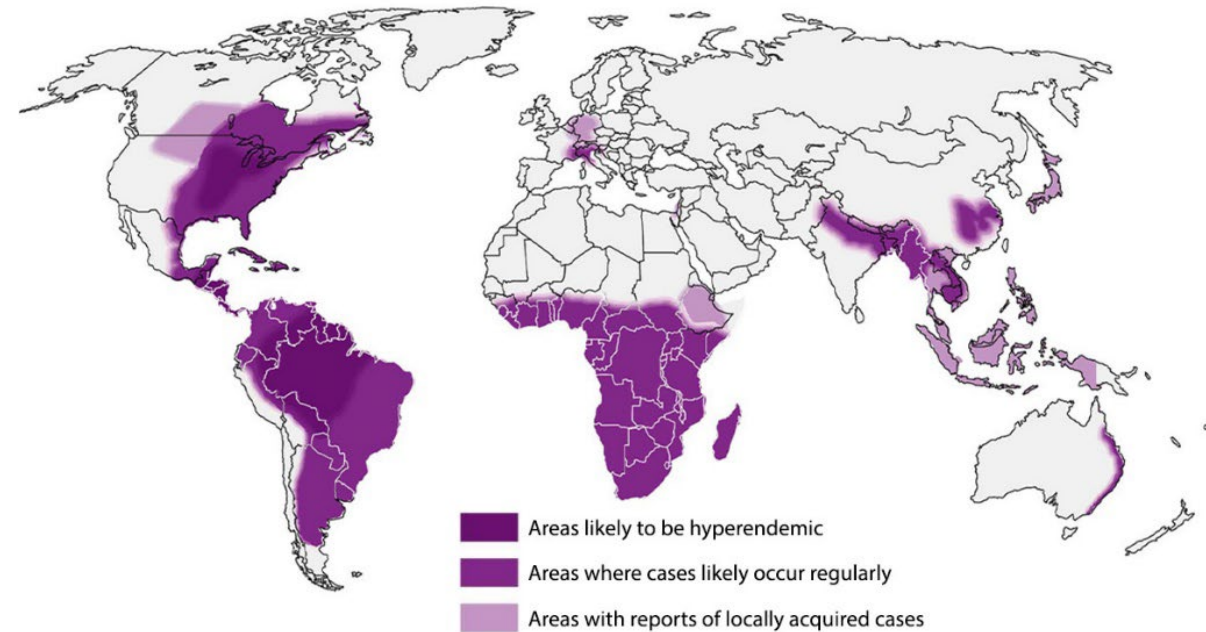
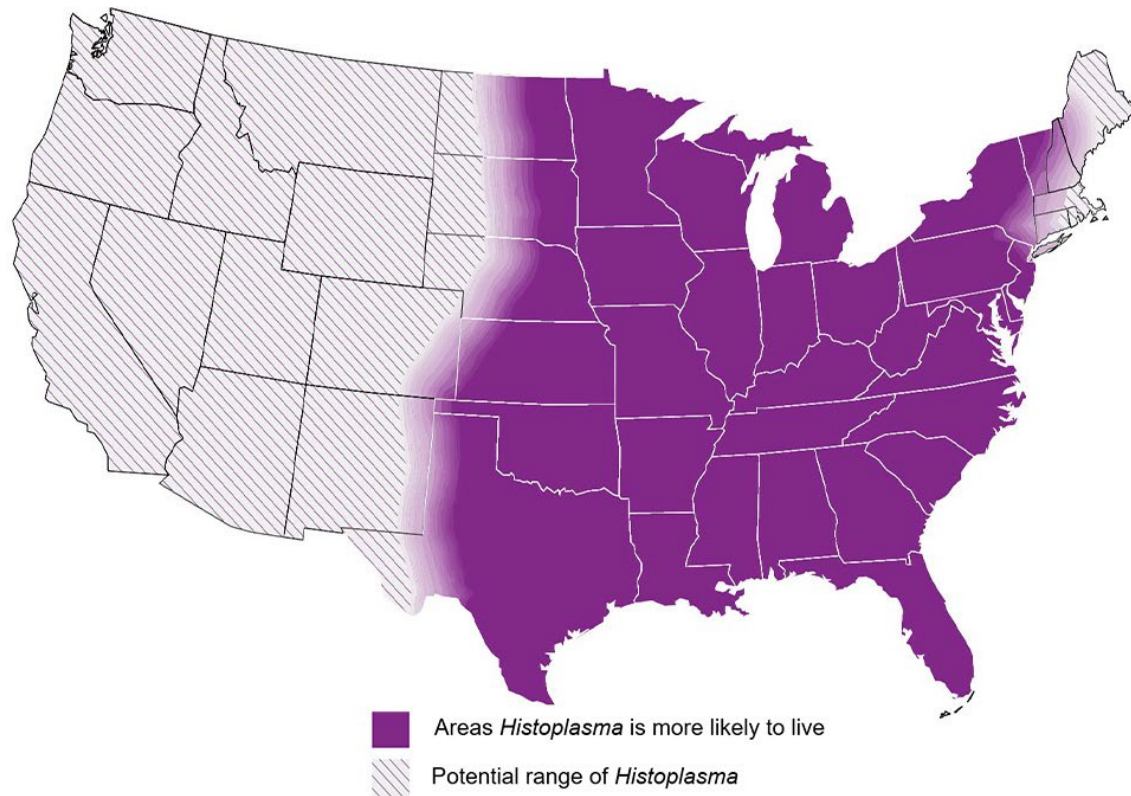
Environmental Form



Host-Associated Form

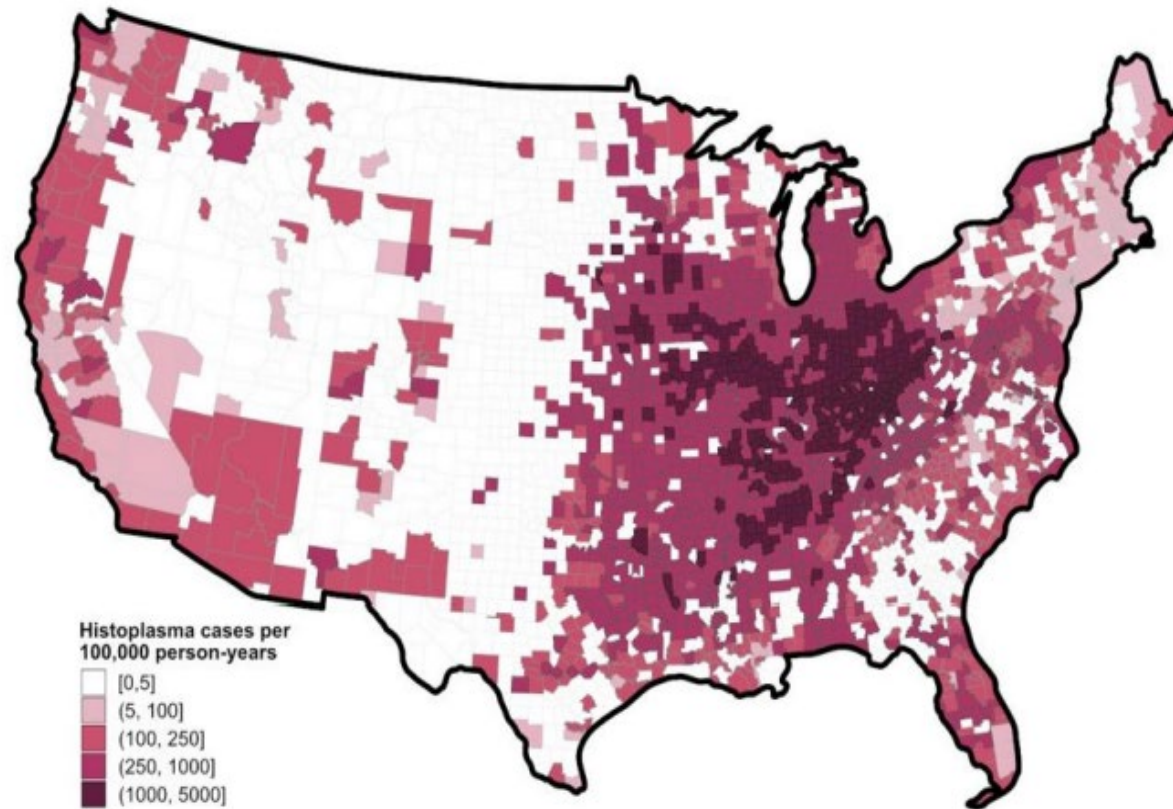


Traditionally established *Histoplasma* endemic areas in the U.S. and overseas



Cases are identified outside of traditionally established endemic regions

Incidence from 2007–2016 in Medicare fee-for-service beneficiaries by U.S. county
Reported as cases per 100,000 person-years



In the Cave:

Outbreaks of Travel-Associated Histoplasmosis

In 2025, CDC Mycotic Diseases Branch investigated **3 outbreaks** of travel-associated histoplasmosis.



PUERTO RICO



9 travelers, 7 sick

COSTA RICA



13 travelers, 12 sick

BELIZE



3 travelers, 2 sick

 = traveled, not sick

 = traveled, sick



Case Study:

Outbreak of travel-associated histoplasmosis, Costa Rica 2024–2025



COSTA RICA



13 travelers, 12 sick

Cave-Associated Histoplasmosis Outbreak Among Travelers Returning from Costa Rica — Georgia, Texas, and Washington, December 2024–January 2025

Weekly / May 15, 2025 / 74(17);289–292

[Print](#)

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— Female
— Male



Georgia



Washington



Texas



— Female
— Male



Georgia

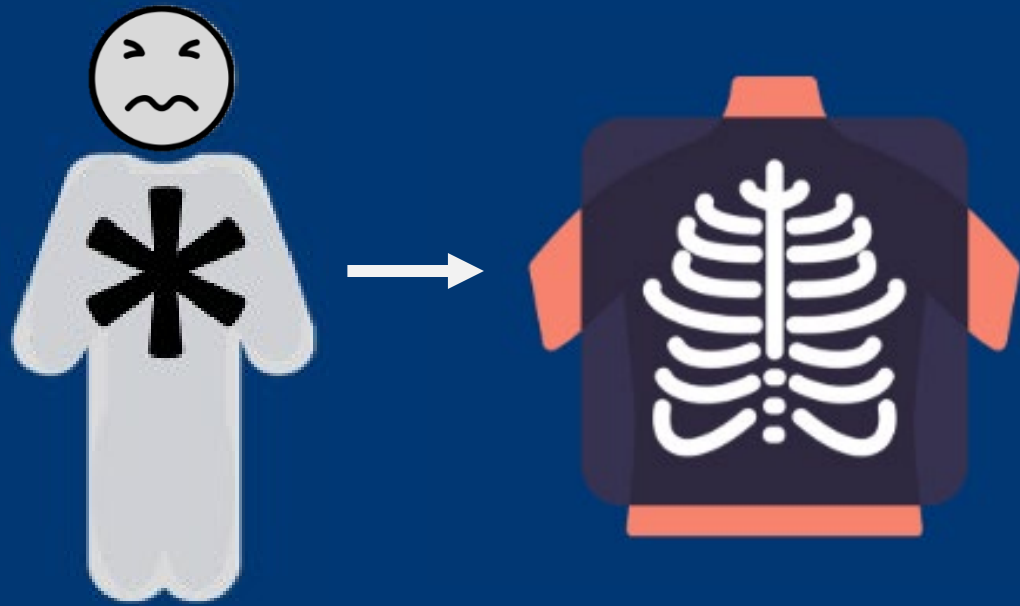


Washington



Texas





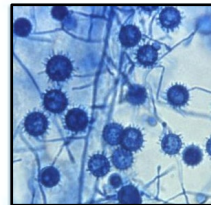
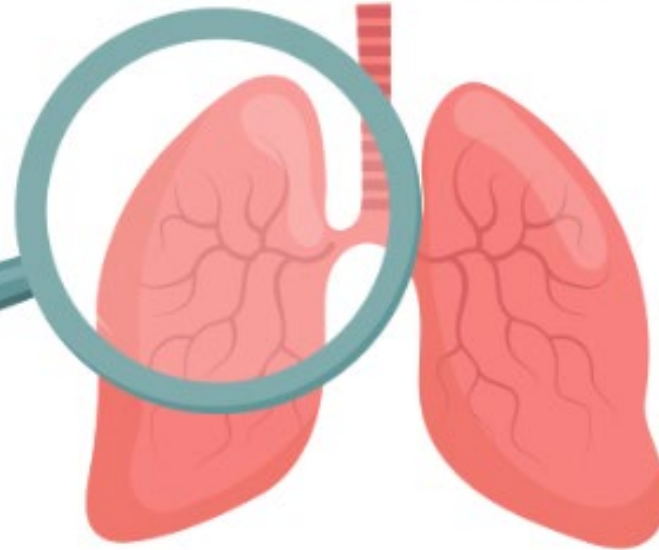








HISTOPLASMOSIS

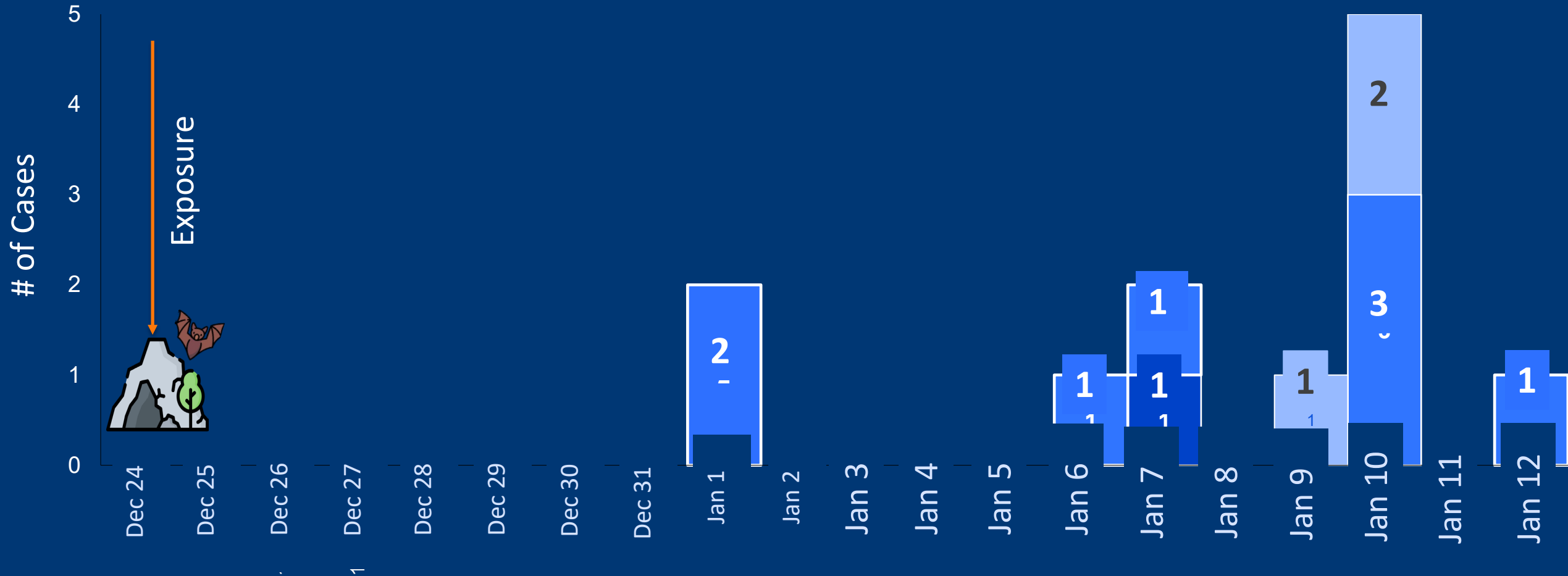


- ✓ Lung nodules
- ✓ Bat guano exposure
- ✓ Antifungal meds
- ✓ Blood samples

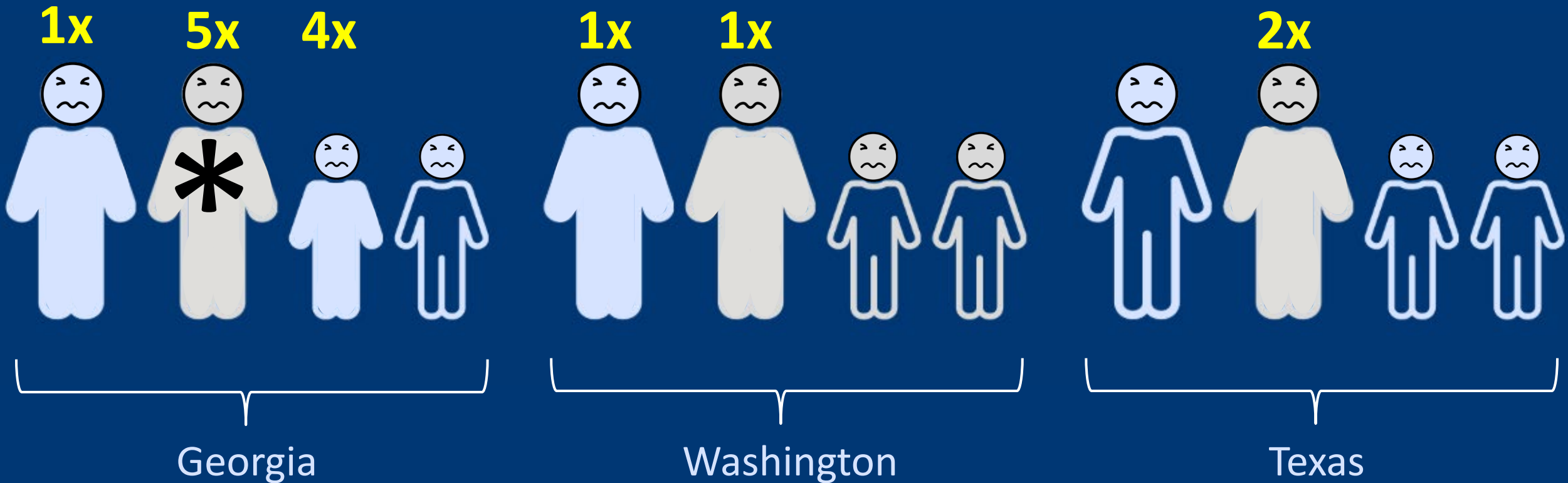


Symptoms develop 8–19 days after exposure

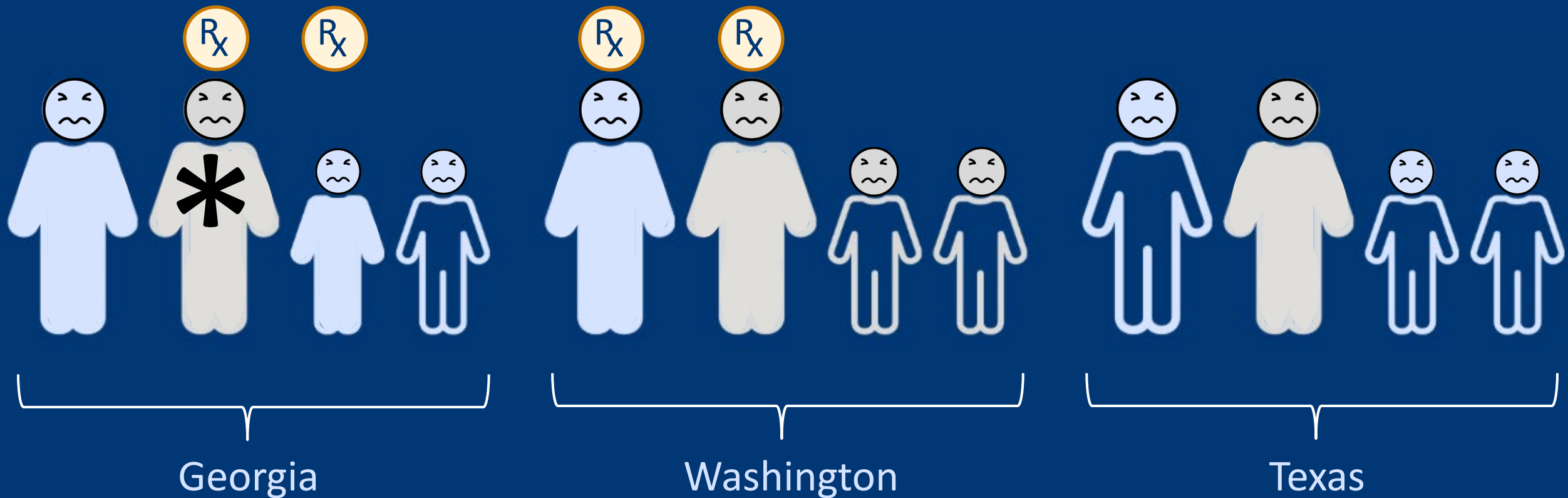
- Probable
- Suspect
- Confirmed



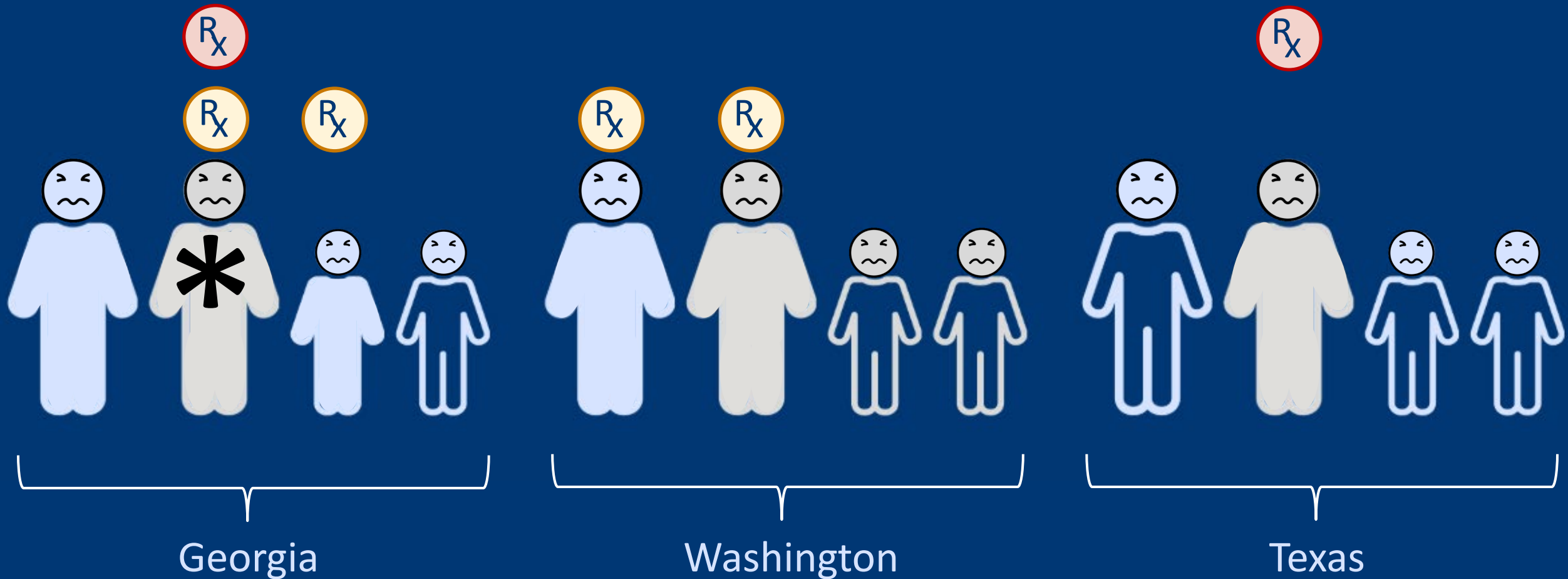
6 family members sought **healthcare** for illness, some multiple times



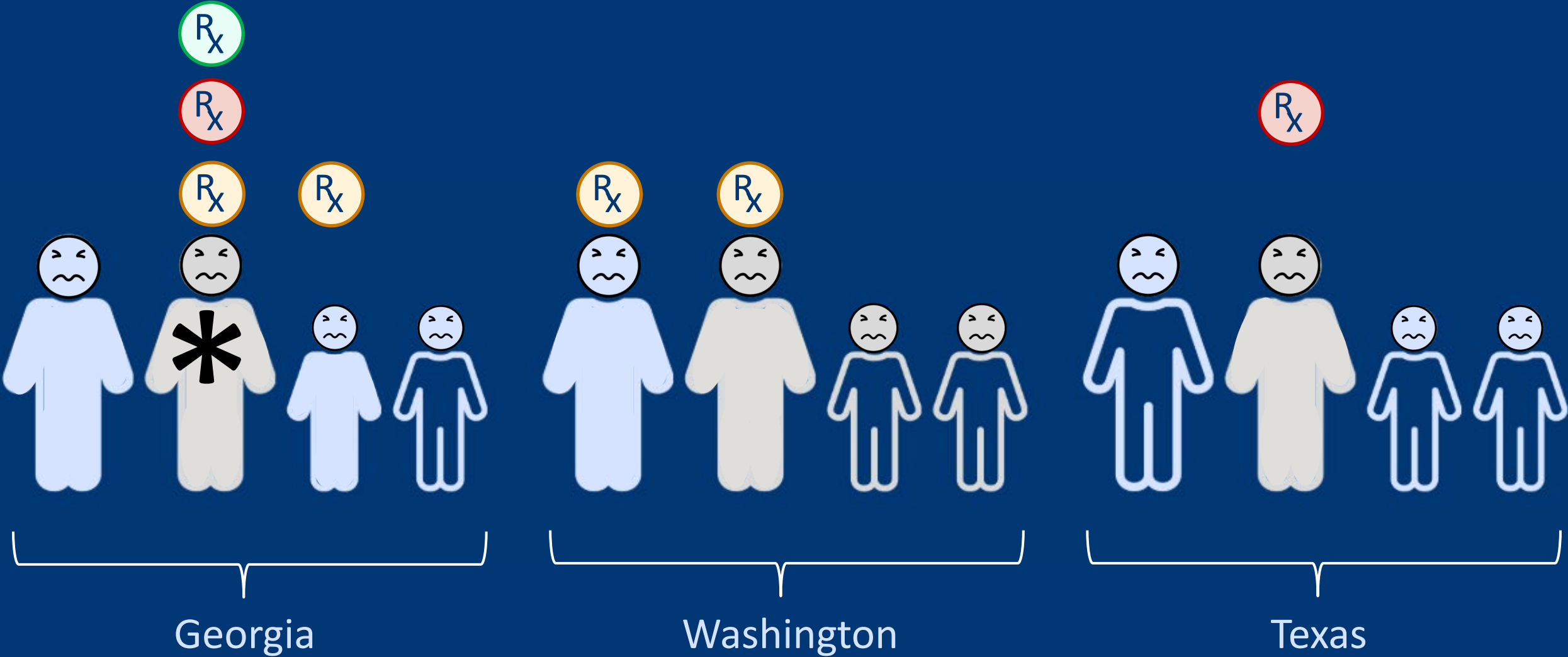
Of the 6 family members that sought healthcare,
4 received **antibiotics**



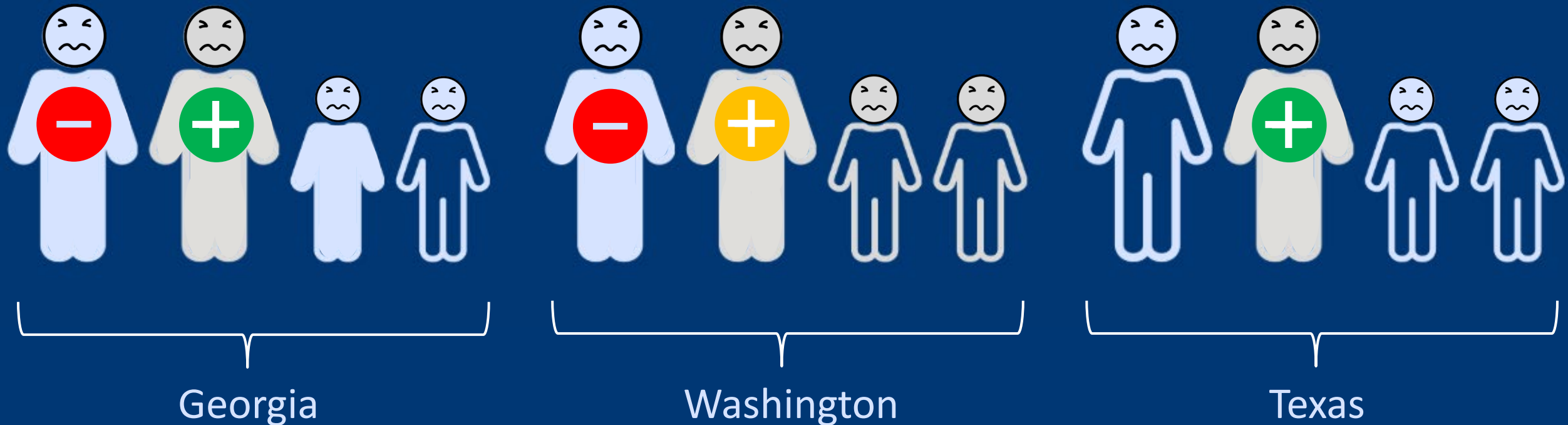
Of the 6 family members that sought healthcare,
2 received **steroid medications**



Only the hospitalized (index) patient was eventually treated with antifungal medications



Of 6 people that sought healthcare,
2 **positive**, 1 **suggestive** of histoplasmosis, 2 **negative**,
and 1 not tested



High attack rates from cave-associated exposure to *Histoplasma* — Costa Rica



COSTA RICA



13 travelers, 12 exposed, 12 sick

Attack Rate: 100%

High attack rates from cave-associated exposure to *Histoplasma* — 3 outbreaks



PUERTO RICO



9 travelers, 8 exposed, 7 sick

Attack Rate: 88%

COSTA RICA



13 travelers, 12 exposed, 12 sick

Attack Rate: 100%

BELIZE




3 travelers, 3 exposed, 2 sick

Attack Rate: 67%

 = traveled, not exposed, not sick

 = traveled, exposed, not sick

 = traveled, exposed, sick

In histoplasmosis outbreaks investigated, we saw:

1. High attack rates

- Majority of people exposed to the cave became ill
- Occurred in otherwise healthy people without underlying or immune-compromising conditions

2. High rates of misdiagnosis and delayed diagnosis

- Antibiotics and steroids are not effective for treating fungal diseases

Knowledge Check Question

In the Costa Rica case study, what was considered the epidemiological link to *Histoplasma* exposure?

- a) Traveling to Costa Rica
- b) Entering a bat-inhabited cave
- c) Not wearing a mask on the cave tour
- d) Not washing hands after cave tour

Correct answer: b) entering a bat-inhabited cave

Occupational Aspects of Histoplasmosis

Work-related histoplasmosis

- **About 1/3 of histoplasmosis outbreaks in the U.S. have been work-related**
- **Reported work-related histoplasmosis outbreaks**
 - Bridge workers
 - Construction or demolition workers
 - Farmers
 - Landscapers or tree removal workers
 - Camp counselors
 - Microbiology laboratory workers
- **Other jobs at risk: extraction, forestry, hunting industries**



NIOSH

Factors that may influence *Histoplasma* exposure in workplaces

- **Workplace Factors**

- Characteristics (e.g., cave, ventilation)
- Practices (e.g., soil disruption)
- Processes (e.g., hand dig or machinery)
- Controls in place

- **Worker Factors**

- Individual immunity and susceptibility
- Socioeconomic, cultural, and language factors
- Workers, contractors, and complex labor-management relations



CDC

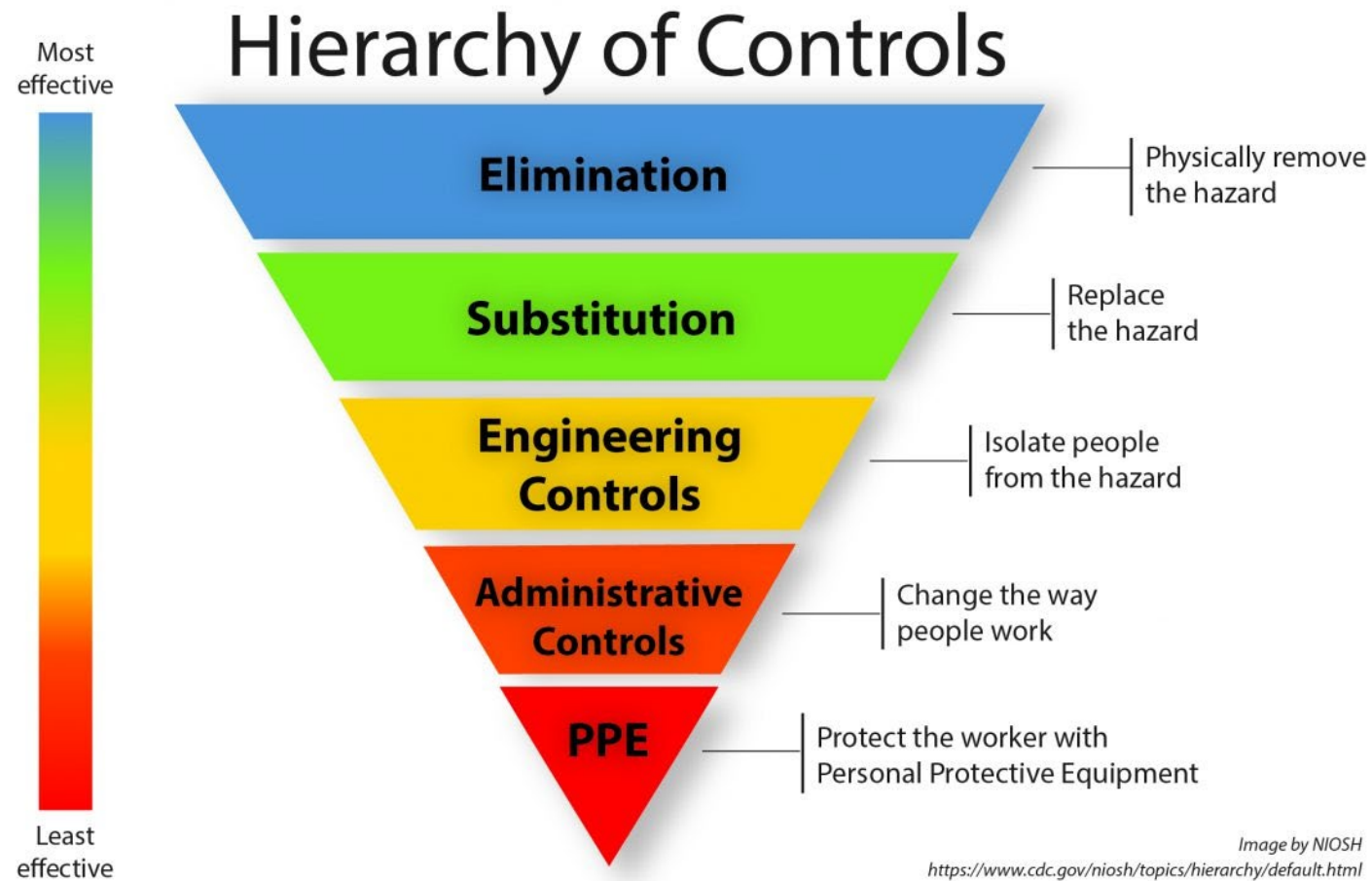
Activities associated with histoplasmosis

- **Disturbance of large accumulations of bird or bat droppings** (scraping droppings from a bridge; shoveling droppings from a building or other structure; cleaning a chicken coop)
- **Soil disruption** (digging or excavation)
- **Plant matter disruption** (handling trees or landscaping)
- **Demolition, construction, or renovation**
- **Working in caves**



NIOSH

General recommendations for workplaces

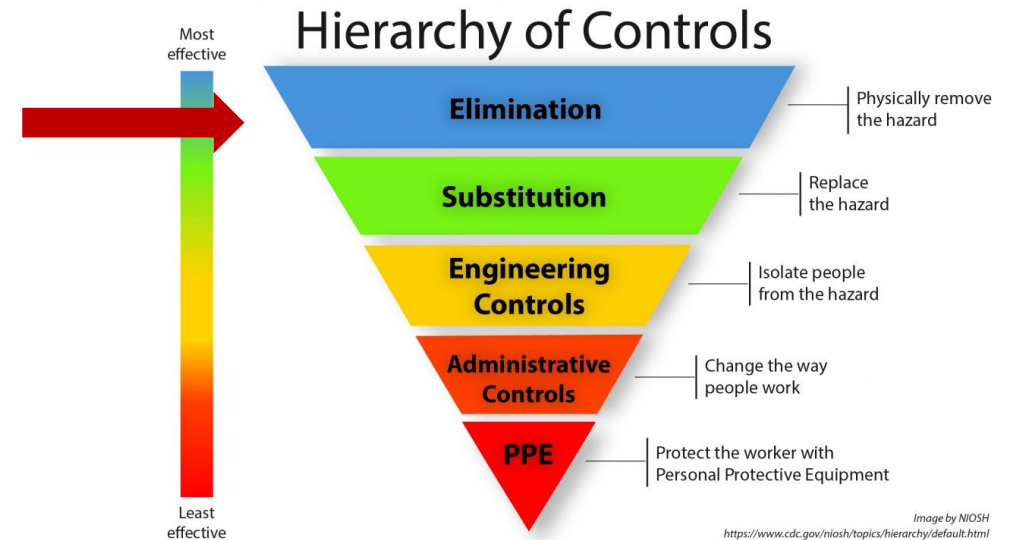


Elimination

- **Workplace considerations**

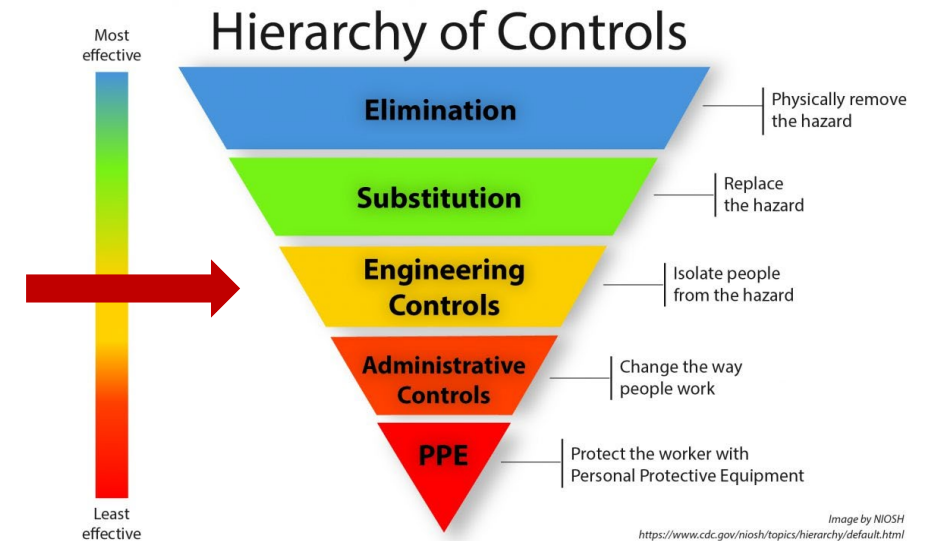
- Close entry of workers to caves, tunnels?
- Exclude bats or birds from structure?
 - Identify, seal entry and exit points
 - Install, maintain light in roosting area
 - Construct bat houses near former roosts
 - Consider visual deterrents (balloons, flags, lights)
 - Use mechanical anti-roosting systems (i.e., angled and porcupine wires)

- **Use cameras, drones**



Engineering Controls

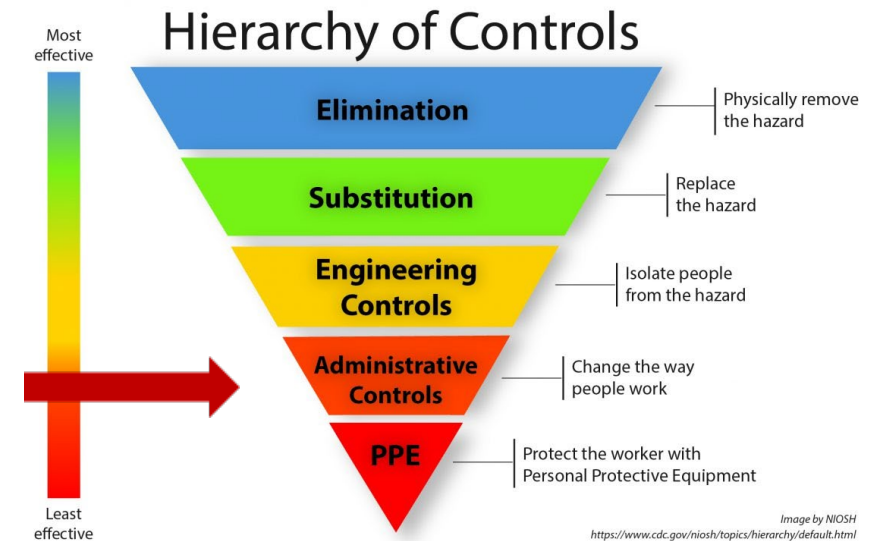
- **Control dust generation when removing bird/bat droppings**
 - Spray with water, no sweeping, add surfactant
 - Use industrial vacuum cleaner with high-efficiency filter
- **Dispose of waste properly, safely (state, local requirements)**
- **Control aerosolized dust during construction, excavation, demolition**
 - Use heavy equipment with enclosed cabs and HEPA filters
 - Cover truck beds carrying dirt, debris from work site



<https://www.cdc.gov/niosh/histoplasmosis/prevention/>

Administrative Controls

- **Contract with a professional company that specializes in handling hazardous waste for cleaning up large amounts of bird or bat droppings**
- **Develop site safety plan, risk assessment**
- **Post health risk warnings**
- **Communicate hazards and train workers**
 - Before starting any activity that could disturb potentially contaminated material



<https://www.cdc.gov/niosh/histoplasmosis/prevention/>

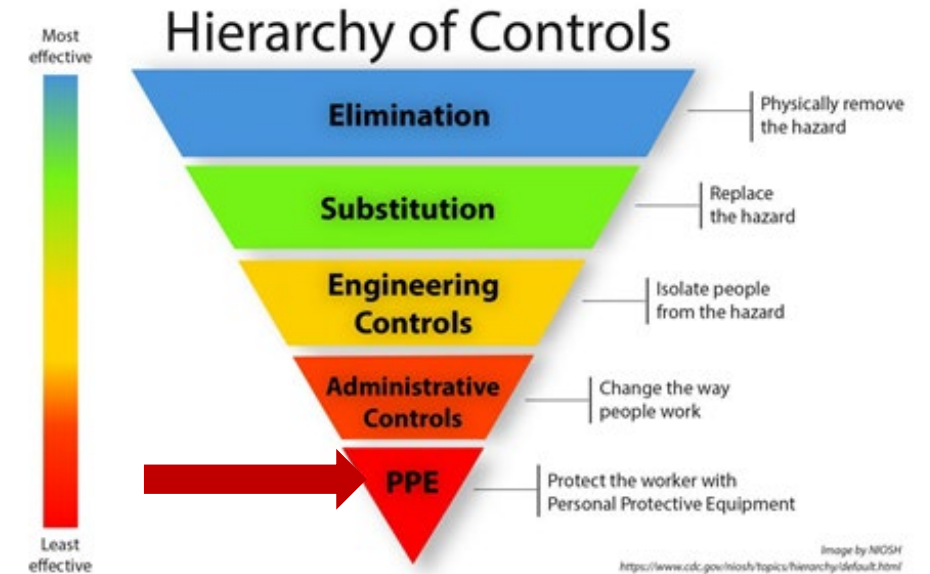
Personal Protective Equipment

Risk	Activities	Recommended respiratory protection
Medium	<ul style="list-style-type: none">Working with soil, plant matter disruption (demolition, excavation, farming)Working with birds, poultry	Filtering facepiece respirators
High	<ul style="list-style-type: none">Remediating sites with known <i>Histoplasma</i>Disrupting large accumulations of bird/bat droppingsRemoving trees at large bird roosting sitesDisrupting bat droppings in caves/tunnels	Loose-fitting or tight-fitting PAPR Full facepiece elastomeric respirator

<https://www.cdc.gov/niosh/histoplasmosis/prevention/>

PAPR: powered air purifying respirator

Recommendations: Personal Protective Equipment



<https://www.cdc.gov/niosh/histoplasmosis/prevention/>

Knowledge Check Question

Which of these controls are NOT part of the Hierarchy of Controls?

- a) Elimination
- b) Engineering
- c) Categorization
- d) Administrative

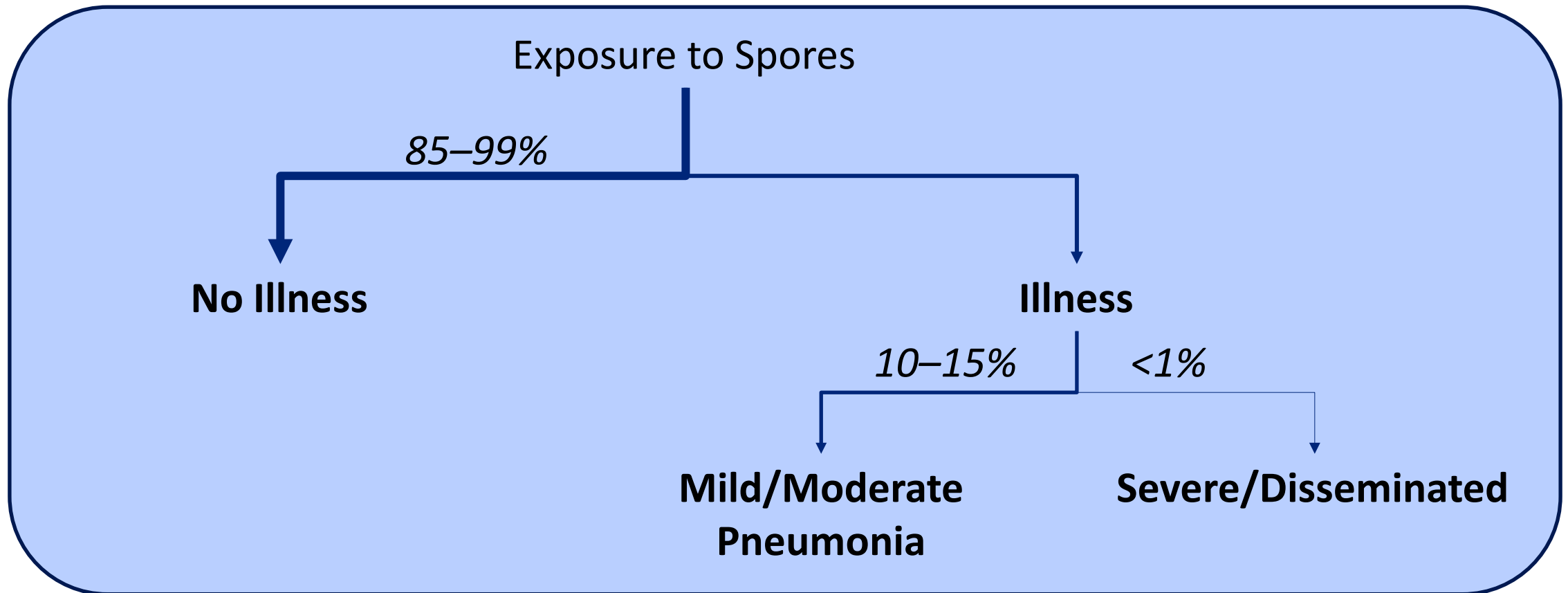
Correct answer: c) Categorization

At the Clinic

Recognizing and treating travel-associated histoplasmosis

Recognizing histoplasmosis in patients

The majority of non-outbreak associated *Histoplasma* exposures do not result in illness



Clinical spectrum of histoplasmosis

Asymptomatic

Most infections

Acute Pulmonary

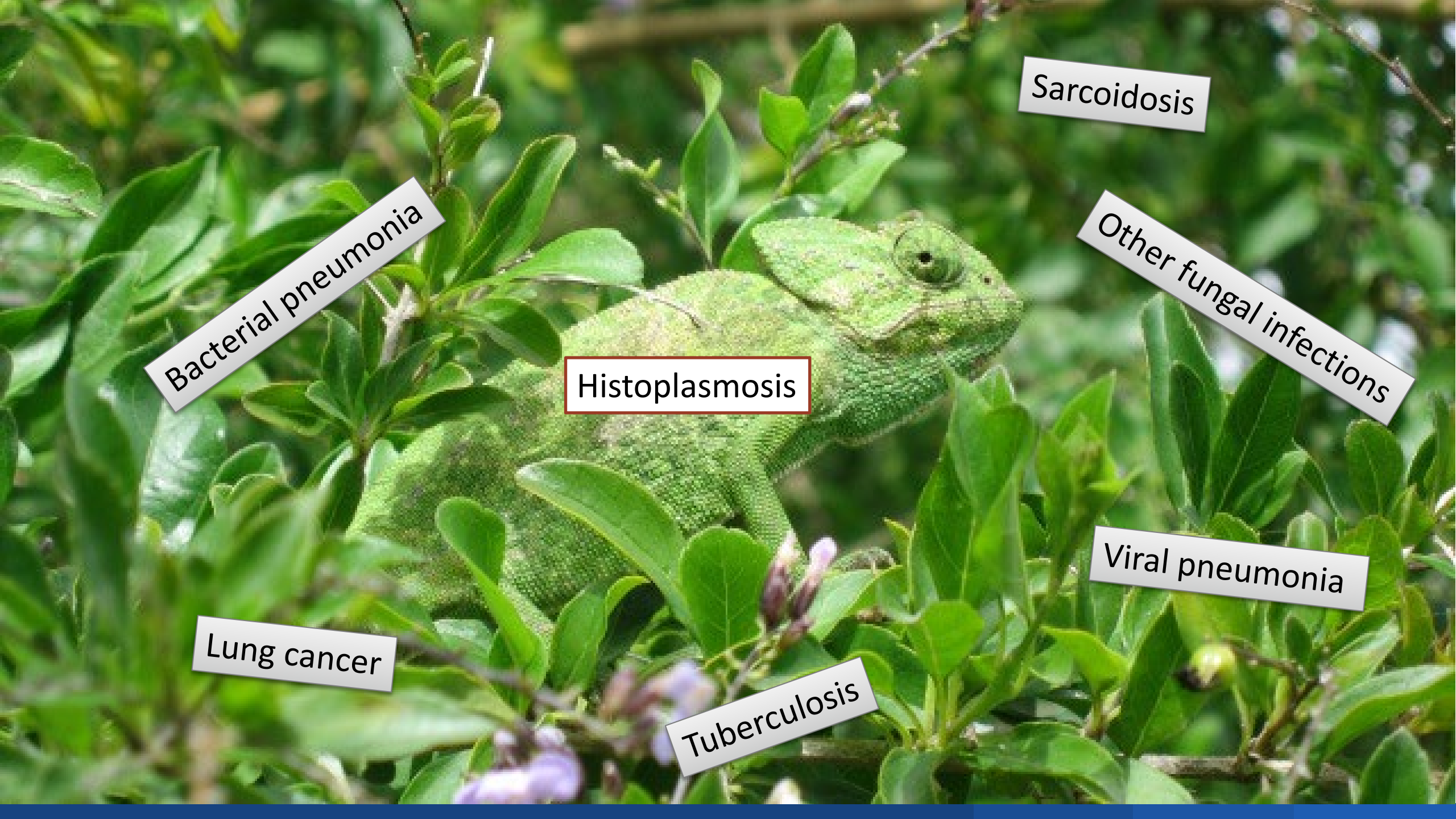
Often self-limiting

Disseminated

Often immune compromised;
high mortality

Severity of illness depends on:

1. Fungal inoculum
2. Host immunity
3. Clinical management



Bacterial pneumonia

Histoplasmosis

Sarcoidosis

Other fungal infections

Viral pneumonia

Lung cancer

Tuberculosis

Symptoms are typically mild and nonspecific

Fever



Cough



Fatigue



Headache



Night Sweats



Muscle Aches

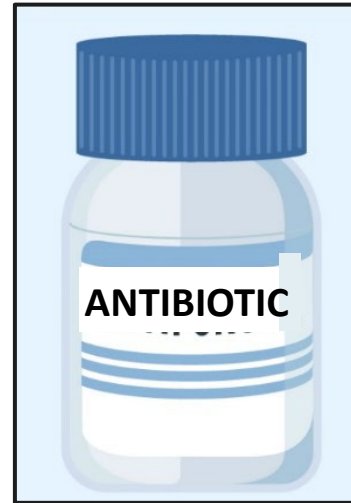


Misdiagnosis and delayed diagnosis are still common among patients with fungal pneumonia

23–38 days (median) from seeking healthcare to diagnosis

>50% receive **antibiotics** before diagnosis of histoplasmosis or coccidioidomycosis

54%–60% see provider **≥3 times** before tested for a dimorphic fungal infection



Chi GC, Benedict K, Beer KD, Jackson B, et al. Antibiotic and antifungal treatment among persons with confirmed coccidioidomycosis – Southern California, 2011. *Medical Mycology*. 2020, 58, 411–413. doi: 10.1093/mmy/myz073

Alpern JD, Bahr NC, Vazquez-Benitez G, Boulware DR, Sellman JS, Sarosi GA. Diagnostic Delay and Antibiotic Overuse in Acute Pulmonary Blastomycosis. *Open Forum Infect Dis*. 2016 Apr 19;3(2):ofw078.

Benedict K, McCracken S, Signs K, Ireland M, Amburgey V, et al. Enhanced Surveillance for Histoplasmosis—9 States, 2018–2019. *Open Forum Infect Dis*. 2020 Sept; 7(9):ofaa343.

Benedict K, Ireland M, Weinberg MP, Gruninger R, Weigand J, Chen L, et al. Enhanced Surveillance for Coccidioidomycosis, 14 U.S. States, 2016. *Emerging Infectious Diseases*. 2018 Aug; 24(8).

Alpern JD, Bahr NC, Vazquez-Benitez G, Boulware DR, Sellman JS, Sarosi GA. Diagnostic Delay and Antibiotic Overuse in Acute Pulmonary Blastomycosis. *Open Forum Infect Dis*. 2016 Apr 19;3(2):ofw078.

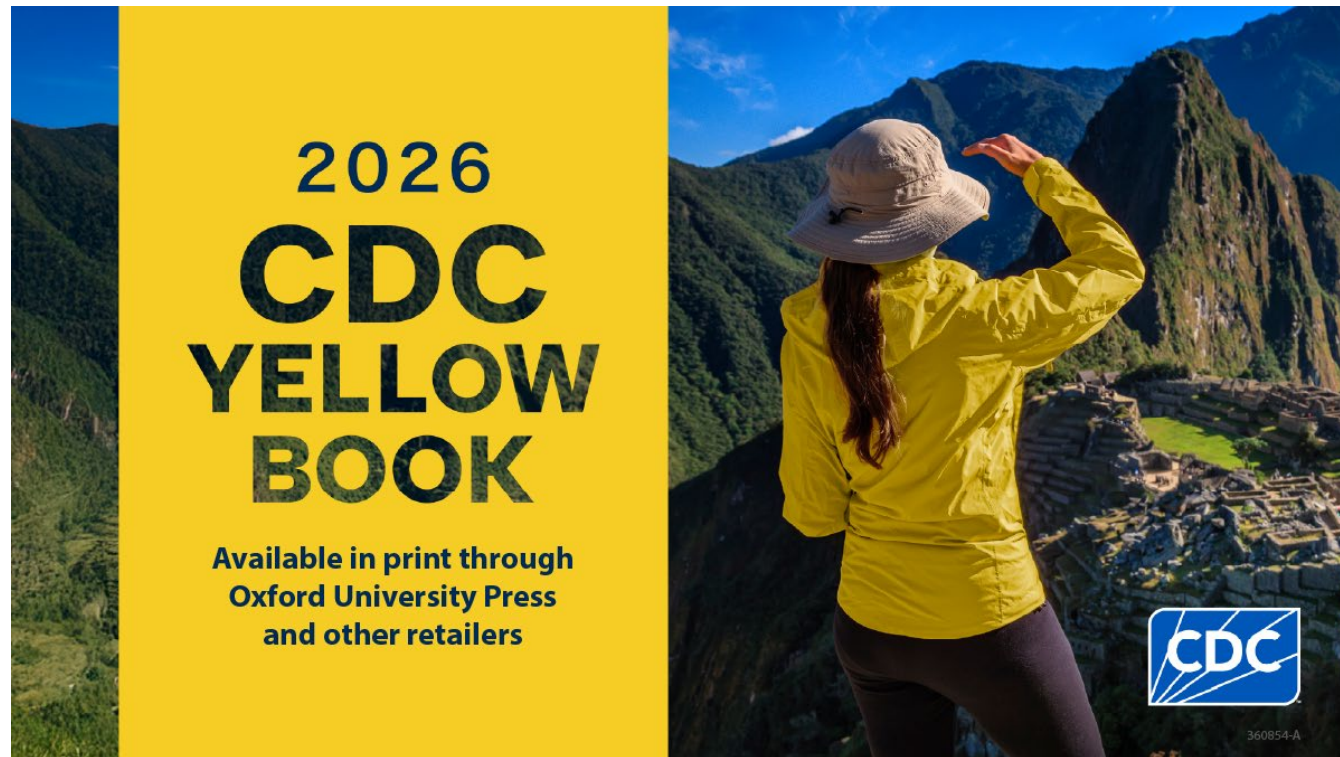
Populations affected by histoplasmosis in the U.S. have changed

- Advanced HIV used to be most common risk factor for disseminated histoplasmosis
- In recent decades, autoimmune diseases (20%), cancer (13%), and diabetes (11%) more common than HIV (3%)
- Decline in HIV-associated histoplasmosis linked to increased access to antiretroviral therapy

CDC Yellow Book:

A resource to help recognize travel-associated histoplasmosis

- For healthcare professionals
- Compiles U.S. government travel health guidance



<https://www.cdc.gov/yellow-book/>

Pre-travel health visits can educate travelers before risks are encountered

- Incorporate traveler's health background, itinerary, purpose, and activities
 - Opportunity to ask about adventure travel and communicate potential health hazards
 - **Seek healthcare early if they become ill during or after travel**
 - Decisions on whether to **avoid** (e.g., forego cave excursion) or **mitigate** (e.g., wear an N95 mask) risk may depend on:
 - Personal health (e.g., underlying conditions or comorbidities)
 - Circumstance and cost



Post-Travel Evaluation of the Ill Traveler

Elements	Details	Considerations for Histoplasmosis
History of the present illness	Symptoms	<ul style="list-style-type: none"> • Fever • Cough • Fatigue • Chills • Headache • Chest pain • Body aches
	Onset	<ul style="list-style-type: none"> • Typically 3-17 days after exposure
	Previous healthcare and medications	<ul style="list-style-type: none"> • Antibiotics ineffective • Steroids may make infection worse
Itinerary Details	Destinations visited	More commonly associated with travel to: <ul style="list-style-type: none"> • Caribbean • Central and South America
	Duration and reason for travel	<ul style="list-style-type: none"> • Outbreaks have been seen in tourists, researchers, and people who work in caves (e.g., miners)
Activities During Travel	Tours, excursions, site visits	<ul style="list-style-type: none"> • Exposure to bat-inhabited caves (terrestrial or flooded/cenotes) • Farm visits or eco-tours that involve interaction with birds or bats

Testing Recommendations

Current clinical practice guidelines for community acquired pneumonia (CAP) do not currently recommend testing for fungal pneumonias

- **Guidelines Recommend:**
 - Treatment with empiric antibacterials
 - Fungal pneumonias are uncommon pathogens

IDSA GUIDELINES

The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America

AMERICAN THORACIC SOCIETY DOCUMENTS

Diagnosis and Management of Community-acquired Pneumonia
An Official American Thoracic Society Clinical Practice Guideline

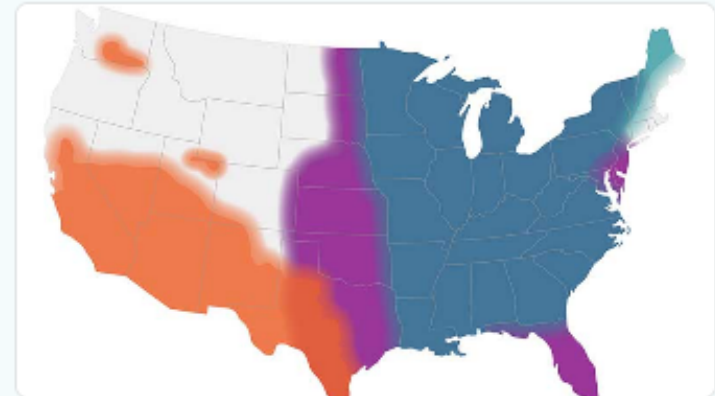
Testing algorithms for fungal pneumonias

- In partnership with the Mycoses Study Group, CDC created diagnostic algorithms for blastomycosis, coccidioidomycosis, and histoplasmosis in patients with CAP

Healthcare provider tools for community-acquired pneumonias

KEY POINTS

- Fungal pneumonias are often misdiagnosed or are diagnosed late, leading to potentially life-threatening treatment delays.
- In parts of the United States, common endemic community-acquired pneumonias include blastomycosis, histoplasmosis, and coccidioidomycosis (Valley fever).
- Clinicians can use these algorithms to guide diagnostic and treatment decisions.

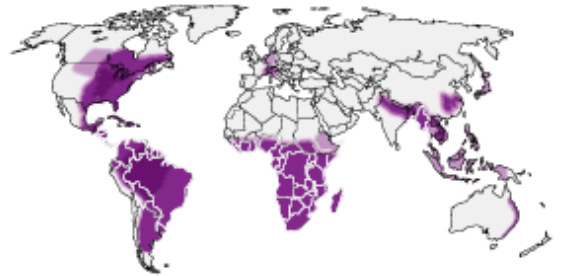
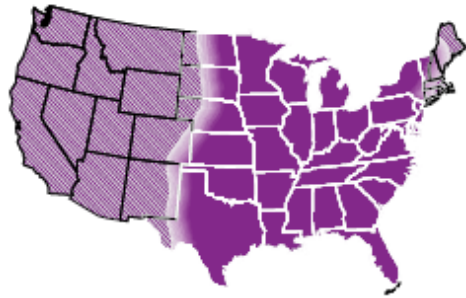


<https://www.cdc.gov/fungal/hcp/diagnosis-testing/index.html>

Community-Acquired Pneumonia (CAP) When to Think Fungus: Histoplasmosis

Accessible version: <https://www.cdc.gov/fungal/diseases/histoplasmosis/diagnosticalgorithms>

Patient living in or having traveled to a disease-endemic area
(note: although less common, people have acquired disease outside of the shaded regions)



■ Areas *Histoplasma* is more likely to live
▨ Potential range of *Histoplasma*

These maps are approximations. *Histoplasma* is not distributed evenly and may not be present everywhere within the shaded areas. It may also be present outside of the areas indicated.

CAP of unknown etiology not responding to a course of empiric antibiotics

OR

Initial CAP visit if:

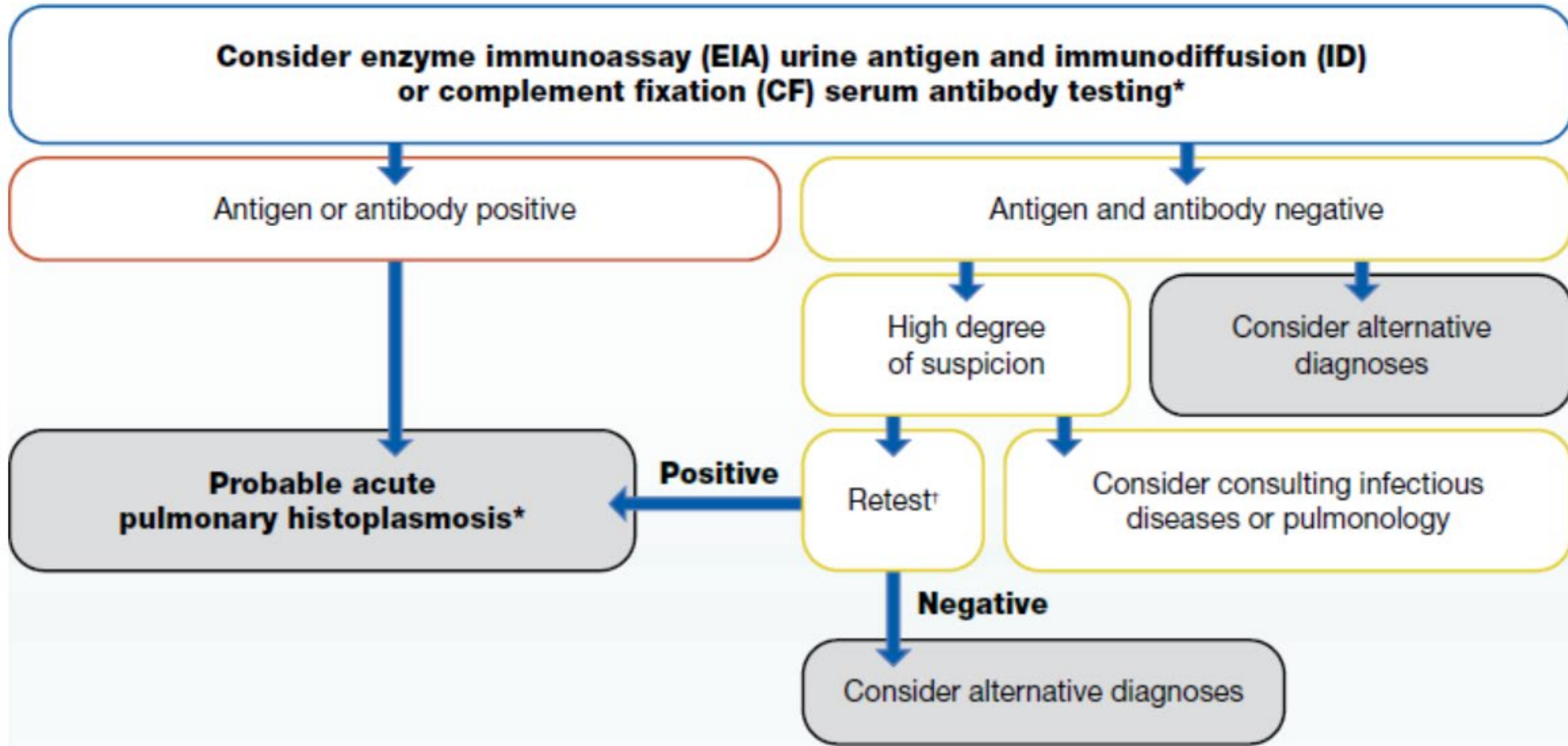
- Notable exposure to bird or bat droppings (cave or demolition/remodeling exposure; note that many patients do not recall a specific exposure) **OR**
- Chest X-ray showing new nodules or lymphadenopathy **OR**
- Link to known histoplasmosis outbreak

Consider enzyme immunoassay (EIA) urine antigen and immunodiffusion (ID) or complement fixation (CF) serum antibody testing*

Learn more from a previous COCA:

<https://www.cdc.gov/coca/hcp/trainings/algorithms-endemic-mycoses.html>

Clinical Algorithm — Histoplasmosis

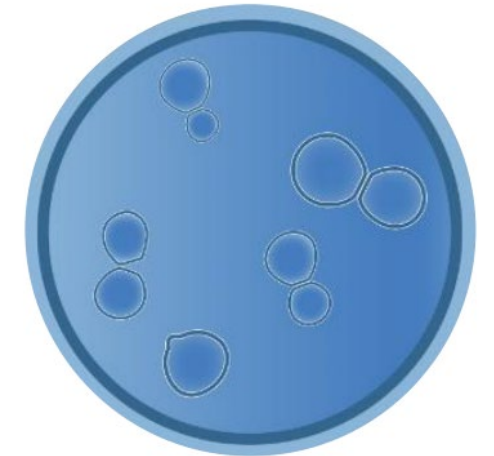


Cross reactivity with *Blastomyces*

- *Histoplasma* can be highly cross-reactive with *Blastomyces*
- Symptoms can be indistinguishable, and the fungal habitat may overlap
- Treatment recommendations are the same in most forms of illness



Histoplasma



Blastomyces

Treatment Recommendations

Summarized IDSA Treatment Guidelines

Mild and Moderate Illness

- NEW (2025) guidelines for mild and moderate histoplasmosis:
 - <https://www.idsociety.org/practice-guideline/histoplasmosis-2025/>

Clinical Category	Recommended Treatment	Duration	Notes
Immunocompetent, Asymptomatic or Mild	No antifungal therapy; supportive care only	N/A	Most patients with mild self-limiting illness will recover without treatment
Immunocompetent, Mild and worsening / Moderate	Itraconazole	6-12 weeks	Consider treatment if symptoms persist >1 month, worsen, or radiographic findings progress
Immunocompromised Mild or Moderate	Itraconazole	6-12 weeks	Asymptomatic or mild patients with a lesser degree of immunocompromise may not warrant treatment
Pregnant	Variable	Case-by-case basis	Avoid azoles in first trimester. Consider consultation with maternal fetal medicine and ID specialists

Summarized IDSA Treatment Guidelines

Chronic, Severe, Disseminated Illness

- For treatment of chronic, severe, or disseminated histoplasmosis:
 - There is no new guideline since 2007; treatment may include long-term itraconazole or liposomal amphotericin B
 - <https://www.idsociety.org/practice-guideline/histoplasmosis/>

Knowledge Check Question

Where can healthcare professionals find resources specific to caring for travelers?

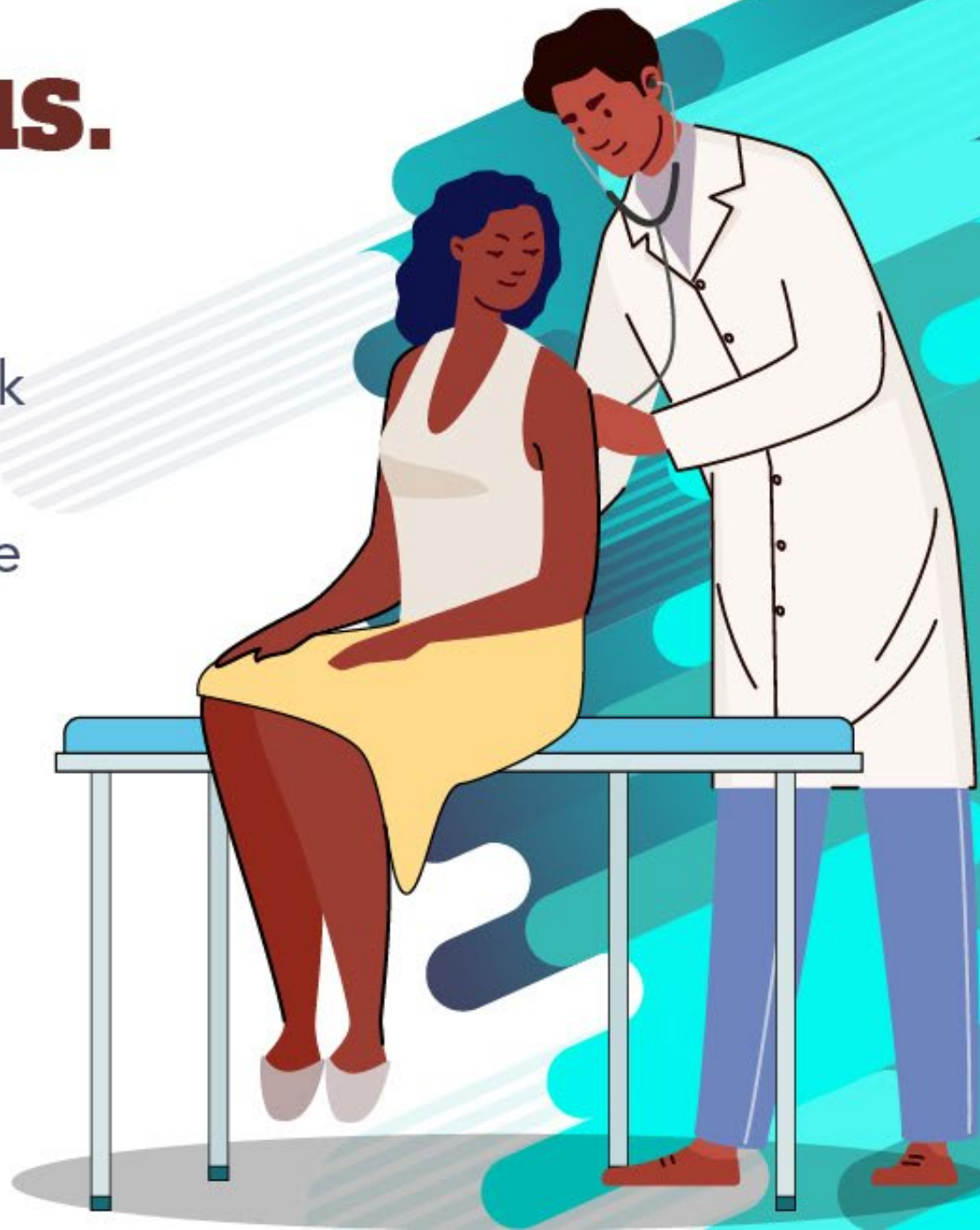
- a) IDSA (Infectious Disease Society of America) Guidelines
- b) CDC Testing Algorithms for Fungal Pneumonias
- c) CDC Blue Book
- d) CDC Yellow Book

Correct answer: d) CDC Yellow Book

Think Fungus. Save Lives.

Some fungal infections can look like other illnesses.

Early diagnosis and appropriate treatment are essential.



[cdc.gov/fungal](https://www.cdc.gov/fungal)

Acknowledgements

California Department of Public Health
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Florida Department of Health
Minnesota Department of Health
Nebraska Department of Health and Human Services
Puerto Rico Department of Health
Texas Department of Health and Human Services
Washington Department of Health
CDC Mycotic Diseases Branch
CDC Division of Global Migration and Health (DGMH) Travelers' Health Branch
CDC National Institute for Occupational Safety and Health (NIOSH)
CDC Central America Regional Office
CDC Guatemala Country Office
Costa Rica Ministry of Health

For more information, contact CDC

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Closing Slide / Disclaimer – CDC/ATSDR

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To Ask a Question

- Using the MS Teams Platform
 - The ability to ask questions during the live webinar is limited to the first 1,000 attendees who join the webinar.
 - Questions may be submitted after the live session by emailing coca@cdc.gov.
- If you are a patient, please refer your question to your healthcare provider.
- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov.

TRAIN

- CDC has fully transitioned from the Training and Continuing Education Online (TCEO) system that provides access to CDC educational activities for continuing education to CDC TRAIN. If you do not already have a TRAIN account, please [create one](#) at <https://www.train.org/cdctrain>.
- All new activities that offer continuing education (CE) from CDC will only be listed in CDC TRAIN. CDC TRAIN is a gateway into the [TRAIN](#) Learning Network, the most comprehensive catalog of shared public health training opportunities. This transition will allow you to access non-credit and for-credit educational activities, and track your learning, including CE in one place. Many CDC-accredited activities are already listed in CDC TRAIN. The move to one system improves efficiency and makes it easier for learners, CDC staff, and partners to offer and earn CE in one place.

Continuing Education

- All continuing education for COCA Calls is issued online through CDC TRAIN at CDC TRAIN (<https://www.train.org/cdctrain>).
- To receive continuing education (CE) for **WC5003-011526**—From Cave to Clinic: Managing Histoplasmosis in Returning Travelers, please visit [CDC TRAIN](#) and search for the course in the Course Catalog using **WC5003-011526**. Follow the steps below by **February 16, 2026**. The registration code is **COCA011526**.
- To receive continuing education (CE) for **WD5003-011526**—From Cave to Clinic: Managing Histoplasmosis in Returning Travelers, please visit [CDC TRAIN](#) and search for the course in the Course Catalog using **WD5003-011526**. Follow the steps below between **February 17, 2026, and February 17, 2028**.

Today's COCA Call will be Available to View On-Demand

- **When:** In approximately one week
- **What:** Closed-captioned video and transcript
- **Where:** On the COCA Call webpage:
<https://www.cdc.gov/coca/hcp/trainings/from-cave-to-clinic-managing-histoplasmosis-in-returning-travelers.html>

Additional Resources

- Continue to visit <https://www.cdc.gov/coca/hcp/trainings/index.html> to get more details about upcoming COCA Calls.
- Subscribe to receive notifications about upcoming COCA calls and other COCA products and services at <https://www.cdc.gov/coca/hcp/trainings/index.html>.

Thank you for joining us today!

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