

It's past time to find a cure for Valley Fever

Opinion Bee-Editorials

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Valley Fever is here. It's getting worse and it is not going away.

The number of Valley Fever cases is spiking — with no end in sight, experts say. Today an estimated 150,000 adults and children a year get the disease, prevalent in California and Arizona.

Valley Fever is touching, changing and destroying lives, and the Central Valley is a hot spot for the growth of the disease. It has crippled children, debilitated adults and fatally overwhelmed some people's systems. Its victims have been business owners, law enforcement officers, farmworkers, housewives, kids — including an aspiring little dancer — and pets.

The Reporting On Health collaborative, which includes McClatchy Co. reporters and about a dozen valley news media organizations, is doing a series of stories on this indiscriminate and deadly disease.

Known as coccidioidomycosis, Valley Fever is caused by a fungus called *coccidioides immitis*. The fungus is primarily found in the soil in certain parts of the Southwestern United States, Mexico, and Central and South America.

A person can become infected by inhaling the spores of the fungus. The infection starts in the lungs but can spread to other organs, skin and the bones.

The symptoms include a fever, a persistent cough, night sweats, weight loss and different kinds of rashes. Once a person is infected with the fungus, it does not leave the body.

Valley Fever is usually diagnosed through a blood test but can be pinpointed through a biopsy at the site of the infection.

But too often it is misdiagnosed, prolonging the victims' agony and complicating treatment — delays that can turn deadly. Doctors aren't always familiar with the symptoms, which can appear to be the result of colds or the flu.

Public health departments in California do not include Valley Fever as part of regular awareness campaigns, like that of the influenza virus. The disease doesn't generate intense media coverage either, unlike the recent outbreak of fungal meningitis. People don't think to ask their doctors to test for the disease.

Eight years ago, a vaccine to stop Valley Fever seemed within reach.

But today, early animal trials of experimental vaccines have ground to a halt. Research funds have dried up. And the once-thriving academic effort has slowed dramatically.

Private industry interest is critical to bringing a vaccine out of the laboratory and into doctor offices and clinics. But there has been no interest by big pharmaceutical companies in investing in Valley Fever.

So the disease continues to spread unabated. Perhaps if the disease were concentrated in a more heavily populated and affluent region of the country, it would get more attention and the necessary research dollars.

Making it a health care priority is going to take pressure — pressure from residents, medical professionals, health departments, university researchers, taxpayers, legislators and the loved ones of those who've suffered from it. Maybe then we can get research dollars flowing again.

After all, those who've been stricken are our neighbors, friends and family members. Whether they live down the street, in another city or in some rural valley hamlet, their treatment and the fight against this disease must not be ignored — an all too common approach when it comes to issues plaguing the valley.

Simply looking the other way won't make Valley Fever go away. That will only allow it to continue spreading, until one day it knocks on a door too close to home.