

New valley fever clinical guidelines to help avoid delays in diagnosis

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Arizona physicians often come to a delayed or incorrect diagnosis when seeing patients with newly acquired Valley fever infections, even though the respiratory fungal disease is very common in the state, particularly the corridor between Tucson and Phoenix.

Valley [fever](#)'s initial symptoms closely mirror those of the flu, resulting in initial treatment with antibiotics instead of antifungals. Correcting the diagnosis and making the switch can take days or weeks, according to studies by the Arizona Department of Health Services and the U.S. Centers for Disease Control and Prevention.

The University of Arizona Valley Fever Center for Excellence has teamed up with Banner Health to develop a Valley fever "[clinical practice](#)" guide, an agreed-upon set of rules for when primary care, urgent care and emergency department clinicians should do tests needed to detect Valley fever earlier.

"This guide is an expected result from the UA's medical faculties' merging their [clinical care](#) with that of Banner Health under the Banner – University Medicine Division that replaced the UA Health Network," said Dr. John N. Galgiani, director of the Valley Fever Center for Excellence, professor of medicine in the Division of Infectious Diseases at the UA Colleges of Medicine in Tucson and Phoenix, member of the UA BIO5 Institute and medical director of the Banner – University Medicine Valley Fever Program. "Because of the merger, it provides a way for the center to help implement all best clinical practices it knows about for patients with Valley fever and actually employ them more broadly."

Developing the Valley fever [clinical practice guidelines](#) has been a yearlong planning process within the Clinical Consensus Group for primary care, Banner Health's program for guiding routine medical practices across its health-care sites. This clinical practice guide is earmarked especially for the ambulatory practices throughout the Phoenix, Casa Grande and Tucson metropolitan areas, where Valley fever is endemic.

Earlier this fall, [a webinar for physicians](#) was produced by Galgiani and

Dr. David M. Valenzuela, a Phoenix-area family practice physician, clinical assistant professor at the UA College of Medicine – Phoenix and the physician executive who heads Banner Medical Group Primary Care. The webinar is designed to give an overview of why Banner is rolling out the clinical practice guidelines and what they cover.

"This clinical practice will change the way Arizona clinicians recognize and manage patients with Valley fever," Galgiani said. "Central to this change will be the expanded role of [primary care](#) clinicians in earlier diagnosis and management of uncomplicated infections."

To help physicians not yet familiar with this new clinical practice, Galgiani and Dr. Fariba Donovan, an assistant professor in the UA Division of Infectious Diseases, research specialist with the Valley Fever Center for Excellence and clinician with Banner – University Medical Center Tucson, will hold training sessions at Banner clinical sites throughout the coming year.

While the clinical practice guidelines were developed within the Banner Health planning process, they also are being made available to clinicians outside of Banner programs so that these resources can be used throughout Arizona and beyond.

"Although Banner has taken this first step, there is no reason clinicians everywhere can't do the same thing," Galgiani said.

Provided by University of Arizona

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