



Officers

Muntu Davis, MD, MPH
President
Alameda County

April 3, 2018

Ken Cutler, MD, MPH
President-Elect
Nevada County

The Honorable Rudy Salas
State Capitol, Room 4016
Sacramento, CA 95814

The Honorable Vince Fong
State Capitol, Room 4144
Sacramento, CA 95814

Wilma Wooten, MD, MPH
Past President
San Diego County

RE: HOAC Opposes Assembly Bill 1788

Nicole Quick, MD, MPH
Treasurer
Yuba County

Dear Assemblymember Salas and Assemblymember Fong:

Eric Handler, MD, MPH
Secretary
Orange County

The Health Officers Association of California (HOAC), which represents the physician health officers of California's sixty-one city and county local health jurisdictions, opposes AB 1788 (Salas and Fong). This bill would encourage a modified Valley Fever surveillance case definition, allowing the California Department of Public Health (CDPH) to confirm provisional cases of Valley Fever without meeting clinical criteria. Intended to improve the accuracy of Valley Fever reporting, AB 1788 could actually lead to less precise counts, inflating the numbers by allowing the use of positive laboratory test data alone to confirm cases.

Directors at Large

Joseph Iser, MD, DrPH, MSc
Yolo County (retired)

Bela T. Matyas, MD, MPH
Solano County

Cameron Kaiser, MD
Riverside County

Positive Valley Fever laboratory test results do not necessarily reveal an active infection; the data may be representative of a previously acquired infection. Without meeting clinical criteria – meaning that the patient is presenting symptoms of an infection – positive Valley Fever laboratory test results are seen as provisional cases. As with confirmed cases, provisional cases are continually reported by local health departments (LHDs) and CDPH regularly makes this data available, sharing the number of suspected Valley Fever cases in its Provisional Monthly Report.

Robert Oldham, MD, MSHA
Placer County

Claudia Jonah, MD
Kern County

Karen I. Relucio, MD
Napa County

For LHDs to determine whether suspected cases of Valley Fever meeting laboratory criteria can be counted as confirmed cases, they must investigate by contacting clinicians or patients to collect additional clinical information. This current process ensures data shared between LHDs and CDPH is as accurate, up-to-date, and accessible as possible.

Sara Cody, MD
Santa Clara County

Robert Benjamin, MD, MPH
City of Berkeley

Karen Milman, MD, MPH
Sonoma County

Using only a laboratory test as a case definition is problematic, especially in areas where Valley Fever is not endemic. In collaboration with LHDs, CDPH has convened a Valley Fever Workgroup tasked with developing recommendations to improve surveillance of Valley Fever in California. If the Workgroup identifies challenges that can be mitigated by adopting a modified case definition, they may recommend that CDPH consider doing so. Prior to the Workgroup's expert recommendations, the proposed change to Valley Fever reporting standards is premature.

Staff

Kat DeBurgh, MPH
Executive Director

Dalia Navarro
Office Manager

Brandon Roberts
Legislative Assistant

The health officers share your concern about Valley Fever. This disease has no known vaccine or cure, and it affects lives throughout the Central Valley and beyond. Valley Fever prevention should be a high priority for all of California. When cases cannot be prevented, early diagnosis can improve health outcomes for those affected. Let's work together toward these goals. AB 1788 does not forward these aims and will not help prevent additional cases of Valley Fever in our state.

For these reasons, HOAC must respectfully oppose AB 1788. Should you have any questions regarding our position on this measure, I invite you to contact me at your earliest convenience.

Sincerely,

A handwritten signature in black ink that reads "Kat DeBurgh". The signature is written in a cursive, flowing style.

Kat DeBurgh, MPH
Executive Director