



Emerging Fungal Infections: Environmental Changes Bring About New Challenges



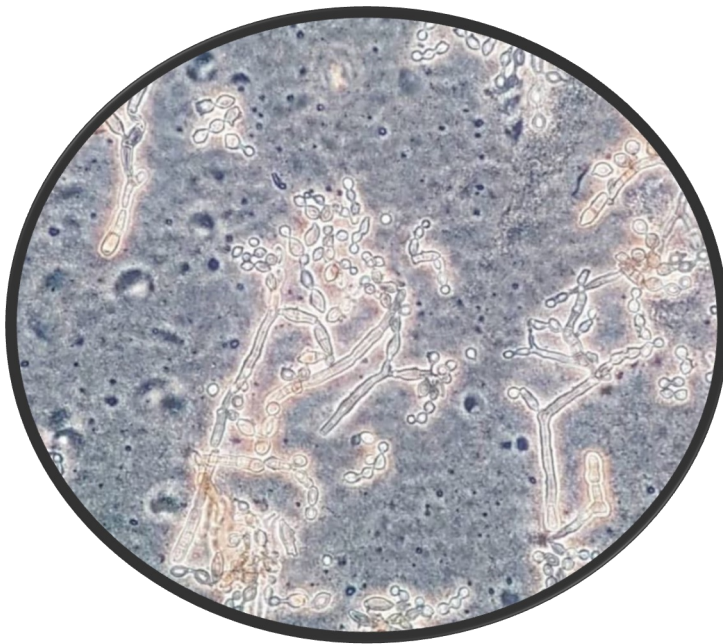
Tom Chiller MD MPHTM
Chief, Mycotic Diseases Branch

Hosted by Martin Kiernan
martin@webbertraining.com

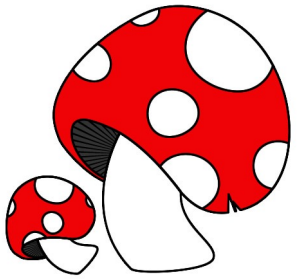


Fungal Kingdom

- ~ 5,000,000 species ~ 300 cause human disease.
- New species could emerge as pathogens, and they do every year!



We live in gentle balance with the environment



**Our Risk for
Infectious Diseases
is Increasing
because of
Climate Change**



Current Situation

- **This period is now the warmest in the history of modern civilization.**
- **Human activities are the dominant cause of the observed warming since the mid-20th century.**
- **Researchers around the world have published thousands of studies that document changes**



What to Expect

- ▶ By 2050, annual average temperatures in the U.S. are expected to be about 2.5°F hotter than they were, on average, from 1976 to 2005.



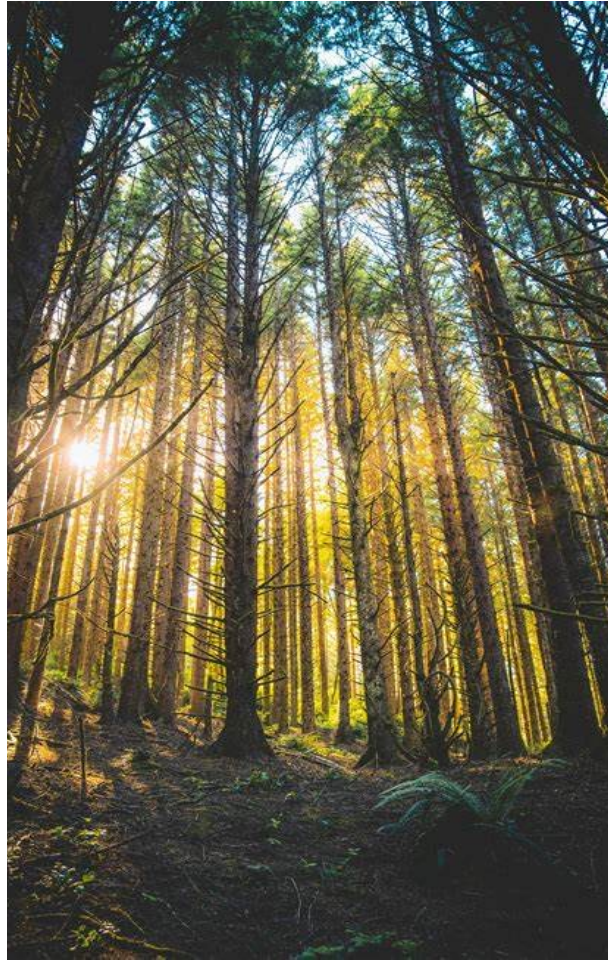
Vose, RS, DR Easterling, KE Kunkel, AN LeGrande, MF Wehner, 2017: Temperature changes in the United States. In: Climate Science Special Report: Fourth National Climate Assessment, Volume I. pp. 185-206, DOI: 10.7930/J0N29V45

Anticipated Trends

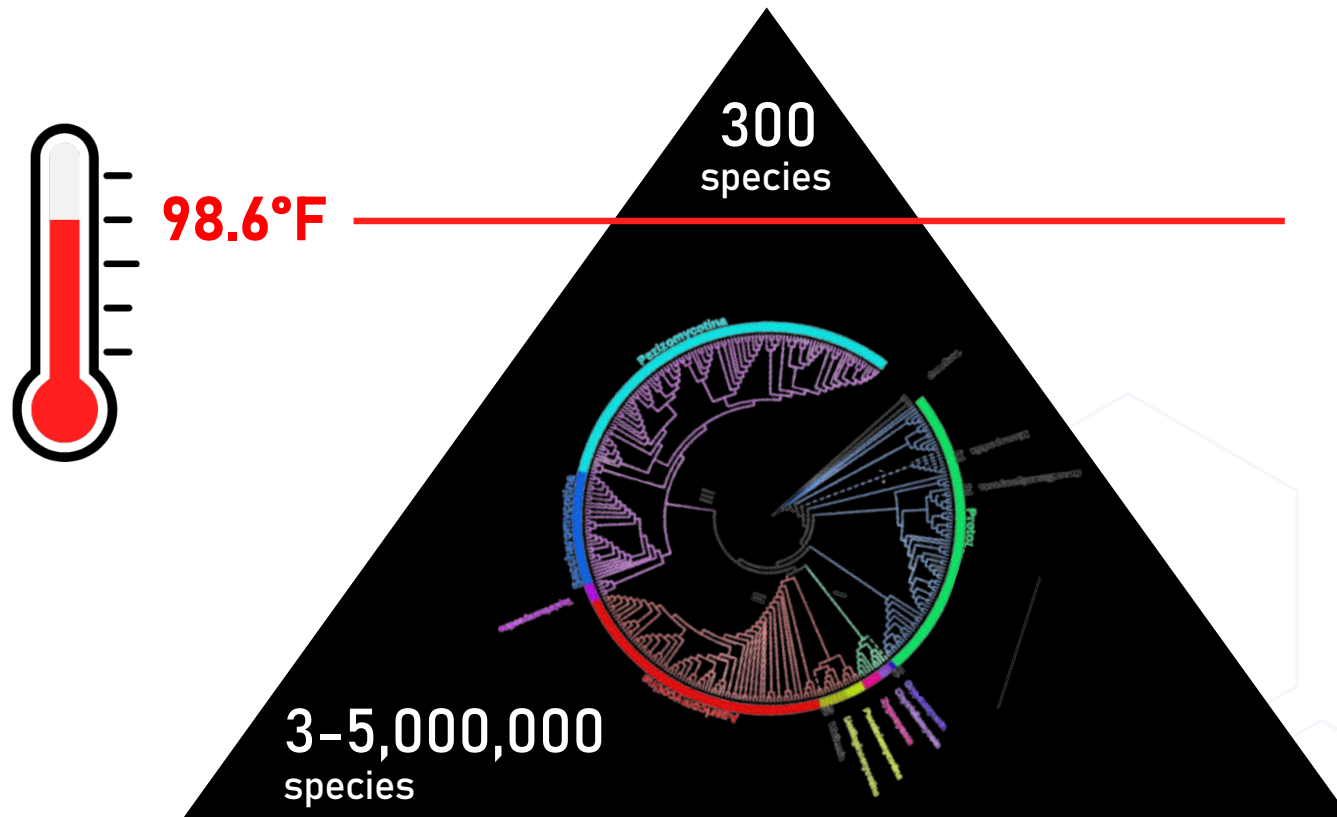
- ▶ Longer and warmer summers
- ▶ Shorter and milder winters
- ▶ Fewer frost days
- ▶ More intense heat waves;
less intense cold waves
- ▶ More extreme and
unpredictable weather events



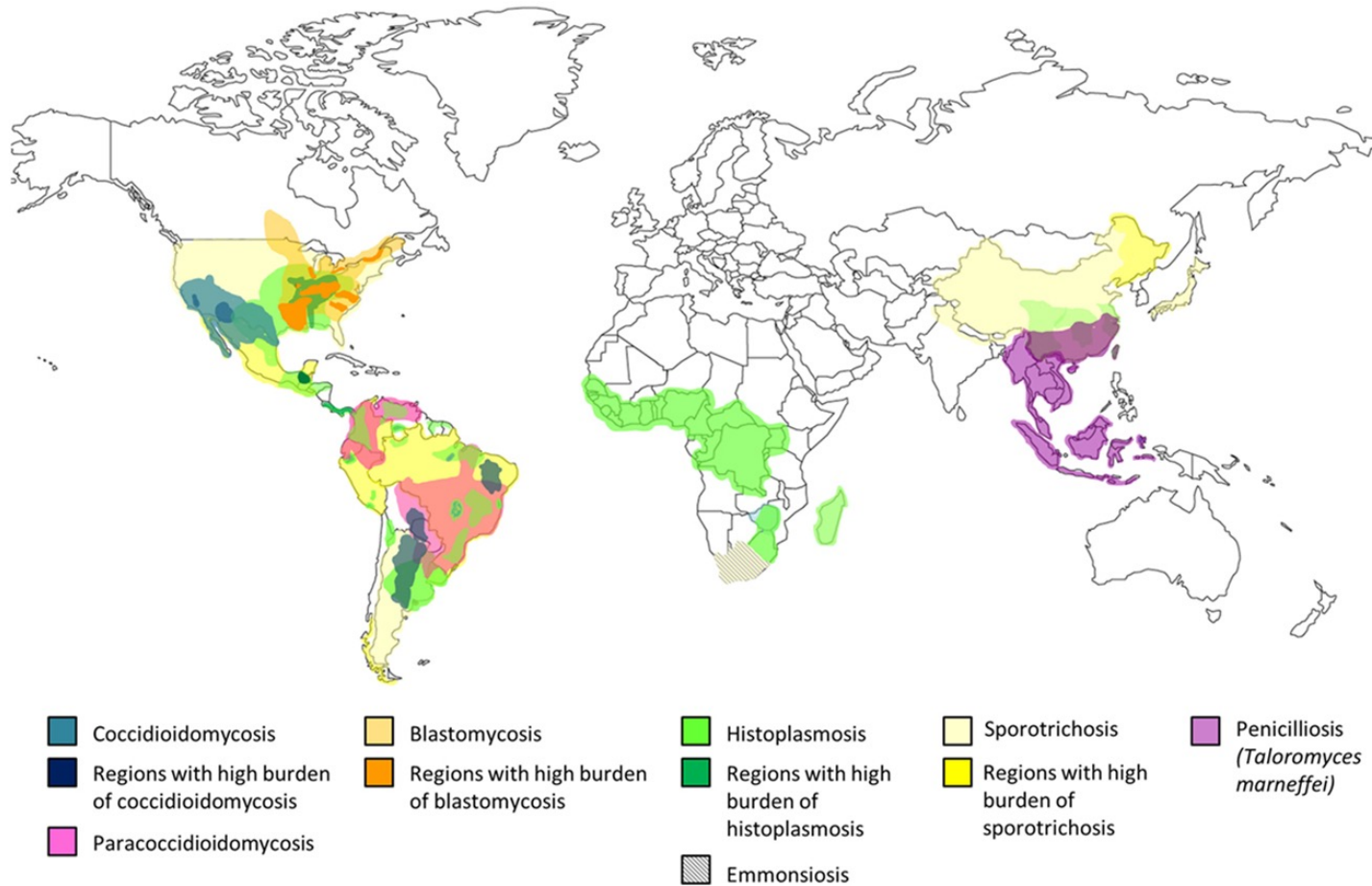
Disease-causing fungi are inextricably linked to our environment



Few fungi can grow at 98.6°F (37 °C)



The Endemic Fungi (Geographic)



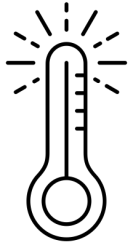
Valley Fever



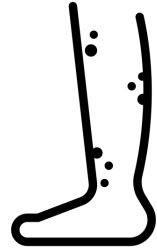
Case example: Laura in Arizona



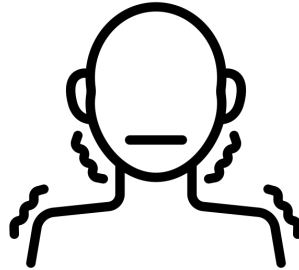
June 2020, Laura (38 and healthy) trouble breathing



Fever



Rash



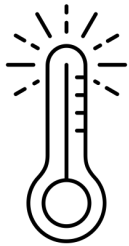
Chills



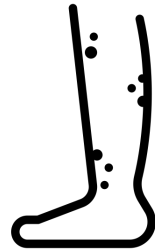
Persistent fatigue



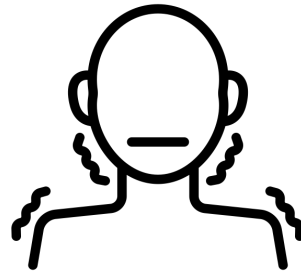
June 2020, Laura (38 and healthy) trouble breathing



Fever



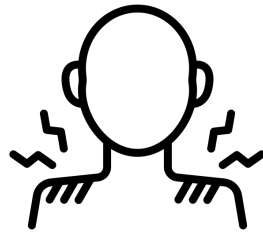
Rash



Chills



Persistent fatigue



Muscle aches



Headache



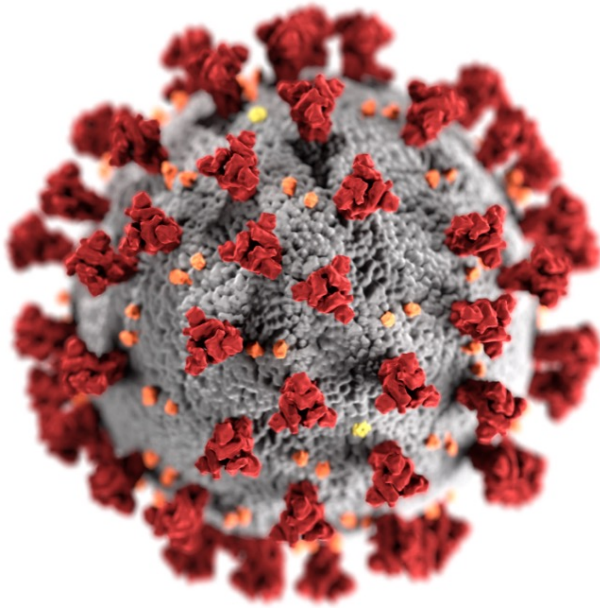
Increased pulse rate



Sweats



Fungal Diseases in the COVID Era: Hiding in Plain Sight

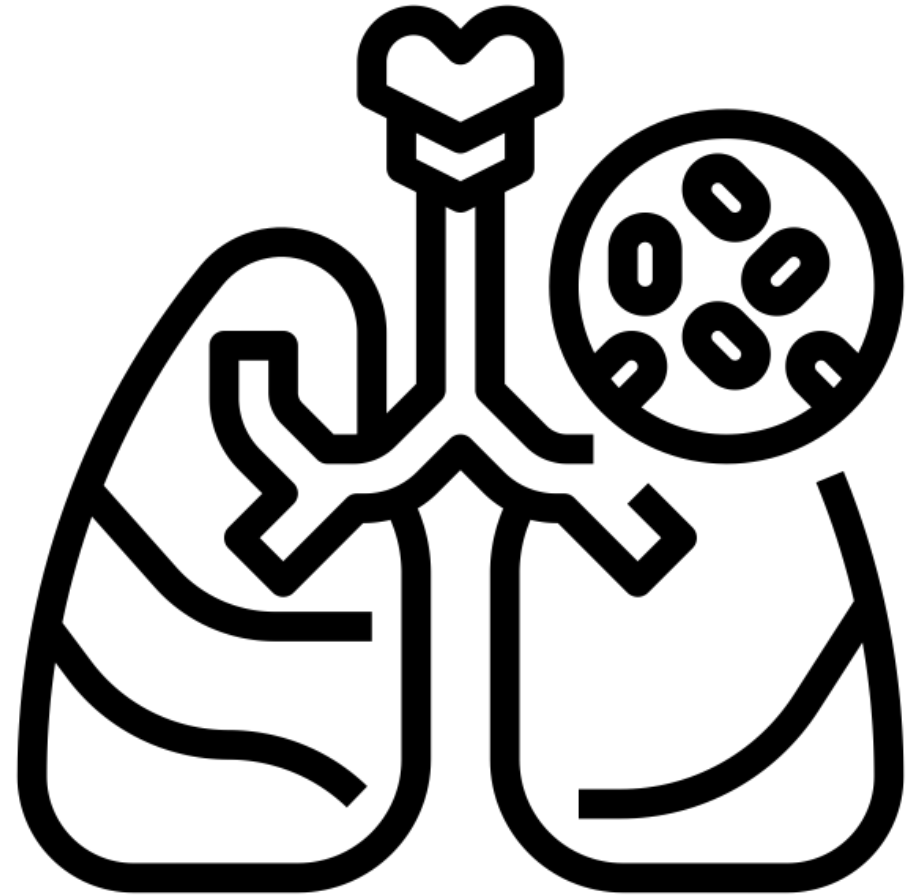


- Three negative SARS-CoV-2 tests
- Strict home isolation
- Tested negative for Valley fever



A month later, still feeling poorly

- Two courses of antibacterials didn't help
- Physician friend in Atlanta suggested testing for Valley fever again



Laura had Valley fever



<https://www.cdc.gov/fungal/personalstories/laura.html>

Not all that coughs is COVID

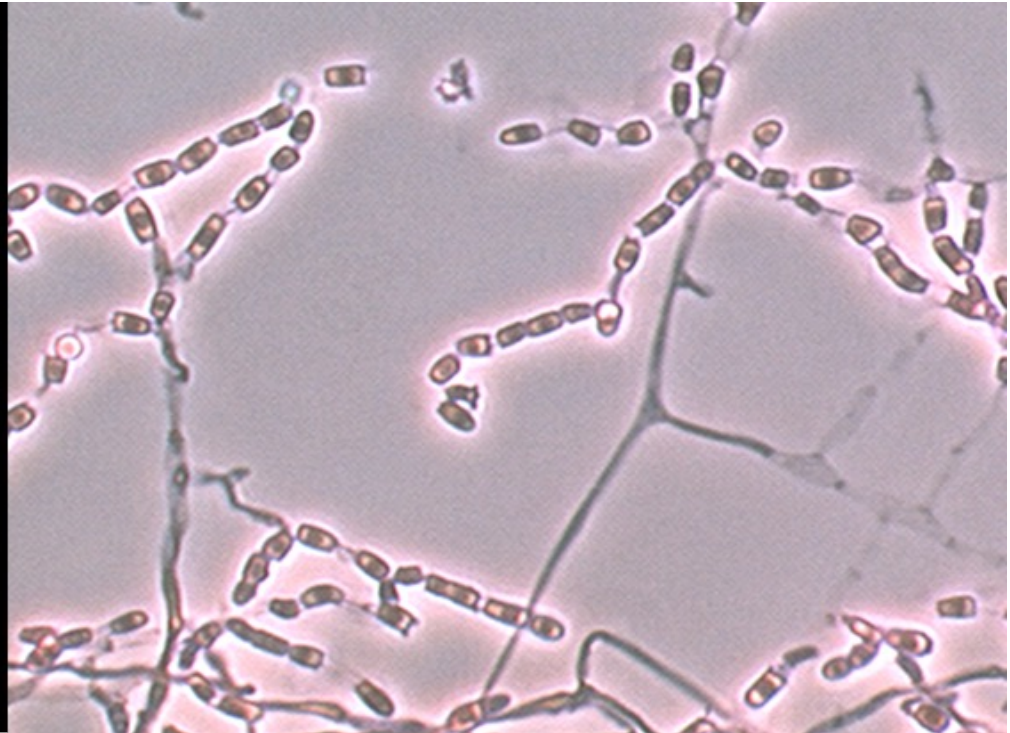
COUGH? FEVER? EXHAUSTED?

If you live in or have traveled to
the Southwest, ask your doctor
about Valley fever.

www.cdc.gov/fungal



Coccidioides immitis and *Coccidioides posadasii*



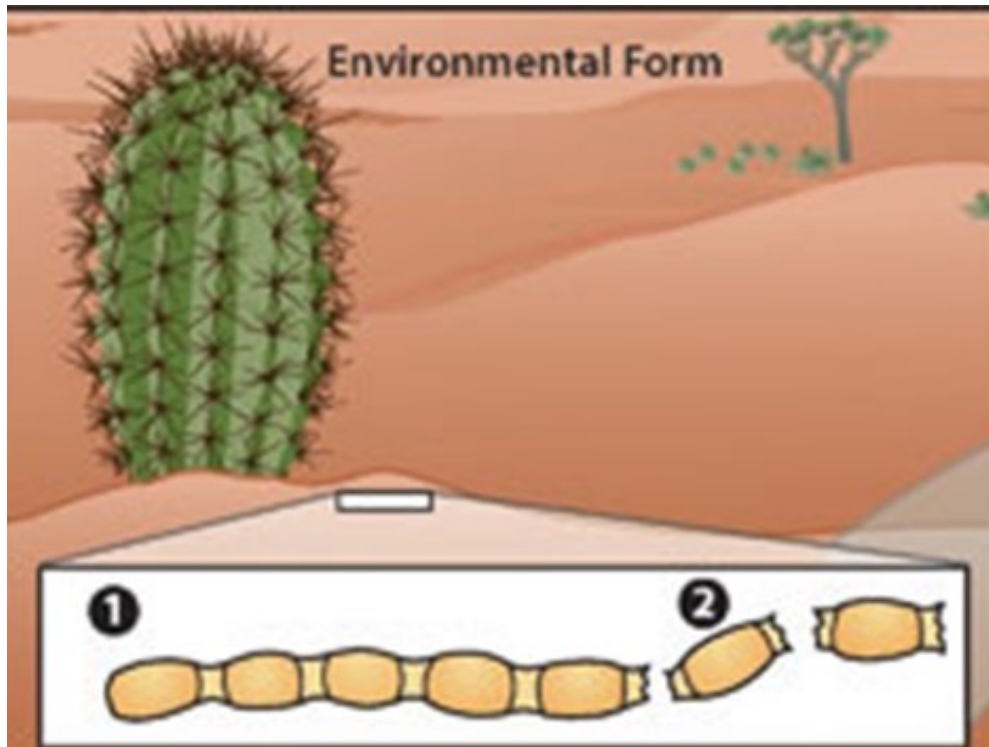


Dimorphic Fungi Two Forms “Valley Fever”

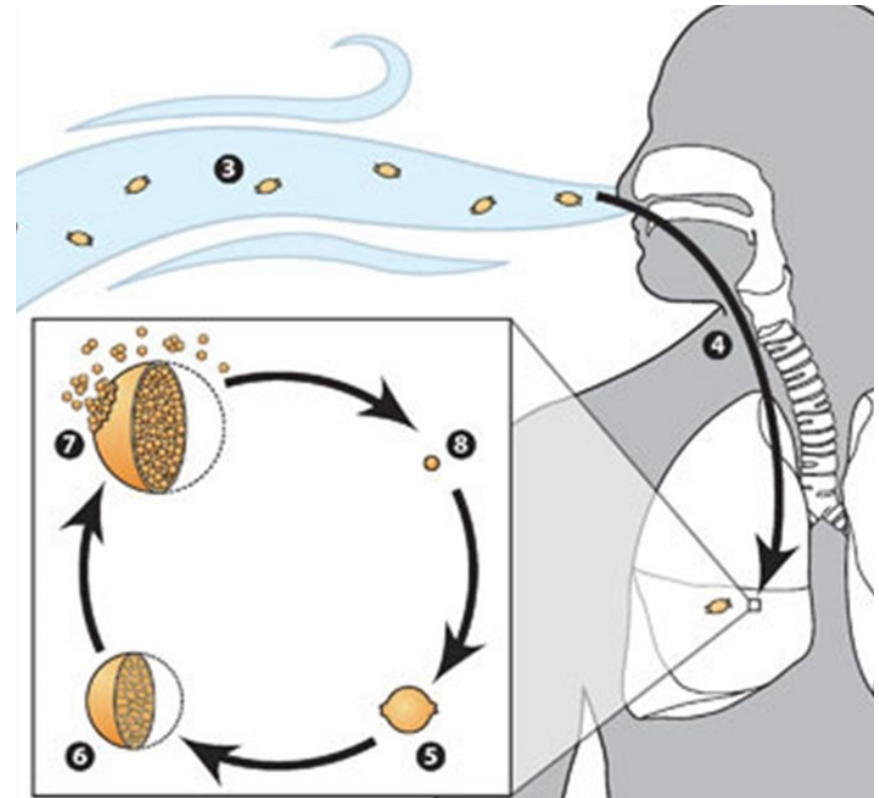
25°
Infectious

37°
Not infectious

Biology of *Coccidioides*



Environmental form



Host-associated form

Ecological niche

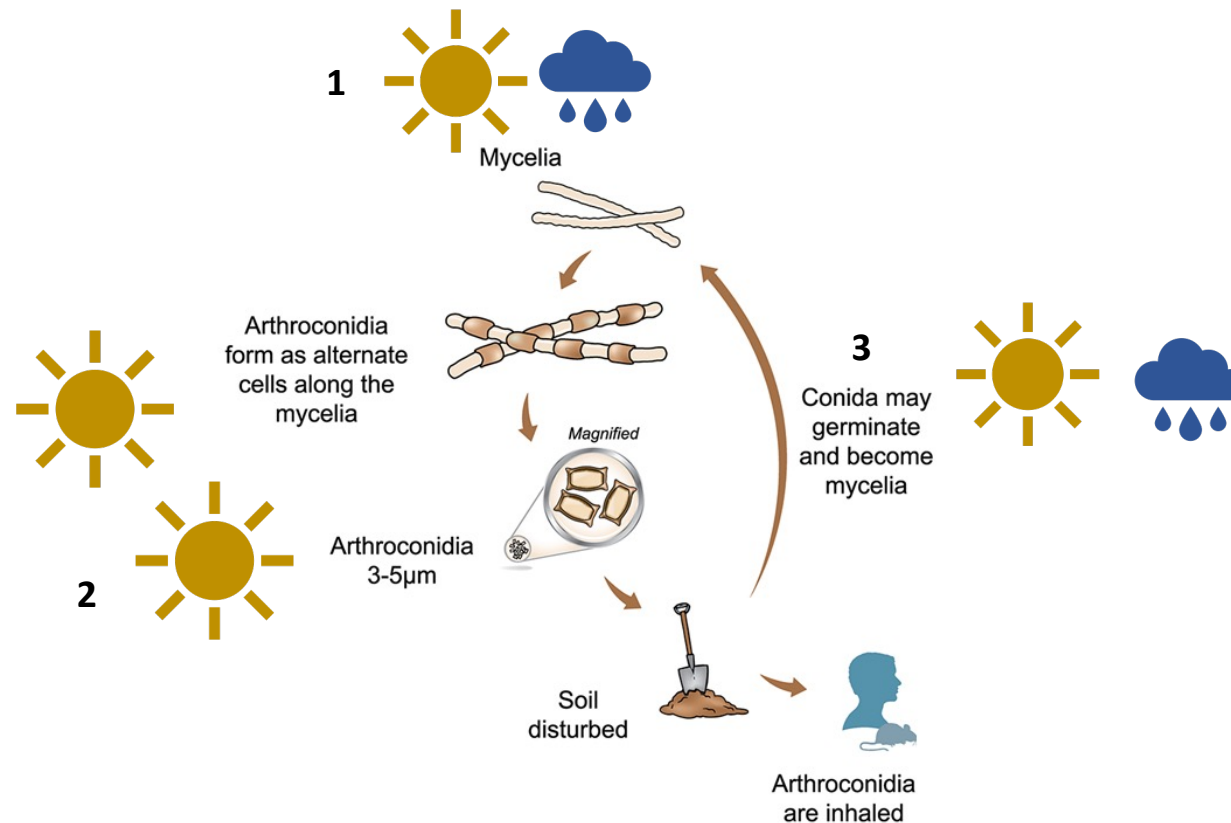
- Soil?



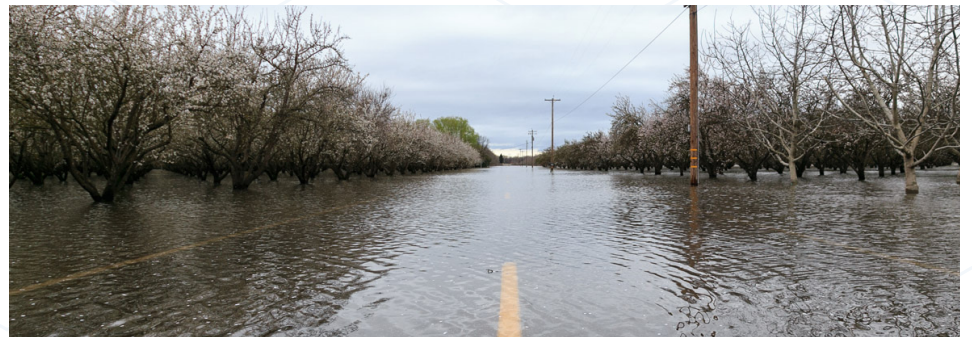
- Rodents/rodent habitats?



Interannual variation in precipitation (drought) and temperature correlated with seasonal anomalies

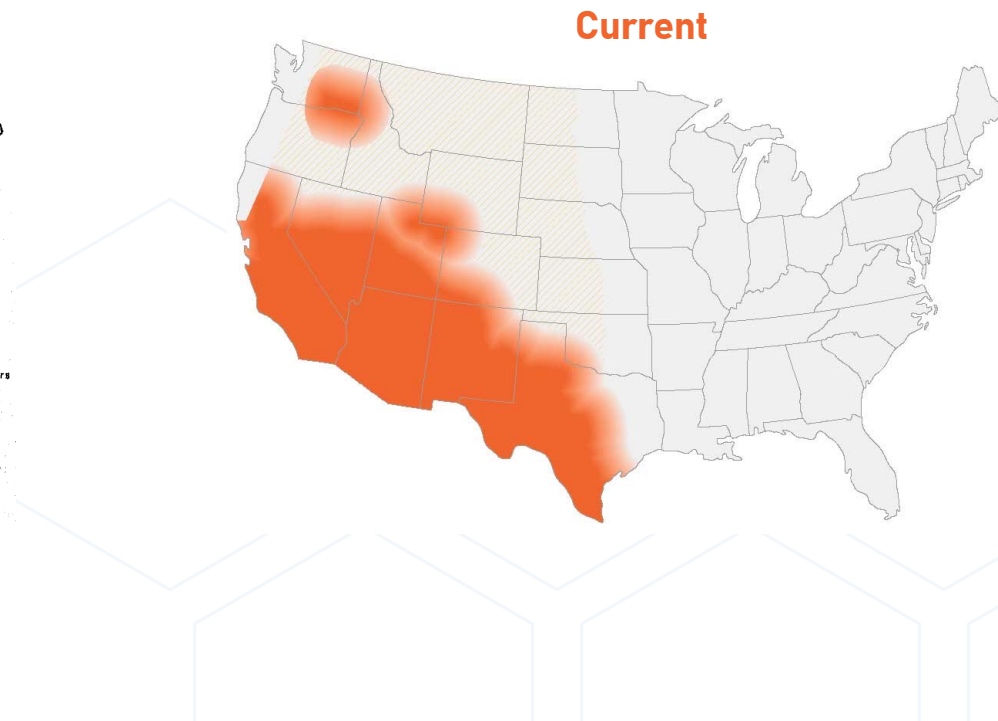
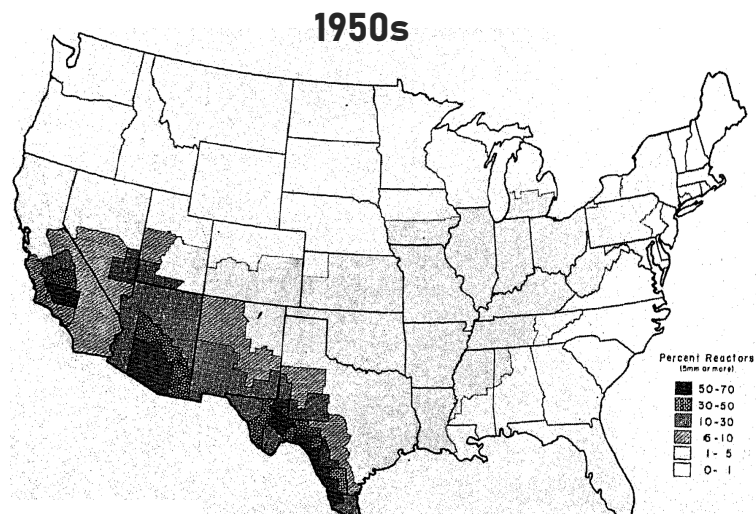


Combination of extreme climate events are leading to more people at risk for Valley Fever



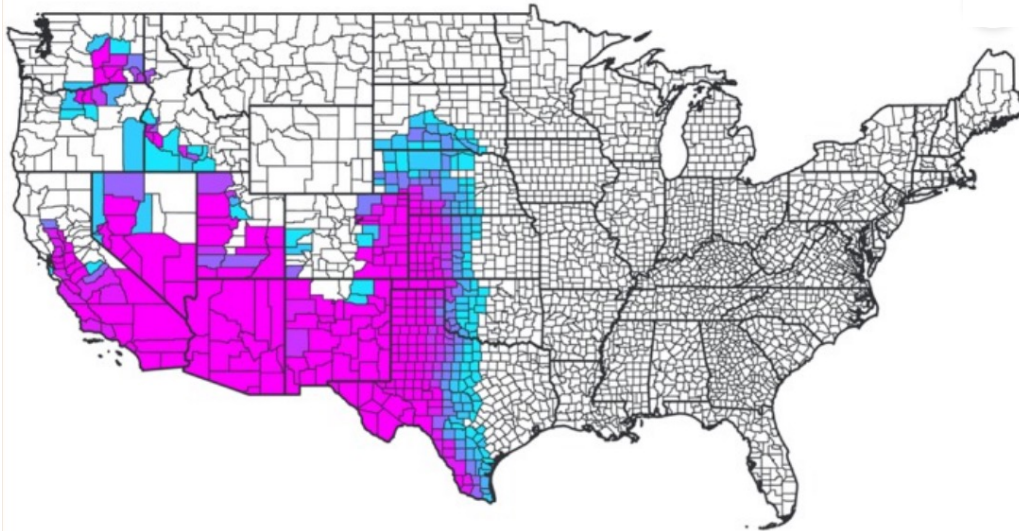
Coccidioides species primarily endemic to Southwestern United States

Areas of endemicity

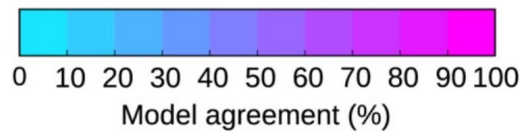
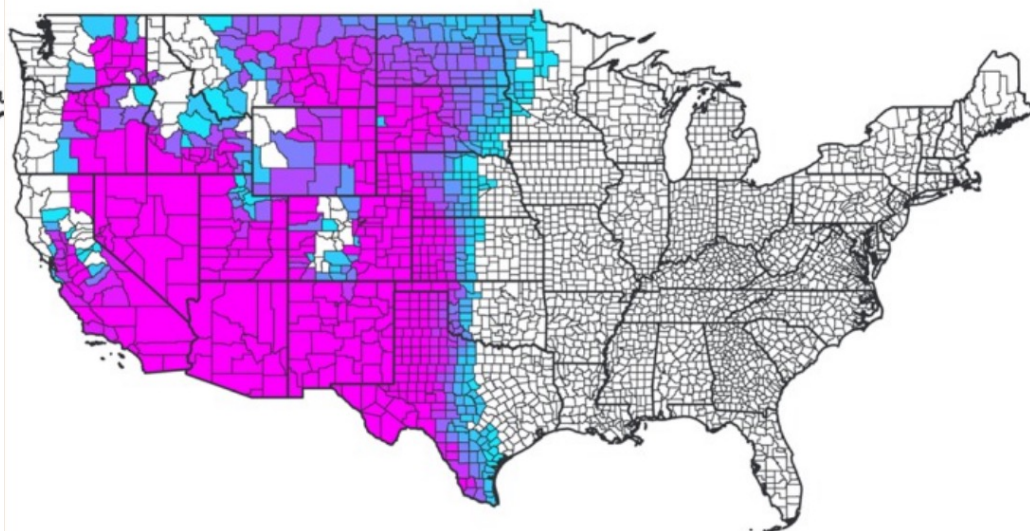


Climate modeling analyzing temperature and precipitation patterns predicts expansion of Valley Fever endemic range

2035

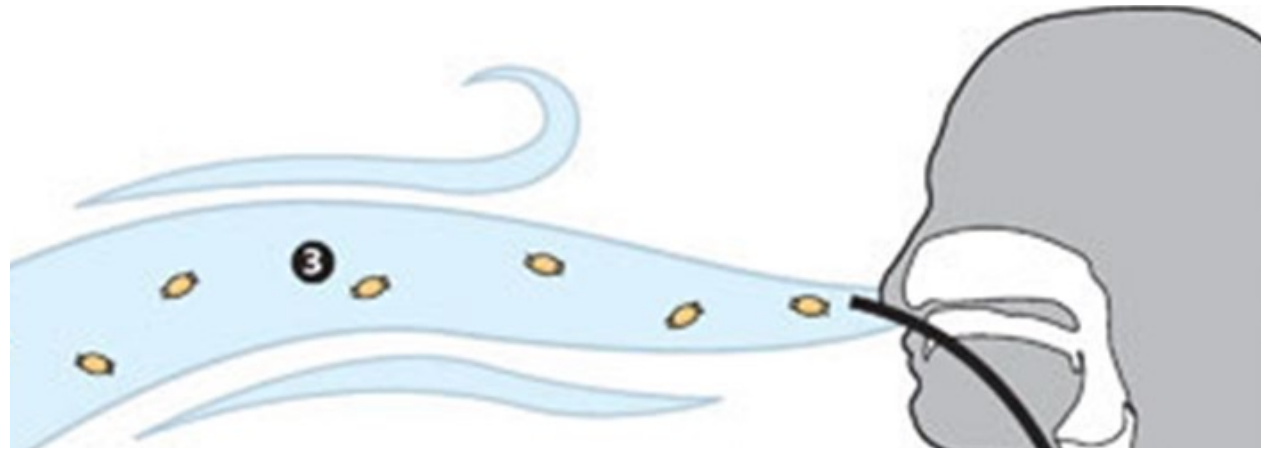


2095



***Coccidioides* in the air?**

- **Seasonal variation?**
- **Geographic distribution?**
- **Weather events?**
- **Climate change?**
- **Construction?**



CocciWatch: *Coccidioides* environmental surveillance via air sampling, Arizona and California

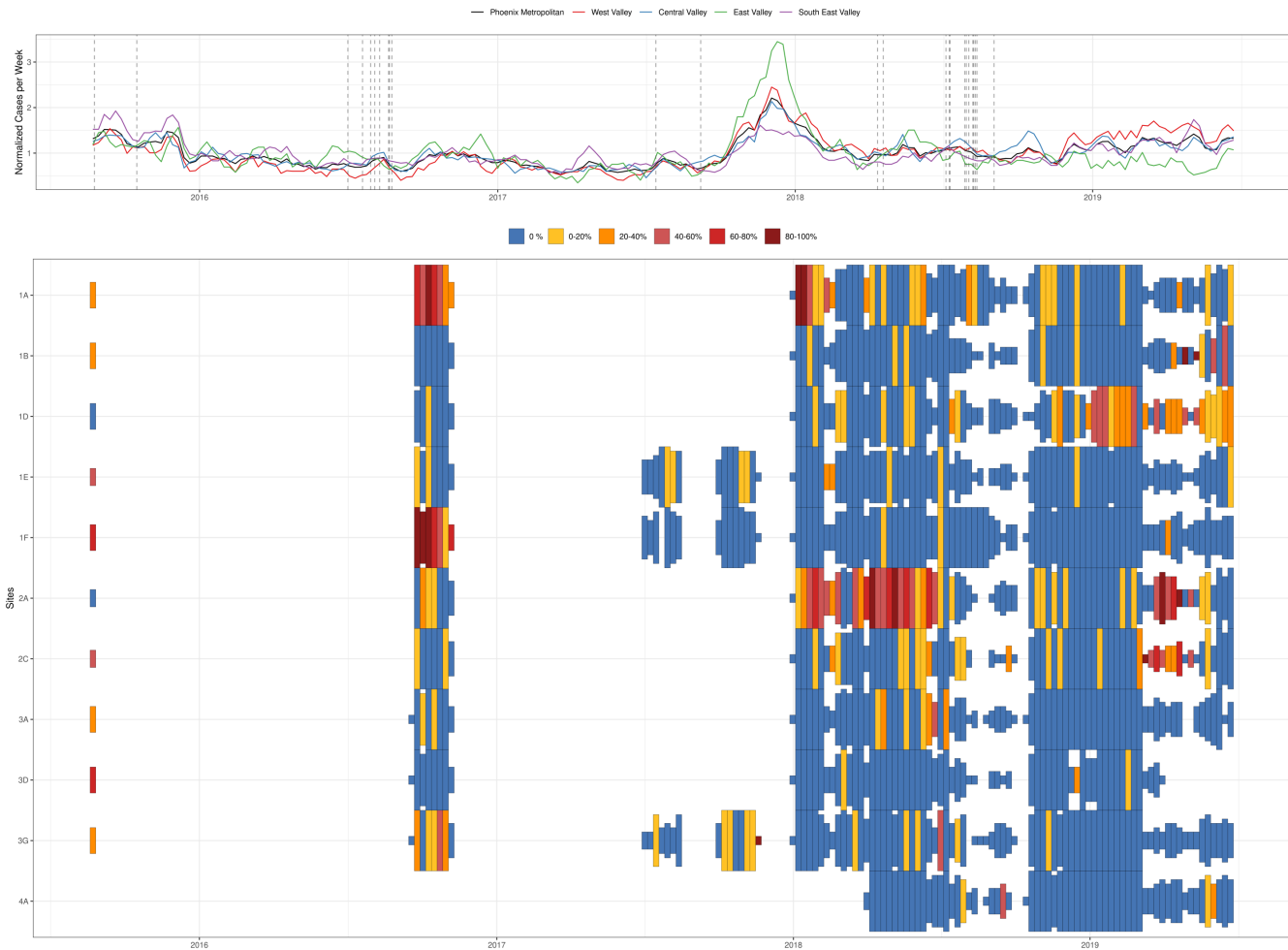
High-volume air sampler

Hydrophobic PTFE filter

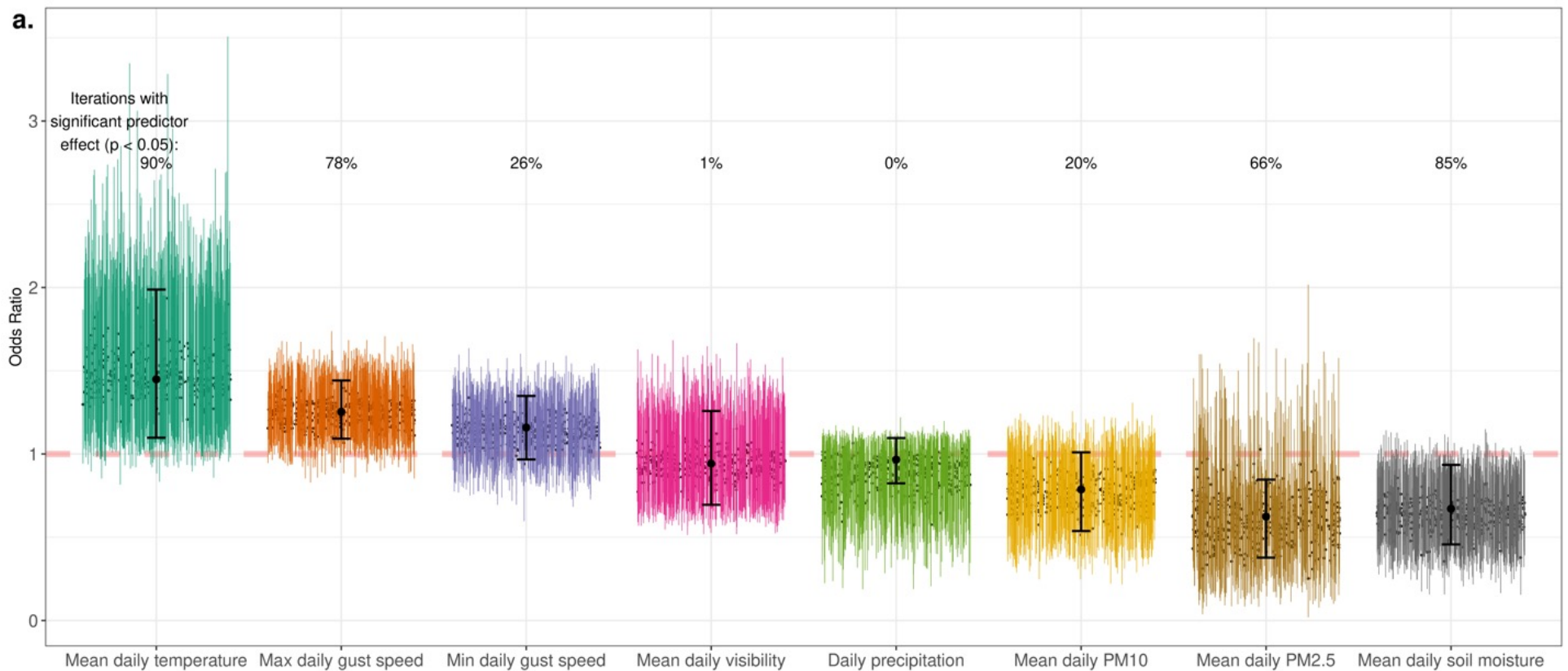


CocciWatch- Surveillance conclusions

- **High variance in prevalence across space and time suggesting that risk is spatially and temporally variable.**
 - Supported by ecology-*Coccidioides* must be introduced into the soil and then aerosolized.
- **Local drivers influence site prevalence.**
 - Specific weather patterns?
 - Soil disturbance?
 - Land cover around sites?



Effect of daily environmental measures on filter prevalence across the study period





Wildfire smoke as a potential source of Valley Fever? Emerging field of pyroaerobiology

PERSPECTIVE | EPIDEMIOLOGY

Science

Wildfire smoke, a potential infectious agent

LEDA N. KOBZIAR AND GEORGE R. THOMPSON III



ECOSYSTEMS

Wildfires launch microbes into the air. How big of a health risk is that?

[View Article Online for Selected Articles](#)



Fire Fighters – Coccidioidomycosis



Tailgate



Training

Preventing Work-related Valley Fever in Wildland Firefighters

Digging a fire line disturbs soil that may contain cocci spores

Sporotrichosis

Sporothrix spp.

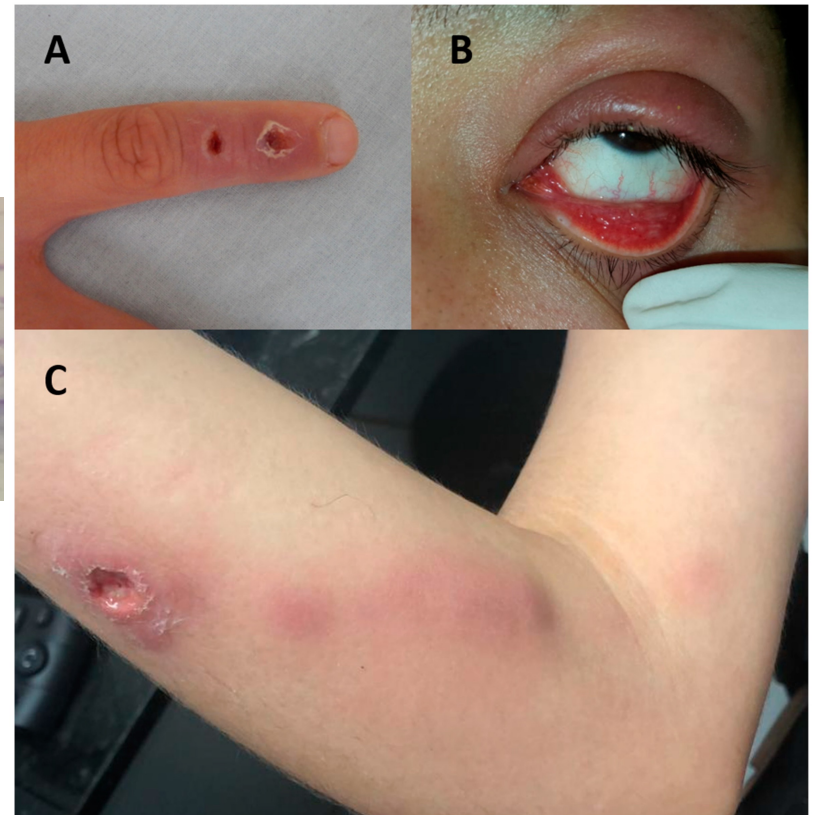
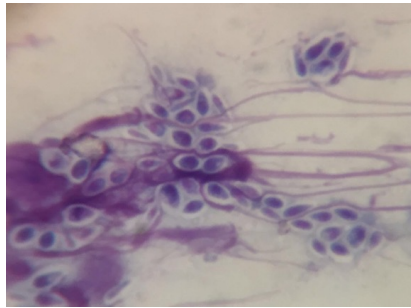


Sporotrichosis (Schenckii)

- Anecdotally called “Rose grower’s disease”
- Found on decaying plant matter and in peat and sphagnum moss
- Associated with animal scratches or bites

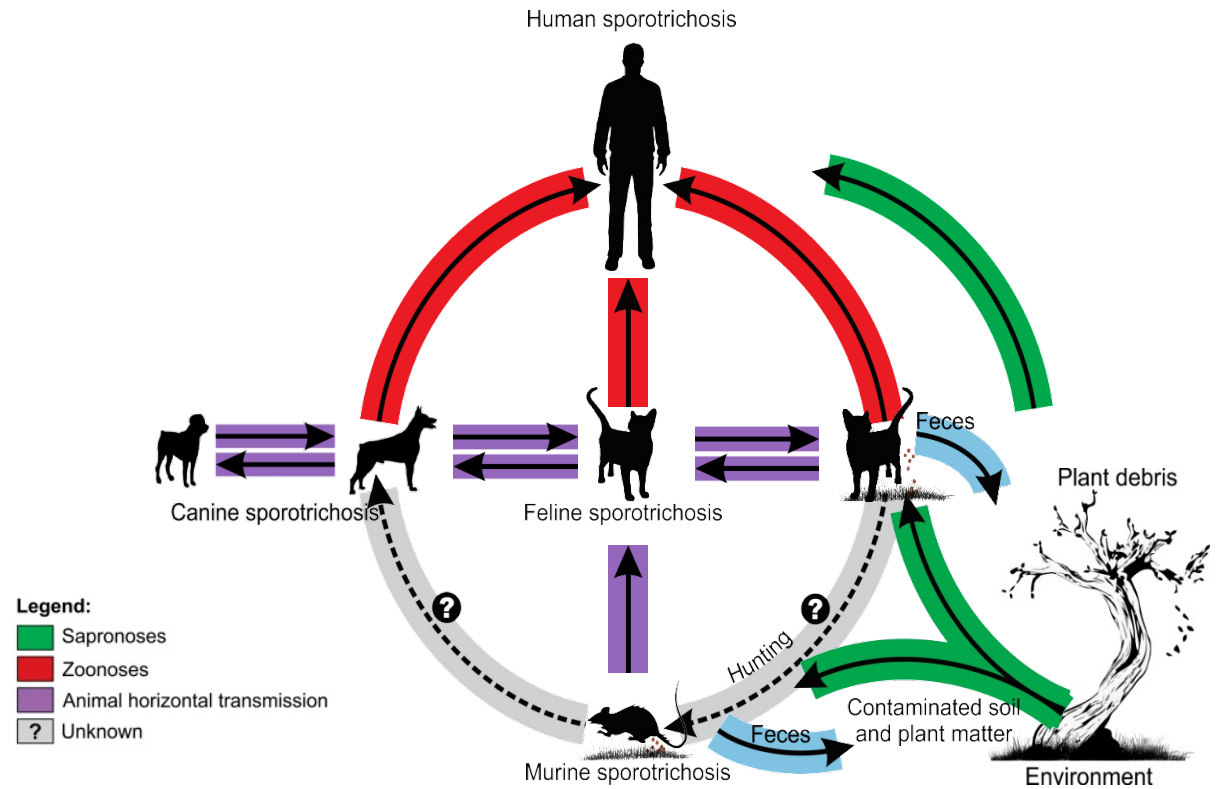
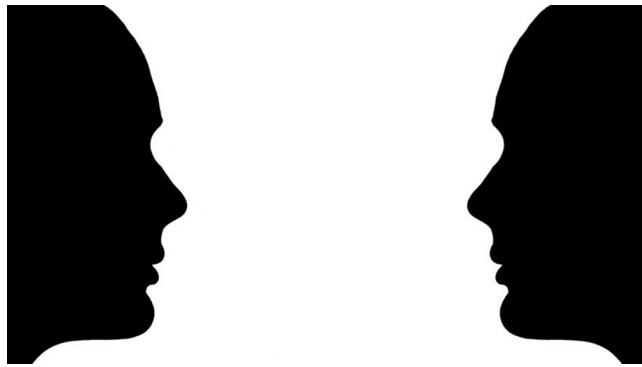


New Species Emerges: *Sporothrix brasiliensis*: Zoonotic Disease with Cats



Rodrigues AM *et al.* 2016. *PLoS Pathogens*.

Dimorphic fungus: Transmissible in Yeast and Mold Phase!



Rodrigues AM *et al.* 2016. *PLoS Pathogens*.

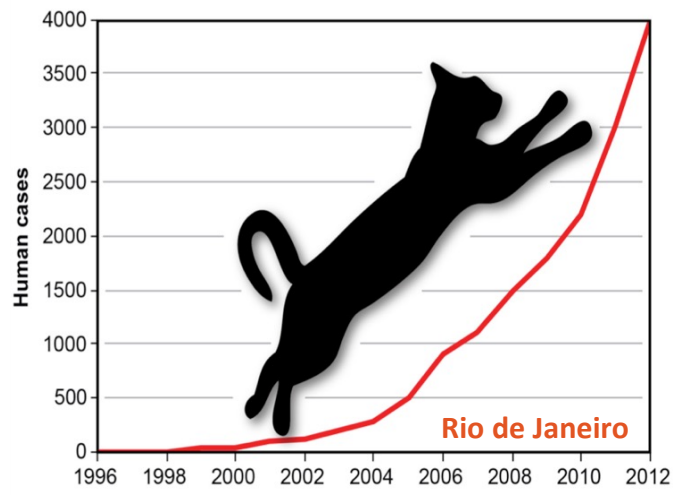
Sick cats may splash infectious yeast cells when shaking the head...



Cats act as a perfect source for the transmission of the disease

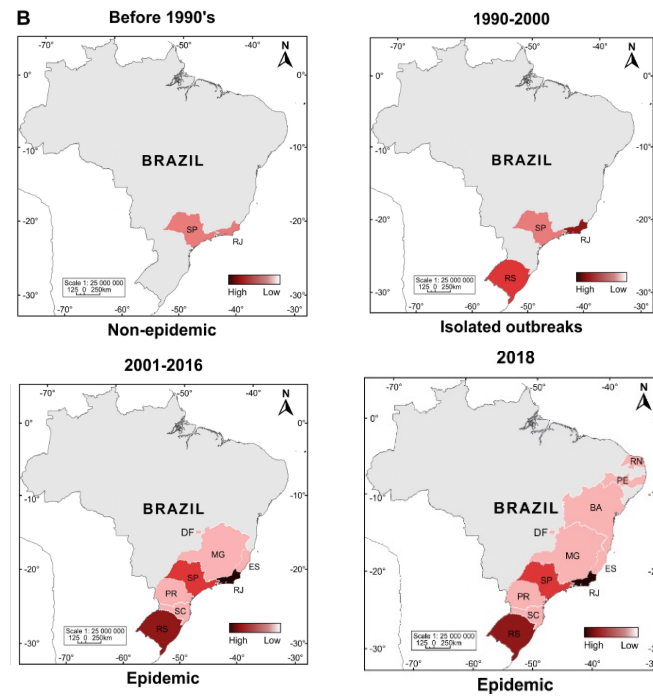


Rapidly Emerged in Brazil



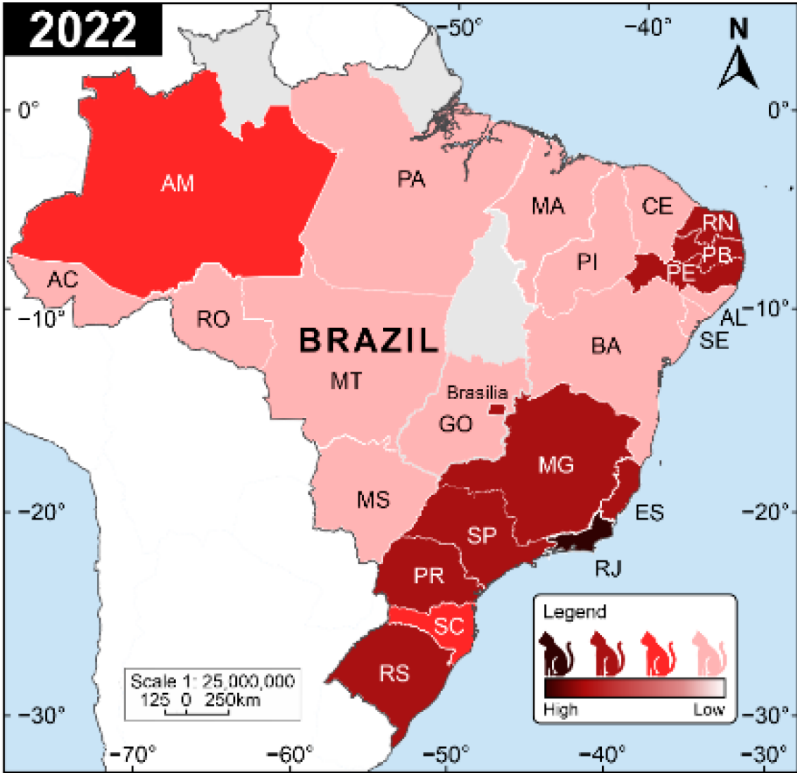
Sporotrichosis cases diagnosed in FIOCRUZ-RJ between 1998 and 2012

human cases	4,000
feline cases	3,800
canine cases	120



And recently reported from Argentina

Cat-transmitted sporotrichosis is spreading rapidly in Brazil



Messias Rodrigues et al. 2022. J. Fungi

Where is this species located?

Brazilian epidemic in cats is caused by a single species, the fungus *Sporothrix brasiliensis*. Until recently, this species was geographically restricted to Brazil.

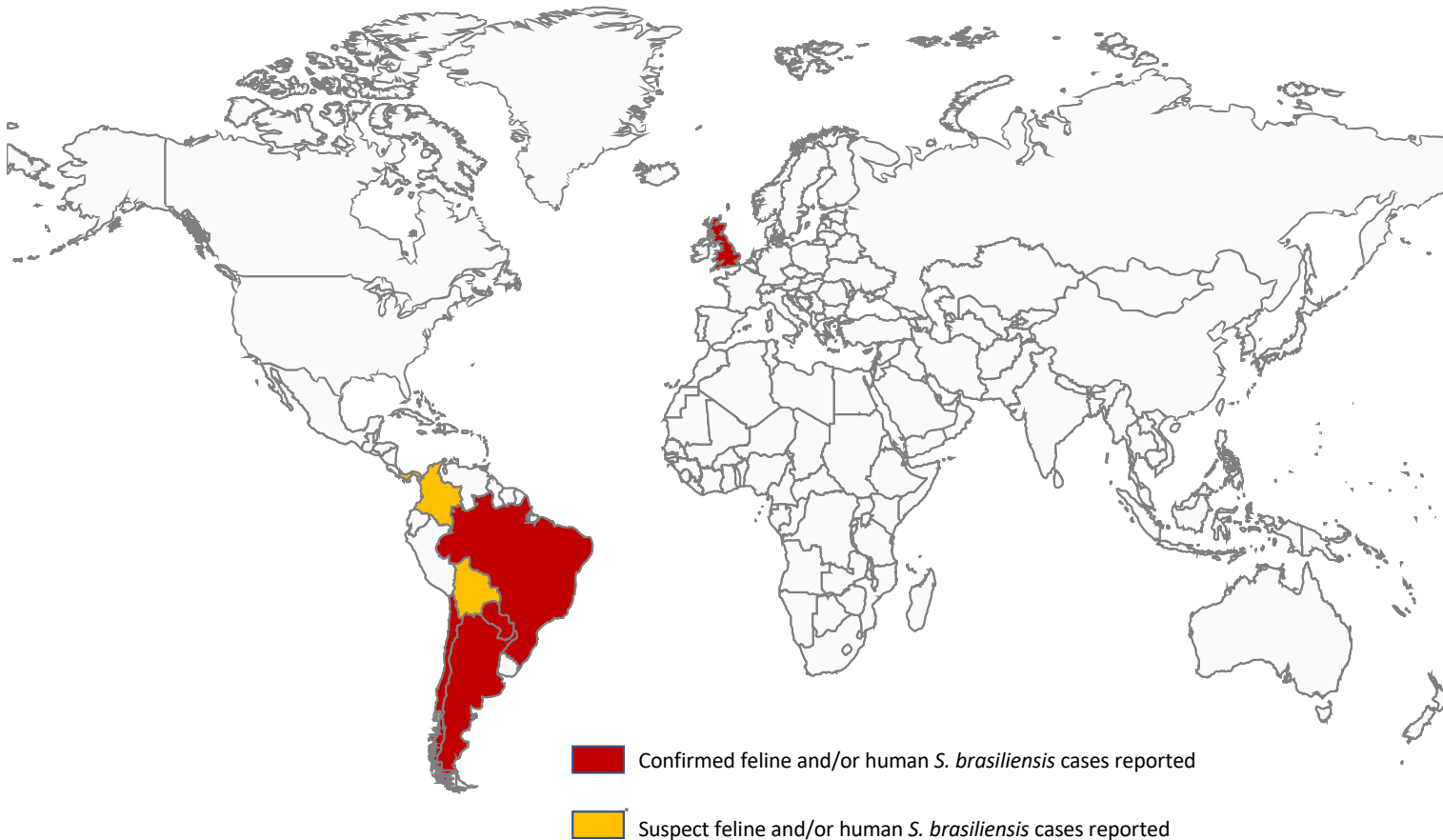
Reports now in neighboring countries

Colombia, Paraguay, Bolivia and Argentina




Anderson et al *Emerging Microbes & Infections*, 2014

Cases are increasingly reported beyond Brazil



Letter to the Editor

Sporothrix brasiliensis: A growing hazard in the Northern area of Buenos Aires Province?
Sporothrix brasiliensis: ¿una amenaza creciente en la región norte de la provincia de Buenos Aires?

Alejandro Etchecopeaz¹, Miguel Scarpa², Javier Mas³, María L. Cuevas⁴ 

Rev. Del Nacional (Itapúa), 2017;9(2): 67-76

DEL NACIONAL

Caso Clínico

Esporotricosis transmitida por gato doméstico. Reporte de un caso familiar
Sporotrichosis transmitted by domestic cat. A family case report

Jesús Manuel García Duarte¹, Víctor Raúl Watzke Acosta², Patricia María Laura Fornerón Viera³, Arnaldo Aldama Caballero³, Graciela Asunción Gorostaga Matlauda¹, Victoria Beatriz Rivelli de Odone¹, José Guillermo Pereira Brunetti¹

¹Ministerio de Salud Pública y Bienestar Social, Hospital Nacional, Servicio de Dermatología. Itauguá, Paraguay.

²Ministerio de Salud Pública y Bienestar Social, Programa Nacional de Control de la Lepra, Dirección General de Vigilancia Sanitaria, Centro de Especialidades Dermatológicas. San Lorenzo, Paraguay

Open Access Case Report

Sporotrichosis Outbreak Due to *Sporothrix brasiliensis* in Domestic Cats in Magallanes, Chile: A One-Health-Approach Study

by Pamela Thomson¹ , Carlos González^{2,3} , Olivia Blank⁴ , Valentina Ramírez⁴, Camila del Río¹, Sebastián Sanitibáñez¹ and Pamela Peña⁴

¹ Laboratorio de Microbiología Clínica y Microbioma, Escuela de Medicina Veterinaria, Facultad de Ciencias de la Vida, Universidad Andrés Bello, Santiago 8370134, Chile

² Laboratorio de Anatomía e Histopatología, Escuela de Medicina Veterinaria, Facultad de Ciencias de la Vida, Universidad Andrés Bello, Santiago 8370134, Chile

³ Laboratorio de Histopatología, CITOVET, Nuñoa, Santiago 7750538, Chile

⁴ Clínica Veterinaria Timaukel, Punta Arenas 6210648, Chile

* Author to whom correspondence should be addressed

A One Health approach is needed for controlling cat-transmitted sporotrichosis

- Veterinarians
- Clinicians
- Microbiologists
- Epidemiologists
- Border health



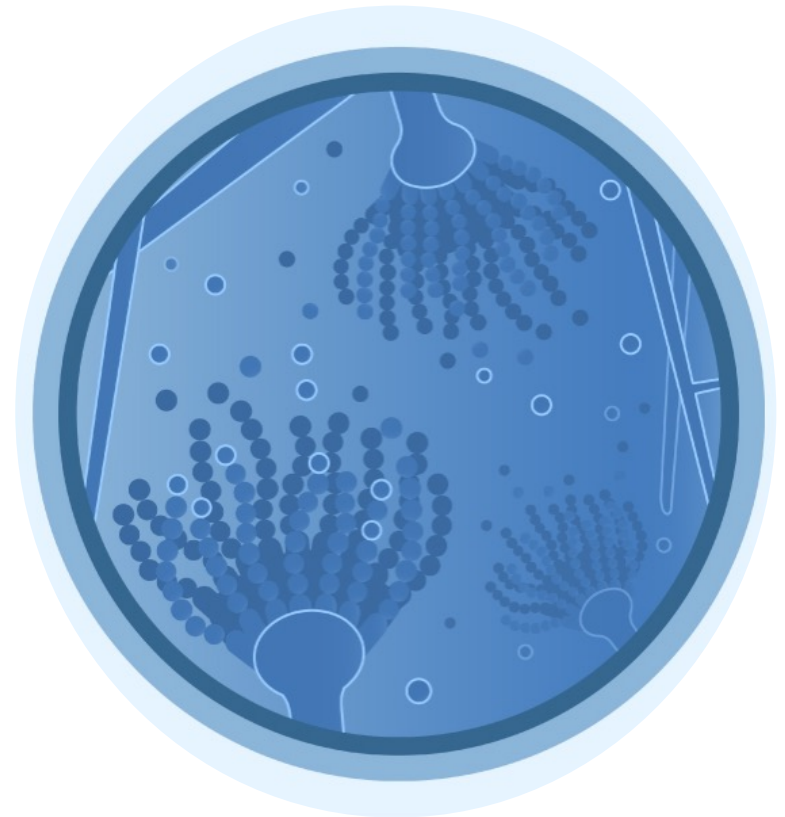
Aspergillosis

A microscopic image of Aspergillus fumigatus. The image shows several spherical, multi-cellular spore heads (conidia) attached to long, thin, branching hyaline (colorless) filaments (phialides). The spores are small, round, and have a distinct, textured surface. The background is dark, making the spores and filaments stand out.

Aspergillus fumigatus

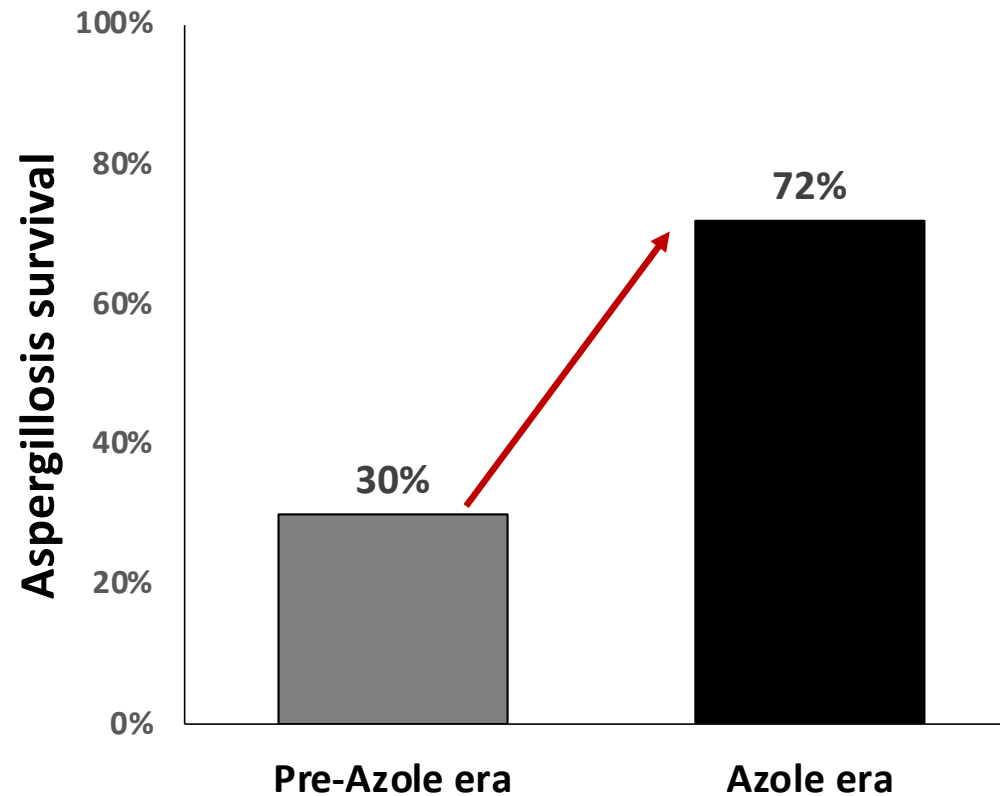
Background on Aspergillosis

- **Rare** fungal infection via lung
- Affects **severely immunocompromised** people (e.g., stem cell transplant, hematologic malignancy)



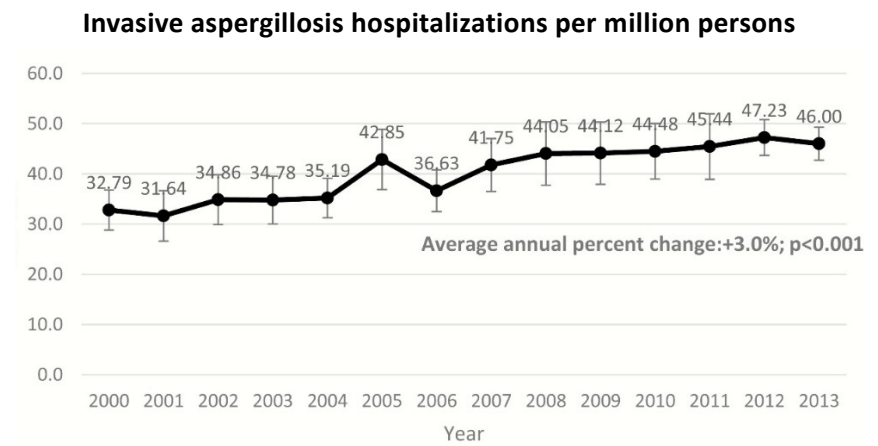
Triazole antifungals are critical for treating aspergillosis and saving lives

Introduction of mold-active triazole medications in 1990s dramatically improved survival



BUT actually, infections may not be so rare: Burden of invasive aspergillosis is substantial and undercounted

- Until recently, **no public health surveillance**
- Best estimates come from **administrative data**:
 - ~15,000 hospitalizations/year
 - ~800 deaths/year
- But these are likely **massive underestimates**
 - Underdiagnosis
 - Undercoding



Benedict K, et al. Clin Infect Dis. 2019
Rayens E, et al. Clin Infect Dis. 2021
Vallabhaneni, et al. Open Forum Infectious Diseases 2017.

Aspergillosis is one of the most common missed diagnoses in the ICU, based on autopsy studies

BMJ Quality & Safety

Diagnostic errors in the intensive care unit: a systematic review of autopsy studies

- **8%** of autopsied ICU deaths involved a **potentially lethal missed diagnosis**
- Most common: “pulmonary embolism, myocardial infarction, pneumonia, **and aspergillosis**”

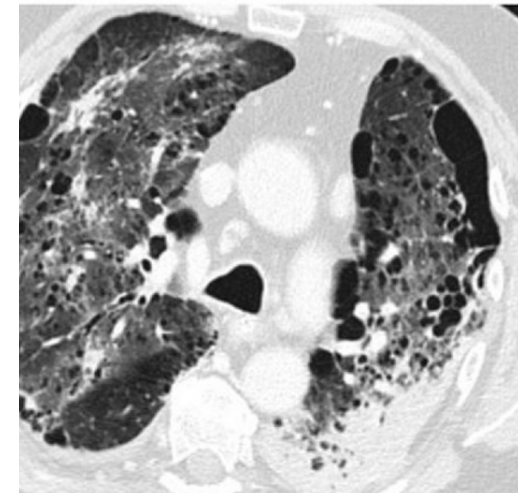
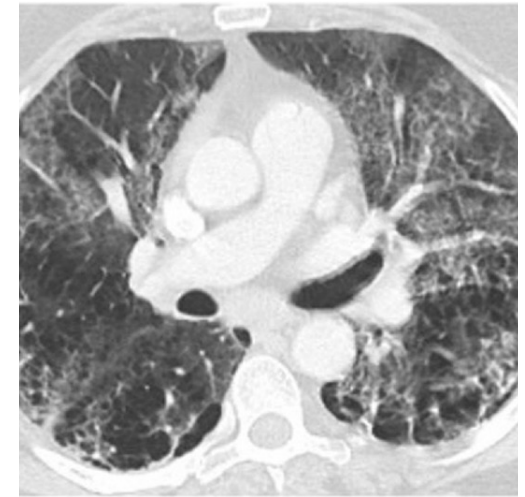
Increasingly identified in non-immunocompromised populations, including those with influenza and COVID-19

THE LANCET
Respiratory Medicine

Invasive aspergillosis in patients admitted to the intensive care unit with severe influenza: a retrospective cohort study

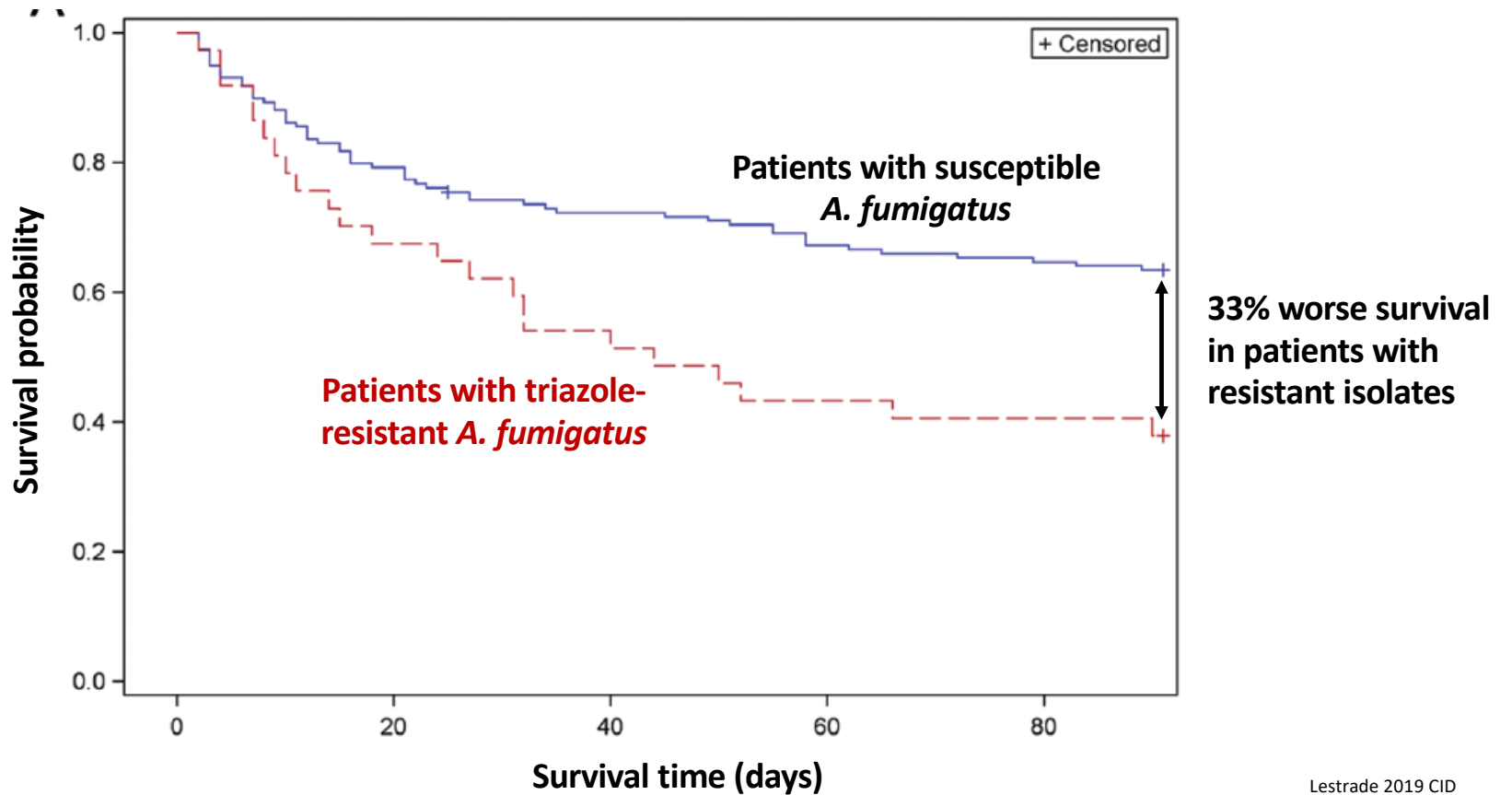
EMERGING INFECTIOUS DISEASES®

COVID-19-Associated Pulmonary Aspergillosis, March–August 2020



Koehler P, et al. Mycoses. 2020

Emerging triazole resistance kills patients and sends us back to the pre-azole era

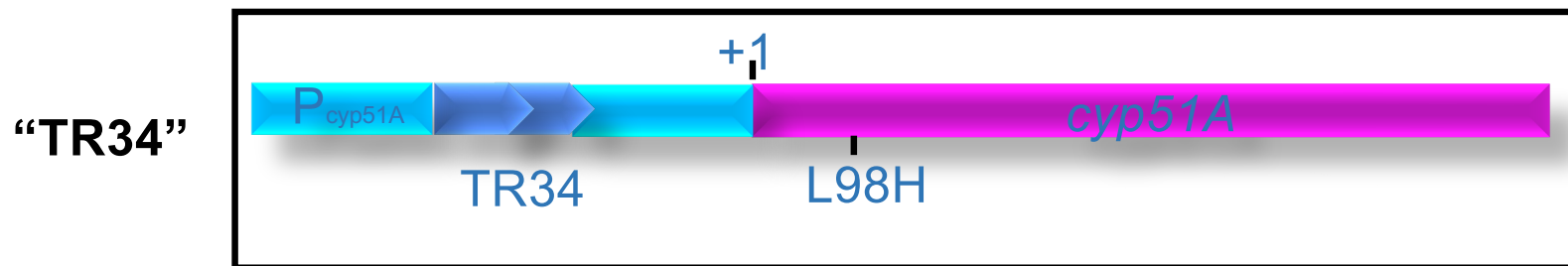


Since clinical use of mold-active azole use began in 1990s, resistance was periodically observed in patients on long-term therapy

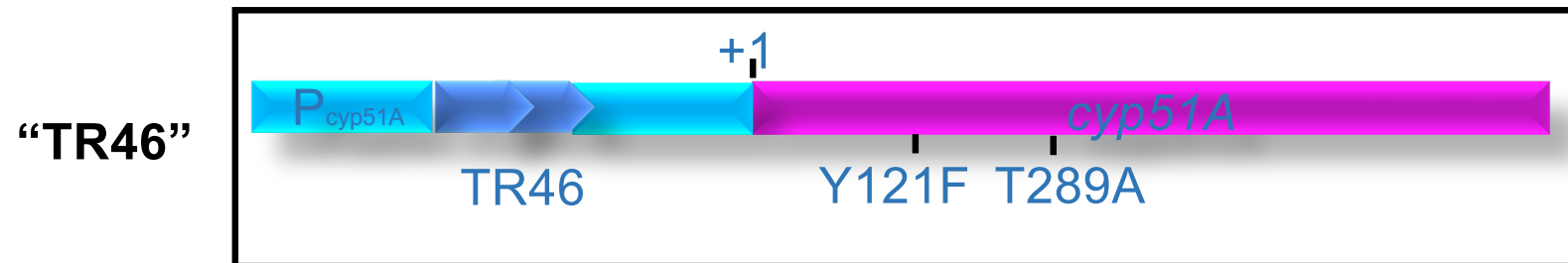


- Many different mutations lead to azole resistance

A concerning puzzle: two genotypes emerge in late 1990s/early 2000s, primarily in patients without triazole treatment (not the long term therapy patients)

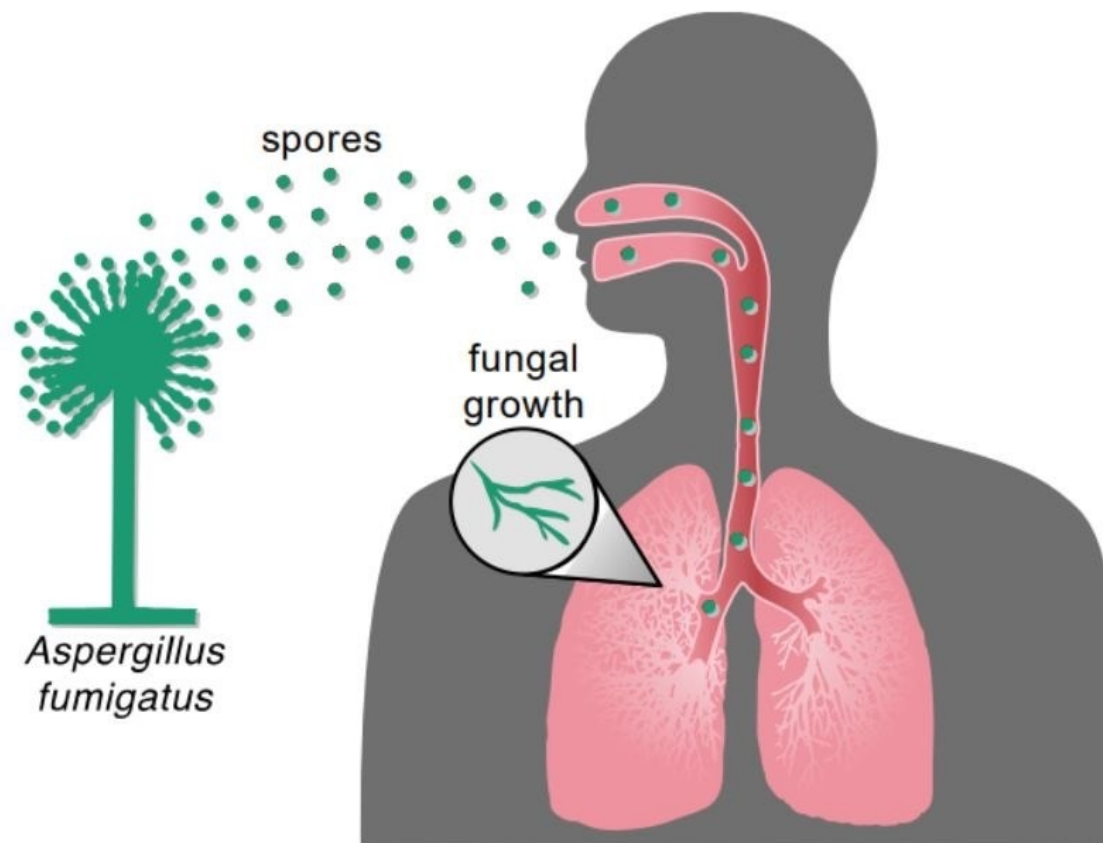


Causes Pan-Azole Resistance: Itraconazole, Voriconazole, Posaconazole



Causes Resistance to Preferred Drug: Voriconazole

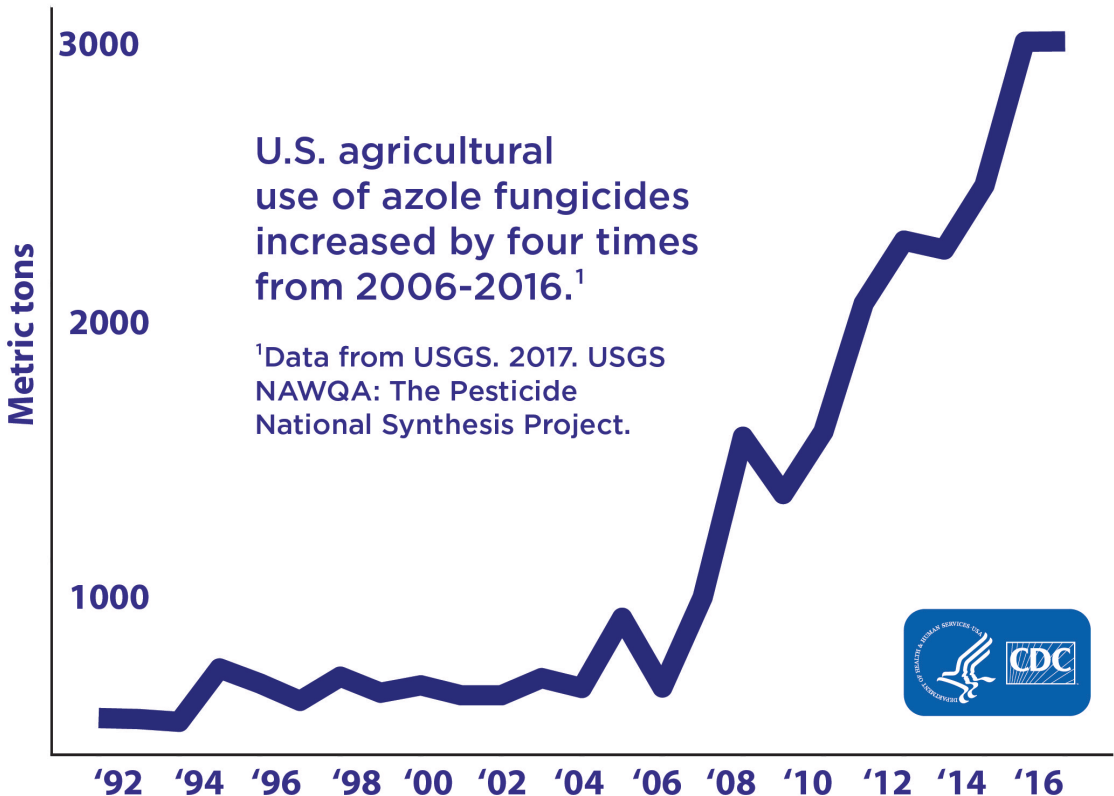
Patients inhale *A. fumigatus* that is already azole resistant



**Agricultural fungicides are driving drug-resistant
Aspergillus fumigatus infections**



What does environmental triazole fungicide use look like in the United States?

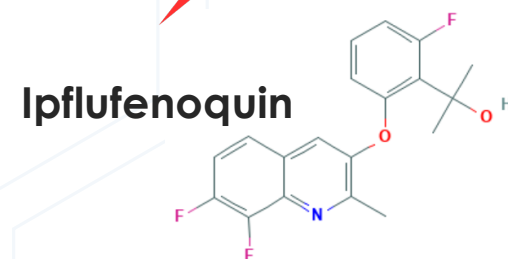
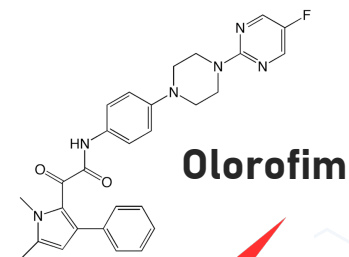


CS323341-A

Toda M, et al. Enviro Health Persp. 2021

Promising clinical antifungal effective against azole-resistant aspergillosis shares mechanism of action with recently authorized agricultural fungicide

Development pipelines





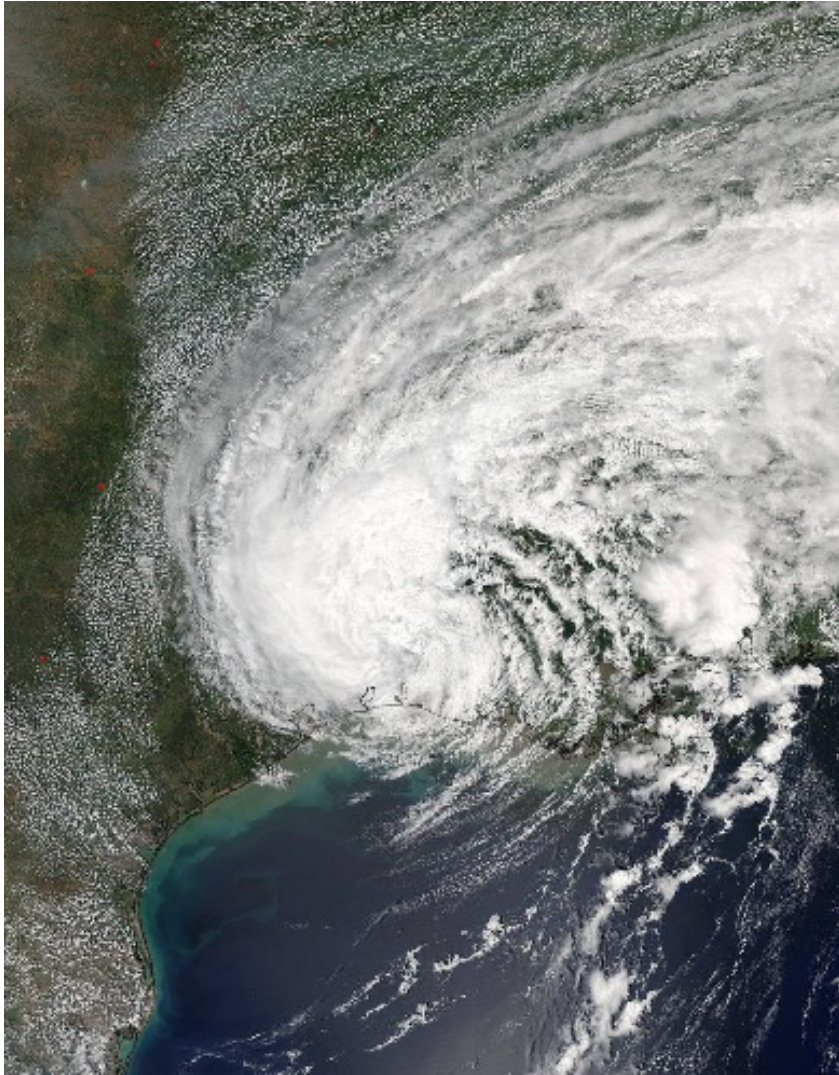
Hurricanes and Flooding

Hurricane Katrina - New Orleans, October 2005



- 68% of homes had roof damage with water
- 46% (~100, 000 homes) had visible mold damage
- Immunocompromised population returning to clean homes
- NO INVASIVE DISEASE (small number studied)

Morbidity and Mortality Weekly Report 2006;55:41-4



NASA/NOAA GOES Project

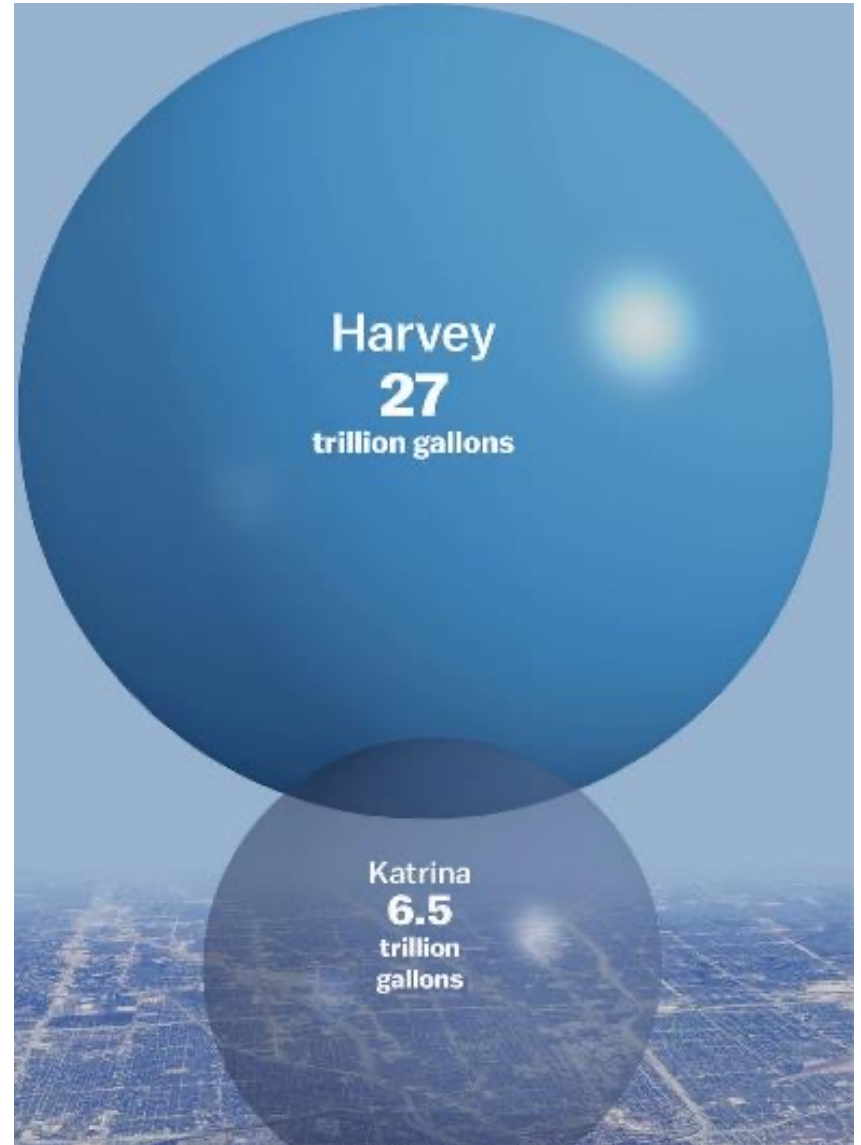






Photo by NIOSH





Photo by NIOSH



Immunocompromised (high risk) patients



- Inhalation
- Lung and sinuses
- High mortality rate

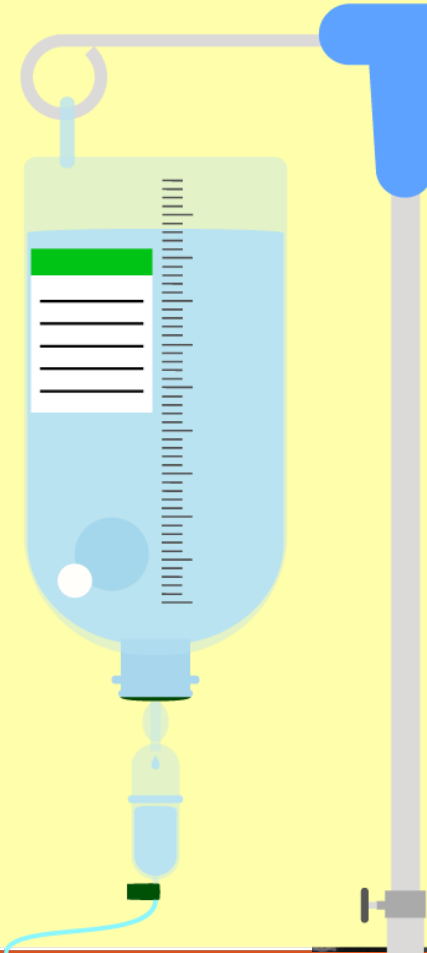
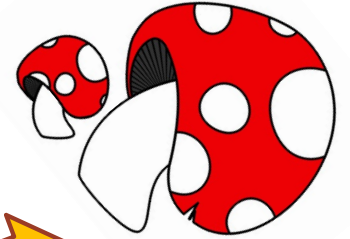
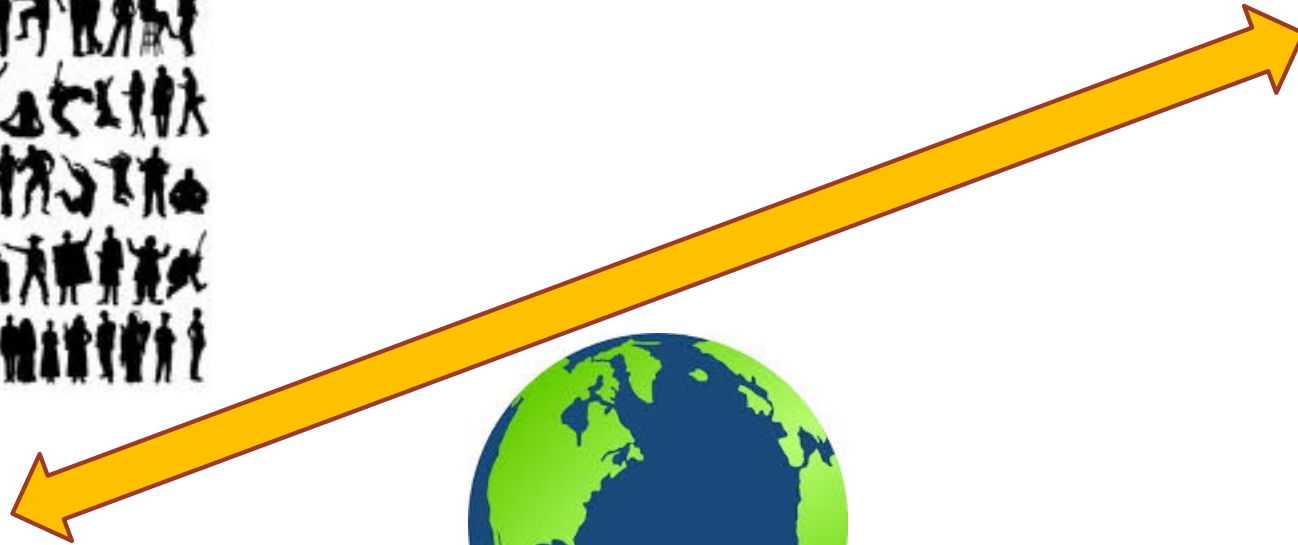


Photo by NIOSH

Final Thoughts

Environmental changes?







More population at risk



Prostate



Testicular



Kidney



Lung



Pancreatic



Head / Neck



Cervical



Uterine



Leukemia



Lymphoma



Melanoma



Liver



Brain



Colon



Stomach



Breast



Ovarian



**Childhood
Cancer**



Fungal Biology

María Guadalupe Frías-De-León
Carolina Brunner-Mendoza
María del Rocío Reyes-Montes
Esperanza Duarte-Escalante *Editors*

The Impact of Climate Change on Fungal Diseases

 Springer

Thanks

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



**THINK FUNGUS.
SAVE LIVES.**

Some fungal infections can look like other illnesses. Early diagnosis and proper treatment are essential.

www.cdc.gov/fungal



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



www.webbertraining.com/schedulep1.php

April 2, 2024

[COVID-19's CHALLENGES TO INFECTION CONTROL DOGMA](#)

Speaker: **Prof. Michael Klompas**, Harvard University

April 11, 2024

[\(FREE Teleclass\)](#)

[LESSONS LEARNED FROM A FAILED IMPLEMENTATION](#)

Speaker: **Luize Fábrega Juskevicius**, University of São Paulo, Brazil

April 17, 2024

[\(Australasian Teleclass\)](#)

[SOCIAL SCIENCE AND INFECTION PREVENTION AND CONTROL](#)

Speaker: **Prof. Holly Seale**, University of New South Wales School of Population Health, Australia

April 25, 2024

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Speaker: **Prof. Michelle Alfa**, AlfaMed Consulting, Canada

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