

Leah M. Friedman¹; Jack L. Picton²; Fariba M. Donovan^{3,4}

¹A.T. Still University – SOMA;

²University of Arizona, Tucson, Arizona; ³Valley Fever Center for Excellence, College of Medicine-Tucson, University of Arizona, Arizona; ⁴Division of Infectious Diseases, College of Medicine-Tucson, University of Arizona, Arizona

Background

Coccidioidomycosis (Valley Fever, CM) is a fungal infection endemic to the desert Southwest¹

- Acute pulmonary infection resembles CAP²
- CM patients report prolonged fatigue^{3,4}
- Valley Fever-related fatigue (VFRF) persists after resolution of primary infection²
- No validated treatment strategies exist for VFRF⁵

Project Aims

Hypothesis: VFRF represents a measurable and clinically meaningful health outcome.

Aim 1: Quantify fatigue severity among patients with confirmed CM.

Aim 2: Identify demographic and clinical factors associated with fatigue severity.

Methodology

Study Design:

- Cross-sectional analysis of confirmed CM cases
- Banner UMC Tucson Jan 2020 – Jan 2026

Participants:

- 384 confirmed CM cases (serology, culture, Bx)
- 204 with recorded **FACIT fatigue scores**¹⁰
- Adults ≥18 years

Outcome Measure:

- FACIT Fatigue Scale* (0–52)
 - Four-point Likert scale measuring individual fatigue based on daily activities
- **Higher score** = less fatigue / better quality of life

Categorical Methods:

- Categorization of FACIT score severity¹¹
- **<30 (severe), 30 – 40 (mild), >40 (little/none)**
- Not as effective for capturing fatigue variability

Continuous Analysis:

- Better predictor of fatigue variability
- Duration of Illness, CF Titer, Age, and Length of AZ Residence (Spearman)
- Sex (Wilcoxon)
- CM Presentation (Kruskal–Wallis)

Results

Test	n	p	Effect
Age vs. FACIT	203	0.097†	Spearman $\rho = 0.12$
Sex vs. FACIT	203	0.063†	Δ median = 5
Duration of Illness vs. FACIT	170	0.467	/
Length of AZ Residence vs. FACIT	180	0.710	
CM Presentation vs. FACIT	181	0.584	
CF Titer vs. FACIT	136	0.510	

Table 1: Comparison of demographics with FACITS score, continuous variable

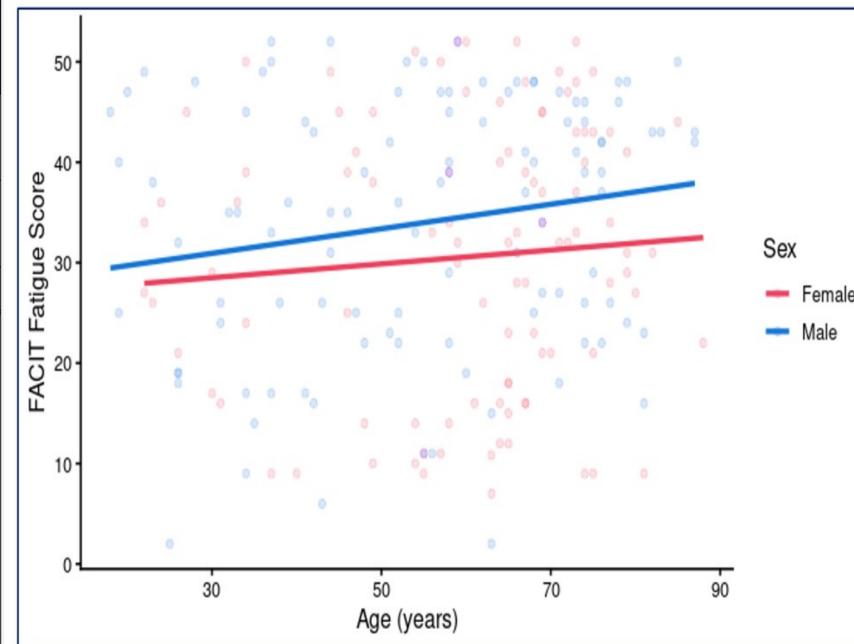


Figure 1: FACIT Score vs. Age, Stratified by Sex

Conclusion

- Older population had slightly less fatigue
- Higher FACIT scores ($p \approx 0.12$, $p = 0.097$)
- Females reported slightly greater fatigue ($p = 0.63$)
- Male Median FACIT Score: **37**
- Female Median FACIT Score: **32**
- No significant association with: Duration of illness; Length of AZ Residence; CM Presentation, CF Titer

Discussion

- Demographic and clinical variables do not explain fatigue severity
- VFRF should be recognized as a persistent and clinically meaningful outcome
- Symptom burden may persist independent of infection control
- Osteopathic treatment has demonstrated benefit in pulmonary conditions⁹
- With lack of targeted therapies: An osteopathic approach may be an option⁹

