

THE COST OF VALLEY FEVER IN ARIZONA: Summary of Results



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June 8, 2020

*This report was commissioned by the University of Arizona Valley Fever Center for Excellence and the Banner University Health Valley Fever Program.

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This report provides estimates of the lifetime cost burden of new cases of coccidioidomycosis (Valley fever) infection in Arizona in the year 2019. The direct costs of infection are the health care treatment costs the patient is expected to incur over his or her lifetime—doctors' visits, chest X-rays, antifungal medications, episodes of hospitalization, etc. The indirect costs of infection are conservatively represented by the value of earnings lost during the initial period of treatment and earnings lost because of premature mortality. All costs are measured in 2019 dollars, and future costs are discounted to the present at a real rate of interest equal to 3 percent. Following Wilson, et al. (2019)¹, cost estimates are made for each of five types of disease manifestation: (1) uncomplicated pneumonia, (2) chronic pneumonia without dissemination, (3) chronic pneumonia with dissemination, including meningitis, (4) other changes in chest, pulmonary nodule and (5) other changes in chest, pulmonary cavity.

Using the disease frequency distribution in Wilson, et al., 85 percent of symptomatic (reported) cases of Valley fever are assumed to consist of uncomplicated pneumonia. The estimated average per person lifetime direct costs in this case are \$29,900. Patients with this disease manifestation have normal life expectancy. The indirect costs of the disease are simply the value of workdays lost during the initial period of treatment, estimated on average to be \$1,300 per person.

Five percent of symptomatic cases are assumed to develop chronic pneumonia, with half of these having no dissemination and the other half with dissemination. Patients with chronic pneumonia but no dissemination are likely to require hospitalization during the first two years after diagnosis and are administered medications for each of the first three years. The lifetime direct costs for these patients are estimated to be \$162,700 per person. Health care treatment costs are very high for those with dissemination. These patients will require both medication and periods of hospitalization throughout their lives. The lifetime direct costs for cases with dissemination are estimated to be \$1.13 million per person.

Patients with Valley fever who develop chronic pneumonia suffer a significant number of lost workdays during their initial period of treatment (3-4 months). They also have higher rates of mortality. In particular, for patients with dissemination, the marginal mortality rate associated with the disease is assumed to be 15% in the first five years and 1% each year thereafter. Adding together both the value of workdays lost and the costs of premature mortality, indirect costs are estimated to be \$41,100 per person for those without dissemination and \$137,400 for those with dissemination.

In the disease classification of Wilson, et al., 10 percent of Valley fever patients experience "Other changes in chest." These patients require expensive diagnostic work-up for possible lung cancer. The direct costs estimated for these cases are \$119,400 per person for pulmonary nodule and \$127,800 per person for pulmonary cavity. Patients in these disease categories are assumed to lose 7 days of work during their initial period of treatment and suffer mortality rates that are 0.2% higher each year for the remainder of their lives. The implied indirect costs of the disease are \$7,500 per person.

A total of 10,359 new Valley fever cases were recorded in Arizona in 2019. Assuming the percentage distribution of these cases by disease manifestation was the same as in Wilson, et al., the total lifetime direct cost of these new cases is \$724 million. The total lifetime indirect cost is \$65 million. Thus, the total cost burden borne by Arizona residents who were diagnosed with Valley fever in 2019 is \$789 million.

Acknowledgements:

We would like to thank the following people who provided information and assistance that was very helpful to us in preparing this report: Amy Grizzle of the College of Pharmacy at the University of Arizona for her careful review of our model and calculations, David Nix of the College of Pharmacy at the University of Arizona for information on the costs of antibiotics, Jie Pu of Banner Data Analytics for information on the costs in Arizona of hospitalization for Valley fever, and Leslie Wilson and Jie Ting of the Department of Clinical Pharmacy at the University of California, San Francisco for clarification of elements of the model they used to estimate the costs of Valley fever in California. Finally, we would like to thank John Galgiani of the College of Medicine at the University of Arizona for general advice and, most especially, for sharing his judgement about rates of mortality stemming from Valley fever infections. This latter information played an important role in shaping the magnitude of our cost estimates.

¹ Leslie Wilson, et al. "The Rise of Valley Fever: Prevalence and Cost Burden of Coccidioidomycosis Infection in California," *Int. J. Environ. Res. Public Health* **2019**, 16, 1113.

Table 1: Direct Lifetime Costs per Person by CM Disease Manifestation (Estimates for Arizona circa 2019)

DISEASE AND COST TYPE	ITEM	UTILIZATION	AVERAGE PER PERSON LIFETIME COST	SOURCE
UNCOMPLICATED PNEUMON	IIA			
Pre-CM Diagnosis				
Physician visit		100% had 3 physician visits	\$584	Wilson escalated
ER visit		23% first sought care in ER	\$20	Wilson escalated
Medication	Azithromycin/Levaquin	100% (50% require second course)	\$106	Wilson, Nix
Diagnosis	Immunodiffusion and titer	100% (25% require repeat testing)	\$386	Wilson escalated
	Chest X-ray	100%		
	Chest CT	25%		
	Others, HIV testing	100%		
Post-CM Diagnosis				
Hospitalization	Requiring hospitalization	40%	\$21,218	Wilson, Pu
	1 lifetime hospitalization	90%		
	2 lifetime hospitalizations	7%		
	>2 lifetime hospitalizations	3%		
Medication	Fluconazole (400 mg/day)	90% (6 months)	\$6,134	Wilson, Nix
	Itraconazole (200 mg twice/day)	3% (6 months)		
	Amphotericin B (5 mg/kg/day)	2% (for pregnant women, 6 months)		
	Voriconazole (200 mg twice/day)	5% (after failing fluconazole/voriconazole, 6 months)		
Follow-up	Immunodiffusion and titer	100% every 3 months for 12 months	\$1,417	Wilson escalated
	Chest X-ray			
Home care/nursing home		None	\$0	
TOTAL			\$29,865	

DISEASE AND COST TYPE	ITEM	UTILIZATION	AVERAGE PER PERSON LIFETIME COST	SOURCE
DIFFUSE/CHRONIC PNEUMOR	NIA WITHOUT DISSEMINATION		•	
Pre-CM Diagnosis		Same as CM-associated uncomplicated pneumonia	\$710	
Other medication	4-drug regimen for tuberculosis		\$20	Wilson escalated
Diagnosis	Immunodiffusion and titer	100% (25% require repeat testing)	\$385	Wilson escalated
	Chest X-ray	50% have 2 X-rays/year outside of hospital		
	Chest CT	30% have chest CT outside of hospital		
Post-CM Diagnosis				
Hospitalization	1st hospitalization in year 1	75%	\$105,033	Wilson, Pu
	2nd hospitalization in year 1	65% (of those with 1st hospitalization)		
	Hospitalization in year 2	100%		
Medication	Fluconazole (800 mg/day)	75% (36 months)	\$47,443	Wilson, Nix
	Itraconazole (200 mg twice/day)	25% (36 months)		
Follow-up	Immunodiffusion and titer	100% every 3 months for 12 months	\$1,879	Wilson escalated
	Chest X-ray			
	Chest CT	100% at discharge		
Home care		100% (3 days a week for 3 months)	\$2,940	Wilson escalated
Rehabilitation facility		100% (30 days)	\$4,319	Wilson escalated
TOTAL			\$162,730	

DISEASE AND COST TYPE	ITEM	UTILIZATION	AVERAGE PER PERSON LIFETIME COST	SOURCE
DISSEMINATION, INCLUDING MEN	VINGITIS		•	
Pre-CM Diagnosis		Same as CM-associated uncomplicated pneumonia	\$710	
		40% first sought care in ER		
Diagnosis				
Immunodiffusion/titer/chest		Same as CM-associated diffuse/chronic pneumonia	\$884	Wilson escalated
X-ray/chest CT		without dissemination		
Lumbar puncture		50%		
MRI		15-20%		
Aspirates of joint effusions		10%		
Skin biopsy		10%		
Bone marrow biopsy		5%		
Lung biopsy		20%		
Lymph node biopsy		20%		
Liver biopsy		5%		
Post-CM Diagnosis				
Hospitalization	1st hospitalization in year 1	100%	\$775,751	Wilson, Pu, Hill
·	2nd hospitalization in year 1	65% (of those with 1st hospitalization)		
	Hospitalization in year 2	100% hospitalized once a year for life		
Medication	Fluconazole (800 mg/day)	98% (lifelong)	\$315,975	Wilson, Nix, Hill
	Amphotericin B (5 mg/kg/day)	2% (lifelong)		
Other treatment considerations	Ventriculoperitoneal shunt placement	15% of those with meningitis	\$9,229	Wilson escalated
	Ventriculoperitoneal shunt replacement	100% of shunts replaced once in lifetime		
Follow-up	Immunodiffusion and titer		\$20,252	Wilson escalated
·	Chest X-ray			
	Chest CT	100% (every 3 months in year 1, every 6 months for life;		
	Liver function test	MRI every 6 months for life; lumbar puncture 2 times in		
	Renal function test	year 1, 5 times in lifetime; expected compliance		
	MRI	50-80%)		
	Lumbar puncture			
Home care	·	100% (3 days a week for 3 months)	\$2,940	Wilson escalated
Nursing home	Temporary stay	10% (2 months)	\$874	Wilson escalated
TOTAL	+		\$1,126,616	

DISEASE AND COST TYPE	ITEM	UTILIZATION	AVERAGE PER PERSON LIFETIME COST	SOURCE
OTHER CHANGES IN CHEST,	PULMONARY NODULE			
Pre-CM Diagnosis		Same as CM-associated uncomplicated pneumonia	\$710	
Diagnosis	Immunodiffusion and titer	100% (25% require repeat testing)	\$91,957	Wilson escalated
	Chest X-ray Chest CT	100% 25%		
	Diagnostic work-up for lung cancer	90%		
Post-CM Diagnosis				
Hospitalization		Same as CM-associated uncomplicated pneumonia	\$21,218	
Medication	Requiring medication	25%	\$1,198	Wilson, Nix
	Fluconazole (400 mg/day)	90% (6 months)		
	Itraconazole (200 mg twice/day	5% (6 months)		
	Voriconazole (200 mg twice/day)	5% (after failing fluconazole/voriconazole, 6 months)		
Follow-up	Immunodiffusion and titer	100% every 3 months for 12 months, then every 6 months for 1 year	\$4,274	Wilson escalated
	Chest X-ray			
Home care/nursing home	,	None	\$0	
TOTAL			\$119,358	

DISEASE AND COST TYPE	ITEM	UTILIZATION	AVERAGE PER PERSON LIFETIME COST	SOURCE
OTHER CHANGES IN CHEST, PULMON	ARY CAVITY		•	
Pre-CM Diagnosis				
Diagnosis		Same as CM-associated pulmonary nodule	\$119,358	
Post-CM Diagnosis				
Additional Hospitalization				
Cavity complications		5%	\$4,933	Wilson, Pu
Hemoptysis/chest pain		5-10%	\$3,521	Wilson, Pu
Home care/nursing home		None	\$0	
TOTAL			\$127,811	

Notes:

- Costs per hospital stay are from Pu, et al. "Clinician Practice Patterns that Result in the Diagnosis of Coccidioidomycosis Before and During Hospitalization," Table 2. Two rates were used: (1) the mean costs per stay for those requiring neither ICU nor a procedure, \$28.4 mill/605 = \$46,942; and (2) the mean costs per stay for those requiring a procedure but not ICU, \$58.5 mill/593 = \$98,651.
- Escalation of selected costs from Wilson, et al. (2019) made using the percentage change in U.S. health care costs from 2012-2019 as measured by the Medical Care component of the Consumer Price Index for All Urban Consumers, Bureau of Labor Statistics.

Table 2: Indirect Lifetime Costs per Person by CM Disease Manifestation (Estimates for Arizona circa 2019)

DISEASE AND COST TYPE	DURATION OF LOSS	AVERAGE PER PERSON LIFETIME COST	SOURCE
UNCOMPLICATED PNEUMON	NIA		
Work loss	7 days	\$1,299	Wilson, Hill
Mortality	Normal life expectancy	\$0	Wilson
TOTAL		\$1,299	
DIFFUSE/CHRONIC PNEUMO	NIA WITHOUT DISSEMINATION		
Work loss	90 days	\$16,703	Wilson, Hill
Mortality	2% in first year, 0.2% each year thereafter	\$24,410	Galgiani, Hill
TOTAL		\$41,113	
DISSEMINATION, INCLUDING	MENINGITIS		
Work loss	120 days	\$22,270	Wilson, Hill
	5% in year 1, 4% in year 2, 3% in year 3,		
Mortality	2% in year 4, and 1% each year thereafter	\$115,109	Galgiani, Hill
TOTAL		\$137,379	
OTHER CHANGES IN CHEST,	PULMONARY NODULE		
Work loss	7 days	\$1,299	Wilson, Hill
Mortality	0.2% each year	\$6,172	Galgiani, Hill
TOTAL		\$7,471	
OTHER CHANGES IN CHEST,	PULMONARY CAVITY		
Work loss	7 days	\$1,299	Wilson, Hill
Mortality	0.2% each year	\$6,172	Galgiani, Hill
TOTAL		\$7,471	

Note:

 Mortality rates from John Galgiani, M.D., Director, Valley Fever Center for Excellence, College of Medicine Tucson, University of Arizona Health Sciences.

Table 3: Total Direct and Indirect Lifetime Costs for New CM Cases in Arizona in 2019

DISEASE AND COST TYPE	NUMBER (n= 10,359)	AVERAGE PER PERSON LIFETIME COST	TOTAL LIFETIME COST FOR ARIZONA
DIRECT COSTS			
Uncomplicated pneumonia	8,805	\$29,865	\$262,965,805
Diffuse/chronic pneumonia without dissemination	259	\$162,730	\$42,143,002
Dissemination, including meningitis	259	\$1,126,616	\$291,765,495
Other changes in chest, pulmonary nodule	725	\$119,358	\$86,550,067
Other changes in chest, pulmonary cavity	311	\$127,811	\$39,719,824
INDIRECT COSTS			
Uncomplicated pneumonia	8,805	\$1,299	\$11,437,890
Diffuse/chronic pneumonia without dissemination	259	\$41,113	\$10,647,198
Dissemination, including meningitis	259	\$137,379	\$35,577,694
Other changes in chest, pulmonary nodule	725	\$7,471	\$5,417,535
Other changes in chest, pulmonary cavity	311	\$7,471	\$2,321,801
TOTAL COSTS OF CM			
Direct costs			\$723,144,193
Indirect costs:			\$65,402,119
Work loss			\$22,876,440
Mortality			\$42,525,679
Total direct plus indirect costs			\$788,546,311



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