



Whitman County
Public Health



Provider Advisory

April 10th, 2026

FOR IMMEDIATE RELEASE

Update on Fatal Fungal Disease Previously Suspected to Be Histoplasmosis in Whitman County

This is an advisory from the Whitman County Public Health (WCPH) Disease Prevention Team regarding an update to a fatal case of histoplasmosis that occurred earlier this year in Whitman County.




Although previously reported as a case of histoplasmosis, advanced laboratory testing at the CDC on a fungal culture identified the organism as *Blastomyces helicus*.

Blastomyces helicus is an environmental fungus that causes pulmonary and systemic disease predominantly in immunocompromised people. This fungus (formerly known as *Emmonsia helica*) has been very rarely documented in the clinical literature but has been reported in the western United States, including Idaho and California. The specific conditions and habitats where this fungus lives are not well known.

There is a high degree of cross-reactivity between *Histoplasma* and *Blastomyces* EIA tests; a patient with blastomycosis will often test positive for *Histoplasma* antigen, and vice versa.

Our epidemiological investigation on this case is still ongoing, but it is still suspected that this person acquired the infection in Whitman County.

Alert Categories

 Provider Alert Warrants immediate action and attention.	 Provider Advisory May not require immediate action.	 Provider Update No immediate action necessary.
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Current Situation

Earlier this year WCPH was notified of a fatal case of histoplasmosis in a Whitman County resident. Public health investigation identified no travel outside Washington in the previous year and no lifetime travel to areas of high endemicity for histoplasmosis. Advanced laboratory testing at the CDC on the fungal culture identified the organism *Blastomyces helicus*.

We are continuing to work closely with Washington State Department of Health and the CDC on this investigation.

Actions Requested

Health Care Providers are requested to do the following:

- 1. Consider fungal etiology in a patient with community-acquired pneumonia (CAP) of unknown etiology who is not responding to a course of empiric antibiotics. Environmental fungal pathogens in the U.S. that may present as CAP include *Coccidioides*, *Histoplasma*, and *Blastomyces*.**
 - a. See CDC testing algorithms for fungal pneumonias; however, note these fungi may be present outside of the areas indicated.**
 - b. Common symptoms of acute fungal CAP include fever, cough, chest pain, headache, myalgias, and shortness of breath.
 - c. Reactivated fungal infections are more likely to present in immunosuppressed persons as disseminated disease, with gastrointestinal ulcerations, or masses, skin or**

mucosal lesions, lymphadenopathy, pancytopenia, hepatosplenomegaly, meningitis, encephalitis, or focal brain lesions.

- d. People most likely to be exposed to environmental fungi include, but are not limited to, the following: farmers, pest control workers, construction or excavation workers, poultry keepers, landscapers, and gardeners.

2. If a patient has a positive Histoplasma antigen test, consider ordering additional testing to further differentiate fungal etiology in a patient with no clear travel or exposure history. Additional testing could include PCR, culture, or serology.

- a. CDC recommends ordering enzyme immunoassay (EIA) urine antigen tests when histoplasmosis is suspected. Clinicians may consider obtaining a serum specimen to test concurrently for antibody by immunodiffusion (ID) or complement fixation (CF) which may increase sensitivity of diagnosis; false positives from previous infection can occur, but antibody positivity typically wanes within three years after infection.
- b. Imaging can be notable for: pulmonary infiltrates, cavitation, enlarged hilar or mediastinal lymph nodes, or pleural effusions.

3. Report to Whitman County Public Health any patient who:

- a. lives or works in Whitman County AND
- b. meets clinical criteria (as described above) AND
- c. has positive laboratory testing for histoplasmosis, coccidioidomycosis, blastomycosis, or an epidemiological link to a confirmed case.

4. Consider referencing guidance from the Infectious Disease Society of America for treatment of mild or moderate acute pulmonary histoplasmosis (2025) and archived guidance which includes treatment of severe or disseminated histoplasmosis (2007), as well as clinical testing guidance for fungal CAP (2024).

Resources

- [Fungal Community-Acquired Pneumonias \(CDC\)](#)
- [Blastomyces helicus, a New Dimorphic Fungus Causing Fatal Pulmonary and Systemic Disease in Humans and Animals in Western Canada and the United States](#)

Questions or Concerns?

We're here to help.

- Contact the Whitman County Public Health Disease Prevention Team at [509-397-6280](tel:509-397-6280).
- Visit <https://www.cdc.gov/fungal> for more detailed national guidance.

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