TN Health Alert Network Advisory

Increased Cases of Histoplasmosis in Williamson and Maury Counties

December 3, 2025

SUMMARY

The Tennessee Department of Health (TDH) is issuing this Health Alert Network (HAN) Advisory to 1) alert clinicians and laboratories to an increase in pulmonary and disseminated histoplasmosis cases in Williamson and Maury Counties, 2) request reporting of cases to TDH, and 3) provide guidance to clinicians and clinical laboratories. TDH was recently alerted to an increase in acute and severe histoplasmosis cases occurring in residents of Spring Hill and Thompson's Station, starting in September 2025. At this time, there are at least 18 known cases and the investigation into the specific source(s) is ongoing.

BACKGROUND

Histoplasmosis is a fungal infection caused by *Histoplasma capsulatum*. Infection occurs by inhaling spores, which can be found in the soil. In Tennessee, histoplasmosis is endemic and can be found across the state. The infection is acquired by inhalation of spores from soil contaminated with bird or bat guano (feces). No direct human-to-human transmission has ever been reported. Common activities associated with exposure include remodeling or demolition of old buildings and clearing trees or brush in which birds have roosted. Many people who inhale the spores do not get sick. In symptomatic individuals, the most common presentation is acute pulmonary histoplasmosis, which develops 3-14 days after exposure; common symptoms include fever, headache, cough, shortness of breath, and chest pain.

CLINICAL PRESENTATION

Histoplasmosis has a range of clinical symptoms, including fever, chest pain, cough, myalgias, shortness of breath, headache, or rash (erythema nodosum/erythema multiforme). Imaging can be notable for: pulmonary infiltrates, cavitation, enlarged hilar or mediastinal lymph nodes, or pleural effusions. Disseminated infection is more common in immunocompromised patients and can present with gastrointestinal ulcerations or masses, skin or mucosal lesions, lymphadenopathy, pancytopenia, hepatosplenomegaly, or meningitis, encephalitis or focal brain lesions.

DIAGNOSTIC TESTING

CDC recommends ordering enzyme immunoassay (EIA) urine antigen tests. 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. The Tennessee State Public Health Laboratory can perform culture for histoplasmosis and identification by morphology which takes approximately 6 weeks. If there are clinical specimens that you would like to submit for culture and morphology testing, please contact cedep.investigation@tn.gov for approval prior to submission.

RECOMMENDATIONS

1. Maintain a high index of suspicion for acute histoplasmosis in patients who present with an acute febrile or respiratory illness of unknown origin from middle Tennessee.
2. Consider testing for *H. capsulatum* in patients with clinically compatible symptoms (CDC: Testing Algorithm for Histoplasmosis). Clinical laboratories are requested to hold positive *H. capsulatum* cultures until consulting with TDH.
3. Report to TDH at cedep.investigation@tn.gov any patient who:
    - lives or works in Williamson County or Maury County AND
    - meets clinical criteria (as described above) with a symptom onset date of August 1, 2025 or later AND
    - has positive laboratory testing for histoplasmosis or an epidemiological link to a confirmed case.

    Clinicians can contact TDH with any urgent questions at 615-741-7247.
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). The CDC Mycotic Disease Team is also available to clinicians to discuss clinical case management and treatment recommendations: fungalconsult@cdc.gov