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## **Blastomycosis Update:** When to Suspect “The Great Pretender” and How to Test for It

**Attention:** Physicians, Hospitals, CNE, ER Manager, ER Physician, Infection Control Practitioners, Occupational Health Professionals, Community Health Centres, Walk-In Urgent Care Clinic, Nurse Practitioner, Ontario Health, Ontario Health Teams, Midwives, Family Health Team, Indigenous Healthcare & Community, Long-Term Care Homes, Retirement Homes, Neighbouring Health Units, Paramedic Services, Corrections

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### **Blastomycosis cases rising in Simcoe Muskoka Region and Ontario**

There has been an increasing number of cases of Blastomycosis in Simcoe Muskoka since 2018, rising from two to three cases annually (2018-2020) to seven to eight cases annually (2023-2025). While Blastomycosis can infect all age groups, the majority of cases are male, and adults aged 55 years and older.

### **Key points**

- **Diagnosis:** the gold standard for confirmation is culture of samples like sputum, tracheal aspirates and cutaneous lesions. [Please refer to Public Health Ontario’s test directory for specific submission information.](#)
- **Treatment:** Itraconazole is the treatment of choice for most forms of disease. Amphotericin B is used in more severe presentations or in pregnant individuals. [Consult the latest guidelines for more information on treatment.](#)

### **What is blastomycosis and how might patients be exposed?**

**Blastomycosis** is an infection caused by the dimorphic fungi *Blastomyces dermatitidis*, that grows in moist soil and decomposing wood and leaves. **Infection occurs primarily through inhalation of airborne spores after soil disruption (e.g., construction, gardening, digging, camping, dirt/mountain biking).** Blastomycosis is not transmitted person-to-person and affects both immunocompromised and immunocompetent individuals.

### **What are the signs and symptoms?**

- **Suspect Blastomycosis in pneumonia-like presentations not improving with antibiotics.**
- Disease severity ranges from asymptomatic infection or mild symptoms to severe pulmonary or disseminated disease.
- Blastomycosis presents with a slow onset of cough with sputum, mild chest pain, weight loss, fever and night sweats similar to tuberculosis or cancer.

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<http://www.smdhu.org/PHA>

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- Respiratory failure or Acute Respiratory Distress Syndrome can occur rapidly if untreated.
- Skin is the most common extrapulmonary site for infection, with verrucous or ulcerative lesions usually presenting on the face and distal extremities.
- Other commonly affected sites are bone, the genitourinary system and the central nervous system.
- Radiological findings are nonspecific but it may present as nodules with airspace consolidation, mass-like lesions or cavities. Interstitial and miliary disease appearance are also possible. Blastomycosis is often referred to as “the great pretender”.

### **Laboratory diagnosis**

- **Culture is the gold standard for confirmation.** [Acceptable specimens](#) are respiratory secretions (bronchial washing, sputum, bronchial alveolar lavage), subcutaneous tissue (skin ulcers, biopsy/autopsy materials, surgically collected sinus wall scrapings, tissues, bone marrow), blood, body fluids (pleural, ascites, joint, vitreous), cerebrospinal fluid, material collected from ear canal and eye. Culture results are typically provided ten business days from receipt at PHO.
- **Serology** (immunodiffusion test) is available to aid the diagnosis and/or management of Blastomycosis but it should not be used as a stand-alone test for diagnosis. A reactive result provides presumptive evidence of infection. A negative or partial test does not exclude a diagnosis; if blastomycosis is suspected, submit a new specimen for repeat serology or submit appropriate specimens for culture.
- Clinicians should [submit specimens to Public Health Ontario Laboratory](#) with clear indication of the test requested on the requisition form, for example “blastomycosis serology” (do not write “fungal serology”).

**Blastomycosis is a reportable disease** in Ontario and suspected or confirmed cases must be reported to the local public health unit.