Texas Trends in *Candida auris* and Carbapenem-resistant Enterobacterales

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Background

- Carbapenem-resistant Enterobacterales (CRE) and *Candida auris* (*C. auris*) are public health threats due to long survival on surfaces, are often multidrug-resistant, and limited options for treatment.[1]
- Both conditions are associated with healthcare settings and patients with underlying medical conditions, and lead to prolonged hospital stays, invasive infections, and increased risk of mortality.[1]
- CRE became notifiable in Texas in 2014, and *C. auris* in 2021. However, no statewide analysis of trends and/or geographic patterns have been described.
- To address this gap, statewide CRE and *C. auris* data from 2021 to 2024 were analyzed to identify: 1) Case counts; 2) Incidence rates; and 3) Public Health Region (PHR) patterns, with the aim of identifying CRE and *C. auris* trends to guide infection prevention efforts in healthcare settings.

Methods

- Examined final and provisional 2021–2024 CRE and *C. auris* surveillance data from the Texas Department of State Health Services (DSHS) National Electronic Disease Surveillance System (NEDSS).
  - Included confirmed Texas residents based on patient reported county of residence.
  - Compared yearly case counts and incidence rates using stacked bar chart.
- Calculated incidence rate by dividing case count by the estimated population for that year (from Texas Demographic Center, TDC) and multiplying by 100,000 persons.
  - Created *C. auris* incidence maps for 2021 and 2024 by PHR, using TDC population estimates for each PHR as denominator values.
- Applied DSHS data suppression rules to protect personal health information: (i.e., rates not provided when Relative Standard Error exceeds 25%, n<16).

Table 1. CRE Case Counts and Incidence Rates, 2021-2024

Year	CRE Cases	Population	Rate
2021	871	29,570,483	2.95
2022	1,124	30,113,650	3.73
2023	1,377	30,725,080	4.48
2024*	1,368	31,290,831	4.37

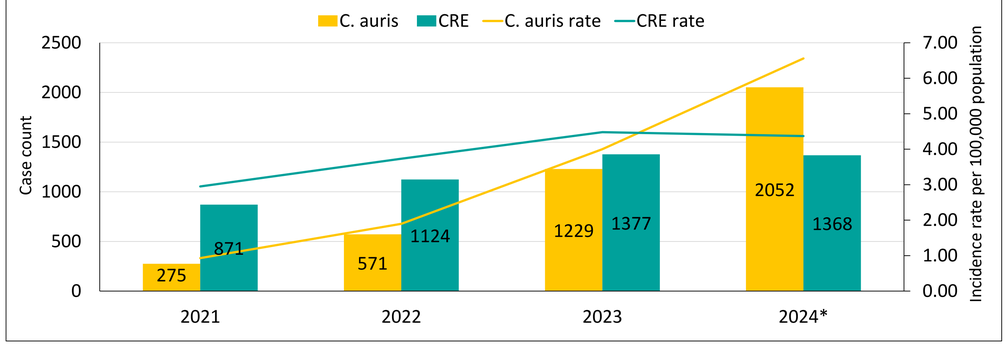
*2024 data is preliminary and subject to change.

Table 2. *C. auris* Case Counts and Incidence Rates, 2021-2024

Year	*C. auris* Cases	Population	Rate
2021	275	29,570,483	0.93
2022	571	30,113,650	1.90
2023	1,229	30,725,080	4.00
2024*	2,052	31,290,831	6.56

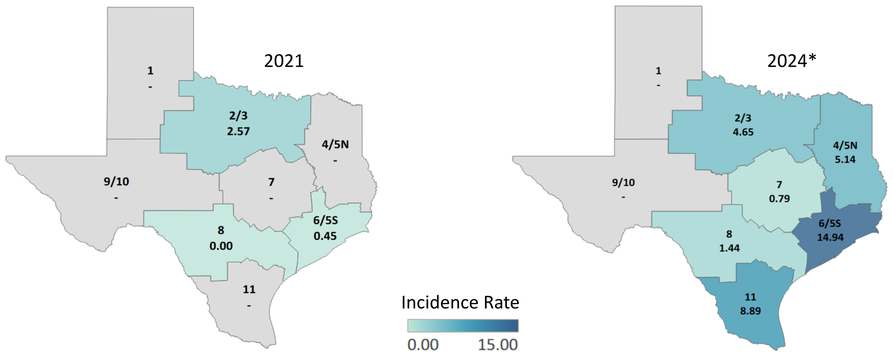
*2024 data is preliminary and subject to change.

Figure 1. Texas Statewide Count of *C. auris* and CRE Conditions, 2021-2024



Notes: *2024 data is preliminary and subject to change; Bars represent case counts, lines denote incidence per 100,000 persons; Source: Texas National Electronic Disease Surveillance System Based System, 2021-2024.

Figure 2. Incidence Rate of *C. auris* per 100,000 persons, by Public Health Region



Notes: *2024 data is preliminary and subject to change. Suppressed = "–"; zero cases = 0.00; Source: Texas National Electronic Disease Surveillance System Based System, 2021-2024

Reference: Texas Demographic Center (2026). Estimates of the Total Populations of Age, Sex, and Race/Ethnicity for State and Counties for 2021-2024. Retrieved February 10, 2026, from https://demographics.texas.gov/Estimates/

Results

- Case counts increased for both CRE and *C. auris* from 2021 to 2024 (Figure 1).
  - *C. auris* incidence rates increased sharply, in contrast to the more gradual increase observed in CRE.
- CRE cases increased 57% from 2021 (N=871) to 2024 (N=1,368); incidence rose 48% from 2.95 to 4.37 per 100,000 persons (Table 1).
- *C. auris* cases increased 646% from 2021 (N=275) to 2024 (N=2,052); incidence rose 605% from 0.93 to 6.56 per 100,000 persons (Table 2).
- Geographically, *C. auris* incidence rates increased in all PHRs across Texas from 2021 to 2024 (Figure 2).
- The greatest increase in *C. auris* incidence occurred in PHR 6/5S, increasing by 3,220% from 0.45 (2021) to 14.94 per 100,000 persons (2024).

Conclusions

- CRE and *C. auris* cases and incidence rates increased across Texas from 2021 to 2024, with *C. auris* showing a sharper increase in both case count and incidence.
- Geographic trends identified PHR 6/5S as disproportionately affected by *C. auris* incidence in 2024.
- Knowledge of these trends allows for implementation of targeted prevention efforts and evidence-based infection control practices across healthcare settings such as: contact precautions, enhanced environmental cleaning, strengthened communication about infection status during patient transfers, and antimicrobial stewardship programs.
- HSU will focus these prevention efforts in PHRs 2/3, 4/5N, 6/5S, and 11, as these regions were identified to have higher incidence of *C. auris.*

1. Centers for Disease Control and Prevention. (2019). Antibiotic resistance threats in the united states, 2019. *Antibiotic Resistance Threats in the United States*. https://doi.org/10.15620/cdc:82532