

INTRODUCTION

Harris County is home to approximately 5 million residents and is the third-largest county by population in the United States. It is served by two public health jurisdictions: Harris County Public Health (HCPH) and the Houston Health Department, each covering roughly half of the population. Jurisdiction for *Candida auris* (*C. auris*) cases is determined based on the address of the healthcare facility where the specimen was collected.

C. auris is an emerging multidrug-resistant yeast associated with invasive infections and high mortality¹. *C. auris* presents as either a skin colonization or as an invasive infection. Patients who are medically fragile or who frequently spend time in health care facilities are at highest risk for *C. auris*. Prevention measures for *C. auris* include contact or enhanced barrier precautions, proper disinfection, and proactive screenings for cases.

Prevention measures are most effective when implemented quickly. Because of its high rate of communicability, timely reporting of cases from health care facilities to public health departments is crucial. In Texas, healthcare providers are required to report *C. auris* cases within one business day. Upon notification, Harris County Public Health epidemiologists initiate a case investigation, which includes contacting healthcare facilities and notifying them of the patient's *C. auris* status so that appropriate infection control measures can be implemented (Figure 1).

OBJECTIVES

- Assess reporting delays for *C. auris* cases from healthcare facilities within HCPH jurisdiction.
- Identify healthcare facilities with the longest median reporting lag to guide targeted interventions.

METHODS

Dataset: Data was pulled from Maven; Harris County Public Health's (HCPH) surveillance system for infectious diseases.

Population: Patients who tested positive for *C. auris* (colonization and invasive infections) at a health care facility in HCPH jurisdiction between 2021-2024.

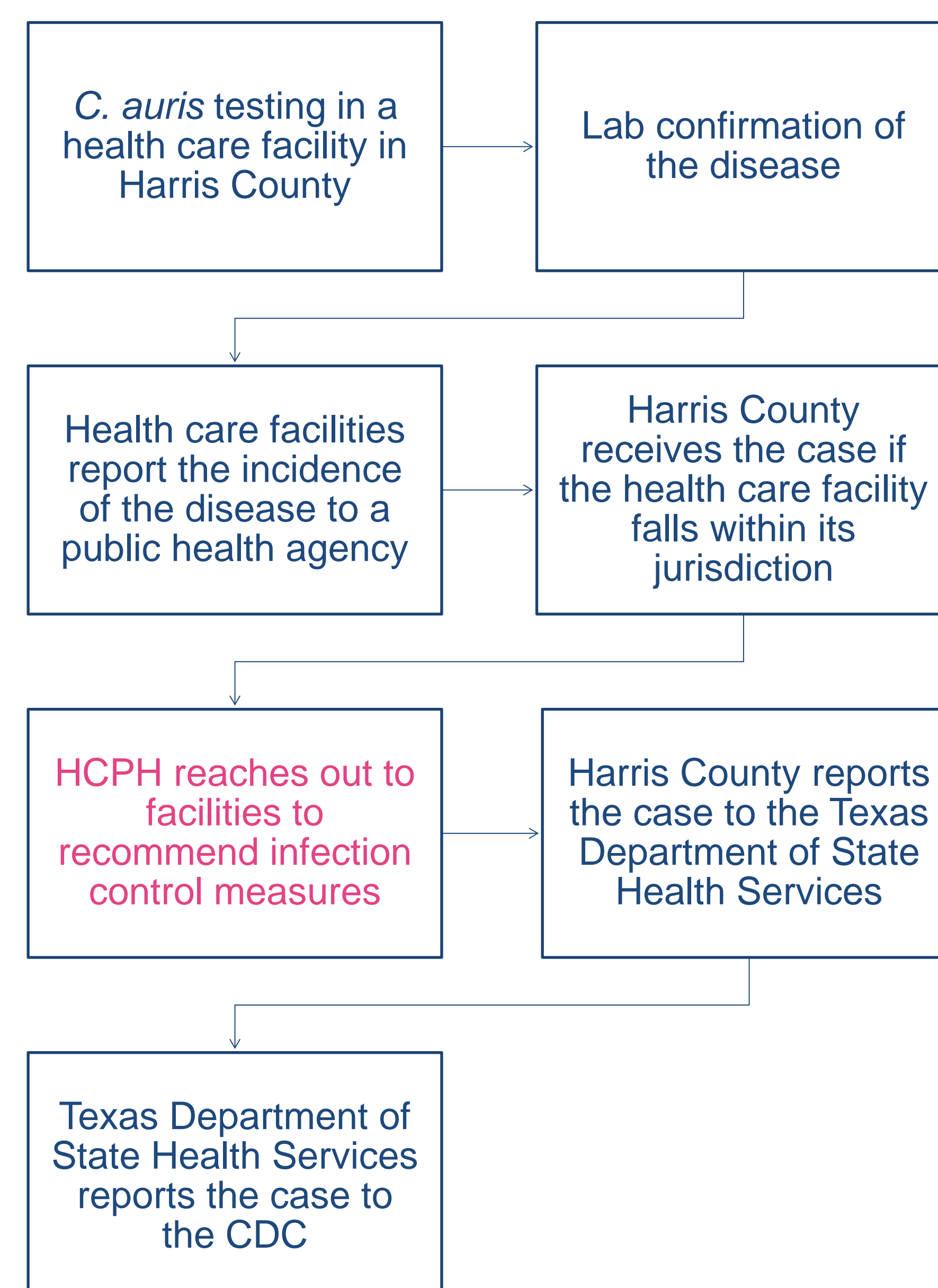
Variables:

1. Specimen collection date
2. Date case reported to a public health agency

Analyses:

1. Reporting lag was defined as the number of business days between the specimen collection date and the date the case was reported to a public health agency.
2. Overall median reporting lag was calculated using all *C. auris* patients
3. Median reporting lags were also calculated stratified by health care facility

Figure 1. *C. auris* reporting process in Texas



RESULTS

764 cases of *C. auris* were reported to Harris County Public Health from 2021-2024, with cases rising annually (Figure 2).

Figure 2. Cases of *C. auris* have increased in Harris County jurisdiction from 2021 to 2024

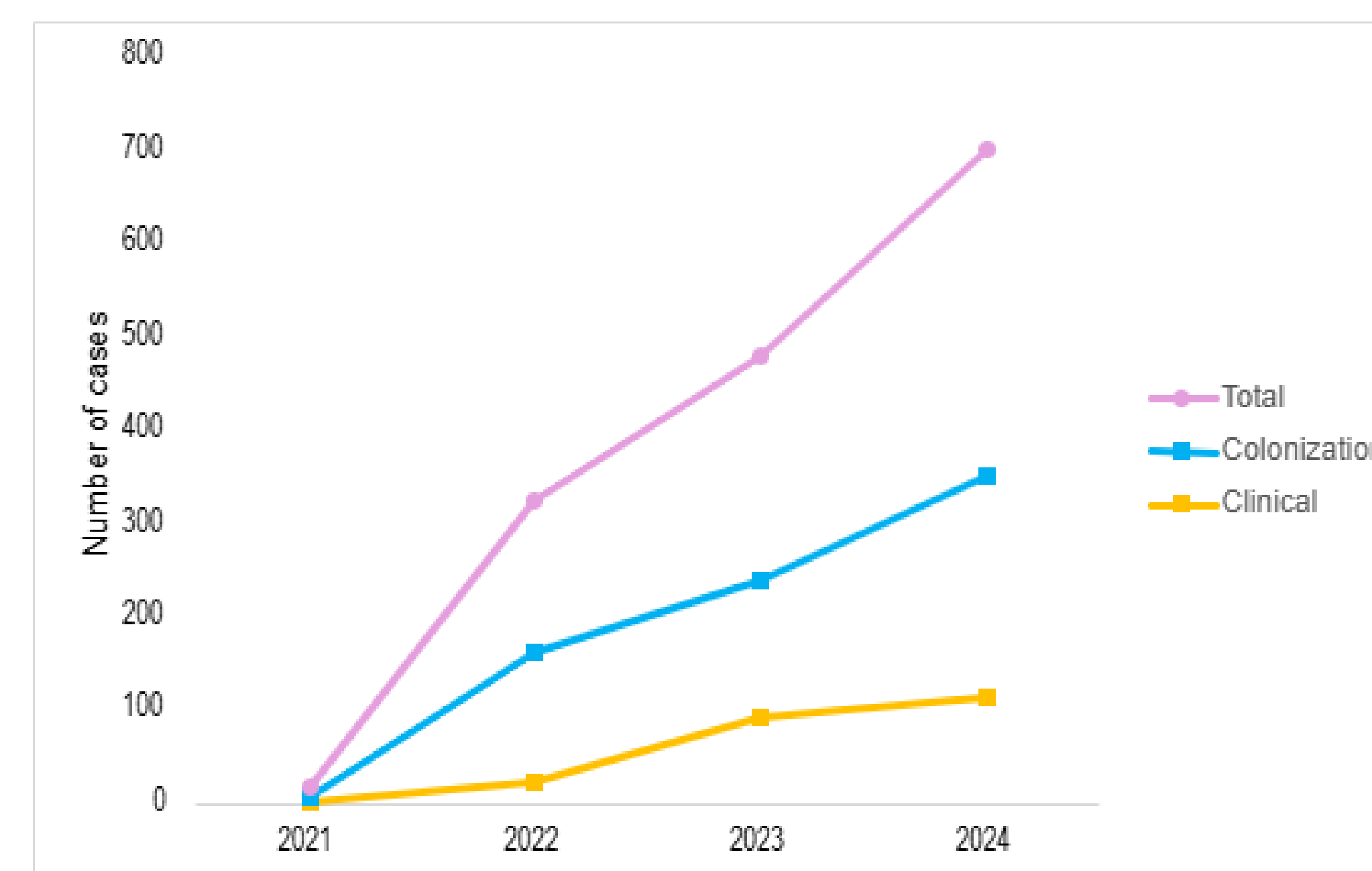


Figure 2. There were 9 *C. auris* cases in Harris County jurisdiction in 2021. In 2024, there were 352.

The median lag time for all *C. auris* cases was three business days. Nearly 75% of cases were reported later than the required one business day. Lag times varied by health care facility (Table 1).

Facilities that reported at least 20 *C. auris* cases from 2021-2024 were included.

Table 1. Facilities with the longest reporting lags in Harris County jurisdiction, 2021-2024

Facility	Number of reported cases	Median Lag time (business days)
1	47	5
2	42	4
3	85	3
4	131	1
5	53	1

Table 1. Among facilities with more than 20 cases, only three had median reporting lag times exceeding one business day. A higher number of reported cases may reflect more robust *C. auris* screening programs and stronger infection control practices, rather than a higher burden of infection.

CONCLUSIONS AND RECOMMENDATIONS

- Most *C. auris* cases were reported later than the required one business day.
- Identifying facilities with reporting delays allows for targeted education on timely reporting. Delays can postpone infection prevention measures and increase the risk of ongoing transmission and outbreaks. This approach may also be used to improve surveillance timeliness for other reportable diseases
- Other internal recommendations:
 - Enhanced tracking of previous admitting facilities for *C. auris* patients in Maven, which will allow for easier detection of outbreaks and faster public health response
 - Track "specimen resulted date" in addition to the specimen collection date to better estimate reporting lag times

References

1. Emerging and Acute Infectious Disease Unit. *Emerging and Acute Infectious Disease Guidelines (EAIDG) 2025*. Texas Department of State Health Services; 2024:51-58. <https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-Routing-new.pdf>

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