AR Solutions *In Action*

CDC's Investments to Combat Antibiotic Resistance Threats

FISCAL YEAR 2020

ILLINOIS

$4,107,449

Funding for AR Activities
Fiscal Year 2020

HIGHLIGHTS

- 1 local CDC fellow
- CDC Prevention Epicenter

FUNDING TO STATE HEALTH DEPARTMENTS

$1,728,502
(Includes funding to Chicago)

RAPID DETECTION & RESPONSE: State, territory, and local public health partners fight AR in healthcare, the community, and food.
Programs use the AR Lab Network to rapidly detect threats and then implement prevention, response, and antibiotic stewardship to stop the spread of resistant germs. Additional resources, appropriated to CDC to fight COVID-19, will also help in the fight against AR by improving infection prevention and control in healthcare facilities.

$115,110
(Includes funding to Chicago)

FOOD SAFETY projects protect communities by rapidly identifying drug-resistant foodborne bacteria to stop and solve outbreaks and improve prevention.
Illinois uses whole genome sequencing to track and monitor local outbreaks of *Listeria*, *Salmonella*, *Campylobacter*, and *E. coli* and uploads sequence data into PulseNet for nationwide monitoring of outbreaks and trends. In Fiscal Year 2020, Illinois will continue monitoring these isolates for resistance genes. When outbreaks are detected, local CDC-supported epidemiologists investigate the cases to stop spread.

$44,275
(Includes funding to Chicago)

FUNGAL DISEASE projects improve our ability to track antifungal resistance and stop it from spreading.
With funding for fungal disease surveillance, Illinois increased their ability to identify fungal diseases, monitor for new and emerging resistance, and implement strategies to prevent its spread in high-risk areas. Improving detection for fungal diseases, like *Candida auris*, means patients receive appropriate treatment and while reducing unnecessary antibiotic use.

$50,442
(Includes funding to Chicago)

GONORRHEA RAPID DETECTION & RESPONSE works with state and local epidemiology and laboratory partners to test for and quickly respond to resistant gonorrhea to stop its spread in high-risk communities. Only one treatment option remains for gonorrhea and resistance continues to grow.
The Gonococcal Isolate Surveillance Project (GISP) informs national treatment guidelines and monitors how well antibiotics work on laboratory samples collected from sentinel STD clinics, which often are the first to detect the threat. Select STD clinics also enhance surveillance by collecting additional gonococcal isolates from women and from extragenital sites.

This data represents CDC's largest funding categories for AR. It shows extramural funding that supports AR activities from multiple funding lines.

COVID-19: coronavirus disease 2019
AR: antibiotic resistance **HAI:** healthcare-associated infection

CDC provides critical support in the U.S. and abroad to protect people from antibiotic resistance.

ARinvestments.cdc.gov

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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FISCAL YEAR 2020

ILLINOIS AR Investments (cont.)

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS

$600,000
(Includes funding to Chicago)

RUSH UNIVERSITY MEDICAL CENTER: CDC Prevention Epicenter

The Prevention Epicenters Program is a collaborative network between public health and experts in relevant fields of HAI and AR that responds to research priorities to protect patients. The network conducts research to support the translation of innovative infection control and prevention strategies for preventing HAIs, AR and other adverse events in all healthcare settings. This work is funded by resources appropriated to CDC to support its response to COVID-19.
Learn more: www.cdc.gov/hai/epicenters

$900,000
(Includes funding to Chicago)

UNIVERSITY OF ILLINOIS AT CHICAGO: CDC Prevention Epicenter

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$289,540
(Includes funding to Chicago)

MEDICAL RESEARCH ANALYTICS & INFORMATICS ALLIANCE: Discovering & Implementing What Works

Researchers will describe the epidemiology and risk factors for secondary bacterial or fungal co-infections, and the subset associated with resistant organisms, in COVID-19 patients in intensive care units at three health systems in the Chicago area. These data will enhance current understanding of risk factors for secondary co-infections in COVID-19 patients as well as determine drivers of AR among these infections to support disease control and prevention strategies.

$300,778
(Includes funding to Chicago)

AMERICAN HOSPITAL ASSOCIATION/HEALTH RESEARCH AND EDUCATIONAL TRUST: Discovering & Implementing What Works

CDC partners with the American Hospital Association Center for Innovation to implement a *C. difficile* infection (CDI) prevention collaborative. Data are used to identify hospitals with the greatest need and interventions are customized to address the needs of participating facilities. The program seeks to reduce CDI through peer-to-peer sharing, engagement of infection prevention experts, and implementation of best practices.

$78,802

NORTHWESTERN UNIVERSITY: Innovative Prevention & Tracking

Physicians, working with CDC investigators, address emerging healthcare needs and public health priorities pertaining to long-term care by assisting with the development of additional National Healthcare Safety Network modules to capture antimicrobial use and antimicrobial resistance.

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