AR Solutions *In Action*

CDC's Investments to Combat Antimicrobial Resistance Threats

FISCAL YEAR 2022

CALIFORNIA

$7,408,923

Funding for AR Activities
Fiscal Year 2022

HIGHLIGHTS

- Two local CDC-supported fellows
- CDC Prevention Epicenter
- One of ten sites for the Emerging Infections Program

FUNDING TO STATE HEALTH DEPARTMENTS

$3,340,883
(Includes funding to LA County)

RAPID DETECTION & RESPONSE: State, territory, and local public health partners fight AR in health care, the community, and food.

CDC-funded HAI/AR Programs form a network of health departments that detect, prevent, respond to, and contain HAI/AR threats and promote appropriate use of antibiotics and antifungals. CDC's AR Lab Network provides nationwide lab capacity to rapidly detect AR and inform local prevention and response activities to stop the spread of resistant germs and protect people.

$783,096
(Includes funding to LA County)

FOOD SAFETY projects protect communities by rapidly identifying antimicrobial-resistant foodborne bacteria to stop and solve outbreaks and improve prevention.

California uses whole genome sequencing to track and monitor local outbreaks of *Listeria*, *Salmonella*, *Campylobacter*, and *Escherichia coli* and uploads sequence data into PulseNet for nationwide monitoring of outbreaks and trends. In fiscal year 2022, California continued monitoring these isolates for resistance genes. When outbreaks are detected, local CDC-supported epidemiologists investigate the cases to stop the spread.

$75,393

FUNGAL DISEASE projects improve our ability to track resistance to antifungals and stop it from spreading.

With funding for fungal disease surveillance, California 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 while reducing unnecessary antibiotic use.

$913,086
(Includes funding to LA County)

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.

Strengthening the United States Response to Resistant Gonorrhea (SURRG) conducts rapid testing and quick responses to resistant gonorrhea cases in high-burden communities. This data also helps inform national treatment guidelines for gonorrhea through the Gonococcal Isolate Surveillance Project (GISP) project, which advises how well antibiotics work on laboratory samples collected from sentinel sexually transmitted disease (STD) clinics. California also participates in the STD Surveillance Network (SSuN), which monitors adherence to national gonorrhea treatment guidelines for patients diagnosed and reported with gonorrhea from all provider settings across funded jurisdictions.

This data represents CDC's largest funding categories for AR. It shows extramural funding that supports AR activities from multiple funding lines. Some work received full or partial funding from COVID-19 supplemental appropriations, such as the American Rescue Plan Act or the CARES Act.

AR: antimicrobial resistance **COVID-19:** coronavirus disease 2019
HAI: healthcare-associated infection **IPC:** infection prevention and control
NHSN: National Healthcare Safety Network

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

ARinvestments.cdc.gov

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

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CALIFORNIA AR Investments (cont.)

$227,417

BINATIONAL BORDER INFECTIOUS DISEASE SURVEILLANCE identifies AR threats early to stop spread.
California implements surveillance for AR in binational gonorrhea cases in the California-Baja California border region. Binational sexually transmitted disease case investigators conduct follow-up of binational cases and report them to the corresponding jurisdictions in both countries.

$920,785

EMERGING INFECTIONS PROGRAM (EIP) sites improve public health by translating population-based surveillance and research activities into informed policy and public health practice.
The California EIP performs population-based surveillance for candidemia, *Clostridioides difficile*, invasive *Staphylococcus aureus*, and resistant gram-negative bacteria; conducts HAI and antimicrobial use prevalence surveys; and is completing a project on SARS-CoV-2 infections in healthcare personnel. As part of California's EIP FoodNet activities, they collect case information associated with antimicrobial-resistant infections and work with laboratories to prioritize sequencing of cases with exposure and antimicrobial use information.
Learn more: www.cdc.gov/hai/eip

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS

$598,263

J. CRAIG VENTER INSTITUTE AND CLEVELAND VETERANS AFFAIRS MEDICAL CENTER: CDC Prevention Epicenter
The Prevention Epicenters Program is a collaborative network of 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 IPC strategies for preventing HAIs, AR, and other adverse events in all healthcare settings.
Learn more: www.cdc.gov/hai/epicenters

$550,000

UNIVERSITY OF CALIFORNIA – SAN FRANCISCO: Discovering & Implementing What Works
The Modeling Infectious Diseases in Healthcare Network (MInD-Healthcare) responds to evolving public health needs in healthcare settings by conducting transmission modeling research and assessing high-impact intervention strategies. The University of California – San Francisco calculates risk of HAI transmission, develops algorithms for screening and decolonization, and develops models for environmental decontamination.
Learn more: www.cdc.gov/hai/research/MIND-Healthcare.html

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