

AR Solutions *In Action*

CDC's Investments to Combat Antimicrobial Resistance Threats

FISCAL YEAR

2022



MISSOURI

\$2,305,328

Funding for AR Activities
Fiscal Year 2022

CDC Prevention Epicenter

HIGHLIGHTS

FUNDING TO STATE HEALTH DEPARTMENTS



\$311,639

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.



\$159,744

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

Missouri 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, Missouri continued monitoring these isolates for resistance genes. When outbreaks are detected, local CDC-supported epidemiologists investigate the cases to stop the spread.



\$15,232

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 for gonorrhea by monitoring how well antibiotics work on laboratory samples collected from sentinel sexually transmitted disease (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.

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



\$600,000

WASHINGTON UNIVERSITY IN ST. LOUIS: 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

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

ARinvestments.cdc.gov



U.S. Department of
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Centers for Disease
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MISSOURI AR Investments (cont.)



\$499,820

WASHINGTON UNIVERSITY IN ST. LOUIS: Discovering & Implementing What Works

Investigators are developing a process to detect and quantify self-contamination of healthcare workers from personal protective equipment (PPE) that covers the eyes, nose, and mouth occurring during a routine work shift in health care. Investigators will include evaluation of potential downstream risks for further environmental and patient contamination from each PPE wear strategy. Learn more: www.cdc.gov/hai/research/safehealthcare.html



\$299,761

UNIVERSITY OF MISSOURI: Building the AR Workforce

A new CDC cooperative agreement, Building Mathematical Modeling Workforce Capacity to Support Infectious Disease and Healthcare Research, supports pre-doctoral fellows' research to develop and apply computational tools and mathematical methods for modeling the spread of pathogens in health care. Awardees will use existing or simulated datasets and real-time information to conduct analyses and build models relevant to combating HAIs and AR.



\$419,132

WASHINGTON UNIVERSITY IN ST. LOUIS: Discovering & Implementing What Works

Investigators are tracking and characterizing fungi on environmental surfaces in health care in order to better understand the frequency and type of fungi found in healthcare settings.

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