CALIFORNIA \$7,064,113

Funding for AR Activities Fiscal Year 2016



One of 10 sites for the Emerging Infections Program

FUNDING TO STATE HEALTH DEPARTMENTS



\$887,119

(Includes funding to LA County)

HAI/AR DETECT & RESPOND PROGRAMS quickly detect and then contain the spread of resistant infections, protecting patients from new resistance threats.

CDC and states are working together to scale up programs and HAI prevention infrastructure to identify, contain, and prevent HAIs, including those infections caused by antibiotic-resistant bacteria. Programs will use data for local response. All states and five major cities/territories will receive support and lab capacity to track and stop the "nightmare bacteria," carbapenem-resistant Enterobacteriaceae (CRE).



\$1,843,763

(Includes funding to LA County)

HAI/AR PREVENTION PROGRAMS work with partners to prevent infection and contain spread of germs between patients and healthcare facilities, and increase antibiotic stewardship education, to protect patients.

With state HAI/AR prevention programs, CDC will implement more empowered prevention networks—where public health and healthcare work together—to better prevent infections, contain spread, and improve antibiotic use. Of the factors contributing to antibiotic resistance, the most important one we can change is inappropriate antibiotic use. CDC works to improve antibiotic use by increasing education and awareness of the importance of antibiotic use among providers and the public.



\$389,288

(Includes funding to LA County)

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

To improve food safety, CDC works to rapidly identify and respond to drug-resistant foodborne bacteria and outbreaks by using whole genome sequencing and increasing lab testing of pathogens like *Salmonella* and *Campylobacter*. CDC promotes responsible antibiotic use in food-producing animals.

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AR: antibiotic resistance HAI: healthcare-associated infection

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

resistance,



AR Solutions A Action CDC's Investments to Combat Antibiotic Resistance Threats Nationwide

CALIFORNIA AR Investments (continued)



GONORRHEA RAPID DETECTION & RESPONSE works with state and local partners to be ready to stop the spread of resistant gonorrhea in high risk communities.

Gonorrhea is resistant to most antibiotics and only one treatment option remains. CDC is developing local and state health department epidemiological and laboratory capacity to more rapidly detect and effectively respond to antibiotic-resistant gonorrhea.



\$1,027,834

EMERGING INFECTIONS PROGRAM (EIP) sites improve public health by translating population-based surveillance and research activities into informed policy and public health practice.

CDC's EIP network is a national resource for surveillance, prevention, and control of emerging infectious diseases—like antibiotic-resistant infections. Learn more: www.cdc.gov/ncezid/dpei/eip.

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



UNIVERSITY OF CALIFORNIA, IRVINE & ORANGE COUNTY: Discovering & Implementing What Works

Regional mathematical modeling and intervention strategy that reduces transmission of healthcare-associated infections and AR, and demonstrates region-wide impact (funded through Harvard Pilgrim Healthcare). CDC has also funded University of California Irvine projects to prevent antibiotic resistance through the CDC Prevention Epicenters Program. Learn more: www.cdc.gov/hai/epicenters.



\$561.099

UNIVERSITY OF CALIFORNIA, BERKELEY: Innovative Prevention & Tracking

To study the role of retail food as a potential source of multidrug-resistant *E. coli* that cause community-acquired urinary tract infections among college-age women.



UNIVERSITY OF CALIFORNIA, DAVIS: Innovative Prevention & Tracking

To evaluate behavioral approaches, audit and feedback, and peer-to-peer comparisons to reduce unnecessary antibiotic prescribing among physicians for adult and pediatric patients who come to emergency departments and urgent-care centers with respiratory infections.



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