



NEW YORK

\$10,848,099

Funding for AR Activities
Fiscal Year 2023

One local CDC AR expert

Regional Lab for the AR Lab Network
(Northeast)

One of 10 sites for the Emerging
Infections Program

FUNDING TO HEALTH DEPARTMENTS



\$2,388,360

AR Laboratory Network Regional Lab: Regional labs boost state and local testing capacity and technology to detect, support response to, and prevent AR threats across the nation—and inform innovations to detect AR.

New York helps rapidly identify and respond to urgent AR threats by participating in core testing activities and building new AR testing capacities within the Northeast Region. New York continues to be a strong and proactive partner within the AR Lab Network by promptly identifying and responding to emerging and urgent AR threats.



\$1,981,659

(Includes funding to
New York City)

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 antimicrobial-resistant germs and protect people.



\$1,126,873

(Includes funding to
New York City)

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

New York uses whole genome sequencing to track outbreaks and identify AR genes and shares surveillance data with PulseNet. Local CDC-supported epidemiologists respond to outbreaks to stop their spread. The Food Safety Center of Excellence supports other health departments to track and investigate foodborne diseases. New York conducts active, population-based surveillance for foodborne diseases through CDC's Emerging Infections Program.



\$77,015

Fungal Disease projects improve our ability to track resistance to antifungals and stop it from spreading.

New York conducts surveillance to identify fungal diseases, monitor for new and emerging AR, and implement strategies to prevent the spread of AR in high-risk areas. New York conducts population-based surveillance for *Candida* bloodstream infections through CDC's Emerging Infections Program.

The AR Investment Map includes data from CDC's largest funding categories for AR. It represents extramural funding that supports AR activities from multiple funding lines in CDC's annual appropriations. Some work received full or partial funding from one-time supplemental appropriations. See the fiscal year 2023 AR Investment Map Supplemental Funding Fact Sheet for more information.

AR: antimicrobial resistance

COVID-19: coronavirus disease 2019

HAI: healthcare-associated infection

IPC: infection prevention and control

NHSN: National Healthcare Safety Network

STD: sexually transmitted disease

STI: sexually transmitted infection



\$971,864

(Includes funding to New York City)

Drug-resistant Gonorrhea Detect & Respond Program 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 recommended treatment option remains for gonorrhea and resistance to other antibiotics continues to grow. Strengthening the U.S. Response to Resistant Gonorrhea (SURRG) tests for and responds to antimicrobial-resistant gonorrhea cases in high-burden communities. The Gonococcal Isolate Surveillance Project (GISP) informs treatment guidelines by monitoring how well antibiotics work on samples collected from STD clinics. The STD Surveillance Network (SSuN) monitors adherence to gonorrhea treatment guidelines. This work is supported by CDC STI, AR, and HIV funds.



\$50,000

(Includes funding to New York City)

Global Migration, Border Interventions, and Migrant Health Programs support state partner efforts to prevent the spread of infectious diseases, including drug-resistant tuberculosis, into the United States. Experts conduct surveillance and outbreak investigations for tuberculosis (TB) among populations seeking asylum in the United States and currently living in shelters and other similar facilities. These efforts help to determine rates of TB among this population.



\$2,517,089

The Emerging Infections Program (EIP) HAI component helps answer critical questions about emerging HAI threats, advanced infection tracking methods, and AR in the United States.

The New York EIP performs population-based surveillance for candidemia, *Clostridioides difficile*, invasive *Staphylococcus aureus*, nontuberculous mycobacteria, and resistant gram-negative bacteria. They also conduct HAI and antimicrobial use prevalence surveys and participate in a surveillance pilot for *Escherichia coli* infections to help support vaccine evaluation.

Learn more: www.cdc.gov/hai/eip



\$50,000

Emerging Infections Program (EIP) sites improve public health by conducting population-based surveillance and research activities that inform policy and public health practice.

EIP Active Bacterial Core surveillance (ABCs) is an active laboratory- and population-based surveillance system for invasive bacterial pathogens of public health importance. ABCs provides an infrastructure for further public health research, which may include special studies to identify disease risk factors, evaluate vaccine efficacy, and monitor the effectiveness of prevention policies.

Learn more: www.cdc.gov/abc

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



\$575,000

Columbia University: 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. Experts assess key epidemiological patterns to predict HAI pathogen outbreaks and evaluate HAI interventions against costs and logistical constraints.

Learn more: www.cdc.gov/hai/research/MIND-Healthcare.html

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\$425,239

New York City Health + Hospitals: Innovative Prevention & Tracking

CDC's Project Firstline is a collaborative of diverse partners that provides engaging, innovative, and effective IPC training for U.S. healthcare workers and the public health workforce. It offers resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce. Partners host events, create tools, and publish resources that help healthcare workers better understand and correctly implement IPC.

Learn more: www.cdc.gov/infectioncontrol/projectfirstline



\$485,000

ICAP at Columbia University: Global Expertise & Capacity Enhancements

CDC's global work to combat AR helps prevent the importation of AR threats into the United States. Experts implement activities to combat the spread of AR in Ukraine in collaboration with the Ukraine Ministry of Health, including improving diagnostic capacity to detect AR, enhancing IPC practices to prevent surgical site infections and AR transmission, and ensuring antibiotic access and appropriate use.



\$200,000

ICAP at Columbia University: Global Expertise & Capacity Enhancements

CDC's global work to combat AR helps prevent the importation of AR threats into the United States. Experts support the Global Healthcare Detection and Response (DARE) AR Project in Kenya to improve detection, monitoring, and mitigation of AR. They also estimate the AR burden, enhance surveillance, improve antibiotic stewardship, and develop quality improvement capacity for antibiotic use and IPC.

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