

AR Solutions *In Action*

CDC's Investments to Combat Antibiotic Resistance Threats

FISCAL YEAR
2020



CALIFORNIA

\$6,910,675

Funding for AR Activities
Fiscal Year 2020

1 local CDC fellow

One of 10 sites for the Emerging
Infections Program

HIGHLIGHTS

FUNDING TO STATE HEALTH DEPARTMENTS



\$2,827,019

(Includes funding to
LA County)

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.



\$850,454

(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.

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



\$95,966

FUNGAL DISEASE projects improve our ability to track antifungal resistance 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 and while reducing unnecessary antibiotic use.



\$1,187,459

(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.

During 2019, the California SURRG project completed testing for about 10% of the more than 5,500 gonorrhea cases reported in San Francisco. They identified 117 samples that did not respond optimally to recommended antibiotics, and followed up with those patients and their sex partners. This data also helps inform national treatment guidelines for through the Gonococcal Isolate Surveillance Project (GISP), which advises how well antibiotics work on laboratory samples collected from sentinel 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. Select STD clinics also enhance surveillance by collecting additional gonococcal isolates from women and from extragenital sites.

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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CALIFORNIA AR Investments (cont.)



\$1,340,777

EMERGING INFECTIONS PROGRAM (EIP) sites improve public health by translating population-based surveillance and research activities into informed policy and public health practice. This work is also funded in part by resources appropriated to CDC to support its response to coronavirus disease 2019 (COVID-19).

The California EIP performs population-based surveillance for candidemia, *C. difficile*, invasive *S. aureus*, and resistant Gram-negative bacteria. They conduct HAI and antibiotic use prevalence surveys; work on opioid-related special projects; and participate in collaborations with CDC Prevention Epicenters. This EIP also tests all *Campylobacter* specimens identified in FoodNet to improve outbreak response for foodborne infections.

[Learn more: www.cdc.gov/hai/eip](http://www.cdc.gov/hai/eip)

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



\$59,000

(Includes funding to
LA County)

UCLA DAVID GEFKEN SCHOOL OF MEDICINE & FIELDING SCHOOL OF PUBLIC HEALTH: Innovative Prevention & Tracking

Researchers will establish a facility-level surveillance system for influenza-associated invasive pulmonary aspergillosis (IAPA), a concerning infection that can be caused by multidrug-resistant *Aspergillus*. This system will track laboratory and clinical data from patient medical charts. Analysis will determine the incidence of IAPA and other invasive mold infections among patients with influenza, and the associated patient characteristics, risk factors, and clinical outcomes. These infections are often reported as secondary infections in patients with influenza but little is known about them.



\$550,000

UNIVERSITY OF CALIFORNIA SAN FRANCISCO: Discovering & Implementing What Works

The Modeling Infectious Diseases in Healthcare Network (MInD-Healthcare) is a network of leading U.S. modelers that responds to evolving public health needs in healthcare settings by predicting outbreaks and investigating intervention strategies. The network develops and applies computational tools and mathematical methods for preventing HAIs, including those caused by AR pathogens. This work is also funded in part by resources appropriated to CDC to support its response to COVID-19. [Learn more: https://www.cdc.gov/hai/research](https://www.cdc.gov/hai/research)

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