



Illinois

\$3,838,199

Funding for AR Activities
Fiscal Year 2024

One local CDC-supported fellow

CDC Prevention Epicenter

Funding to Health Departments



\$45,855

AR Laboratory Network: Labs detect, support response to, and prevent the spread of AR threats across the nation—and inform innovations to detect AR.

CDC's AR Lab Network provides nationwide lab capacity to detect AR and inform local prevention and response activities to stop the spread of antimicrobial-resistant germs and protect people. Collaboration from the local to national levels results in more rapid response for detecting AR and closes the gap between local capabilities and the data needed to combat AR in the United States.

Learn more: www.cdc.gov/antimicrobial-resistance-laboratory-networks/php/about/domestic.html



\$666,057
(Includes funding to Chicago)

Fighting AR in Health Care: State, territory, and local public health partners prevent HAIs, support rapid detection and response, and improve antibiotic use.

CDC-funded HAI/AR Programs form a network of health departments that prevent, respond to, and contain HAI/AR threats and promote appropriate use of antibiotics. HAI/AR programs protect patients and healthcare personnel, improve healthcare safety and quality, and use data-driven prevention strategies to combat AR threats in health care.

Learn more: www.cdc.gov/healthcare-associated-infections/programs/index.html



\$227,591
(Includes funding to Chicago)

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

Illinois uses whole genome sequencing to track local outbreaks of *Salmonella*, *Campylobacter*, *Shigella*, and *Escherichia coli*, identifies AR genes, and shares surveillance data with PulseNet. When outbreaks are detected, local CDC-supported epidemiologists respond to stop their spread.

Learn more: www.cdc.gov/food-safety/foods/antimicrobial-resistance.html

The AR Investment Map includes data from CDC's largest funding categories for AR. It represents fiscal year 2024 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.

AR: antimicrobial resistance
HAI: healthcare-associated infection
IPC: infection prevention and control

NHSN: National Healthcare Safety Network
STI: sexually transmitted infection

CDC provides critical support to protect people from antimicrobial resistance.

ARinvestments.cdc.gov





\$252,047

(Includes funding to Chicago)

Drug-resistant Gonorrhea Programs work 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.

Combating Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) focuses on monitoring trends in antimicrobial susceptibilities of gonorrhea and STIs in the U.S. and strengthening state and local capacity for rapid detection of and response to threats of antimicrobial-resistant gonorrhea and STIs. This work is also supported by CDC STI funds.

Learn more: www.cdc.gov/sti/php/projects/cargos.html

Funding to Universities & Healthcare Partners



\$844,173

(Includes funding to Chicago)

Rush University Medical Center: CDC Prevention Epicenter

The Prevention Epicenters Program is a collaborative network of public health and healthcare experts that responds to HAI and AR research priorities to protect patients. The network conducts research to support the translation of innovative IPC strategies for preventing HAIs, stopping the spread of AR, and preventing other adverse events in all healthcare settings.

Learn more: www.cdc.gov/healthcare-associated-infections/php/prevention-epicenters/index.html



\$999,656

(Includes funding to Chicago)

Rush University Medical Center: Discovering & Implementing What Works

Investigators implement wastewater surveillance approaches for AR genes and antimicrobial-resistant organisms in healthcare settings within the central U.S. region to understand how the surveillance data correlate with clinical data and determine if the surveillance data could inform future outbreak responses. This work was supported by emergency supplemental funding.

Learn more: www.cdc.gov/healthcare-associated-infections/php/research/shepherd.html



\$29,518

American College of Chest Physicians: Innovative Prevention & Tracking

Experts increase awareness of appropriate antibiotic therapy for patients with community-acquired pneumonia to optimize treatment outcomes and slow the development of AR.



\$138,302

Urgent Care Association of America: Innovative Prevention & Tracking

Experts implement best practices in urgent care to improve antibiotic use and increase clinician awareness of the appropriate treatment for patients with respiratory illness.



\$350,000

(Includes funding to Chicago)

American Medical Association: Innovative Prevention & Tracking

CDC's Project Firstline is a collaborative of partners that provides 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 those working to ensure safe care in healthcare settings. Partners host events, create tools, and publish resources to help frontline healthcare workers better understand and apply IPC correctly.

Learn more: www.cdc.gov/project-firstline/index.html

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\$285,000

(Includes funding to Chicago)

Health Research and Educational Trust: Innovative Prevention & Tracking

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