



Missouri

\$1,893,614

Funding for AR Activities
Fiscal Year 2024

CDC Prevention Epicenter

Funding to Health Departments



\$52,599

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



\$230,547

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



\$159,024

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 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





\$230,000

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



\$844,444

Washington University in St. Louis: 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



\$377,000

Washington University in St. Louis: Discovering & Implementing What Works

Experts are developing a model system to characterize the disruption potential of antibiotics, probiotics, pharmacologics, and dietary agents on the intestinal microbiome. This information can be used in drug development to measure how a drug disrupts the microbiome.

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