



New York

\$12,577,194

Funding for AR Activities
Fiscal Year 2025

Regional Lab for the AR Lab Network
(Northeast)

One of 10 sites for the Emerging
Infections Program

Funding to Health Departments



\$2,289,905
(Includes funding to
New York City)

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

New York identifies AR threats through testing for carbapenemase production and resistance mechanisms for carbapenemase-producing organisms (CPOs). New York supports the AR Lab Network Northeast Region through antimicrobial susceptibility testing, whole genome sequencing, and colonization screening for CPOs and *Candida auris*.

New York also serves as a reference laboratory for antimicrobial-resistant dermatophytes, a group of emerging fungal pathogens.

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



\$1,155,096
(Includes funding to
New York City)

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



\$680,994
(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 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. New York conducts active, population-based surveillance for foodborne diseases through CDC's Emerging Infections Program.

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 extramural funding that supports AR activities from multiple funding lines in CDC's 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





\$110,060

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

New York conducts surveillance to identify fungal diseases, monitors new and emerging AR, and implements 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.

Learn more: www.cdc.gov/fungal/antimicrobial-resistant-fungi/



\$551,480

(Includes funding to New York City)

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.

Combatting 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.

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



\$2,559,659

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 *Clostridioides difficile*, invasive *Staphylococcus aureus*, nontuberculous mycobacteria, and resistant gram-negative bacteria. They also conduct HAI and antimicrobial use prevalence surveys and surveillance for invasive *Escherichia coli* infections to support vaccine evaluation.

Learn more: www.cdc.gov/healthcare-associated-infections/php/haic-eip/index.html



\$75,000

Emerging Infections Program (EIP) sites improve public health by translating population-based surveillance and research activities into informed policy and public health practice.

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

Learn more: www.cdc.gov/abc

Funding to Universities & Healthcare Partners



\$225,000

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 improve the ability to detect, monitor and mitigate the transmission and emergence of antimicrobial-resistant pathogens in Kenya. Activities include enhancing AR surveillance, improving antibiotic stewardship, and developing quality improvement capacity for antibiotic use and IPC in healthcare settings.



\$4,930,000

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 work with hospitals in Ukraine to improve the rapid and accurate detection of AR threats by developing critical laboratory skills, procedures, and practices and to effectively implement IPC practices to prevent the spread of AR.

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