

# CALIFORNIA

# \$7,358,474

Funding for AR Activities  
Fiscal Year 2018



One of 10 sites for the  
Emerging Infections Program

HIGHLIGHTS

## FUNDING TO STATE HEALTH DEPARTMENTS



### **RAPID DETECTION AND RESPONSE to novel or high-concern drug-resistant germs is critical to contain the spread of these infections.**

\$1,313,540  
(Includes funding to  
LA County)

With 2017 funding, California successfully contained a confirmed case of *C. auris* (an emerging, drug-resistant fungus) by rapidly coordinating efforts with three local public health departments, the state public health laboratory, and healthcare facility personnel.



### **HAI/AR PREVENTION works best when public health and healthcare facilities partner together to implement targeted, coordinated strategies to stop infections and improve antibiotic use.**

\$1,781,868  
(Includes funding to  
LA County)

With 2017 funding, California's work with local public health officials to improve infection control practices within 40 healthcare facilities led to a 13% reduction in their rates of *C. difficile*, which can cause deadly diarrhea. The work serves as a model for other prevention initiatives.



### **FOOD SAFETY projects protect communities by rapidly identifying drug-resistant foodborne bacteria to stop and solve outbreaks and improve prevention.**

\$1,656,510  
(Includes funding to  
LA County)

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 2019, California will begin simultaneously monitoring these isolates for resistance genes. When outbreaks are detected, local CDC-supported epidemiologists investigate the cases to stop spread.



### **FUNGAL DISEASE projects improve our ability to track antifungal resistance and stop it from spreading.**

\$121,155

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 while reducing unnecessary antibiotic use.



### **EMERGING INFECTIONS PROGRAM (EIP) sites improve public health by translating population-based surveillance and research activities into informed policy and public health practice.**

\$972,899

CDC's EIP network is a national resource for surveillance, prevention, and control of emerging infectious diseases—like antibiotic-resistant bacteria and fungi. Learn more: [www.cdc.gov/ncezid/dpei/eip](http://www.cdc.gov/ncezid/dpei/eip).



\$593,579  
(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 July 2017–June 2018, the California Strengthening the United States Response to Resistant Gonorrhea (SURRG) project increased testing to about 8% of the 5,700+ gonorrhea cases reported in San Francisco. California identified 56 samples that did not respond optimally to recommended antibiotics, and grantees adhered to follow-up protocols to ensure the patients and their sex partners received the right treatment and to help stop spread of the germ. California also participates in a sentinel surveillance project, the STD Surveillance Network, monitoring adherence to national gonorrhea treatment guidelines for patients diagnosed and reported with gonorrhea from all provider settings across the state. To help inform national treatment guidelines for gonorrhea, California's Gonococcal Isolate Surveillance Project (GISP) also tests how well antibiotics work on laboratory samples from sentinel STD clinics, which are often the first to detect the threat. Select STD clinics in California also collect additional gonococcal isolates, including isolates from women and from extragenital sites, to further enhance surveillance for antibiotic-resistant gonorrhea.

## FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



\$446,150

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH: Discovering & Implementing What Works**

This project will provide needed information about the proportion of *Shigella* infections with decreased susceptibility to first-line antibiotics such as ciprofloxacin and azithromycin. This project aims to assess the severity of illness and outcomes of those patients infected with *Shigella* with decreased susceptibility to these important antibiotics. The results of this project can help inform treatment and prevention recommendations.



\$359,158

**STANFORD UNIVERSITY: Innovative Prevention & Tracking**

Researchers are working to streamline an existing sequencing method and develop new methods to track healthcare-associated infections as they spread in the healthcare setting.



\$113,615

**UNIVERSITY OF CALIFORNIA IRVINE: Discovering & Implementing What Works**

This study will evaluate what percent of methicillin-resistant *Staphylococcus aureus* (MRSA) carriers being discharged from hospitals have a community-associated strain. Patients sometimes carry the germ without showing signs of it (colonization) and suffer infections from the strain later. This study will also assess what percent of patients carrying the community MRSA variant develop infection within a year of discharge. Finally, this project will assess whether a repeated decolonization treatment can reduce post-discharge infections due to this strain.