



**Antibiotic Resistance Solutions Initiative
Centers for Disease Control and Prevention (CDC) - NCEZID
FY 2018 Labor HHS Appropriations Bill**

	FY2016	FY2017	FY2018 TFAH
Antibiotic Resistance Initiative (CDC)	\$160,000,000	\$163,000,000	\$200,000,000

Background: The Antibiotic Resistance Solutions Initiative (ARSI), first funded in FY16, represents a multi-pronged approach to reducing inappropriate prescribing, improving detection of resistant bacteria, investing in new and evidence-based interventions, and supporting global partnerships. In 2016, a patient Nevada died from a “pan-resistant” superbug infection – meaning resistant to 26 different antibiotics. Thanks to coordinated work between the health department, Centers for Disease Control and Prevention (CDC) and the facility, there was no additional transmission and the threat was effectively contained. Health departments play a fundamental role in prevention, detection and response to antimicrobial resistant (AR) superbugs. The CDC estimates that each year in the United States, inappropriate antibiotic use leads to more than two million people sickened with antibiotic-resistant infections, with at least 23,000 dying as a result.¹ On top of those numbers, the enormous problem of *c. difficile* continues to grow, with nearly half a million infections and contributing to 15,000-29,000 deaths per year.² Antibiotic resistance also contributes to an estimated \$20 billion per year in excess health care costs. These are likely very conservative estimates, and the actual numbers may be much higher. At the same time, CDC estimates that up to half of antibiotic use in humans is unnecessary.³

Impact:

The FY18 budget would build on the investment made in FY16, which is enabling all 50 states to build lab capacity to track and stop CRE, whole genome sequencing for foodborne infections, and basic outbreak response for resistant healthcare-associated infections (HAIs). With an increase in FY2018, CDC could expand support for prevention of HAIs in remaining states and to build epidemiology and laboratory capacity for salmonella and other foodborne pathogens.

With year one funds from FY16, CDC is launching and implementing numerous programs that align with goals of the CARB action plan, including:

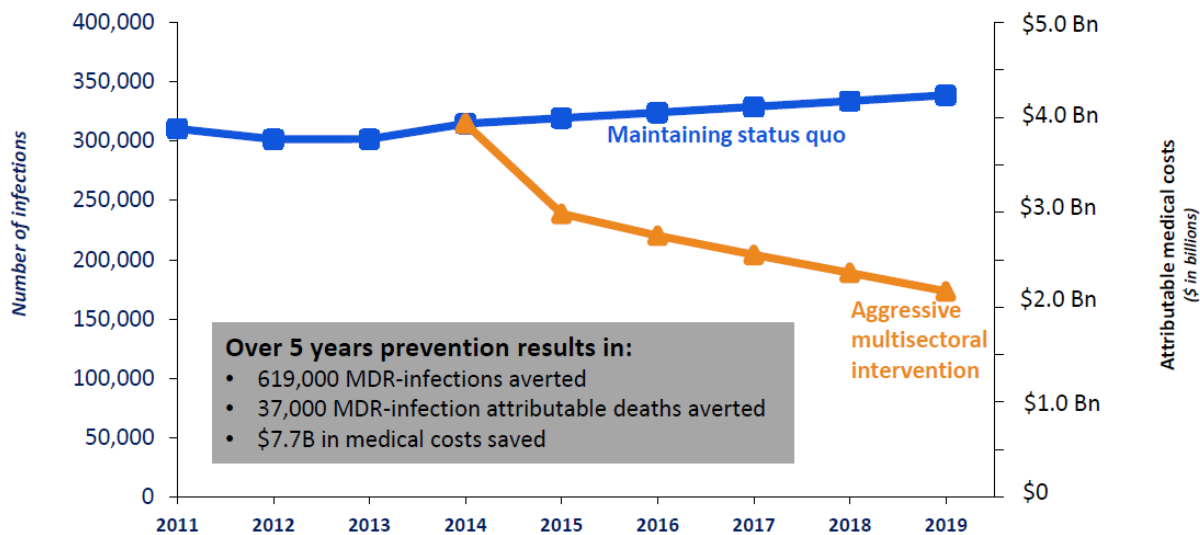
¹ CDC, *Antibiotic Resistance Threats in the United States, 2013*. <http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf>

² Lessa et al. *New England Journal of Medicine, Burden of Clostridium difficile Infection in the United States*. Feb 26, 2015. <http://www.nejm.org/doi/full/10.1056/NEJMoa1408913>

³ Ibid.

- Enhancing AR detection and establishing basic healthcare associated infection (HAI) outbreak response capacity in all states;
- Establishing HAI/AR Prevention Programs in 25 states and three large cities;
- Implementing antibiotic stewardship programs in inpatient, outpatient, and long-term care settings;
- Increasing public health lab capacity in all states;
- Investing in innovative discovery to implement new ways to prevent AR infections and their spread;
- Supporting an Antimicrobial Resistance Lab Network of seven regional laboratories and integrating them into an international communication network to report alerts and trends; and
- Expanding the National Healthcare Safety Network antibiotic use reporting options to additional hospital and non-hospital settings.

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Source: CDC, 2016

Recommendation: TFAH supports \$200 million for the Antibiotic Resistance Initiative at CDC to continue the progress made in year one and expand prevention and response capacity to remaining states. Without an increase in FY2018, CDC will not be able to quickly expand resistant healthcare associated infection prevention and foodborne illness sequencing and epidemiology programs to all states.