AR Solutions *In Action*

CDC's Investments to Combat Antimicrobial Resistance Threats

FISCAL YEAR 2022

MINNESOTA

$5,207,462

Funding for AR Activities
Fiscal Year 2022

HIGHLIGHTS

- Three local CDC-supported fellows
- Regional Lab for the AR Lab Network (Central)
- One of ten sites for the Emerging Infections Program

FUNDING TO STATE HEALTH DEPARTMENTS

$2,353,677

AR LABORATORY NETWORK REGIONAL LAB: Regional labs boost state and local testing capacity and technology to detect, support response to, and prevent AR threats across the nation—and inform new innovations to detect AR.
In 2022, Minnesota provided testing surge capacity for AR testing from other AR Lab Network regional and state labs experiencing ongoing challenges related to the COVID-19 pandemic. Minnesota serves as critical resource supporting both its region and helping to maintain national AR testing capacity to ensure rapid identification of and response to urgent AR threats. These collaborations display the flexibility of the AR Lab Network and how CDC's investments can be adapted during a crisis.

$857,078

RAPID DETECTION & RESPONSE: State, territory, and local public health partners fight AR in health care, the community, and food.
CDC-funded HAI/AR Programs form a network of health departments that detect, prevent, respond to, and contain HAI/AR threats and promote appropriate use of antibiotics and antifungals. CDC's AR Lab Network provides nationwide lab capacity to rapidly detect AR and inform local prevention and response activities to stop the spread of resistant germs and protect people.

$532,031

FOOD SAFETY projects protect communities by rapidly identifying antimicrobial-resistant foodborne bacteria to stop and solve outbreaks and improve prevention.
Minnesota uses whole genome sequencing to track and monitor local outbreaks of *Listeria*, *Salmonella*, *Campylobacter*, and *Escherichia coli* and uploads sequence data into PulseNet for nationwide monitoring of outbreaks and trends. In fiscal year 2022, Minnesota continued monitoring these isolates for resistance genes. Local CDC-supported epidemiologists investigate the cases when outbreaks are detected to stop the spread. Minnesota's Food Safety Center of Excellence supports other health departments to build capacity to track and investigate foodborne diseases.

$101,153

FUNGAL DISEASE projects improve our ability to track resistance to antifungals and stop it from spreading.
With funding for fungal disease surveillance, Minnesota 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.

This data represents CDC's largest funding categories for AR. It shows extramural funding that supports AR activities from multiple funding lines. Some work received full or partial funding from COVID-19 supplemental appropriations, such as the American Rescue Plan Act or the CARES Act.

AR: antimicrobial resistance **COVID-19:** coronavirus disease 2019
HAI: healthcare-associated infection **IPC:** infection prevention and control
NHSN: National Healthcare Safety Network

CDC provides critical support in the U.S. and abroad to protect people from antimicrobial resistance.

ARinvestments.cdc.gov

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

MINNESOTA AR Investments (cont.)

$24,000

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.

The Gonococcal Isolate Surveillance Project (GISP) informs national treatment guidelines for gonorrhea by monitoring how well antibiotics work on laboratory samples collected from sentinel sexually transmitted disease (STD) clinics, which often are the first to detect the threat. Select STD clinics also enhance surveillance by collecting additional gonococcal isolates from women and from extragenital sites.

$1,339,523

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

The Minnesota EIP performs population-based surveillance for candidemia, *Clostridioides difficile*, invasive *Staphylococcus aureus*, and resistant gram-negative bacteria; conducts HAI and antimicrobial use prevalence surveys; and is completing a project on SARS-CoV-2 infections in healthcare personnel. As part of Minnesota's EIP FoodNet activities, they collect case information associated with antimicrobial-resistant infections and work with laboratories to prioritize sequencing of cases with exposure and antimicrobial use information.

Learn more: www.cdc.gov/hai/eip

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