



MINNESOTA

\$7,132,847

Funding for AR Activities
Fiscal Year 2023

Three local CDC-supported fellows

Regional Lab for the AR Lab Network
(Central)

One of 10 sites for the Emerging
Infections Program

FUNDING TO HEALTH DEPARTMENTS



\$2,250,497

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 innovations to detect AR.

Minnesota helps rapidly identify and respond to urgent AR threats by participating in core testing activities. Minnesota supports increased colonization screening needs for *Candida auris* and carbapenemase-producing organisms by providing surge capacity to multiple states within and outside the Central Region. Minnesota also serves as an AR Lab Network *Streptococcus pneumoniae* reference laboratory.



\$853,440

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 antimicrobial-resistant germs and protect people.



\$1,366,401

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 outbreaks and identify AR genes and shares surveillance data with PulseNet. Local CDC-supported epidemiologists respond to outbreaks to stop their spread. The Food Safety Center of Excellence supports other health departments to track and investigate foodborne diseases. Minnesota conducts active, population-based surveillance for foodborne diseases through CDC's Emerging Infections Program.



\$120,150

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

Minnesota conducts surveillance to identify fungal diseases, monitor for new and emerging AR, and implement strategies to prevent the spread of AR in high-risk areas. Minnesota conducts population-based surveillance for *Candida* bloodstream infections through CDC's Emerging Infections Program.

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 annual appropriations. Some work received full or partial funding from one-time supplemental appropriations. See the fiscal year 2023 AR Investment Map Supplemental Funding Fact Sheet for more information.

AR: antimicrobial resistance
COVID-19: coronavirus disease 2019
HAI: healthcare-associated infection
IPC: infection prevention and control

NHSN: National Healthcare Safety Network
STD: sexually transmitted disease
STI: sexually transmitted infection

MINNESOTA - AR Investments (cont.)



\$24,000

Drug-resistant Gonorrhea Detect & Respond Program 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 recommended treatment option remains for gonorrhea and resistance to other antibiotics 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 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. This work is jointly supported by CDC STI and AR funds.



\$2,464,609

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 Minnesota EIP performs population-based surveillance for candidemia, *Clostridioides difficile*, invasive *Staphylococcus aureus*, nontuberculous mycobacteria, and resistant gram-negative bacteria. They also conduct HAI and antimicrobial use prevalence surveys and participate in a surveillance pilot for *Escherichia coli* infections to help support vaccine evaluation.

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



\$50,000

Emerging Infections Program (EIP) sites improve public health by conducting population-based surveillance and research activities that inform policy and public health practice.

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

Learn more: www.cdc.gov/abcs

FUNDING TO UNIVERSITIES & HEALTHCARE PARTNERS



\$3,750

Mayo Clinic Center for Tuberculosis: Innovative Prevention & Tracking

CDC's Tuberculosis (TB) Centers of Excellence for Training, Education, and Medical Consultation (COEs) increase knowledge, skills, and abilities for TB prevention and control through communication, education, and training activities. The COEs also improve sustainable evidence-based TB clinical practices and patient care through the provision of expert medical consultation.

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