



Michigan

\$3,036,138

Funding for AR Activities
Fiscal Year 2024

AR Lab Network's National Tuberculosis
Molecular Surveillance Center

Funding to Health Departments



\$1,859,747

AR Laboratory Network: 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.

Since 2018, the National Tuberculosis (TB) Molecular Surveillance Center (NTMSC) has performed whole-genome sequencing on isolates from all U.S. culture-confirmed cases of TB. NTMSC has sequenced more than 50,000 isolates and identified 3,281 clusters with genetically similar strains. The data support outbreak investigations and resistance surveillance, including a rifampicin resistance alert that has identified 615 resistant isolates.

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



\$313,727

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



\$195,194

Food Safety Projects protect communities by rapidly identifying antimicrobial-resistant foodborne bacteria to stop and solve outbreaks and improve prevention.

Michigan 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.

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 fiscal year 2024 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.

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





\$275,562

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. This work is also supported by CDC STI funds.

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



\$310,351

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 Michigan EIP performs population-based surveillance for invasive *Escherichia coli* infections to support vaccine evaluation.

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

Funding to Universities & Healthcare Partners



\$81,557

Regents of The University of Michigan: Innovative Prevention & Tracking

A University of Michigan expert works with CDC investigators, providing informatics and information technology expertise to identify, develop, and support automated data collection and reporting in NHSN.

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