



## Minnesota

### \$5,556,373

Funding for AR Activities  
Fiscal Year 2025

Regional Lab for the AR Lab Network  
(Central)

One of 10 sites for the Emerging  
Infections Program

## Funding to Health Departments



\$1,837,155

**AR Laboratory Network:** Labs detect, support response to, and prevent the spread of AR threats across the nation and inform innovations to detect AR.

Minnesota detects AR threats through testing for carbapenemase production and resistance mechanisms in carbapenemase-producing organisms (CPOs). Minnesota supports the AR Lab Network Central Region through antimicrobial susceptibility testing, whole genome sequencing and colonization screening for CPOs and *Candida auris*. Minnesota also serves as a reference laboratory for *Streptococcus pneumoniae*, *Haemophilus influenzae*, and CPOs related to companion animals.

Learn more: [www.cdc.gov/antimicrobial-resistance-laboratory-networks/php/about/domestic.html](http://www.cdc.gov/antimicrobial-resistance-laboratory-networks/php/about/domestic.html)



\$798,868

**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](http://www.cdc.gov/healthcare-associated-infections/programs/index.html)



\$634,934

**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 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. Minnesota conducts active, population-based surveillance for foodborne diseases through CDC's Emerging Infections Program.

Learn more: [www.cdc.gov/food-safety/foods/antimicrobial-resistance.html](http://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 extramural funding that supports AR activities from multiple funding lines in CDC's 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](http://ARinvestments.cdc.gov)





\$100,000

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

Minnesota conducts surveillance to identify fungal diseases, monitors new and emerging AR, and implements 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.

Learn more: [www.cdc.gov/fungal/antimicrobial-resistant-fungi/](http://www.cdc.gov/fungal/antimicrobial-resistant-fungi/)



\$287,105

**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.

Learn more: [www.cdc.gov/sti/php/projects/cargos.html](http://www.cdc.gov/sti/php/projects/cargos.html)



\$1,819,561

**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 *Clostridioides difficile*, invasive *Staphylococcus aureus*, nontuberculous mycobacteria, and resistant gram-negative bacteria. They also conduct HAI and antimicrobial use prevalence surveys and surveillance for invasive *Escherichia coli* infections to support vaccine evaluation.

Learn more: [www.cdc.gov/healthcare-associated-infections/php/haic-eip/index.html](http://www.cdc.gov/healthcare-associated-infections/php/haic-eip/index.html)



\$75,000

**Emerging Infections Program (EIP) sites** improve public health by translating population-based surveillance and research activities into informed policy and public health practice.

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

Learn more: [www.cdc.gov/abcs](http://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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