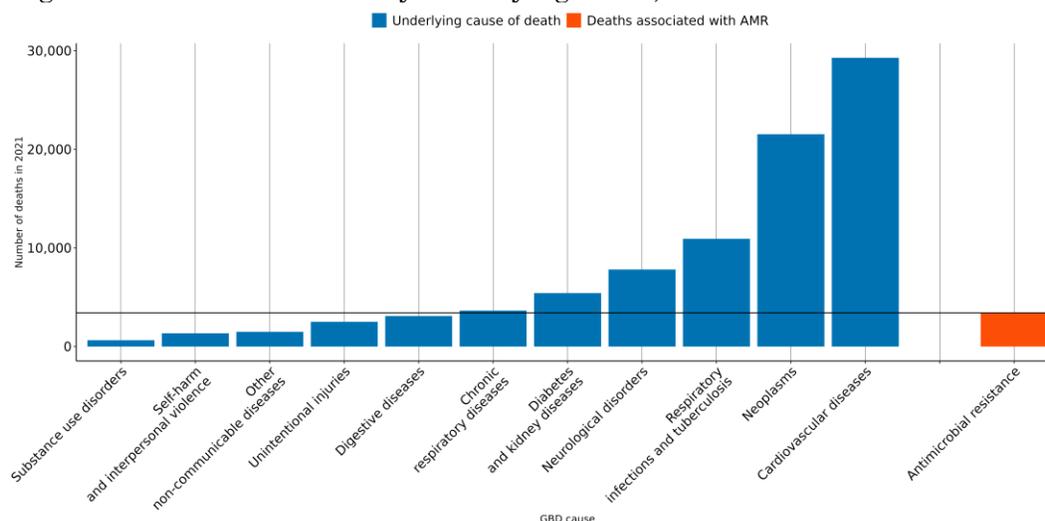


# The burden of antimicrobial resistance (AMR) in Austria

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **800 lives** have been lost each year since 1990 in Austria due to AMR.
- In 2021, there were an estimated **747 UI (656-837)** deaths attributable to AMR and **3,410 UI (2,990-3,840)** deaths associated with AMR in this location.
- The largest number of deaths associated with AMR in 2021 occurred among those aged **70+** in the country.
- Among the most deadly pathogen-drug combinations in 2021 were *Staphylococcus aureus* resistant to methicillin, *Escherichia coli* resistant to aminopenicillin and *Escherichia coli* resistant to beta lactam / beta-lactamase inhibitors.

Figure 1 Number of deaths by underlying cause, and those associated with AMR in 2021



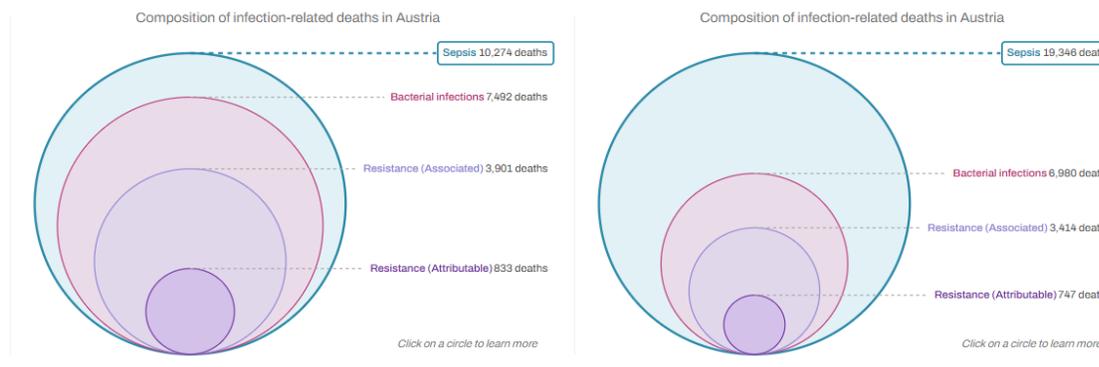
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying cause of death by itself.
- At the [2024 United Nations General Assembly high level meeting on antimicrobial resistance](#), country members agreed to aim for a **10% reduction** compared to 2019 baseline (**from 4.95 to 4.45 million**) in the global number of deaths associated with AMR by 2030. But [our forecast](#) indicates that in absence of concerted action, deaths associated with AMR could reach **5.5 million** (UI 4.8 - 6.2) if current trends continue. For Austria, a 10% reduction means to decrease the number of deaths associated with AMR to **3,330**, but currently the trend for this country could reach up to **4,180 UI [3,350-4,900]** AMR-associated deaths in 2030.

## AMR in Austria

### Key takeaways

- Antimicrobial Resistance (AMR) is a major global health threat, over *a million lives* have been lost each year since 1990.
- Globally, 4.71 (95% Uncertainty Interval (UI) 4.2-5.2) million deaths were associated with bacterial drug-resistant infections in 2021.
- And 1.14 (UI 1 - 1.3) million deaths were attributable to bacterial drug-resistant infection in the same year.
- *39 (UI 33 - 46) million deaths* directly attributable to bacterial AMR are projected to occur between 2025-2050 unless concerted action is taken. This equates to three deaths every minute.

Figure 2 Comparing 30 years of infection related deaths, and those associated with and attributable to AMR in Austria between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Austria** in 2021, there were an estimated **747 UI (656-837)** deaths attributable to AMR and **3,410 UI (2,990-3,840)** deaths associated with AMR. Here “*attributable deaths*” are considered to be those that would have been prevented had the drug-resistant bacteria causing the infections not been drug-resistant. “*Associated deaths*” are considered to be those that would not have occurred had the infections been prevented entirely.
- Across 204 countries, **Austria has the 12th lowest** age-standardized mortality rate associated with AMR in 2021.
- *Table 1* shows the bacteria which caused most deaths in 2021 (↑ indicates an increasing estimated annual rate between 1990-2021, ↓ indicates a decreasing annual trend), and *table 2* shows the pathogen-drug combinations which caused most deaths in 2021.

Table 1. Bacteria which cause most deaths in 2021 (Number of deaths in parenthesis)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Staphylococcus aureus 1,790 UI (1,590-1,990) ↑	Escherichia coli 1,080 UI (953-1,200) ↑	Staphylococcus aureus 281 UI (228-335) ↑
	Escherichia coli 1,770 UI (1,580-1,960) ↑	Staphylococcus aureus 1,020 UI (893-1,150) ↑	Escherichia coli 186 UI (148-225) ↑
	Pseudomonas aeruginosa 573 UI (509-637) ↓	Pseudomonas aeruginosa 230 UI (190-269) ↓	Acinetobacter baumannii 62 UI (52-71) ↓
	Streptococcus pneumoniae 451 UI (396-506) ↓	Enterococcus faecium 168 UI (149-188) ↑	Pseudomonas aeruginosa 59 UI (45-72) ↓
	Klebsiella pneumoniae 429 UI (380-477) ↓	Acinetobacter baumannii 167 UI (143-192) ↓	Klebsiella pneumoniae 36 UI (28-43) ↓
	Enterococcus faecalis 314 UI (282-345) ↓	Klebsiella pneumoniae 160 UI (132-187) ↓	Enterococcus faecium 22 UI (14-31) ↑
	Group A Streptococcus 247 UI (212-282) ↑	Streptococcus pneumoniae 123 UI (83-164) ↓	Enterobacter spp. 22 UI (18-25) ↓
	Enterobacter spp. 210 UI (188-233) ↓	Proteus spp. 113 UI (81-144) ↑	Streptococcus pneumoniae 20 UI (13-28) ↓
	Acinetobacter baumannii 202 UI (181-224) ↓	Enterobacter spp. 89 UI (70-108) ↓	Enterococcus faecalis 15 UI (10-19) ↓
	Proteus spp. 188 UI (165-210) ↑	Enterococcus faecalis 83 UI (72-95) ↓	Proteus spp. 13 UI (9-18) ↑

Annualized rate of change (1990-2021): <-3% (dark blue), -1.5% to 0% (light blue), 1.5% to 3% (dark red), >5.0% (light red), -3% to -1.5% (medium blue), 0% to 1.5% (medium red), 3% to 5% (dark red)

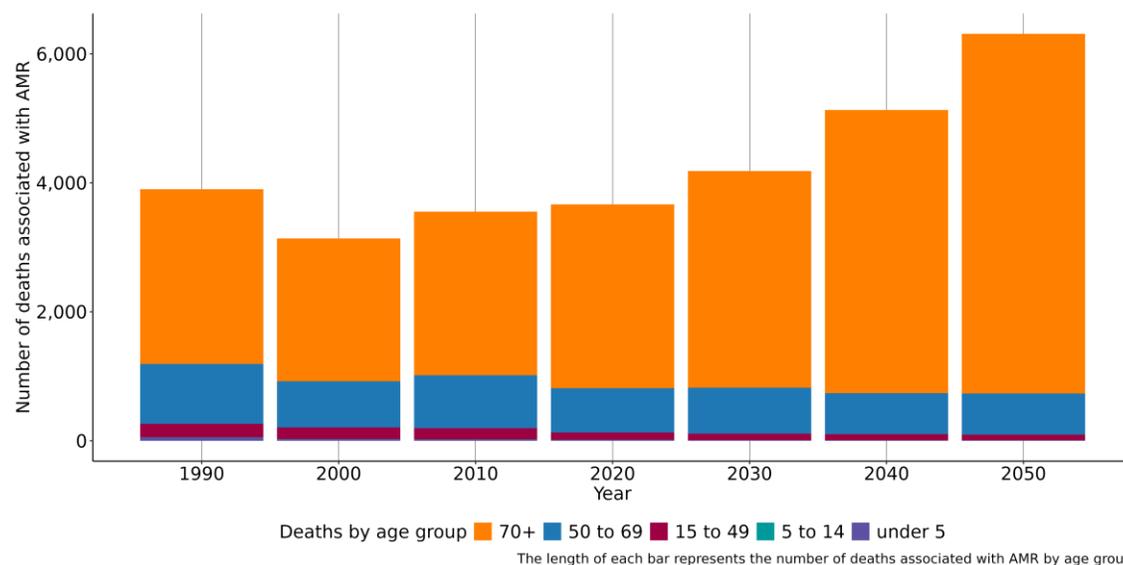
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Escherichia coli Aminopenicillin 929 UI (783-1,070) ↑	Staphylococcus aureus Methicillin 214 UI (154-275) ↑
	Staphylococcus aureus Methicillin 833 UI (624-1,040) ↑	Escherichia coli Beta-Lactam/Lactamase Inhib. 46 UI (14-78) ↑
	Staphylococcus aureus Macrolides 647 UI (513-781) ↑	Escherichia coli Aminopenicillin 38 UI (24-52) ↑
	Escherichia coli TMP-SMX 572 UI (366-777) ↑	Escherichia coli TMP-SMX 33 UI (17-49) ↓
	Escherichia coli Beta-Lactam/Lactamase Inhib. 560 UI (472-648) ↑	Escherichia coli Fluoroquinolones 32 UI (14-49) ↑
	Escherichia coli Fluoroquinolones 455 UI (356-553) ↑	Pseudomonas aeruginosa Carbapenems 30 UI (20-40) ↓
	Staphylococcus aureus Fluoroquinolones 410 UI (316-504) ↓	Staphylococcus aureus Macrolides 27 UI (18-37) ↑
	Escherichia coli 3GC 182 UI (127-238) ↓	Staphylococcus aureus Fluoroquinolones 26 UI (10-43) ↓
	Enterococcus faecium Fluoroquinolones 162 UI (143-181) ↑	Acinetobacter baumannii Carbapenems 23 UI (16-30) ↓
	Acinetobacter baumannii Beta-Lactam/Lactamase Inhib. 162 UI (138-185) ↓	Escherichia coli 3GC 20 UI (10-30) ↓

Annualized rate of change (1990-2021): <-3% (dark blue), -1.5% to 0% (light blue), 1.5% to 3% (dark red), >5.0% (light red), -3% to -1.5% (medium blue), 0% to 1.5% (medium red), 3% to 5% (dark red)

- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) bloodstream infections (4,340 UI (3,920-4,770)), lower respiratory infection (excl. COVID) (2,130 UI (1,820-2,430)), peritoneal and intra-abdominal infections (1,300 UI (1,160-1,450)), urinary tract infections and pyelonephritis (472 UI (396-548)) and infections of the skin and subcutaneous systems (405 UI (337-473)).

Figure 3. Number of deaths associated with AMR by age group between 1990-2020 and 2050 projection



- In Austria, people aged 70+ saw the largest number of deaths associated with AMR both in 1990 and 2021, which indicates that 70+ continues to be particularly vulnerable to infections which are resistant to antibiotics. In 2021, the number of deaths associated with AMR among the 70+ was 2,620 UI (2,240-3,010), whereas the mortality rate per 100,000 was 211 UI (180-242).

### Data sources for Austria

In total, 520 million individual records or isolates covering 19,513 study-location-years were used as input data to our estimation process. The subset of input data for this country is shown below.

Table 3. Data inputs for Austria by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	1,225,080	Isolates
Microbial or laboratory data with outcome	1990-2021	62,933	Isolates
Literature studies	1990-2009	1,364	Cases/isolates/susceptibility tests
Single drug resistance profile data	1990-2021	152,393	Antibiotic susceptibility test

## More information

### *About GRAM:*

The purpose of the Global Research on AntiMicrobial resistance (GRAM) project is to **generate accurate and timely estimates of the magnitude and trends in antimicrobial resistance (AMR) burden** across the world, which can be used to inform treatment guidelines and agendas for decision-making and research, detect emerging problems and monitor trends to inform global strategies, as well as facilitate the assessment of interventions over time.

GRAM is the flagship project of the University of Oxford–IHME Strategic Partnership. GRAM was launched with support from the United Kingdom Department of Health and Social Care’s Fleming Fund, and the Wellcome Trust.

### *All resources:*

For all resources on AMR analysis at IHME, visit <https://www.healthdata.org/antimicrobial-resistance>.

To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#).

### *Data sources:*

To download the list of data input sources by country, and AMR results by region, visit the [Global Health Data Exchange \(GHDx\)](#).

### *Contact us:*

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