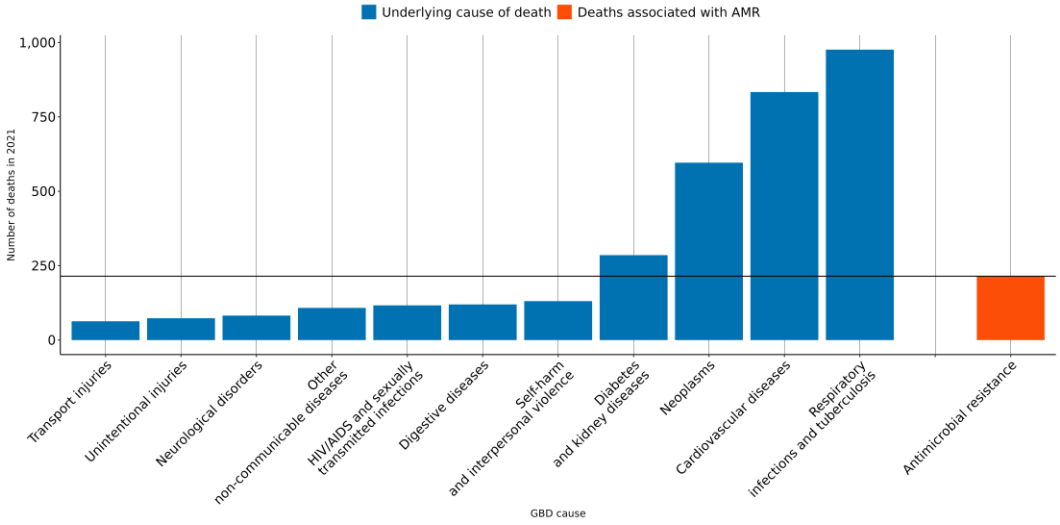
# The burden of antimicrobial resistance (AMR) in the Bahamas

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **40 lives** have been lost each year since 1990 in the Bahamas due to AMR.
- In 2021, there were an estimated **50 UI (36-64)** deaths attributable to AMR and **215 UI (162-268)** 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, *Klebsiella pneumoniae* resistant to fluoroquinolones and *Acinetobacter baumannii* resistant to carbapenems.

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



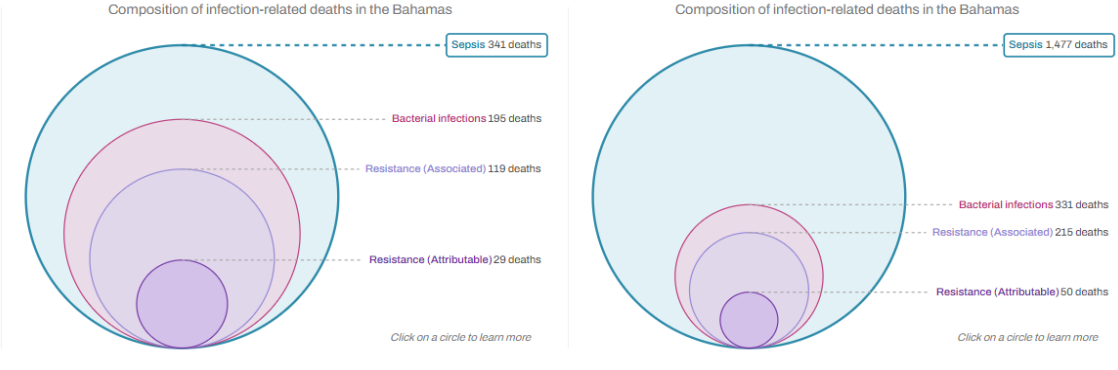

- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 the Bahamas, a 10% reduction means to decrease the number of deaths associated with AMR to **207**, but currently the trend for this country could reach up to **293 UI [209-402]** AMR-associated deaths in 2030.

# AMR in the Bahamas

## 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 the Bahamas between 1990 and 2019.




- To look at these and more visualization interactively visit Measuring Infectious Causes and Resistance Outcomes for Burden Estimation (MICROBE)
- In **the Bahamas** in 2021, there were an estimated **50 UI (36-64)** deaths attributable to AMR and **215 UI (162-268)** 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, **the Bahamas has the 100th highest** 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)

| Burden rank | Overall susceptible and resistant | Associated | Attributable |
|---|---|---|---|
| 1 | Staphylococcus aureus 59 UI (47-70) ↑ | Staphylococcus aureus 38 UI (27-49) ↑ | Acinetobacter baumannii 11 UI (9-13) ↑ |
| 2 | Escherichia coli 44 UI (35-52) ↑ | Escherichia coli 36 UI (25-46) ↑ | Klebsiella pneumoniae 9 UI (7-10) ↑ |
| 3 | Klebsiella pneumoniae 40 UI (32-48) ↑ | Klebsiella pneumoniae 32 UI (26-39) ↑ | Staphylococcus aureus 9 UI (5-12) ↑ |
| 4 | Pseudomonas aeruginosa 38 UI (31-46) ↑ | Acinetobacter baumannii 27 UI (21-32) ↑ | Escherichia coli 7 UI (5-10) ↑ |
| 5 | Streptococcus pneumoniae 37 UI (30-44) ↓ | Streptococcus pneumoniae 23 UI (16-30) ↓ | Pseudomonas aeruginosa 4 UI (3-6) ↑ |
| 6 | Acinetobacter baumannii 28 UI (22-33) ↑ | Pseudomonas aeruginosa 18 UI (12-23) ↑ | Streptococcus pneumoniae 4 UI (2-5) ↓ |
| 7 | Group A Streptococcus 12 UI (10-15) ↑ | Enterobacter spp. 7 UI (5-8) ↑ | Enterobacter spp. 1 UI (1-2) ↑ |
| 8 | Enterococcus faecalis 11 UI (9-13) ↑ | Enterococcus faecium 7 UI (5-8) ↑ | Enterococcus faecium 1 UI (1-2) ↑ |
| 9 | Enterobacter spp. 10 UI (8-12) ↑ | Proteus spp. 6 UI (4-8) ↑ | Serratia spp. 1 UI (1-1) ↑ |
| 10 | Proteus spp. 9 UI (7-11) ↑ | Enterococcus faecalis 6 UI (5-7) ↑ | Enterococcus faecalis 1 UI (1-1) ↑ |

Annualized rate of change (1990-2021): <-3% | -3% to -1.5% | -1.5% to 0% | 0% to 1.5% | 1.5% to 3% | 3% to 5% | >5.0%

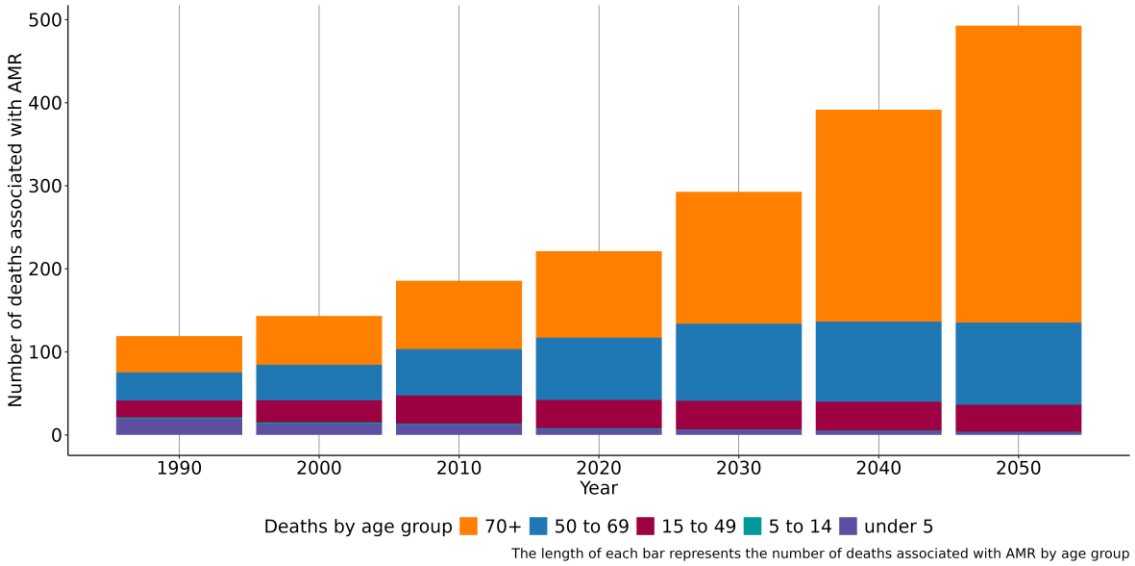
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

| Burden Rank | Associated | | Attributable | |
|---|---|---|---|---|
| 1 | Staphylococcus aureus Macrolides | 34 UI (26-41) ↑ | Staphylococcus aureus Methicillin | 6 UI (2-9) ↑ |
| 2 | Escherichia coli Aminopenicillin | 32 UI (15-48) ↑ | Acinetobacter baumannii Carbapenems | 6 UI (5-7) ↑ |
| 3 | Klebsiella pneumoniae Fluoroquinolones | 30 UI (24-37) ↑ | Klebsiella pneumoniae Fluoroquinolones | 3 UI (2-4) ↑ |
| 4 | Klebsiella pneumoniae Aminoglycosides | 28 UI (22-34) ↑ | Acinetobacter baumannii Fluoroquinolones | 3 UI (2-3) ↑ |
| 5 | Acinetobacter baumannii 3GC | 26 UI (21-31) ↑ | Streptococcus pneumoniae Carbapenems | 2 UI (1-3) ↓ |
| 6 | Acinetobacter baumannii Anti-pseudomonal | 25 UI (20-30) ↑ | Klebsiella pneumoniae Aminoglycosides | 2 UI (2-3) ↑ |
| 7 | Acinetobacter baumannii Carbapenems | 25 UI (20-30) ↑ | Klebsiella pneumoniae Carbapenems | 2 UI (1-3) ↑ |
| 8 | Escherichia coli Fluoroquinolones | 25 UI (13-37) ↑ | Escherichia coli Fluoroquinolones | 2 UI (1-3) ↑ |
| 9 | Acinetobacter baumannii 4GC | 24 UI (19-29) ↑ | Escherichia coli 3GC | 2 UI (1-3) ↑ |
| 10 | Staphylococcus aureus Methicillin | 24 UI (9-39) ↑ | Staphylococcus aureus Macrolides | 2 UI (1-2) ↑ |

Annualized rate of change (1990-2021): <-3% | -3% to -1.5% | -1.5% to 0% | 0% to 1.5% | 1.5% to 3% | 3% to 5% | >5.0%

- 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 (165 UI (132-198)), lower respiratory infection (excl. COVID) (157 UI (127-187)), urinary tract infections and pyelonephritis (44 UI (35-53)), infections of the skin and subcutaneous systems (39 UI (32-46)) and peritoneal and intra-abdominal infections (34 UI (27-41)).

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




- In the Bahamas, 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 99 UI (76-122), whereas the mortality rate per 100,000 was 512 UI (394-630).

**Data sources for the Bahamas**

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 the Bahamas by source type

| Source type | Years | Sample size | Sample size units |
|---|---|---|---|
| No other source but GBD study input | None | | GBD study input |

**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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