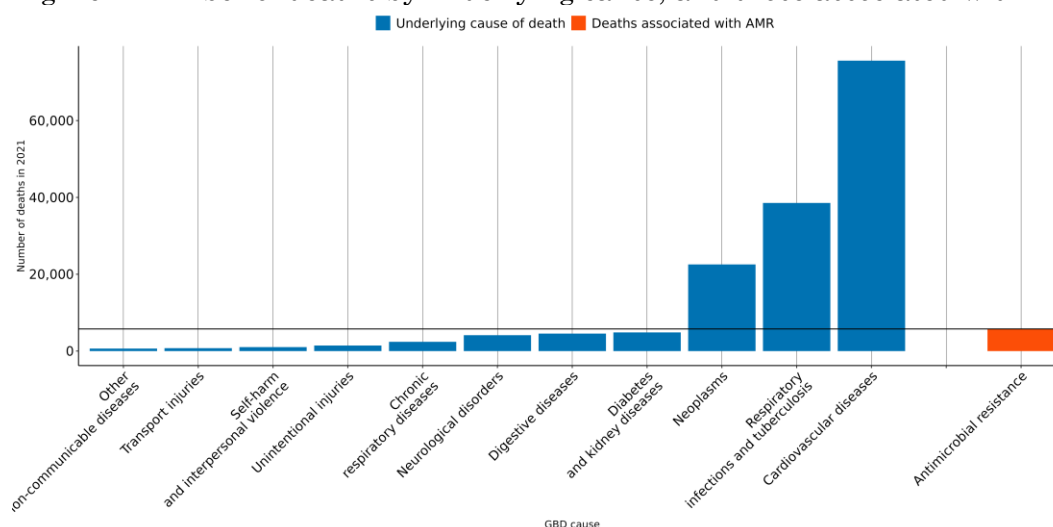


The burden of antimicrobial resistance (AMR) in Bulgaria

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **2,000 lives** have been lost each year since 1990 in Bulgaria due to AMR.
- In 2021, there were an estimated **1,320 UI (1,120-1,510)** deaths attributable to AMR and **5,760 UI (4,900-6,610)** 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 fluoroquinolones and *Escherichia coli* resistant to third-generation cephalosporins.

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



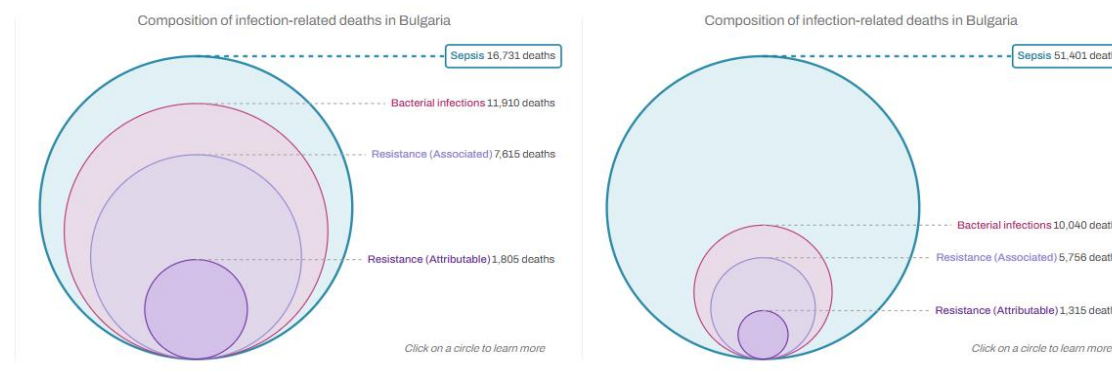
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Bulgaria, a 10% reduction means to decrease the number of deaths associated with AMR to **5,410**, but currently the trend for this country could reach up to **5,000 UI [4,110-6,090]** AMR-associated deaths in 2030.

AMR in Bulgaria

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 Bulgaria between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Bulgaria** in 2021, there were an estimated **1,320 UI (1,120-1,510)** deaths attributable to AMR and **5,760 UI (4,900-6,610)** 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, **Bulgaria has the 70th 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)

Burden rank	Overall susceptible and resistant			Associated			Attributable		
	Escherichia coli 2,210 UI (1,930-2,500)	↑		Escherichia coli 1,790 UI (1,560-2,030)	↑		Escherichia coli 356 UI (291-420)	↑	
	Staphylococcus aureus 2,040 UI (1,780-2,300)	↑		Klebsiella pneumoniae 725 UI (615-835)	↓		Klebsiella pneumoniae 187 UI (153-220)	↓	
	Pseudomonas aeruginosa 990 UI (860-1,120)	↓		Pseudomonas aeruginosa 639 UI (524-754)	↓		Pseudomonas aeruginosa 165 UI (127-203)	↓	
	Klebsiella pneumoniae 936 UI (813-1,060)	↓		Staphylococcus aureus 576 UI (476-676)	↓		Acinetobacter baumannii 154 UI (133-174)	↓	
	Streptococcus pneumoniae 657 UI (572-741)	↓		Streptococcus pneumoniae 391 UI (286-496)	↓		Staphylococcus aureus 144 UI (111-176)	↓	
	Enterococcus faecalis 410 UI (354-465)	↓		Acinetobacter baumannii 381 UI (328-434)	↓		Streptococcus pneumoniae 76 UI (50-102)	↓	
	Group A Streptococcus 396 UI (330-462)	↑		Proteus spp. 219 UI (167-270)	↑		Enterobacter spp. 48 UI (40-56)	↓	
	Acinetobacter baumannii 389 UI (336-443)	↓		Enterococcus faecium 197 UI (170-225)	↑		Serratia spp. 36 UI (29-44)	↓	
	Enterobacter spp. 320 UI (276-363)	↓		Enterobacter spp. 196 UI (161-231)	↓		Enterococcus faecium 35 UI (25-45)	↑	
	Proteus spp. 301 UI (262-340)	↑		Enterococcus faecalis 188 UI (160-216)	↑		Proteus spp. 34 UI (23-46)	↑	

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

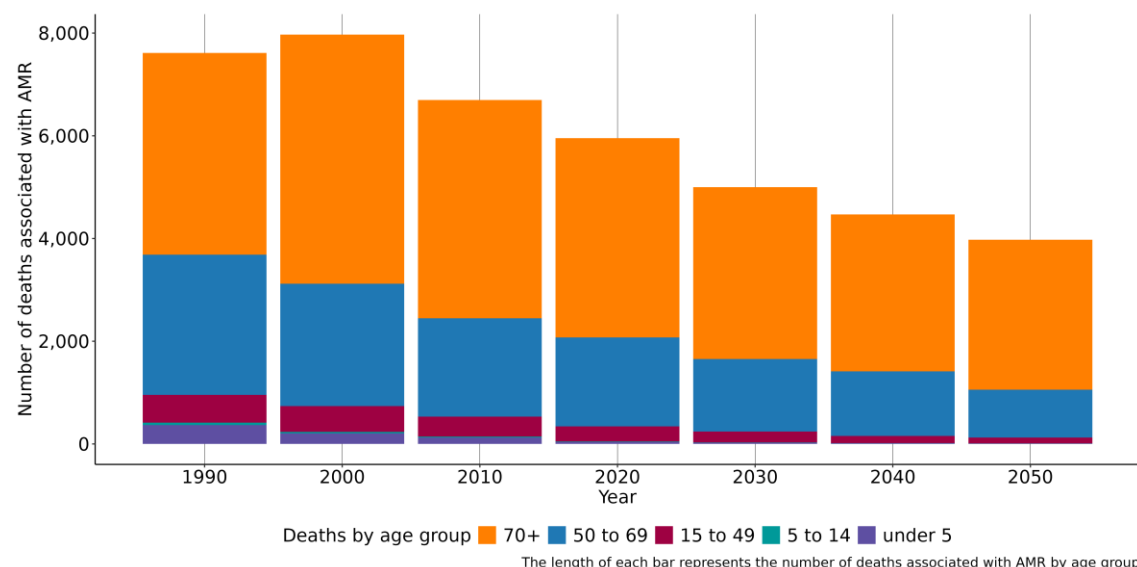
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated			Attributable		
	Escherichia coli Aminopenicillin	1,610 UI (1,280-1,940)	↑	Escherichia coli 3GC	98 UI (60-136)	↑
	Escherichia coli Fluoroquinolones	1,140 UI (843-1,440)	↑	Staphylococcus aureus Methicillin	90 UI (47-132)	↓
	Escherichia coli TMP-SMX	1,020 UI (749-1,290)	↑	Escherichia coli Fluoroquinolones	80 UI (41-118)	↑
	Escherichia coli Beta-Lactam/Lactamase Inhib.	878 UI (720-1,040)	↑	Acinetobacter baumannii Carbapenems	80 UI (63-96)	↓
	Escherichia coli 3GC	877 UI (640-1,110)	↑	Pseudomonas aeruginosa Carbapenems	71 UI (45-97)	↑
	Klebsiella pneumoniae Fluoroquinolones	638 UI (537-738)	↑	Klebsiella pneumoniae Fluoroquinolones	58 UI (40-75)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib.	600 UI (471-728)	↓	Escherichia coli TMP-SMX	50 UI (27-73)	↑
	Klebsiella pneumoniae Aminoglycosides	477 UI (398-555)	↓	Escherichia coli Aminopenicillin	46 UI (22-69)	↑
	Escherichia coli Aminoglycosides	474 UI (319-629)	↑	Acinetobacter baumannii Fluoroquinolones	44 UI (36-53)	↓
	Klebsiella pneumoniae TMP-SMX	446 UI (365-527)	↓	Streptococcus pneumoniae Carbapenems	39 UI (23-56)	↓

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

- 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 (7,070 UI (6,140-8,010)), lower respiratory infection (excl. COVID) (3,680 UI (3,130-4,240)), peritoneal and intra-abdominal infections (1,470 UI (1,240-1,700)), infections of the skin and subcutaneous systems (719 UI (547-892)) and urinary tract infections and pyelonephritis (507 UI (403-611)).

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



- In Bulgaria, 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 3,780 UI (3,230-4,320), whereas the mortality rate per 100,000 was 367 UI (314-420).

Data sources for Bulgaria

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 Bulgaria by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	179,476	Isolates
Microbial or laboratory data with outcome	1990-2021	61,905	Isolates
Literature studies	1990-2009	240	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	359	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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