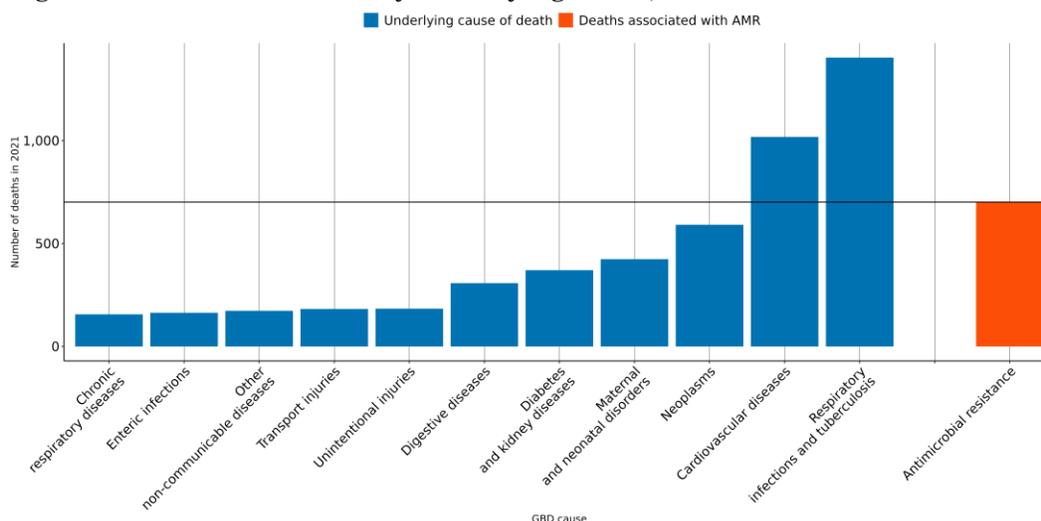


The burden of antimicrobial resistance (AMR) in Comoros

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **200 lives** have been lost each year since 1990 in Comoros due to AMR.
- In 2021, there were an estimated **170 UI (110-230)** deaths attributable to AMR and **702 UI (523-880)** 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 multi-drug resistant *Mycobacterium tuberculosis* (excluding extensive drug-resistance), *Acinetobacter baumannii* resistant to carbapenems and *Streptococcus pneumoniae* resistant to carbapenems.

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



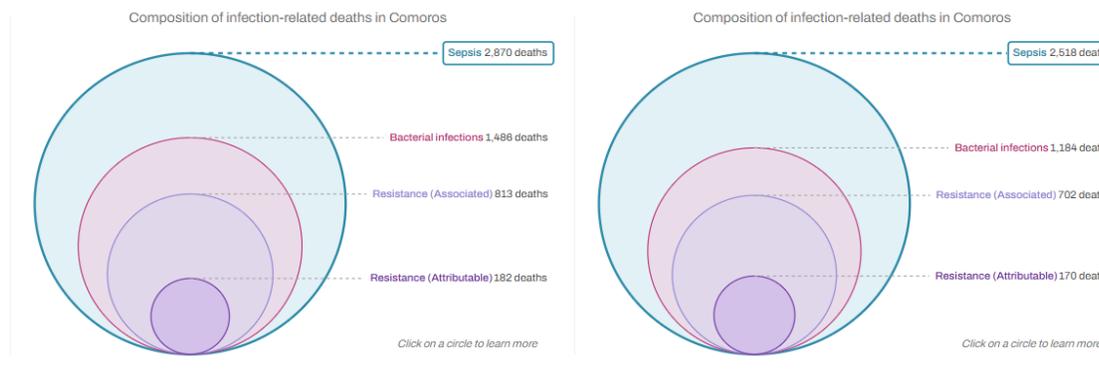
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Comoros, a 10% reduction means to decrease the number of deaths associated with AMR to **654**, but currently the trend for this country could reach up to **810 UI [568-1,120]** AMR-associated deaths in 2030.

AMR in Comoros

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 Comoros between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Comoros** in 2021, there were an estimated **170 UI (110-230)** deaths attributable to AMR and **702 UI (523-880)** 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, **Comoros has the 13th 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)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Mycobacterium tuberculosis 326 UI (219-432) ↓	Streptococcus pneumoniae 132 UI (98-165) ↓	Acinetobacter baumannii 31 UI (25-37) ↑
	Streptococcus pneumoniae 161 UI (130-192) ↓	Klebsiella pneumoniae 109 UI (87-130) ↓	Streptococcus pneumoniae 27 UI (16-37) ↓
	Klebsiella pneumoniae 122 UI (100-144) ↓	Escherichia coli 102 UI (78-125) ↓	Klebsiella pneumoniae 24 UI (18-31) ↓
	Escherichia coli 110 UI (89-132) ↓	Acinetobacter baumannii 80 UI (64-95) ↑	Escherichia coli 20 UI (14-26) ↓
	Staphylococcus aureus 89 UI (72-106) ↑	Staphylococcus aureus 64 UI (40-87) ↑	Mycobacterium tuberculosis 19 UI (0-57) ↑
	Acinetobacter baumannii 81 UI (66-97) ↑	Pseudomonas aeruginosa 52 UI (38-67) ↓	Staphylococcus aureus 14 UI (7-20) ↑
	Pseudomonas aeruginosa 80 UI (65-95) ↓	Mycobacterium tuberculosis 47 UI (9-116) ↑	Pseudomonas aeruginosa 12 UI (8-17) ↓
	Group B Streptococcus 28 UI (23-34) ↓	Enterobacter spp. 22 UI (17-26) ↑	Enterobacter spp. 6 UI (4-8) ↓
	Enterobacter spp. 25 UI (20-30) ↑	Serratia spp. 18 UI (14-22) ↓	Serratia spp. 5 UI (4-6) ↓
	Serratia spp. 23 UI (19-28) ↓	Enterococcus faecalis 14 UI (11-18) ↑	Enterococcus faecalis 3 UI (2-4) ↑

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

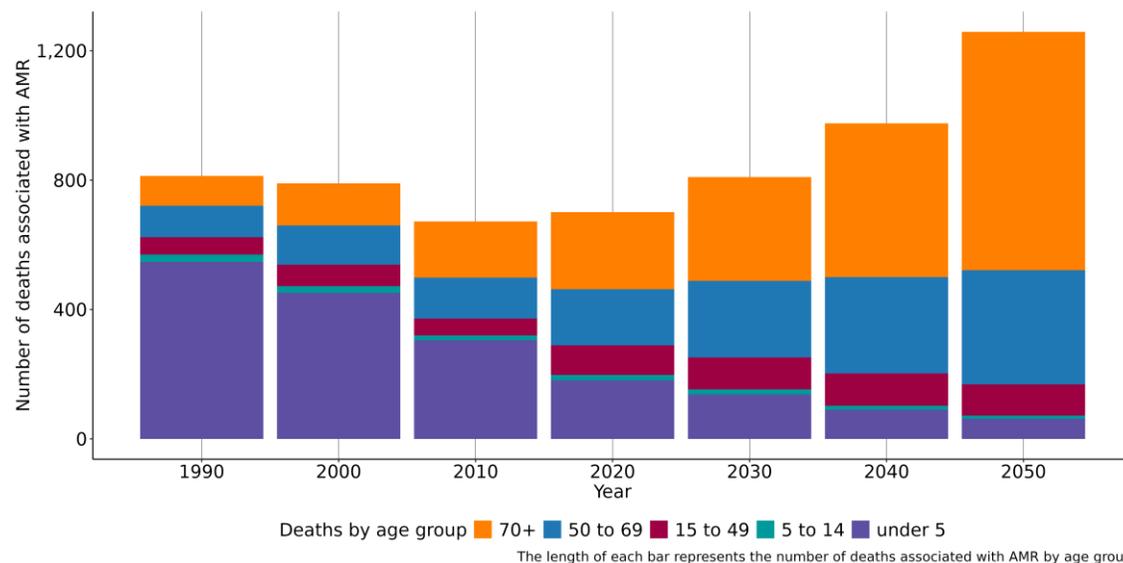
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Streptococcus pneumoniae TMP-SMX 123 UI (89-157) ↓	Mycobacterium tuberculosis MDR excluding XDR 19 UI (0-56) ↑
	Klebsiella pneumoniae TMP-SMX 99 UI (79-120) ↓	Streptococcus pneumoniae Carbapenems 13 UI (6-19) ↓
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 98 UI (76-120) ↓	Acinetobacter baumannii Carbapenems 13 UI (8-17) ↑
	Escherichia coli Aminopenicillin 98 UI (67-128) ↓	Acinetobacter baumannii Fluoroquinolones 8 UI (7-10) ↑
	Escherichia coli TMP-SMX 82 UI (62-101) ↓	Staphylococcus aureus Methicillin 7 UI (2-12) ↑
	Klebsiella pneumoniae Aminoglycosides 80 UI (62-99) ↓	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 6 UI (2-9) ↓
	Acinetobacter baumannii 4GC 78 UI (63-94) ↑	Klebsiella pneumoniae Fluoroquinolones 5 UI (3-7) ↑
	Escherichia coli Fluoroquinolones 78 UI (47-109) ↑	Klebsiella pneumoniae Aminoglycosides 5 UI (3-7) ↓
	Acinetobacter baumannii 3GC 77 UI (62-93) ↑	Escherichia coli Fluoroquinolones 5 UI (2-7) ↑
	Klebsiella pneumoniae Fluoroquinolones 77 UI (56-98) ↑	Escherichia coli 3GC 5 UI (2-7) ↑

Annualized rate of change (1990-2021): <-3% (dark blue), -3% to -1.5% (medium blue), -1.5% to 0% (light blue), 0% to 1.5% (pink), 1.5% to 3% (red), 3% to 5% (dark red), >5.0% (darkest 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 (479 UI (392-567)), lower respiratory infection (excl. COVID) (469 UI (370-568)), tuberculosis (326 UI (219-432)), diarrhea (151 UI (70-233)) and meningitis (88 UI (70-106)).

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



- In Comoros, people aged under 5 experienced the largest number of deaths associated with AMR in 1990 but this changed by 2021 as the largest number of deaths occurred among the 70+. This indicates that prevention of infections among the under 5 has contributed to the reduction in the number of AMR associated deaths. In 2021, the number of deaths associated with AMR among the 70+ was 243 UI (175-310), whereas the mortality rate per 100,000 was 1,070 UI (771-1,370).

Data sources for Comoros

In total, 520 million individual records or isolates covering 19,513 study-location-years were used as input data to our estimation process. There was no input data accessible for this country. Estimates were informed by results from the Global Burden of Disease study and data from the surrounding region. Any datasets that could be used to improve these estimates in the future are welcome.

Table 3. Data inputs for Comoros by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	2010-2021	83	Study-year datapoints

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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