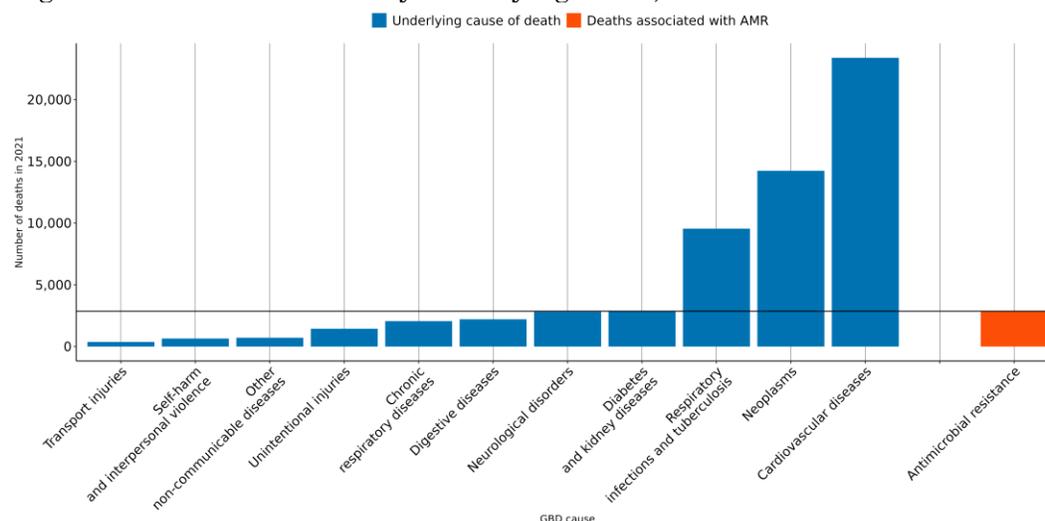


# The burden of antimicrobial resistance (AMR) in Croatia

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **700 lives** have been lost each year since 1990 in Croatia due to AMR.
- In 2021, there were an estimated **675 UI (584-765)** deaths attributable to AMR and **2,860 UI (2,480-3,250)** 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, *Pseudomonas aeruginosa* resistant to carbapenems and *Acinetobacter baumannii* resistant to carbapenems.

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



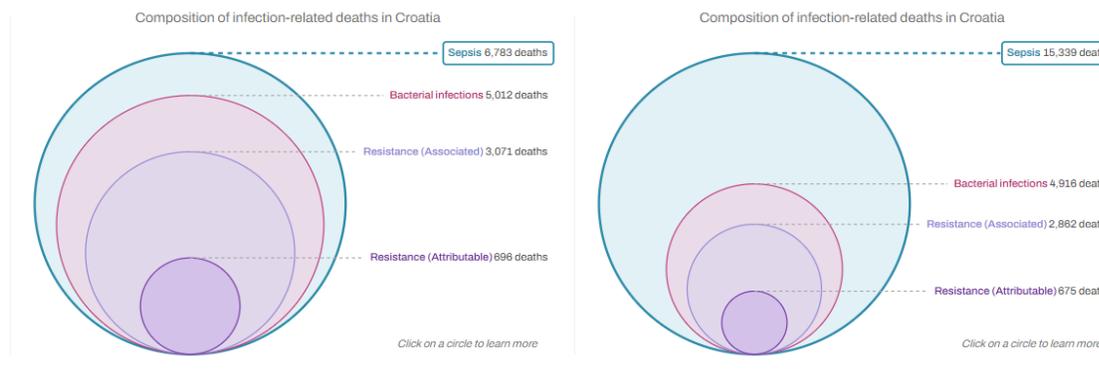
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Croatia, a 10% reduction means to decrease the number of deaths associated with AMR to **2,650**, but currently the trend for this country could reach up to **3,100 UI [2,530-3,720]** AMR-associated deaths in 2030.

## AMR in Croatia

### 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 Croatia between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Croatia** in 2021, there were an estimated **675 UI (584-765)** deaths attributable to AMR and **2,860 UI (2,480-3,250)** 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, **Croatia has the 42nd 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		
	Bacteria	UI (range)	Change	Bacteria	UI (range)	Change	Bacteria	UI (range)	Change
	Staphylococcus aureus	1,260 UI (1,110-1,400)	↑	Staphylococcus aureus	643 UI (559-728)	↑	Staphylococcus aureus	158 UI (128-189)	↑
	Escherichia coli	836 UI (737-936)	↑	Escherichia coli	577 UI (504-649)	↑	Escherichia coli	104 UI (84-123)	↑
	Streptococcus pneumoniae	533 UI (470-596)	↓	Streptococcus pneumoniae	304 UI (233-376)	↓	Acinetobacter baumannii	95 UI (83-107)	↓
	Pseudomonas aeruginosa	451 UI (398-505)	↓	Pseudomonas aeruginosa	298 UI (256-341)	↓	Pseudomonas aeruginosa	79 UI (63-95)	↓
	Klebsiella pneumoniae	371 UI (326-415)	↓	Klebsiella pneumoniae	274 UI (231-318)	↓	Klebsiella pneumoniae	73 UI (60-86)	↓
	Acinetobacter baumannii	237 UI (208-266)	↓	Acinetobacter baumannii	235 UI (206-263)	↓	Streptococcus pneumoniae	66 UI (46-85)	↓
	Enterococcus faecalis	228 UI (201-255)	↑	Enterococcus faecium	135 UI (118-151)	↑	Enterococcus faecium	27 UI (21-33)	↑
	Enterobacter spp.	166 UI (147-186)	↓	Enterobacter spp.	96 UI (80-112)	↓	Enterobacter spp.	24 UI (20-28)	↓
	Enterococcus faecium	143 UI (125-160)	↑	Proteus spp.	83 UI (63-103)	↑	Enterococcus faecalis	14 UI (10-18)	↑
	Proteus spp.	137 UI (120-154)	↑	Enterococcus faecalis	83 UI (70-95)	↑	Proteus spp.	12 UI (8-16)	↑

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

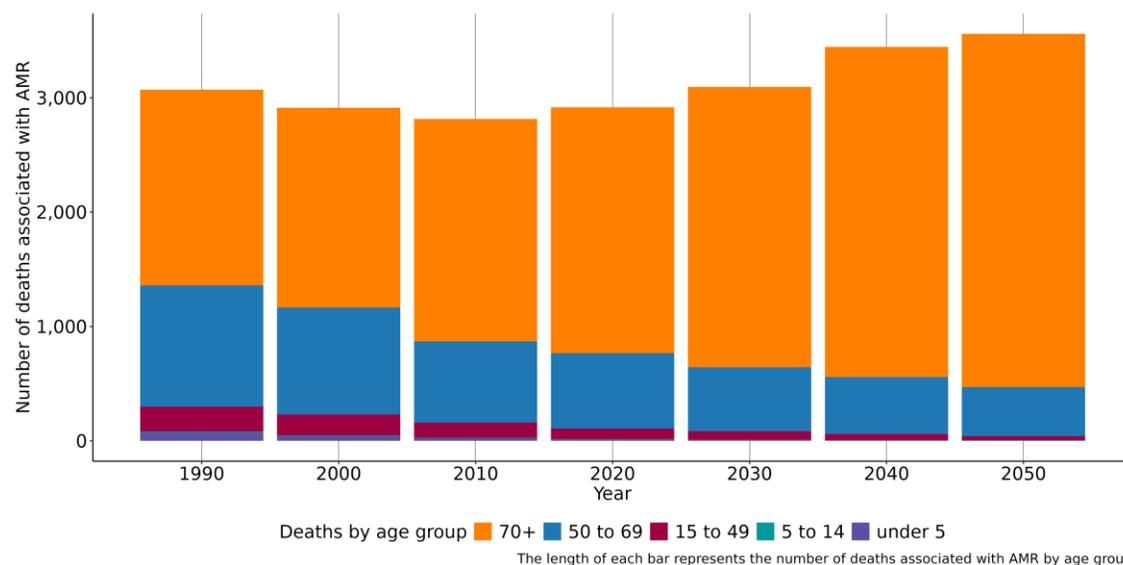
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated			Attributable		
	Combination	UI (range)	Change	Combination	UI (range)	Change
	Escherichia coli Aminopenicillin	506 UI (431-580)	↑	Staphylococcus aureus Methicillin	106 UI (75-138)	↑
	Staphylococcus aureus Methicillin	437 UI (316-559)	↑	Acinetobacter baumannii Carbapenems	51 UI (41-61)	↓
	Staphylococcus aureus Macrolides	426 UI (328-523)	↓	Pseudomonas aeruginosa Carbapenems	43 UI (30-56)	↓
	Staphylococcus aureus Fluoroquinolones	352 UI (293-411)	↓	Streptococcus pneumoniae Carbapenems	42 UI (27-57)	↓
	Escherichia coli TMP-SMX	350 UI (274-426)	↑	Acinetobacter baumannii Fluoroquinolones	27 UI (22-32)	↓
	Escherichia coli Fluoroquinolones	272 UI (218-326)	↑	Staphylococcus aureus Fluoroquinolones	24 UI (10-38)	↓
	Escherichia coli Beta-Lactam/Lactamase Inhib.	245 UI (193-296)	↓	Escherichia coli Aminopenicillin	21 UI (14-29)	↑
	Pseudomonas aeruginosa Carbapenems	233 UI (197-268)	↓	Escherichia coli TMP-SMX	20 UI (11-29)	↓
	Acinetobacter baumannii 3GC	231 UI (203-259)	↓	Klebsiella pneumoniae Fluoroquinolones	20 UI (14-25)	↑
	Acinetobacter baumannii 4GC	230 UI (201-258)	↓	Escherichia coli Fluoroquinolones	18 UI (10-28)	↑

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

- 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 (2,520 UI (2,220-2,820)), lower respiratory infection (excl. COVID) (1,810 UI (1,570-2,040)), peritoneal and intra-abdominal infections (873 UI (762-984)), urinary tract infections and pyelonephritis (721 UI (603-838)) and infections of the skin and subcutaneous systems (230 UI (185-275)).

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



- In Croatia, 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 2,120 UI (1,830-2,400), whereas the mortality rate per 100,000 was 345 UI (298-391).

### Data sources for Croatia

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 Croatia by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	543,159	Isolates
Microbial or laboratory data with outcome	1990-2021	8,659	Isolates
Literature studies	1990-2009	1,046	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	83,235	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:*

- For inquiries about the analysis and questions from government officials, health departments, or research institutions: [engage@healthdata.org](mailto:engage@healthdata.org)
- For media-related inquiries: [media@healthdata.org](mailto:media@healthdata.org)
- **Bluesky:** @ihmeuw.bsky.social
- **Twitter:** @IHME\_UW
- **Facebook:** <https://www.facebook.com/IHMEUW>
- **LinkedIn:** <https://www.linkedin.com/company/institute-for-health-metrics-and-evaluation>