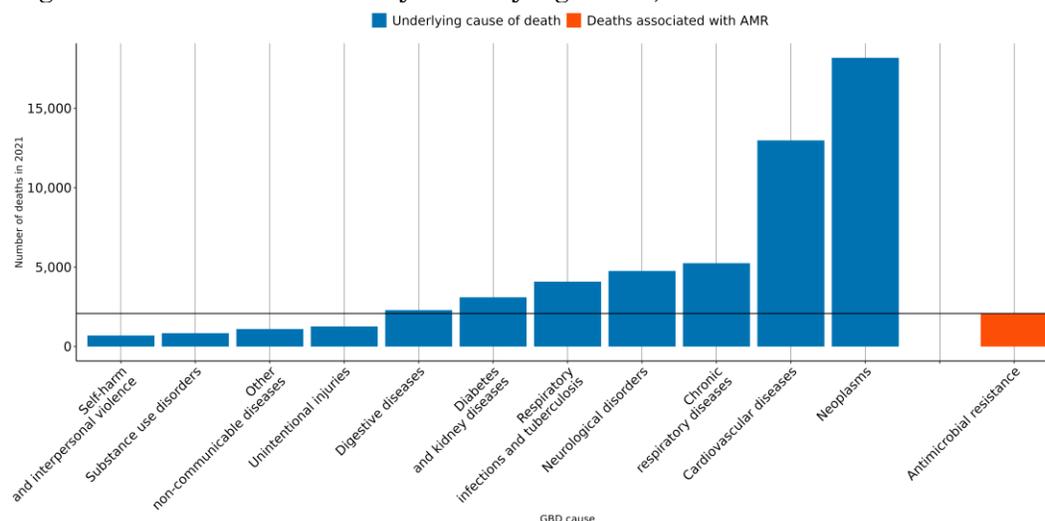


The burden of antimicrobial resistance (AMR) in Denmark

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **500 lives** have been lost each year since 1990 in Denmark due to AMR.
- In 2021, there were an estimated **407 UI (337-477)** deaths attributable to AMR and **2,080 UI (1,710-2,460)** 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 *Escherichia coli* resistant to aminopenicillin, *Escherichia coli* resistant to carbapenems and *Pseudomonas aeruginosa* resistant to carbapenems.

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



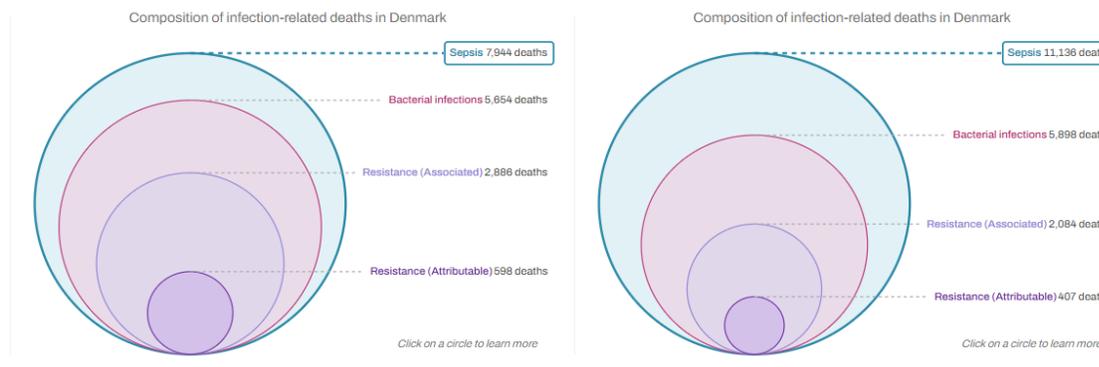
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Denmark, a 10% reduction means to decrease the number of deaths associated with AMR to **1,970**, but currently the trend for this country could reach up to **2,500 UI [1,950-3,090]** AMR-associated deaths in 2030.

AMR in Denmark

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 Denmark between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Denmark** in 2021, there were an estimated **407 UI (337-477)** deaths attributable to AMR and **2,080 UI (1,710-2,460)** 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, **Denmark has the 9th 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)	Annualized rate of change (1990-2021)	Bacteria (UI)	Annualized rate of change (1990-2021)	Bacteria (UI)	Annualized rate of change (1990-2021)
	Staphylococcus aureus 1,670 UI (1,490-1,860)	↑	Escherichia coli 627 UI (527-726)	↑	Escherichia coli 122 UI (100-144)	↑
	Escherichia coli 1,080 UI (956-1,190)	↑	Staphylococcus aureus 391 UI (285-497)	↓	Staphylococcus aureus 60 UI (47-73)	↓
	Pseudomonas aeruginosa 588 UI (525-651)	↑	Pseudomonas aeruginosa 191 UI (155-228)	↓	Pseudomonas aeruginosa 50 UI (37-63)	↓
	Streptococcus pneumoniae 501 UI (445-557)	↓	Enterococcus faecium 159 UI (141-176)	↑	Acinetobacter baumannii 42 UI (34-49)	↓
	Klebsiella pneumoniae 460 UI (409-511)	↓	Klebsiella pneumoniae 139 UI (108-170)	↓	Klebsiella pneumoniae 30 UI (22-37)	↓
	Group A Streptococcus 221 UI (194-248)	↑	Streptococcus pneumoniae 118 UI (91-144)	↓	Streptococcus pneumoniae 24 UI (18-30)	↓
	Enterococcus faecalis 194 UI (174-214)	↓	Acinetobacter baumannii 114 UI (95-133)	↓	Enterococcus faecium 23 UI (16-31)	↑
	Proteus spp. 181 UI (160-203)	↑	Proteus spp. 95 UI (73-117)	↑	Proteus spp. 13 UI (9-17)	↑
	Enterococcus faecium 168 UI (150-187)	↑	Enterobacter spp. 45 UI (37-52)	↓	Enterobacter spp. 12 UI (10-14)	↓
	Enterobacter spp. 157 UI (140-174)	↓	Enterococcus faecalis 42 UI (36-48)	↓	Enterococcus faecalis 8 UI (6-10)	↓

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% (orange), 3% to 5% (brown)

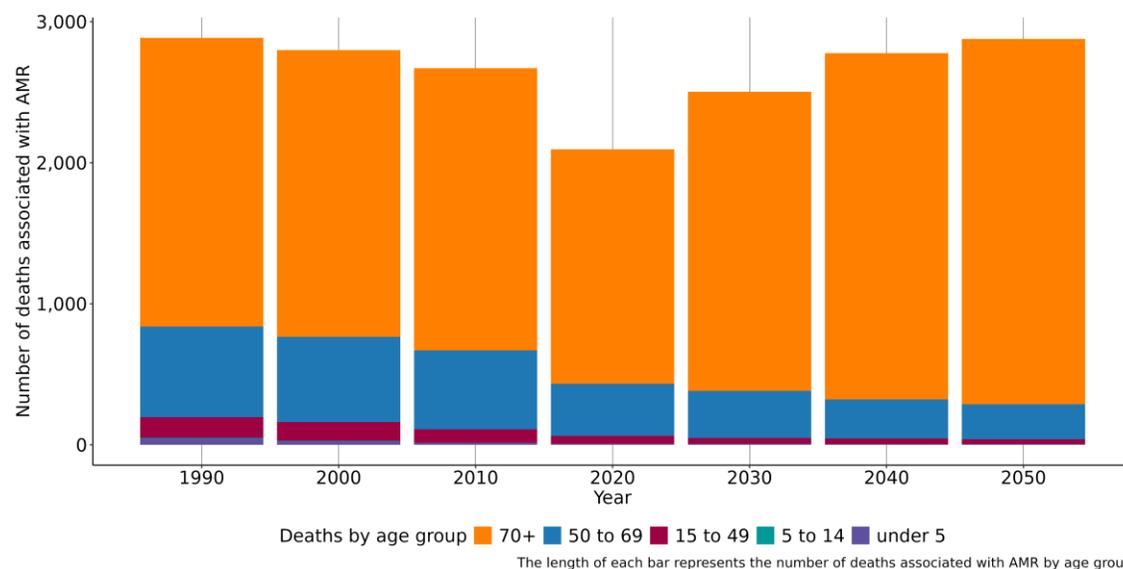
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
	Combination (UI)	Annualized rate of change (1990-2021)	Combination (UI)	Annualized rate of change (1990-2021)
	Escherichia coli Aminopenicillin 547 UI (433-662)	↑	Pseudomonas aeruginosa Carbapenems 30 UI (20-40)	↓
	Escherichia coli TMP-SMX 285 UI (201-370)	↓	Escherichia coli Carbapenems 27 UI (15-39)	↑
	Escherichia coli Beta-Lactam/Lactamase Inhib. 278 UI (224-332)	↑	Escherichia coli Aminopenicillin 25 UI (16-34)	↑
	Staphylococcus aureus Macrolides 276 UI (207-346)	↓	Escherichia coli Beta-Lactam/Lactamase Inhib. 21 UI (5-37)	↑
	Escherichia coli Fluoroquinolones 243 UI (181-304)	↑	Enterococcus faecium Fluoroquinolones 17 UI (10-25)	↑
	Enterococcus faecium Fluoroquinolones 150 UI (133-167)	↑	Escherichia coli Fluoroquinolones 17 UI (8-26)	↑
	Pseudomonas aeruginosa Carbapenems 139 UI (111-167)	↓	Staphylococcus aureus Methicillin 17 UI (12-22)	↑
	Staphylococcus aureus Fluoroquinolones 136 UI (100-172)	↓	Escherichia coli TMP-SMX 16 UI (8-23)	↓
	Proteus spp. Aminopenicillin 110 UI (93-126)	↑	Staphylococcus aureus Vancomycin 14 UI (7-21)	↑
	Escherichia coli Aminoglycosides 107 UI (75-139)	↑	Acinetobacter baumannii Carbapenems 14 UI (8-19)	↓

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% (orange), 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) lower respiratory infection (excl. COVID) (3,280 UI (2,850-3,710)), bloodstream infections (2,820 UI (2,530-3,100)), peritoneal and intra-abdominal infections (938 UI (828-1,050)), urinary tract infections and pyelonephritis (791 UI (677-905)) and diarrhea (417 UI (355-480)).

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



- In Denmark, 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 1,670 UI (1,350-1,990), whereas the mortality rate per 100,000 was 194 UI (157-232).

Data sources for Denmark

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 Denmark by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	923,950	Isolates
Microbial or laboratory data with outcome	1990-2021	14,570	Isolates
Literature studies	1990-2021	1,676	Cases/isolates/susceptibility tests

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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