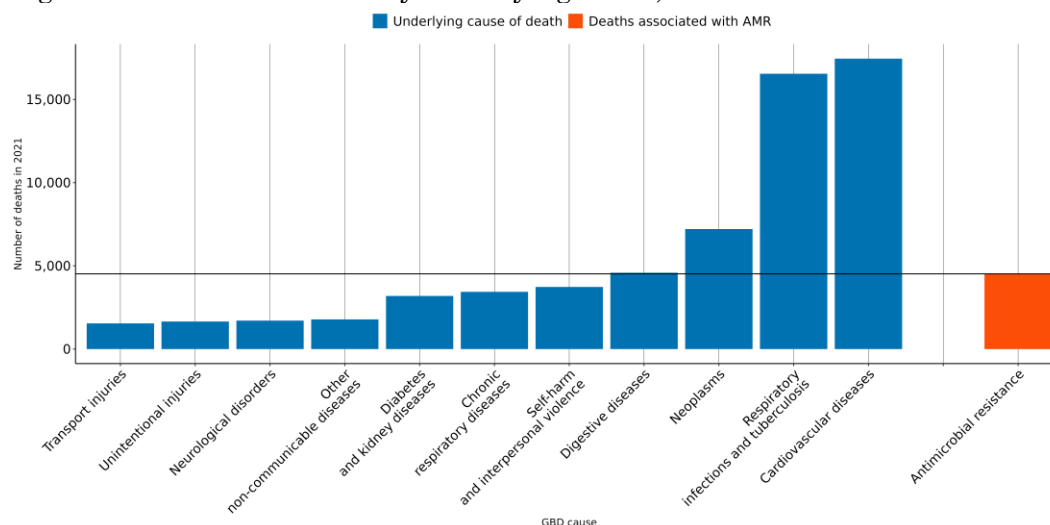


The burden of antimicrobial resistance (AMR) in Honduras

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **900 lives** have been lost each year since 1990 in Honduras due to AMR.
- In 2021, there were an estimated **1,060 UI (856-1,270)** deaths attributable to AMR and **4,520 UI (3,660-5,380)** 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 third-generation cephalosporins and *Acinetobacter baumannii* resistant to carbapenems.

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



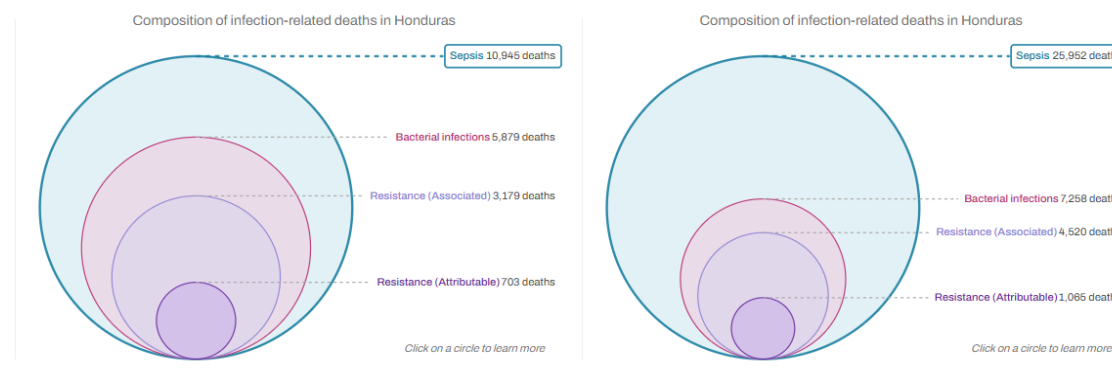
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Honduras, a 10% reduction means to decrease the number of deaths associated with AMR to **4,180**, but currently the trend for this country could reach up to **5,470 UI [4,210-7,200]** AMR-associated deaths in 2030.

AMR in Honduras

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 Honduras between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Honduras** in 2021, there were an estimated **1,060 UI (856-1,270)** deaths attributable to AMR and **4,520 UI (3,660-5,380)** 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, **Honduras has the 79th 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	
	Klebsiella pneumoniae 1,010 UI (826-1,200)	↑	Escherichia coli 814 UI (648-979)	↑	Klebsiella pneumoniae 180 UI (136-224)	↑
	Staphylococcus aureus 964 UI (794-1,130)	↑	Klebsiella pneumoniae 747 UI (580-915)	↑	Staphylococcus aureus 167 UI (125-209)	↑
	Escherichia coli 895 UI (717-1,070)	↑	Staphylococcus aureus 645 UI (523-767)	↑	Acinetobacter baumannii 167 UI (136-198)	↑
	Pseudomonas aeruginosa 799 UI (653-945)	↑	Pseudomonas aeruginosa 567 UI (463-670)	↑	Escherichia coli 167 UI (123-210)	↑
	Streptococcus pneumoniae 762 UI (630-894)	↓	Streptococcus pneumoniae 505 UI (366-644)	↓	Pseudomonas aeruginosa 141 UI (107-175)	↑
	Mycobacterium tuberculosis 666 UI (483-850)	↓	Acinetobacter baumannii 435 UI (348-521)	↑	Streptococcus pneumoniae 86 UI (51-122)	↓
	Acinetobacter baumannii 480 UI (389-572)	↑	Enterobacter spp. 118 UI (90-146)	↑	Enterobacter spp. 29 UI (23-35)	↑
	Group B Streptococcus 205 UI (164-246)	↑	Enterococcus faecium 116 UI (89-142)	↑	Serratia spp. 25 UI (19-32)	↓
	Serratia spp. 191 UI (153-228)	↑	Proteus spp. 110 UI (88-133)	↑	Enterococcus faecium 22 UI (15-29)	↑
	Enterobacter spp. 185 UI (149-220)	↑	Serratia spp. 99 UI (72-126)	↓	Proteus spp. 18 UI (13-23)	↑

Annualized rate of change (1990-2021)

<-3% -1.5% to 0% 1.5% to 3% >5.0%
 -3% to -1.5% 0% to 1.5% 3% to 5%

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

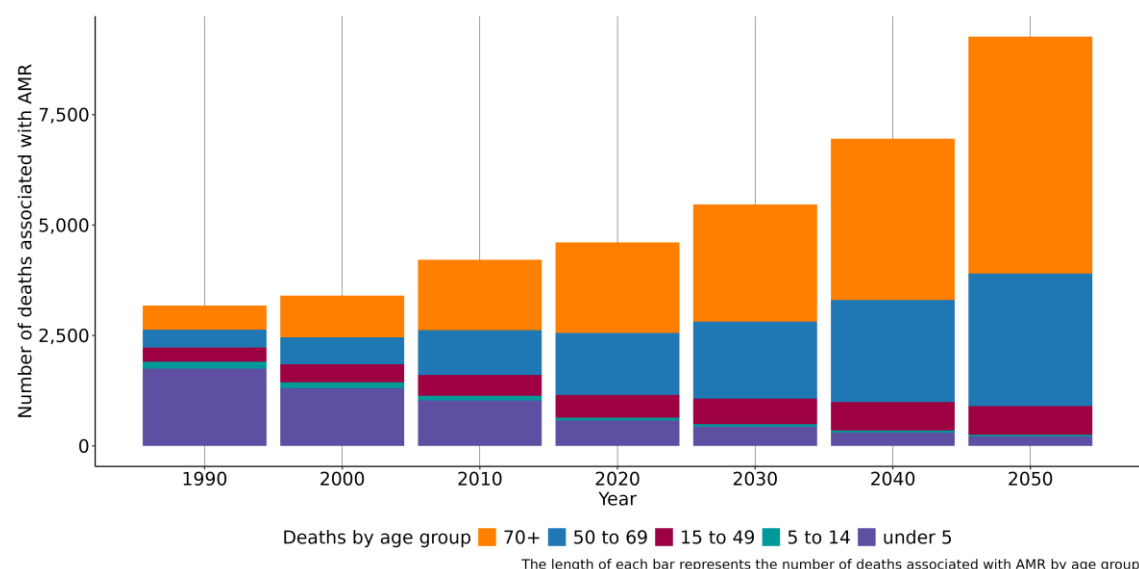
Burden Rank	Associated			Attributable		
	Escherichia coli Aminopenicillin	734 UI (491-977)	↑	Staphylococcus aureus Methicillin	120 UI (78-161)	↑
	Escherichia coli TMP-SMX	654 UI (506-802)	↑	Acinetobacter baumannii Carbapenems	64 UI (43-86)	↑
	Klebsiella pneumoniae TMP-SMX	577 UI (429-726)	↑	Escherichia coli 3GC	54 UI (30-79)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib.	566 UI (397-736)	↑	Pseudomonas aeruginosa Carbapenems	52 UI (26-78)	↑
	Escherichia coli Fluoroquinolones	537 UI (330-745)	↑	Acinetobacter baumannii Fluoroquinolones	44 UI (35-54)	↑
	Escherichia coli 3GC	522 UI (365-678)	↑	Streptococcus pneumoniae Carbapenems	42 UI (22-63)	↓
	Klebsiella pneumoniae Fluoroquinolones	509 UI (376-642)	↑	Klebsiella pneumoniae Fluoroquinolones	40 UI (26-55)	↑
	Klebsiella pneumoniae Aminoglycosides	500 UI (374-626)	↑	Pseudomonas aeruginosa Aminoglycosides	37 UI (23-52)	↑
	Klebsiella pneumoniae 3GC	492 UI (387-597)	↓	Klebsiella pneumoniae Aminoglycosides	36 UI (24-48)	↑
	Staphylococcus aureus Methicillin	484 UI (329-640)	↑	Escherichia coli TMP-SMX	33 UI (19-48)	↑

Annualized rate of change (1990-2021)

<-3% -1.5% to 0% 1.5% to 3% >5.0%
 -3% to -1.5% 0% to 1.5% 3% to 5%

- 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 (3,570 UI (2,870-4,270)), lower respiratory infection (excl. COVID) (3,520 UI (2,940-4,100)), diarrhea (1,170 UI (688-1,640)), peritoneal and intra-abdominal infections (922 UI (616-1,230)) and urinary tract infections and pyelonephritis (845 UI (655-1,040)).

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



- In Honduras, 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 2,010 UI (1,700-2,320), whereas the mortality rate per 100,000 was 639 UI (540-738).

Data sources for Honduras

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 Honduras by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	3,194	Study-year datapoints
Microbial or laboratory data without outcome	1990-2021	19,350	Isolates
Single drug resistance profile data	1990-2021	64,563	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 \(GHDx\)](#).

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