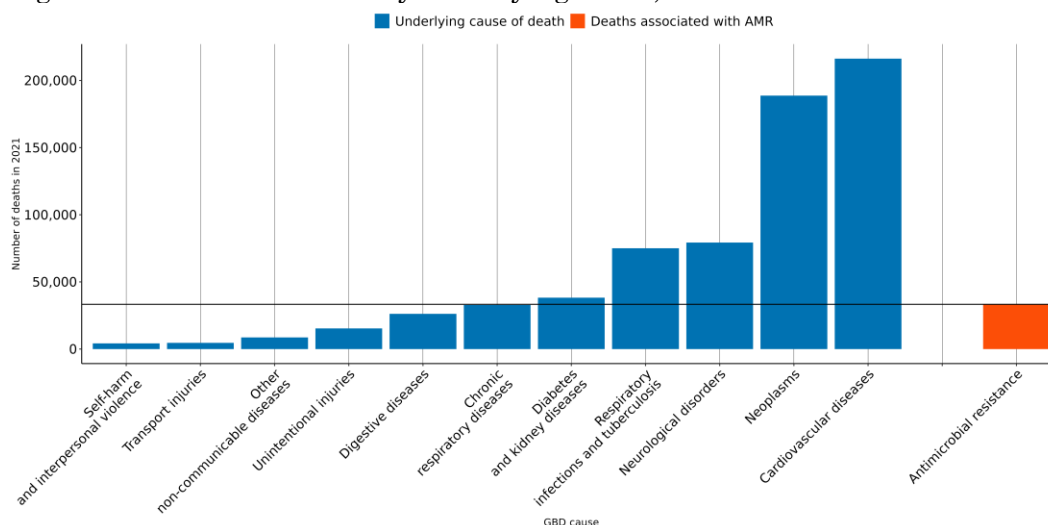


The burden of antimicrobial resistance (AMR) in Italy

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **8,000 lives** have been lost each year since 1990 in Italy due to AMR.
- In 2021, there were an estimated **7,960 UI (6,850-9,070)** deaths attributable to AMR and **33,300 UI (28,600-38,000)** 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 *Klebsiella pneumoniae* resistant to carbapenems.

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



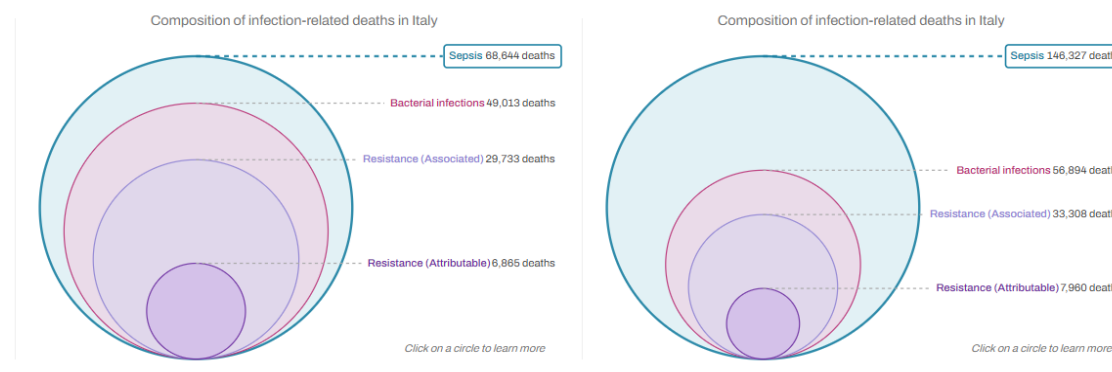
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Italy, a 10% reduction means to decrease the number of deaths associated with AMR to **31,100**, but currently the trend for this country could reach up to **39,600 UI [30,400-47,100]** AMR-associated deaths in 2030.

AMR in Italy

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 Italy between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Italy** in 2021, there were an estimated **7,960 UI (6,850-9,070)** deaths attributable to AMR and **33,300 UI (28,600-38,000)** 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, **Italy has the 20th 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	
	Staphylococcus aureus 17,500 UI (15,000-19,900)	↑	Staphylococcus aureus 10,900 UI (9,210-12,500)	↑	Staphylococcus aureus 2,920 UI (2,320-3,530)	↑
	Escherichia coli 9,870 UI (8,450-11,300)	↑	Escherichia coli 7,370 UI (6,220-8,510)	↑	Escherichia coli 1,360 UI (1,080-1,630)	↑
	Pseudomonas aeruginosa 5,610 UI (4,850-6,370)	↑	Klebsiella pneumoniae 2,980 UI (2,560-3,400)	↑	Klebsiella pneumoniae 909 UI (775-1,040)	↑
	Streptococcus pneumoniae 4,570 UI (3,950-5,200)	↓	Pseudomonas aeruginosa 2,930 UI (2,510-3,340)	↓	Pseudomonas aeruginosa 765 UI (615-915)	↓
	Klebsiella pneumoniae 3,840 UI (3,300-4,380)	↑	Streptococcus pneumoniae 1,740 UI (1,450-2,030)	↓	Acinetobacter baumannii 661 UI (576-747)	↓
	Group A Streptococcus 2,090 UI (1,740-2,430)	↑	Enterococcus faecium 1,680 UI (1,440-1,930)	↑	Enterococcus faecium 355 UI (280-430)	↑
	Enterococcus faecalis 1,900 UI (1,640-2,160)	↓	Acinetobacter baumannii 1,640 UI (1,420-1,850)	↓	Streptococcus pneumoniae 265 UI (203-328)	↓
	Enterococcus faecium 1,830 UI (1,570-2,090)	↑	Proteus spp. 1,070 UI (839-1,300)	↑	Enterobacter spp. 186 UI (156-216)	↓
	Acinetobacter baumannii 1,680 UI (1,460-1,900)	↓	Enterobacter spp. 729 UI (600-858)	↓	Proteus spp. 160 UI (114-205)	↑
	Proteus spp. 1,590 UI (1,350-1,830)	↑	Enterococcus faecalis 655 UI (547-763)	↓	Enterococcus faecalis 112 UI (75-150)	↓

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% (dark red)

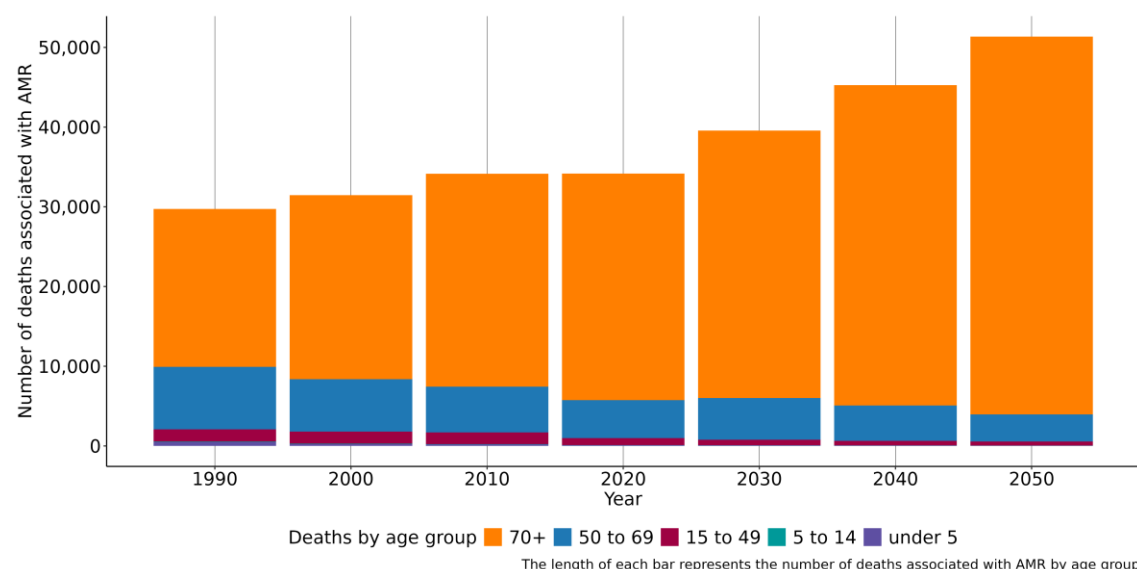
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
	Staphylococcus aureus Methicillin 8,650 UI (6,430-10,900)	↑	Staphylococcus aureus Methicillin 2,180 UI (1,610-2,750)	↑
	Staphylococcus aureus Macrolides 7,480 UI (6,170-8,790)	↑	Pseudomonas aeruginosa Carbapenems 372 UI (254-490)	↓
	Escherichia coli Aminopenicillin 6,680 UI (5,540-7,830)	↑	Klebsiella pneumoniae Carbapenems 360 UI (277-444)	↑
	Staphylococcus aureus Fluoroquinolones 5,270 UI (4,350-6,190)	↑	Acinetobacter baumannii Carbapenems 344 UI (272-416)	↑
	Escherichia coli Fluoroquinolones 4,430 UI (3,600-5,270)	↑	Escherichia coli Fluoroquinolones 331 UI (186-476)	↑
	Escherichia coli TMP-SMX 3,490 UI (2,770-4,210)	↑	Staphylococcus aureus Fluoroquinolones 329 UI (148-510)	↑
	Escherichia coli Beta-Lactam/Lactamase Inhib. 3,210 UI (2,660-3,770)	↑	Staphylococcus aureus Macrolides 310 UI (203-418)	↑
	Escherichia coli 3GC 2,470 UI (1,900-3,030)	↑	Escherichia coli 3GC 277 UI (160-394)	↑
	Klebsiella pneumoniae Fluoroquinolones 2,410 UI (2,010-2,810)	↑	Escherichia coli Aminopenicillin 268 UI (177-360)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 2,210 UI (1,870-2,560)	↑	Klebsiella pneumoniae Fluoroquinolones 213 UI (147-279)	↑

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% (dark 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 (30,200 UI (26,100-34,300)), lower respiratory infection (excl. COVID) (23,800 UI (20,200-27,400)), peritoneal and intra-abdominal infections (11,100 UI (9,500-12,800)), urinary tract infections and pyelonephritis (5,110 UI (4,170-6,050)) and infections of the skin and subcutaneous systems (3,320 UI (2,700-3,950)).

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



- In Italy, 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 27,300 UI (22,900-31,800), whereas the mortality rate per 100,000 was 260 UI (218-303).

Data sources for Italy

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 Italy by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	3,805,451	Isolates
Microbial or laboratory data with outcome	1990-2021	12,945	Isolates
Literature studies	1990-2021	19,202	Cases/isolates/susceptibility tests
Single drug resistance profile data	1990-2021	433,595	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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