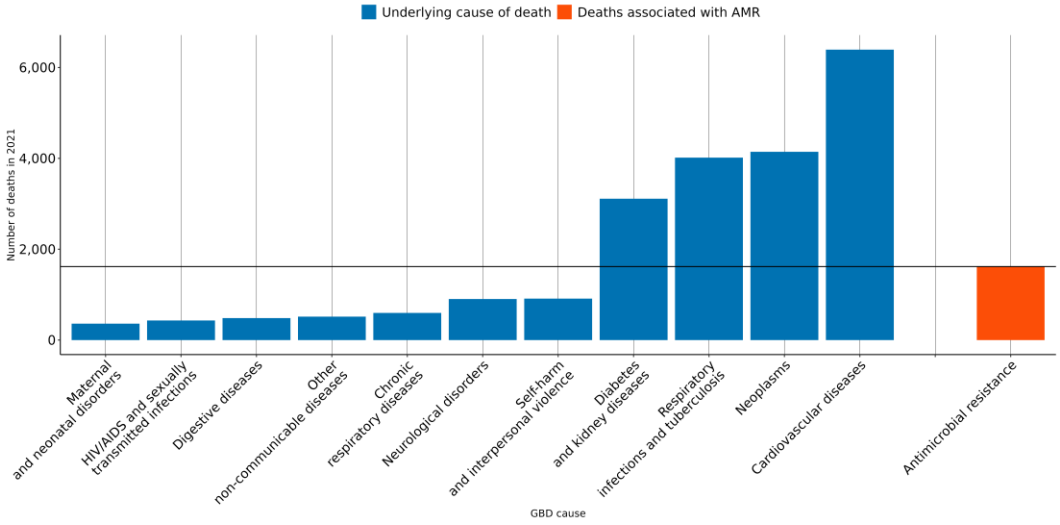
The burden of antimicrobial resistance (AMR) in Jamaica

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **300 lives** have been lost each year since 1990 in Jamaica due to AMR.
- In 2021, there were an estimated **384 UI (266-501)** deaths attributable to AMR and **1,620 UI (1,160-2,070)** 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, *Acinetobacter baumannii* resistant to fluoroquinolones and *Streptococcus pneumoniae* resistant to carbapenems.

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



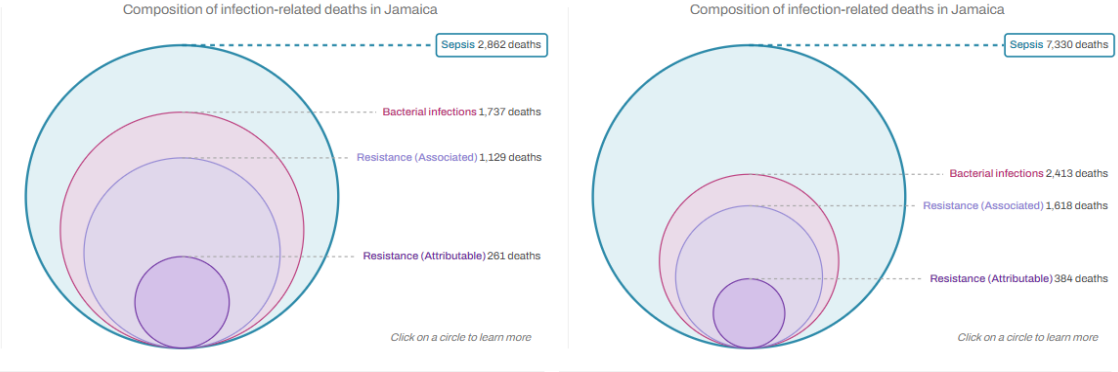
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Jamaica, a 10% reduction means to decrease the number of deaths associated with AMR to **1,480**, but currently the trend for this country could reach up to **1,950 UI [1,340-2,700]** AMR-associated deaths in 2030.

AMR in Jamaica

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 Jamaica between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation (MICROBE)]
- In **Jamaica** in 2021, there were an estimated **384 UI (266-501)** deaths attributable to AMR and **1,620 UI (1,160-2,070)** 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, **Jamaica has the 96th 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
1	Staphylococcus aureus 434 UI (335-534) ↑	Staphylococcus aureus 307 UI (219-395) ↑	Acinetobacter baumannii 91 UI (72-110) ↑
2	Streptococcus pneumoniae 339 UI (262-417) ↓	Escherichia coli 248 UI (174-322) ↑	Staphylococcus aureus 66 UI (35-96) ↑
3	Escherichia coli 284 UI (218-349) ↑	Acinetobacter baumannii 243 UI (183-302) ↑	Klebsiella pneumoniae 57 UI (43-71) ↑
4	Acinetobacter baumannii 270 UI (206-334) ↑	Klebsiella pneumoniae 227 UI (172-282) ↑	Escherichia coli 47 UI (30-63) ↑
5	Pseudomonas aeruginosa 257 UI (197-317) ↑	Streptococcus pneumoniae 204 UI (129-278) ↓	Streptococcus pneumoniae 42 UI (24-60) ↑
6	Klebsiella pneumoniae 256 UI (195-316) ↑	Pseudomonas aeruginosa 157 UI (111-202) ↑	Pseudomonas aeruginosa 40 UI (25-54) ↑
7	Group A Streptococcus 93 UI (71-115) ↑	Enterobacter spp. 48 UI (35-61) ↑	Enterobacter spp. 12 UI (9-15) ↑
8	Enterococcus faecalis 84 UI (65-104) ↑	Proteus spp. 39 UI (25-53) ↑	Enterococcus faecium 7 UI (4-9) ↑
9	Enterobacter spp. 77 UI (59-95) ↑	Enterococcus faecium 38 UI (28-48) ↑	Proteus spp. 6 UI (3-8) ↑
10	Proteus spp. 61 UI (47-76) ↑	Enterococcus faecalis 31 UI (23-40) ↑	Enterococcus faecalis 5 UI (3-7) ↑

Annualized rate of change (1990-2021): <-3% | -3% to -1.5% | -1.5% to 0% | 0% to 1.5% | 1.5% to 3% | 3% to 5% | >5.0%

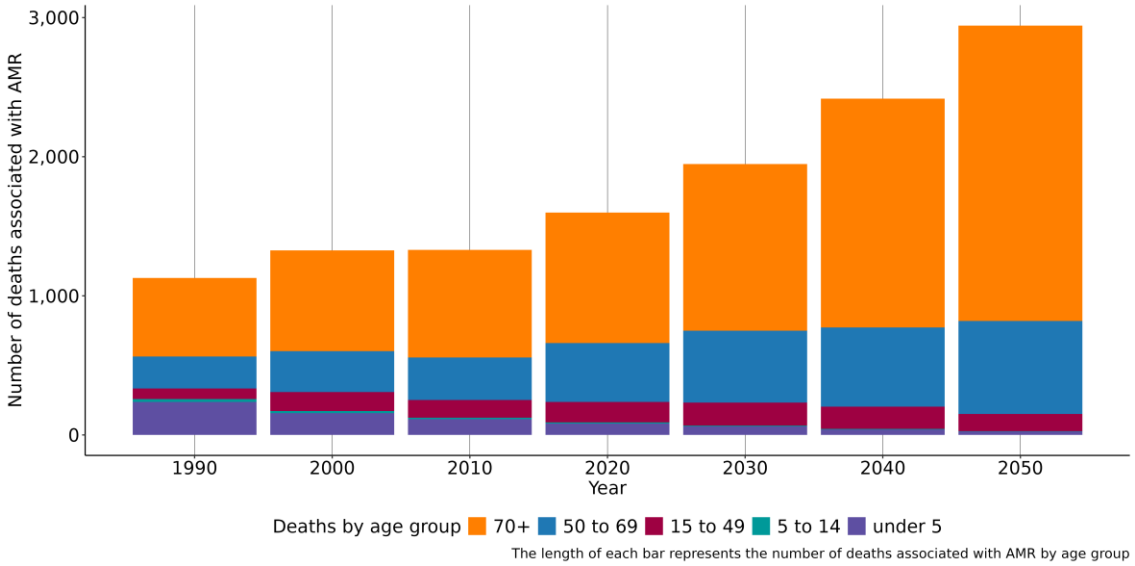
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
1	Staphylococcus aureus Macrolides	279 UI (205-353) ↑	Staphylococcus aureus Methicillin	44 UI (18-70) ↑
2	Escherichia coli Aminopenicillin	237 UI (148-327) ↑	Streptococcus pneumoniae Carbapenems	30 UI (16-44) ↑
3	Acinetobacter baumannii Anti-pseudomonal	230 UI (173-287) ↑	Acinetobacter baumannii Fluoroquinolones	29 UI (22-35) ↑
4	Klebsiella pneumoniae Fluoroquinolones	225 UI (170-279) ↑	Acinetobacter baumannii Carbapenems	25 UI (14-36) ↑
5	Acinetobacter baumannii 3GC	221 UI (161-281) ↑	Acinetobacter baumannii Anti-pseudomonal	24 UI (17-31) ↓
6	Acinetobacter baumannii 4GC	214 UI (154-274) ↑	Klebsiella pneumoniae Fluoroquinolones	22 UI (15-29) ↑
7	Acinetobacter baumannii Fluoroquinolones	209 UI (155-263) ↑	Pseudomonas aeruginosa Carbapenems	18 UI (10-27) ↑
8	Klebsiella pneumoniae 3GC	204 UI (154-254) ↑	Klebsiella pneumoniae 3GC	17 UI (9-25) ↑
9	Acinetobacter baumannii Beta-Lactam/Lactamase Inhib.	200 UI (147-253) ↑	Staphylococcus aureus Macrolides	13 UI (8-18) ↑
10	Staphylococcus aureus Methicillin	178 UI (60-295) ↑	Pseudomonas aeruginosa Fluoroquinolones	12 UI (8-16) ↑

Annualized rate of change (1990-2021): <-3% | -3% to -1.5% | -1.5% to 0% | 0% to 1.5% | 1.5% to 3% | 3% to 5% | >5.0%

- 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 (1,140 UI (872-1,410)), lower respiratory infection (excl. COVID) (1,010 UI (778-1,240)), urinary tract infections and pyelonephritis (358 UI (271-444)), infections of the skin and subcutaneous systems (310 UI (235-385)) and peritoneal and intra-abdominal infections (191 UI (142-241)).

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



- In Jamaica, 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 950 UI (703-1,200), whereas the mortality rate per 100,000 was 522 UI (386-658).

Data sources for Jamaica

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 Jamaica by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	112	Study-year datapoints
Microbial or laboratory data without outcome	1990-2009	8,745	Isolates

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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