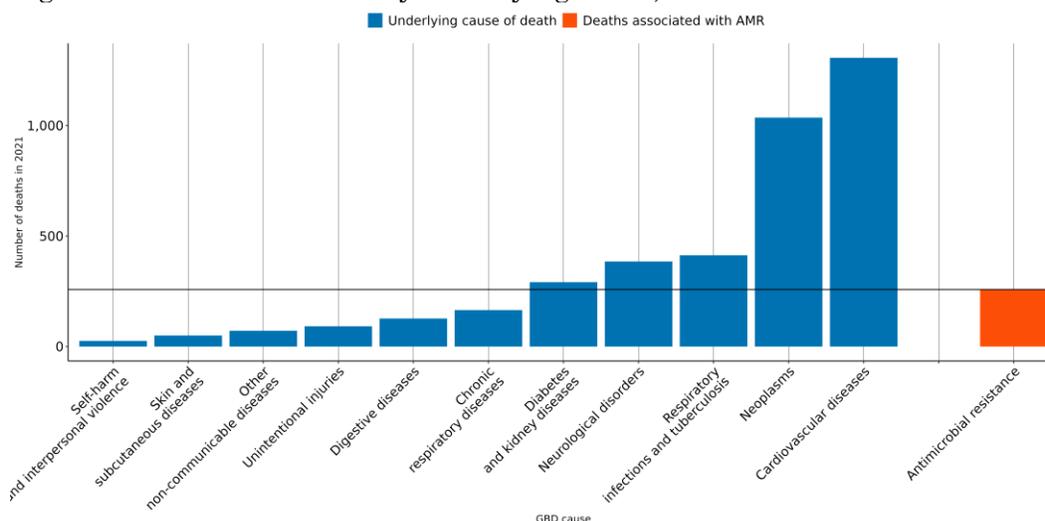


The burden of antimicrobial resistance (AMR) in Malta

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **50 lives** have been lost each year since 1990 in Malta due to AMR.
- In 2021, there were an estimated **59 UI (50-69)** deaths attributable to AMR and **258 UI (213-303)** 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 fluoroquinolones, *Staphylococcus aureus* resistant to methicillin and *Acinetobacter baumannii* resistant to carbapenems.

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



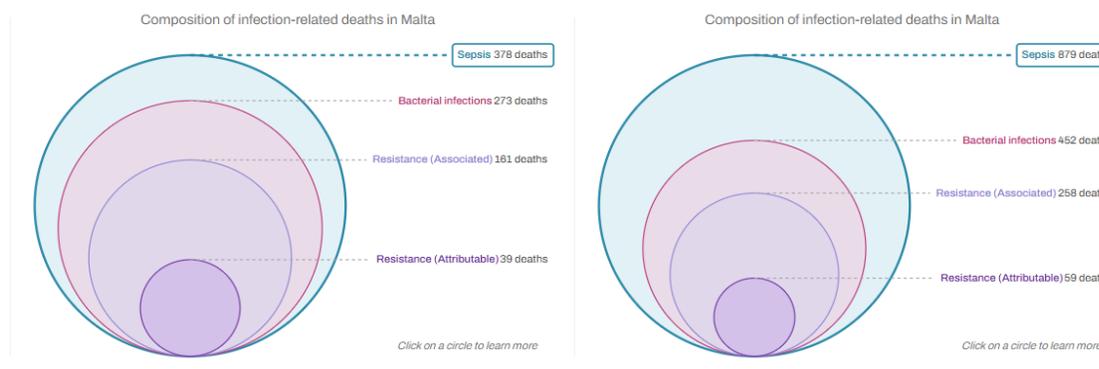
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Malta, a 10% reduction means to decrease the number of deaths associated with AMR to **234**, but currently the trend for this country could reach up to **352 UI [258-439]** AMR-associated deaths in 2030.

AMR in Malta

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 Malta between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Malta** in 2021, there were an estimated **59 UI (50-69)** deaths attributable to AMR and **258 UI (213-303)** 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, **Malta has the 28th 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)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Staphylococcus aureus 125 UI (108-143) ↑	Staphylococcus aureus 78 UI (67-90) ↑	Staphylococcus aureus 20 UI (16-23) ↑
	Escherichia coli 61 UI (52-69) ↑	Escherichia coli 44 UI (36-52) ↑	Acinetobacter baumannii 8 UI (7-10) ↑
	Streptococcus pneumoniae 60 UI (52-69) ↑	Streptococcus pneumoniae 34 UI (25-42) ↑	Escherichia coli 8 UI (6-10) ↑
	Pseudomonas aeruginosa 40 UI (34-45) ↑	Acinetobacter baumannii 21 UI (18-24) ↑	Streptococcus pneumoniae 6 UI (4-8) ↓
	Klebsiella pneumoniae 32 UI (27-36) ↑	Klebsiella pneumoniae 20 UI (16-24) ↑	Klebsiella pneumoniae 6 UI (4-7) ↑
	Group A Streptococcus 27 UI (23-32) ↑	Pseudomonas aeruginosa 17 UI (13-22) ↑	Pseudomonas aeruginosa 4 UI (3-6) ↑
	Acinetobacter baumannii 23 UI (20-26) ↑	Enterococcus faecalis 9 UI (8-10) ↑	Enterococcus faecium 2 UI (1-2) ↑
	Enterococcus faecalis 16 UI (14-18) ↑	Enterococcus faecium 9 UI (7-10) ↑	Enterobacter spp. 1 UI (1-2) ↑
	Enterobacter spp. 13 UI (11-15) ↑	Proteus spp. 8 UI (6-10) ↑	Enterococcus faecalis 1 UI (1-2) ↑
	Enterococcus faecium 12 UI (10-13) ↑	Enterobacter spp. 7 UI (6-9) ↑	Proteus spp. 1 UI (1-2) ↑

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%

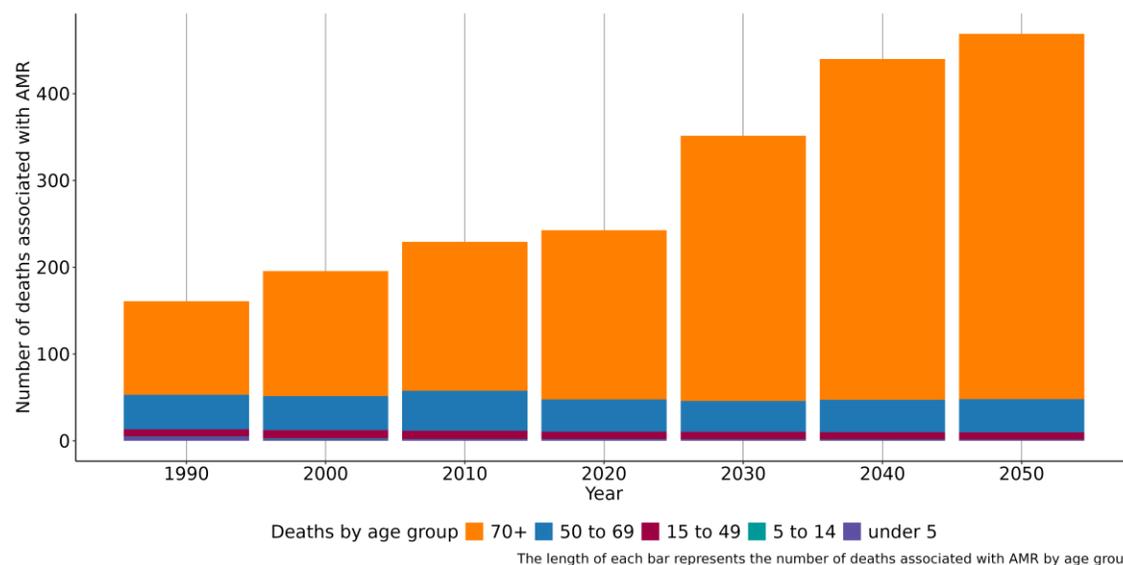
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Staphylococcus aureus Macrolides 57 UI (44-71) ↑	Staphylococcus aureus Methicillin 14 UI (10-18) ↑
	Staphylococcus aureus Methicillin 57 UI (43-71) ↑	Acinetobacter baumannii Carbapenems 4 UI (3-5) ↑
	Staphylococcus aureus Fluoroquinolones 43 UI (33-52) ↑	Staphylococcus aureus Fluoroquinolones 3 UI (1-5) ↑
	Escherichia coli Aminopenicillin 39 UI (30-48) ↑	Streptococcus pneumoniae Carbapenems 3 UI (1-4) ↓
	Escherichia coli Fluoroquinolones 27 UI (22-33) ↑	Acinetobacter baumannii Fluoroquinolones 3 UI (2-3) ↑
	Streptococcus pneumoniae Macrolides 27 UI (21-33) ↑	Staphylococcus aureus Macrolides 2 UI (2-3) ↑
	Escherichia coli Beta-Lactam/Lactamase Inhib. 20 UI (16-24) ↑	Escherichia coli Fluoroquinolones 2 UI (1-3) ↑
	Acinetobacter baumannii Fluoroquinolones 20 UI (16-22) ↑	Pseudomonas aeruginosa Carbapenems 2 UI (1-3) ↓
	Acinetobacter baumannii 4GC 19 UI (15-22) ↓	Escherichia coli Aminopenicillin 2 UI (1-2) ↑
	Escherichia coli TMP-SMX 19 UI (15-23) ↑	Klebsiella pneumoniae Carbapenems 2 UI (1-2) ↑

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) lower respiratory infection (excl. COVID) (225 UI (191-260)), bloodstream infections (178 UI (155-200)), peritoneal and intra-abdominal infections (65 UI (56-74)), infections of the skin and subcutaneous systems (60 UI (50-70)) and urinary tract infections and pyelonephritis (49 UI (40-57)).

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



- In Malta, 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 208 UI (169-247), whereas the mortality rate per 100,000 was 290 UI (235-344).

Data sources for Malta

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 Malta by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	68,186	Isolates
Microbial or laboratory data with outcome	1990-2021	1,827	Isolates
Literature studies	1990-2009	92	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	138,259	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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