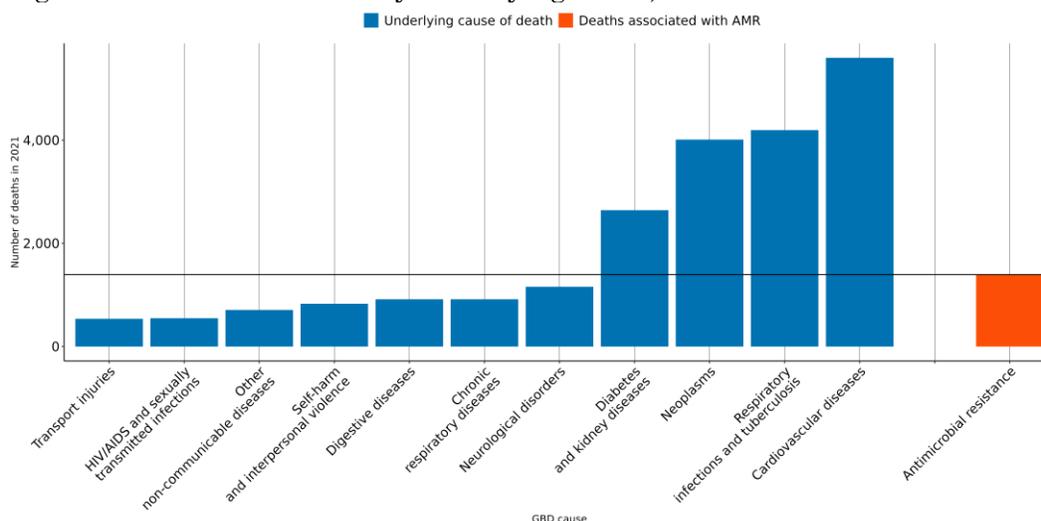


# The burden of antimicrobial resistance (AMR) in Panama

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **300 lives** have been lost each year since 1990 in Panama due to AMR.
- In 2021, there were an estimated **334 UI (268-401)** deaths attributable to AMR and **1,390 UI (1,100-1,690)** 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 carbapenems and *Acinetobacter baumannii* resistant to fluoroquinolones.

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



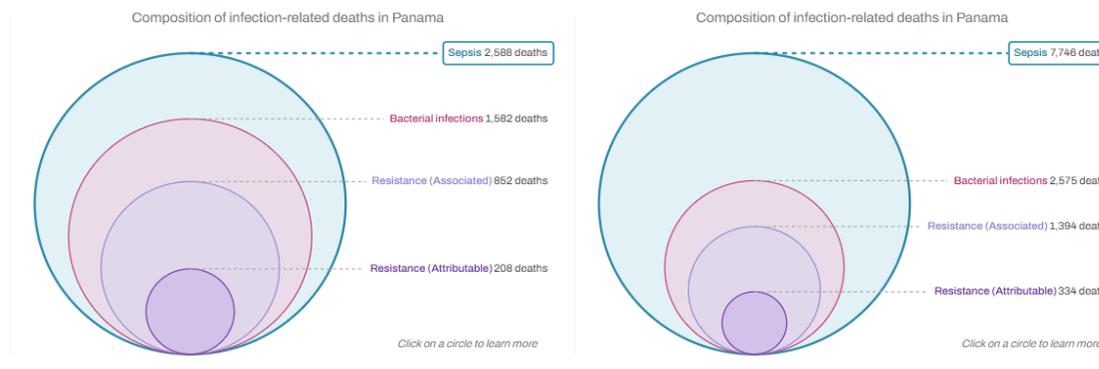
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Panama, a 10% reduction means to decrease the number of deaths associated with AMR to **1,290**, but currently the trend for this country could reach up to **1,670 UI [1,210-2,220]** AMR-associated deaths in 2030.

## AMR in Panama

### 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 Panama between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Panama** in 2021, there were an estimated **334 UI (268-401)** deaths attributable to AMR and **1,390 UI (1,100-1,690)** 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, **Panama has the 46th 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 478 UI (382-574) ↑	Escherichia coli 264 UI (210-318) ↑	Acinetobacter baumannii 68 UI (56-80) ↑
	Escherichia coli 321 UI (256-386) ↑	Staphylococcus aureus 233 UI (183-283) ↑	Staphylococcus aureus 63 UI (46-80) ↑
	Streptococcus pneumoniae 286 UI (230-342) ↓	Klebsiella pneumoniae 178 UI (135-221) ↑	Escherichia coli 51 UI (40-63) ↑
	Pseudomonas aeruginosa 275 UI (219-331) ↑	Acinetobacter baumannii 172 UI (137-206) ↑	Klebsiella pneumoniae 41 UI (31-52) ↑
	Klebsiella pneumoniae 264 UI (210-317) ↑	Streptococcus pneumoniae 142 UI (96-189) ↓	Pseudomonas aeruginosa 36 UI (26-47) ↑
	Acinetobacter baumannii 192 UI (153-231) ↑	Pseudomonas aeruginosa 140 UI (107-173) ↑	Streptococcus pneumoniae 23 UI (14-33) ↓
	Mycobacterium tuberculosis 155 UI (124-186) ↓	Enterococcus faecium 49 UI (38-60) ↑	Enterococcus faecium 12 UI (9-16) ↑
	Group A Streptococcus 90 UI (72-109) ↑	Proteus spp. 40 UI (28-51) ↑	Enterobacter spp. 8 UI (7-10) ↑
	Enterococcus faecalis 74 UI (59-90) ↑	Enterobacter spp. 35 UI (26-43) ↑	Proteus spp. 5 UI (3-7) ↑
	Enterobacter spp. 70 UI (55-84) ↑	Serratia spp. 24 UI (16-31) ↑	Serratia spp. 5 UI (4-7) ↑

Annualized rate of change (1990-2021): <-3% (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), -3% to -1.5% (light blue), 0% to 1.5% (pink), 3% to 5% (dark red)

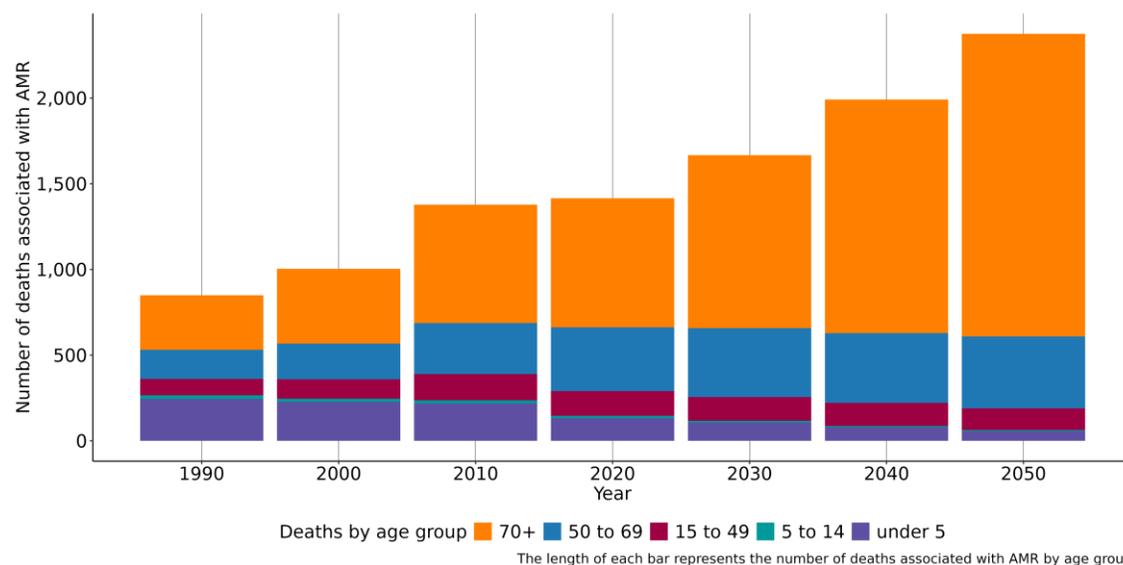
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Escherichia coli Aminopenicillin 218 UI (165-272) ↑	Staphylococcus aureus Methicillin 47 UI (31-64) ↑
	Escherichia coli TMP-SMX 190 UI (139-240) ↑	Acinetobacter baumannii Carbapenems 34 UI (25-42) ↑
	Staphylococcus aureus Methicillin 185 UI (124-246) ↑	Acinetobacter baumannii Fluoroquinolones 20 UI (16-24) ↑
	Escherichia coli Fluoroquinolones 182 UI (136-227) ↑	Pseudomonas aeruginosa Carbapenems 15 UI (9-22) ↑
	Acinetobacter baumannii Anti-pseudomonal 157 UI (125-189) ↑	Escherichia coli Fluoroquinolones 13 UI (6-20) ↑
	Acinetobacter baumannii Carbapenems 154 UI (123-186) ↑	Klebsiella pneumoniae Fluoroquinolones 13 UI (8-17) ↑
	Acinetobacter baumannii Fluoroquinolones 153 UI (122-183) ↑	Streptococcus pneumoniae Carbapenems 12 UI (7-18) ↓
	Acinetobacter baumannii 3GC 149 UI (119-179) ↑	Escherichia coli TMP-SMX 10 UI (6-14) ↑
	Acinetobacter baumannii 4GC 145 UI (115-176) ↑	Pseudomonas aeruginosa Fluoroquinolones 9 UI (6-13) ↑
	Klebsiella pneumoniae Fluoroquinolones 141 UI (109-174) ↑	Acinetobacter baumannii Aminoglycosides 9 UI (7-12) ↓

Annualized rate of change (1990-2021): <-3% (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), -3% to -1.5% (light blue), 0% to 1.5% (pink), 3% to 5% (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 (1,280 UI (1,020-1,540)), lower respiratory infection (excl. COVID) (1,180 UI (942-1,420)), peritoneal and intra-abdominal infections (340 UI (265-414)), urinary tract infections and pyelonephritis (254 UI (198-310)) and infections of the skin and subcutaneous systems (211 UI (164-258)).

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



- In Panama, 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 748 UI (588-908), whereas the mortality rate per 100,000 was 287 UI (225-348).

### Data sources for Panama

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 Panama by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	2010-2021	335	Study-year datapoints
Microbial or laboratory data without outcome	1990-2021	173,735	Isolates
Microbial or laboratory data with outcome	2010-2021	253	Isolates
Literature studies	1990-2009	22	Cases/isolates/susceptibility tests
Single drug resistance profile data	1990-2021	164,583	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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