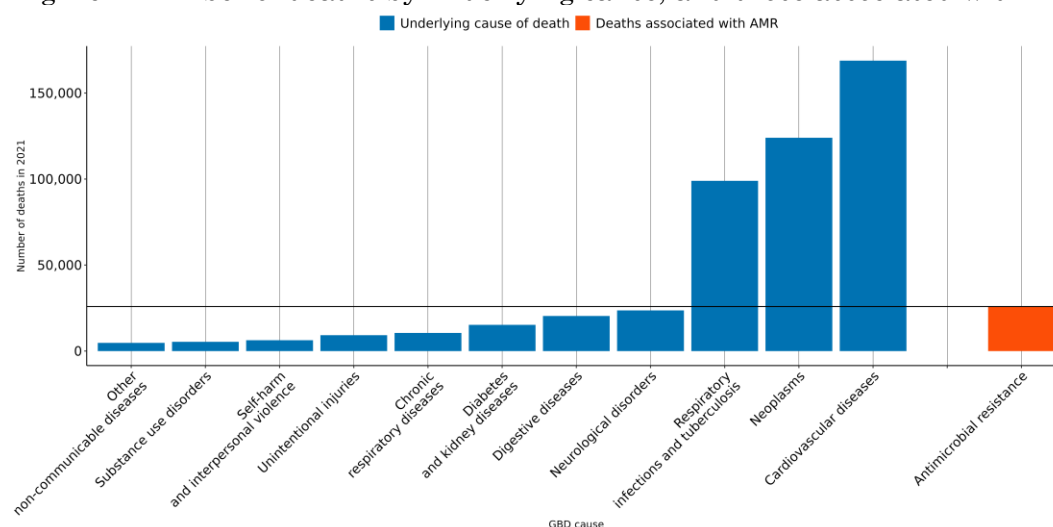


The burden of antimicrobial resistance (AMR) in Poland

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **6,000 lives** have been lost each year since 1990 in Poland due to AMR.
- In 2021, there were an estimated **5,880 UI (5,180-6,580)** deaths attributable to AMR and **25,900 UI (22,800-28,900)** 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 *Streptococcus pneumoniae* resistant to carbapenems.

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



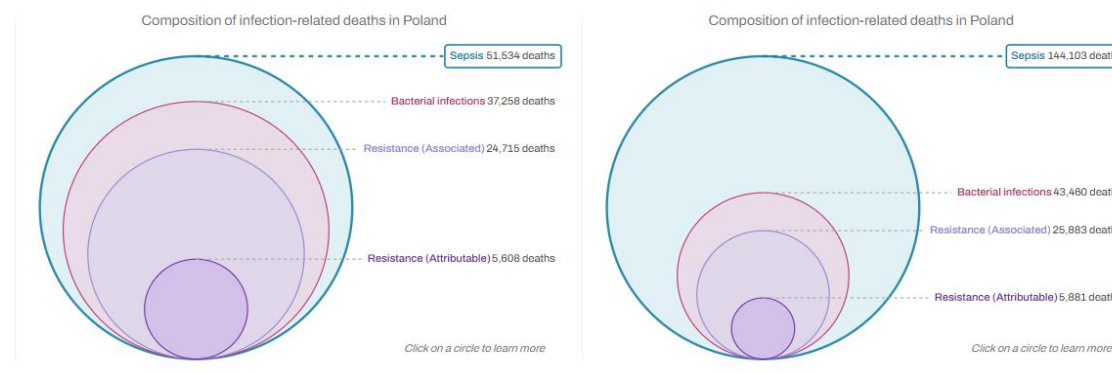
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Poland, a 10% reduction means to decrease the number of deaths associated with AMR to **24,600**, but currently the trend for this country could reach up to **29,100 UI [24,100-33,900]** AMR-associated deaths in 2030.

AMR in Poland

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 Poland between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Poland** in 2021, there were an estimated **5,880 UI (5,180-6,580)** deaths attributable to AMR and **25,900 UI (22,800-28,900)** 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, **Poland has the 54th 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 10,900 UI (9,930-11,900)	↑	Staphylococcus aureus 5,590 UI (5,000-6,190)	↑	Staphylococcus aureus 1,340 UI (1,130-1,550)	↑
	Escherichia coli 6,580 UI (5,970-7,190)	↑	Escherichia coli 4,730 UI (4,150-5,310)	↑	Escherichia coli 817 UI (647-986)	↑
	Streptococcus pneumoniae 5,650 UI (5,120-6,170)	↓	Streptococcus pneumoniae 3,240 UI (2,660-3,820)	↓	Klebsiella pneumoniae 782 UI (654-910)	↑
	Pseudomonas aeruginosa 4,210 UI (3,830-4,590)	↑	Klebsiella pneumoniae 3,230 UI (2,880-3,570)	↓	Acinetobacter baumannii 698 UI (623-774)	↓
	Klebsiella pneumoniae 3,840 UI (3,500-4,190)	↓	Pseudomonas aeruginosa 2,570 UI (2,260-2,880)	↓	Pseudomonas aeruginosa 685 UI (560-810)	↓
	Acinetobacter baumannii 1,890 UI (1,720-2,060)	↓	Acinetobacter baumannii 1,770 UI (1,600-1,940)	↓	Streptococcus pneumoniae 643 UI (503-783)	↓
	Enterococcus faecalis 1,720 UI (1,560-1,870)	↑	Enterococcus faecium 1,020 UI (927-1,110)	↑	Enterobacter spp. 241 UI (209-273)	↓
	Enterobacter spp. 1,410 UI (1,280-1,530)	↑	Enterobacter spp. 937 UI (817-1,060)	↓	Enterococcus faecium 211 UI (168-253)	↑
	Group A Streptococcus 1,170 UI (1,030-1,310)	↑	Enterococcus faecalis 739 UI (658-820)	↑	Enterococcus faecalis 141 UI (106-176)	↑
	Proteus spp. 1,120 UI (1,010-1,230)	↑	Proteus spp. 719 UI (571-867)	↑	Proteus spp. 93 UI (65-121)	↑

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%

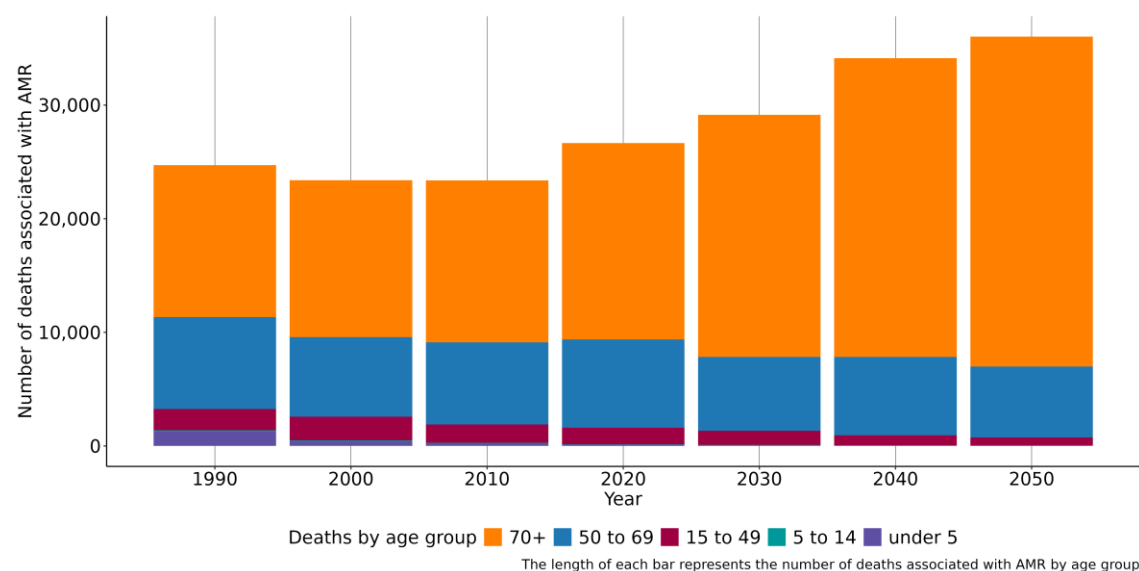
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
	Escherichia coli Aminopenicillin 4,300 UI (3,640-4,960)	↑	Staphylococcus aureus Methicillin 912 UI (650-1,170)	↑
	Staphylococcus aureus Macrolides 4,120 UI (3,360-4,890)	↑	Streptococcus pneumoniae Carbapenems 398 UI (271-525)	↑
	Staphylococcus aureus Methicillin 3,700 UI (2,760-4,630)	↑	Pseudomonas aeruginosa Carbapenems 350 UI (246-455)	↓
	Escherichia coli TMP-SMX 2,760 UI (2,210-3,320)	↑	Acinetobacter baumannii Carbapenems 324 UI (252-395)	↓
	Klebsiella pneumoniae TMP-SMX 2,660 UI (2,300-3,030)	↓	Acinetobacter baumannii Fluoroquinolones 222 UI (182-261)	↓
	Klebsiella pneumoniae Fluoroquinolones 2,630 UI (2,300-2,950)	↑	Klebsiella pneumoniae Fluoroquinolones 212 UI (148-277)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 2,610 UI (2,230-3,000)	↓	Staphylococcus aureus Macrolides 183 UI (121-245)	↑
	Escherichia coli Fluoroquinolones 2,450 UI (2,020-2,890)	↑	Escherichia coli Aminopenicillin 183 UI (132-233)	↑
	Staphylococcus aureus Fluoroquinolones 2,310 UI (1,830-2,790)	↑	Escherichia coli Fluoroquinolones 169 UI (91-246)	↑
	Klebsiella pneumoniae Aminoglycosides 2,280 UI (1,970-2,590)	↓	Escherichia coli Beta-Lactam/Lactamase Inhib. 155 UI (36-274)	↑

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) (22,200 UI (19,900-24,500)), bloodstream infections (20,900 UI (19,000-22,800)), peritoneal and intra-abdominal infections (6,610 UI (5,960-7,250)), urinary tract infections and pyelonephritis (4,270 UI (3,720-4,820)) and infections of the skin and subcutaneous systems (2,210 UI (1,870-2,560)).

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



- In Poland, 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 16,800 UI (14,600-19,000), whereas the mortality rate per 100,000 was 359 UI (312-407).

Data sources for Poland

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 Poland by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	937,825	Isolates
Microbial or laboratory data with outcome	1990-2021	191,933	Isolates
Literature studies	1990-2021	9,881	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	88,081	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:

- For inquiries about the analysis and questions from government officials, health departments, or research institutions: engage@healthdata.org
- For media-related inquiries: media@healthdata.org
- **Bluesky:** @ihmeuw.bsky.social
- **Twitter:** @IHME_UW
- **Facebook:** <https://www.facebook.com/IHMEUW>
- **LinkedIn:** <https://www.linkedin.com/company/institute-for-health-metrics-and-evaluation>