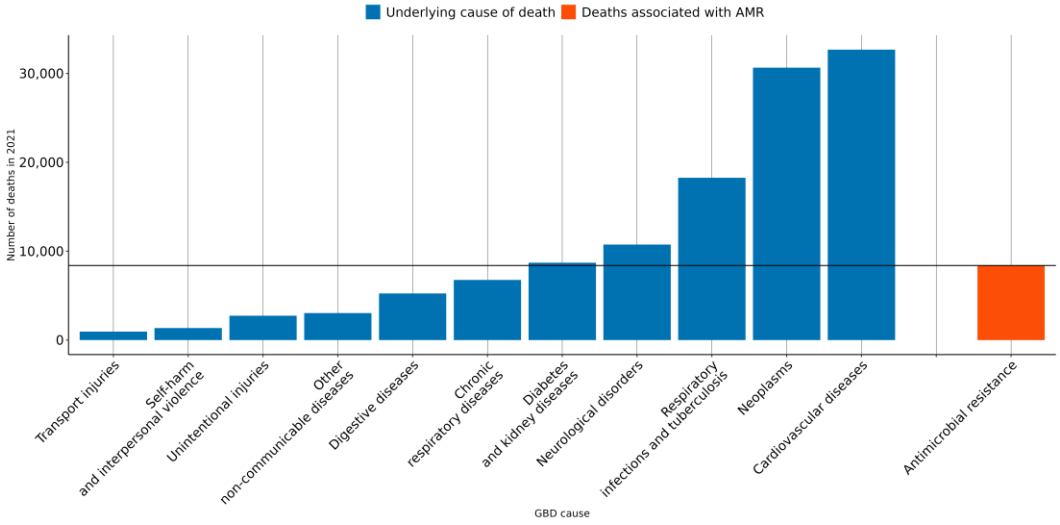
The burden of antimicrobial resistance (AMR) in Portugal

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **2,000 lives** have been lost each year since 1990 in Portugal due to AMR.
- In 2021, there were an estimated **1,950 UI (1,700-2,190)** deaths attributable to AMR and **8,390 UI (7,340-9,430)** 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 *Pseudomonas aeruginosa* resistant to carbapenems.

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



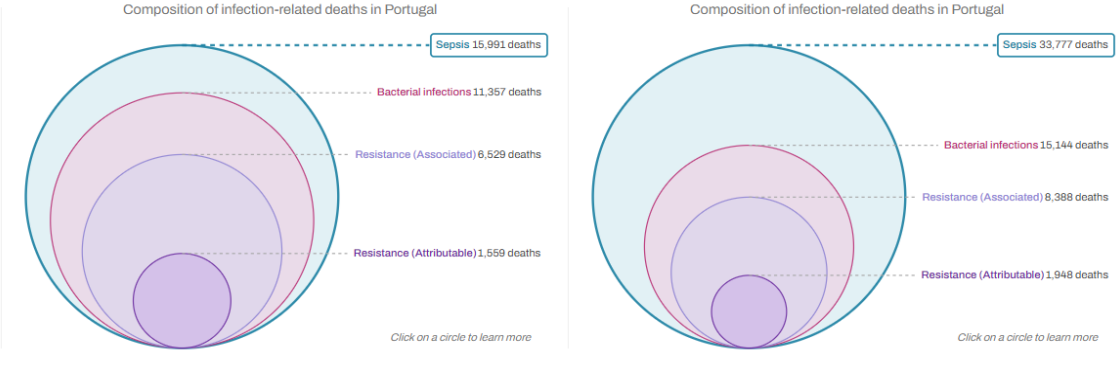
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Portugal, a 10% reduction means to decrease the number of deaths associated with AMR to **8,050**, but currently the trend for this country could reach up to **9,600 UI [7,580-11,500]** AMR-associated deaths in 2030.

AMR in Portugal

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 Portugal between 1990 and 2019.



- To look at these and more visualization interactively visit Measuring Infectious Causes and Resistance Outcomes for Burden Estimation (MICROBE)
- In **Portugal** in 2021, there were an estimated **1,950 UI (1,700-2,190)** deaths attributable to AMR and **8,390 UI (7,340-9,430)** 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, **Portugal has the 37th 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 4,260 UI (3,750-4,760) ↑	Staphylococcus aureus 2,900 UI (2,540-3,260) ↑	Staphylococcus aureus 765 UI (637-893) ↑
2	Escherichia coli 2,230 UI (1,950-2,510) ↑	Escherichia coli 1,460 UI (1,270-1,640) ↑	Escherichia coli 264 UI (210-317) ↑
3	Streptococcus pneumoniae 1,900 UI (1,670-2,120) ↓	Klebsiella pneumoniae 914 UI (799-1,030) ↑	Klebsiella pneumoniae 227 UI (191-262) ↑
4	Pseudomonas aeruginosa 1,420 UI (1,250-1,580) ↑	Pseudomonas aeruginosa 707 UI (619-794) ↓	Pseudomonas aeruginosa 185 UI (152-218) ↑
5	Klebsiella pneumoniae 1,200 UI (1,050-1,340) ↑	Streptococcus pneumoniae 587 UI (492-682) ↓	Acinetobacter baumannii 171 UI (148-195) ↓
6	Acinetobacter baumannii 574 UI (510-638) ↓	Acinetobacter baumannii 447 UI (383-511) ↓	Streptococcus pneumoniae 106 UI (82-129) ↓
7	Enterococcus faecalis 502 UI (442-562) ↑	Enterococcus faecium 380 UI (332-428) ↑	Enterococcus faecium 62 UI (46-78) ↑
8	Proteus spp. 445 UI (386-503) ↑	Proteus spp. 266 UI (208-324) ↑	Enterobacter spp. 42 UI (36-49) ↓
9	Group A Streptococcus 440 UI (377-503) ↑	Enterobacter spp. 172 UI (140-204) ↓	Proteus spp. 37 UI (27-47) ↑
10	Enterobacter spp. 425 UI (375-474) ↑	Enterococcus faecalis 151 UI (126-175) ↑	Enterococcus faecalis 27 UI (20-35) ↑

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 Methicillin	2,250 UI (1,730-2,760) ↑	Staphylococcus aureus Methicillin	551 UI (406-696) ↑
2	Staphylococcus aureus Macrolides	2,150 UI (1,830-2,460) ↑	Staphylococcus aureus Fluoroquinolones	98 UI (36-161) ↑
3	Staphylococcus aureus Fluoroquinolones	1,580 UI (1,290-1,870) ↑	Pseudomonas aeruginosa Carbapenems	89 UI (61-116) ↑
4	Escherichia coli Aminopenicillin	1,270 UI (1,050-1,490) ↑	Staphylococcus aureus Macrolides	87 UI (58-116) ↑
5	Escherichia coli Fluoroquinolones	768 UI (594-941) ↑	Acinetobacter baumannii Carbapenems	72 UI (55-88) ↓
6	Escherichia coli Beta-Lactam/Lactamase Inhib.	707 UI (581-832) ↑	Escherichia coli Fluoroquinolones	58 UI (27-88) ↑
7	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib.	695 UI (587-804) ↑	Klebsiella pneumoniae Fluoroquinolones	56 UI (38-75) ↑
8	Escherichia coli TMP-SMX	688 UI (527-849) ↑	Streptococcus pneumoniae Carbapenems	56 UI (35-76) ↓
9	Klebsiella pneumoniae TMP-SMX	682 UI (565-798) ↑	Escherichia coli Aminopenicillin	49 UI (31-68) ↑
10	Klebsiella pneumoniae Fluoroquinolones	673 UI (564-781) ↑	Escherichia coli Beta-Lactam/Lactamase Inhib.	48 UI (13-83) ↑

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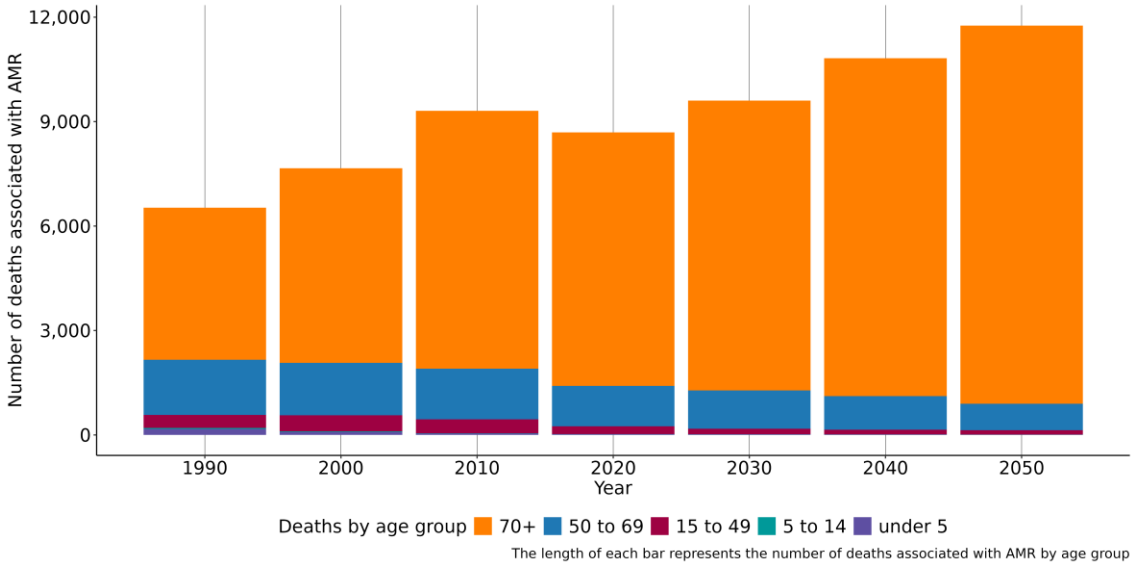
- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) lower respiratory infection (excl. COVID) (8,530 UI (7,430-9,630)), bloodstream infections (5,510 UI (4,860-6,160)), urinary tract infections and pyelonephritis (2,540 UI (2,160-2,920)), peritoneal and intra-abdominal infections (2,400 UI (2,100-2,710)) and infections of the skin and subcutaneous systems (737 UI (615-859)).

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



- In Portugal, 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 6,990 UI (6,000-7,970), whereas the mortality rate per 100,000 was 395 UI (339-451).

Data sources for Portugal

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 Portugal by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2021	1,834,772	Isolates
Microbial or laboratory data with outcome	1990-2021	99,950	Isolates
Literature studies	1990-2021	1,692	Cases/isolates/susceptibility tests
Single drug resistance profile data	1990-2021	129,967	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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