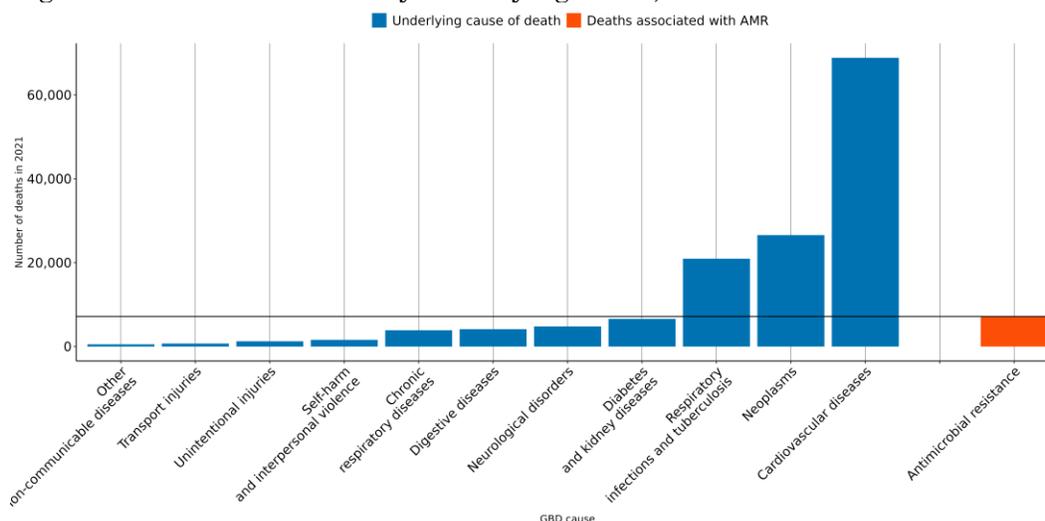


# The burden of antimicrobial resistance (AMR) in Serbia

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **2,000 lives** have been lost each year since 1990 in Serbia due to AMR.
- In 2021, there were an estimated **1,840 UI (1,560-2,110)** deaths attributable to AMR and **7,170 UI (6,080-8,260)** 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 *Streptococcus pneumoniae* resistant to carbapenems.

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



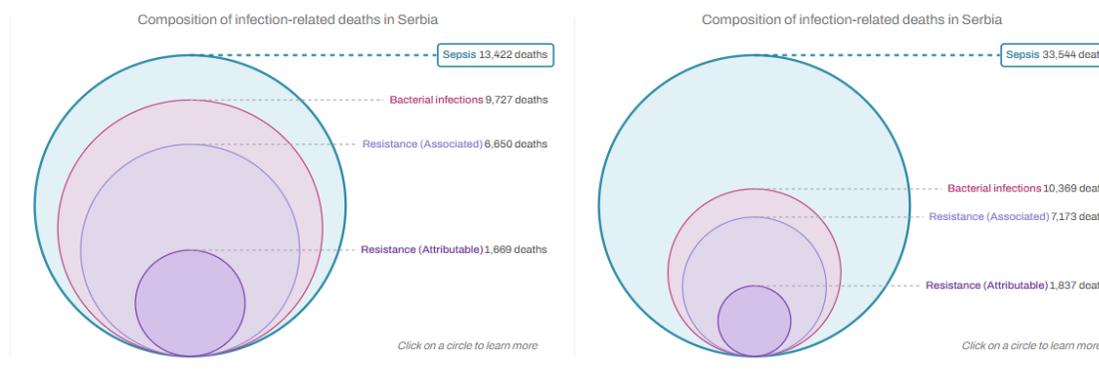
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Serbia, a 10% reduction means to decrease the number of deaths associated with AMR to **6,710**, but currently the trend for this country could reach up to **7,300 UI [5,830-9,020]** AMR-associated deaths in 2030.

## AMR in Serbia

### 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 Serbia between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Serbia** in 2021, there were an estimated **1,840 UI (1,560-2,110)** deaths attributable to AMR and **7,170 UI (6,080-8,260)** 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, **Serbia has the 72nd 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 2,700 UI (2,320-3,090) ↑	Staphylococcus aureus 1,680 UI (1,410-1,960) ↑	Staphylococcus aureus 432 UI (338-525) ↑
	Escherichia coli 1,340 UI (1,150-1,530) ↑	Escherichia coli 1,060 UI (891-1,230) ↑	Acinetobacter baumannii 237 UI (203-270) ↓
	Streptococcus pneumoniae 1,290 UI (1,100-1,470) ↓	Pseudomonas aeruginosa 867 UI (732-1,000) ↑	Pseudomonas aeruginosa 227 UI (179-275) ↑
	Pseudomonas aeruginosa 1,070 UI (912-1,220) ↓	Streptococcus pneumoniae 853 UI (652-1,050) ↓	Klebsiella pneumoniae 217 UI (180-253) ↓
	Klebsiella pneumoniae 864 UI (737-990) ↓	Klebsiella pneumoniae 748 UI (632-865) ↓	Streptococcus pneumoniae 216 UI (151-281) ↓
	Acinetobacter baumannii 587 UI (501-673) ↓	Acinetobacter baumannii 584 UI (499-669) ↓	Escherichia coli 197 UI (158-237) ↑
	Enterococcus faecalis 416 UI (354-477) ↑	Enterococcus faecium 281 UI (238-324) ↑	Enterobacter spp. 90 UI (76-104) ↑
	Enterobacter spp. 353 UI (302-404) ↑	Enterobacter spp. 280 UI (238-321) ↓	Enterococcus faecium 73 UI (60-87) ↑
	Group A Streptococcus 295 UI (237-353) ↑	Enterococcus faecalis 228 UI (192-263) ↑	Serratia spp. 53 UI (45-62) ↑
	Enterococcus faecium 293 UI (248-338) ↑	Serratia spp. 198 UI (169-227) ↓	Enterococcus faecalis 39 UI (26-52) ↑

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%

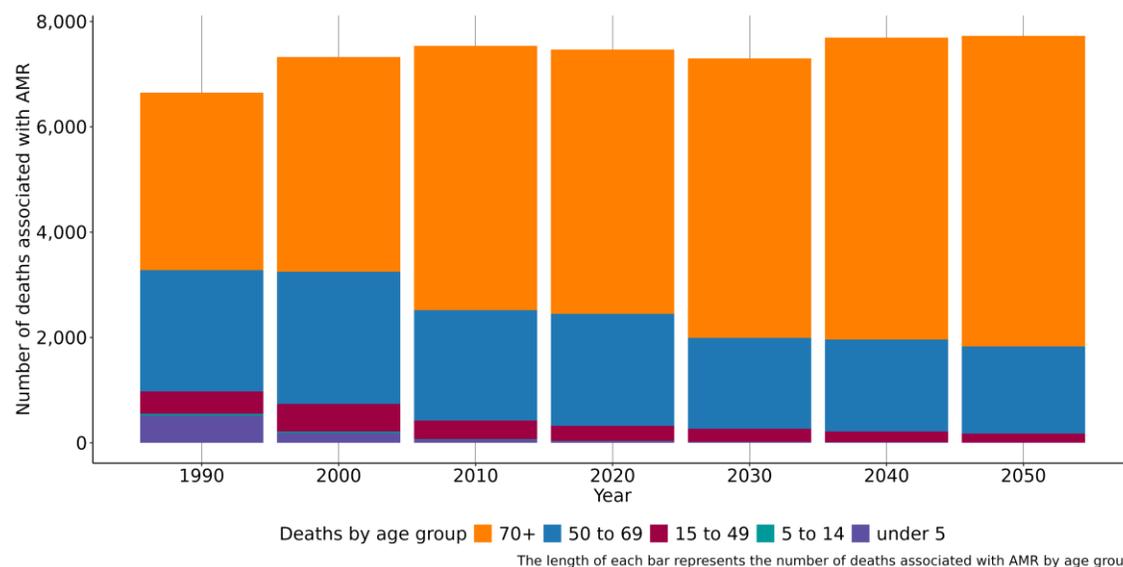
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Staphylococcus aureus Macrolides 1,260 UI (980-1,540) ↑	Staphylococcus aureus Methicillin 313 UI (207-419) ↑
	Staphylococcus aureus Methicillin 1,250 UI (861-1,640) ↑	Streptococcus pneumoniae Carbapenems 157 UI (101-212) ↓
	Escherichia coli Aminopenicillin 942 UI (719-1,160) ↑	Acinetobacter baumannii Carbapenems 124 UI (97-151) ↓
	Escherichia coli TMP-SMX 668 UI (474-862) ↑	Pseudomonas aeruginosa Carbapenems 105 UI (70-141) ↑
	Klebsiella pneumoniae Aminoglycosides 661 UI (558-764) ↓	Acinetobacter baumannii Fluoroquinolones 69 UI (56-83) ↓
	Pseudomonas aeruginosa Carbapenems 652 UI (543-760) ↑	Klebsiella pneumoniae Carbapenems 64 UI (47-82) ↑
	Staphylococcus aureus Fluoroquinolones 644 UI (487-800) ↑	Staphylococcus aureus Macrolides 54 UI (35-73) ↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 639 UI (512-766) ↓	Pseudomonas aeruginosa Fluoroquinolones 53 UI (36-70) ↓
	Escherichia coli Fluoroquinolones 638 UI (471-805) ↑	Enterococcus faecium Vancomycin 50 UI (40-60) ↑
	Pseudomonas aeruginosa Fluoroquinolones 632 UI (528-735) ↓	Klebsiella pneumoniae Aminoglycosides 50 UI (37-62) ↑

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 (5,870 UI (5,010-6,730)), lower respiratory infection (excl. COVID) (4,170 UI (3,480-4,850)), peritoneal and intra-abdominal infections (1,710 UI (1,440-1,980)), urinary tract infections and pyelonephritis (692 UI (522-862)) and infections of the skin and subcutaneous systems (611 UI (460-762)).

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



- In Serbia, 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 4,900 UI (4,150-5,650), whereas the mortality rate per 100,000 was 453 UI (384-523).

### Data sources for Serbia

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 Serbia by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	276	Study-year datapoints
Microbial or laboratory data without outcome	2010-2021	8,847	Isolates
Microbial or laboratory data with outcome	1990-2021	1,112	Isolates
Literature studies	1990-2021	26,133	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	86,756	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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