Nippon AMR One Health Report (NAOR) Highlights



Nippon AMR One Health Report (NAOR) Highlights

Preface

.

The AMR Countermeasure Action Plan (2023-2027), formulated in April 2023, promotes the continued publication and enhancement of the Nippon AMR One Health Report (NAOR). It emphasizes the implementation of measures considering the interconnection of human, animal, food, and environmental health.

The NAOR is structured to provide an understanding of the status and trends of antimicrobialresistant bacteria and antimicrobial usage (or sales) across the human, animal, food, and environmental sectors in Japan. It serves as a key resource for the selection and evaluation of various AMR mitigation measures.

The summary version of the NAOR extracts key data accumulated since 2011, presenting it primarily through clear illustrations and figures. It facilitates easy comprehension of trends, including comparisons with the targets for 2020 and 2027, the progression of resistance rates by antimicrobial agents and antimicrobial-resistant bacteria, and the status of various surveillance efforts.

The NAOR summary aims to disseminate information on Japan's AMR situation to a broad audience, from beginners to government officials and researchers involved in AMR.

* For the original data (sources, etc.) of the NAOR highlights, please refer to the latest edition of the "Nippon AMR One Health Report (NAOR)" available at the following link: (https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000120172.html)

TABLE OF CONTENTS

Outcome Indices for the Action Plan Section A Antimicrobial Resistant Bacteria	I 5
A1: Antimicrobial resistance for humans	
A1.1 Gram-negative bacteria	
A1.2 Gram-positive bacteria	
A2: Antimicrobial resistance bacteria in animal	
A2.1 Bacteria derived from food-producing animals	. 8
A2.2 Aquatic animal farming	. 9
A2.3 Companion animals	
A2.4 Wild Animals	
A3: Antimicrobial resistance in food	
A4: Genome comparison of Antimicrobial-resistant Bacteria: Exploring the relationshi	
between humans, animals, food, and the environment	13
A4.1 Comparative genomics of antimicrobial-resistant bacteria derived from humans, for and animals	
A4.2 The Antimicrobial Resistance (AMR) One Health Surveillance in coordination with t	
WHO surveillance (Tricycle Project)	16
	10
Section B Antimicrobial Usage	
B1: Current Volume of Use of Antimicrobials in Japan	
B2: Current Volume of Use of Antimicrobials by Field	
B2.1 The use of antimicrobial agents in humans by class	20
B2.2 Usage of antimicrobials classified under AWaRe B2.3 The amount of antimicrobial use for animals	
B2.3 The amount of antimicrobial use for animals	
B2.5 The domestic shipment volume of antimicrobials used as agrochemicals	-
bz.o me domesto snipment volume or antimolobiais used as agroenemicais	20
Section C Nosocomial Infections	
C1: Antimicrobial-resistant bacteria in healthcare-associated infection (HAI)	
C1.1 The occurrence of healthcare-associated infections (HAIs)	
C1.2 Survey of infection management, infection control and disease burden in hospitals	25
C1.3 Survey of infections at the Medical long-term care wards/hospitals and facilities for t	
elderly	
C2: The status of hand hygiene practice	27
Section D Attitude Surveys on Antimicrobial Resistance	28
D1: Surveys of the general public	
D2: Surveys of healthcare providers	

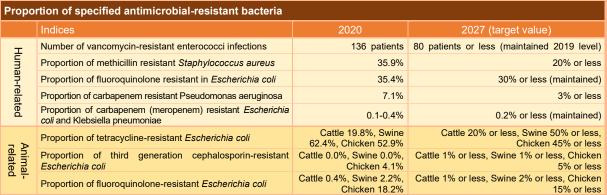
Explanation of Abbreviations

Class			Nonproprietary name	Abbreviation*
Beta-lactam antibiotics	Penicillins		Benzylpenicillin (penicillin G)	PCG
			ampicillin	ABPC
	Cephalosporins	2nd generation	cefoxitin	CFX
		3rd generation	cefotaxime	CTX
			ceftazidime	CAZ
		4th generation	cefepime	CFPM
		Cephalosporins combined with β-lactamase inhibitor	tazobactam/ceftolozane	TAZ/CTLZ
ш	Carbapenems		meropenem	MEPM
			imipenem	IPM
ST			sulfamethoxazole-trimethoprim	ST
Mac	rolides		erythromycin	EM
Lincomycins			lincomycin	LCM
Tetracyclines Aminoglycosides			tetracycline	TC
			oxytetracycline	OTC
			streptomycin	SM
			gentamicin	GM
			amikacin	AMK
			kanamycin	KM
			© ciprofloxacin	CPFX
Quir	nolones		© levofloxacin	LVFX
(©fluoroquinolones)			© norfloxacin	NFLX
			nalidixic acid	NA
Glycopeptides			vancomycin	VCM
Glycopeptides			colistin	CL
Amphenicols			chloramphenicol	СР
Other antibacterial agents			fosfomycin	FOM

* Quoted from the Glossary of Antimicrobial Chemotherapy, the Annual Report of the Japanese Society of **antibiotics** for Animals 36 (2014), and the Guidelines for the Use of Antimicrobial Substances in Cooperative Livestock Insurances (2009, Ministry of Agriculture, Forestry and Fisheries)

[Reference] There are multiple relevant terminologies with different definitions. However, in medical practice, the following four terms are often used interchangeably to refer agents that act against bacteria: "antimicrobial agents," "antibiotics," "antibiotic agents," and "antibacterial agents." In the fields of agriculture and livestock, the expressions "antibacterial agents" and "antimicrobial agents" are commonly used, because these agents are not only used for therapeutic purposes, but also in antibiotic feed additives.

Outcome Indices for the Action Plan



*The 2027 target values for humans, from the perspective of excluding the impact of colonization, will be based on the following: the methicillin resistance rate of Staphylococcus aureus and the carbapenem resistance rate of Pseudomonas aeruginosa will be determined using blood samples, while the fluoroquinolone resistance rate of E. coli will be based on urine samples.

Use of antimicrobials Defined daily dose per 1,000 inhabitants per day (DID)					
	Indices	2020	2027 (target value)(Change from 2020)		
Human-related	All antimicrobials (DID)	10.18	15% reduction		
	Oral third generation cephalosporins (DID)	1.85	40% reduction		
	Oral fluoroquinolones (DID)	1.66	30% reduction		
	Oral macrolides (DID)	2.93	25% reduction		
	Intravenous carbapenems (DID)	0.07	20% reduction		
Animal- related	Total use of veterinary antimicrobials in the livestock sector	626.8 t	15% reduction		
	Total use of second-line veterinary antimicrobials in the livestock sector* *Third generation cephalosporins, 15-membered ring macrolides (tulathromycin, gamithromycin), fluoroquinolones, colistin	26.7 t	Maintain below 27 t		

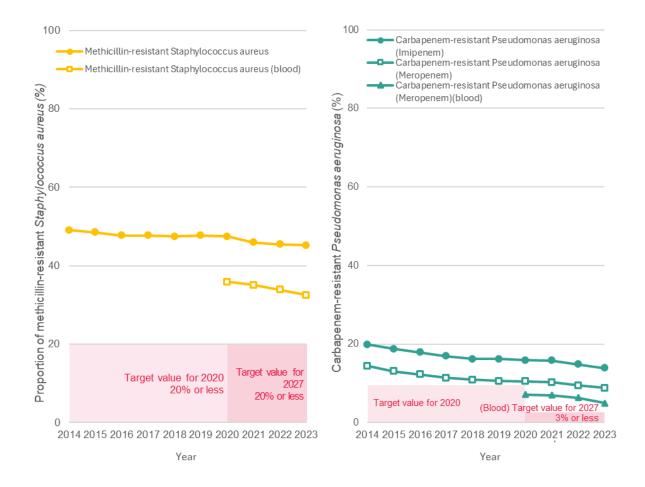


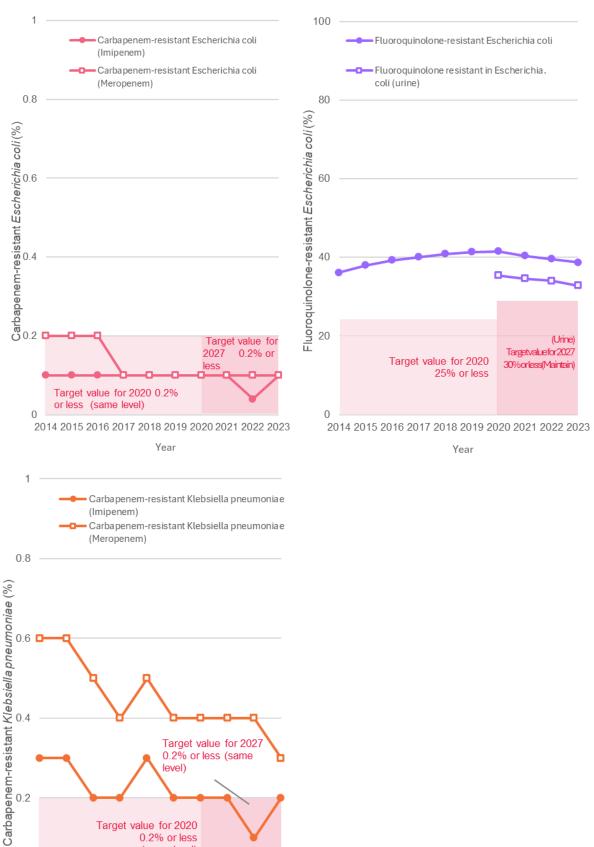
1 Changes in the proportion of human-related antimicrobial-resistant bacteria

- > The number of reported cases of vancomycin-resistant enterococci infections was 133 in 2022.
- While the proportion of methicillin-resistant Staphylococcus aureus (MRSA) is decreasing, it remained at a higher level compared to the target value of 2020 (below 20%).
- The carbapenem resistance rate in *Pseudomonas aeruginosa* is on a decreasing trend, with meropenem reaching 9.5% in 2022, achieving the 2020 target value below 10% for the first time. Imipenem, on the other hand, was 13.9% in 2023.
- The resistance rate of fluoroquinolone-resistant *Escherichia coli* has been on an uptrend but decreased for the first time in 2021. However, it remains at a higher level than the target value of 2020 (below 25%).
- The proportion of carbapenem-resistant *Escherichia coli* and *Klebsiella pneumoniae* have remained below 1%.



The number of reported cases of vancomycin-resistant enterococci infections



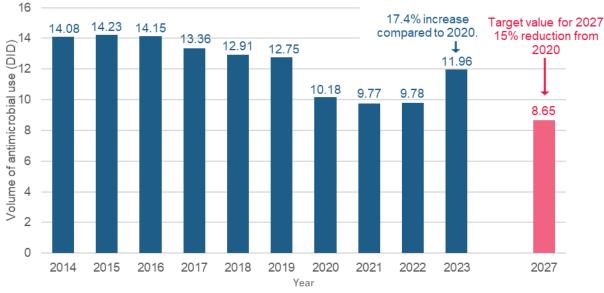


Target value for 2020 0.2% or less (same level)

0 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

1 Trends in the usage of antimicrobial agents for humans in Japan

Antimicrobial usage in humans based on their sales volume in Japan (DID*) was 11.96 DID in 2023, representing a 17.4% increase compared to 2020, but a 15.1% decrease compared to 2014.

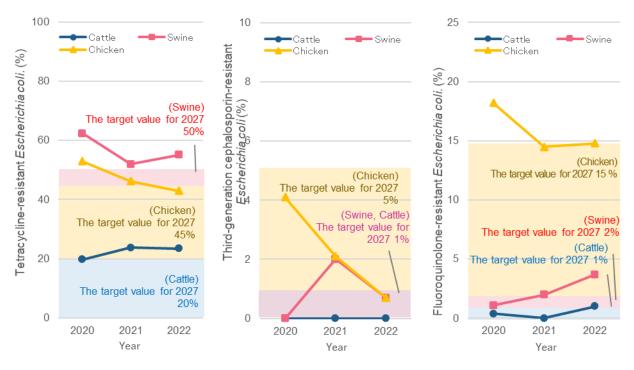


*DID: Defined daily dose/1,000 inhabitants/day

🐂 Animal-related indices

As the outcome indicators for the Action Plan (2023-2027), target resistance rates of *Escherichia coli* by food-producing animal species have been established for the same antimicrobial agents as in the Action Plan (2016-2020), allowing for the assessment of the results of more refined efforts addressing species specific issues. Additionally, the total usage of veterinary antimicrobials in the livestock sector and the total usage of second-line veterinary antimicrobials have been set as new outcome indicators.

Of the antimicrobials for animals, the sales volume veterinary antimicrobials in the livestock sector (t) were 568.0 t in 2022, decreasing by 30.1 t from 598.1 t in 2021. The 2027 target value is set at 532.8 t, which is a 15% decrease from the 2020 level. Additionally, the outcome indicator for the sales volume of second-line veterinary antimicrobials in the livestock sector is set to be kept below 27.0 t, which was 27.0 t in 2022.



Section A Antimicrobial Resistant Bacteria

XX

. •

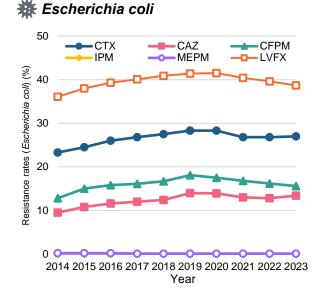
Section A: Antimicrobial-Resistant Bacteria



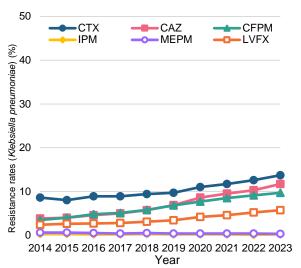
A1: Antimicrobial resistance for humans

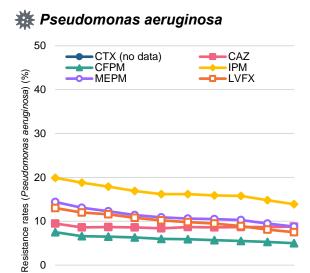
A1.1 Gram-negative bacteria

- \triangleright The resistance rates of Escherichia coli to third-generation cephalosporins (cefotaxime: CTX, ceftazidime: CAZ) and fluoroquinolones (levofloxacin: LVFX) had been increasing until 2020, but for the first time, they turned to decrease in 2021.
- ≻ The resistance rates of Klebsiella pneumoniae to third-generation cephalosporins (CTX, CAZ) and fluoroquinolones (LVFX) are showing an increasing trend.
- The resistance rates of *Pseudomonas aeruginosa* to carbapenems (imipenem: IPM, \triangleright meropenem: MEPM) and fluoroquinolones (LVFX) have been showing a decreasing trend since 2015.
- The resistance rates of Acinetobacter spp., to various antibiotics remain at low levels. In \triangleright particular, the resistance rates to carbapenems (IPM, MEPM) are low, ranging from 1% to 3%.



🔆 Klebsiella pneumoniae



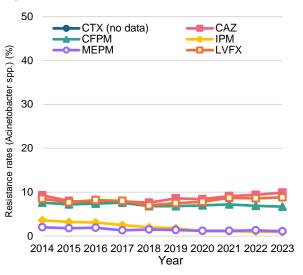


2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Year

0

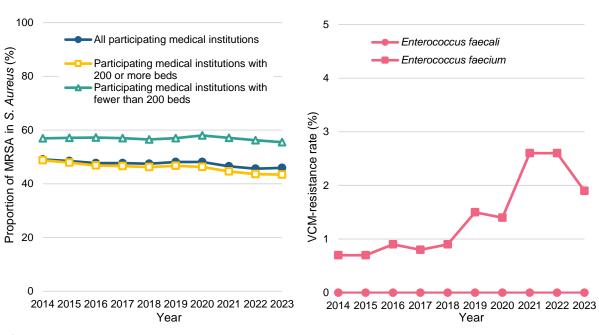
蛬 Acinetobacter spp.



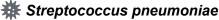
A1.2 Gram-positive bacteria

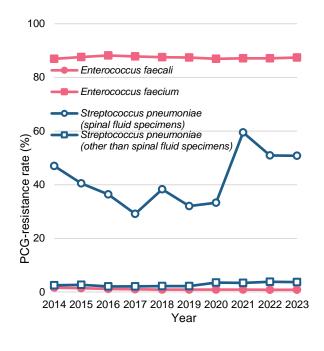
- In Staphylococcus aureus, the proportion of methicillin-resistant strains (MRSA) is approximately 50%, and it has been decreasing in recent years.
- For Enterococcus, in 2023, the resistance rate for Enterococcus faecalis was below 0.05%, and for Enterococcus faecium, it was 1.9%, both at low levels. However, in E. faecium, the vancomycin (VCM) resistance rate significantly increased in 2021, and widespread hospital outbreaks associated with VCM-resistant E. faecium were observed in some regions. It is necessary to carefully monitor changes in resistance rates at the regional level moving forward.
- The resistance rate to penicillinG (PCG) in *Streptococcus pneumoniae* varies due to the small number of cerebrospinal fluid samples tested, with approximately 100 samples per year, resulting in fluctuations in the data. However, it generally remains around 50%. In samples other than cerebrospinal fluid, the resistance rate is below 1%, and even when including intermediate resistance, it remains below 5%, indicating a low level of resistance.

Enterococcus spp.



🗱 Staphylococcus aureus





Section A: Antimicrobial-Resistant Bacteria

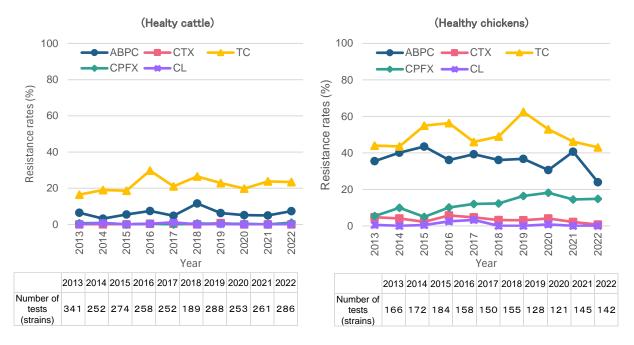


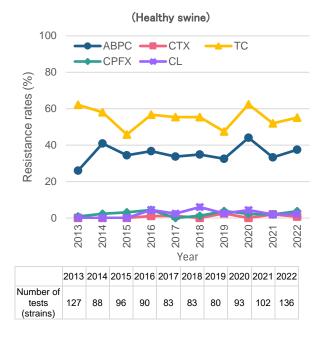
A2: Antimicrobial resistance bacteria in animal

A2.1 Bacteria derived from food-producing animals

🗱 Escherichia coli

Escherichia coli derived from healthy food-producing animals collected at slaughterhouses and poultry processing plants, which is an important indicator bacterium in the surveillance, exhibited resistance rates exceeding 40% to tetracycline (TC) in pigs and chickens. However, there were no significant fluctuations in the resistance rates to cefotaxime (CTX), ciprofloxacin (CPFX), and colistin (CL), which are antimicrobials for human medicine, and the resistance rates remained low across all livestock species.





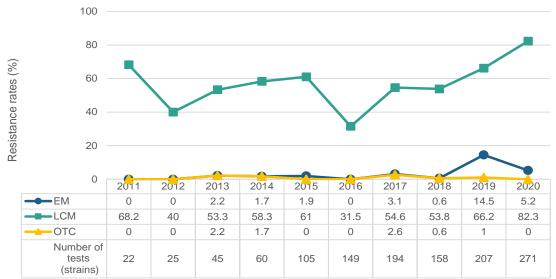
A2.2 Aquatic animal farming

As part of strengthening monitoring set out in the National Action Plan on AMR, the target species monitored for antimicrobial resistance in diseased fish was expanded in 2017, and a survey targeting healthy fish was initiated in 2018.

🗱 α-hemolytic streptococci derived from diseased fish

The resistance rates to lincomycin (LCM) have shown a high tendency, reaching 82.3 % in 2022, suggesting the influence of serotypes II and III. The resistance rate to erythromycin (EM) was 5.2 % in 2022.

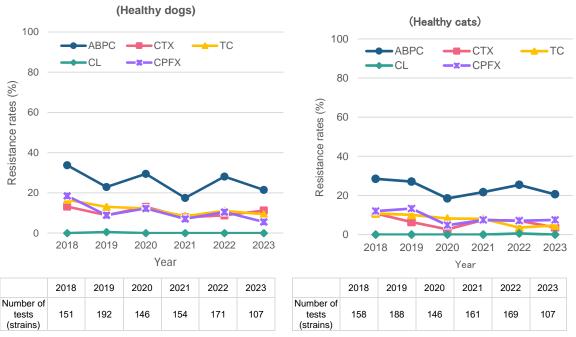
*All the pathogenic bacteria of α -hemolytic streptococcal infections were originally considered to be *Lactococcus garvieae*. However, due to the emergence of a strain different from the conventional serotype, the new type was distinguished as type II, separate from the conventional type (serotype I). In 2023, this strain was reclassified as *Lactococcus formosensis*. Additionally, since 2020, another serotype (type III) of α -hemolytic streptococcus has also emerged.



A2.3 Companion animals

🗱 Escherichia coli

The resistance rates of *Escherichia coli* derived from healthy companion animals, which is an important indicator bacterium in the surveillance, remained below 20% for all except ABPC, with susceptibility generally being maintained.



A2.4 Wild Animals

Antimicrobial susceptibility testing was conducted on *Escherichia coli* isolated from wild animals in two periods: from 2013 to 2017 and from 2018 to 2021.

In the 2013 to 2017 survey, 5.9% of deer-derived strains, 8.0% of wild boar-derived strains and 18.1% of small mammal-derived strains exhibited resistance. In particular, resistance to tetracycline (TC) and ampicillin (ABPC) was observed. In small mammals, multidrug resistance was detected in strains from livestock-associated facilities, while those from urban fields and mountainous fields showed less resistant. ESBL-producing bacteria were detected in one strain from small mammals. Although antimicrobial-resistant bacteria in wild animals depends on the habitats, the overall resistance rates were low compared to food-producing and companion animals.

In the 2018-2021 survey, antimicrobial-resistant bacteria continued to show low prevalence. However, in investigations using antimicrobial-containing media, cefotaxime (CTX)-resistant bacteria were isolated from foxes and raccoons, and quinolone-resistant bacteria were isolated from masked palm civets, raccoon dogs, foxes and raccoons, some of which carried plasmid-mediated quinolone resistance genes. This study revealed that wild animals harbor resistant bacteria to medically important antimicrobial agents.



Section A: Antimicrobial-Resistant Bacteria



A3: Antimicrobial resistance in food

The serotypes of *Salmonella* spp. derived from food (primarily domestic chicken) were predominantly *S*. Schwarzengrund and *S*. Infantis, whereas the serotypes of *Salmonella* spp. derived from humans (symptomatic individuals) were highly diverse, suggesting that infections could be caused by various sources.

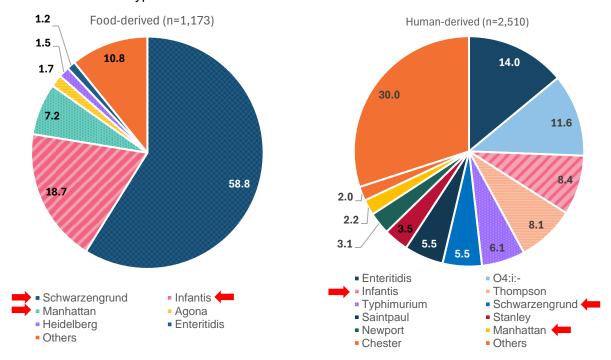
Regarding the emergence of antimicrobial-resistant *Campylobacter* spp., 20.0 % (8/40) of *C. jejuni* strains, showed resistance to ampicillin (ABPC), while 17.5 % (7/40) exhibited multidrug resistance to three or more drugs, including nalidixic acid (NA) and ciprofloxacin (CPFX). No resistance to erythromycin (EM), the first-line treatment for *Campylobacter* enteritis, was observed in *C. jejuni*.

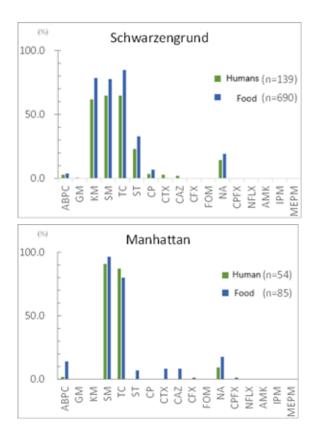
As for the emergence of antimicrobial-resistant *E. coli* derived from commercially available chicken meat, *E. coli* isolated from domestic chicken exhibited high resistance rates to seven agents: kanamycin (KM), streptomycin (SM), tetracycline (TC), chloramphenicol (CP), NA, CPFX, and norfloxacin (NFLX). In contrast, *E. coli* from imported chicken showed high resistance rates six agents: ampicillin (ABPC), cefotaxime (CTX), ceftazidime (CAZ), gentamicin (GM), sulfamethoxazole-trimethoprim (ST), and fosfomycin (FOM), with different patterns of antimicrobial resistance.

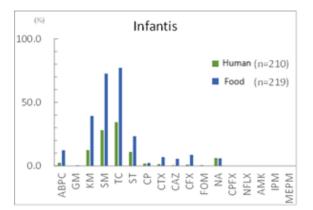
Regarding the emergence of drug-resistant *E. coli* derived from the feces of healthy individuals, 44.1 % (134/304) of the strains exhibited resistance to at least one agent. When examined by individual agent, the highest resistance rate was observed for ABPC at 29.3 %, followed by NA at 22.4 %, TC at 19.1 %, ST combination drug and SM, both at 14.5 %.

🗱 Salmonella spp.

When comparing the top 10 serotypes of human-derived strains to the top 5 serotypes of foodderived strains, three common serotypes (S. Schwarzengrund, S. Infantis, S. Manhattan) were identified. A high degree of similarity in resistance trends to various antimicrobial agents was observed between human-derived and food-derived strains. This strongly suggests a significant association between human-derived resistant strains (approximately 40% of S. Infantis isolates, and the majority of S. Schwarzengrund and S. Manhattan isolates) and food-derived resistant strains with these serotypes.

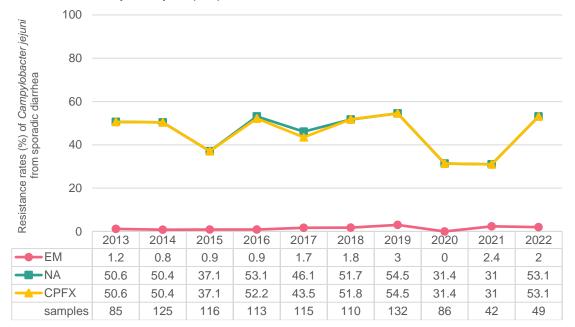






🗱 Campylobacter spp.

The graphs below show the resistance rates of *Campylobacter jejuni* and *Campylobacter coli* isolated from sporadic diarrhea patients in Tokyo from 2013 to 2022. In 2022, like 2021, the sample size was small, with only 49 strains of *C. jejuni* and 2 strains of *C. coli* analyzed. The resistance rate of *C. jejuni* to ciprofloxacin (CPFX) was 53.1 %, showing an increase compared to 2021. The resistance rate to erythromycin (EM) was 2.0 %.





A4: Genome comparison of Antimicrobial-resistant Bacteria: Exploring the relationships between humans, animals, food, and the environment

The Action Plan (2016-2020) calls for the analysis of antimicrobial resistance transmission factors present in humans, animals, food, and the environment, as well as studies on the relatedness of transmission processes, as part of the efforts to establish an integrated One Health surveillance system. This approach has been carried out into the new Action Plan (2023-2027). This paper presents the results of analyzing the interrelationships of resistant bacteria across various sectors, based on genome comparisons of resistant strains.

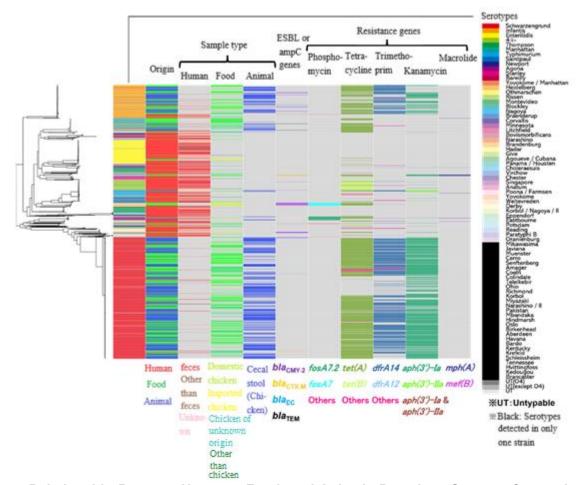
A4.1 Comparative genomics of antimicrobial-resistant bacteria derived from humans, food, and animals

Genome analysis was conducted on strains of non-typhoidal *Salmonella* spp., *Campylobacter* spp. and *Enterococcus* spp. to investigate the extent of genomic similarity between human-, foodand animal-derived strains. This was explored through a comparison of genomic nucleotide sequence data.

The results revealed that in non-typhoidal *Salmonella* spp., for serotypes Blockley and Agona, highly related strains harboring the same resistance genes were identified in human-derived strains isolated from patients with infectious enteritis and foodborne illness, as well as in food-derived strains. Although rare, these findings suggest the potential for the transmission of resistance geneharboring strains from food to humans.

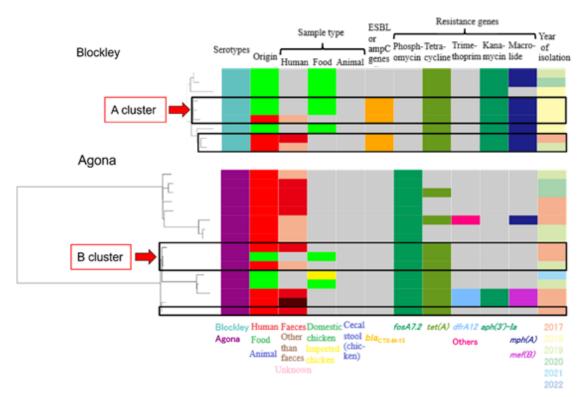
In *Campylobacter* spp., for both *C. jejuni* and *C. coli*, no closely related strain combinations suggestive of transmission between humans and food or animals were found when comparing human-derived strains with food-derived or animal-derived strains. Furthermore, when comparing the distribution of Clonal Complex (CC) or Sequence Type (ST) across sources, no clear similarities were observed between the different sources for either species.

In enterococci, it was confirmed that both *E. faecium* and *E. faecalis* do not share the same ST between human- and food-derived strains.



Relationship Between Humans, Food, and Animals Based on Genome Comparisons of Non-typhoidal Salmonella spp. Strains

The grouping of 1613 strains of non-typhoidal *Salmonella* spp. based on genome similarity is depicted in a phylogenetic tree (on the left). Additionally, the bacterial characteristics (such as serotype, source, sample type, and the presence or absence of resistance genes) are color-coded and plotted on the right. This shows to what extent strains harboring key resistance genes are present within human-derived, food-derived, and animal-derived strains, and how they are distributed on the phylogenetic tree. For example, it is evident that the strains are clearly grouped by serotype based on genome similarity. It was observed that some food-derived and animal-derived group, and conversely, some human-derived strains are mixed within the human-derived groups.

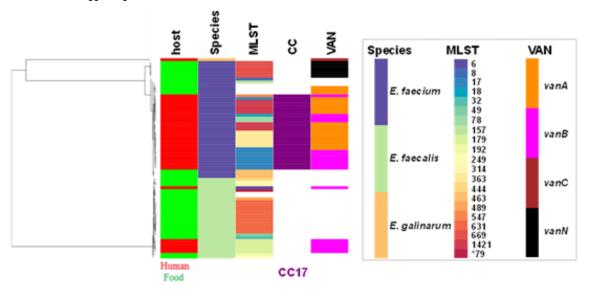


Human-derived and food-derived strains exhibiting common characteristics found in Salmonella serotypes Blockley and Agona

Within the Salmonella serotypes Blockley and Agona, strains with highly similar genomes and the same characteristics (antimicrobial resistance genes) were identified (A cluster, B cluster). The human-derived and food-derived strains within each cluster suggest the potential for the transmission of resistant strains to humans via food.

Relationship Between Humans, Food, and Animals Based on Genome Comparisons of Campylobacter jejuni Strains

The grouping of 249 human-derived strains, 48 food-derived strains (from chicken), and 338 animal-derived strains of *C. jejuni* based on genome similarity is depicted in a phylogenetic tree (on the left). Additionally, bacterial characteristics (such as CC, source, and the presence or absence of resistance genes) are color-coded and plotted on the right. No closely related strain combinations suggesting the transmission of resistant strains between humans and food or animals were found.



Relationship Between Humans, Food, and Animals Based on Genome Comparisons of *Enterococcus* spp. Strains

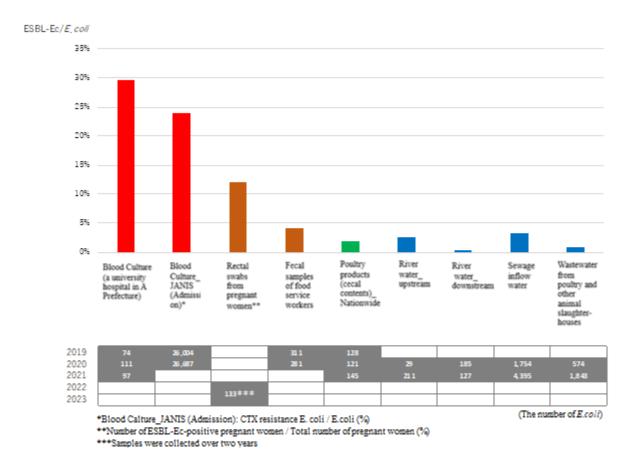
The phylogenetic tree, based on genome similarity, groups 38 food-derived *Enterococcus* spp. strains and 34 human-derived vancomycin-resistant strains (on the left). Additionally, the source (human or food), species, MLST (strain type), CC (whether part of the specific group CC17), and VAN (presence or absence of vancomycin resistance genes) of each strain are color-coded and plotted on the right. Within *E. faecium* and *E. faecalis*, human-derived vancomycin-resistant strains and food-derived strains were separated based on strain phylogeny. It was confirmed that human-derived vancomycin-resistant strains did not share the same ST as food-derived strains.

A4.2 The Antimicrobial Resistance (AMR) One Health Surveillance in coordination with the WHO surveillance (Tricycle Project)

Using ESBL-producing *Escherichia coli* (ESBL-Ec) as a key indicator, the proportion of ESBL-Ec among *Escherichia coli* in the three sectors—human, food, and environment - was calculated for each country. Based on this, molecular characterization and epidemiological analysis of the strains were conducted to examine comparisons between regions and sectors.

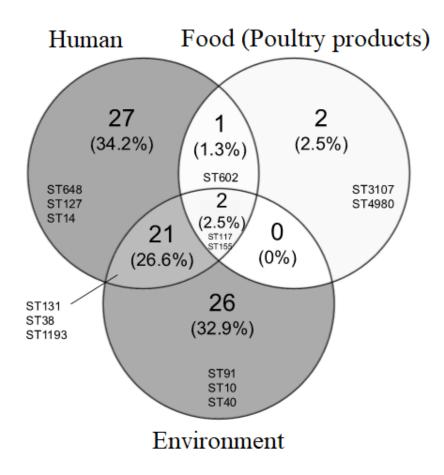
Strain collection and analysis were conducted in the three sectors, revealing the distribution of ESBL-Ec among humans, the environment, and food within the country. The proportion of ESBL-Ec was higher in hospital environments than in community settings, which may be related to the use of antimicrobial agents. The distribution of ESBL-Ec in food indicators, specifically from cecal samples of broiler chickens, was 1.77%. The proportion of ESBL-Ec in environmental samples was 2.6% in river water (upstream), 0.34% in river water (downstream), and 3.19% in wastewater inflow.

Genome sequence data comparisons were conducted for the ESBL-Ec strains obtained in this study, and the distribution of the identified Sequence Types (STs) was represented using a Venn diagram. It was found that food-derived (broiler chicken) strains shared few common STs with human-derived and environmental-derived strains. In contrast, human-derived and environmental-derived strains shared numerous common STs, accounting for 29.1% of the total (23 different STs).



The proportion of ESBL-Ec among the total E. coli isolates

The years of analysis are indicated below the bar graph for each sample.



Venn diagram illustrating the types of STs of ESBL-Ec isolated from humans, food, and the environment

This study focused on 376 ESBL-Ec strains obtained in this investigation and 321 blood-derived strains obtained from JARBS-GNR. The large numbers inside the circles represent the number of ST types and their proportions (not reflecting the number of strains).

Section B Antimicrobial Usage

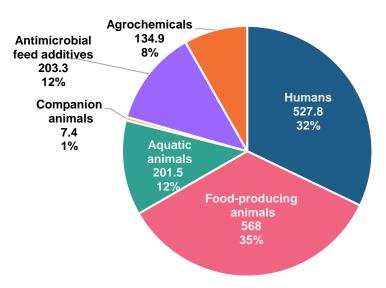


Section B: Antimicrobial Usage



B1: Current Volume of Use of Antimicrobials in Japan

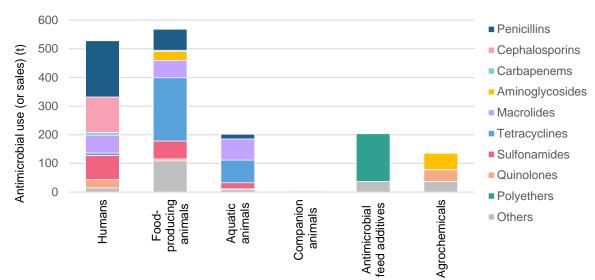
11. The proportion of antimicrobial usage by field within the overall antimicrobial use (2022) In 2022, the antimicrobial usage (or sales volume) in Japan by field (humans, food-producing animals, aquaculture animals, companion animals, feed additives, and agrochemicals) was highest in food-producing animals, with 568 t (35%), followed by humans at 527.8 t (32%). The usage of important antimicrobials for human medicine constitutes approximately 5% of the total usage in food-producing animals, which is equivalent to about 2% of the overall antibiotic usage, thus remaining relatively low. In addition, important antimicrobials for human medicine are not used in aquatic animals, feed additives and agrochemicals.



*The units of the values in the pie chart are tons

M Current antimicrobial use by field (2022)

In 2022, the most used (or sold) antimicrobial classes in Japan by field were penicillins in humans (196 t), tetracyclines in food-producing animals (220.7 t), and polyethers* in antimicrobial feed additives (166.8 t).



*Ingredients not used in human medicine.

Section B: Antimicrobial Usage

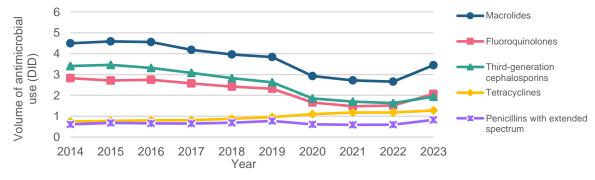


B2: Current Volume of Use of Antimicrobials by Field

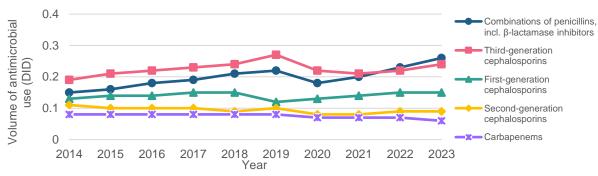
B2.1 The use of antimicrobial agents in humans by class

- In 2023, the use of oral antimicrobial accounted for 69 % of total antimicrobial use, with macrolides (3.45 DID), fluoroquinolones (2.07 DID) and third-generation cephalosporins (1.94 DID).
- The usage of carbapenems decreased by 6.7 % in 2023 compared to 2020. In 2019, the supply shortage of cefazolin likely led to a reduction in the use of first-generation cephalosporins, while the use of narrow-spectrum penicillins, penicillins combined with β-lactamase inhibitors, second- and third-generation cephalosporins, and carbapenems increased may have increased.

Five most used oral antimicrobials in 2014-2023



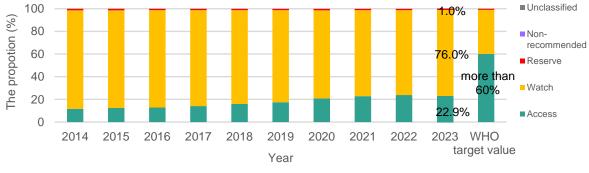
1 Five most used injectable antimicrobials in 2014-2023



B2.2 Usage of antimicrobials classified under AWaRe

1 Trends in antimicrobial use by AWaRe classification

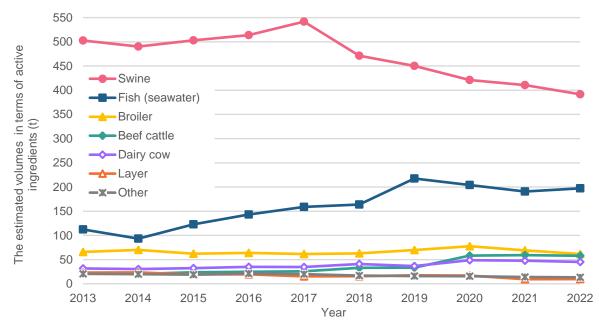
WHO aims for antibiotics classified as "Access" to account for more than 60% of all antimicrobial use. Compared to other countries, Japan tends to have a lower proportion of antimicrobials classified as 'Access'. However, over time, this proportion has gradually increased from 11.8% in 2014 to 22.9% in 2023, while the proportion of antimicrobials classified as 'Watch' has decreased from 86.7% to 76.0%.



B2.3 The amount of antimicrobial use for animals

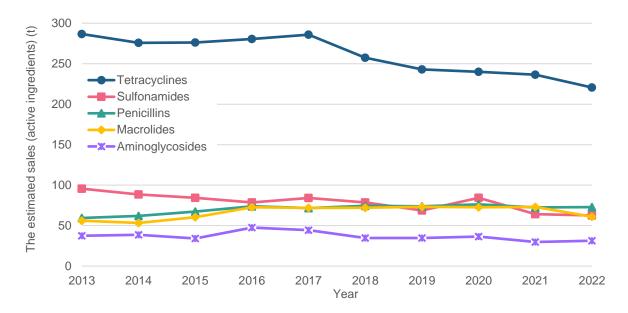
Estimated usage of veterinary antimicrobials by animal species (as active ingredient equivalent) (t)

The estimated sales volume by animal species (calculated as active ingredient equivalent) was highest for swine, followed by fish (seawater). Since 2018, the sales volume for swine has decreased.



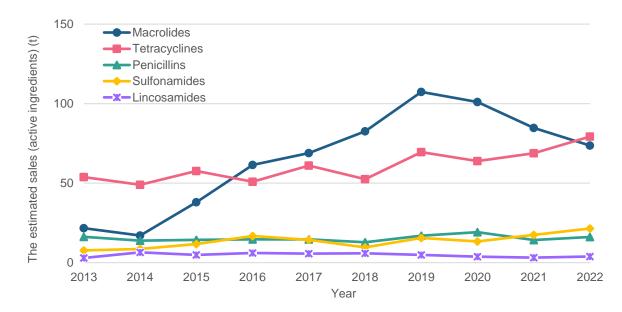
Top five antimicrobials for food-producing animals (cattle, swine, horses, chickens and others)

The antimicrobial class with the highest sales volumes was tetracyclines, accounting for from 38.3% to 44.0% of antimicrobials for food-producing animals. However, in 2022 the sales volume for tetracyclines was the lowest since 2013, at 220.70 t. This decrease is likely largely attributed to the reduction in usage in swine.



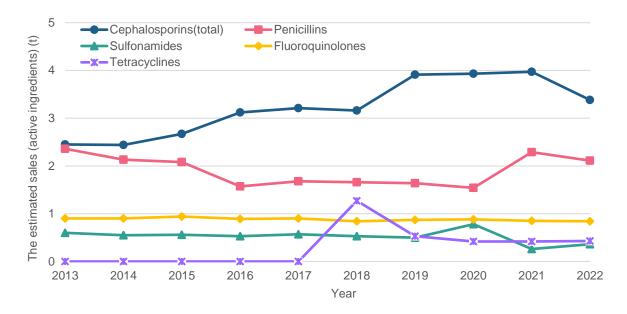
Top five antimicrobials for aquatic animals (seawater fish, freshwater fish, and ornamental fish)

The increase in antimicrobial usage in aquatic animals was attributed to the rise in sales of macrolides (erythromycin) and tetracyclines. This increase is speculated to be related to the treatment of outbreaks of infections caused by type II α -hemolytic *streptococcus*, which emerged around 2013, and type III α -hemolytic *streptococcus*, which emerged around 2021, as a different serotype from the previous types.



M Top five antimicrobials for companion animals (dogs and cats)

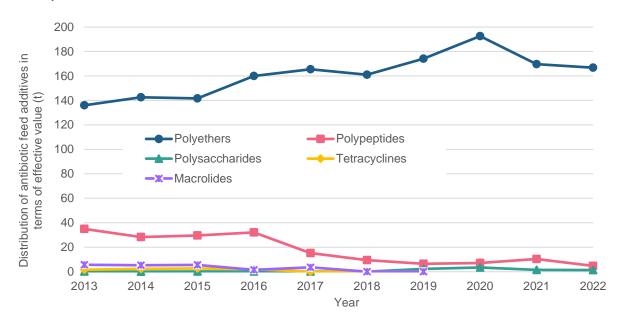
The graph below shows the trend in the veterinary antimicrobials for companion animals. The most sold antimicrobials were first-generation cephalosporins, followed by penicillins.



B2.4 Distribution volume of antimicrobial feed additives

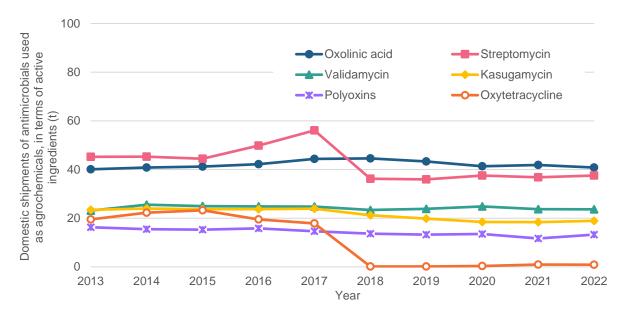
The distribution volume decreased from 211.1 t in 2021 to 203.3 t in 2022, with a particular decrease of approximately 5.7 t in polypeptides. It is noteworthy that the designation of the polypeptide colistin, the macrolide tylosine, and two tetracyclines as feed additives was revoked in July 2018, May 2019 and December 2019, respectively, and thus, these antimicrobials feed additives have not been distributed since their revocation.

* Polyethers are not used in human medicine.



B2.5 The domestic shipment volume of antimicrobials used as agrochemicals

The domestic shipment volume of antimicrobials used as agrochemicals decreased significantly in 2018 for streptomycin and oxytetracycline but remained largely stable in other years. The domestic shipment volume of other antimicrobials has remained steady.



Section C Nosocomial + Infections



Section C:

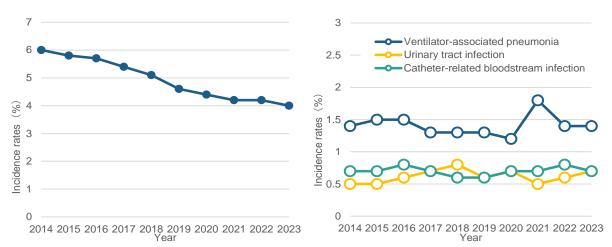




C1: Antimicrobial-resistant bacteria in healthcareassociated infection (HAI)

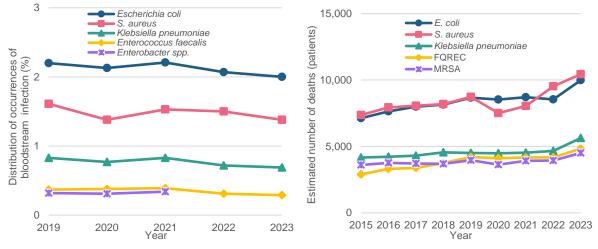
C1.1 The occurrence of healthcare-associated infections (HAIs)

- The incidence of surgical site infections (SSIs) has shown a decreasing trend since 2013. In 2023, out of 348,567 surgical operations conducted in 825 facilities, there were 14,033 SSI cases (incidence rate 4.0 %).
- The incidence rate of ventilator-associated pneumonia has fluctuated between 1.2 and 1.8/1,000 ICU admission days over the past 10 years, with a rate of 1.4/1,000 ICU admission days in 2023. The incidence rate of urinary tract infections has ranged from 0.5 to 0.8/1,000 ICU admission days, while that of catheter-related bloodstream infections has fluctuated between 0.6 and 0.8/1,000 ICU admission days. All of these have shown slight increases and decreases over time.



C1.2 Survey of infection management, infection control and disease burden in hospitals

- The incidence rate of pathogens detected from blood samples in 2023, measured as the number of cases per 10,000 patient-days (incidence rate of bloodstream infections) was highest for *Escherichia coli* (2.00, IQR: 0.89-3.16), followed by (S. aureus (1.38, IQR: 0.48-2.21), and *Klebsiella pneumoniae* (0.69, IQR: 0.20-1.31).
- In 2023, the estimated number of deaths due to *S. aureus* was the highest at 10,439 (95% CI: 8,097-12,770), followed by *E. coli* with 9,992 deaths (95% CI: 7,937-12,006), and *Klebsiella pneumoniae* with 5,640 deaths (95%CI: 4,268-7,188).



C1.3 Survey of infections at the Medical long-term care wards/hospitals and facilities for the elderly

A Medical long-term care wards/hospitals

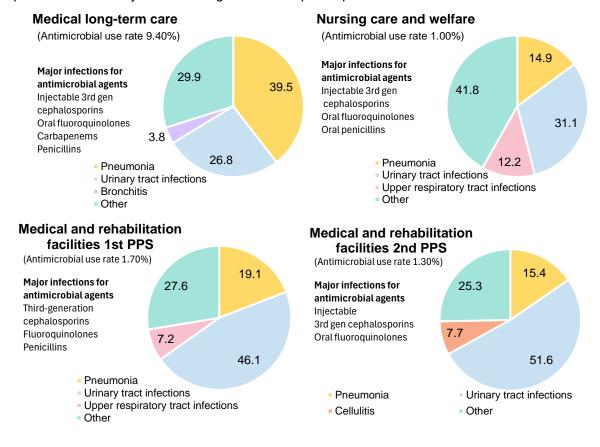
A Point Prevalence Survey (PPS) was conducted in January 2020 at 80 randomly selected medical care facilities with medical long-term care wards from the Japan Association of Medical and Care Facility member institutions. The most common infections were "pneumonia" with 199 cases (39.5%), "urinary tract infection" with 135 cases (26.8%), and "bronchitis" with 19 cases (3.8%). The main frequently used antimicrobials were injectable third-generation cephalosporins, penicillin combinations with β -lactamase inhibitors, and carbapenems.

Long-term care facilities for the elderly

The PPS survey was conducted by randomly selecting facilities from the Japan Association of Geriatric Health Services Facilities member institutions. In the first PPS, conducted in February 2019 with 1,500 facilities, showed an antimicrobial use rate of 1.7% (172 antimicrobial users out of 10,148 residents). The top common infections were "urinary tract infections" with 70 cases (46.1%), "pneumonia" with 29 cases (19.1%), and "upper respiratory tract infections" with 11 cases (7.2%). In the second PPS, conducted in February 2022 with 1,000 facilities, showed an antimicrobial use rate of 1.3% (110 antimicrobial users out of 8,291 residents). The most common infections were "urinary tract infections" with 47 cases (51.6%), "pneumonia" with 14 cases (15.4%), and "cellulitis" with 7 cases (7.7%). In both surveys, the antimicrobials primarily used for urinary tract infections were fluoroquinolones and those for pneumonia were injectable third-generation cephalosporins.

Welfare facilities for the elderly requiring long-term care (special nursing homes for the aged)

A PPS was conducted by randomly selecting long-term care facilities from the Japan Association of Geriatric Health Services Facilities member institutions, with 139 facilities surveyed in March 2020. The most common infections were "urinary tract infections" with 23 cases (31.1%), "pneumonia" with 11 cases (14.9%), and "upper respiratory tract infections" with 9 cases (12.2%). The antimicrobials primarily used for urinary tract infections were fluoroquinolones, and those for pneumonia were injectable third-generation cephalosporins.

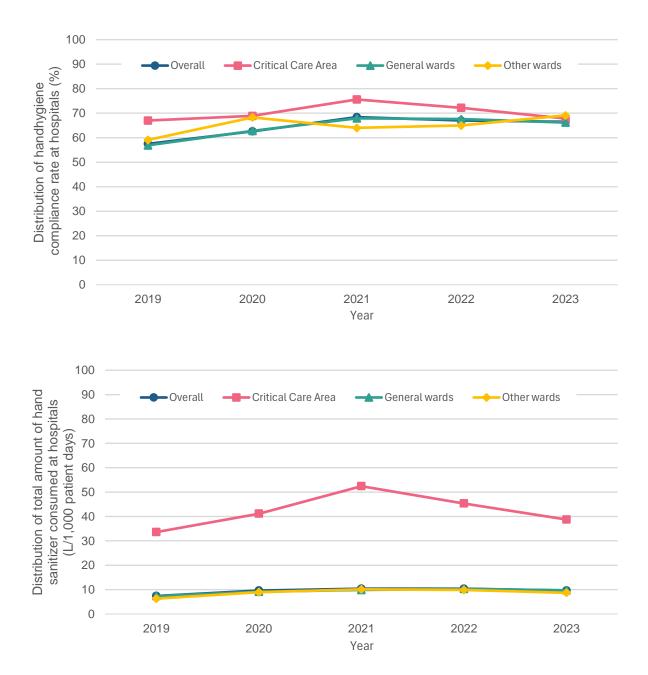


Section C: Nosocomial Infections



C2: The status of hand hygiene practice

The hand hygiene compliance rate (in 2023, n=126) was 66.5% overall, while a higher rate of 67.8% in the critical care wards (n=49) compared to general wards. The hand sanitizer consumption per 1,000 patient-days (2023, n=1,556) was 9.64 L (IQR: 5.8-14.2) overall, and 38.8 L (IQR: 23.7–61.6) in the critical care wards (n=525), showing a higher usage compared to general wards. The use of hand hygiene products has shown an increasing trend since 2019, reflecting an improvement in hand hygiene awareness due to COVID-19 infection control measures. However, the rate plateaued in 2022 and showed a downward trend in 2023.



Section D Attitude Surveys on Antimicrobial Resistance



Section D: Attitude Surveys on Antimicrobial Resistance

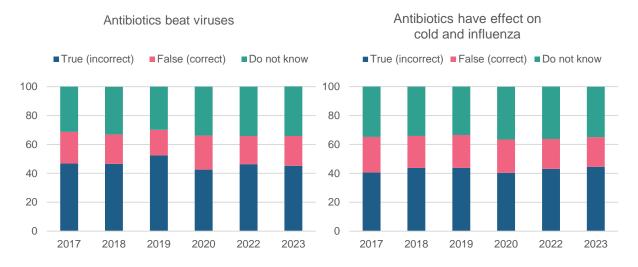
D1: Surveys of the general public

Public awareness surveys on antimicrobial resistance were conducted online in March 2017, February 2018, September 2019, and September 2020, October 2022, and October 2023.

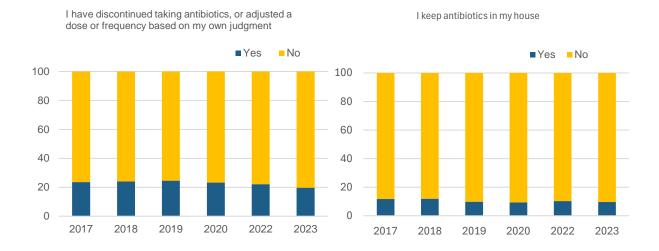
*Survey participants were monitors registered with INTAGE Research Inc (excluding medical professionals): the 2017 survey had 3,390 valid responses, the 2018 survey 3,192, the 2019 survey 3,218, the 2020 survey 3,200, the 2022 survey 3,193 and the 2023 survey 3,202.

Surveys of attitudes among the public (%)

Approximately 40% of respondents answered "true" to the statements "antibiotics beat viruses" or "antibiotics have effect on cold and influenza".



Regarding the use of antibiotics, approximately 20% respondents reported that they "discontinued taking antibiotics based on their own judgment", while approximately 10% responded that they "kept the remaining antibiotics at home".



Section D: Attitude Surveys on Antimicrobial Resistance

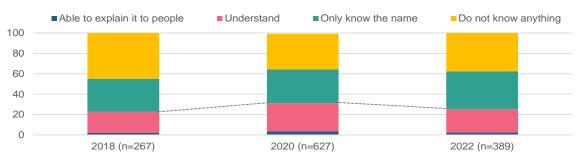


D2: Surveys of healthcare providers

The joint committee on appropriate use of outpatient antibiotics of the Japanese Society of Chemotherapy and the Japanese Association for Infectious Diseases conducted a survey on awareness among physicians working in clinics in 2018, from September to October 2020, and from December 2022 to February 2023. The survey questionnaires were distributed to 3,000 randomly selected clinics nationwide, and questionnaires were filled out and returned through mail.

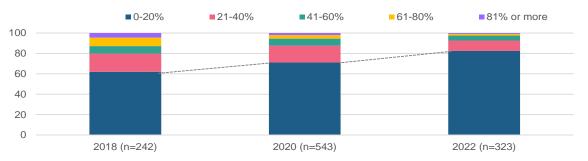
Awareness of the National Action Plan on AMR (%)

In the 2022 survey, compared to 2020, the awareness of the National Action Plan on AMR decreased, with the percentage of respondents answering, "can explain it to people" and "understand it" combined decreasing from 31.3% to 25.2%.



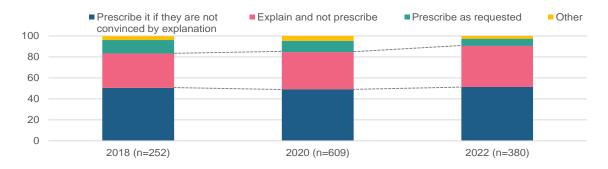
Percentage of prescribing antimicrobials when diagnosing a common cold (%)

The proportion of antimicrobial prescriptions for common cold showed a decrease, with the percentage of respondents indicating "0-20%" rising from 71.1% to 82.4%, suggesting a reduction in prescription rates.



Response when a patient, or their family members, diagnosed with a common cold request for an antimicrobial agent (%)

In response to requests for antimicrobial prescriptions, 39.2% of respondents answered that they would "explain and not prescribe," while 6.8% and 51.3% answered that they would "prescribe as requested" and "prescribe if not satisfied after explanation," respectively. These results were nearly the same as those of the previous survey.



Authors

Members of the Antimicrobial Resistance (AMR) One Health Surveillance Committee

ASAI Tetsuo, D.V.M., Ph.D.	United Graduate School of Veterinary Science, Gifu University
KATSUDA Ken, D.V.M., Ph.D	Department of Animal Disease Control and Prevention, National Institute of Animal
	Health, National Agriculture and Food Research Organization
KOBAYASHI Sota, D.V.M., Ph.D.	Head, Research Promotion Office, Department of Research Promotion, National
	Institute of Animal Health, National Agriculture and Food Research Organization
SASAMOTO Yoichi, M.D., Ph.D.	Japan Medical Association
SHINOMIYA Hiroto, M.D., Ph.D.	Ehime Prefectural Institute of Public Health and Environmental Science
SHIBAYAMA Keigo, M.D., Ph.D.	Nagoya University Graduate School of Medicine
SUGAI Motoyuki, Ph.D.	Antimicrobial Resistance Research Center, National Institute of Infectious Diseases
SUGAWARA Yo, Ph.D.	Antimicrobial Resistance Research Center, National Institute of Infectious Diseases
SEKIYA Tatsuro, D.V.M	Assay Division II, National Veterinary Assay Laboratory, Ministry of Agriculture,
	Forestry & Fisheries
TANAKA Hiroaki, Ph.D.	Faculty of Engineering, Shinshu University, Kyoto University
FUJII Yuuki	Ibaraki Prefectural Kenzai Livestock Health Center, Health Guidance Section
FUSHIMI Keiji, D.V.M., MS	Japan Veterinary Medical Association
FUJIMOTO Shuhei, M.D., Ph.D.	Gunma University; National Institute of Infectious Diseases; National Health
	Insurance Matsuda Municipal Clinic
MATSUNAGA Nobuaki M.D.,	Clinical surveillance division, AMR Clinical Reference Center, National Center for
MPH, Ph.D.	Global Health and Medicine
MITARAI Satoshi, M.D., Ph.D.	Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association
MIYAZAKI Yoshitsugu., M.D. Ph.D.	Department of Fungal Infection, National Institute of Infectious Diseases
MURAKI Yuichi, Ph.D.	Laboratory of Clinical Pharmacoepidemiology, Kyoto Pharmaceutical University
WATANABE Haruo, M.D., Ph.D.*	National Institute of Infectious Diseases; Kurozumi Medical Foundation

(*Chair)

Additional experts who contributed to this report

•	•
AKEDA Yukihro, Ph.D. IZUMIYA Hidemasa, M.D., Ph.D. OHMAGARI Norio, M.D., M.Sc., Ph.D.	Department of Bacteriology I, National Institute of Infectious Diseases Department of Bacteriology I, National Institute of Infectious Diseases AMR Clinical Reference Center, National Center for Global Health and Medicine
KANAMORI Hajime, M.D., MPH, Ph.D.	Department of Infectious Diseases and Laboratory Medicine, Graduate School of Medical Sciences, Kanazawa University
KAWANISHI Michiko D.V.M., Ph.D.	Veterinary AMR Center, Assay Division II, National Veterinary Assay Laboratory, Ministry of Agriculture, Forestry and Fisheries
KONISHI Noriko, Ph.D.	Division of Food Microbiology, Tokyo Metropolitan Institute of Public Health
SUZUKI Satowa, M.D., MPH,	Antimicrobial Resistance Research Center, National Institute of Infectious Diseases
Ph.D.	
SUZUKI Motoi, M.D., M.Sc., PHDC, Ph.D.	Infectious Disease Surveillance Center, National Institute of Infectious Diseases
SUNAGAWA Tomimasa, M.D., Ph.D.	Center for Field Epidemic Intelligence, Research and Professional Development National Institute of Infectious Diseases
SEKIGUCHI Hideto, D.V.M	Veterinary AMR Center, Assay Division II, National Veterinary Assay Laboratory, Ministry of Agriculture, Forestry and Fisheries
TSUZUKI Shinya, M.D., Ph.D., M.Sc.	AMR Clinical Reference Center, National Center for Global Health and Medicine Pharmacoepidemiology Office
NISHIYAMA Masateru, Ph. D.	Faculty of Agriculture, Yamagata University
FUJITOMO Yumiko, M.D.	AMR Clinical Reference Center, National Center for Global Health and Medicine
YAHARA Koji, Ph.D.	Antimicrobial Resistance Research Center, National Institute of Infectious Diseases
,	
KITAMURA Norikazu, Ph.D.	Antimicrobial Resistance Research Center, National Institute of Infectious Diseases
YAMAGISHI Takuya, M.D., Ph.D.	Antimicrobial Resistance Research Center, National Institute of Infectious
	Diseases

Cooperating governmental agencies

Food Safety Commission Secretariat Ministry of Agriculture, Forestry and Fisheries Ministry of the Environment Ministry of Land, Infrastructure, Transport and Tourism

Secretariat (Division of Infectious Disease Prevention and Control, Department of Infectious Disease Prevention and Control, Public Health Bureau, Ministry of Health, Labour and Welfare)

ARAKI Hiroto Director. Division of Infectious Disease Prevention and Control YOKOTA Eiichi Director, Infectious Diseases Information Management Office SANO Keigo **Deputy Director** Deputy Director **TOKIOKA** Fumiaki KAMETANI Kohei **Deputy Director** Deputy Director **UECHI** Kohei NAKAMURA Takafumi Deputy Director **MIYAHARA** Yuta Chief **KURISHIMA Akira** Chief YANAJI Masato Chief

Nippon AMR One Health Report (NAOR) 2024 (Highlights)

Published on: May 31, 2025

Published by: Division of Infectious Disease Prevention and Control, Department of Infectious Disease
Prevention and Control, Public Health Bureau, Ministry of Health, Labour and Welfare
Address: 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo 100-8916, Japan
Suggested citation: The AMR One Health Surveillance Committee. Nippon AMR One Health Report
(NAOR) 2024 (Highlights). Tokyo: Division of Infectious Diseases Prevention and

Control, Department of Infectious Disease Prevention and Control, Public Health Bureau, Ministry of Health, Labour and Welfare; 2024













