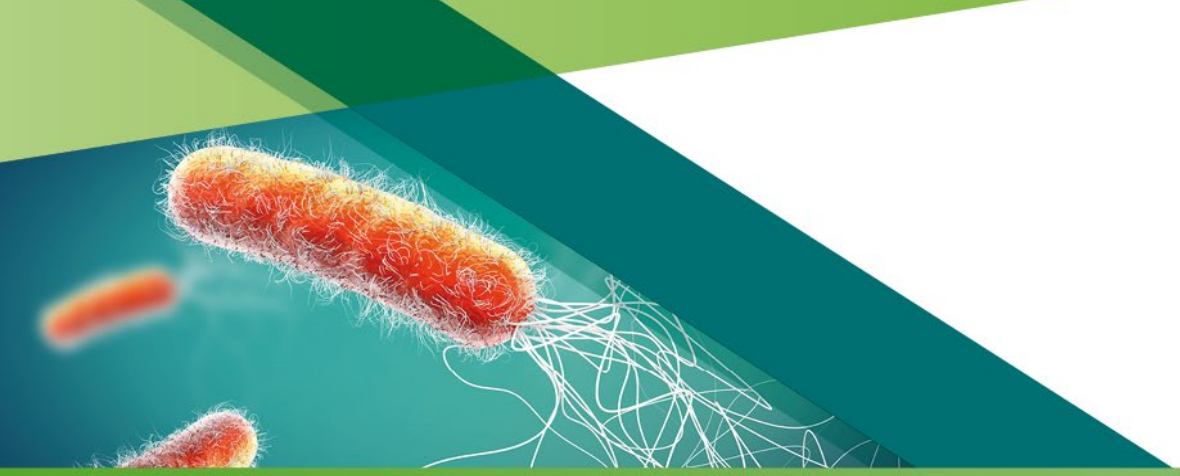


SURVEILLANCE & MONITORING

Antimicrobial resistance in the EU/EEA (EARS-Net)

Summary of the Annual Epidemiological Report for 2025

In 2026, all European Union/European Economic Area (EU/EEA) countries reported data for 2025 to the European Antimicrobial Resistance Surveillance Network (EARS-Net).

Progress towards EU targets on antimicrobial resistance

- In 2025, the estimated total EU incidence of meticillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections was 4.56 per 100 000 population (EU country range 0.58–12.07). This was 19% lower than in 2019 (baseline year) and 0.23 per 100 000 population lower than the 2030 target of 4.79 per 100 000 population. For the EU overall, a statistically significant decreasing trend was detected between 2019 (baseline year) and 2025, although in the last two years the estimated incidence has been increasing.
- The estimated total EU incidence of third-generation cephalosporin-resistant *Escherichia coli* bloodstream infections in 2025 was 12.13 per 100 000 population (EU country range 3.40–24.61). This was 16.4% higher than in 2019 (baseline year) and 2.75 per 100 000 population higher than the 2030 target of 9.38 per 100 000 population. For the EU overall, no statistically significant trend was detected between 2019 (baseline year) and 2025, although in the last two years the estimated incidence has been higher than in 2019.
- The estimated total EU incidence of carbapenem-resistant *Klebsiella pneumoniae* bloodstream infections in 2025 was 3.75 per 100 000 population (EU country range 0.00–21.29). This was 72% higher than in 2019 (baseline year) and 1.68 per 100 000 population higher than the 2030 target of 2.07 per 100 000 population. For the EU overall, a statistically significant increasing trend was detected between 2019 (baseline year) and 2025.
- In summary, while the EU target for the incidence of MRSA bloodstream infections had been reached by 2025, the results for the other two EU targets were not on track. The estimated EU incidence of third-generation cephalosporin-resistant *E. coli* bloodstream infections with a 10% reduction target had increased by more than 15% compared to 2019 (baseline year). Moreover, the estimated EU incidence of carbapenem-resistant *K. pneumoniae* bloodstream infections increased by over 70% compared to 2019, which differs substantially from the target of a 5% reduction by 2030.

Overall antimicrobial resistance situation in the EU/EEA

- Data from EARS-Net show that, as in previous years, AMR levels remained high in the EU/EEA in 2025.
- Increases in the estimated EU/EEA incidences of bloodstream infections with resistant bacteria were observed not only for the three AMR-pathogen combinations with an EU target, but also for many other bacteria and antimicrobial groups under surveillance during the period 2021–2025, such as carbapenem-resistant *E. coli*, all estimated resistance incidences for *Streptococcus pneumoniae*, and vancomycin-resistant *Enterococcus faecium*. Some of these increases occurred in parallel with increases in the

Suggested citation: European Centre for Disease Prevention and Control. Antimicrobial resistance in the EU/EEA (EARS-Net) – Summary of the Annual Epidemiological Report for 2025. Stockholm: ECDC; 2026.

Stockholm, October 2026

© European Centre for Disease Prevention and Control, 2026. Reproduction is authorised, provided the source is acknowledged.

corresponding EU/EEA population-weighted AMR percentages, such as carbapenem-resistant *K. pneumoniae* and several of the combinations for *E. coli*.

- AMR levels varied widely among EU/EEA countries, depending on the bacterial species, antimicrobial group and geographical region. Higher AMR levels generally continued to be reported by countries in southern, central and eastern Europe.
- For each bacterial species, country-specific information about the estimated incidence of antimicrobial-resistant bloodstream infections (including the recommended EU targets on AMR), the percentage of invasive isolates with AMR, data availability and the percentage of intensive care unit patients is available in the country summaries. Results by age group and sex are available in the ECDC Surveillance Atlas of Infectious Diseases (https://atlas.ecdc.europa.eu).

Public health conclusions

- Estimates based on EARS-Net data from 2020 indicate that over 35 000 people die in the EU/EEA annually as a direct consequence of antimicrobial-resistant infections.
- The poor progress towards the EU targets on AMR overall and the many increases in the estimated EU/EEA incidences of bloodstream infections with resistant bacteria in the EU/EEA highlight the urgent need for intensified public health action against AMR.
- The Council of the European Union Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01) not only encourages Member States to develop and implement national action plans to tackle AMR, but also highlights the need for countries to allocate appropriate human and financial resources for the effective implementation of these plans. In addition, ECDC has been conducting Public Health Emergency Preparedness Assessments, which have included an assessment of the national activities and structures to address AMR. These assessments have resulted in recommendations specifically tailored for the respective countries.
- In the absence of stronger and swifter public health action, it is unlikely that the EU will reach all its AMR targets by 2030. AMR will instead continue to increasingly jeopardise public health in the EU/EEA through an increased number of difficult-to-treat infections with antimicrobial-resistant bacteria, greater challenges for patient safety, and a rise in AMR-related deaths.