

SURVEILLANCE & MONITORING

# Antimicrobial consumption in the EU/EEA (ESAC-Net data)

## Summary of the Annual Epidemiological Report for 2025

## Key findings

- Although the European Union (EU) made progress towards the 2030 EU antimicrobial consumption targets in 2025, EU-level consumption is still not on track to achieve its targets by 2030.
- Diverging antimicrobial consumption patterns were observed in the European Union/European Economic Area (EU/EEA) in 2025, with consumption of World Health Organization Access Watch Reserve (AWaRe) Reserve group antimicrobials in hospitals showing a statistically significant increasing trend.
- ESAC-Net data from 2025 highlight the need for continued efforts to reduce unnecessary and inappropriate antimicrobial use across the EU/EEA.

Antimicrobial consumption (AMC) data are reported to the European Centre for Disease Prevention and Control through the European Surveillance of Antimicrobial Consumption Network (ESAC-Net). This summary presents the results of key AMC indicators, which will be presented in full in the forthcoming ECDC report 'Antimicrobial consumption in the EU/EEA (ESAC-Net) – Annual Epidemiological Report for 2025'[1]. The report describes progress towards the 2030 European Union (EU) AMC targets for the period 2019 to 2025, and presents results for selected European Union/European Economic Area (EU/EEA)-level community and hospital indicators for the period 2021 to 2025.

## Improved but insufficient progress towards the 2030 European Union antimicrobial consumption targets

Progress towards the 2030 EU AMC targets improved in 2025 compared with previous years. There was a substantial reduction in overall consumption of antibacterials for systemic use (ATC J01) between 2024 and 2025, and a continued increase in the percentage of World Health Organization Access Watch Reserve (WHO AWaRe) Access group antimicrobials (Table 1). Despite this positive development, EU-level consumption is still not on track to achieve its targets by 2030.

[1] To be published on European Antibiotic Awareness Day on 18 November 2026. Additional data – including longer time series, detailed country results, and additional antimicrobial groups, indicators and metrics – can be found in the public ECDC AMC dashboard.

Suggested citation: European Centre for Disease Prevention and Control. Antimicrobial consumption in the EU/EEA (ESAC-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.

**Table 1. Indicator definitions and progress towards 2030 European Union antimicrobial consumption targets (EU population-weighted mean DDD per 1 000 inhabitants per day), 2019–2025**

| Indicator (Description) | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | Trend[a] | 2030 target |
|---|---|---|---|---|---|---|---|---|---|
| **Total care (community and hospital sectors combined)** | | | | | | | | | |
| **Antibacterials for systemic use** (DID of all antibacterials for systemic use (ATC J01)) | 19.9 | 16.4 | 16.5 | 19.4 | 20.0 | 20.3 | 18.9 | None detected | **15.9** |
| **WHO AWaRe Access group** (The percentage of DID for WHO AWaRe Access group antimicrobials out of all antibacterials for systemic use (ATC J01) and non-J01 AWaRe antimicrobials[b] (A07AA01, A07AA04-06, A07AA08-13, J04AB02-04 and P01AB01-08)) | 61.1 | 60.5 | 60.8 | 60.0 | 61.4 | 61.5 | 62.5 | None detected | **≥65%** |

*ATC: anatomical therapeutic chemical; DDD: defined daily dose; DID: DDD per 1 000 inhabitants per day; WHO AWaRe: World Health Organization Access Watch Reserve classification system.*
*[a] A trend is defined as a statistically significant linear increase or decrease.*
*[b] As per the 2025 WHO AWaRe classification.*

## Diverging antimicrobial consumption patterns across healthcare sectors in the European Union/European Economic Area

Although most indicators had higher values in 2025 compared with 2021, only consumption of WHO AWaRe Reserve group antimicrobials in the hospital sector showed a statistically significant increasing linear trend over the study period, which suggests a growing reliance on agents that should be reserved for the treatment of confirmed or suspected infections caused by multidrug-resistant organisms (Table 2). This trend may partly reflect the increasing burden of carbapenem-resistant and other multidrug-resistant organisms across the EU/EEA. At the same time, persistent challenges in the development and availability of new treatment options for serious bacterial infections underscore the importance of antimicrobial stewardship efforts.

**Table 2. Indicator definitions and European Union/European Economic Area population-weighted means, 2021–2025**

| Indicator (Description) | 2021 | 2022 | 2023 | 2024 | 2025 | Trend[a] |
|---|---|---|---|---|---|---|
| **Community sector** | | | | | | |
| **Antibacterials for systemic use** (DID of all antibacterials for systemic use (ATC J01)) | 15.2 | 18.0 | 18.4 | 18.8 | 17.3 | None detected |
| **ECDC/EFSA/EMA secondary AMC indicator for the community sector** (The ratio of DID for ATC groups J01CR, J01DC, J01DD, J01FA (excluding J01FA01) and J01MA to ATC groups J01CA, J01CE, J01CF, J01DB and J01FA01) | 3.8 | 3.9 | 5.6 | 4.6 | 4.4 | None detected |
| **Hospital sector** | | | | | | |
| **Antibacterials for systemic use** (DID of all antibacterials for systemic use (ATC J01)) | 1.5 | 1.6 | 1.7 | 1.6 | 1.6 | None detected |
| **Revised ECDC/EFSA/EMA secondary AMC indicator for the hospital sector** (The percentage of DID for ATC groups J01XA, J01DD, J01DE, J01DF, J01DH, J01DI04, J01MA, J01XB, J01CR05, J01XX08, J01XX11 and J01XX09 out of all antibacterials for systemic use (ATC J01)) | 41.2 | 40.7 | 39.9 | 40.0 | 40.2 | None detected |
| **WHO AWaRe Reserve group** (The percentage of DID for WHO AWaRe Reserve group antimicrobials out of all antibacterials for systemic use (ATC J01) and the additional non-J01 AWaRe antimicrobials[b] (ATC A07AA01, A07AA04-06, A07AA08-13, J04AB02-04 and P01AB01-08)) | 4.6 | 5.0 | 5.4 | 5.4 | 6.0 | Increasing trend |

*AMC: antimicrobial consumption; ATC: anatomical classification system; DID: defined daily dose per 1 000 population per day; EFSA: European Food Safety Authority; EMA: European Medicines Agency; WHO AWaRe: World Health Organization Access Watch Reserve classification system.*
*[a] A trend is defined as a statistically significant linear increase or decrease.*
*[b] As per the 2025 WHO AWaRe classification.*

# Public health implications

Ensuring prudent use of antimicrobials is fundamental for an effective response to the emergence and spread of antimicrobial resistance. The latest AMC data from ESAC-Net, presented in the annual epidemiological report for 2025 and the ECDC AMC dashboard, highlight the need for continued efforts to reduce unnecessary and inappropriate antimicrobial use across the EU/EEA. In particular, the following actions can be considered:

- Sustain and intensify actions to identify and overcome any barriers that hinder progress towards both EU-level and national 2030 AMC targets. Although progress improved in 2025 compared with previous years, EU-level consumption is still not on track to achieve its targets by 2030, and many countries are still far from their recommended country-specific targets.
- Introduce measures to prevent infections and reduce transmission, together with targeted antimicrobial stewardship initiatives and adequate diagnostic capacity. These actions can support appropriate antimicrobial use and minimise unnecessary exposure to antimicrobials. ESAC-Net data show continuing and substantial variation in AMC across countries, indicating that there is considerable opportunity to optimise antimicrobial use in the EU/EEA.
- Strengthen antimicrobial stewardship efforts in hospitals to address the increasing consumption of WHO AWaRe Reserve group antimicrobials. Such initiatives should aim to ensure that broad-spectrum and last-resort agents are used appropriately and reserved for the patients who are most likely to benefit from them.