

Figure 1: Community antibiotic dispensing in 16 European nations and Aotearoa New Zealand during 2018.^{14,15}

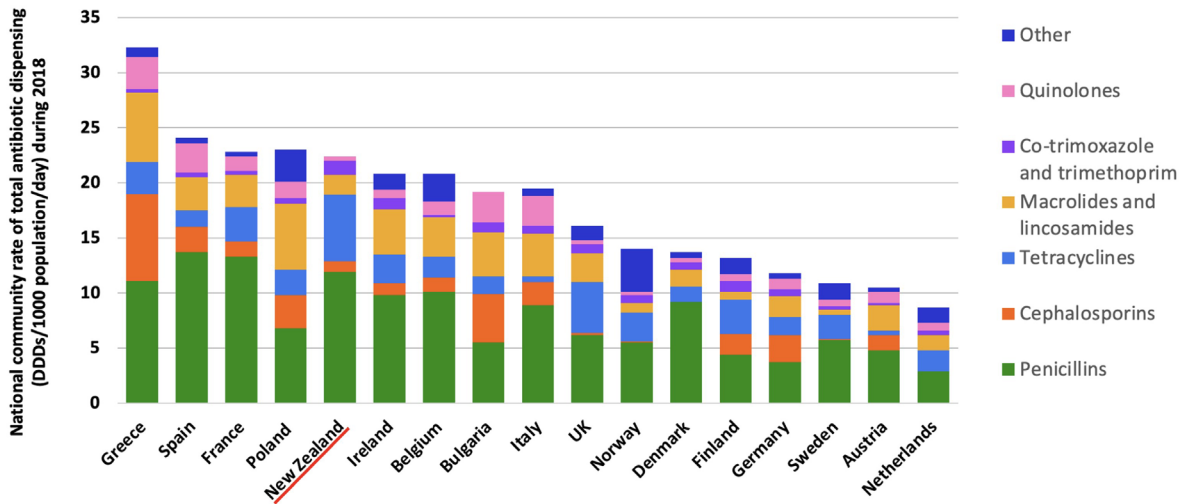


Figure 2: Prevalence of methicillin-resistance in *S. aureus* (a), and of reduced susceptibility to penicillin in *S. pneumoniae* (b), in relation to rates of community dispensing of beta-lactam antibiotics (penicillins plus cephalosporins)

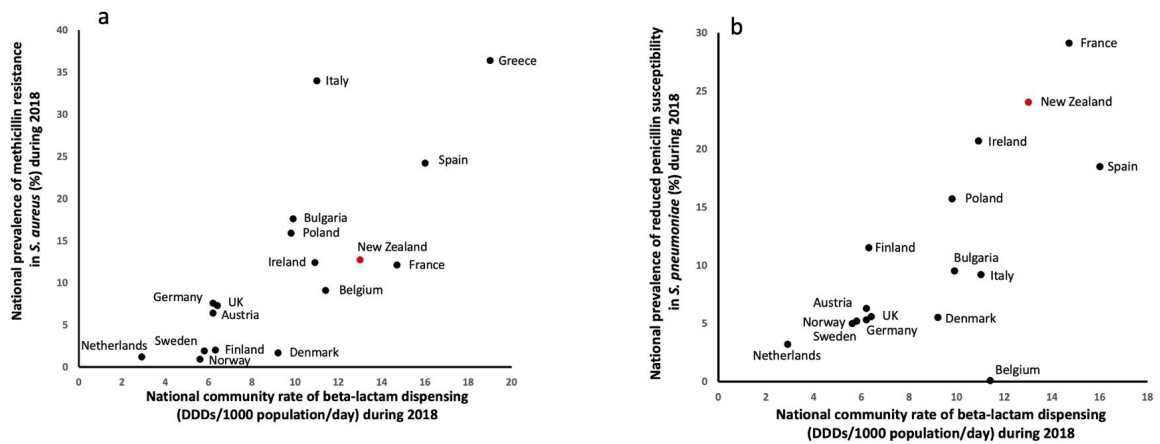


Figure 3: Prevalence of ciprofloxacin resistance in *E. coli* in relation to rates of community dispensing of quinolone antibiotics in 16 European nations and Aotearoa New Zealand during 2018.¹⁴⁻¹⁷

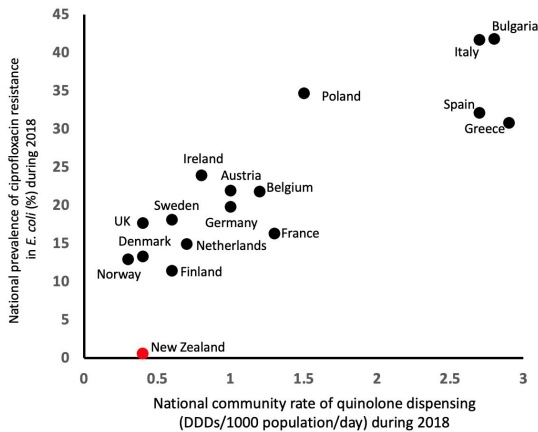


Figure 4: The proportion of consultations for an acute upper respiratory tract infection at 111 general practices in Aotearoa New Zealand during 2014 that were associated with dispensing of an antibiotic during the subsequent 7 days. Each column represents one general practice. An antibiotic was dispensed to at least 50% of patients at approximately two thirds of practices.²⁵

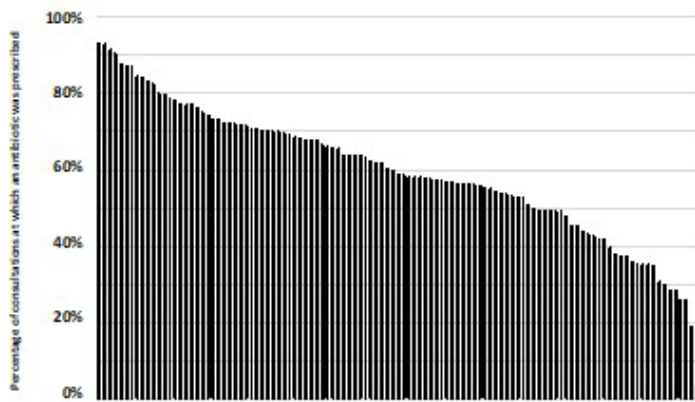


Figure 5: Rate of community antibiotic dispensing in relation to ethnicity and season in Aotearoa New Zealand during 2015.²⁶

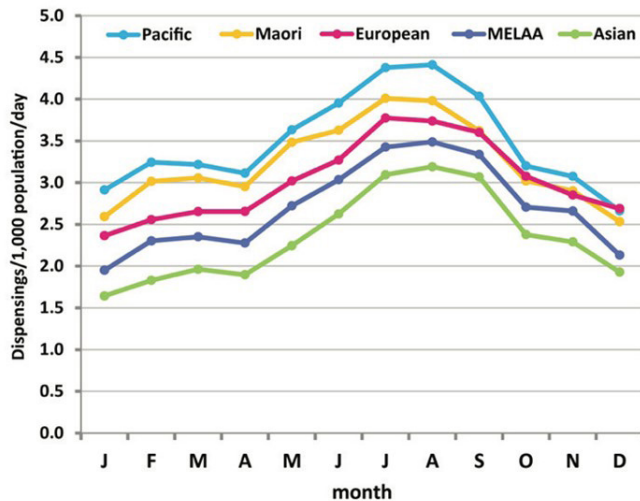


Figure 6: Rates of total community antibiotic dispensing in Aotearoa New Zealand and other countries during 2013–2018.¹⁵

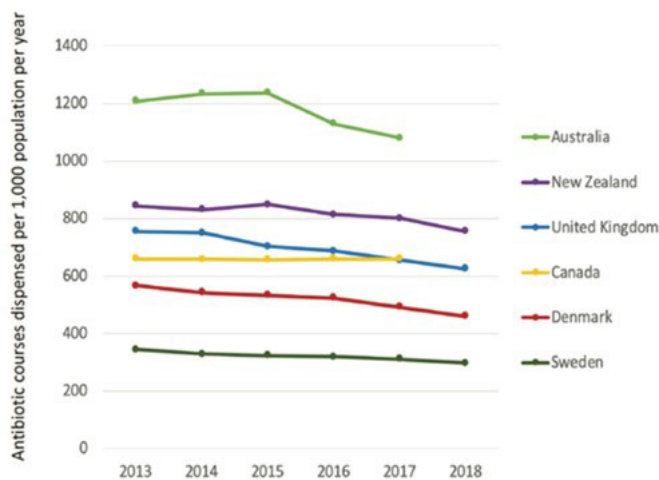


Figure 7: Rates of total community antibiotic dispensing in relation to patients' (a) ethnicity and (b) level of socio-economic deprivation (1 = least deprived, 5 = most deprived) in Aotearoa New Zealand during 2013–2018.¹⁵

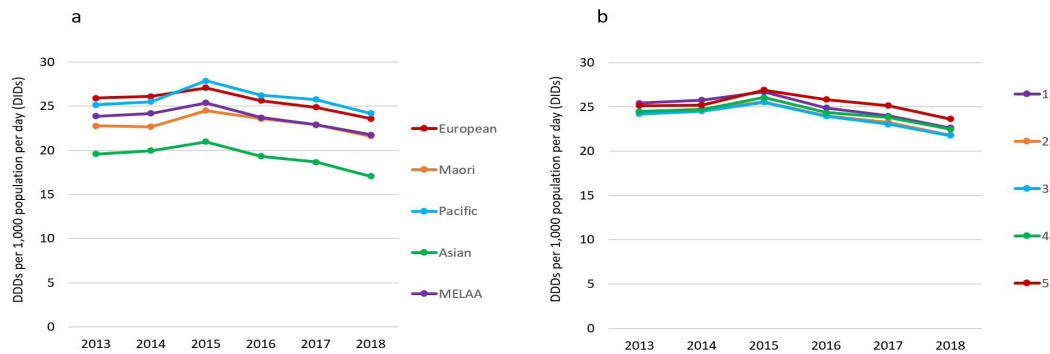


Figure 8: Percentage change between 2015 and 2018 in the rate of community antibiotic dispensing for each DHB (a) and each PHO (b).¹⁵

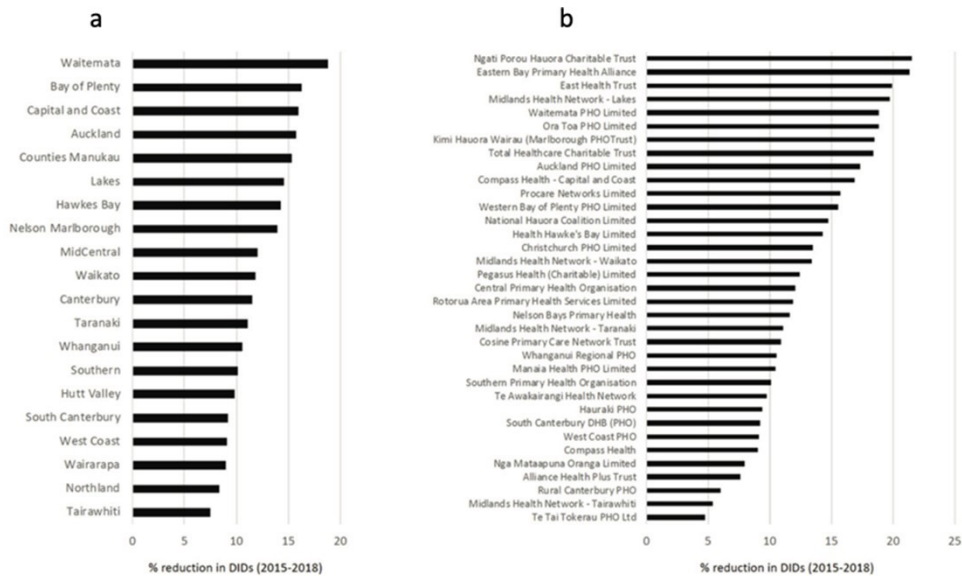


Figure 9: Swedish annual rate of community antibiotic dispensing 1998–2019.³²

