

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH RESEARCH**

**RAJYA SABHA
UNSTARRED QUESTION NO. 3627
TO BE ANSWERED ON 27TH MARCH, 2018**

DRUG RESISTANT BACTERIA AND VIRUSES

3627. SHRI CHUNIBHAI KANJIBHAI GOHEL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to refer to answer to Unstarred Question 1931 given in the Rajya Sabha on the 27 August, 2013 and state:

(a) the updated list of bacteria/viruses found in the country that have shown signs of drug resistance in various studies carried out by ICMR or other agencies during the last two years along with reasons coming into light for said resistance;

(b) the action taken by Government in consultation with State Governments and other entities to contain this rising trend; and

(c) whether Government intends to send advisory to MCI, IMA and State Governments to curb the tendency of advising unnecessary strong antibiotics to patients thereby making them drug resistant, if so, the details thereof and if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a): List is **annexed**.

(b) & (c): Apart from launching National action plan to contain Antimicrobial Resistance (NAP-AMR), a separate schedule H-1 has been incorporated in Drug and Cosmetic Rules, 1945 to regulate sale of antimicrobials in the country. Hospital Infection Control guidelines have been prescribed. The National Centre for Disease Control (NCDC) and Indian Council of Medical Research (ICMR) have published National treatment guidelines for use of antimicrobials and four antimicrobial stewardship workshops were conducted in 2017 by the ICMR to train doctors on rational antibiotic usage besides joint workshops with Indian Medical Association (IMA) by the NCDC.

NACO has also launched the provision of Viral Load Test for PLHIV to access the trend and cases of failure of treatment and the Medical Council of India (MCI) has been approached to issue directive to all the private practitioners to adhere to the National ART Guidelines, for prescribing Human Immunodeficiency Virus (HIV) treatment.

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Annexure

1. Antimicrobial resistance to *Escherichia coli*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Acinetobacter baumannii*, Methicillin resistant *Staphylococcus aureus*, *Enterococcus faecium* and *faecalis*, *Neisseria gonorrhoea* and *Candida albicans* has been seen due to increasing use of antibiotics and antifungals respectively.

2. **Tuberculosis:** Multidrug resistant strains of *Mycobacterium tuberculosis* (M.TB) (MDR TB), and (extremely drug resistant) XDR-TB, mono-resistant and polyresistant strains of *Mycobacterium tuberculosis* have been detected in the health care settings in India.

3. **Leprosy:** Leprosy (*Mycobacterium leprae*) in recent studies has shown evidences of drug resistance to Dapsone, Rifampicin and Clofazimine. The reasons have not yet been ascertained.

4. **HIV/AIDS:** The virus is known to become drug resistant due to multiple mutations acquired during the course of viral replication.