

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2770  
TO BE ANSWERED ON 2<sup>ND</sup> DECEMBER, 2016**

**SUPERBUGS**

**2770. SHRI JANARDAN SINGH SIGRIWAL:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken cognizance of the recent DeNIS (Delhi Neonatal Infection) study published in Lancet highlighting the high rate of newborn infant mortality due to issue of 'superbugs' infections and the failure of drugs for the treatment of babies;
- (b) if so, the details thereof and the reaction of the Government thereto; and
- (c) the preventive measures taken by the Government in this regard?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

(a) & (b): The Delhi Neonatal Infection Study (DeNIS): followed up a cohort of 88,636 newborn infants for about 3 years in three large hospitals in Delhi, India, and represents one of the largest studies to date of neonatal sepsis and resistance in the Indian subcontinent.

The DeNIS study highlights the serious risk associated with neonatal sepsis and resistance in health-care facilities even among the better performing hospitals in a large middle-income country.

With an increased focus on institutionalising births in India and other low-income and middle-income countries, the quality of care and infection control in health-care institutions must receive greater attention and resources.

Resistance among hospital acquired infections in Indian hospitals is a growing problem and driven by a combination of poor infection control and high, uncontrolled rates of antimicrobial prescribing.

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(c): As highlighted in the study that preventive strategies to reduce the risks and burden of neonatal infections, early detection and prescribing of appropriate antibiotics will remain the cornerstone of management strategies. Government of India strategies are also built on the same principles.

Support to the states in the annual state programme implementation plan is provided for required infrastructure including 24 x 7 running water and electricity, Human resource including support staff to ensure adherence to house-keeping protocols, dissemination of updated Training Packages for capacity building of service providers with special emphasis on asepsis, rational use of antibiotics and for ensuring prevention of infection and rational management of neonatal sepsis and bio-medical waste management.

Real time monitoring of rational use of antibiotics by using SNCU online reporting mechanism is in place. Regular feedback to the states based on SNCU reports on service utilization is provided.

Collaborative Centres and State Resource Centres are set up to provide regular monitoring of quality of services, mentoring and supportive supervision.

Maternal and Newborn Health (MNH) Tool Kit has been disseminated to ensure infection prevention protocols in Labour rooms.

Community awareness for hygiene and hand washing is promoted through Home based Newborn Care Programme through ASHA

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