

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

**LOK SABHA
UNSTARRED QUESTION NO. 1089
TO BE ANSWERED ON 21ST JULY, 2017**

KIDNEY FAILURE CASES

1089. SHRI R.P. MARUTHARAJAA:

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

- (a) whether the Government has taken note of the fact that four to five patients suffer kidney failure due to UTI infection each year which is either caused by the infection itself or heavy dosage of antibiotics administered to treat them;
- (b) if so, whether the Government proposes to take any action in this regard; and
- (c) the details of study on antibiotic resistance?

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

(a): It is a fact that antimicrobial resistance is growing in common bacteria such as Escherichia coli, Klebsiella sp, Enterococcus sp, which can cause urinary tract infection and may lead to complications like kidney failure. However, there is no precise data available for UTI leading to Kidney failure.

(b): Government of India has taken serious note of rising antimicrobial resistance (AMR) in common bacterial pathogens and to address the problem, Ministry of Health & Family Welfare has launched the 'National Programme on Containment of Antimicrobial Resistance' with National Centre for Disease Control (NCDC) as the coordinating centre.

Under the programme, following activities are being conducted:

- National treatment guidelines for antimicrobial use in infectious diseases have been released to serve as reference for all hospitals to promote rational use of antimicrobials and disseminated for use throughout the country.
- Infection control guidelines are available for use in health care facilities to prevent transmission of healthcare associated infections.
- A Network of labs have already been established in this programme for AMR Surveillance, and surveillance activity is being carried out at these sites and AMR trends are being analyzed to understand and monitor the trends of AMR in different geographical regions in the country.

- IEC activities are undertaken for creating awareness in community and among medical practitioners for right use of antimicrobial drugs.
- Besides, to check indiscriminate use of antibiotics, Schedule H1 in the Drugs and Cosmetic Rules has covered 24 antibiotics falling under third and fourth generation besides anti-anxiety and anti-Tuberculosis drugs so as to prevent their over the counter (OTC) sale without prescription at the pharmacies all over the country. Schedule H1 warning has been printed on the label in a box with red border and the Rx symbol in red. They can be sold by pharmaceutical chemists only on production of a valid prescription by registered medical practitioners.
- Trainings on Antibiotic Stewardship have been initiated by NCDC for different stakeholders to promote rational use of antibiotics.
- A comprehensive National Action plan for containment of AMR has been prepared to address all factors leading to rise in AMR and has been shared with all stakeholders.

(c): As per trends obtained for the year 2015 from the AMR surveillance being carried out by network laboratories, resistance rates to most of the antimicrobials are high in common pathogens like E.coli, Klebsiella, Enterococcus, which can cause UTI. The resistance has been observed in fluoroquinolones, third generation cephalosporins, aminoglycosides and carbapenems. However, no resistance has been observed in reserve drugs such as vancomycin in S. aureus and colistin in gram negative pathogens.