

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

**LOK SABHA
UNSTARRED QUESTION NO.2272
TO BE ANSWERED ON 11TH DECEMBER, 2015**

ANTIBIOTIC RESISTANCE

**2272. SHRI VINAYAK BHAURAO RAUT:
SHRI DINESH TRIVEDI:
SHRI DHARMENDRA YADAV:
DR. SHRIKANT EKNATH SHINDE:
SHRI PREM DAS RAI:
SHRI MALYADRI SRIRAM:
DR. BOORA NARSAIAH GOUD:
DR. SANJAY JAISWAL:
SHRI RAHUL SHEWALE:
SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI SHRIRANG APPA BARNE:
SHRI ANANDRAO ADSUL:
SHRI E.T. MOHAMMED BASHEER:**

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

- (a) the volume of antibiotic drug market and their consumption during each of the last three years and the current year;
- (b) whether as per the results of a study of the Indian Council of Medical Research (ICMR), indiscriminate use of antibiotics has made close to 50 per cent people develop resistance to strong antibiotic drugs, if so, the details thereof along with the number of fatalities reported due to antibiotic resistance during the said period;
- (c) whether according to a World Health Organisation (WHO) survey, most people don't understand how to keep antibiotic resistance from growing, if so, the details thereof and the reaction of the Government thereto;
- (d) whether the Government has entered into any agreement with certain countries/ multilateral organizations to develop an action plan to tackle antibiotic resistance, if so, the details thereof; and
- (e) the action plan drawn by the Government to check indiscriminate use of antibiotics, strengthen the surveillance of antimicrobial resistance and spread awareness in this regard?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

- (a): Information regarding consumption of antibiotics in India is not being centrally collected.

(b): No. The antibiotic drug resistance is developed in the micro-organisms. ICMR is carrying out surveillance of drug resistance to antibiotics through its Antimicrobial Resistance Surveillance Research Network (AMRSN) in six pathogenic groups (i) Diarrhoeagenic bacterial organisms (ii) Enteric fever pathogens (iii) Enterobacteriaceae causing sepsis (iv) Gram negative Non-fermenters (v) Gram positives including MRSA (vi) Fungal infections. The data is being collected from CMC, Vellore, JIPMER, Puducherry, PGIMER Chandigarh and AIIMS, New Delhi. The significant findings from last 2 years indicate that Salmonella typhi multidrug resistance (MDR) to ampicillin, chloramphenicol and trimethoprim –sulfamethoxazole is showing a downward trend. However, more than 50% of bacterial isolates of Klebsiella spp. and E. coli were found to be resistant to the currently used 3rd generation cephalosporins, but they are sensitive to carbapenams and colistin. There is no data available regarding fatalities reported due to antibiotic resistance.

(c): As informed by ICMR, according to a WHO survey, the public health awareness about antimicrobial resistance is very low.

The Government's Programme on containment of Antimicrobial Resistance (AMR) includes the component of increasing awareness on rational use of antibiotics.

(d): The Government of India has signed Memorandum of Understanding/Agreement for cooperation in health with several countries. AMR has been identified as one of the areas of cooperation in Agreements/ MOUS with some of these countries including Sweden, Netherland and U.K.

During the World Health Assembly in May 2015, the Member States have adopted a Global plan for action on AMR.

Further, Indian Council of Medical Research (ICMR) has signed a Memorandum of Understanding (MoU) with the Research Council of Norway (RCN), and also initiated collaboration with National Institute of Health, USA (NIH) and Centers for Disease Control, Atlanta, USA (CDC) regarding antimicrobial resistance.

(e): In order to strengthen the surveillance of antimicrobial resistance (AMR) in the country, Indian Council of Medical Research (ICMR) has set up a National Anti-Microbial Resistance Research and Surveillance Network (AMRRSN) to enable compilation of National Data of AMR at different levels of Health Care.

The Drugs and Cosmetic Rule, 1945 were amended in 2013 to incorporate a new Schedule H1 under the said rules containing 46 drugs which include IIIrd and IVth generation antibiotics, anti TB drugs and certain habit forming drugs for having strict control over the sale of these drugs. The Drugs falling under Schedule H1 are required to be sold in the country with the following conditions:

(1) The supply of a drug specified in Schedule H1 shall be recorded in a separate register at the time of the supply giving the name and address of the prescriber, the name of the patient, the

name of the drug and the quantity supplied and such records shall be maintained for three years and be open for inspection.

- (2) The drug specified in Schedule H1 shall be labeled with the symbol Rx which shall be in red and conspicuously displayed on the left top corner of the label, and shall also be labeled with the following words in a box with a red border:

“Schedule H1 Drug-Warning:

-It is dangerous to take this preparation except in accordance with the medical advice.

-Not to be sold by retail without the prescription of a Registered Medical Practitioner.”

Further, Government of India has formulated a National policy for containment of antimicrobial resistance in 2011. A National Programme for Containment of AMR has also been initiated in 12th Five Year Plan with the following objectives.

- To establish a laboratory based surveillance system by strengthening laboratories for AMR in the country and to generate quality data on antimicrobial resistance for pathogens of public health importance.
- To generate awareness among healthcare providers and in the community regarding rational use of antibiotics.
- To strengthen infection control guidelines and practices and promote rational use of antibiotics.