

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1487  
TO BE ANSWERED ON 4<sup>TH</sup> MARCH, 2016**

**ANTI-MICROBIAL RESISTANCE**

**1487. SHRIMATI MEENAKASHI LEKHI:  
SHRI B. VINOD KUMAR:  
SHRIMATI POONAM MAHAJAN:  
SHRI RAM MOHAN NAIDU KINJARAPU:**

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

- (a) whether the Government has taken note of reports of high rate of antibiotic resistance to most of the standard antibiotic among Indian citizens;
- (b) if so, the reaction of the Government thereto including framing a National Policy thereon and issuing advisory to State Governments;
- (c) whether the Government has carried out any survey to collect national data on bacterial resistance to antibiotic; if so, the details thereof;
- (d) whether the Government has entered into an agreement with any country/ multilateral organization to develop an action plan/strategy to tackle anti-microbial resistance; and
- (e) if so, the details thereof?

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

(a) to (e): A National Policy for containment of Antimicrobial Resistance (AMR) in the country was formulated in the year 2011 and has been widely disseminated. The said policy envisages enforcement and enhancement of regulatory provisions for use of antibiotics for humans as also for veterinary use.

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:

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- (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.”

An insertion has been made in the Drugs and Cosmetics Rules, 1945 to specify the withdrawal period of antibiotics in case of egg, milk, poultry and fish before these enter the human food chain. The Department of Animal Husbandry, Dairying and Fisheries has also issued Advisories in 2014 addressed to all States and Union Territories regarding judicious use of antibiotics to prevent AMR.

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.

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. Four nodal centers for collection of data are 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 3<sup>rd</sup> generation cephalosporins, but they are sensitive to carbapenams and colistin.

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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 area of cooperation in agreements 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.

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