

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:6109

ANSWERED ON:03.05.2013

INFECTIONS IN ICU

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

(a) whether as per a recent study conducted by the Indian Society of Critical Care viz. Indian Intensive Care Case Mix and Practice Patterns Study (INDICAPS) across 17 States a large number of patients in India die from infections in Intensive Care Units (ICUs) and lakhs of neonatal deaths happen every year due to sepsis attributable to antibiotic resistance;

(b) if so, the outcome of the study and the reaction of the Government thereto;

(c) the corrective steps taken/proposed by the Government to control the infection rates in ICUs;

(d) whether Methicillin-Resistant Staphylococcus Aureus (MRSA), a superbug resulting a number of deaths due to infection associated with hospitalised patients/has also spread to communities; and

(e) if so, the details thereof and the reasons therefor along with the steps being taken to control the killing bacteria?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (e): Indian Council of Medical Research (ICMR) has informed that as per a news report published in Times of India on 29.12.2012, Indian Care case Mix and Practice Patterns (INDICAP) study with a sample size of 4,209 patients admitted in 124 ICUs across 17 States found that one out every eight patients in India die from infections contracted in ICUs. The report for INDIACAP has not been published yet. A large proportion of these hospital infections are easily preventable with increased hospital infection control, including stepped up hygiene practice, such as frequent hand-washing etc. The Government has introduced a national Policy for containment of Antibiotic Resistance to check the misuse of crucial drugs. The policy requires doctors to write prescriptions for antibiotic in duplicate, with pharmacists having to retain a copy for a year to prevent over the counter sale of antibiotics. As per study published in ISRN Dermatology, 2012, Methicillin- Resistant Staphylococcus Aureus (MRSA), which is usually, associated with hospitals, is replacing Methicillin-Sensitive Staphylococcus Aureus (MSSA) in communities. A study carried out in a private district hospital situated in a rural areas of Andhra Pradesh indicates the (MRSA) is replacing MSSA in community acquired S. aureus infections. However, there have been no scientific reports which substantiate the increase in the numbers of death due to spread of MRSA infections to communities. In so far three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and LHMC & associated Hospitals are concerned, there is a Hospital Infection Control Committee in each of these hospitals and following infection control practices are followed:-

(i) The entry in ICUs is restricted and asepsis is maintained/observed by all health care workers.

(ii) Regular surveillance of infections in ICU, nursery ward, OTs.

(iii) Regular monitoring of hospital infections control practices, good hand hygiene and asepsis practices.

(iv) Monitoring of sterilization and disinfection processes in the hospital.

(v) Training of health care workers regarding hospital infections control, BHW management and occupational hazards.

(vi) Data collected by team is analyzed and presented in HIC committee meeting.

As far as Dr. RML Hospital is concerned, MRSA is continuously checked and monitored in RML Hospital. Whenever MRSA is reported from any ward, Hospital Infection Control practices are re- strengthened and continuous surveillance is carried out to stop the occurrence of further cases. In Safdarjung Hospital, a study was conducted to study role of community acquired MRSA (CA-MRSA) amongst skin and soft tissue infection in outpatient department and MRSA was isolated in 6% of the patient screened. This is comparable to studies from other parts of India.