

Doctors shrug off superbug health scare from India

Khomba Singh

NEW DELHI

DOCTORS and medical authorities in India played down the risk of an international public health scare after a report in an influential medical journal warned that people travelling to the country to get cheaper medical treatment risked picking up and spreading a new drug-resistant superbug.

In a study published in *The Lancet Infectious Diseases* journal on Wednesday, scientists said they had found a new gene — Delhi metallo-beta-lactamase (NDM-1) — in patients in South Asia and Britain. The patients in Britain had undergone treatment in the sub-continent, mainly in India.

The presence of NDM-1 in bacteria makes it highly resistant to almost all antibiotics, including the most powerful class called carbapenems, said the report, which was based on a study of bacteria samples collected from hospital patients in India and Britain.

"The potential of NDM-1 to be a world-wide public health problem is great, and co-ordinated international surveillance is needed," the *Lancet* report warned.

But authorities in India said the concern was overdone. "While resistance to antibiotics is a matter of concern, it is unfair to cast aspersions on a country. There is no need to panic," said Indian Council of Medical Research director general VM Katoch.

An international team of scientists led by Professor Timothy Walsh collected bacteria



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- **A study** in *The Lancet Infectious Diseases* journal warned that people travelling to India for cheaper medical treatment risked picking up & spreading a new drug-resistant superbug
- **Many British** NDM-1 positive patients had travelled to India for treatment
- **Doctors here** said there was little chance this bacteria will infect overseas visitors

samples from hospital patients in Chennai and Haryana, and from patients referred to Britain's national reference laboratory between 2007 and 2009. The scientists found 44 NDM-1-positive bacteria patients in Chennai, 26 in Haryana and 37 in Britain. Many of the British NDM-1 positive patients had travelled to India or Pakistan for hospital treatment, including cosmetic surgery, they said.

But doctors in India said there was little chance this bacteria would infect overseas "health tourism" visitors. "Most of these bacteria are mostly transmitted to ICU patients, those in ventilators or critically ill patients. Since overseas patients come for selective surgeries, chances of them getting these bugs are negligible," said Dr Monica Mahajan, senior consultant at Delhi-based Max Healthcare.

Resistance to carbapenems has increased

globally in the past couple of years, but doctors say it is slightly more in India due to indiscriminate use of antibiotics. Thousands of patients from around the world come for treatment to India each year, as local hospitals provide world class quality of medical services at a tenth of the costs in developed countries. Overseas patients contribute a significant chunk of the revenues for top corporate hospital chains such as Apollo Hospitals, Fortis Healthcare and Max Healthcare.

Dr Amit Verma, director of critical care medicine at Fortis said he did not anticipate any major impact to medical tourism in India. The sample size of the study was very small to arrive at a conclusion, he said, adding that the chances of the bacteria becoming a global epidemic was negligible due to the restricted transmission capability of the bacteria.