

# 'A uniform antibiotic policy is the need of the hour'

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*Karthikeyan Kumarasamy, a researcher at the University of Madras, is the first author of the controversial superbug study published recently in the Lancet. The study has drawn flak from the government for naming the bug after New Delhi. Kumarasamy spoke to Pushpa Narayan.*

■ Your study on a drug-resistant superbug originating in Indian hospitals has come under fire. What do you think went wrong?

I had worked as a microbiologist in a couple of private hospitals before joining the University of Madras for a PhD. I wanted to study hospital-acquired infections, which are hard to treat. When I set out to do the study, I thought it would show the way for the discovery of new antibiotics. But there seems to have been a misinterpreta-

tion. The Indian government has objected to the interpretation, which advises people not to visit India for elective surgeries. I too agree with the government on that.

■ What does the study reveal?

There is a lot of noise about the study, but everyone agrees that there are a lot of hospital bugs in India. Needless use of antibiotics has taught many

**Q&A** bugs the art of survival. A hospital-acquired infection extends hospital stay and if patients are given a powerful dosage to counter it, it can cause severe side effects.

In the case of NDM-1, doctors treat it with a combination of antibiotics, which can lead to a whole range of problems including life-threatening conditions such



as renal failure. A uniform antibiotic policy is the need of the hour. Even if we start working on a new class of antibiotics now, it may take several years to deliver, but we can't shy away from the need for judicious use of drugs.

■ Your report suggests that the bug is widespread in India. How many people in

India do you think died because of this?

The samples were collected from 2007 to 2009. We found 44 samples (1.5 per cent) in Chennai and 26 samples (8 per cent) in Haryana positive for NDM-1. There were 73 samples in other parts of India, Bangladesh and Pakistan. The UK team had collected 37 samples there. We did see positive cases in Greece, Israel, Turkey, the US and the UK as well. But in India, we have no statistics on how many patients were successfully treated and how many went home because we did not follow up with the patients.

Unlike countries like the UK, we have no registry of hospital-acquired infections. Hospitals in India don't have to declare the morbidity or mortality due to such infections. In fact, on most occa-

sions, we are unable to fight back because we just don't have any registry.

■ What are your views on the allegation of conflict of interest in this study?

I sold my land in Erode to pursue this study. So far, I have spent Rs 7 lakh for this study. Barring my travel to the US for three months, I did not receive any funding. My travel ticket was sponsored by Wyeth, a pharmaceutical company. We declared that in the paper. We have several other authors, including microbiologists from Apollo hospitals in Chennai and Kolkata.

■ Will you continue your study on such infections?

Study on drug-resistant bacteria has been my ambition and now my vocation. I come from a modest family. I will continue research on bacteria.

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