

Lohia Hospital, New Delhi of the Central Government, the waiting time varies from a couple of months to 2 years. In Lady Hardinge Medical College and Associated Hospital, New Delhi, of the Central Government, the waiting time varies from 3 to 4 months in non-emergencies surgeries.

(c) and (d) State of the art infrastructure and equipment are available in different patient care and supportive areas of AIIMS, New Delhi, to provide holistic care to the patients coming to the Institute. In fact, AIIMS New Delhi handles patient load much beyond its capacity. For reducing the waiting time, new AIIMS have been set up in Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh. Further, the number of doctors at different hospitals has increased and infrastructure facilities have also been enhanced.

Indians killed in cross-border firing

†*36. SHRI DARSHAN SINGH YADAV: Will the Minister of DEFENCE be pleased to state:

(a) the number of Indian citizens and soldiers killed in cross-border firing from Pakistan during the last three years till date; and

(b) the steps taken by Government in this regard?

THE MINISTER OF DEFENCE (SHRI MANOHAR PARRIKAR): (a) Details of security forces personnel martyred in cross-border firing and other tactical incidents and civilians killed along the India-Pakistan border in Jammu and Kashmir during the last three years and current year are as under:

	2011	2012	2013	2014
Number of security personnel martyred	5	5	12	5 (till 20th November)
Number of civilians killed	-	4	-	13 (till 31st October)

(b) Appropriate retaliation to the ceasefire violations, as required, has been carried out by Indian Army / BSF. In addition, all violations of ceasefire are taken up with Pakistan military authorities at the appropriate level through the established mechanism of hotlines, flag meetings as well as weekly talks between the Directorate Generals of Military Operations of the two countries. BSF, too, holds talks at various levels with its counterpart *viz.* Pakistan Rangers.

Diplomatically, India has repeatedly emphasized, including at the highest level, the need for Pakistan to uphold the sanctity of the Line of Control (LC) and abide by the ceasefire commitment of 2003 along the International Border and LC.

†Original notice of the question was received in Hindi.

In the bilateral talks held on 27th May, 2014 during the visit of the Prime Minister of Pakistan to India for the swearing ceremony of the new Government, Prime Minister further emphasized the importance of maintaining peace and tranquility at the International Border and upholding the sanctity of the LC. Prime Minister underlined our concerns relating to terrorism and emphasized that Pakistan must abide by its commitment to prevent its territory and territory under its control from being used for terrorism against India.

Development of antibiotic resistance among bacteria

*37. SHRIMATI KANIMOZHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that a new variant of the antibiotic resistance superbug, NDM-4, has been detected in India and, if so, the details thereof;
- (b) whether Government has conducted any detailed research to analyse the causes, effects and the level of development of antibiotic resistance among bacteria and, if so, the details thereof; and
- (c) the measures taken by Government to address the increasing threat to public health due to development of antibiotic resistance among bacteria?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Bacteria having NDM-4 gene variant, commonly referred to as superbugs, are naturally found in the environment across the globe including India. These are not usual pathogens and there is no published report from India of any infection caused by such bacteria having NDM-4 gene variant. However, these have been detected in sewage near the hospital of Jawaharlal Nehru College of Aligarh Muslim University.

(b) The resistance seen in multidrug resistant pathogens like NDM-4 is a naturally occurring phenomenon and is not related to rampant use of drugs. ICMR has funded many research studies which have led to better understanding of factors leading to causes and levels of development of antibiotic resistance among bacteria. Indian Council of Medical Research has been funding research studies to understand the extent of microbial, host, environmental and etiological factors leading to increase in drug resistance and on development of improved diagnostics and new treatment modalities. In a study funded by ICMR, the prevalence of NDM-1 among Enterobacteriaceae in Indian Medical Centers was found to be as low as 2% in 2008 (19/909) and 4.5 % in 2009 (43/940).

In order to strengthen the surveillance of antimicrobial resistance in the country,