



NARSNET Sites

1. LHMC and Associated Hospitals, Delhi
2. VMVC and SJ Hospital, Delhi
3. SMS Medical College, Jaipur, Rajasthan
4. BJ Medical College, Ahmedabad, Gujarat
5. BJ Medical college, Pune, Maharashtra
6. Government Medical college, Chandigarh
7. MMCRI, Mysuru, Karnataka
8. GSVM Medical College, Kanpur, Uttar Pradesh
9. Gauhati Medical College & Hospital, Guwahati, Assam
10. KAP V. GMC, Tiruchirappalli, Tamil Nadu
11. NEIGRIHMS, Shillong, Meghalaya
12. Govt. Medical College, Thiruvananthapuram, Kerala
13. MGM College and Hospital, Indore, Madhya Pradesh
14. IGMC, Shimla, Himachal Pradesh
15. GMC & Hospital, Aurangabad, Maharashtra
16. Osmania Medical College, Hyderabad, Telangana
17. Govt. Medical College & Hospital, Jammu, J&K
18. Agartala Govt. Medical College, Agartala, Tripura
19. Guntur Medical College, Guntur, Andhra Pradesh
20. SCB Medical College & Hospital, Cuttack, Odisha
21. Pt. JLN Medical College, Raipur, Chhattisgarh
22. RIMS, Ranchi, Jharkhand
23. Pt. BDS PGIMS Rohtak, Haryana
24. IGIMS, Sheikhpura, Patna, Bihar
25. Government Medical College, Haldwani, Uttarakhand
26. Gandhi Medical College, Bhopal, Madhya Pradesh
27. Calcutta STM, Kolkata, West Bengal
28. LLRM Medical College, Meerut, Uttar Pradesh
29. GMERS Medical College & Civil Hospital, Valsad, Gujarat
30. Coimbatore Med. College & Hospital, Coimbatore, Tamil Nadu
31. KIMS, Hubli, Karnataka
32. IGMCRI, Puducherry
33. NAMO MERI, Silvassa, Dadra & Nagar Haveli
34. MAMC & Associated Hospitals, Delhi
35. SPMC & Associated Hospital, Bikaner, Rajasthan
36. Goa Medical College & Hospital, Bambolim, Goa
37. STNM Medical College & Hospital, Gangtok, Sikkim
38. Government Medical College, Patiala, Punjab
39. Zoram Medical College, Falkawn, Mizoram
40. Andaman & Nicobar Islands Institute of Medical Sciences, Andaman & Nicobar Islands
41. RNT Medical College, Udaipur, Rajasthan
42. JNIMS, Imphal, Manipur
43. GMC, Srinagar, Jammu & Kashmir
44. AMC, Vishakhapatnam, Andhra Pradesh
45. VIMS, Ballari, Karnataka
46. BMC & Hospital, Burdwan, West Bengal
47. GGMC & JJ Grp of Hospitals, Mumbai, Maharashtra
48. Pt. RMMC & Hospital, Baripada, Odisha
49. UCMS & Associated GTB Hospital, Delhi
50. Pt. DDUMC, Rajkot, Gujarat
51. GMC Thrissur, Kerala
52. SVMC Tirupati, Andhra Pradesh
53. Jorhat Med College & Hospital, Jorhat, Assam
54. NSCBMC, Jabalpur, Madhya Pradesh
55. Toma Riba Institute of Health and Medical Sciences, Naharlugan, Arunachal Pradesh
56. Bangalore Med. College & Research Institute, Bengaluru, Karnataka
57. Kakatiya Medical College, Warangal, Telangana
58. Madras Medical College, Chennai, Tamil Nadu
59. Gajra Raja Medical College, Gwalior, Madhya Pradesh
60. MLN Medical College, Allahabad, Uttar Pradesh
61. Government Medical College, Kota, Rajasthan
62. Government Medical College, Nagpur, Maharashtra

National Antimicrobial Resistance Surveillance Data

Antimicrobial resistance (AMR) has become one of the most significant global public health challenges of the 21st century. The increasing prevalence of resistant pathogens threatens to reverse decades of medical progress, rendering common infections more difficult to treat. In addition, many modern medical procedures, including surgery, cancer therapy, and organ transplantation, rely on effective antimicrobials and therefore become considerably riskier in the presence of widespread resistance. Addressing AMR requires urgent and coordinated global efforts encompassing strengthened surveillance, responsible antimicrobial use, continued innovation, and increased public and professional awareness.

The Government of India has duly recognized the challenge posed by AMR and has undertaken initiatives to address this important public health issue. The **“National Programme on Antimicrobial Resistance Containment”**, coordinated by the National Centre for Disease Control (NCDC), New Delhi, represents a strategic response to the growing challenge of AMR.

The **“National Programme on Antimicrobial Resistance Containment”**, launched by the Government of India and coordinated by the National Centre for Disease Control (NCDC), New Delhi, represents a strategic response to the growing challenge of AMR. As part of this initiative, NCDC has established the **National AMR Surveillance Network (NARS-Net)** to systematically monitor resistance patterns among a wide range of pathogens, enabling the early detection of emerging threats and supporting timely interventions to prevent their spread. By linking surveillance insights with clinical practice, the programme strengthens India’s ability to manage resistant infections and maintain the effectiveness of currently available antimicrobials.

The Sentinel sites adhere to the Standard Operating Procedures (SOPs) while submitting the data to NCDC monthly. To ensure data quality, site also follow internal quality control (IQC) measures and participate in National External Quality Assessment Scheme (EQAS) programs.

The network sites used WHONET 2025, offline data management software, to collect, collate and analyze Antimicrobial Sensitivity Testing (AST) data of their laboratories. The data quality is monitored monthly by NCDC. Data analysis is done after data validation and de-duplication.

National Programme on AMR Containment,
National Centre for Disease Control (NCDC), Directorate General of Health Services,
Ministry of Health & Family Welfare, Government of India

This is the sixth semi-annual bulletin representing AMR data for the period between July-December 2025 from 91 laboratories. Of these, 62 are government medical college laboratories under NARS-Net from 27 states and 6 UTs (Fig.1) and 29 laboratories (20 private and 9 government) are from 5 State AMR Surveillance networks viz. DENSAR (Delhi Network for Surveillance of AMR), KARSNET (Kerala AMR Surveillance Network), MAHASAR (Maharashtra State Surveillance for AMR), GUJSAR (Gujarat State Surveillance for AMR) and RAJSAR (Rajasthan State Surveillance for AMR). In this bulletin, from the state surveillance network, only NABL accredited sites data have been included to ensure data quality.

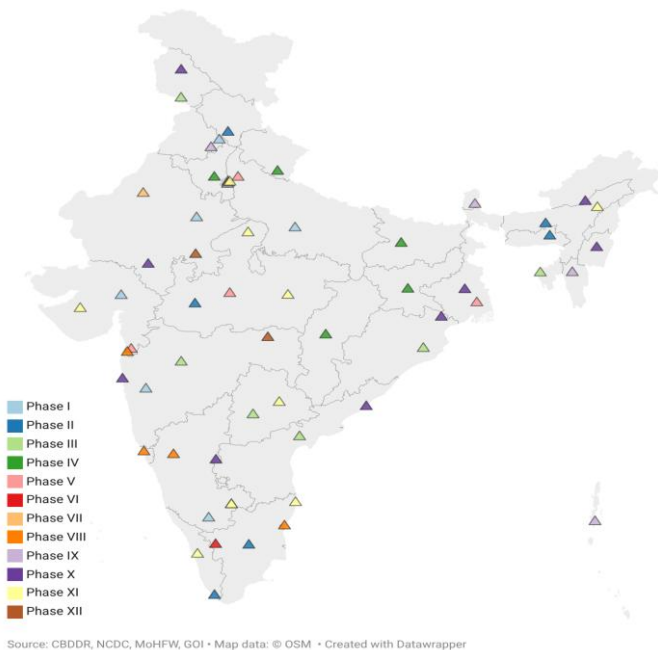


Fig. 1- Geographic location of 62 NARS-Net Laboratories submitting AMR data for July-December 2025

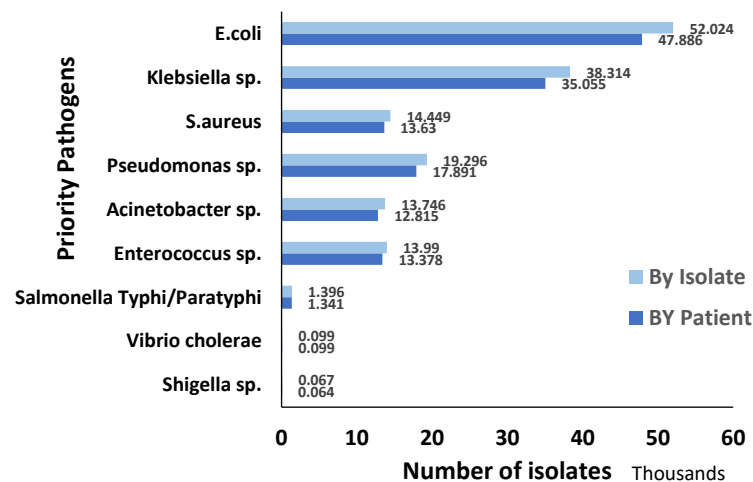


Fig. 2- Distribution of priority pathogen isolates and Unique patient isolates

AMR Surveillance Findings

In this six-monthly bulletin, AMR data of 1,42,159 unique patients has been reported after de-duplication of the 1,53,381 isolate data. (Fig.2). Of 1,42,159 unique patients, 52% were male and 48% were female (Fig.4). As per age categorisation, 27% of patients belong to age group 25-44 and another 27% to age group 45-64, 10% are in age group of 15-24 yrs and 4% are children in age group 1-4 years (Fig. 5).

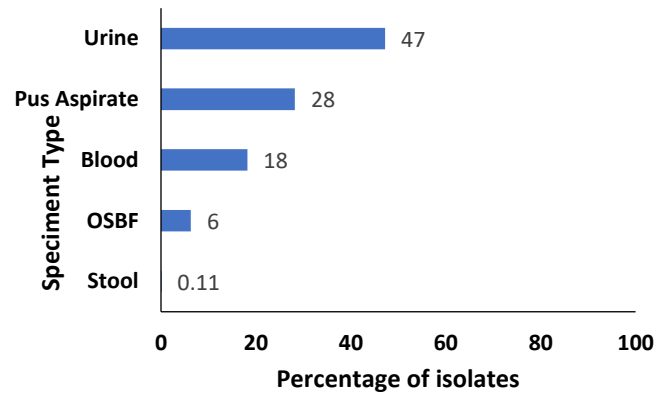


Fig. 3- Percentage Distribution of priority pathogen isolates based on specimen type, NARS-Net (July - December 2025)

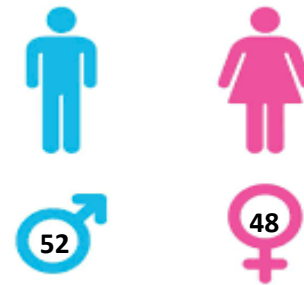


Fig.4- Gender-wise distribution of all priority pathogen isolates (%)

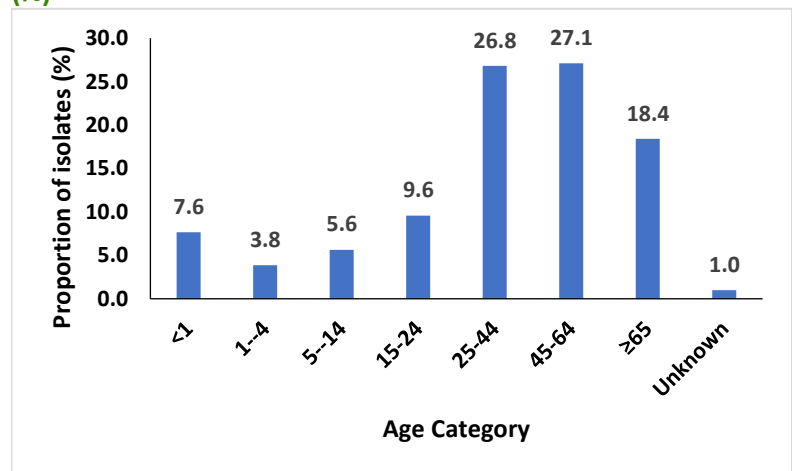


Fig. 5- Distribution of all priority pathogen isolates by age category (N=1,42,159)

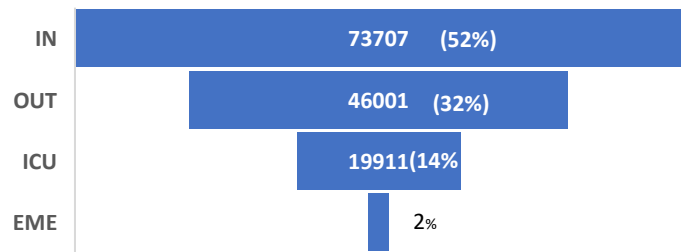


Fig. 6- Distribution of priority pathogen isolates by location type (N=1,42,159)

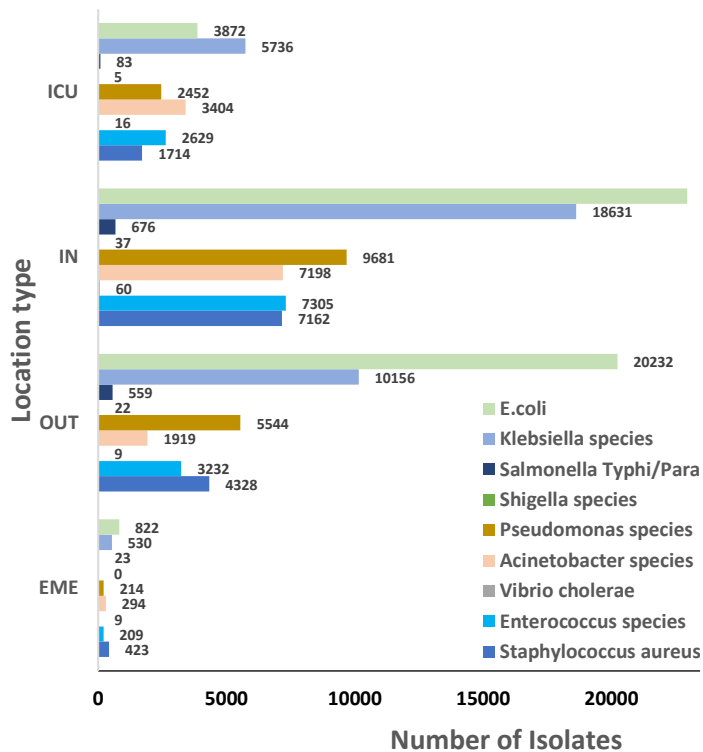


Fig. 7- Distribution of priority pathogen isolates by location-type

AMR Surveillance Priority pathogens

During July to December 2025, the most commonly isolated priority bacterial pathogen was *E. coli* (34%), which is similar to the previous years, followed by *Klebsiella* species (25%), *Pseudomonas* species (12.6%), *Staphylococcus aureus* (9.6%), *Enterococcus* species (9.4%), *Acinetobacter* species (9%), *Salmonella enterica* serovar Typhi and Paratyphi (0.94%), *Vibrio cholerae* (0.07%) and *Shigella* species (0.05%) (Table1).

The majority of isolates were from patients admitted in hospital wards (52%) followed by those in outpatient clinics (32%). Fourteen percent of priority pathogens were isolated from ICU settings (Fig. 6). Amongst the Inpatient (IPD) and outpatient departments (OPD), the most commonly isolated priority pathogen was *E. coli* followed by *Klebsiella* spp. However in Intensive care units (ICUs), *Klebsiella* spp. was the most commonly isolated pathogen followed by *Acinetobacter* spp. (Fig. 7)

Table 1- Isolation of priority pathogens by specimen type

Priority Specimen	Blood (N=25,423)		OSBF (N=8,856)		Pus Aspirate (N=39,723)		Urine (N=67,994)		Stool (N=163)		Total	
	Number Tested	%	Number Tested	%	Number Tested	%	Number Tested	%	Number Tested	%	Number	%
<i>E.coli</i>	3474	13.7	1905	21.5	8385	21.1	34122	50.2	x	x	47886	34
<i>Klebsiella</i> species	6362	25	2417	27.3	9486	23.9	16790	24.7	x	x	35055	25
<i>Acinetobacter</i> species	5104	20.1	1640	18.5	3833	9.6	2238	3.3	x	x	12815	9
<i>Pseudomonas</i> species	2924	11.5	1640	18.5	7816	19.7	5511	8.1	x	x	17891	13
<i>Salmonella Typhi</i>	1083	4.3	X	X	X	X	X	X	0	0	1083	0.76
<i>Salmonella Paratyphi</i>	258	1	X	X	X	X	X	X	0	0	258	0.18
<i>Shigella</i> species	X	X	X	X	X	X	X	X	64	39.3	64	0.05
<i>Vibrio cholerae</i>	X	X	X	X	X	X	X	X	99	60.7	99	0.07
<i>Staphylococcus aureus</i>	3996	15.7	659	7.4	8975	22.6	X	X	x	x	13630	10
<i>Enterococcus</i> species	2222	8.7	595	6.7	1228	3.1	9333	13.7	x	x	13378	9

AMR Surveillance Resistance Profile

Gram-positive bacterial pathogens

In this six month reporting period, Gram-positive bacteria viz. *S.aureus* and *Enterococcus* species constituted 19% isolates data among all the priority pathogens isolates.

Of the 62 NARS-Net sites, 55 sites have started performing vancomycin agar screen method and 40 sites are confirming the isolates using broth microdilution testing. NCDC has provided broth microdilution training to 60 NARS-Net sites. All suspected Vancomycin resistant *Staph aureus* and linezolid resistant gram positive bacteria are confirmed at the National Reference Laboratory (NRL) before inclusion in this bulletin.

Staphylococcus aureus

Fifty six percent of *S.aureus* isolates from blood were found to be methicillin resistant *Staph aureus* (MRSA). Of the 9243 isolates tested by VAS/BMD method, none of the isolates showed resistance to vancomycin. *S.aureus* isolates from blood showed higher resistance to linezolid (0.47%) as compared to the previous six months (0.17%).

Enterococcus species

Enterococcus species was most commonly isolated from urine (70%) followed by blood (17%), pus aspirates (9%) and other sterile body fluids (4.5%). Isolates from blood showed 21% resistance to vancomycin. However, there is an increase in resistance to linezolid in this reporting period (4%) from previous year (2.2%).

Table 2- Resistance profile of *Staphylococcus aureus* (N=13,630)

Antibiotic Tested	Blood (N=3,996)		OSBF (N=659)		PA (N=8,975)	
	Number tested	%R	Number tested	%R	Number tested	%R
Cefoxitin	3134	56	524	58	7214	56
Gentamicin	3418	24	564	20	7500	22
Ciprofloxacin	3367	60	521	61	7197	75
Trimethoprim/Sulfamethoxazole	3322	30	540	31	7458	23
Clindamycin	3734	40	613	33	8511	29
Erythromycin	3835	64	602	55	8616	53
Linezolid	3848	0.47	616	0.65	8065	0.35
Teicoplanin	911	4.3	177	1.7	2090	2.8
Doxycycline	2986	8.6	431	7	5651	4.4

Table 3- Resistance profile of *Enterococcus* species (N=13,378)

Antibiotic Tested	Blood (N=2,222)		OSBF (N=595)		PA (N=1,228)		Urine (N=9,333)	
	Number tested	%R	Number tested	%R	Number tested	%R	Number tested	%R
Ampicillin	1641	66	372	60	887	44	6974	57
Gentamicin-High	1711	52	440	37	988	34	7379	51
Erythromycin	1995	79	507	71	1074	75		
Linezolid	2075	4	554	1	1080	1	8589	2
Vancomycin	2029	21	533	13	1074	7	8699	9
Teicoplanin	1654	24	449	16	886	15	6433	14
Doxycycline	1241	30	301	37	651	31	2967	37
Ciprofloxacin	x	x	x	x	x	x	7701	82
Tetracycline	x	x	x	x	x	x	5680	75
Fosfomycin	x	x	x	x	x	x	4516	53

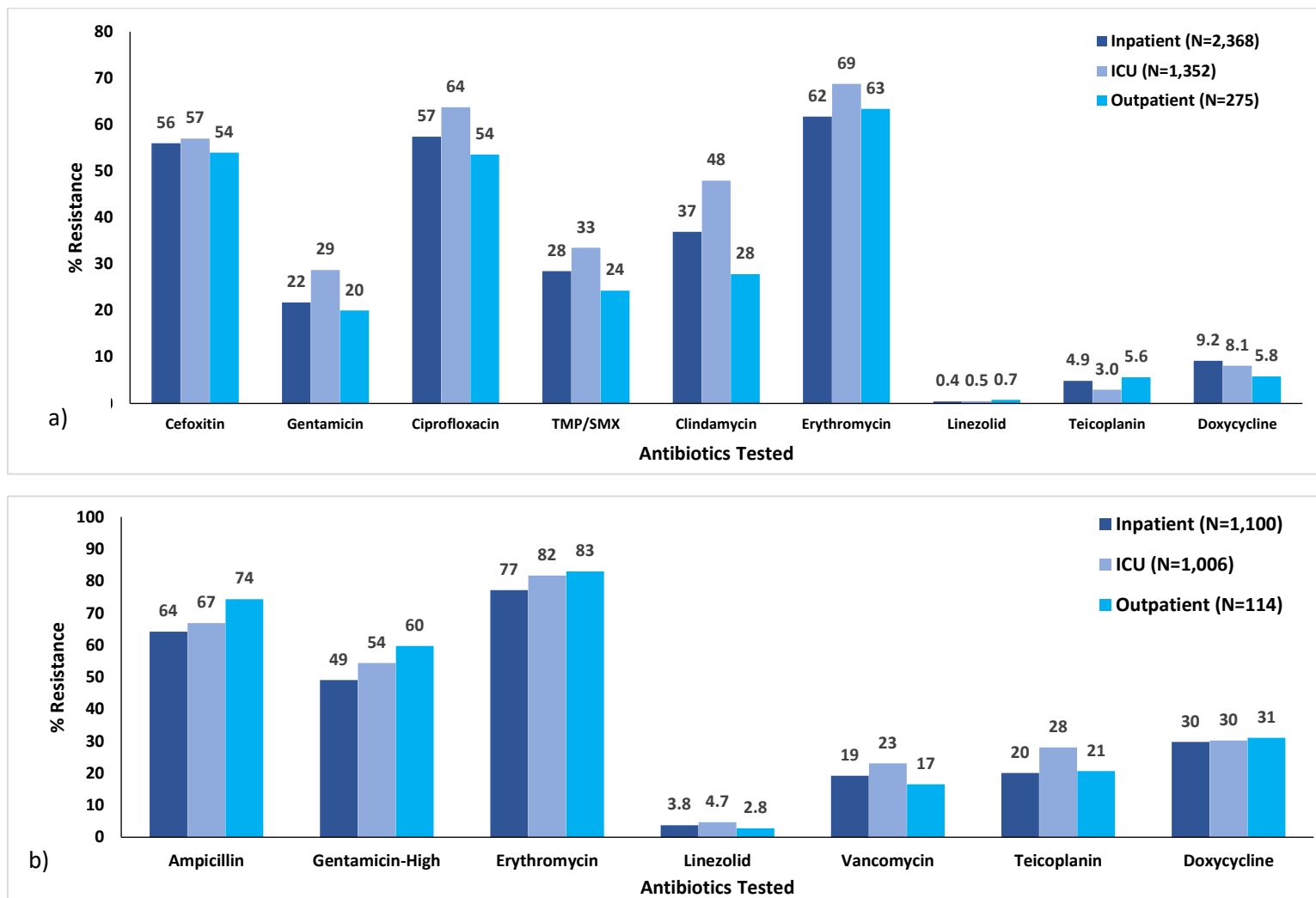


Fig. 8- Resistance profile of a) *S.aureus* (N=3,996) and b) *Enterococcus* spp. (N=2,222) in blood by location type

Gram-Negative Pathogens

AST data of 1,24,942 isolates of Gram-negative bacterial pathogens have been reported from 1,15,151 unique patients. Of the Gram-negative pathogens, Enterobacterales accounted for 73% (84,346) of unique patient isolates. All the colistin resistant isolates were confirmed using broth microdilution at AMR-NRL at NCDC.

Escherichia coli

E.coli contributed to one-third of the unique patient AST data (47,886) (Fig. 1). *E.coli* was most commonly isolated from urine samples (71%) followed by pus aspirates (18%), blood (7%) and sterile body fluids (4%) (Table 1). Of the 47,886 *E.coli* isolates, 22,040 were tested for colistin using broth microdilution (BMD) method/Colistin agar test.

Only 6 isolates (0.012%) of *E.coli* were confirmed as colistin resistant. Carbapenem resistance among blood isolates was found to be 32%-38% whereas among urine isolates it was 20%-23%. ESBL producing *E.coli* among blood isolates were 79%-80% and among urine isolates were 71%-74%.

Klebsiella species

Klebsiella species accounted for 25% of unique patient isolates. ESBL producers among blood isolates were 81%-82% and among urine isolates were 65%-69%. Fifty nine percent resistance to carbapenems was observed among blood isolates of *Klebsiella* spp. Except colistin and doxycycline, all other tested antibiotics had $\geq 55\%$ resistance against *Klebsiella* sp. Of 35,055 *Klebsiella* isolates, 17,857 were tested for colistin using BMD method/Colistin agar test. Seventy nine isolates (0.44%) of *Klebsiella* spp. were confirmed as colistin resistant at the AMR-NRL at NCDC.

Table 4- Resistance Profile of *E.coli* (N=47,886)

Antibiotic Tested	Blood (N=3474)		OSBF (N=1,905)		PA (N=8,385)		Urine (34,122)	
	Number tested	%R	Number tested	%R	Number tested	%R	Number tested	%R
Ampicillin	2086	90	1084	91	4909	90	21956	87
Amoxicillin/Clavulanic acid	2695	61	1451	67	6627	67	27541	57
Piperacillin/Tazobactam	3236	46	1667	56	7450	50	29721	38
Ceftriaxone	2617	80	1237	82	5537	78	22212	71
Cefotaxime	1699	79	1078	83	5307	80	22647	74
Cefepime	3043	63	1599	62	6835	61	25462	54
Ertapenem	2010	38	987	45	4669	38	18504	23
Imipenem	3107	33	1571	34	7176	31	27240	22
Meropenem	2974	32	1528	34	7100	29	25092	20
Amikacin	3297	28	1679	26	7445	29	30167	27
Gentamicin	3142	36	1585	33	6994	35	27268	32
Ciprofloxacin	2994	75	1599	79	7213	76	28741	73
Trimethoprim/Sulfamethoxazole	3085	57	1643	60	7111	58	30038	54
Colistin	1440	0.07	950	0.00	4441	0.02	15209	0.03
Doxycycline	x	x	569	50	2109	46	x	x
Fosfomycin	x	x	x	x	x	x	21527	5
Nitrofurantoin	x	x	x	x	x	x	29634	21

Table 5- Resistance profile of *Klebsiella* species (N=35,055)

Antibiotic Tested	Blood (N=6,362)		OSBF (N=2417)		PA (N=9,486)		Urine (N=16,790)	
	Number tested	%R	Number tested	%R	Number tested	%R	Number tested	%R
Amoxicillin/Clavulanic acid	5202	79	1794	72	7485	72	13685	64
Piperacillin/Tazobactam	5699	68	2118	60	8294	59	14854	51
Ceftriaxone	4538	81	1093	79	4919	73	10975	65
Cefotaxime	3317	82	1549	77	5997	76	10885	69
Cefepime	5543	73	1313	63	6126	65	12314	57
Ertapenem	3365	68	2022	58	7693	53	8705	43
Imipenem	5536	59	1186	49	4842	46	13389	38
Meropenem	5007	59	1944	50	7989	46	12631	37
Amikacin	5863	62	1869	47	7792	52	14720	45
Gentamicin	5447	55	2119	47	8355	50	13586	43
Ciprofloxacin	5409	71	1983	66	7631	69	13718	64
Trimethoprim/Sulfamethoxazole	5486	56	1970	54	7944	58	14676	52
Colistin	3700	0.97	2089	0.51	7872	0.17	7715	0.36
Doxycycline	1530	32	1166	40	5276	37	x	x
Nitrofurantoin	x	x	x	x	x	x	14399	61

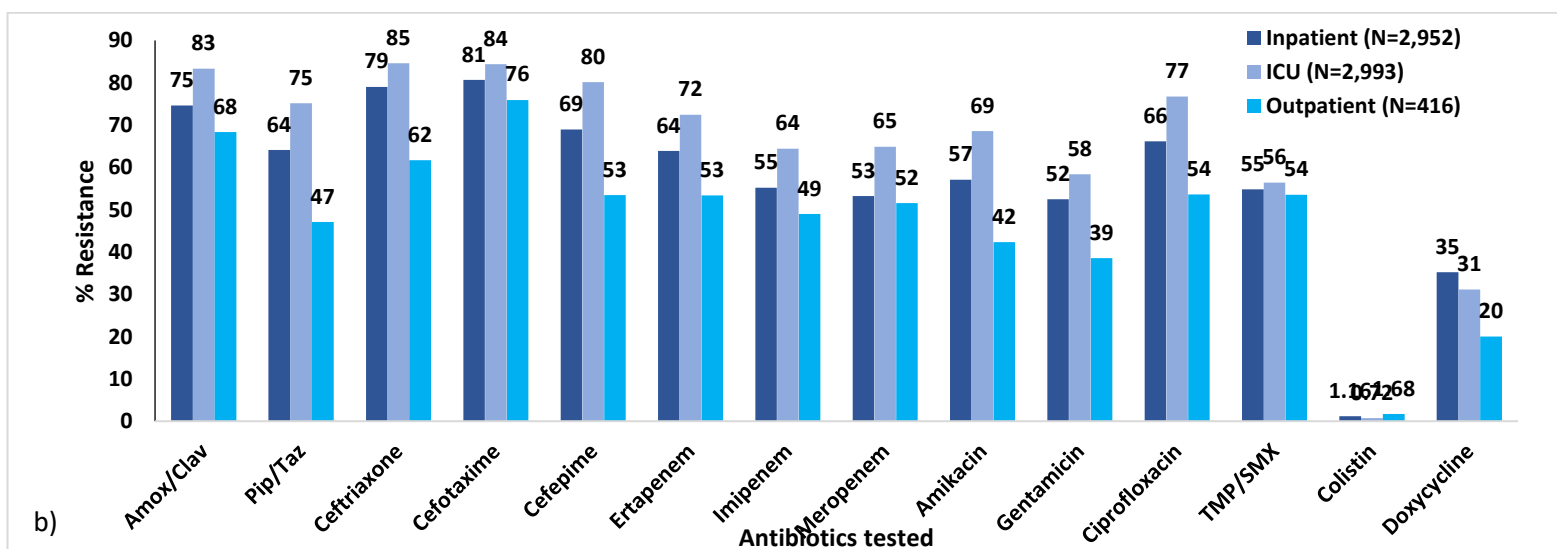
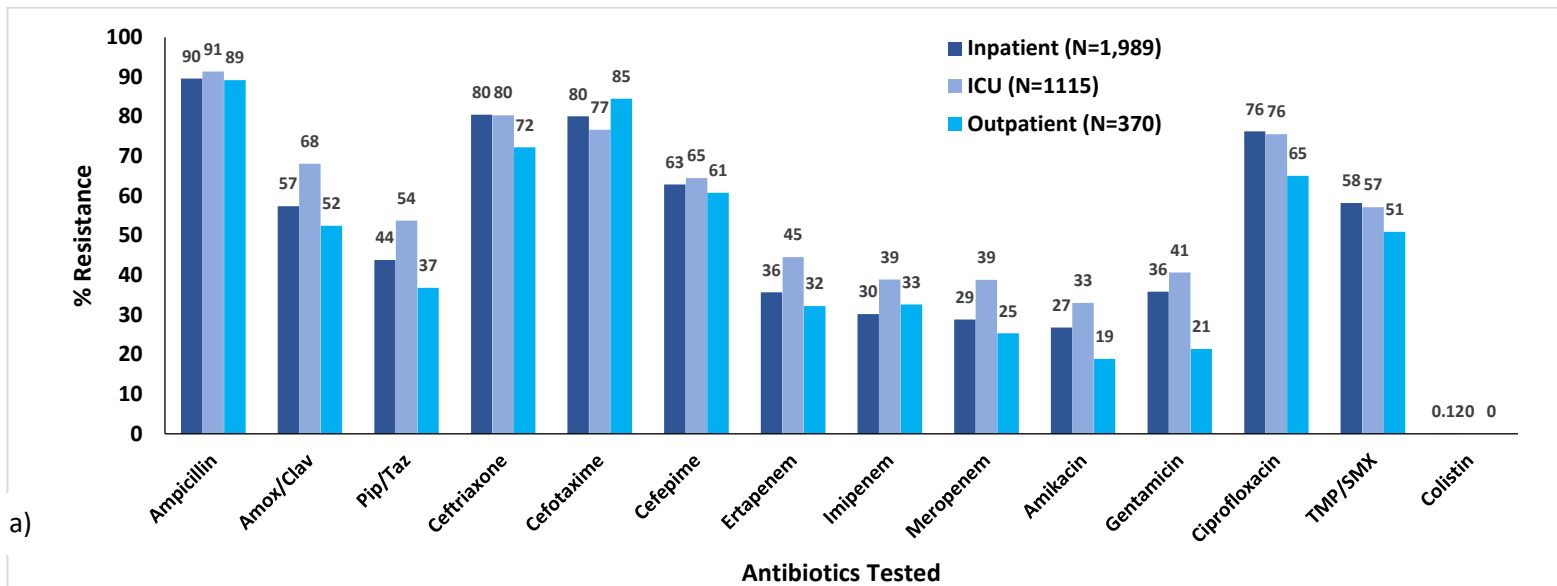


Fig. 9- Resistance Profile of a) E.coli (N=3,474) and b) Klebsiella species (N=6,362) in blood by location type

Klebsiella species had higher resistance than *E.coli* in isolates across all specimen types. ICU units had higher resistance rates than inpatient and outpatient units.(Fig.9 a) and 9 b)

Salmonella Typhi and Paratyphi

A total of 1,341 isolates of *Salmonella enterica* sero. Typhi and Paratyphi from blood cultures have been reported in this bulletin. Of the 1,341 isolates, 1083 were *S. enterica* sero. Typhi and 258 were *S. Paratyphi*. A total of twenty isolates of *Salmonella enterica* sero. Typhi and 1 isolate of Paratyphi were found to be resistant to ceftriaxone. Additionally, 19 isolates of *S.Typhi* were found to be azithromycin resistant.

Table 6- Resistance profile of S. Typhi and S. Paratyphi (N=1,341) in blood isolates

Antibiotic Tested	Salmonella Typhi (N=1083)		Salmonella Paratyphi (N=258)	
	Number Tested	%R	Number Tested	%R
Ampicillin	949	7.7	232	10.8
Ceftriaxone	1012	1.9	240	0.4
Cefixime	762	0.0	174	0.6
Imipenem	750	0.0	190	0.0
Ciprofloxacin	1012	50.0	240	75.0
Pefloxacin	329	87.5	35	74.3
TMP/SMX	1044	4.2	252	2
Azithromycin	859	2.2	x	x
Chloramphenicol	856	11.0	215	13.5

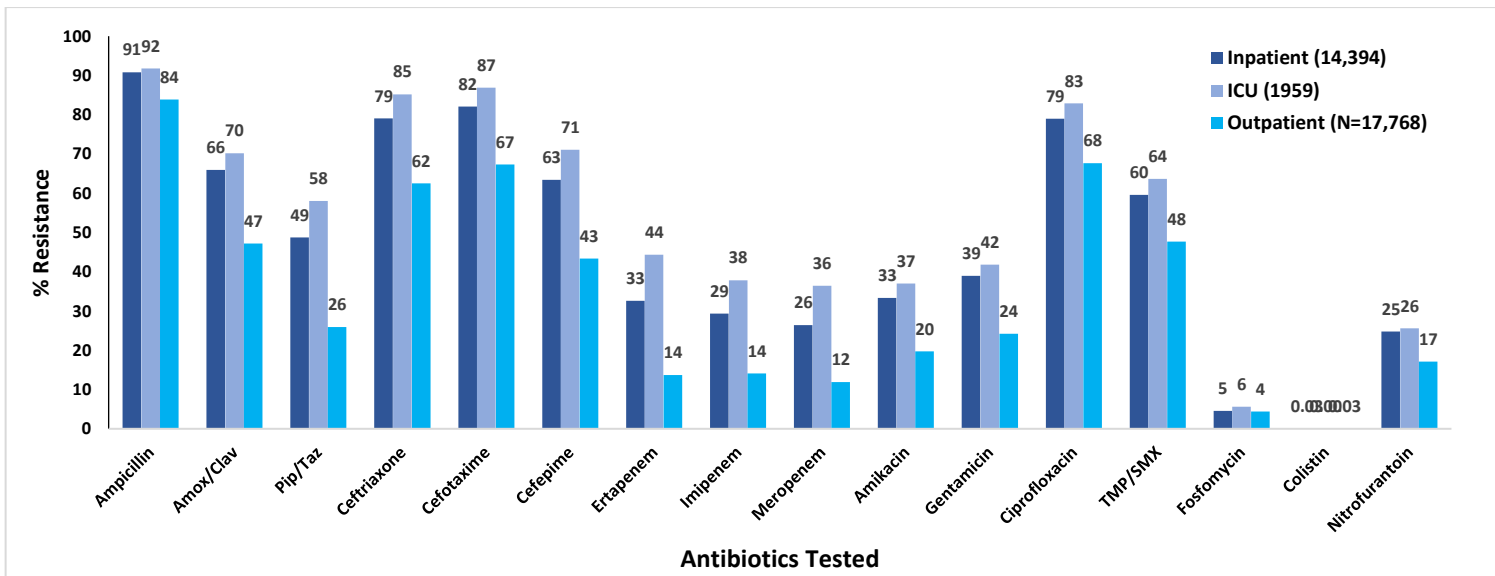


Fig. 10- Resistance Profile of E.coli (N=34,122) in urine by location type

Shigella species

In this reporting period, 64 isolates of *Shigella* species from stool specimens have been reported. Highest resistance was observed against ciprofloxacin and ampicillin. (Table 7)

Table 7- Resistance profile of Shigella species (N=64)

Antibiotic Tested	Number Tested	% Resistant
Ampicillin	57	68
Trimethoprim/Sulfamethoxazole	60	48
Azithromycin	58	19
Chloramphenicol	46	0
Ceftriaxone	60	45
Ciprofloxacin	57	88

Non- Fermenting Gram Negative Bacilli (NFGNB)

NFGNB accounted for 22% of the total unique patients isolates. *Pseudomonas* species was most frequently isolated from pus aspirates (44%) followed by urine (31%). Majority isolates of *Acinetobacter* species were from blood (40%) and pus aspirates (30%) respectively.

Pseudomonas species

A total of 17,891 *Pseudomonas* species were reported in this current period, of which 9,255 were tested for colistin using BMD. The resistance to colistin amongst *Pseudomonas* spp. was 0.12% (11 isolates). Carbapenem resistance was found in 28%-35% of blood isolates and 42%-45% of urine isolates (Table 8).

Acinetobacter species

Acinetobacter species from blood, OSBF and pus aspirates showed >50% resistance to all the tested antibiotics except colistin and minocycline. Resistance to minocycline (36-49%) was observed to be similar to the previous six months report (40-47%). Resistance to carbapenem has been consistently increasing from last 3 years. Of the 6437 isolates tested for colistin, 12 (0.19%) were found to be resistant. (Table 9)

Among blood isolates of ICU patients, *Acinetobacter* species had >70% resistance to most of the Tier1 and Tier 2 antibiotics including aminoglycosides, third generation cephalosporins and carbapenems. (Fig.11b)

Table 8- Resistance profile of *Pseudomonas* species (N=17,891)

Antibiotic Tested	Blood (N=2,924)		OSBF (N=1640)		PA (N=7,816)		Urine (N=5,511)	
	Number tested	%R	Number tested	%R	Number tested	%R	Number tested	%R
Piperacillin/Tazobactam	2636	26	1475	27	7014	28	5029	37
Ceftazidime	2599	34	1471	37	6920	41	4939	51
Aztreonam	1915	31	1049	29	4957	27	3630	40
Imipenem	2566	35	1403	34	6782	28	4837	45
Meropenem	2400	28	1164	34	6603	26	4271	42
Amikacin	2360	30	1162	24	5613	34	4924	42
Gentamicin	1832	28	901	24	4307	36	2875	45
Netilmicin	1318	19	693	22	3463	29	2868	39
Ciprofloxacin	2428	30	1382	38	6669	43	4629	54
Colistin	1685	0.36	906	0.11	4146	0.05	2518	0.08

Table 9- Resistance profile of *Acinetobacter* species (N=12,815)

Antibiotic Tested	Blood (N=5,104)		OSBF (N=1,640)		PA (N=3,833)		Urine (N=2,238)	
	Number Tested	%R	Number Tested	%R	Number Tested	%R	Number Tested	%R
Ampicillin/Sulbactam	2287	67	800	60	1957	76	1084	50
Piperacillin/Tazobactam	4474	66	1457	60	3334	70	1865	41
Ceftazidime	4024	75	1275	70	2886	79	1554	57
Imipenem	4331	72	1209	65	3165	71	1759	42
Meropenem	3709	68	1333	61	3082	68	1435	40
Amikacin	4712	61	1478	53	3250	68	1848	41
Gentamicin	4300	63	1415	56	3132	68	1817	40
Ciprofloxacin	4119	65	1166	62	3140	76	1695	49
Trimethoprim/Sulfamethoxazole	4021	55	1334	57	2954	71	1737	44
Colistin	2714	0.4	904	0.000	1832	0.05	987	0.10
Minocycline	3323	40	1039	36	2306	49	1206	33
Tetracycline	X	X	x	x	x	x	893	39

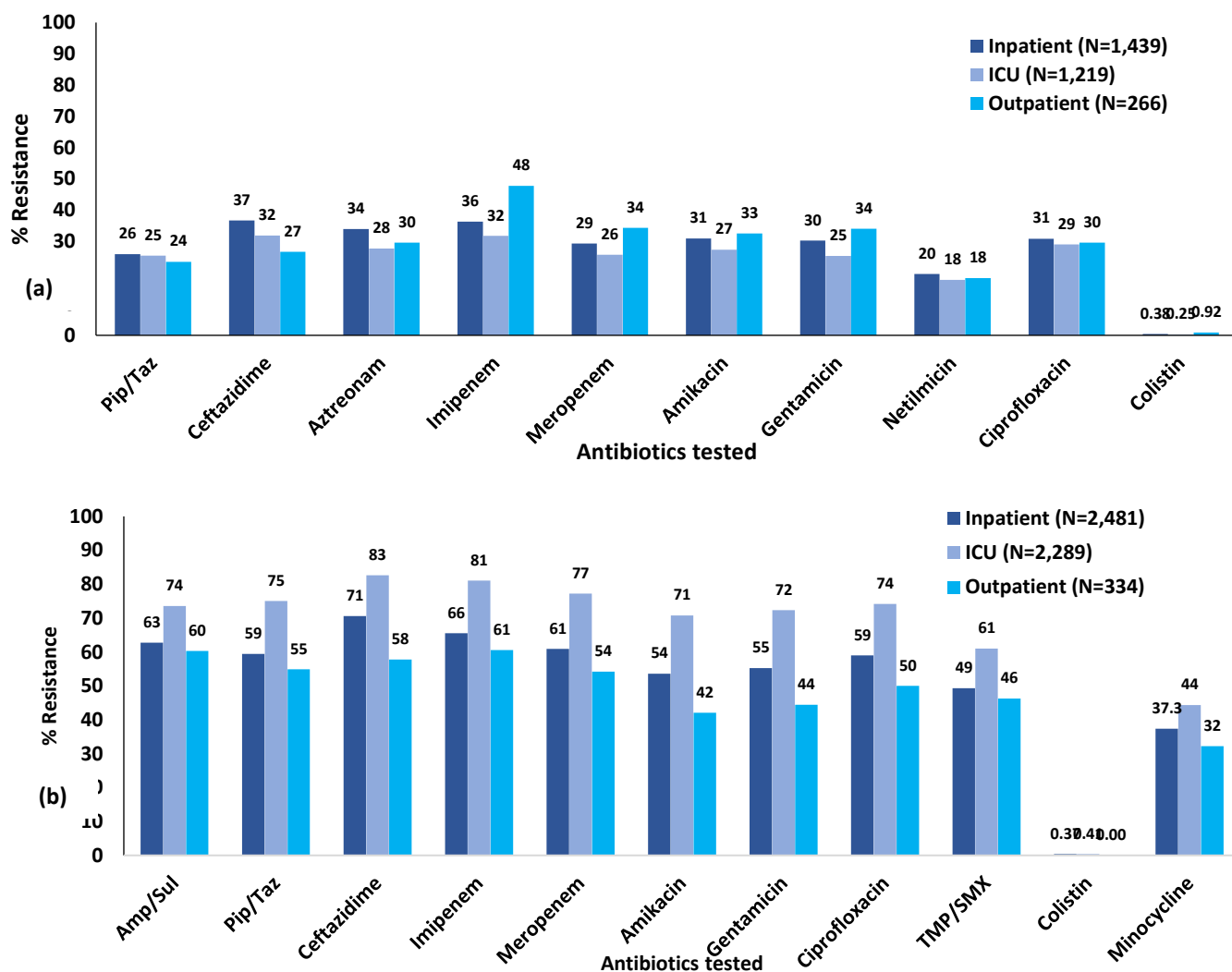


Fig. 11- Resistance Profile of a) *Pseudomonas* species (N=2,924) and b) *Acinetobacter* species (N=5,104) in blood by location type

Table 10- Resistance profile of *V.cholerae* (N=99)

Antibiotic Tested	Number Tested	%R
Ampicillin	91	19.8
Trimethoprim/Sulfamethoxazole	96	14.6
Azithromycin	78	5.1
Chloramphenicol	86	0
Doxycycline	82	0
Tetracycline	86	0

Vibrio cholerae

In the current reporting period, data of 99 isolates of *Vibrio cholerae* has been reported and analyzed. All isolates were found to be sensitive to chloramphenicol, doxycycline and tetracycline (Table 10)

Discussion and Conclusion

This bulletin presents the sixth semi-annual report of the National AMR Surveillance Network. During the reporting period from July-December 2025, data from 91 surveillance sites, including 62 NARSNet sites and 29 sites under State AMR Surveillance Networks, were collated, validated, and analysed. From the state surveillance networks, only data of NABL-accredited laboratories was included for analysis. AMR surveillance data from government medical colleges continues to have the limitation of sample referrals being primarily from admitted patients or those with severe infections who have not responded to first-line therapy, thus having the potential to skew the data towards higher resistance.

In the current bulletin, proportion of MRSA among blood isolates is 56% which is similar to that reported during previous six month (55%). Similarly percentage of vancomycin resistant Enterococci (VRE) from blood specimens remained same in this data reporting period (21%) as that during previous data reporting period (20%). Linezolid resistance among blood isolates of *Enterococcus* spp. has increased from 2.2% during previous data reporting period (Jan-June 2025) to 4% in current reporting period (July-Dec 2025).

Salmonella Typhi/Paratyphi isolates reported from blood have increased in the current reporting period (1083/258) in comparison to the previous bulletin (510/84). 19 isolates of S.Typhi were resistant to azithromycin and 20 isolates were resistant to ceftriaxone.

Resistance to carbapenems amongst the Non-fermenting Gram-negative bacterial isolates from blood was almost similar to that reported in the previous bulletin (28-35% in *Pseudomonas* spp., 68-72% in *Acinetobacter* spp.) These bacteria are known for their potential to cause healthcare associated infections (HAIs) which warrants efforts to improve

Amongst stool pathogens reported in this bulletin, *Vibrio cholerae* was most commonly isolated (99) followed by *Shigella* spp. (64). The resistance to ciprofloxacin in *Shigella* spp. isolates (88%) is observed to be higher than in the previous bulletin (81%) while it has decreased for Ampicillin (from 81% in previous reporting period to 68% in the current reporting period), Trimethoprim/Sulfamethoxazole (from 55% during previous reporting period to 48% in this reporting period), Azithromycin (from 35% during previous reporting period to 19% in this reporting period).

In conclusion, the AMR findings in this bulletin highlight the need for implementation of Antimicrobial stewardship practices at healthcare settings to ensure judicious use of antibiotics, especially the last resort antibiotics. Effective surveillance mandates translation of evidence into meaningful action. Integration of surveillance findings with antimicrobial stewardship programmes, robust infection prevention and control practices, public awareness initiatives, and continued research efforts is critical for addressing the growing threat of AMR. Long-term commitment and coordinated action is crucial for safeguarding the effectiveness of antimicrobials and protecting public health.

**National Programme on AMR Containment
National Centre for Disease Control
Directorate General of Health Services
22 Sham Nath Marg
Delhi -110054**