

***Clostridioides difficile* infection,
Escherichia coli bacteraemia,
Staphylococcus aureus
bacteraemia and Surgical Site
Infection in Scotland**

October to December 2025

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**An Official Statistics
publication for
Scotland**

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Introduction

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland provides a commentary on quarterly epidemiological data in Scotland for October to December (Q4) 2025 on the following:

- *Clostridioides difficile* infection
- *Escherichia coli* bacteraemia
- *Staphylococcus aureus* bacteraemia
- Surgical Site Infection

Data are provided for the 14 NHS boards and one NHS Special Health Board.

Main Points

***Clostridioides difficile* infection (CDI) during October to December 2025**

- The total number of CDI cases in patients reported to ARHAI was 291.
- 218 (74.9%) CDI cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 14.2 cases per 100,000 total occupied bed days (TOBDs).
- 73 (25.1%) CDI cases were reported as community associated. This corresponds to an incidence rate of 5.2 cases per 100,000 population.
- NHS Lanarkshire was above the 95% confidence interval upper limit for healthcare associated CDI in the funnel plot analysis.
- No boards were above the 95% confidence interval upper limit for community associated CDI in the funnel plot analysis.
- No NHS boards were above normal variation for healthcare associated or community associated CDI when analysing trends over the past three years.

***Escherichia coli* bacteraemia (ECB) during October to December 2025**

- The total number of ECB cases in patients reported to ARHAI was 1,072.
- 625 (58.3%) ECB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 40.7 cases per 100,000 TOBDs.
- 447 (41.7%) ECB cases were reported as community associated. This corresponds to an incidence rate of 32.0 cases per 100,000 population.
- NHS Lanarkshire was above the 95% confidence interval upper limit for healthcare associated ECB in the funnel plot analysis.
- NHS Ayrshire & Arran was above the 95% confidence interval upper limit for community associated ECB in the funnel plot analysis.
- No NHS boards were above normal variation for healthcare associated or community associated ECB when analysing trends over the past three years.

Staphylococcus aureus bacteraemia (SAB) during October to December 2025

- The total number of SAB cases in patients reported to ARHAI was 414.
- 282 (68.1%) SAB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 18.4 cases per 100,000 TOBDs.
- 132 (31.9%) SAB cases were reported as community associated. This corresponds to an incidence rate of 9.4 cases per 100,000 population.
- NHS Tayside was above the 95% confidence interval upper limit for healthcare associated SAB in the funnel plot analysis.
- No NHS boards were above the 95% confidence interval upper limit for community associated SAB in the funnel plot analysis.
- No NHS boards were above normal variation for healthcare associated or community associated SAB when analysing trends over the past three years.

Surgical Site Infection (SSI) during October to December 2025

Epidemiological data for SSI are not included for this quarter. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Results and Commentary

Clostridioides difficile infection (CDI)

Total cases for quarter

- During Q4 2025, 291 *Clostridioides difficile* infection (CDI) cases in patients were reported to ARHAI. In the previous quarter there were 330 cases.
- In the clinical surveillance typing scheme (covering severe cases and/or outbreaks), out of a total of 25 isolates, ribotype 002 (24.0%) was the most common ribotype identified, followed by ribotype 014 (16.0%), 023 (12.0%), 015, 078, and 106 (all 8.0%), and 005, 011, 020, 029, 056, and 293 (all 4.0%). There were no ribotypes with a prevalence of less than 3%.
- In the snapshot surveillance (which aims to reflect the general distribution of ribotypes among CDI cases across Scotland), out of a total of 70 isolates, ribotype 015 (17.1%) was the most common ribotype identified, followed by ribotypes 002, 014 and 078 (all 8.6%), 023 (7.1%), 011 (5.7%), and 005, 018, and 020 (all 4.3%). The remaining 31.4% of isolates comprised a mixture of ribotypes, each with a prevalence of less than 3%.
- All isolates tested (clinical and snapshot) were susceptible to metronidazole and vancomycin.

Healthcare associated infection cases by NHS board where specimen taken

- During Q4 2025, 218 (74.9%) CDI cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 14.2 cases per 100,000 total occupied bed days (TOBDs) ([Table 1](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show an increase in NHS Golden Jubilee, and decreases in NHS Scotland, NHS Grampian, NHS Greater Glasgow & Clyde and NHS Highland ([Table 2](#)).
- NHS Lanarkshire were above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 1](#)).

- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Community associated infection cases by NHS board of residence

- During Q4 2025, 73 (25.1%) CDI cases were reported as community associated. This corresponds to an incidence rate of 5.2 cases per 100,000 population ([Table 3](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show that there were decreases in NHS Scotland, NHS Fife and NHS Lothian. ([Table 4](#)).
- No NHS boards were above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 2](#)).
- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Table 1: CDI cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).^{1,2}

NHS board	Q3 Cases	Q3 Bed days	Q3 Rate	Q4 Cases	Q4 Bed days	Q4 Rate
AA	26	113,721	22.9	19	113,518	16.7
BR	2	27,979	7.1	4	28,515	14.0
DG	10	42,682	23.4	10	45,121	22.2
FF	11	86,778	12.7	14	87,270	16.0
FV	9	70,023	12.9	11	71,662	15.3
GJ	4	15,428	25.9	3	15,298	19.6
GR	14	140,963	9.9	14	140,772	9.9
GGC	72	443,010	16.3	61	442,226	13.8
HG	20	80,900	24.7	8	81,201	9.9
LN	16	149,640	10.7	33	152,145	21.7
LO	44	225,602	19.5	27	227,627	11.9
OR	0	3,585	0.0	1	3,608	27.7
SH	1	2,865	34.9	1	2,775	36.0
TY	16	113,347	14.1	11	115,561	9.5
WI	1	6,800	14.7	1	7,033	14.2
Scotland	246	1,523,323	16.1	218	1,534,332	14.2

1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 2: CDI cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1,2}

NHS board	YE Q4 24 Cases	YE Q4 24 Bed days	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Bed days	YE Q4 25 Rate
AA	88	458,023	19.2	89	459,242	19.4
BR	13	129,227	10.1	19	115,038	16.5
DG	45	185,142	24.3	35	177,056	19.8
FF	37	353,754	10.5	49	347,844	14.1
FV	57	310,482	18.4	37	294,053	12.6
GJ	2	56,746	3.5	10	59,952	↑ 16.7
GR	84	552,273	15.2	58	562,554	↓ 10.3
GGC	310	1,796,564	17.3	230	1,773,276	↓ 13.0
HG	86	322,228	26.7	56	320,109	↓ 17.5
LN	118	613,938	19.2	103	601,425	17.1
LO	148	963,685	15.4	141	915,018	15.4
OR	0	12,264	0.0	2	13,601	14.7
SH	8	10,003	80.0	4	11,355	35.2
TY	36	469,876	7.7	49	458,099	10.7
WI	3	27,526	10.9	3	26,809	11.2
Scotland	1,035	6,261,731	16.5	885	6,135,431	↓ 14.4

1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 3: CDI cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).^{1, 2, 3}

NHS board	Q3 Cases	Q3 Population	Q3 Rate	Q4 Cases	Q4 Population	Q4 Rate
AA	8	367,750	8.6	4	367,750	4.3
BR	0	116,980	0.0	3	116,980	10.2
DG	1	145,860	2.7	3	145,860	8.2
FF	3	374,760	3.2	2	374,760	2.1
FV	1	306,340	1.3	4	306,340	5.2
GR	10	591,870	6.7	8	591,870	5.4
GGC	14	1,217,270	4.6	14	1,217,270	4.6
HG	12	324,980	14.6	5	324,980	6.1
LN	6	678,570	3.5	3	678,570	1.8
LO	22	932,180	9.4	17	932,180	7.2
OR	0	22,020	0.0	0	22,020	0.0
SH	1	23,190	17.1	1	23,190	17.1
TY	6	419,110	5.7	9	419,110	8.5
WI	0	26,020	0.0	0	26,020	0.0
Scotland	84	5,546,900	6.0	73	5,546,900	5.2

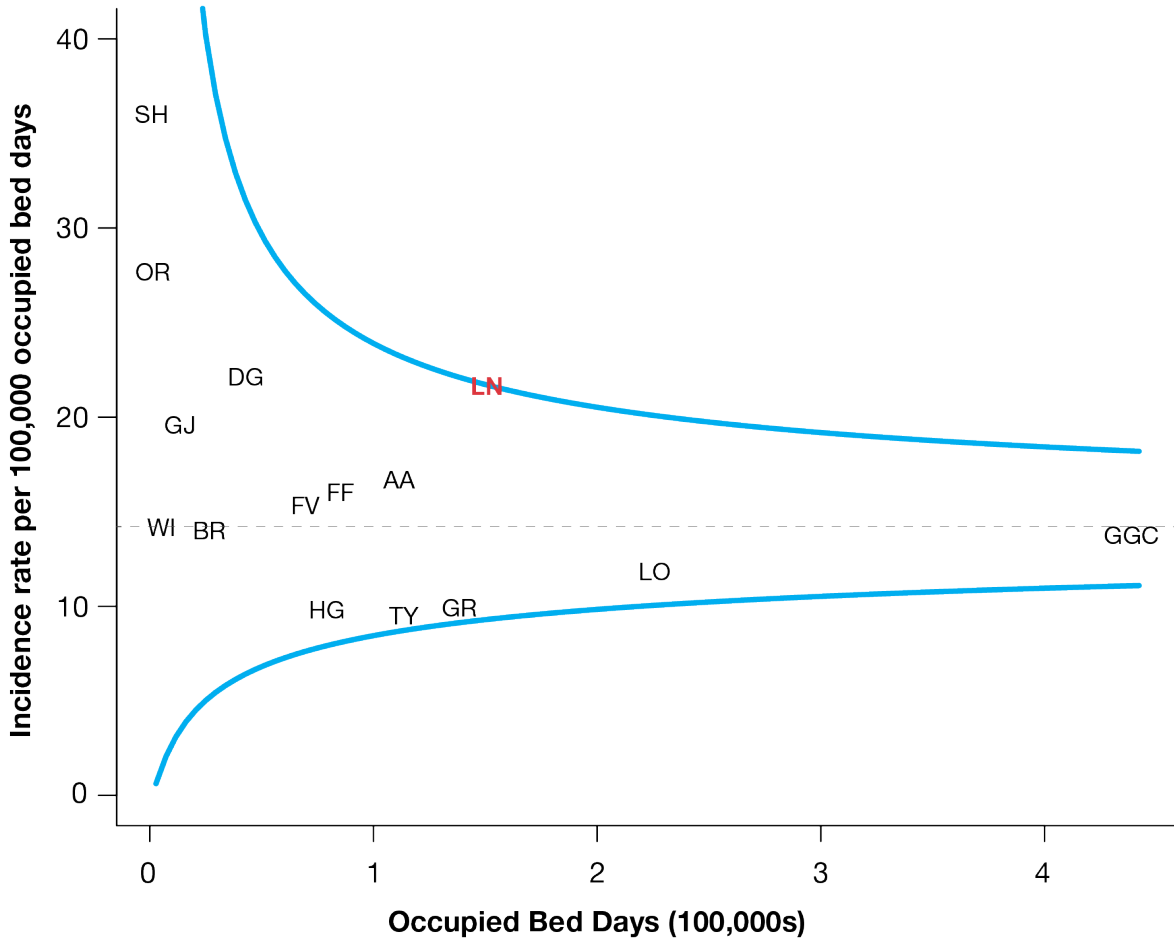
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Table 4: CDI cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1, 2}

NHS board	YE Q4 24 Cases	YE Q4 24 Population	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Population	YE Q4 25 Rate
AA	36	367,750	9.8	26	367,750	7.1
BR	6	116,980	5.1	5	116,980	4.3
DG	11	145,860	7.5	8	145,860	5.5
FF	25	374,760	6.7	12	374,760	↓ 3.2
FV	13	306,340	4.2	7	306,340	2.3
GR	46	591,870	7.8	39	591,870	6.6
GGC	51	1,217,270	4.2	48	1,217,270	3.9
HG	35	324,980	10.8	27	324,980	8.3
LN	31	678,570	4.6	22	678,570	3.2
LO	93	932,180	10.0	66	932,180	↓ 7.1
OR	3	22,020	13.6	1	22,020	4.5
SH	4	23,190	17.2	3	23,190	12.9
TY	20	419,110	4.8	29	419,110	6.9
WI	3	26,020	11.5	1	26,020	3.8
Scotland	377	5,546,900	6.8	294	5,546,900	↓ 5.3

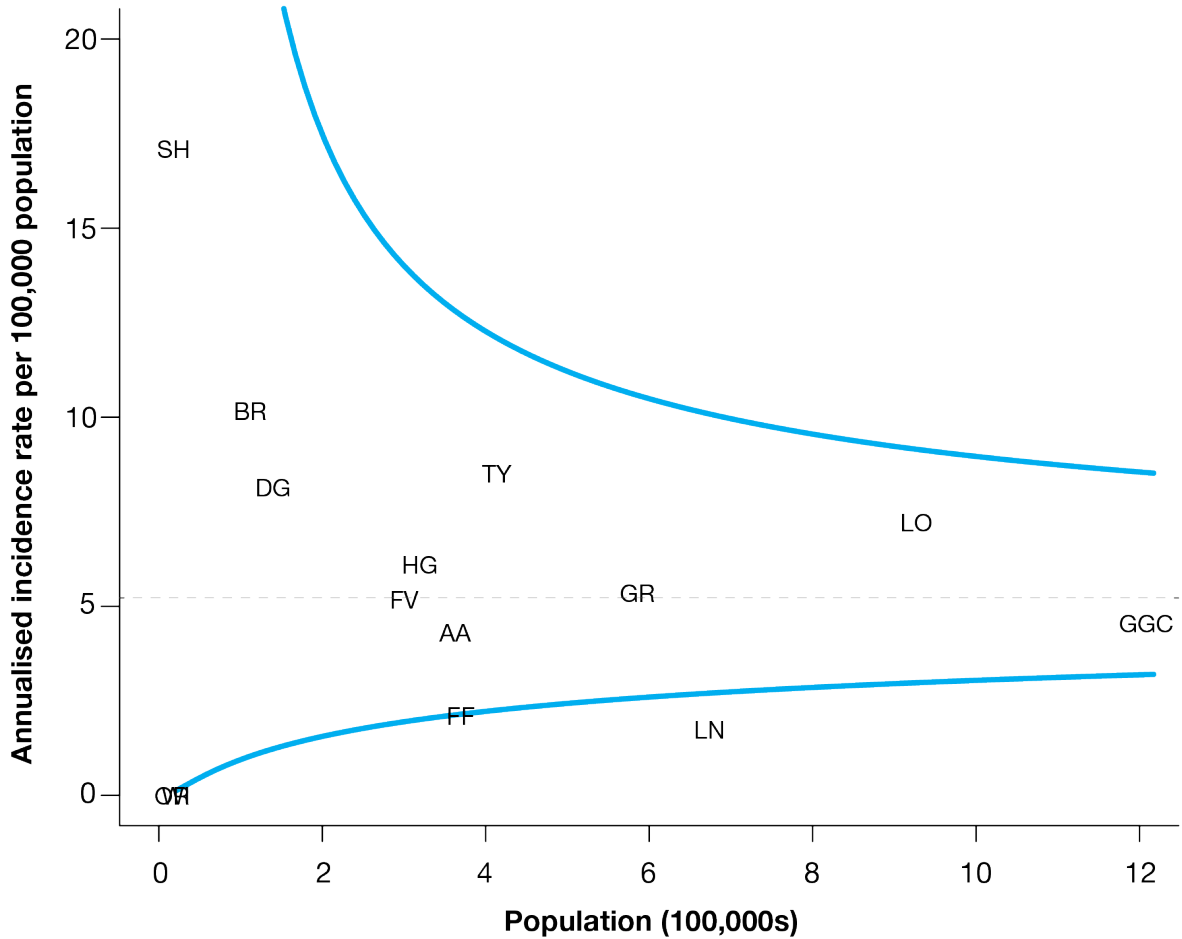
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 1: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q4 2025.^{1, 2}



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 2: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q4 2025.^{1,2}



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Orkney and NHS Western Isles overlap.

Escherichia coli bacteraemia (ECB)

Total Cases for Quarter

- During Q4 2025, 1,072 *Escherichia coli* bacteraemia (ECB) cases in patients were reported to ARHAI. In the previous quarter there were 1,233 cases.

Healthcare associated infection cases by NHS board where specimen taken

- During Q4 2025, 625 (58.3%) ECB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 40.7 cases per 100,000 TOBDs ([Table 5](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show that there was an increase in NHS Scotland, NHS Greater Glasgow & Clyde, NHS Lanarkshire and NHS Lothian ([Table 6](#)).
- NHS Lanarkshire were above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 3](#)).
- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Community associated infection cases by NHS board of residence

- During Q4 2025, 447 (41.7%) ECB cases were reported as community associated. This corresponds to an incidence rate of 32.0 cases per 100,000 population and is a decrease compared to the Q3 2025 incidence rate of 41.1 per 100,000 population ([Table 7](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show there were no increases or decreases in NHS boards, or in Scotland overall ([Table 8](#)).
- NHS Ayrshire & Arran was above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 4](#)).
- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Table 5: ECB cases and incidence rates (per 100,000 TOBD) for healthcare associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).^{1, 2}

NHS board	Q3 Cases	Q3 Bed days	Q3 Rate	Q4 Cases	Q4 Bed days	Q4 Rate
AA	56	113,721	49.2	50	113,518	44.0
BR	12	27,979	42.9	15	28,515	52.6
DG	23	42,682	53.9	20	45,121	44.3
FF	37	86,778	42.6	30	87,270	34.4
FV	25	70,023	35.7	28	71,662	39.1
GJ	3	15,428	19.4	3	15,298	19.6
GR	40	140,963	28.4	54	140,772	38.4
GGC	190	443,010	42.9	162	442,226	36.6
HG	18	80,900	22.2	27	81,201	33.3
LN	92	149,640	61.5	80	152,145	52.6
LO	88	225,602	39.0	93	227,627	40.9
OR	3	3,585	83.7	0	3,608	0.0
SH	4	2,865	139.6	1	2,775	36.0
TY	63	113,347	55.6	60	115,561	51.9
WI	4	6,800	58.8	2	7,033	28.4
Scotland	658	1,523,323	43.2	625	1,534,332	40.7

1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 6: ECB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1,2}

NHS board	YE Q4 24 Cases	YE Q4 24 Bed days	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Bed days	YE Q4 25 Rate
AA	198	458,023	43.2	202	459,242	44.0
BR	52	129,227	40.2	49	115,038	42.6
DG	84	185,142	45.4	80	177,056	45.2
FF	145	353,754	41.0	148	347,844	42.5
FV	153	310,482	49.3	120	294,053	40.8
GJ	9	56,746	15.9	10	59,952	16.7
GR	191	552,273	34.6	207	562,554	36.8
GGC	644	1,796,564	35.8	713	1,773,276	↑ 40.2
HG	81	322,228	25.1	85	320,109	26.6
LN	235	613,938	38.3	317	601,425	↑ 52.7
LO	315	963,685	32.7	366	915,018	↑ 40.0
OR	8	12,264	65.2	5	13,601	36.8
SH	12	10,003	120.0	14	11,355	123.3
TY	229	469,876	48.7	223	458,099	48.7
WI	17	27,526	61.8	20	26,809	74.6
Scotland	2,373	6,261,731	37.9	2,559	6,135,431	↑ 41.7

1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 7: ECB cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).^{1, 2, 3}

NHS board	Q3 Cases	Q3 Population	Q3 Rate	Q4 Cases	Q4 Population	Q4 Rate
AA	65	367,750	70.1	55	367,750	59.3
BR	13	116,980	44.1	17	116,980	57.7
DG	26	145,860	70.7	14	145,860	38.1
FF	33	374,760	34.9	35	374,760	37.1
FV	44	306,340	57.0	32	306,340	41.4
GR	47	591,870	31.5	27	591,870	18.1
GGC	113	1,217,270	36.8	81	1,217,270	26.4
HG	28	324,980	34.2	17	324,980	20.8
LN	76	678,570	44.4	53	678,570	31.0
LO	74	932,180	31.5	68	932,180	28.9
OR	2	22,020	36.0	2	22,020	36.0
SH	1	23,190	17.1	2	23,190	34.2
TY	51	419,110	48.3	43	419,110	40.7
WI	2	26,020	30.5	1	26,020	15.2
Scotland	575	5,546,900	41.1	447	5,546,900	↓ 32.0

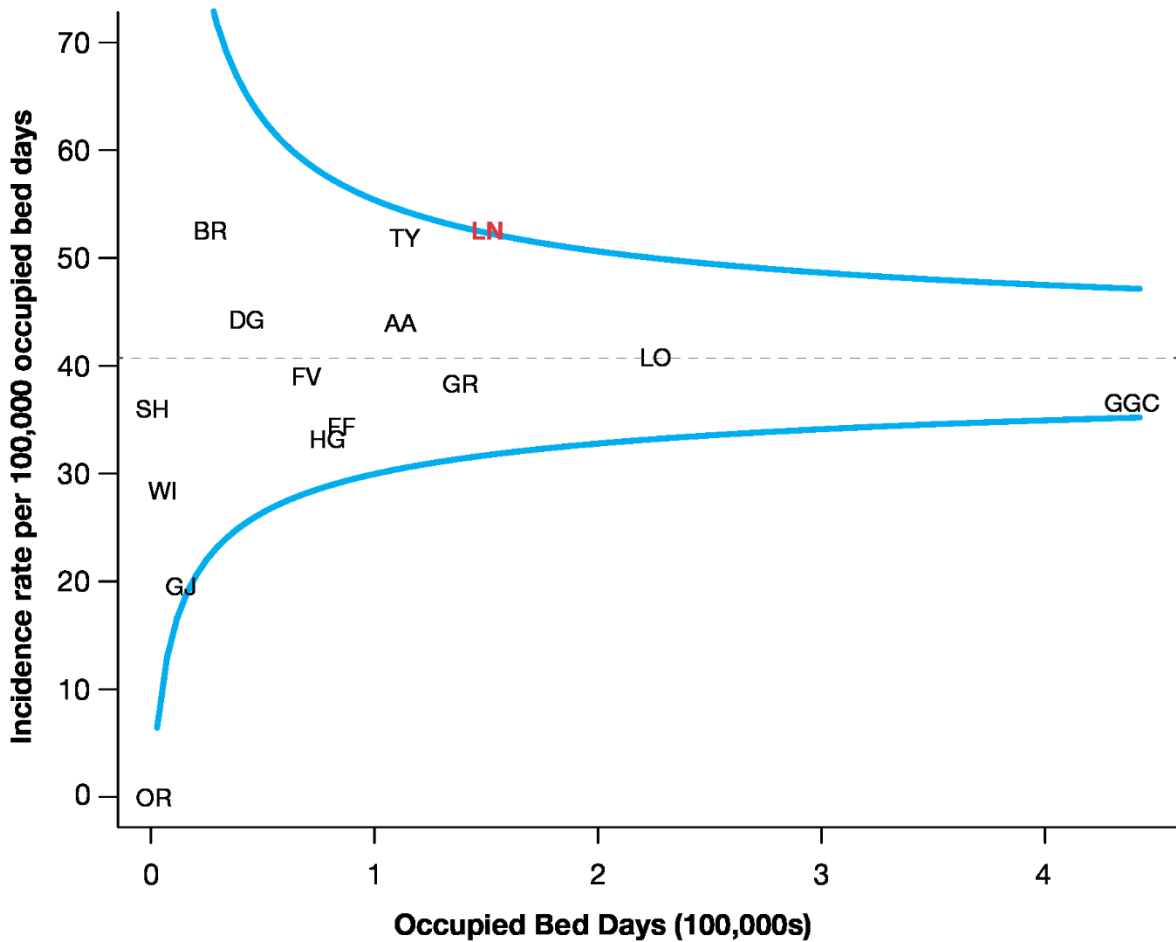
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Table 8: ECB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1, 2}

NHS board	YE Q4 24 Cases	YE Q4 24 Population	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Population	YE Q4 25 Rate
AA	212	367,750	57.6	230	367,750	62.5
BR	64	116,980	54.7	63	116,980	53.9
DG	84	145,860	57.6	86	145,860	59.0
FF	133	374,760	35.5	140	374,760	37.4
FV	123	306,340	40.2	140	306,340	45.7
GR	151	591,870	25.5	142	591,870	24.0
GGC	379	1,217,270	31.1	364	1,217,270	29.9
HG	118	324,980	36.3	99	324,980	30.5
LN	296	678,570	43.6	279	678,570	41.1
LO	252	932,180	27.0	266	932,180	28.5
OR	5	22,020	22.7	7	22,020	31.8
SH	5	23,190	21.6	10	23,190	43.1
TY	176	419,110	42.0	198	419,110	47.2
WI	4	26,020	15.4	9	26,020	34.6
Scotland	2,002	5,546,900	36.1	2,033	5,546,900	36.7

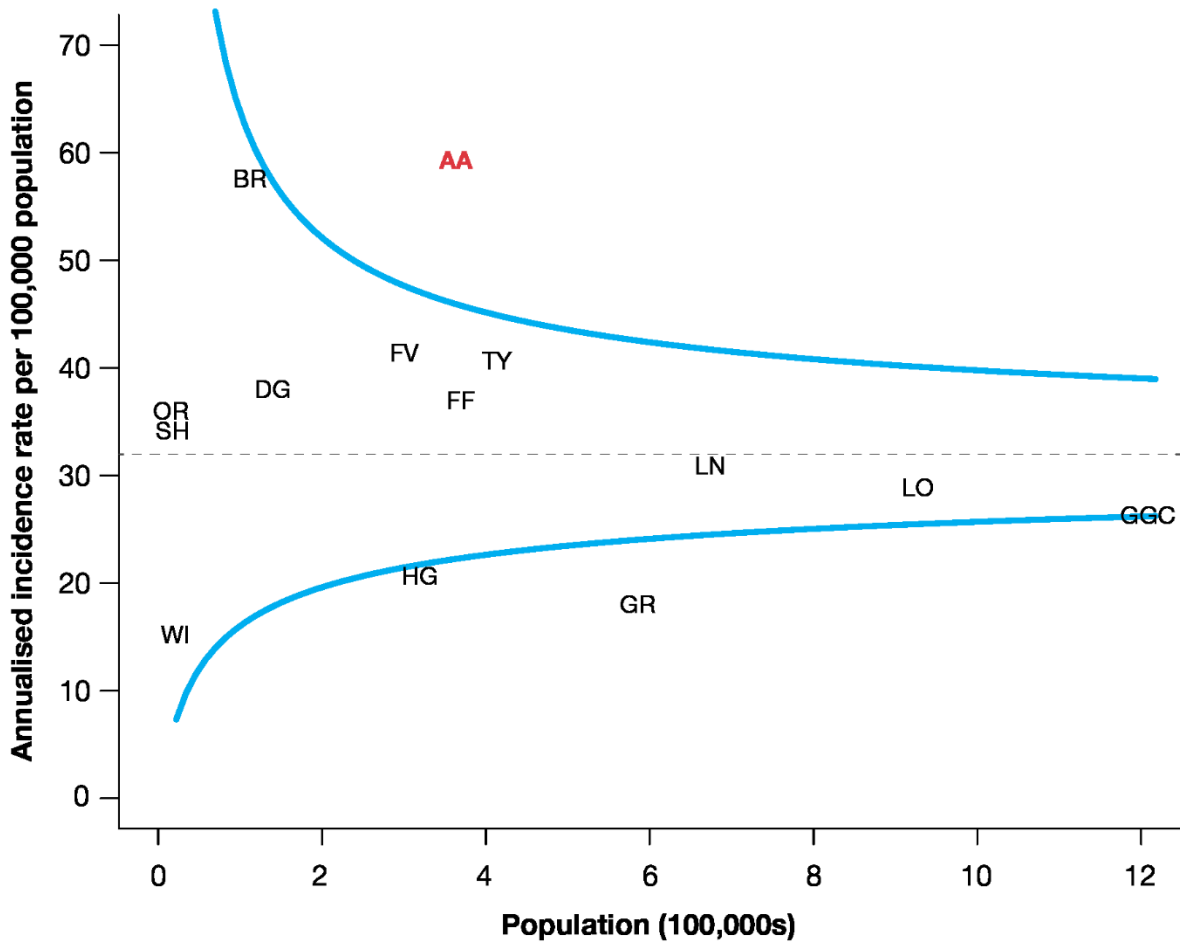
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 3: Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q4 2025.^{1, 2}



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 4: Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q4 2025.^{1, 2}



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Staphylococcus aureus bacteraemia (SAB)

Total cases for quarter

- During Q4 2025, 414 *Staphylococcus aureus* bacteraemia (SAB) cases in patients were reported to ARHAI. In the previous quarter there were 422 SAB cases.

Healthcare associated infection cases by NHS board where specimen taken

- During Q4 2025, 282 (68.1%) SAB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 18.4 cases per 100,000 TOBDs ([Table 9](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show there was an increase in NHS Highland ([Table 10](#)).
- NHS Tayside was above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 5](#)).
- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Community associated infection cases by NHS board of residence

- During Q4 2025, 132 (31.9%) SAB cases were reported as community associated. This corresponds to an incidence rate of 9.4 cases per 100,000 population ([Table 11](#)).
- Yearly comparisons (comparing year-ending December 2024 with year-ending December 2025) show there was an increase in NHS Fife and a decrease in NHS Lanarkshire ([Table 12](#)).
- No NHS boards were above the 95% confidence interval upper limit in the funnel plot analysis ([Figure 6](#)).
- No NHS boards were above normal variation when analysing trends over the past three years (see [supplementary data](#)).

Table 9: SAB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).^{1, 2}

NHS board	Q3 Cases	Q3 Bed days	Q3 Rate	Q4 Cases	Q4 Bed days	Q4 Rate
AA	24	113,721	21.1	26	113,518	22.9
BR	1	27,979	3.6	6	28,515	21.0
DG	8	42,682	18.7	12	45,121	26.6
FF	7	86,778	8.1	16	87,270	18.3
FV	10	70,023	14.3	11	71,662	15.3
GJ	3	15,428	19.4	2	15,298	13.1
GR	28	140,963	19.9	24	140,772	17.0
GGC	97	443,010	21.9	79	442,226	17.9
HG	11	80,900	13.6	14	81,201	17.2
LN	38	149,640	25.4	17	152,145	11.2
LO	45	225,602	19.9	41	227,627	18.0
OR	1	3,585	27.9	0	3,608	0.0
SH	1	2,865	34.9	1	2,775	36.0
TY	21	113,347	18.5	33	115,561	28.6
WI	1	6,800	14.7	0	7,033	0.0
Scotland	296	1,523,323	19.4	282	1,534,332	18.4

1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 10: SAB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1,2}

NHS board	YE Q4 24 Cases	YE Q4 24 Bed days	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Bed days	YE Q4 25 Rate
AA	109	458,023	23.8	110	459,242	24.0
BR	21	129,227	16.3	21	115,038	18.3
DG	34	185,142	18.4	30	177,056	16.9
FF	52	353,754	14.7	43	347,844	12.4
FV	54	310,482	17.4	53	294,053	18.0
GJ	10	56,746	17.6	9	59,952	15.0
GR	108	552,273	19.6	110	562,554	19.6
GGC	313	1,796,564	17.4	358	1,773,276	20.2
HG	34	322,228	10.6	60	320,109	↑ 18.7
LN	118	613,938	19.2	119	601,425	19.8
LO	159	963,685	16.5	149	915,018	16.3
OR	0	12,264	0.0	3	13,601	22.1
SH	5	10,003	50	8	11,355	70.5
TY	115	469,876	24.5	87	458,099	19.0
WI	9	27,526	32.7	4	26,809	14.9
Scotland	1,141	6,261,731	18.2	1,164	6,135,431	19.0

1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Table 11: SAB cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025). ^{1, 2, 3, 4, 5}

NHS board	Q3 Cases	Q3 Population	Q3 Rate	Q4 Cases	Q4 Population	Q4 Rate
AA	14	367,750	15.1	15	367,750	16.2
BR	3	116,980	10.2	8	116,980	27.1
DG	6	145,860	16.3	5	145,860	13.6
FF	12	374,760	12.7	14	374,760	14.8
FV	11	306,340	14.2	9	306,340	11.7
GR	16	591,870	10.7	12	591,870	8.0
GGC	18	1,217,270	5.9	21	1,217,270	6.8
HG	5	324,980	6.1	4	324,980	4.9
LN	7	678,570	4.1	9	678,570	5.3
LO	19	932,180	8.1	24	932,180	10.2
OR	1	22,020	18.0	0	22,020	0.0
SH	0	23,190	0.0	0	23,190	0.0
TY	14	419,110	13.3	11	419,110	10.4
WI	0	26,020	0.0	0	26,020	0.0
Scotland	126	5,546,900	9.0	132	5,546,900	9.4

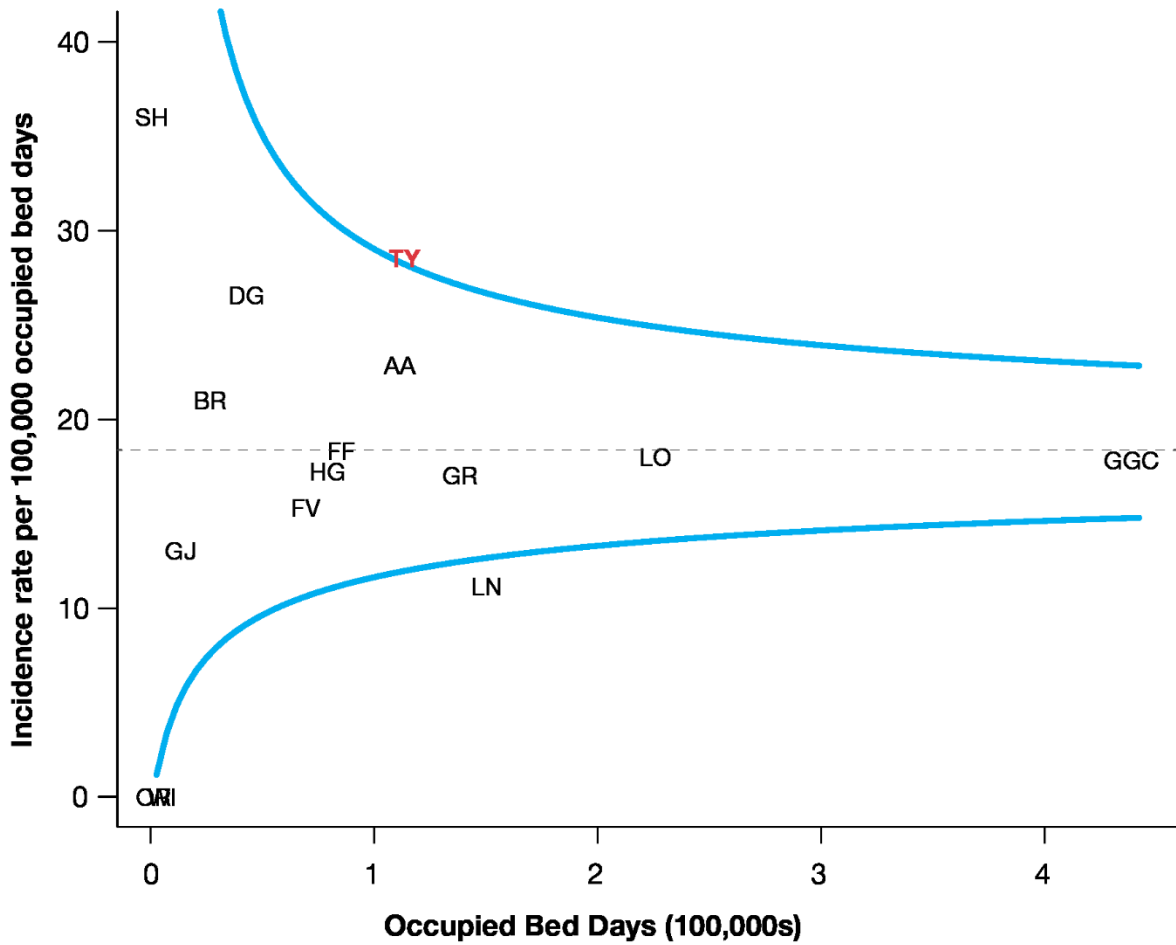
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Table 12: SAB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).^{1, 2, 3}

NHS board	YE Q4 24 Cases	YE Q4 24 Population	YE Q4 24 Rate	YE Q4 25 Cases	YE Q4 25 Population	YE Q4 25 Rate
AA	46	367,750	12.5	47	367,750	12.8
BR	22	116,980	18.8	17	116,980	14.5
DG	18	145,860	12.3	20	145,860	13.7
FF	43	374,760	11.5	65	374,760	↑ 17.3
FV	37	306,340	12.1	41	306,340	13.4
GR	74	591,870	12.5	55	591,870	9.3
GGC	78	1,217,270	6.4	77	1,217,270	6.3
HG	23	324,980	7.1	23	324,980	7.1
LN	73	678,570	10.8	49	678,570	↓ 7.2
LO	100	932,180	10.7	85	932,180	9.1
OR	1	22,020	4.5	3	22,020	13.6
SH	5	23,190	21.6	4	23,190	17.2
TY	53	419,110	12.6	51	419,110	12.2
WI	1	26,020	3.8	0	26,020	0.0
Scotland	574	5,546,900	10.3	537	5,546,900	9.7

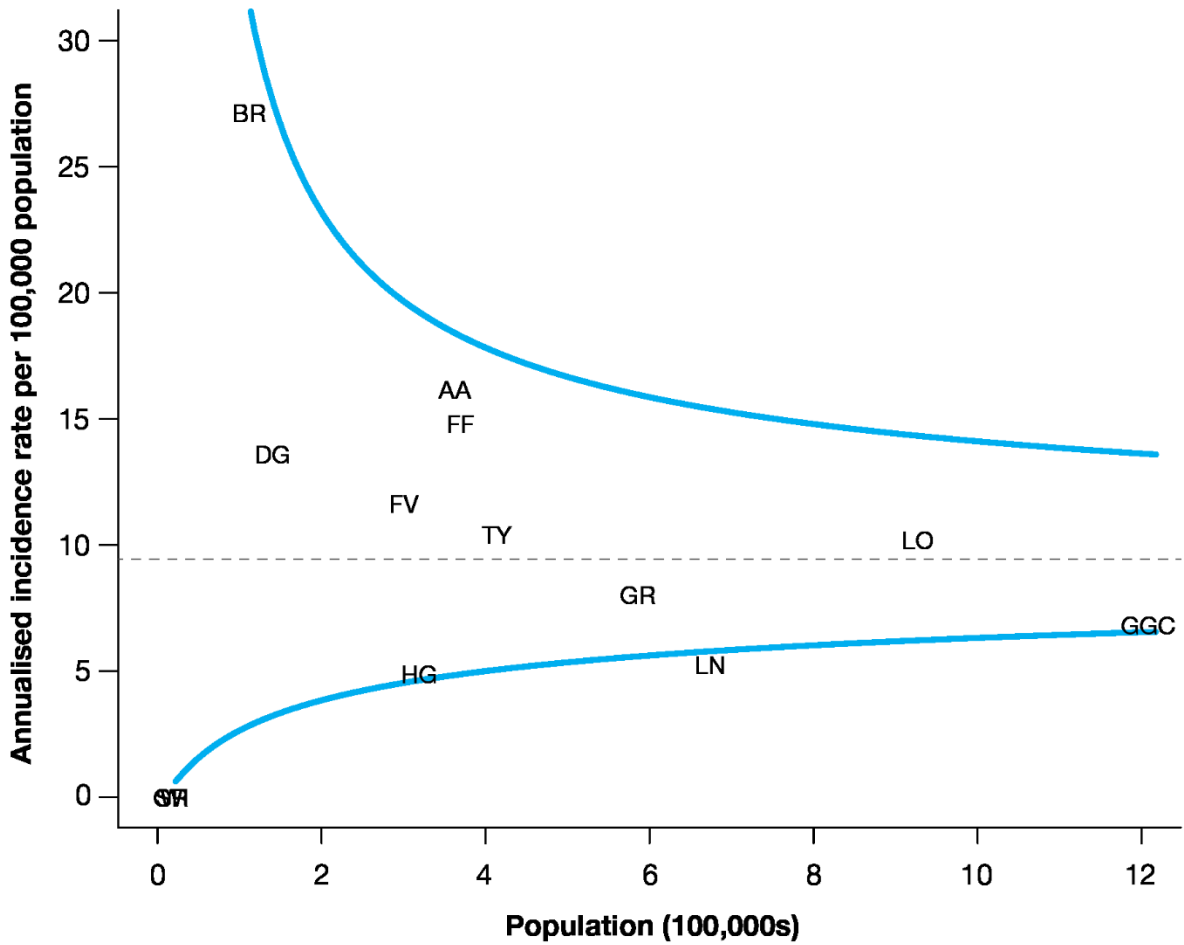
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 5: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q4 2025.¹



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.

Figure 6: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q4 2025.¹



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Surgical Site Infection (SSI)

Epidemiological data for SSI are not included for this quarter. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

List of Tables

Name	File and size
Table 1: CDI cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 2: CDI cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	supplementary data (565 Kb)
Table 3: CDI cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 4: CDI cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	supplementary data (565 Kb)
Table 5: ECB cases and incidence rates (per 100,000 TOBD) for healthcare associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 6: ECB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	supplementary data (565 Kb)
Table 7: ECB cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 8: ECB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	supplementary data (565 Kb)
Table 9: SAB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: Q3 2025 (July to July 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 10: SAB cases and incidence rates (per 100,000 TOBDs) for healthcare associated infection cases: year-ending	supplementary data (565 Kb)

December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	
Table 11: SAB cases and incidence rates (per 100,000 population) for community associated infection cases: Q3 2025 (July to September 2025) compared to Q4 2025 (October to December 2025).	supplementary data (565 Kb)
Table 12: SAB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending December 2024 (YE Q4 24) compared to year-ending December 2025 (YE Q4 25).	supplementary data (565 Kb)

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Further Information

Further information can be found on the [ARHAI Scotland website](#).

The data from this publication is available to download **from our web page** along with background information and metadata.

For more information on types of infections included in this report, please see the [CDI](#), [ECB](#), [SAB](#) and [SSI](#) pages.

The next release of this publication will be July 2026.

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Appendices

Appendix 1 – Background information

Revisions to the surveillance

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
Addition of healthcare/ community case assignment.	October 2017	CDI/SAB	An increasing awareness of those infections occurring in community settings has warranted measurement of incidence rates by healthcare setting (healthcare settings vs. community settings) to enable interventions to be targeted to the relevant settings.
Use of standardised denominator data for CDI/ECB/SAB.	October 2017	CDI/SAB	<p>The 'total occupied bed days' data will be extracted from the ISD(S)1 data collection which contains aggregated information on acute and non-acute bed days including geriatric medicine and long-term stays in real-time.</p> <p>The standardisation of denominator data across the three surveillance programmes could result in slightly less accurate denominators due to inclusion of persons in the denominator who are at slightly lower risk of infection. However, in surveillance programmes developed for the purpose of preventing infection and driving quality improvement in care, consistency of the denominators over time tends to be more important than getting a very precise estimate of the population at risk, as the primary aim is to reduce infection to a lower incidence relative to what it was at the initial time of benchmarking.</p>
Reporting of CDI cases aged 15 years and above only.	October 2017	CDI	Current Scottish Government Local Delivery Plan (LDP) Standards are based on the incidence rate in cases aged 15 years and above, therefore the report has been aligned to reflect this. ARHAI will

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
			continue to monitor CDI incidence rates in the separate age groups (15-64 years and 65 years and above) internally.
Reporting of total SAB cases only (i.e. Removal of MRSA sub-analysis).	October 2017	SAB	The count of MRSA bacteraemia cases are now too small to carry out statistical analysis. ARHAI Scotland will continue to monitor internally.
Name change for <i>Clostridium difficile</i> to <i>Clostridioides difficile</i> .	October 2018	CDI	A novel genus <i>Clostridioides</i> has been proposed for <i>Clostridium difficile</i> which will now be known as <i>Clostridioides difficile</i> . There are no implications with regards to the natural history of infection, infection prevention and control, or clinical treatment.
Addition of year end comparisons to ECB.	October 2018	ECB	This analysis (already included for other reported organisms) is now possible for ECB due the amount of data that has now been collected.
Change in production of quarterly SPC charts.	April 2020	All sections	Updated method used for calculating exceptions within the statistical process control (SPC) charts. The mean, Trigger/warning lines (+2 standard deviations) and upper control limits (+3 standard deviations) presented, are now calculated using the 12 quarters prior to the most recent quarter, as to compare the new rate against an existing baseline.
Changes to data collection in response to COVID-19.	July 2020	All sections	<p>A CNO letter sent 25th March 2020 asked NHS boards to continue to report case numbers and origin of infection data but they would not be required to report risk factor data as would normally be expected under enhanced/extended surveillance for <i>Staphylococcus aureus</i> bacteraemia (SAB), <i>Escherichia coli</i> bacteraemia (ECB) and <i>Clostridioides difficile</i> infection (CDI).</p> <p>All mandatory and voluntary Surgical Site Infection (SSI) surveillance was paused until further notice.</p>

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
Change from Health Protection Scotland to ARHAI Scotland.	October 2020	All sections	<p>In April 2020, as part of launch of Public Health Scotland, the ARHAI Group within Health Protection Scotland (HPS) became ARHAI Scotland.</p> <p>ARHAI Scotland will continue to support NHS boards in the prevention and control of healthcare associated infections. The report was updated to reflect this branding change.</p>
Change from National Waiting Times Centre (NWTC) to NHS Golden Jubilee (GJ).	January 2021	All sections	Labelling updated.
Change to reporting of ribotypes.	October 2022	CDI	A description of <i>C. difficile</i> PCR ribotypes (RTs) had not been included in the reports published between October 2022 and July 2023, while the CDI typing service provided by the Scottish Microbiology Reference Laboratory (SMiRL) was being reviewed.
Recommencement of mandatory surveillance following COVID-19 response.	April 2023	All sections	<p>As part of a return to pre-pandemic surveillance, for data collected from October 2022 onwards enhanced/extended surveillance for <i>Escherichia coli</i> bacteraemia (ECB) and <i>Staphylococcus aureus</i> bacteraemia (SAB) has been reinstated. Mandatory surveillance of enhanced fields including source of infection/entry point and risk factors as appropriate has resumed in line with the bacteraemia surveillance protocol.</p> <p>Previously, for data collected from 25 March 2020 onwards, only origin of infection was mandatory for ECB and SAB surveillance.</p> <p>Meanwhile all mandatory and voluntary Surgical Site Infection (SSI) surveillance will remain paused until further notice.</p>

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
Update to CDI surveillance protocol	September 2024	CDI	This protocol update should not have any impact on current CDI surveillance activities but has been updated to better reflect the current data handling methodologies as well as updating links to relevant documents.
Update to CDI snapshot surveillance protocol	September 2024	CDI	This protocol update reflected changes in laboratory reporting criteria and links to relevant documents were updated throughout.
Update to branding and template	January 2026	All Sections	<p>The branding in this report has been updated in line with the current organisational arrangements of ARHAI Scotland as an NHS Scotland Assure service.</p> <p>ARHAI Scotland continues to produce this report and continues to support NHS boards in the prevention and control of healthcare associated infections. The report was updated to reflect this branding change.</p>

Report methods and caveats

Full details of the report methods and caveats can be found [here](#).

UK comparisons

Improved collaboration with the other UK nations has made comparisons and standardisation across the UK a high priority for all four nations' governments/health departments. The changes introduced in the Scottish HAI surveillance described here facilitate benchmarking of the Scottish data against those of the rest of the UK.

Key to NHS boards

AA = NHS Ayrshire & Arran

BR = NHS Borders

DG = NHS Dumfries & Galloway

FV = NHS Forth Valley

FF = NHS Fife

GJ = NHS Golden Jubilee

GR = NHS Grampian

GGC = NHS Greater Glasgow & Clyde

HG = NHS Highland

LN = NHS Lanarkshire

LO = NHS Lothian

OR = NHS Orkney

SH = NHS Shetland

TY = NHS Tayside

WI = NHS Western Isles

Appendix 2 – Publication Metadata

Publication title

Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection in Scotland.

Description

This release provides information on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection in Scotland for the period October to December 2025.

Theme

Infections in Scotland.

Topic

Clostridioides difficile infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection.

Format

MS Word reports and MS Excel workbooks.

Data source(s)

***Clostridioides difficile* infection:**

Case data source: Electronic Communication of Surveillance in Scotland (ECOSS).

Data linkage source: General / Acute Inpatient and Day Case Scottish Morbidity Records (SMR01).

Healthcare associated denominator: Total occupied bed days: Public Health Scotland ISD(S)1.

Community associated denominator: National Records of Scotland (NRS) mid-year population estimates. Note: mid-year population estimates are not yet available for 2025, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 and 2025.

***Escherichia coli* bacteraemia:**

Case data source: Electronic Communication of Surveillance in Scotland (ECOSS) Enhanced Surveillance Web Tool.

Healthcare associated denominator: Total occupied bed days: Public Health Scotland ISD(S)1.

Community associated denominator: NRS mid-year population estimates. Note: mid-year population estimates are not yet available for 2025, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 and 2025.

***Staphylococcus aureus* bacteraemia:**

Case data source: Electronic Communication of Surveillance in Scotland (ECOSS) Enhanced Surveillance Web Tool.

Healthcare associated denominator: Total occupied bed days: Public Health Scotland ISD(S)1.

Community associated denominator: NRS mid-year population estimates. Note: mid-year population estimates are not yet available for 2025, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 and 2025.

Surgical Site Infection:

Epidemiological data for SSI are not included for this quarter. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Date that data are acquired

The date the data were extracted for analysis.

Clostridioides difficile infection: 20 January 2026.

Escherichia coli bacteraemia: 25 February 2026.

Staphylococcus aureus bacteraemia: 25 February 2026.

Surgical Site Infection: Epidemiological data for SSI are not included for this quarter.

National Mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Release date

07 April 2026.

Frequency

Quarterly.

Timeframe of data and timeliness

The latest iteration of data is 31 December 2025; therefore the data are three months in arrears.

Continuity of data

Quarterly as at March, June, September, and December.

Revisions statement

These data are not subject to planned major revisions. However, ARHAI aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.

Revisions relevant to this publication

Updates to previously published figures.

National Records for Scotland (NRS) mid-year population estimates

There were no retrospective amendments to the data.

Total Occupied Bed Days (TOBDs)

There were no retrospective amendments to the data.

Clostridioides difficile infection (CDI)

Quarter	NHS board	Previous healthcare associated CDI cases	Updated healthcare associated CDI cases	Previous community associated CDI cases	Updated community associated CDI cases	Reason
2025 Q3	AA	27	26	7	8	Retrospective data amendment.
2025 Q3	GGC	71	72	15	14	Retrospective data amendment.

Escherichia coli bacteraemia (ECB)

There were no retrospective amendments to the data.

Staphylococcus aureus bacteraemia (SAB)

There were no retrospective amendments to the data.

Surgical Site Infection (SSI)

Epidemiological data for SSI are not included for this quarter. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Concepts and definitions

Further information on the methods and caveats can be found [here](#).

When a board is highlighted as an exception this will be looked at further as per the exception reporting process.

Further information on the production of quarterly exception reports (SOP) can be found [here](#).

***Clostridioides difficile* infection (CDI)**

Clostridioides difficile infection (CDI) is the most common cause of intestinal infections (and diarrhoea) associated with antimicrobial therapy. Clinical disease comprises a range of toxin mediated symptoms from mild diarrhoea, which can resolve without treatment, to severe cases such as pseudomembranous colitis (PMC), toxic megacolon and peritonitis that can lead to death.

For mild disease, diarrhoea is usually the only symptom. Other clinical features consistent with more severe forms of CDI include fever, leukocytosis, pseudomembranous colitis and ileus.

Symptoms of CDI, and associated immune reactions in children, differ from those in adults, but the pathology is not well described. Routine testing in children aged less than 3 years old is not recommended, see [C. difficile testing algorithm](#) published by the Scottish Microbiology and Virology Network in 2024.

There remains scope for a reduction of incidence rates through continued local monitoring, appropriate prescribing, and compliance with infection prevention and control measures. The Scottish Health Protection Network published community based guidance in November 2024 [here](#). The [National Infection Prevention and Control Manual](#) provides IPC guidance to all those involved in care provision and is considered best practice across all health and care settings in Scotland. Full details of the surveillance methods may be found in the **Protocol for the Scottish Surveillance Programme for *Clostridioides difficile* infection: user manual | National Services Scotland**.

***Escherichia coli* bacteraemia (ECB)**

Escherichia coli (*E. coli*) is a bacterium commonly found in the gut of animals and people where it forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell. Some types of *E. coli* can cause urinary tract infections (UTI) and illnesses such as pneumonia.

E. coli continues to be the most frequent cause of Gram-negative bacteraemia in Scotland and is a frequent cause of infection worldwide.

New cases of ECB are identified by laboratory testing (via positive blood cultures) and submitted to the national system ECOSS. Only cases of ECB that have been reviewed and confirmed by the NHS boards in the enhanced surveillance system are included in the quarterly commentaries. Full details of the surveillance methods may be found in the [protocol](#).

***Staphylococcus aureus* bacteraemia (SAB)**

Staphylococcus aureus (*S. aureus*) is a Gram-positive bacterium that colonises the nasal cavity of about a quarter of the healthy population. This colonisation is usually harmless. However, infection can occur if *S. aureus* breaches the body's defence systems and can cause a range of illnesses from minor skin infections to serious systemic infections such as bacteraemia. Some strains of *S. aureus* produce toxins or show resistance to first line treatments, therefore, can be more complicated to treat.

Scotland has had a mandatory meticillin resistant *S. aureus* (MRSA) bacteraemia surveillance programme since 2001. The programme was extended to include meticillin sensitive *S. aureus* (MSSA) bacteraemia in 2006 and in 2014 to include enhanced *S. aureus* bacteraemia (SAB) surveillance. Full details of the surveillance methods may be found in the [protocol](#).

Surgical Site Infection (SSI)

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. SSI may be superficial infections involving the skin only, while other SSI is more serious and can involve tissues under the skin, organs, or implanted material.

SSI is one of the most common types of healthcare associated infection in Scotland, estimated to account for 16.5% of inpatient healthcare associated infection within NHSScotland, according to Scottish Point Prevalence Survey 2016. Prior to the COVID-19 pandemic, NHS boards participated in SSI surveillance for procedures including caesarean section, hip arthroplasty, large bowel, and vascular procedures. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Relevance and key uses of the statistics

***Clostridioides difficile* infection (CDI)**

Surveillance data is essential for monitoring trends and assisting in outbreak investigations. Certain strains of *C. difficile* have been associated with more severe disease (e.g. PCR ribotypes 027 and 078) and antibiotic resistance has been suggested to be a factor in the emergence and spread of *C. difficile* epidemic types. In addition, the identification of ribotypes and whole genome sequencing can assist in the investigation of outbreaks.

The surveillance data should inform and support NHS boards in implementing antimicrobial prescribing policies, infection control and prevention interventions. Further information on typing schemes may be found in the [Protocol for the *Clostridioides difficile* snapshot programme | National Services Scotland](#).

***Escherichia coli* bacteraemia (ECB)**

The outputs of the surveillance programme are intended to support the NHS boards in controlling and reducing the burden of ECB. Benchmarking against other NHS boards (and other countries) is an important function of the surveillance. In

conjunction with other sources of intelligence (including enhanced surveillance data) the outputs of the quarterly surveillance can also help the NHS boards with planning and targeting activities to reduce risk to patient of becoming infected and improve the care of patients (i.e. strategic planning, targeted intervention, care quality improvement).

As urinary tract infections are commonly associated with *E. coli* bacteraemia cases, ARHAI Scotland coordinates the sharing of urinary tract infection (UTI) reduction resources. These include the National Hydration Campaign which aims to convey the public health benefits of good hydration in terms of UTI prevention, and the National Catheter Passport which gives information on how to care for urinary catheters at home as well as a clinical section for a nurse, doctor, or carer. Work is also being done on improving antimicrobial treatment of people with infections – co-ordinated by the Scottish Antimicrobial Prescribing Group (SAPG) through a network of antimicrobial management teams.

***Staphylococcus aureus* bacteraemia (SAB)**

ARHAI continues to offer support to NHS boards across Scotland to aid their local SAB reduction strategies. A programme of enhanced SAB surveillance commenced in all NHS boards in Scotland on 1 October 2014. This is providing further intelligence to focus future reduction interventions.

Surgical Site Infection (SSI)

SSIs are estimated to double the length of post-operative stay in hospital and significantly increase the cost of care. The national SSI programme is intended to enhance the quality of patient care with use of data obtained from surveillance to compare incidence of SSI over time and against a benchmark rate and to use this information locally to review and guide clinical practice. National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Accuracy

CDI, ECB and SAB data are the product of the Electronic Communication of Surveillance in Scotland (ECOSS). Participating laboratories routinely report all identifications of organisms, infection, or microbiological intoxication unless they are known to be of no clinical or public health importance. The collected data are used for: the identification of single cases of severe disease, outbreaks, longer term trends in the incidence of laboratory reported infections, enhanced surveillance, health protection, and analytical and statistical use.

Delays in SMR01 data availability at the time of report production means that the origin of infection for some CDI cases may be reassigned at a later date. Therefore, healthcare-associated and community-associated CDI cases in this report are provisional and may change as more data becomes available.

The enhanced ECB and SAB ECOSS web tool has built-in validation rules that must be met before the data are submitted. Further checks of the data are made by ARHAI before the data are analysed. CDI validation of collected data entails sending a list of CDI cases extracted from ECOSS to all NHS boards and asking for confirmation that the cases represent true CDI cases, i.e., meet the case definition which is defined in the [Protocol for the Scottish Surveillance Programme for *Clostridioides difficile* infection: user manual | National Services Scotland, prior to sending for linkage with national hospital activity registers](#). The final list of CDI cases is then agreed before publishing.

SSI data is reported via the Surgical Site Infection Reporting System (SSIRS). Complying with a national minimum dataset and definitions for Surgical Site Infections, enables the data submitted to ARHAI Scotland to be mapped into the national dataset following a rigorous quality assurance process.

SSIRS has built-in validation rules and data cannot be submitted until rules are met. SSIRS primary validation checks for incomplete or conflicting information entered in core data fields. Secondary validation includes data checks that can be accepted without completion and/or values that are outside the stated requirements.

Completeness

TOBD:

The total occupied bed days for September 2025 in NHS Fife were not available at the time of publication, therefore the TOBDs for September 2024 were used as a proxy.

The total occupied bed days for November of 2025 in NHS Ayrshire & Arran were not available at the time of publication, therefore the TOBDs for November 2024 were used as a proxy.

ECB/SAB:

Surveillance data are collected using an ECOSS Surveillance Web Tool that allows data collectors in NHS boards to validate ECOSS records as well as additional cases that may not be included in the ECOSS system. This therefore means that completeness is near to 100%. Only cases validated through enhanced surveillance are included in this publication.

CDI:

Diagnosis of CDI is confirmed in a patient who is both symptomatic with diarrhoea and whose stool has tested positive for *C. difficile* toxin using the diagnostic algorithm outlined in the [C. difficile testing algorithm](#) published by the Scottish Microbiology and Virology Network in 2024. Origin of infections are assigned using a combination of NHS board validation and data linkage with national hospital activity registers ([Protocol for the Scottish Surveillance Programme for Clostridioides difficile infection: user manual | National Services Scotland](#)). As with most surveillance programmes, completeness will not be 100% but mandatory surveillance methodology ensures this is as near to 100% as practically possible.

CDI Ribotyping: The snapshot programme ([Protocol for the Clostridioides difficile snapshot programme | National Services Scotland](#)) aims to obtain a representative sample of isolates from CDI cases across all NHS boards in Scotland, but this cannot always be achieved, therefore the data should be interpreted with caution.

The clinical typing scheme aims to provide data from severe CDI cases and/or suspected outbreaks. These data are based on the specimens and information

received by the reference laboratory and are not validated by individual NHS boards for completeness, therefore, the data should be interpreted with caution.

SSI:

National mandatory SSI surveillance was paused in 2020 to support the COVID-19 response and has not yet resumed.

Comparability

UK Health Security Agency (UKHSA) report rates per quarter for CDI, ECB and SAB, and annually for SSI (methods and definitions may differ).

[*Clostridioides difficile*: guidance, data and analysis](#)

[*Escherichia coli* \(*E. coli*\): guidance, data and analysis](#)

[*Staphylococcus aureus*: guidance, data and analysis](#)

[Surgical site infection \(SSI\): guidance, data and analysis](#)

Accessibility

It is the policy of ARHAI to make its web sites and products accessible according to [published guidelines](#).

Coherence and clarity

Tables and charts are accessible via the [supplementary data](#) file on the ARHAI Scotland website.

Value type and unit of measurement

Healthcare associated cases and incidence rates (per 100,000 Total occupied bed days (TOBDs)) for *Clostridioides difficile* infection, *Escherichia coli* bacteraemia & *Staphylococcus aureus* bacteraemia.

Community associated cases and incidence rates (per 100,000 population) for *Clostridioides difficile* infection, *Escherichia coli* bacteraemia & *Staphylococcus aureus* bacteraemia. Quarterly rates of community associated infections are

calculated pro-rata for the number of days in the quarter, so that quarterly and yearly incidence rates are comparable.

Number of procedures and Surgical Site Infections and incidence per categories (per 100 procedures) for inpatients and post discharge surveillance.

Further information on the methods and caveats for can be found [here](#).

Disclosure

The PHS protocol on [Statistical Disclosure Protocol](#) is followed.

Official Statistics accreditation

Official Statistics.

UK Statistics Authority Assessment

Not Assessed.

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Date of first publication

07 April 2015. Prior to this *Clostridioides difficile* infection (first publication - 2 Apr 2008) and *Staphylococcus aureus* bacteraemia (first publication - 3 Apr 2002) were separate reports.

Help email

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Date form completed

07 April 2026.

Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ARHAI is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS board Chief Executives
- NHS board Communication leads

Appendix 4 – ARHAI Scotland and Official Statistics

About ARHAI Scotland

ARHAI Scotland works at the very heart of the health service across Scotland, delivering services critical to frontline patient care and supporting the efficient and effective operation of NHSScotland.

Official Statistics

Our statistics comply with the [Code of Practice for Statistics](#) in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the [‘five safes’](#).

This document has been prepared by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) team of NHS Scotland Assure, part of NHS National Services Scotland (NSS).

This publication can be made available in large print, braille (English only), audio tape and different languages. Please contact nss.equalitydiversity@nhs.scot for further information.

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