

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

January to March (Q1) 2025

An Official Statistics publication for Scotland

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About this release

This release by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland provides data for common healthcare infections in Scotland. These infections may result in severe illness, death, and higher treatment costs. The published data can be used to improve care of patients. *Clostridioides difficile* infection (CDI) can cause diarrhoeal illness, especially in vulnerable patients who have received antibiotics. *Escherichia coli* bacteraemia (ECB) and *Staphylococcus aureus* bacteraemia (SAB) are both life-threatening bloodstream infections. Surgical site infections (SSI) are bacterial infections of surgical operation sites which can have serious outcomes for patients.

Main Points

Total cases for January to March (Q1) 2025

- There were 272 CDI cases, of which 76.5% (208) were healthcare infections. In the previous quarter there were 367 cases.
- There were 1,050 ECB cases, of which 57.5% (604) were healthcare infections. In the previous quarter there were 1,070 cases.
- There were 406 SAB cases, of which 69.7% (283) were healthcare infections. In the previous quarter there were 434 SAB cases.
- Epidemiological data for SSI are not included for this quarter. Surveillance of SSI was paused in 2020 to support the COVID-19 response and has not yet resumed.

NHS boards requiring further analysis

- These need to be looked at further as per the exception reporting process.
 - The number of healthcare associated CDI cases in NHS Borders in 2025 Q1 were markedly higher than have previously been observed over the past three years.
 - The number of healthcare associated ECB cases in NHS Lanarkshire were markedly higher than the average within Scotland in 2025 Q1.
 - The number of community associated ECB cases in NHS Ayrshire & Arran were markedly higher than the average within Scotland in 2025 Q1.
- The table shows NHS boards' rates for each healthcare and community infection in 2025 Q1.

Table: Quarterly rates for healthcare infections per 100,000 total occupied bed days and community infections per 100,000 population, 1 January to 31 March 2025.

NHS board	Healthcare CDI	Healthcare ECB	Healthcare SAB	Community CDI	Community ECB	Community SAB
Ayrshire & Arran	16.3	42.0	27.4	5.5	+ 59.8	11.1
Borders	↑ 29.4	19.6	19.6	7.0	38.3	17.4
Dumfries & Galloway	15.1	32.3	10.8	2.8	41.8	11.1
Fife	14.7	41.9	11.3	4.3	32.6	14.1
Forth Valley	14.6	38.4	21.2	1.3	41.3	9.3
Golden Jubilee	0.0	7.1	14.1	-	-	-
Grampian	10.8	32.4	22.3	6.9	17.3	13.1
Greater Glasgow & Clyde	11.4	38.0	19.0	3.4	26.5	5.1
Highland	16.2	26.2	21.2	2.5	30.0	8.8
Lanarkshire	17.3	+ 50.6	18.0	3.6	40.4	10.3
Lothian	12.4	39.6	13.2	5.3	25.2	6.2
Orkney	30.2	30.2	0.0	18.4	36.9	0.0
Shetland	0.0	100.8	134.4	17.6	70.5	35.3
Tayside	11.2	43.8	13.7	8.7	43.7	9.7
Western Isles	15.5	108.6	15.5	0.0	46.7	0.0
Scotland	13.4	38.9	18.2	4.7	32.9	9.1

Key

+ Markedly higher than average infection rate, after accounting for NHS board population size/activity.

↑ Markedly higher than rates observed within the NHS board over the past three years.

Background

The data used for this report is part of the mandatory surveillance in Scotland. ARHAI Scotland supports NHS boards to analyse their data. Local monitoring in hospital and community settings is required to reduce these infections.

Contact

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Further Information

Find out more in the [full report](#). The data from this publication is available to download [from our web page](#) along with a background information and metadata document.

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

Our statistical practice is regulated by the Office for Statistics Regulation (OSR).

The next release of this publication will be October 2025.



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