

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

April to June (Q2) 2025

An Official Statistics publication for Scotland

Publication date: 07 October 2025

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 April to June (Q2) 2025

- There were 286 CDI cases, of which 74.5% (213) were healthcare infections. In the previous quarter there were 272 cases.
- There were 1,237 ECB cases, of which 54.3% (672) were healthcare infections. In the previous quarter there were 1,050 cases.
- There were 459 SAB cases, of which 66.0% (303) were healthcare infections. In the previous quarter there were 406 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 ECB cases in NHS Scotland in 2025 Q2 were markedly higher than have previously been observed over the past three years.
 - The number of community associated ECB cases in NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway and NHS Tayside were markedly higher than the average within Scotland in 2025 Q2.
 - The number of community associated SAB cases in NHS Fife were markedly higher than the average within Scotland in 2025 Q2 and were markedly higher than have previously been observed over the past three years.
- The table shows NHS boards' rates for each healthcare and community infection in 2025 Q2.

Table: Quarterly rates for healthcare infections per 100,000 total occupied bed days and community infections per 100,000 population, 1 April to 30 June 2025.

NHS board	Healthcare CDI	Healthcare ECB	Healthcare SAB	Community CDI	Community ECB	Community SAB
Ayrshire & Arran	21.7	40.7	24.3	9.8	+ 61.1	8.7
Borders	14.3	57.2	28.6	0.0	+ 75.4	3.4
Dumfries & Galloway	18.7	51.4	11.7	8.2	+ 85.2	13.7
Fife	12.9	51.5	11.7	3.2	45.0	+ ↑ 27.8
Forth Valley	7.8	49.4	20.8	1.3	43.2	18.3
Golden Jubilee	19.9	19.9	13.3	-	-	-
Grampian	10.6	47.9	19.0	7.5	29.1	5.4
Greater Glasgow & Clyde	10.4	43.0	21.9	3.3	30.3	7.6
Highland	19.3	24.4	23.1	9.9	37.0	8.6
Lanarkshire	18.8	46.3	24.8	4.1	49.1	9.5
Lothian	18.1	40.5	14.1	6.5	28.8	12.0
Orkney	0.0	31.8	63.7	0.0	18.2	36.4
Shetland	73.0	219.1	73.0	0.0	51.9	34.6
Tayside	8.0	43.4	15.1	4.8	+ 56.5	15.3
Western Isles	0.0	107.2	30.6	15.4	46.2	0.0
Scotland	13.9	↑ 44.0	19.8	5.3	40.9	11.3

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

Shona Cairns, Consultant Healthcare Scientist, ARHAI Scotland

Email: NSS.ARHAIdatateam@nhs.scot

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 January 2026.



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