Public Services Delivery
Scotland

NHS SCOTLAND

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

January to March (Q1) 2026

Publication date: 07 July 2026

An Official Statistics publication for Scotland

Contents

This is an Official Statistics Publication

The Official Statistics (Scotland) Order 2008 authorises Public Services Delivery Scotland (the legal name being the Common Services Agency for the Scottish Health Service) to produce official statistics.

All official statistics should comply with the UK Statistics Authority's Code of Practice which promotes the production and dissemination of official statistics that inform decision making. They can be formally assessed by the UK Statistics Authority's regulatory arm for National Statistics status.

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the **Code of Practice for Statistics** that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards.

Alternatively, you can contact OSR by emailing **regulation@statistics.gov.uk** or via the **OSR website**.

Find out more about the Code of Practice **here**.

Find out more about official statistics **here**.

Introduction

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland provides a commentary on quarterly epidemiological data in Scotland for January to March (Q1) 2026 on the following:

- *Clostridioides difficile* infection
- *Escherichia coli* bacteraemia
- *Staphylococcus aureus* bacteraemia
- Epidemiological data for Surgical Site Infection are not included for this quarter. Surveillance of SSI was paused in 2020 to support the COVID-19 response and has not yet resumed.

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

Main Points

Clostridioides difficile infection (CDI) during January to March 2026

- The total number of CDI cases in patients reported to ARHAI was 287.
- 214 (74.6%) CDI cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 13.9 cases per 100,000 total occupied bed days (TOBDs).
- 73 (25.4%) CDI cases were reported as community associated. This corresponds to an incidence rate of 5.3 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.
- NHS Forth Valley were above normal variation for community associated CDI when analysing trends over the past three years.

Escherichia coli bacteraemia (ECB) during January to March 2026

- The total number of ECB cases in patients reported to ARHAI was 1,071.
- 609 (56.9%) ECB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 39.5 cases per 100,000 TOBDs.
- 462 (43.1%) ECB cases were reported as community associated. This corresponds to an incidence rate of 33.8 cases per 100,000 population.
- NHS Tayside and Dumfries & Galloway were above the 95% confidence interval upper limit for healthcare associated ECB in the funnel plot analysis.
- No NHS boards were 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 January to March 2026

- The total number of SAB cases in patients reported to ARHAI was 428.
- 291 (68.0%) SAB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 18.9 cases per 100,000 TOBDs.
- 137 (32.0%) SAB cases were reported as community associated. This corresponds to an incidence rate of 10.0 cases per 100,000 population.
- No NHS boards were above the 95% confidence interval upper limit for healthcare associated SAB in the funnel plot analysis.
- NHS Tayside was 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 January to March 2026

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 Q1 2026, 287 *Clostridioides difficile* infection (CDI) cases in patients were reported to ARHAI. In the previous quarter there were 291 cases.
- In the clinical surveillance typing scheme (covering severe cases and/or outbreaks), out of a total of 48 isolates, ribotype 015 (18.8%) was the most common ribotype identified, followed by ribotypes 002 and 020 (both 10.4%), 014, 050 and 078 (all 6.3%) and, 017, 023, 026, and 076 (all 4.2%). The remaining 25.0% of isolates comprised a mixture of ribotypes, each 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 71 isolates, ribotype 002 (16.9%) was the most common ribotype identified, followed by ribotypes 005 (11.3%), 014 (9.9%), 015 and 078 (both 8.5%), and, 020 and 023 (both 7.0%). The remaining 31.0% 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 Q1 2026, 214 (74.6%) CDI cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 13.9 cases per 100,000 total occupied bed days (TOBDs) (**Table 1**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show an increase in NHS Golden Jubilee, and decreases in NHS Scotland, NHS Forth Valley, NHS Grampian, and NHS Greater Glasgow & Clyde (**Table 2**).
- NHS Lanarkshire was 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 Q1 2026, 73 (25.4%) CDI cases were reported as community associated. This corresponds to an incidence rate of 5.3 cases per 100,000 population (**Table 3**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show that there was a decrease in NHS Fife (**Table 4**).
- No NHS boards were above the 95% confidence interval upper limit in the funnel plot analysis (**Figure 2**).
- NHS Forth Valley was 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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1,2]

NHS board	Q4 Cases	Q4 Bed days	Q4 Rate	Q1 Cases	Q1 Bed days	Q1 Rate
AA	19	113,518	16.7	9	115,764	7.8
BR	4	28,515	14.0	4	27,575	14.5
DG	10	45,121	22.2	6	46,060	13.0
FF	14	87,270	16.0	13	89,068	14.6
FV	11	71,662	15.3	7	75,254	9.3
GJ	3	15,298	19.6	1	14,660	6.8
GR	14	140,772	9.9	11	138,666	7.9
GGC	63	442,226	14.2	63	440,504	14.3
HG	8	81,201	9.9	16	82,700	19.3
LN	33	152,145	21.7	39	152,359	25.6
LO	28	227,627	12.3	38	225,358	16.9
OR	1	3,608	27.7	0	3,779	0.0
SH	1	2,775	36.0	0	2,654	0.0
TY	11	115,561	9.5	7	118,768	5.9
WI	1	7,033	14.2	0	6,944	0.0
Scotland	**221**	**1,534,332**	**14.4**	**214**	**1,540,113**	**13.9**

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 March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Bed days	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Bed days	YE Q1 26 Rate
AA	89	458,882	19.4	79	458,393	17.2
BR	18	127,233	14.1	14	112,032	12.5
DG	44	184,730	23.8	34	176,702	19.2
FF	46	351,000	13.1	49	348,509	14.1
FV	58	305,345	19.0	33	293,871	↓ 11.2
GJ	2	57,455	3.5	11	60,454	↑ 18.2
GR	85	552,582	15.4	54	562,408	↓ 9.6
GGC	303	1,786,575	17.0	244	1,766,185	↓ 13.8
HG	79	320,735	24.6	59	322,624	18.3
LN	116	608,657	19.1	116	603,664	19.2
LO	148	954,636	15.5	151	905,624	16.7
OR	1	12,577	8.0	1	14,073	7.1
SH	5	10,618	47.1	4	11,032	36.3
TY	43	465,409	9.2	43	460,467	9.3
WI	4	26,785	14.9	2	27,307	7.3
Scotland	**1,041**	**6,223,219**	**16.7**	**894**	**6,123,345**	**↓ 14.6**

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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1,2,3]

NHS board	Q4 Cases	Q4 Population	Q4 Rate	Q1 Cases	Q1 Population	Q1 Rate
AA	4	367,750	4.3	9	367,750	9.9
BR	3	116,980	10.2	2	116,980	6.9
DG	3	145,860	8.2	2	145,860	5.6
FF	2	374,760	2.1	1	374,760	1.1
FV	4	306,340	5.2	7	306,340	9.3
GR	8	591,870	5.4	10	591,870	6.9
GGC	12	1,217,270	3.9	9	1,217,270	3.0
HG	5	324,980	6.1	4	324,980	5.0
LN	3	678,570	1.8	10	678,570	6.0
LO	16	932,180	6.8	12	932,180	5.2
OR	0	22,020	0.0	0	22,020	0.0
SH	1	23,190	17.1	1	23,190	17.5
TY	9	419,110	8.5	5	419,110	4.8
WI	0	26,020	0.0	1	26,020	15.6
Scotland	**70**	**5,546,900**	**5.0**	**73**	**5,546,900**	**5.3**

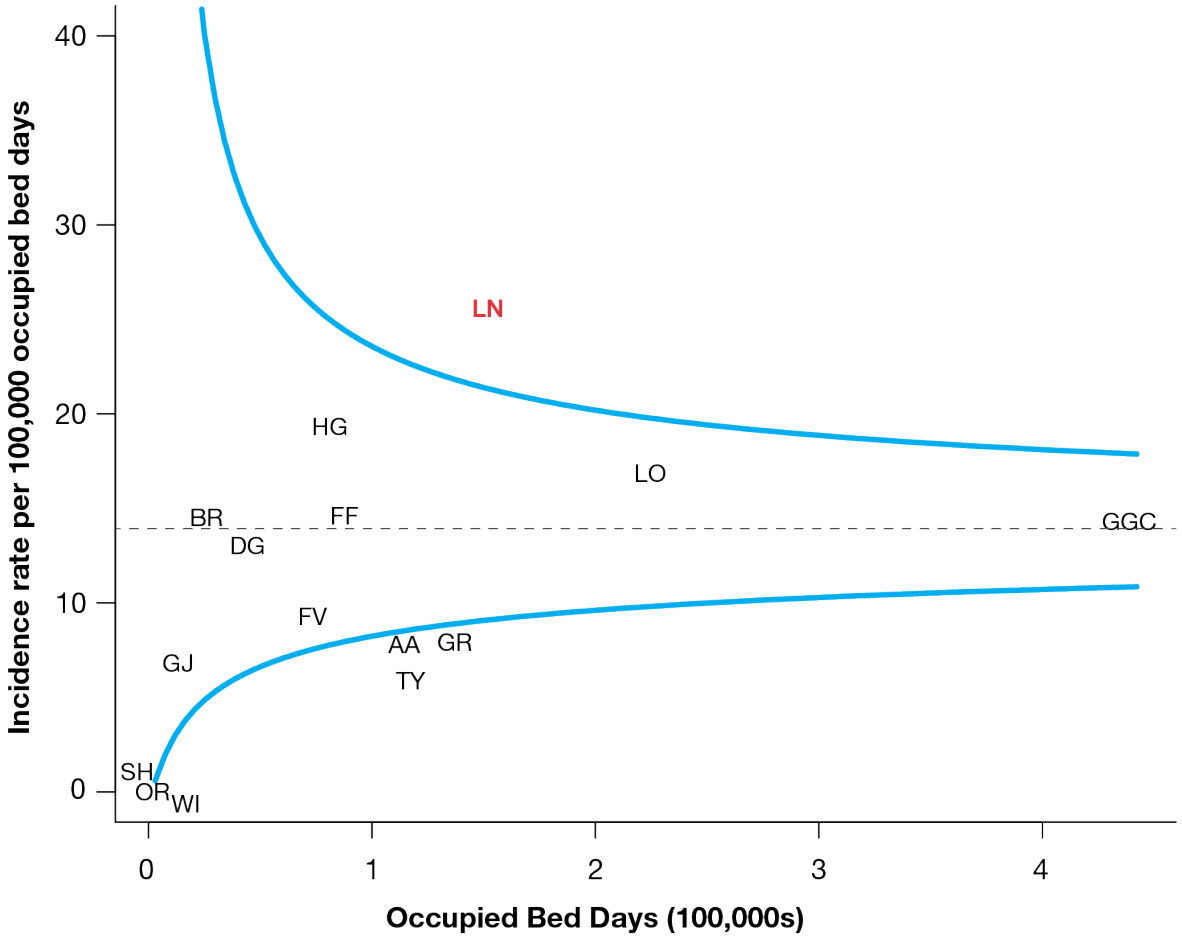
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS)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

Table 4: CDI cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Population	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Population	YE Q1 26 Rate
AA	34	367,750	9.2	30	367,750	8.2
BR	8	116,980	6.8	5	116,980	4.3
DG	6	145,860	4.1	9	145,860	6.2
FF	25	374,760	6.7	9	374,760	↓ 2.4
FV	14	306,340	4.6	13	306,340	4.2
GR	46	591,870	7.8	39	591,870	6.6
GGC	43	1,217,270	3.5	45	1,217,270	3.7
HG	23	324,980	7.1	29	324,980	8.9
LN	30	678,570	4.4	26	678,570	3.8
LO	82	932,180	8.8	65	932,180	7.0
OR	3	22,020	13.6	0	22,020	0.0
SH	5	23,190	21.6	3	23,190	12.9
TY	26	419,110	6.2	25	419,110	6.0
WI	3	26,020	11.5	2	26,020	7.7
Scotland	**348**	**5,546,900**	**6.3**	**300**	**5,546,900**	**5.4**

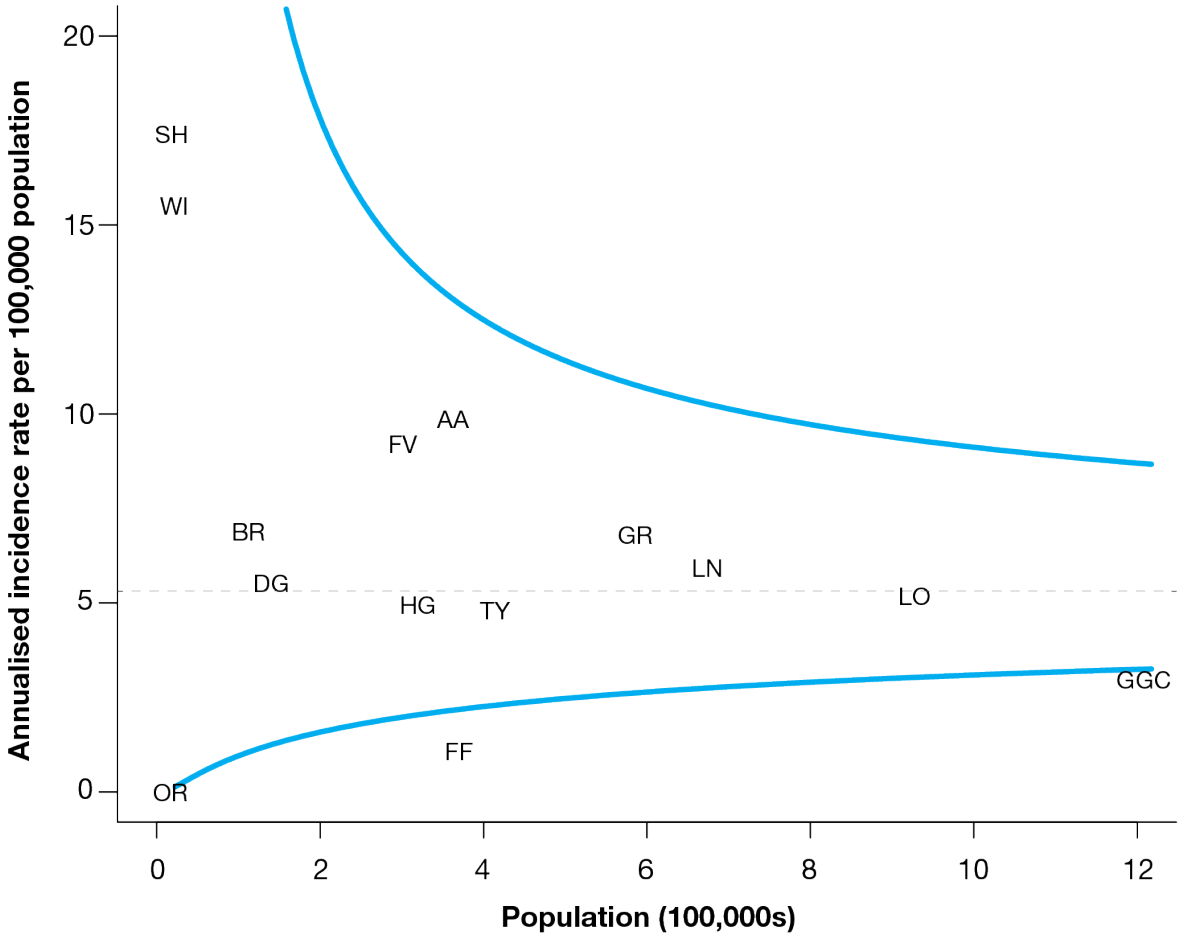
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 1: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q1 2026.[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 Q1 2026.[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 Q1 2026, 1,071 *Escherichia coli* bacteraemia (ECB) cases in patients were reported to ARHAI. In the previous quarter there were 1,072 cases.

Healthcare associated infection cases by NHS board where specimen taken

- During Q1 2026, 609 (56.9%) ECB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 39.5 cases per 100,000 TOBDs (**Table 5**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show that there was an increase in NHS Scotland and NHS Lanarkshire (**Table 6**).
- NHS Tayside and NHS Dumfries & Galloway 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 Q1 2026, 462 (43.1%) ECB cases were reported as community associated. This corresponds to an incidence rate of 33.8 cases per 100,000 population (**Table 7**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show there were no increases or decreases in NHS boards, or in Scotland overall (**Table 8**).
- No NHS boards were 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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1,2]

NHS board	Q4 Cases	Q4 Bed days	Q4 Rate	Q1 Cases	Q1 Bed days	Q1 Rate
AA	50	113,518	44.0	54	115,764	46.6
BR	15	28,515	52.6	8	27,575	29
DG	20	45,121	44.3	30	46,060	65.1
FF	30	87,270	34.4	36	89,068	40.4
FV	28	71,662	39.1	28	75,254	37.2
GJ	3	15,298	19.6	1	14,660	6.8
GR	54	140,772	38.4	43	138,666	31.0
GGC	162	442,226	36.6	166	440,504	37.7
HG	27	81,201	33.3	17	82,700	20.6
LN	80	152,145	52.6	62	152,359	40.7
LO	93	227,627	40.9	85	225,358	37.7
OR	0	3,608	0.0	0	3,779	0.0
SH	1	2,775	36.0	4	2,654	150.7
TY	60	115,561	51.9	69	118,768	58.1
WI	2	7,033	28.4	6	6,944	86.4
Scotland	**625**	**1,534,332**	**40.7**	**609**	**1,540,113**	**39.5**

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 March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Bed days	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Bed days	YE Q1 26 Rate
AA	198	458,882	43.1	207	458,393	45.2
BR	47	127,233	36.9	51	112,032	45.5
DG	86	184,730	46.6	95	176,702	53.8
FF	144	351,000	41	147	348,509	42.2
FV	141	305,345	46.2	119	293,871	40.5
GJ	8	57,455	13.9	10	60,454	16.5
GR	192	552,582	34.7	205	562,408	36.5
GGC	670	1,786,575	37.5	709	1,766,185	40.1
HG	89	320,735	27.7	81	322,624	25.1
LN	249	608,657	40.9	303	603,664	↑ 50.2
LO	329	954,636	34.5	358	905,624	39.5
OR	7	12,577	55.7	4	14,073	28.4
SH	12	10,618	113	15	11,032	136
TY	221	465,409	47.5	241	460,467	52.3
WI	19	26,785	70.9	19	27,307	69.6
Scotland	**2,412**	**6,223,219**	**38.8**	**2,564**	**6,123,345**	**↑ 41.9**

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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1,2,3]

NHS board	Q4 Cases	Q4 Population	Q4 Rate	Q1 Cases	Q1 Population	Q1 Rate
AA	55	367,750	59.3	35	367,750	38.6
BR	17	116,980	57.7	13	116,980	45.1
DG	14	145,860	38.1	21	145,860	58.4
FF	35	374,760	37.1	29	374,760	31.4
FV	32	306,340	41.4	36	306,340	47.7
GR	27	591,870	18.1	43	591,870	29.5
GGC	81	1,217,270	26.4	77	1,217,270	25.7
HG	17	324,980	20.8	24	324,980	30.0
LN	53	678,570	31	60	678,570	35.9
LO	68	932,180	28.9	70	932,180	30.5
OR	2	22,020	36	3	22,020	55.3
SH	2	23,190	34.2	3	23,190	52.5
TY	43	419,110	40.7	48	419,110	46.4
WI	1	26,020	15.2	0	26,020	0.0
Scotland	**447**	**5,546,900**	**32.0**	**462**	**5,546,900**	**33.8**

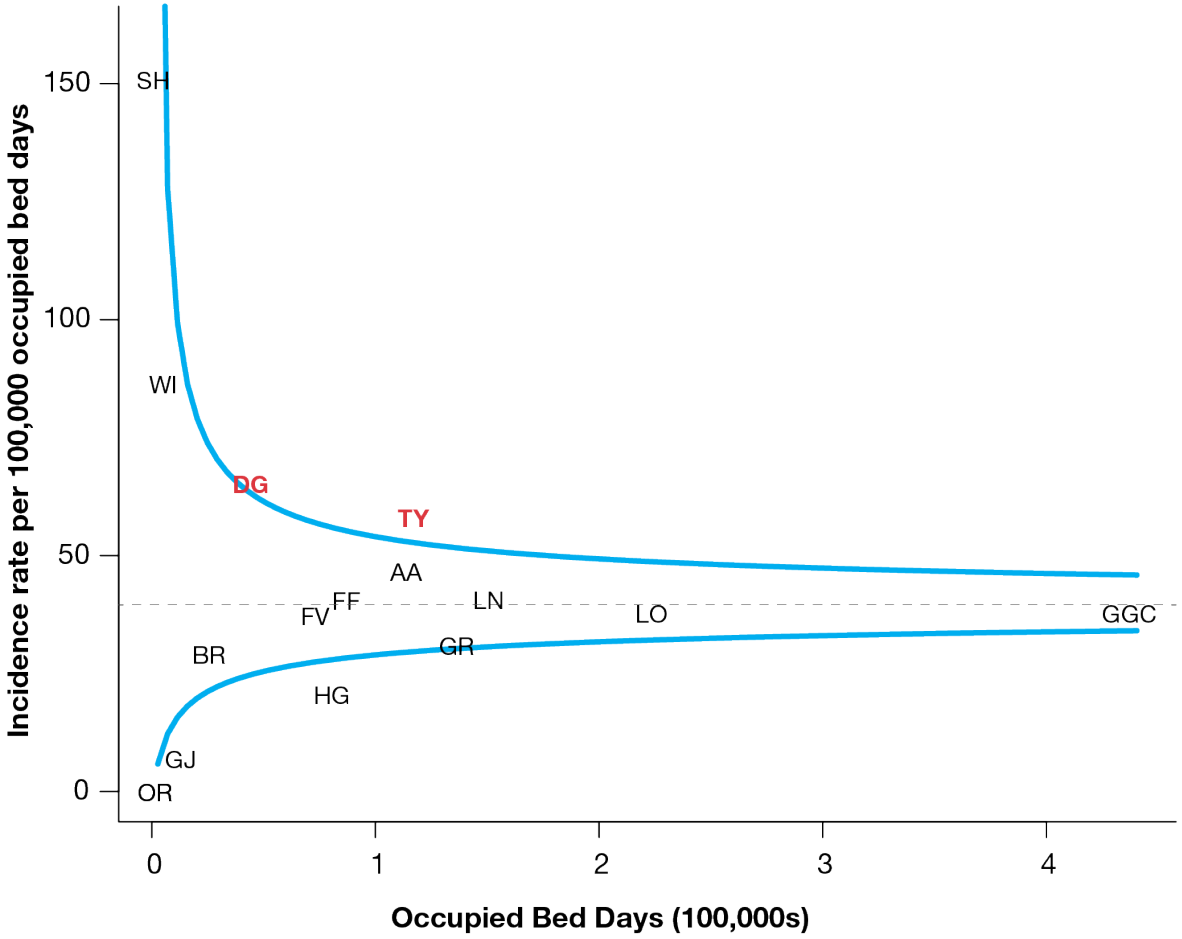
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS)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

Table 8: ECB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Population	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Population	YE Q1 26 Rate
AA	222	367,750	60.4	211	367,750	57.4
BR	63	116,980	53.9	65	116,980	55.6
DG	79	145,860	54.2	92	145,860	63.1
FF	134	374,760	35.8	139	374,760	37.1
FV	129	306,340	42.1	145	306,340	47.3
GR	128	591,870	21.6	160	591,870	27.0
GGC	365	1,217,270	30.0	363	1,217,270	29.8
HG	111	324,980	34.2	99	324,980	30.5
LN	283	678,570	41.7	272	678,570	40.1
LO	237	932,180	25.4	279	932,180	29.9
OR	7	22,020	31.8	8	22,020	36.3
SH	8	23,190	34.5	9	23,190	38.8
TY	173	419,110	41.3	201	419,110	48.0
WI	5	26,020	19.2	6	26,020	23.1
Scotland	**1,944**	**5,546,900**	**35.0**	**2049**	**5,546,900**	**36.9**

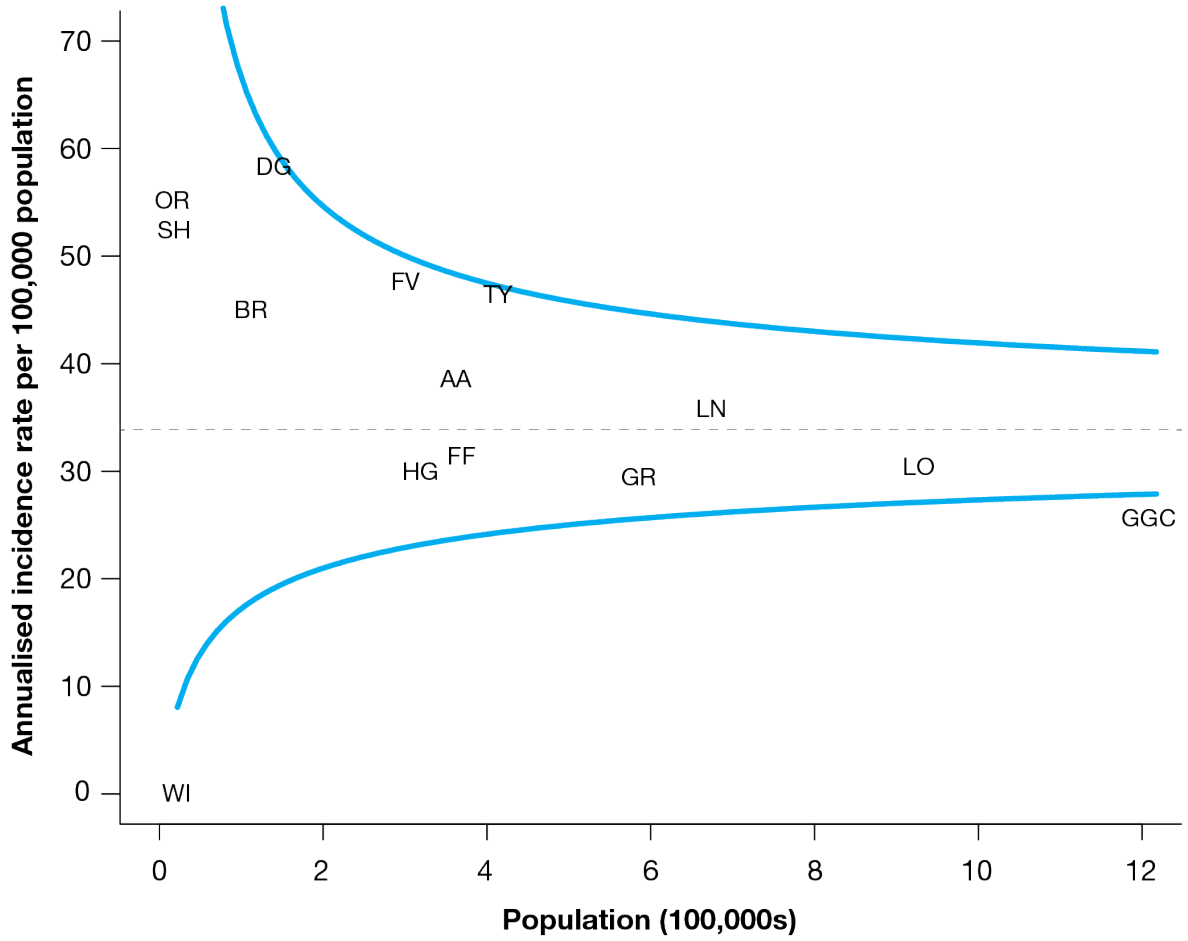
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 3: Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q1 2026.[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 Q1 2026.[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 Q1 2026, 428 *Staphylococcus aureus* bacteraemia (SAB) cases in patients were reported to ARHAI. In the previous quarter there were 414 SAB cases.

Healthcare associated infection cases by NHS board where specimen taken

- During Q1 2026, 291 (68.0%) SAB cases were reported to ARHAI as healthcare associated. This corresponds to an incidence rate of 18.9 cases per 100,000 TOBDs (**Table 9**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show there was show there were no increases or decreases in NHS boards, or in Scotland overall (**Table 10**).
- No NHS boards were 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 Q1 2026, 137 (32.0%) SAB cases were reported as community associated. This corresponds to an incidence rate of 10.0 cases per 100,000 population (**Table 11**).
- Yearly comparisons (comparing year-ending March 2025 with year-ending March 2026) show there was a decrease in NHS Lanarkshire (**Table 12**).
- NHS Tayside was 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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1, 2]

NHS board	Q4 Cases	Q4 Bed days	Q4 Rate	Q1 Cases	Q1 Bed days	Q1 Rate
AA	26	113,518	22.9	31	115,764	26.8
BR	6	28,515	21.0	6	27,575	21.8
DG	12	45,121	26.6	9	46,060	19.5
FF	16	87,270	18.3	13	89,068	14.6
FV	11	71,662	15.3	15	75,254	19.9
GJ	2	15,298	13.1	2	14,660	13.6
GR	24	140,772	17.0	29	138,666	20.9
GGC	79	442,226	17.9	82	440,504	18.6
HG	14	81,201	17.2	11	82,700	13.3
LN	17	152,145	11.2	20	152,359	13.1
LO	41	227,627	18.0	40	225,358	17.7
OR	0	3,608	0.0	1	3,779	26.5
SH	1	2,775	36.0	0	2,654	0.0
TY	33	115,561	28.6	31	118,768	26.1
WI	0	7,033	0.0	1	6,944	14.4
Scotland	**282**	**1,534,332**	**18.4**	**291**	**1,540,113**	**18.9**

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 March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Bed days	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Bed days	YE Q1 26 Rate
AA	121	458,882	26.4	109	458,393	23.8
BR	25	127,233	19.6	21	112,032	18.7
DG	29	184,730	15.7	34	176,702	19.2
FF	50	351,000	14.2	46	348,509	13.2
FV	54	305,345	17.7	52	293,871	17.7
GJ	11	57,455	19.1	9	60,454	14.9
GR	107	552,582	19.4	108	562,408	19.2
GGC	331	1,786,575	18.5	355	1,766,185	20.1
HG	38	320,735	11.8	54	322,624	16.7
LN	113	608,657	18.6	112	603,664	18.6
LO	156	954,636	16.3	158	905,624	17.4
OR	0	12,577	0.0	4	14,073	28.4
SH	6	10,618	56.5	4	11,032	36.3
TY	103	465,409	22.1	102	460,467	22.2
WI	9	26,785	33.6	4	27,307	14.6
Scotland	**1,153**	**6,223,219**	**18.5**	**1,172**	**6,123,345**	**19.1**

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: Q4 2025 (October to December 2025) compared to Q1 2026 (January to March 2026).[1,2,3]

NHS board	Q4 Cases	Q4 Population	Q4 Rate	Q1 Cases	Q1 Population	Q1 Rate
AA	15	367,750	16.2	9	367,750	9.9
BR	8	116,980	27.1	6	116,980	20.8
DG	5	145,860	13.6	4	145,860	11.1
FF	14	374,760	14.8	10	374,760	10.8
FV	9	306,340	11.7	6	306,340	7.9
GR	12	591,870	8.0	17	591,870	11.6
GGC	21	1,217,270	6.8	10	1,217,270	3.3
HG	4	324,980	4.9	10	324,980	12.5
LN	9	678,570	5.3	15	678,570	9.0
LO	24	932,180	10.2	26	932,180	11.3
OR	0	22,020	0.0	1	22,020	18.4
SH	0	23,190	0.0	1	23,190	17.5
TY	11	419,110	10.4	21	419,110	20.3
WI	0	26,020	0.0	1	26,020	15.6
Scotland	**132**	**5,546,900**	**9.4**	**137**	**5,546,900**	**10.0**

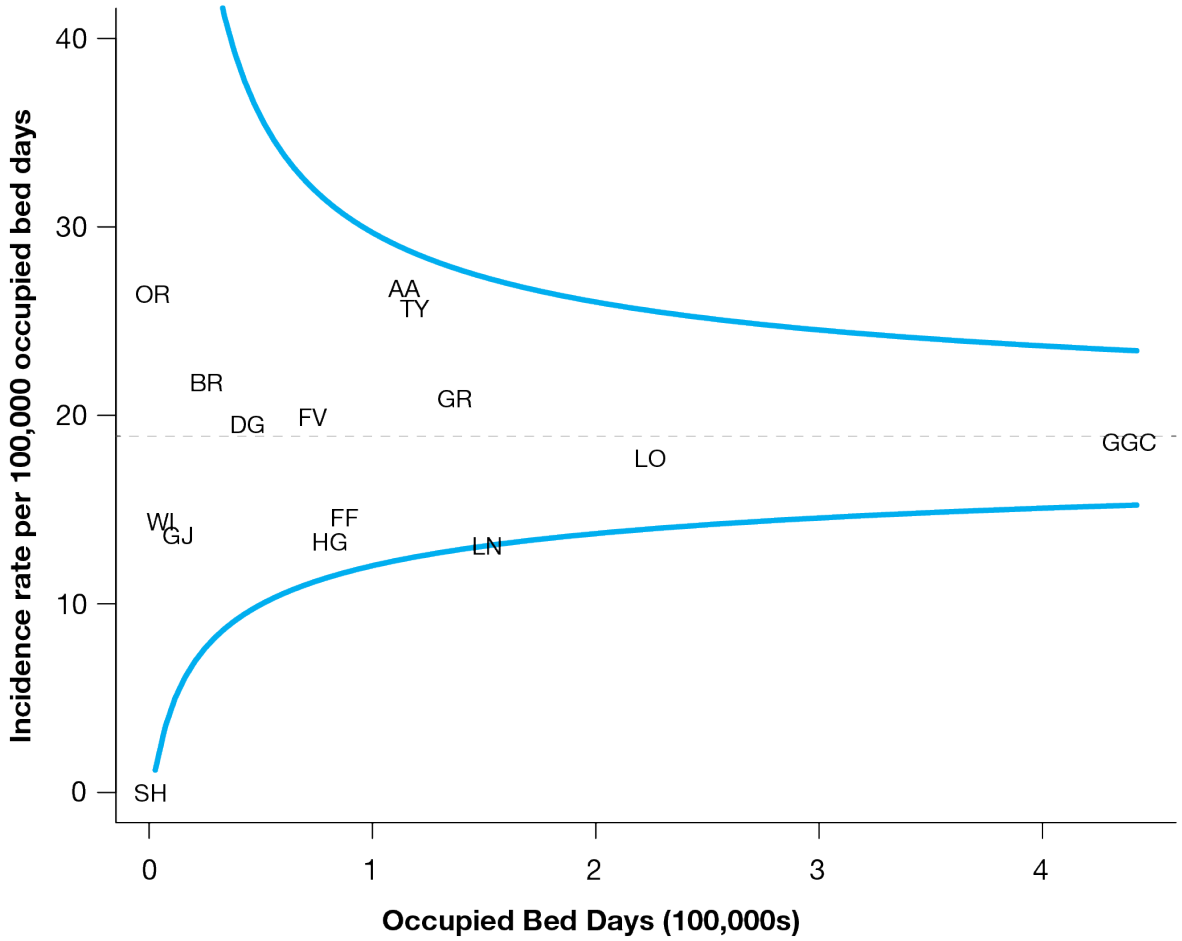
1. An arrow denotes a statistically significant change; quarterly comparisons are only made at a national level.
2. Quarterly population rates are based on an annualised population.
3. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS)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

Table 12: SAB cases and incidence rates (per 100,000 population) for community associated infection cases: year-ending March 2025 (YE Q1 25) compared to year-ending March 2026 (YE Q1 26).[1,2]

NHS board	YE Q1 25 Cases	YE Q1 25 Population	YE Q1 25 Rate	YE Q1 26 Cases	YE Q1 26 Population	YE Q1 26 Rate
AA	41	367,750	11.1	46	367,750	12.5
BR	20	116,980	17.1	18	116,980	15.4
DG	18	145,860	12.3	20	145,860	13.7
FF	43	374,760	11.5	62	374,760	16.5
FV	35	306,340	11.4	40	306,340	13.1
GR	72	591,870	12.2	53	591,870	9.0
GGC	69	1,217,270	5.7	72	1,217,270	5.9
HG	25	324,980	7.7	26	324,980	8.0
LN	75	678,570	11.1	47	678,570	↓ 6.9
LO	93	932,180	10.0	97	932,180	10.4
OR	1	22,020	4.5	4	22,020	18.2
SH	5	23,190	21.6	3	23,190	12.9
TY	51	419,110	12.2	62	419,110	14.8
WI	1	26,020	3.8	1	26,020	3.8
Scotland	**549**	**5,546,900**	**9.9**	**551**	**5,546,900**	**9.9**

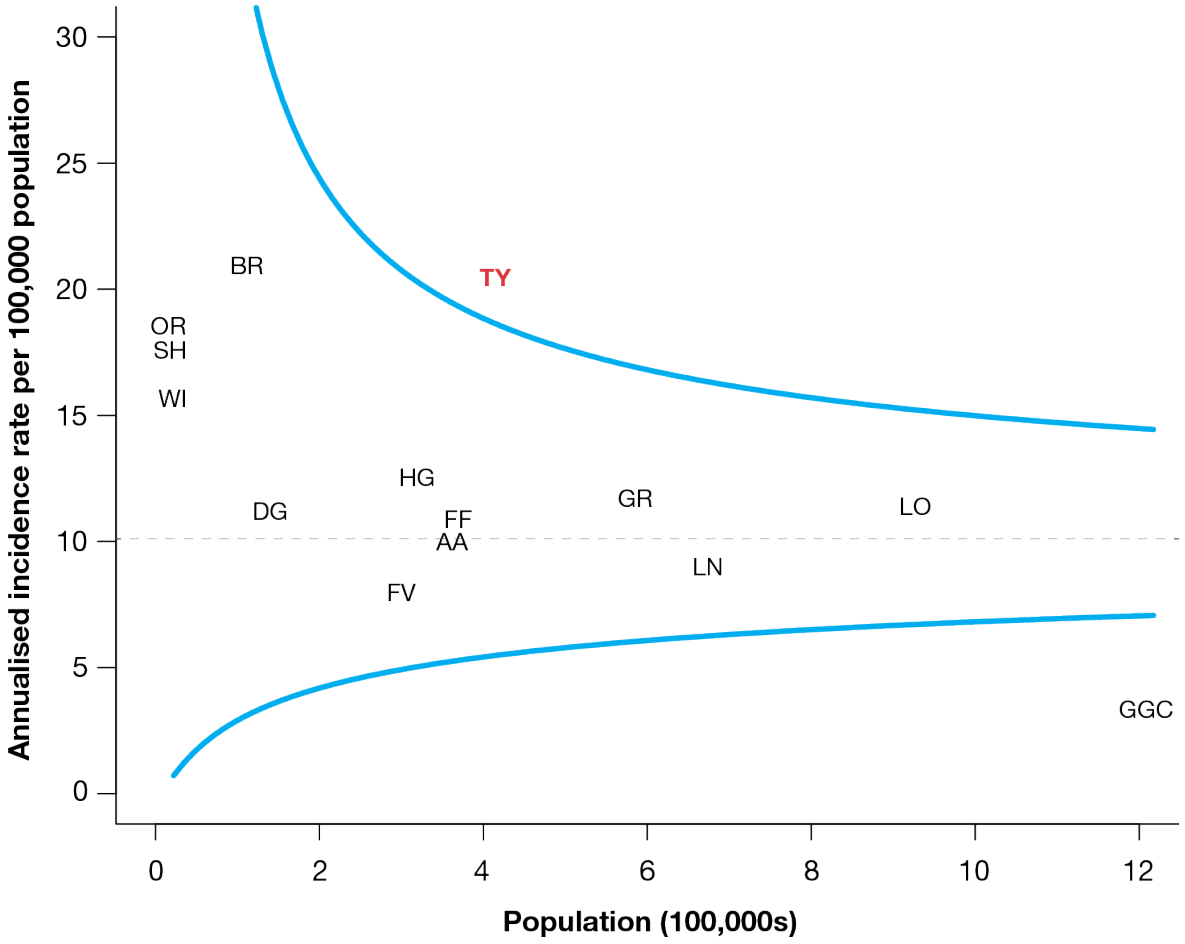
1. An arrow denotes a statistically significant change.
2. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 5: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q1 2026.[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 Q1 2026.[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

Contact

Shona Cairns, Consultant Healthcare Scientist, ARHAI Scotland
Email: NSS.ARHAIdatateam@nhs.scot

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 October 2026.

Rate this publication

Please **provide feedback** on this publication to help us improve our services.

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	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. 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

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
			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.
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 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 *Clostridium difficile* to *Clostridioides difficile*.	October 2018	CDI	A novel genus ***Clostridioides*** has been proposed for *Clostridium difficile* which will now be known as *Clostridioides difficile*. 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	April 2020	All sections	Updated method used for calculating exceptions within the statistical

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
quarterly SPC charts.			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	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 *Staphylococcus aureus* bacteraemia (SAB), *Escherichia coli* bacteraemia (ECB) and *Clostridioides difficile* infection (CDI). All mandatory and voluntary Surgical Site Infection (SSI) surveillance was paused until further notice.
Change from Health Protection Scotland to ARHAI Scotland.	October 2020	All sections	In April 2020, as part of launch of Public Health Scotland, the ARHAI Group within Health Protection Scotland (HPS) became ARHAI Scotland. ARHAI Scotland will continue to support NHS boards in the prevention and control of healthcare associated

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
			infections. The report was updated to reflect this branding change.
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 *C. difficile* 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	As part of a return to pre-pandemic surveillance, for data collected from October 2022 onwards enhanced/extended surveillance for *Escherichia coli* bacteraemia (ECB) and *Staphylococcus aureus* 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. Previously, for data collected from 25 March 2020 onwards, only origin of infection was mandatory for ECB and SAB surveillance.

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
			Meanwhile all mandatory and voluntary Surgical Site Infection (SSI) surveillance will remain paused until further notice.
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	January 2026	All Sections	The branding in this report has been updated in line with the current organisational arrangements of ARHAI Scotland as an NHS Scotland Assure service.
Change from NHS National Services	July 2026	All Sections	In April 2026, National Services Scotland and NHS Education for Scotland formed a single national organisation, Public Services Delivery Scotland. ARHAI Scotland continues as an NHS Scotland Assure service, which now sits within Public Services Delivery Scotland. ARHAI Scotland will continue to support NHS boards in the prevention and control of healthcare associated infections.

Description of Revision	First report revision applied	Report section(s) revision applies to	Rational for revision
			Report branding has been updated in line with the current organisation arrangements.

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 January to March 2026.

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 or 2026, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 to 2026.

***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 or 2026, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 to 2026.

***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 or 2026, therefore mid-year population data for 2024 are used for rates of community associated infections for 2024 to 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.

Date that data are acquired

The date the data were extracted for analysis.

- *Clostridioides difficile* infection: 16 April 2026.
- *Escherichia coli* bacteraemia: 05 May 2026.
- *Staphylococcus aureus* bacteraemia: 05 May 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 July 2026.

Frequency

Quarterly.

Timeframe of data and timeliness

The latest iteration of data is 31 March 2026; 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
2026 Q1	GGC	61	63	14	12	Retrospective data amendment.
2026 Q1	LO	27	28	17	16	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.**

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**.

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**, 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 January 2026 in NHS Forth Valley were not available at the time of publication, therefore the TOBDs for January 2025 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**). 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**) 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.

Last published

07 April 2026.

Next published

October 2026.

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

NSS.ARHAIdatateam@nhs.scot

Date form completed

07 July 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 – Public Services Delivery Scotland and Official Statistics

About Public Services Delivery Scotland

ARHAI Scotland were formerly part of NHS National Services for Scotland and are now part of Public Services Delivery Scotland. From 1 April 2026, NHS Education for Scotland and NHS National Services for Scotland combined to form Public Services Delivery Scotland. Public Services Delivery Scotland works at the very heart of the health service across Scotland, delivering services critical to frontline patient care, supporting efficient and effective operation, and delivering training across NHS Scotland.

Official Statistics

Public Services Delivery Scotland has been created under the **Common Services Agency** which is already a **producer of Official Statistics**, so there will be no change to the designation of 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 Public Services Delivery Scotland.

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.

Public Services Delivery
Scotland

PSD Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 6000
www.publicservicesdelivery.scot