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Dear Colleague

Community Acute Respiratory Infection (CARI) Surveillance

I am writing to update you on progress of the CARI surveillance scheme in Scotland, and to ask for your ongoing input into this essential public health protection programme.

Following my letter dated 17 November 2022 [Community Acute Respiratory Infection \(CARI\) Surveillance \(scot.nhs.uk\)](https://www.scot.nhs.uk) highlighting the importance of the national Community Acute Respiratory Infection (CARI) surveillance programme, over winter we have seen significant increase in GP engagement with good representation across all Health Boards. As a result, there has been an increase in sample collection which at peak, saw around 1,000 samples per week. I want to take this opportunity to thank you for supporting the programme and to provide further updates on the role of CARI and the need for your continued support.

The increased level of activity seen over the recent winter season has enabled colleagues in Public Health Scotland (PHS) to effectively monitor respiratory infection across the country and to better understand the burden of disease and its impact on our communities. In addition, PHS has used the analysis of data collected to contribute to a range of UK evaluations included in international submissions on COVID-19 and Seasonal Influenza vaccine effectiveness ([OSF Preprints | Interim 2022/23 influenza vaccine effectiveness: six European studies, October 2022 to January 2023](#)). These have been important in informing JCVI recommendations and subsequent refinement of SG policy. Additionally, summary CARI analysis was important in contributing to the Northern Hemisphere Seasonal Influenza strain selection meeting of the WHO in February 2023 for this coming autumn, thus highlighting the important role CARI continues to play both nationally and internationally ([Recommendations announced for influenza vaccine composition for the 2023-2024 northern hemisphere influenza season \(who.int\)](#)).

**From the Chief Medical
Officer for Scotland
Professor Sir Gregor Smith**

17 April 2023

SGHD/CMO(2023)4

Addresses

For action

NHS Board, Chief Executives
NHS Board, Medical Directors
NHS Board, Nursing Directors
NHS Boards, Primary Care Leads
NHS Board, Hub and Assessment
Centre Leads
NHS Board, Directors of Public
Health
NHS CPHMS, NHS Board
Diagnostic Laboratories
NHS Reference Laboratories
Health & Social Care Partnership
Chief Officer

Further Enquiries to:

Email: phs.cari@phs.scot.

futurethreatsandintelligence@gov.scot

The reduced prevalence of respiratory disease in the population has understandably seen fewer samples being submitted by practices in recent weeks. However, as you may already be aware, ONS COVID Infection Survey (CIS), which has represented a key source of data for monitoring COVID-19 has currently been paused by the UK Government. As a result, other data sources such as CARI have become even more important.

Furthermore, the recent increase again in COVID-19 hospitalisations demonstrates the ongoing threat posed by SARS-CoV-2 and the need to remain vigilant in our activities to track the circulation of variants of concern in our population. All CARI samples that are positive for COVID-19 are sequenced and form a key component of the National Respiratory Surveillance plan for monitoring and responding to new SARS-CoV-2 variants and mutations (VAMs) and other respiratory pathogens. Therefore, it is essential that CARI samples continue to be collected all year round including during the summer months.

The CARI team are currently asking GPs to provide the additional surveillance data that are essential for more in-depth analyses (such as patient symptoms) using an online digital survey form. However, the completion rate for this has only been around 30%. It is therefore likely that over the summer months new methods to collect these data will be explored.

In view of the continued importance of the CARI programme and the uncertainty around the future of the ONS CIS, I therefore ask the following:

1. That you encourage GPs in your board area who are not yet participating to consider signing up to the CARI programme. If more information is required on how to implement this programme locally or on the benefits of participating, then please contact the PHS CARI team - phs.cari@phs.scot.
2. That you encourage participating GPs in your board area to maintain their efforts beyond winter and commit to submitting as many swabs as possible and to providing additional data on patient symptoms. Note: There remains no cap on the number of swabs to be collected for patients that fit the necessary criteria and swabbing continues throughout the summer.
3. That you encourage participating GPs in your board area to work closely with the PHS CARI team in the implementation of any new CARI processes.

Thank you once again for your continued support in implementing the CARI surveillance protocol and your essential role in ensuring effective delivery of this key surveillance programme. Please do get in touch with Public Health Scotland for more information about the CARI programme or if you have any queries. Email: phs.cari@phs.scot

Further information on the aims of the programme can be found on the CARI pages of the PHS website

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer for Scotland

Annex A

	No. of participating practices March 2023	Minimum no. of average-sized practices needed for representative sample
AA	14	7
BO	4	2
DG	3	2
FF	7	6
FV	4	5
GR	3	9
GG	25	18
HG	10	5
LA	16	10
LO	24	14
OR	1	1
SH	1	1
TY	12	6
WI	1	1