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Dear Colleague

Community Acute Respiratory Infection (CARI) Surveillance

This letter emphasises the importance of the national Community Acute Respiratory Infection (CARI) surveillance programme in managing the response to acute respiratory infection pressures this winter in Scotland. It is also to ask for your continued contribution towards strengthening this surveillance through improving participation in the CARI programme across your local Board area, so ensuring that there is adequate coverage across all of Scotland.

The enhanced community surveillance programme for COVID-19 was crucial in informing the pandemic response to SARS-CoV2 ([CMO \(2021\)29 - Enhanced Community Sentinel Surveillance of Respiratory Illness \(scot.nhs.uk\)](#)). The CARI programme, which replaces this enhanced community surveillance programme, is now a core component of [Scotland's National Respiratory Surveillance Plan](#) and currently has 100 GP practices from across Scotland participating. Annex A shows a breakdown by Board area.

Following the transition away from widespread population testing for SARS-CoV-2, the data collected from General Practices (GPs) (as part of the CARI programme) has become even more important. The benefits of the programme include the following:

- Local: the data fed back to GPs on a weekly basis informs them of the pathogens circulating in their local area and supports more effective patient management.
- National: Public Health Scotland use the data to determine the relative burden of disease of 10 different respiratory pathogens that are commonly detected in Scotland. This programme acts as an early warning system by signalling increases in unspecified acute respiratory illnesses, and provides invaluable intelligence on the burden and impact of respiratory infection in the community and descriptive

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

17 November 2022

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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

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- epidemiology of cases, thereby identifying potentially vulnerable groups. In addition, the genome sequencing of samples collected through the CARI programme plays a key role in our ability to monitor and respond to new SARS-CoV-2 variants and mutations (VAMs).
- International: the CARI surveillance programme is important in ensuring that Scotland meets its commitment to support the WHO's recommendation that countries should implement integrated sentinel surveillance programmes for a range of respiratory pathogens, including SARS-CoV-2, Respiratory syncytial virus (RSV) and influenza as part of their [End-to-end integration of SARS-CoV-2 and influenza sentinel surveillance: revised interim guidance \(who.int\)](#).

Further information on the aims of the programme can be found on the CARI website: <http://publichealthscotland.scot/CARI/>

I am grateful to practices already participating in the CARI programme; we have seen a recent increase in the volume of samples collected. However, a greater number of samples are still required to increase our ability to detect new or emerging SARS-CoV-2 variants. There is also the need for higher levels of completion of the digital enhanced surveillance form. This should be completed for each person tested as part of CARI as it collects important clinical data such as symptoms, vaccine status and underlying health conditions. It is through the collection of this data that greater insight is gained to the descriptive epidemiology of cases and help identify and monitor groups at high risk of severe disease and mortality ([Information - Enhanced Surveillance of COVID-19 in Scotland Surveys Tool \(publichealthscotland.scot\)](#)).

In view of the local, national and international importance of the CARI programme, I therefore ask the following:

- 1. That you strongly encourage GP practices in your board area to consider signing up to the CARI respiratory surveillance programme.** If more information is required on how to implement this programme locally or the benefits in participating then please contact the PHS CARI team - phs.cari@phs.scot.
- 2. That you encourage participating GPs in your board area to commit to submitting higher levels of swabs.** There is currently no cap on the number of swabs to be collected for patients that fit the necessary criteria but again, please contact the PHS CARI team if you would like further information.

The Public Health Scotland CARI surveillance team welcome comments and feedback from GPs and will continue to work closely with participating practices to deliver an effective and sustainable CARI surveillance programme. Feedback from participating practices has already been helpful in enabling the PHS CARI team to make improvements to this programme and to help reduce the burden of collecting samples and supporting clinical data.

Finally, I ask that local Health Board Leads accommodate requests from PHS to speak at national and Board-level meetings to allow the CARI team to further promote and develop the CARI surveillance programme.

Thank you once again for your on-going support in implementing the CARI surveillance [protocol](#). 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.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer for Scotland

Annex A

	No. of practices signed up	Minimum No. of average-sized practices needed
AA	15	7
BO	1	2
DG	4	2
FF	6	6
FV	3	5
GR	3	9
GG	20	18
HG	7	5
LA	5	10
LO	22	14
OR	1	1
SH	2	1
TY	10	6
WI	1	1