

Adenovirus Respiratory virus

CARI season snapshot 2023-2024

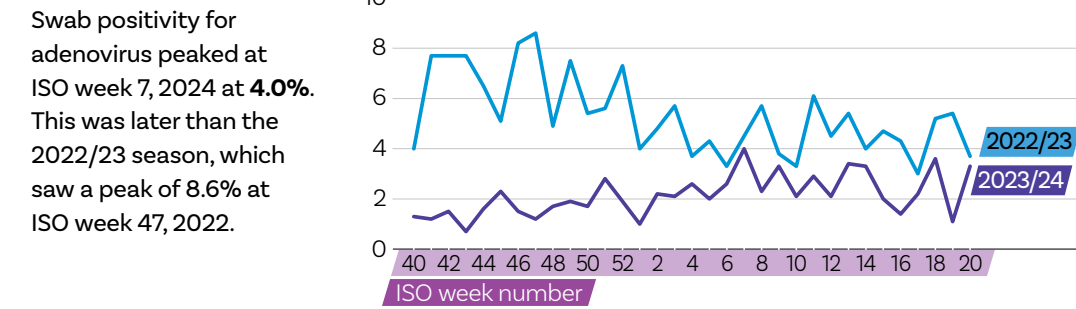


The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for adenovirus from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time



By sex

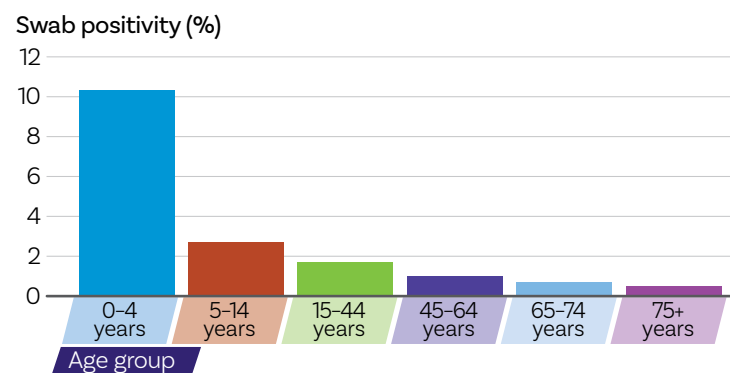
Overall swab positivity was **2.2%** across the season. This was higher in males at 2.8% compared to females at 1.8%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	626	28,442	2.2%
Female	316	17,310	1.8%
Male	310	11,067	2.8%

*Total may also include patients who have not identified as male or female.

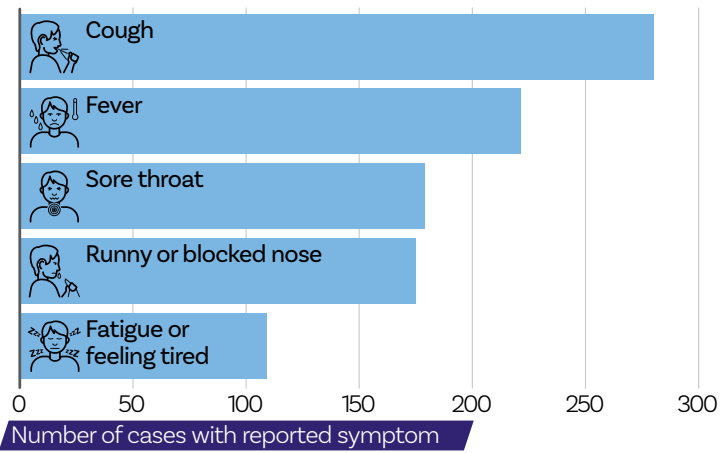
By age

Swab positivity was highest in the 0-4 age group at **10.3%** and lowest in the 75+ age group at 0.5%.



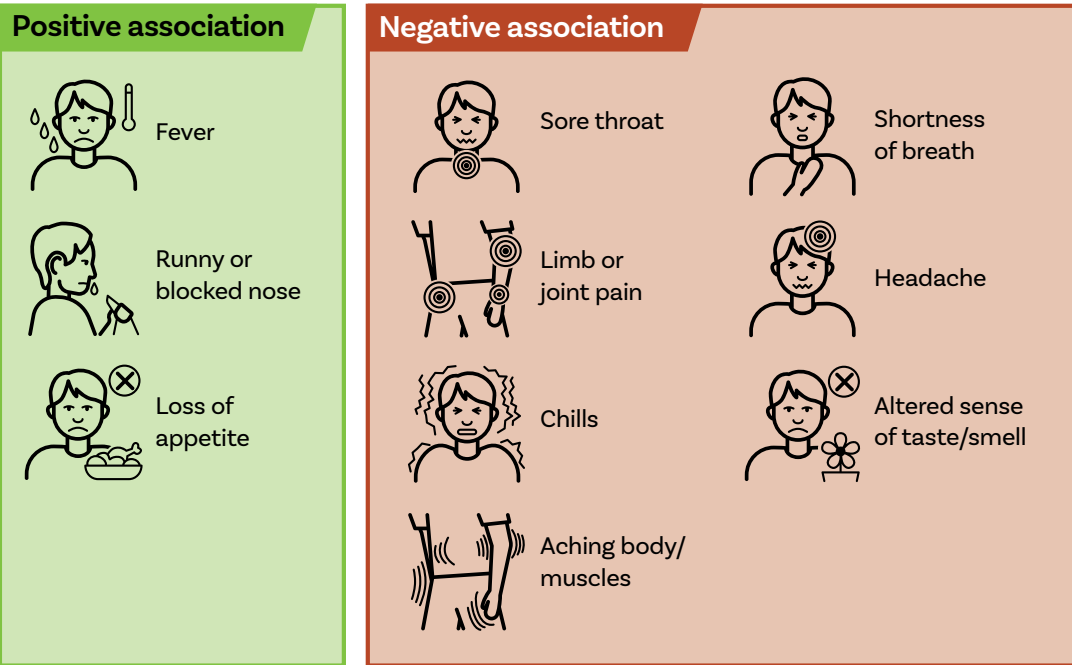
Symptoms

Alongside **cough, sore throat and runny or blocked nose (coryza)** (which are included in the CARI case definition), **fever and fatigue or feeling tired** were the most common symptoms in patients who tested positive for adenovirus.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for adenovirus, compared to all other CARI patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for adenovirus, compared to all other CARI patients.



Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the [Viral Respiratory Diseases Weekly Report](#) and the [Viral Respiratory Diseases Surveillance Dashboard](#).

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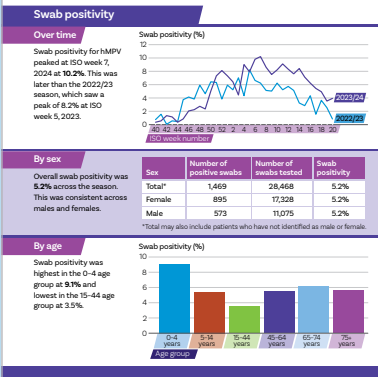
Please contact phs.carisari@phs.scot with any comments or questions.

Human metapneumovirus Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for human metapneumovirus (hMPV) from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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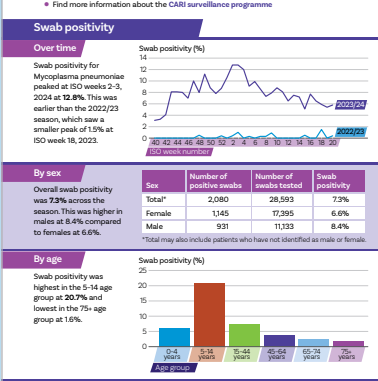


Mycoplasma pneumoniae Respiratory bacterium

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for Mycoplasma pneumoniae from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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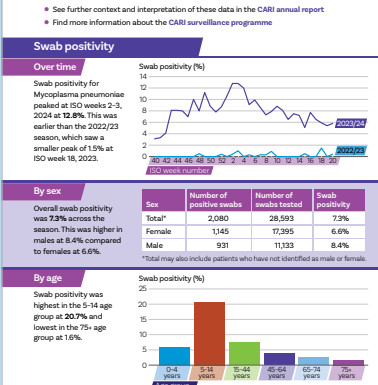


Mycoplasma pneumoniae Respiratory bacterium

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for Mycoplasma pneumoniae from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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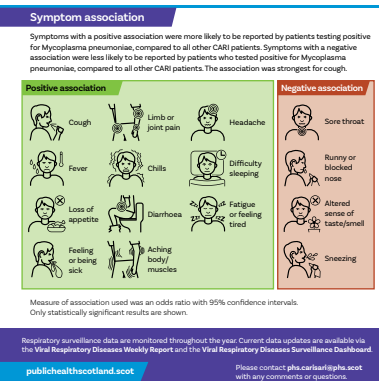
Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for hMPV.



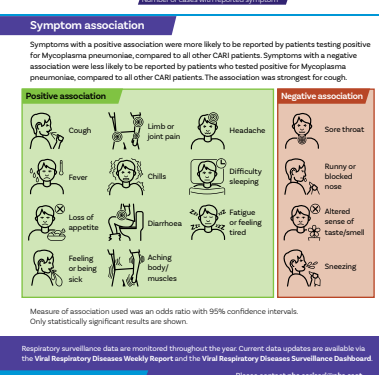
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for hMPV, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for hMPV, compared to all other CARI patients.



Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for Mycoplasma pneumoniae.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for Mycoplasma pneumoniae, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for Mycoplasma pneumoniae, compared to all other CARI patients.

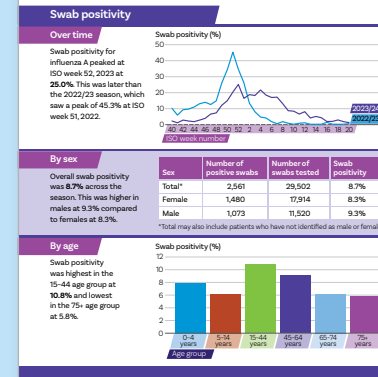


Influenza A Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for influenza A from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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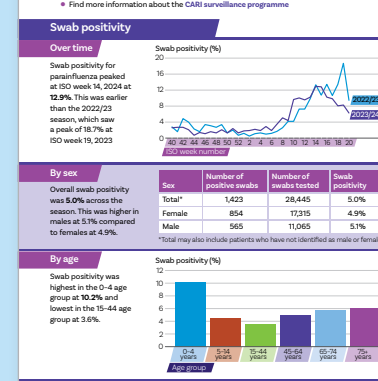


Parainfluenza Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for parainfluenza from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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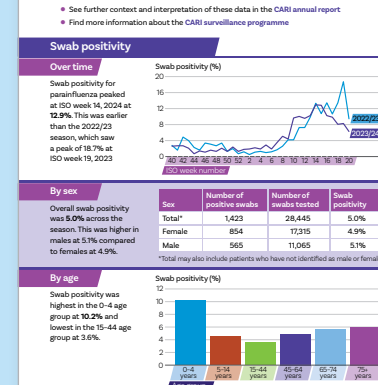


Parainfluenza Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for parainfluenza from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.

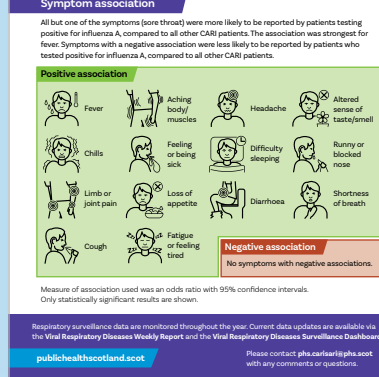


Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for parainfluenza, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for parainfluenza, compared to all other CARI patients.

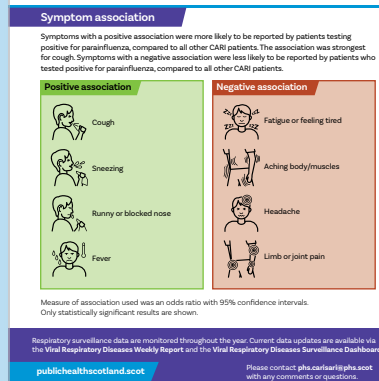
Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for influenza A.



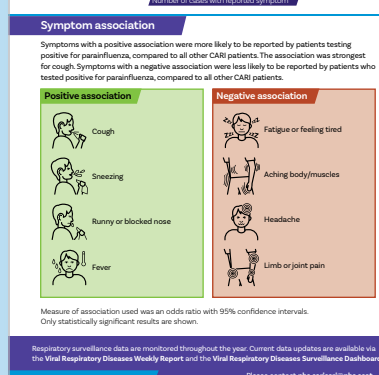
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for influenza A, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for influenza A, compared to all other CARI patients.



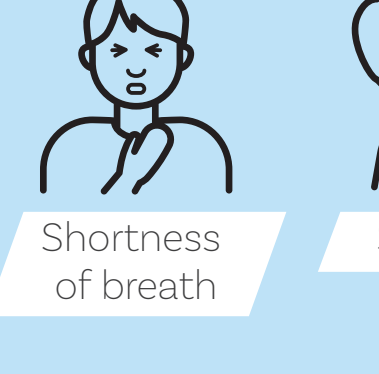
Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for parainfluenza, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for parainfluenza, compared to all other CARI patients.



Symptoms

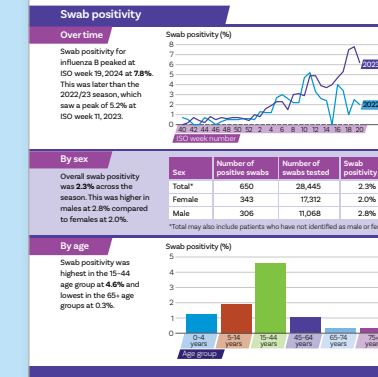
Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.

Influenza B Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for influenza B from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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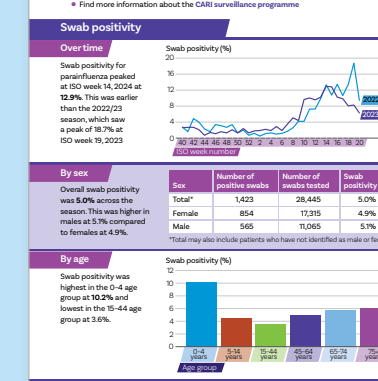


Parainfluenza Respiratory virus

CARI season snapshot 2023-2024

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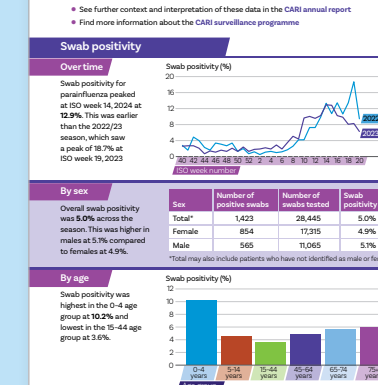


Parainfluenza Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for parainfluenza from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.

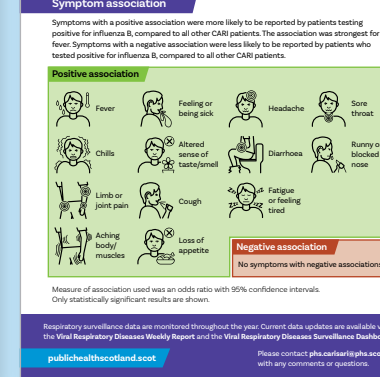


Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for parainfluenza, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for parainfluenza, compared to all other CARI patients.

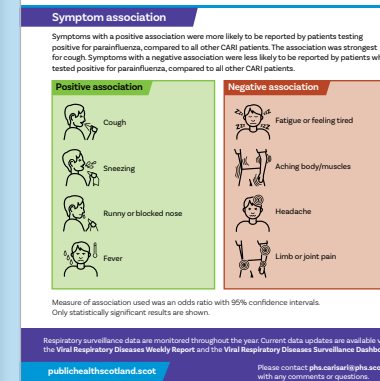
Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for influenza B.



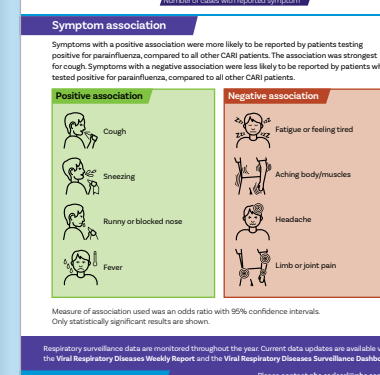
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for influenza B, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for influenza B, compared to all other CARI patients.



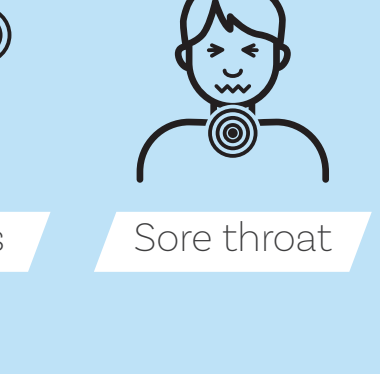
Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.



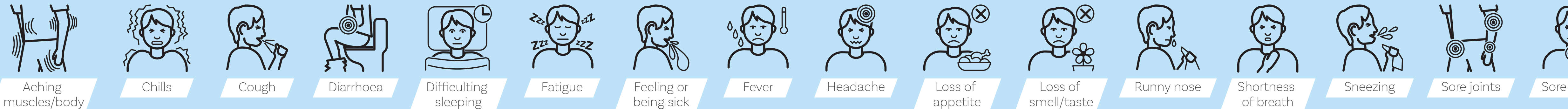
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for parainfluenza, compared to all other CARI patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for parainfluenza, compared to all other CARI patients.



Symptoms

Alongside cough, sore throat and runny or blocked nose (coryza) (which are included in the CARI case definition), fever and fatigue or feeling tired were the most common symptoms in patients who tested positive for parainfluenza.



Adenovirus

Respiratory virus

CARI season snapshot 2023–2024

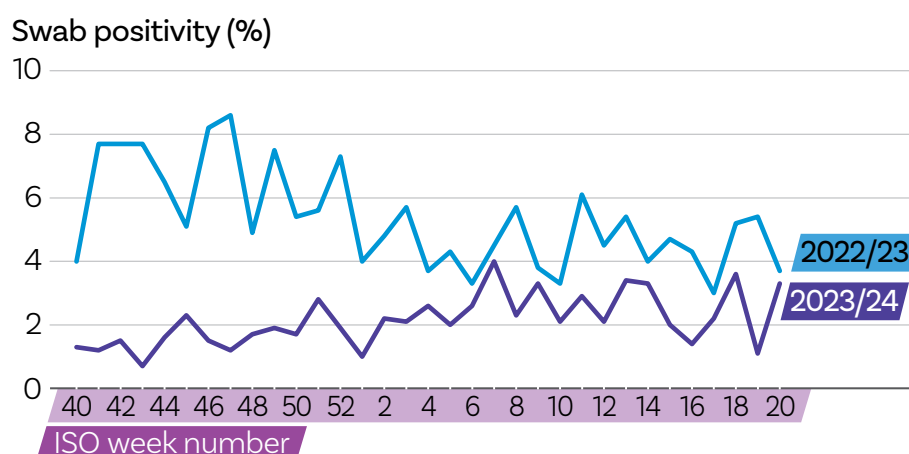
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Swab positivity

Over time

Swab positivity for adenovirus peaked at ISO week 7, 2024 at **4.0%**. This was later than the 2022/23 season, which saw a peak of 8.6% at ISO week 47, 2022.



By sex

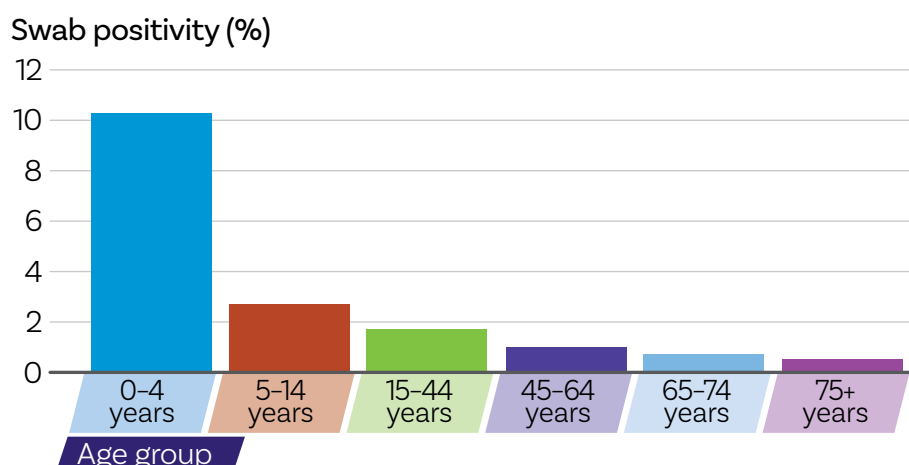
Overall swab positivity was **2.2%** across the season. This was higher in males at 2.8% compared to females at 1.8%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	626	28,442	2.2%
Female	316	17,310	1.8%
Male	310	11,067	2.8%

*Total may also include patients who have not identified as male or female.

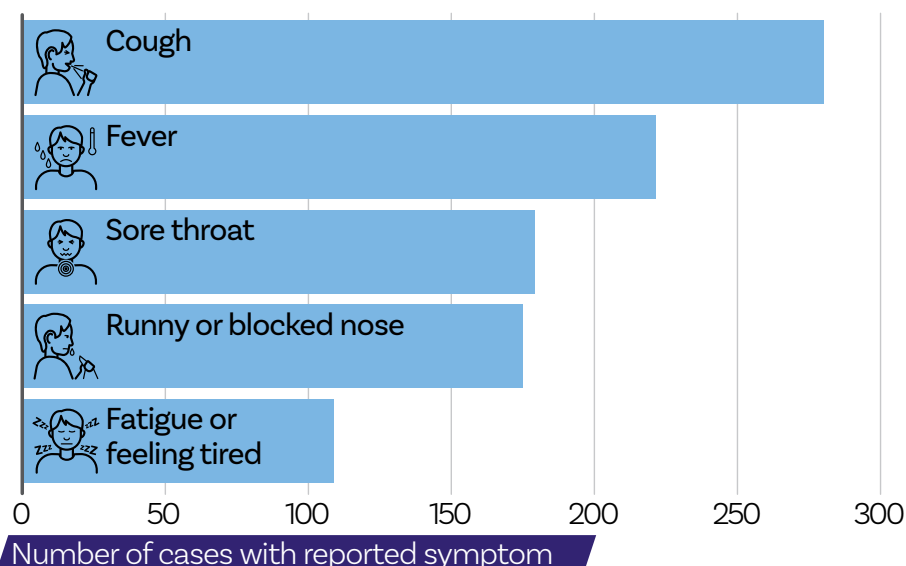
By age

Swab positivity was highest in the 0–4 age group at **10.3%** and lowest in the 75+ age group at 0.5%.



Symptoms

Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for adenovirus.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for adenovirus, compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for adenovirus, compared to all other CARl patients.

Positive association



Fever



Runny or blocked nose

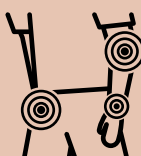


Loss of appetite

Negative association



Sore throat



Limb or joint pain



Chills



Aching body/muscles



Shortness of breath



Headache



Altered sense of taste/smell

Measure of association used was an odds ratio with 95% confidence intervals.
Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Human metapneumovirus

Respiratory virus

CARI season snapshot 2023–2024

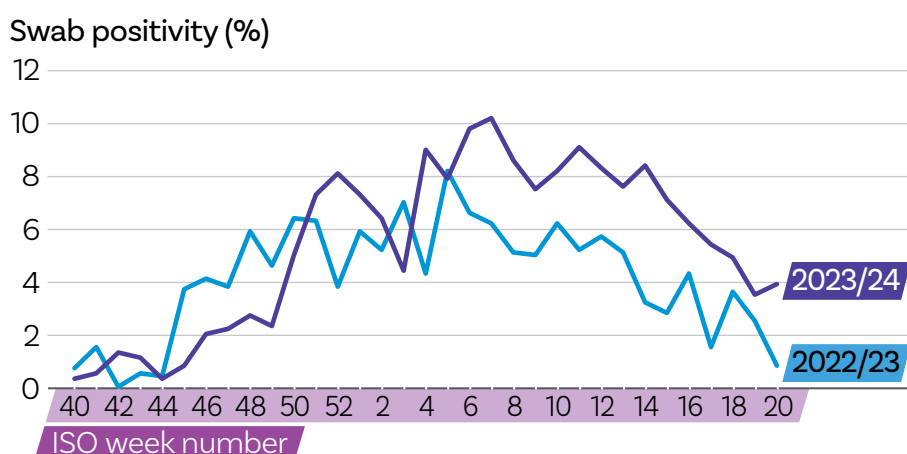
The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for human metapneumovirus (hMPV) from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

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Swab positivity

Over time

Swab positivity for hMPV peaked at ISO week 7, 2024 at **10.2%**. This was later than the 2022/23 season, which saw a peak of 8.2% at ISO week 5, 2023.



By sex

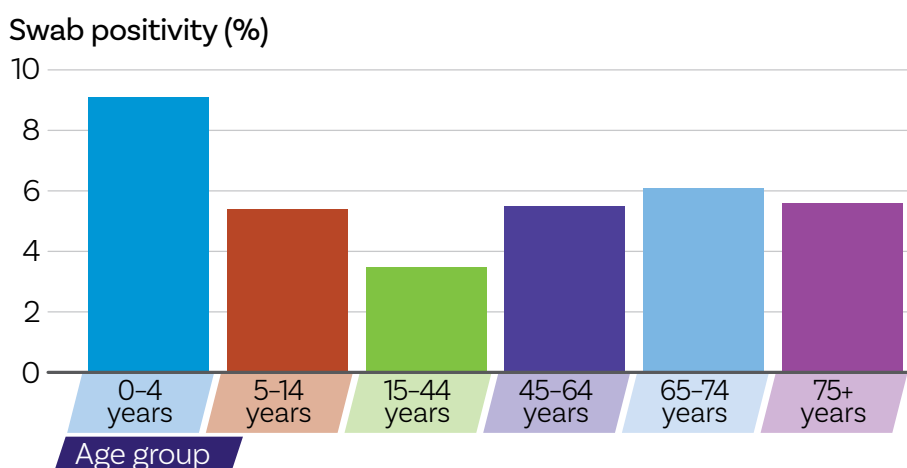
Overall swab positivity was **5.2%** across the season. This was consistent across males and females.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	1,469	28,468	5.2%
Female	895	17,328	5.2%
Male	573	11,075	5.2%

*Total may also include patients who have not identified as male or female.

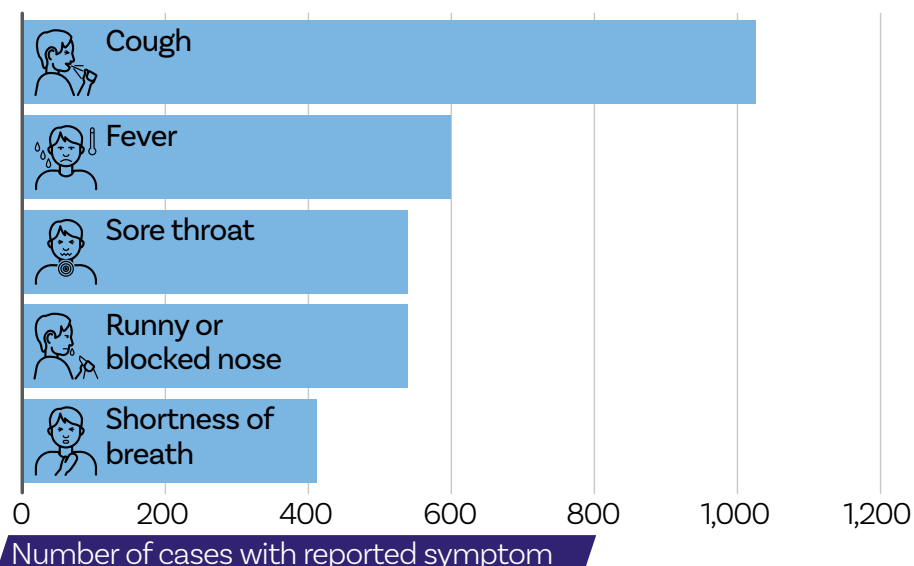
By age

Swab positivity was highest in the 0–4 age group at **9.1%** and lowest in the 15–44 age group at 3.5%.



Symptoms

Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **shortness of breath** were the most common symptoms in patients who tested positive for hMPV.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for hMPV, compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for hMPV, compared to all other CARl patients. The association was strongest for cough.

Positive association



Cough



Altered sense of taste/smell



Sneezing



Loss of appetite



Shortness of breath



Difficulty sleeping



Runny or blocked nose



Fever

Negative association



Sore throat

Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

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Influenza A

Respiratory virus

CARI season snapshot 2023–2024

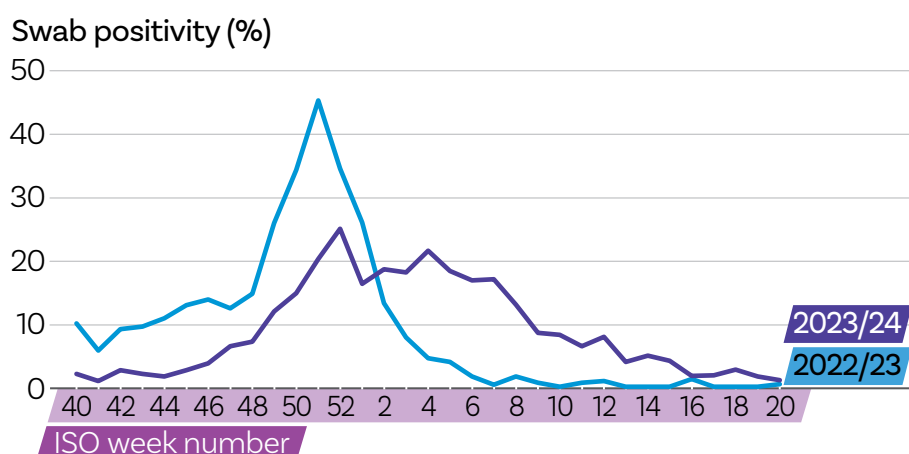
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Swab positivity

Over time

Swab positivity for influenza A peaked at ISO week 52, 2023 at **25.0%**. This was later than the 2022/23 season, which saw a peak of 45.3% at ISO week 51, 2022.



By sex

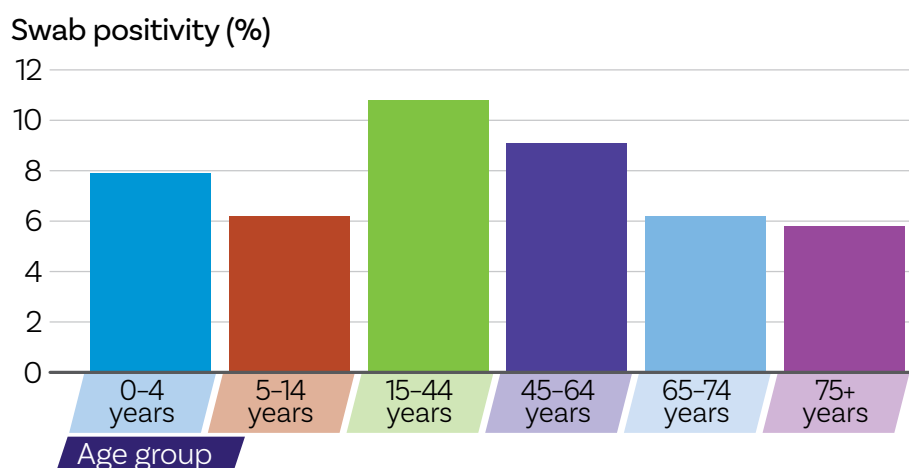
Overall swab positivity was **8.7%** across the season. This was higher in males at 9.3% compared to females at 8.3%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	2,561	29,502	8.7%
Female	1,480	17,914	8.3%
Male	1,073	11,520	9.3%

*Total may also include patients who have not identified as male or female.

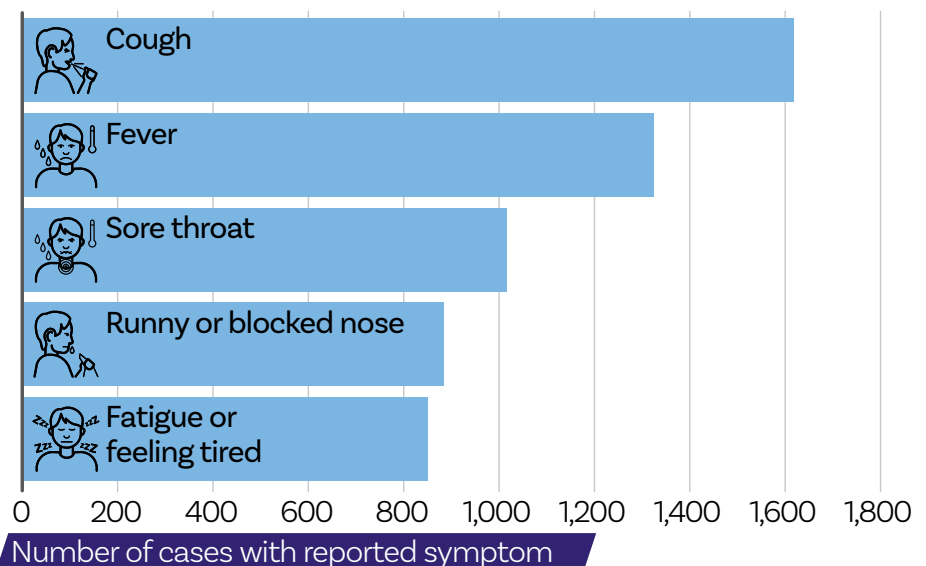
By age

Swab positivity was highest in the 15–44 age group at **10.8%** and lowest in the 75+ age group at 5.8%.



Symptoms

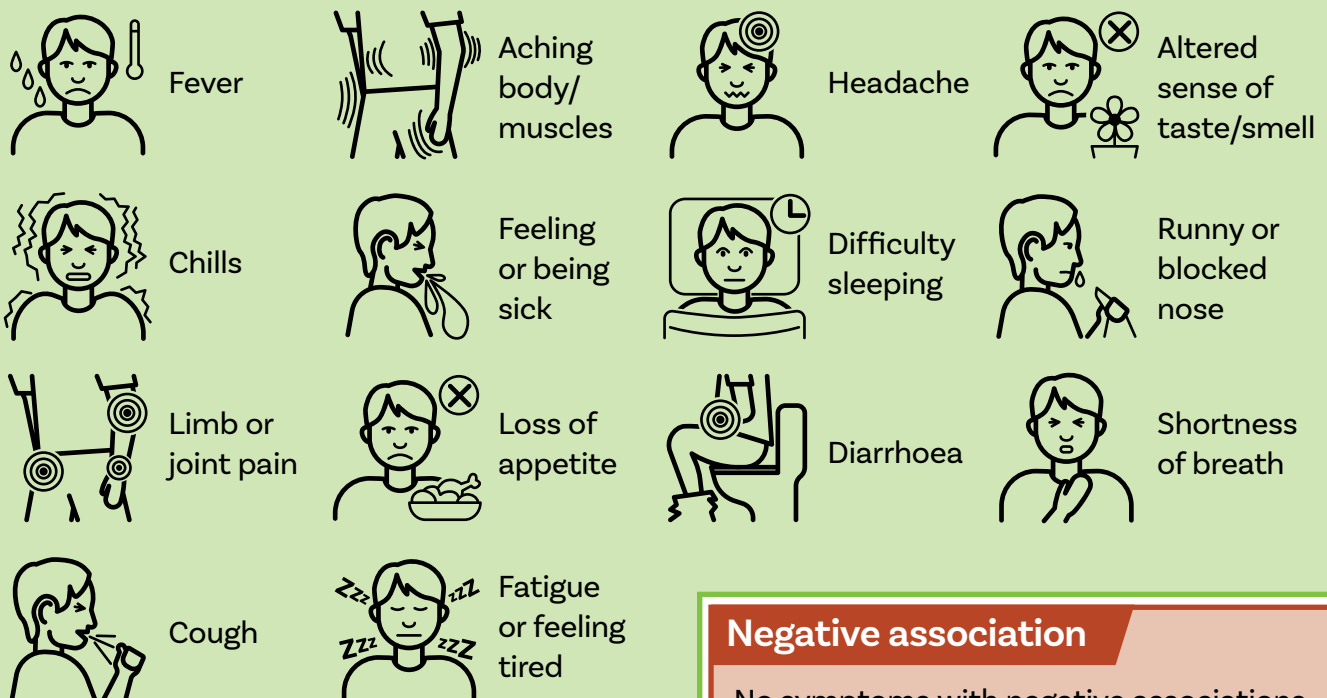
Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for influenza A.



Symptom association

All but one of the symptoms (sore throat) were more likely to be reported by patients testing positive for influenza A, compared to all other CARl patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for influenza A, compared to all other CARl patients.

Positive association



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Influenza B

Respiratory virus

CARI season snapshot 2023–2024

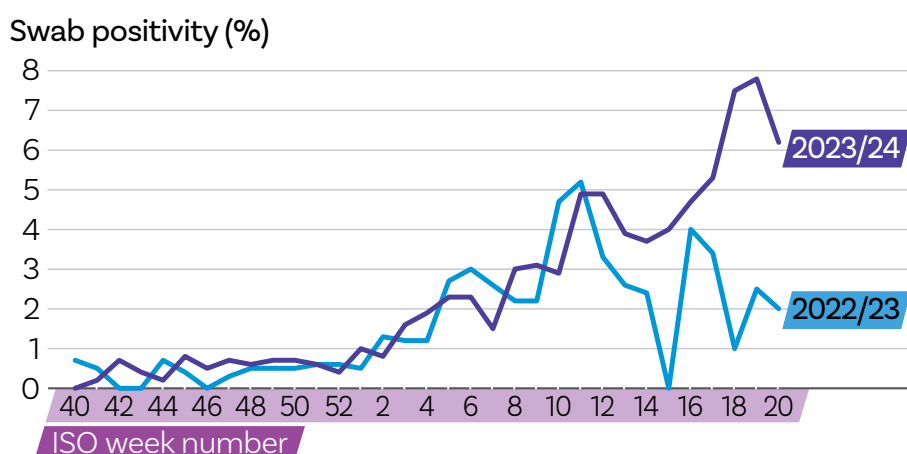
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Swab positivity

Over time

Swab positivity for influenza B peaked at ISO week 19, 2024 at **7.8%**. This was later than the 2022/23 season, which saw a peak of 5.2% at ISO week 11, 2023.



By sex

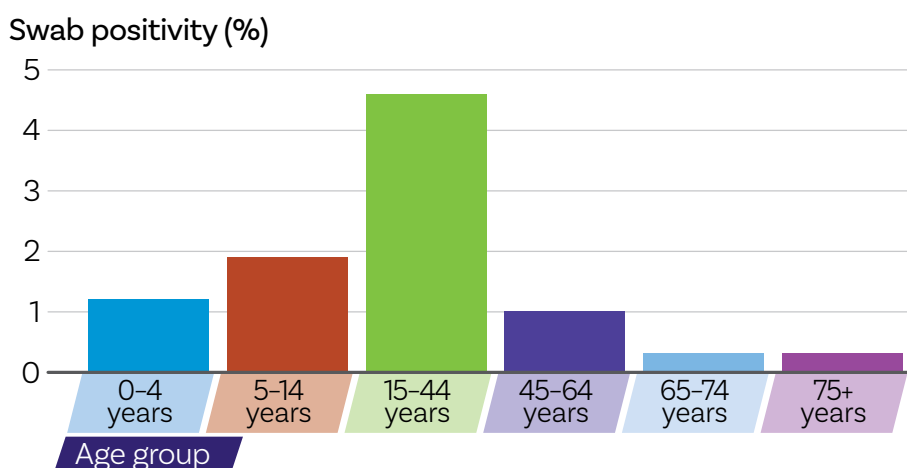
Overall swab positivity was **2.3%** across the season. This was higher in males at 2.8% compared to females at 2.0%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	650	28,445	2.3%
Female	343	17,312	2.0%
Male	306	11,068	2.8%

*Total may also include patients who have not identified as male or female.

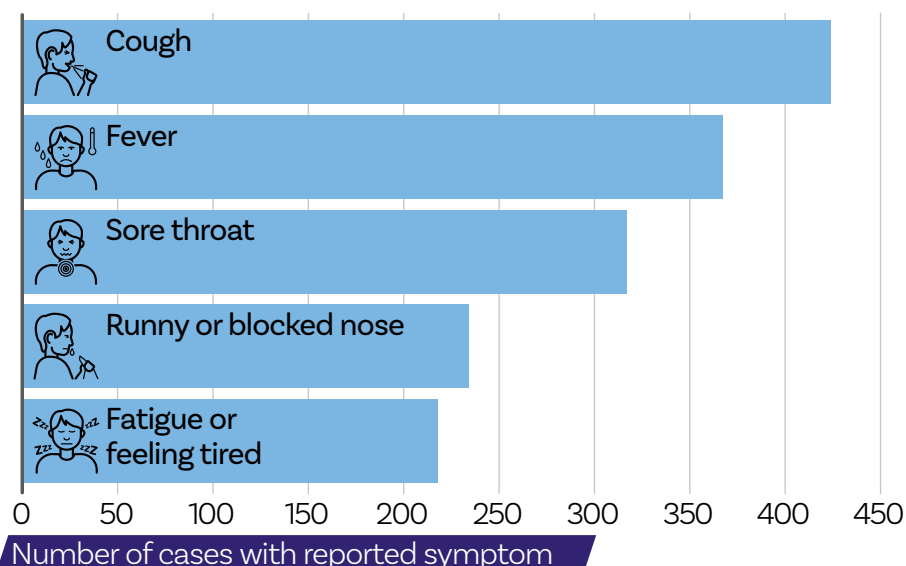
By age

Swab positivity was highest in the 15–44 age group at **4.6%** and lowest in the 65+ age groups at 0.3%.



Symptoms

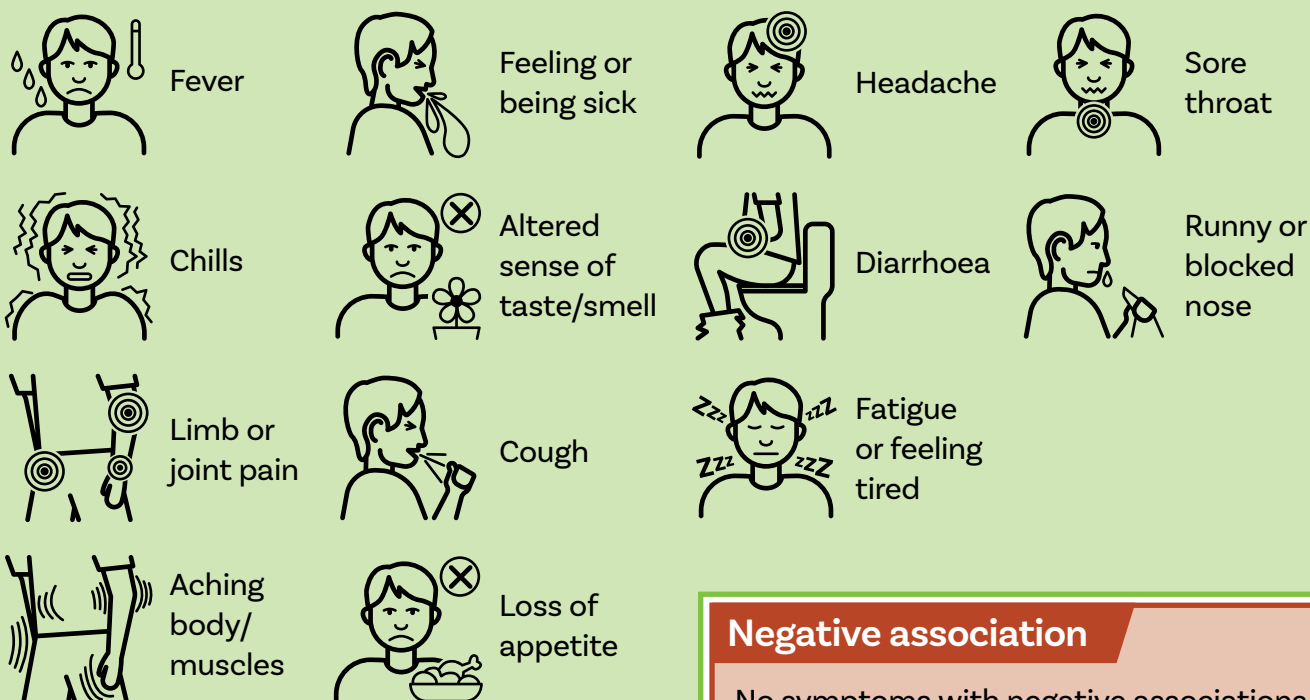
Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for influenza B.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for influenza B, compared to all other CARl patients. The association was strongest for fever. Symptoms with a negative association were less likely to be reported by patients who tested positive for influenza B, compared to all other CARl patients.

Positive association



Measure of association used was an odds ratio with 95% confidence intervals.
Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Mycoplasma pneumoniae

Respiratory bacterium

CARI season snapshot 2023-2024

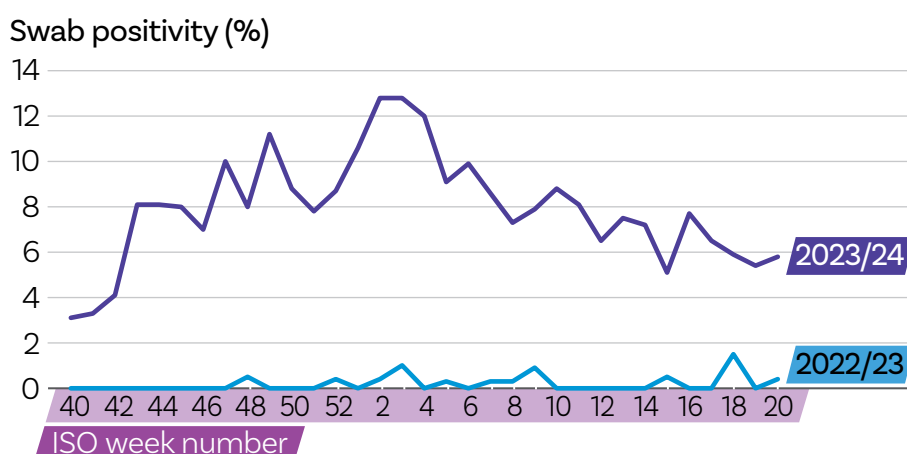
The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for *Mycoplasma pneumoniae* from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for *Mycoplasma pneumoniae* peaked at ISO weeks 2-3, 2024 at **12.8%**. This was earlier than the 2022/23 season, which saw a smaller peak of 1.5% at ISO week 18, 2023.



By sex

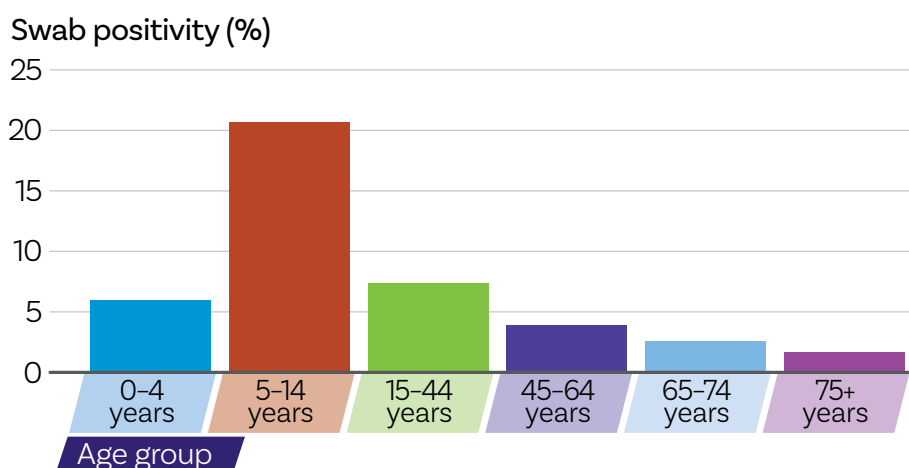
Overall swab positivity was **7.3%** across the season. This was higher in males at 8.4% compared to females at 6.6%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	2,080	28,593	7.3%
Female	1,145	17,395	6.6%
Male	931	11,133	8.4%

*Total may also include patients who have not identified as male or female.

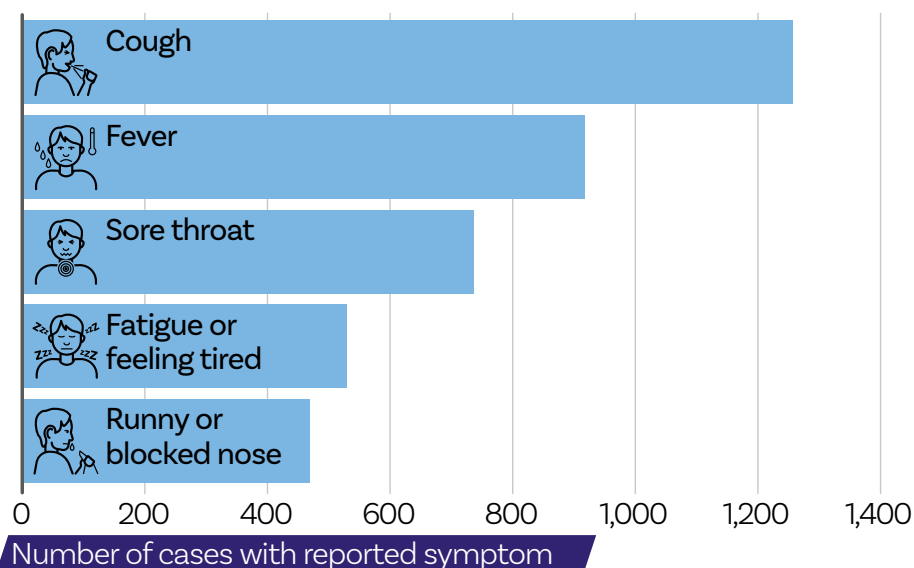
By age

Swab positivity was highest in the 5-14 age group at **20.7%** and lowest in the 75+ age group at 1.6%.



Symptoms

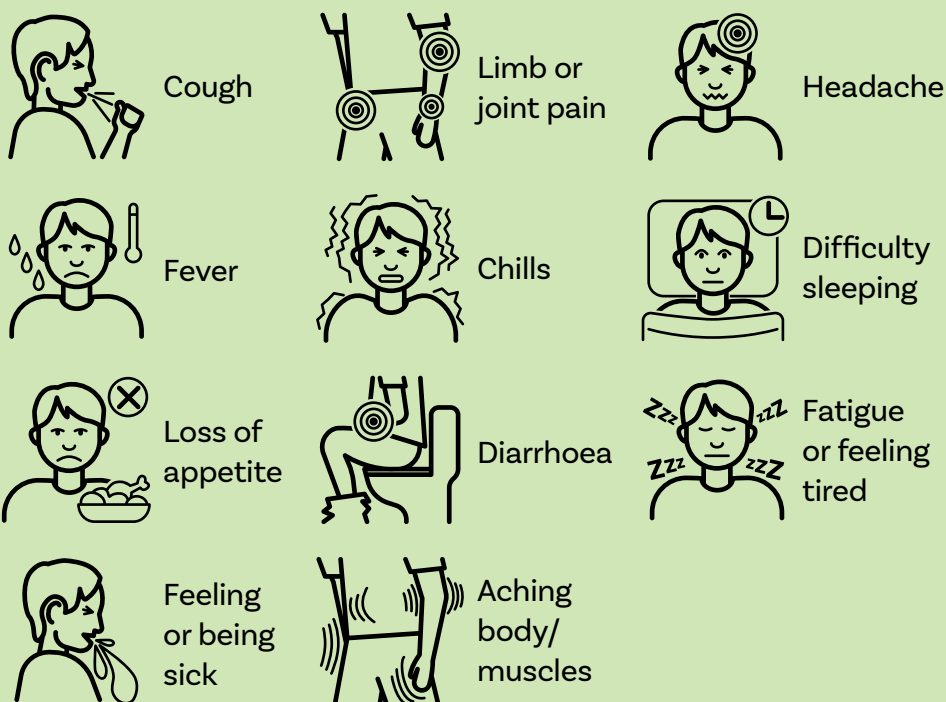
Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for *Mycoplasma pneumoniae*.



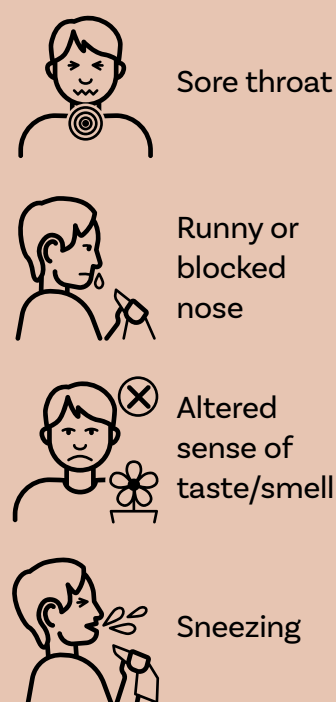
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for *Mycoplasma pneumoniae*, compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for *Mycoplasma pneumoniae*, compared to all other CARl patients. The association was strongest for cough.

Positive association



Negative association



Measure of association used was an odds ratio with 95% confidence intervals.
Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Parainfluenza

Respiratory virus

CARI season snapshot 2023–2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for parainfluenza from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

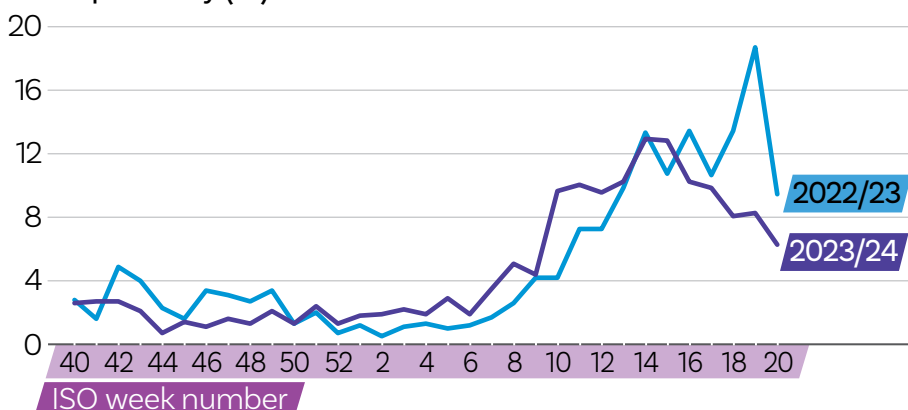
- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for parainfluenza peaked at ISO week 14, 2024 at **12.9%**. This was earlier than the 2022/23 season, which saw a peak of 18.7% at ISO week 19, 2023

Swab positivity (%)



By sex

Overall swab positivity was **5.0%** across the season. This was higher in males at 5.1% compared to females at 4.9%.

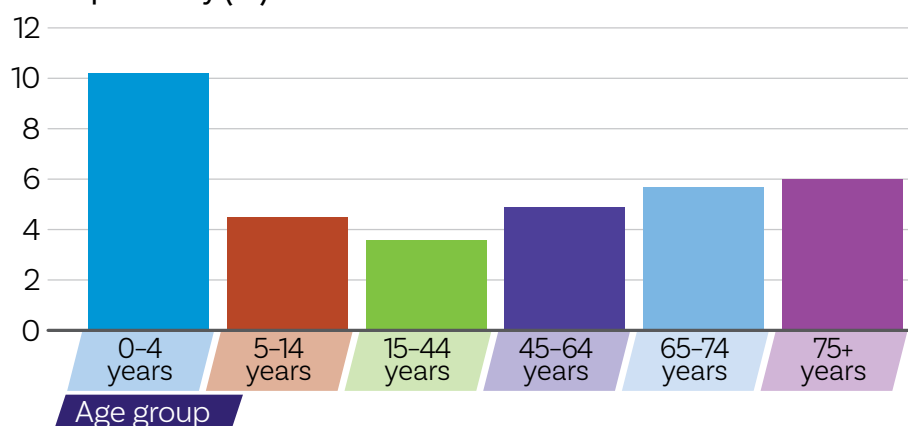
Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	1,423	28,445	5.0%
Female	854	17,315	4.9%
Male	565	11,065	5.1%

*Total may also include patients who have not identified as male or female.

By age

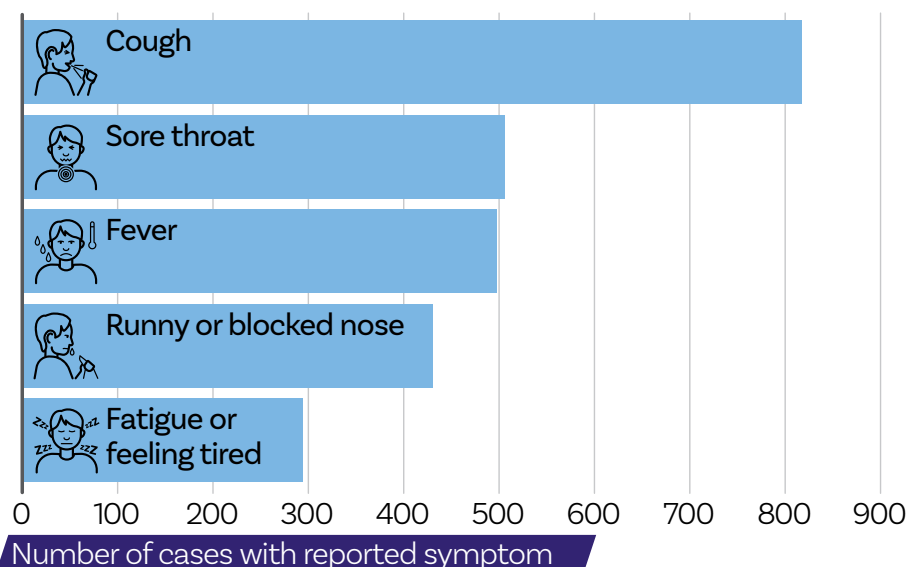
Swab positivity was highest in the 0–4 age group at **10.2%** and lowest in the 15–44 age group at 3.6%.

Swab positivity (%)



Symptoms

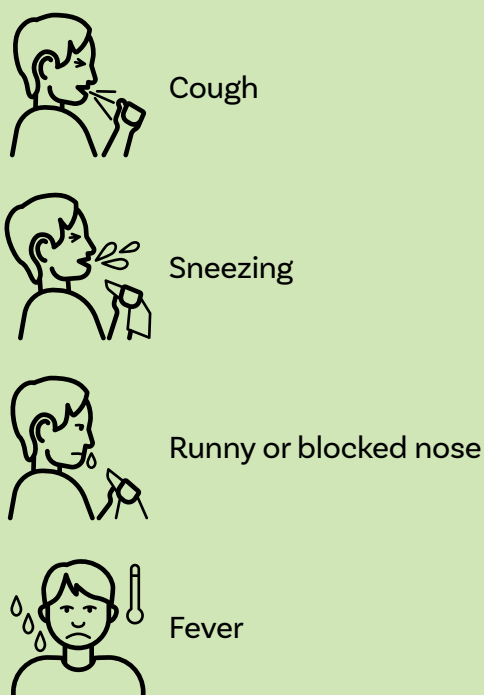
Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for parainfluenza.



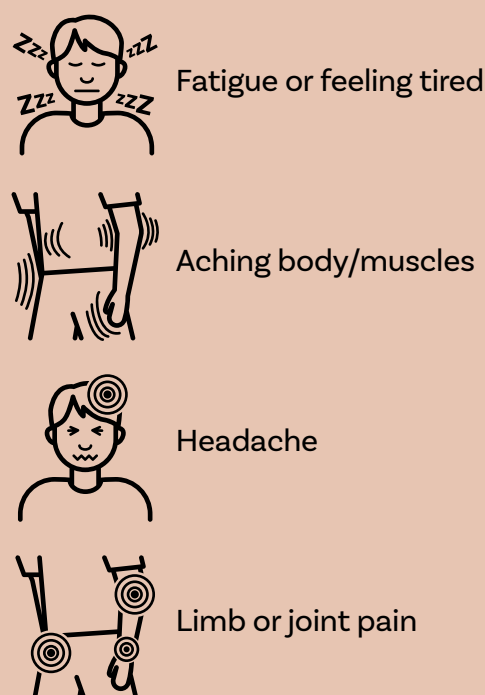
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for parainfluenza, compared to all other CARl patients. The association was strongest for cough. Symptoms with a negative association were less likely to be reported by patients who tested positive for parainfluenza, compared to all other CARl patients.

Positive association



Negative association



Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Rhinovirus

Respiratory virus

CARI season snapshot 2023–2024

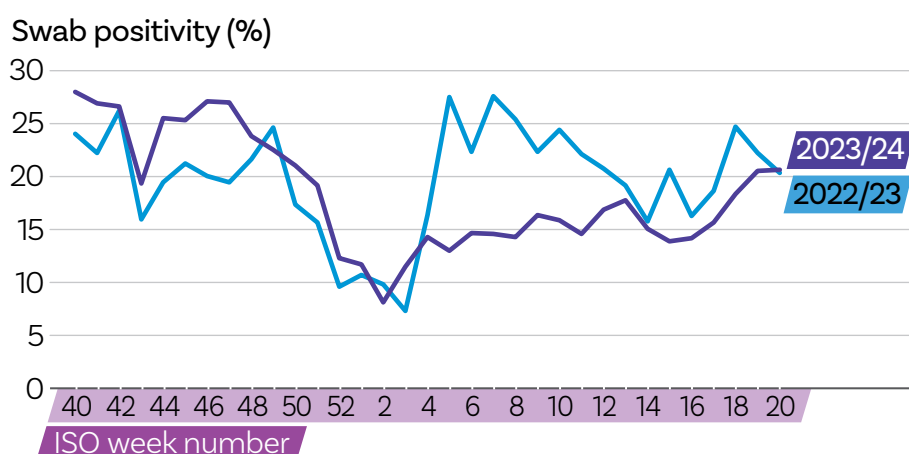
The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for rhinovirus from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for rhinovirus peaked at ISO week 40, 2023 at **28.0%**. This was earlier than the 2022/23 season, which saw a peak of 27.6% at ISO week 7, 2023.



By sex

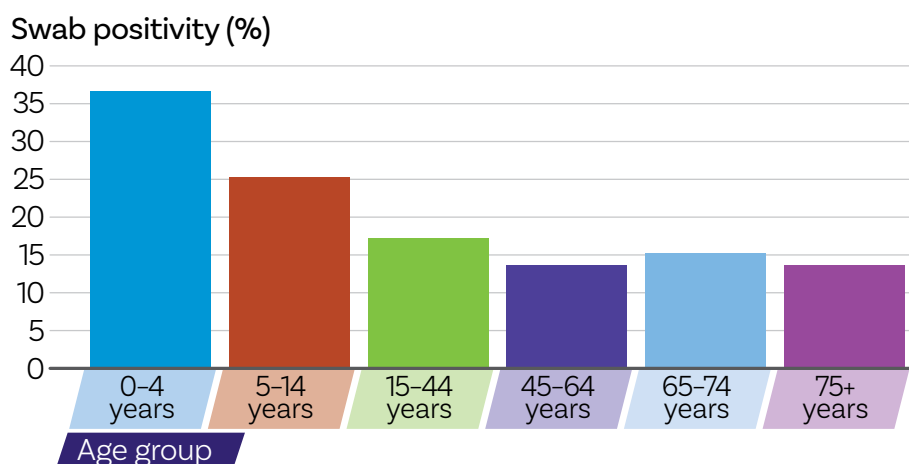
Overall swab positivity was **18.5%** across the season. This was higher in males at 20.8% compared to females at 17.1%.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	5,286	28,542	18.5%
Female	2,960	17,360	17.1%
Male	2,316	11,116	20.8%

*Total may also include patients who have not identified as male or female.

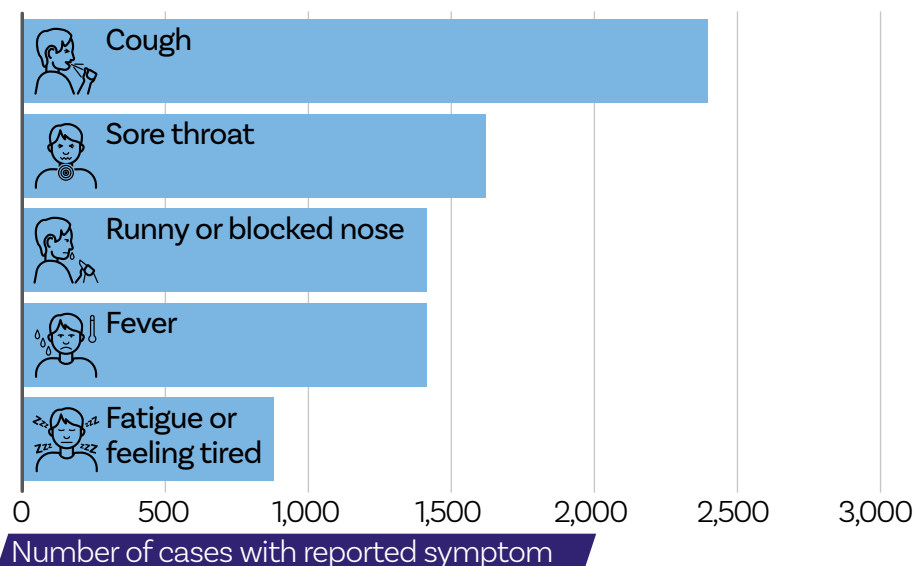
By age

Swab positivity was highest in the 0–4 age group at **36.1%** and lowest in the 45–64 age group at 13.4%.



Symptoms

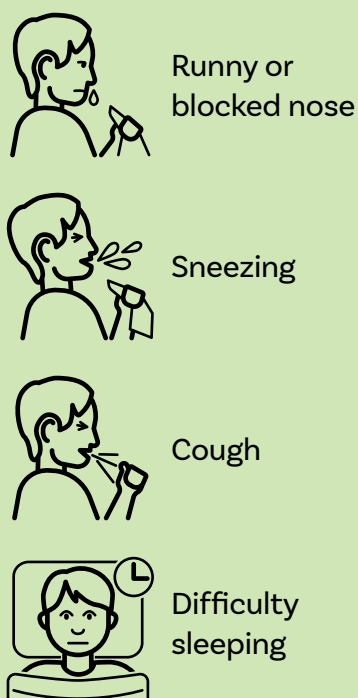
Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for rhinovirus.



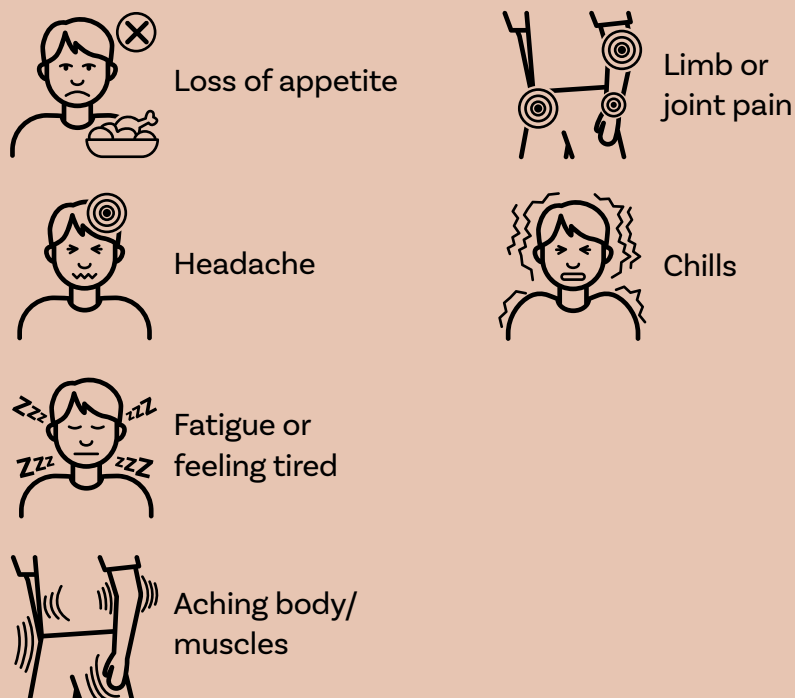
Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for rhinovirus, compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for rhinovirus, compared to all other CARl patients.

Positive association



Negative association



Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Respiratory syncytial virus

Respiratory virus

CARI season snapshot 2023–2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for respiratory syncytial virus (RSV) from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

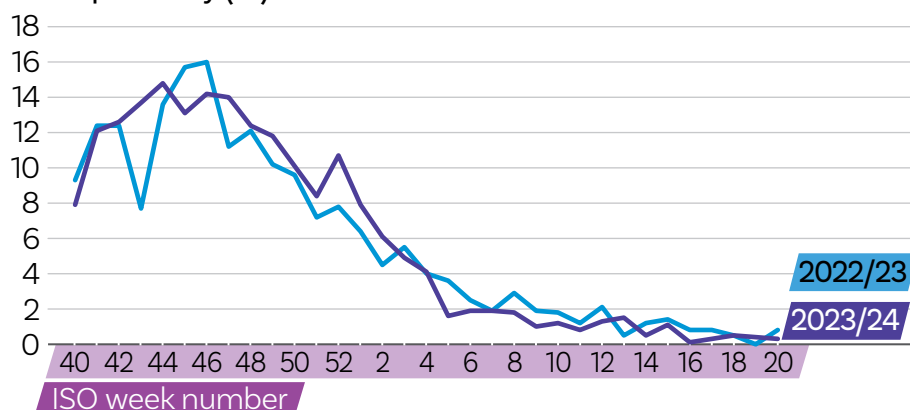
- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for RSV peaked at ISO week 44, 2023 at **14.8%**. This was earlier than the 2022/23 season, which saw a peak of 16.0% at ISO week 46, 2022.

Swab positivity (%)



By sex

Overall swab positivity was **4.9%** across the season. This was higher in males at 5.1% compared to females at 4.7%.

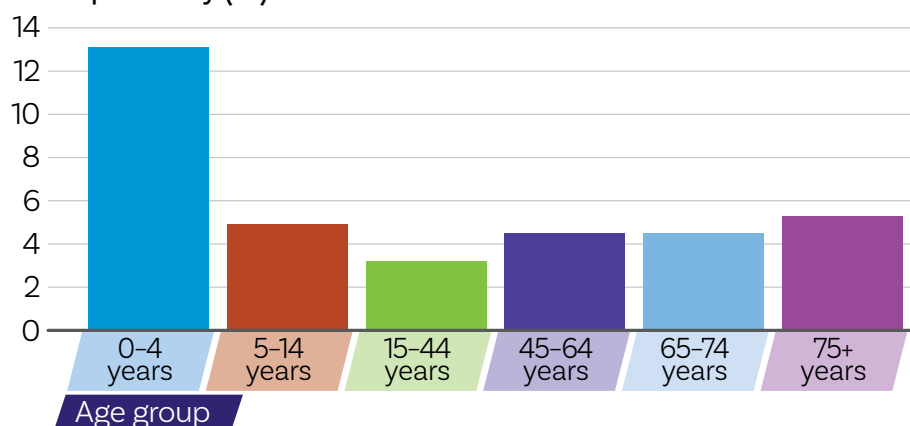
Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	1,389	28,463	4.9%
Female	819	17,323	4.7%
Male	567	11,075	5.1%

*Total may also include patients who have not identified as male or female.

By age

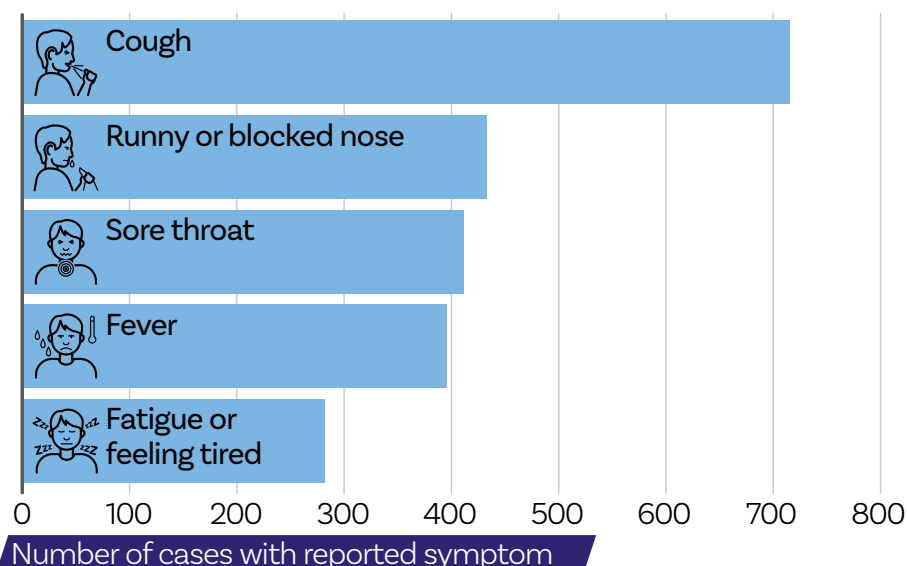
Swab positivity was highest in the 0–4 age group at **13.1%** and lowest in the 15–44 age group at 3.2%.

Swab positivity (%)



Symptoms

Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for RSV.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for RSV, compared to all other CARl patients. The association was strongest for cough. Symptoms with a negative association were less likely to be reported by patients who tested positive for RSV, compared to all other CARl patients.

Positive association



Cough



Difficulty sleeping



Sneezing



Loss of appetite



Runny or blocked nose

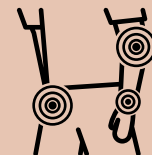
Negative association



Chills



Sore throat



Limb or joint pain

Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

SARS-CoV-2

Respiratory virus

CARI season snapshot 2023–2024

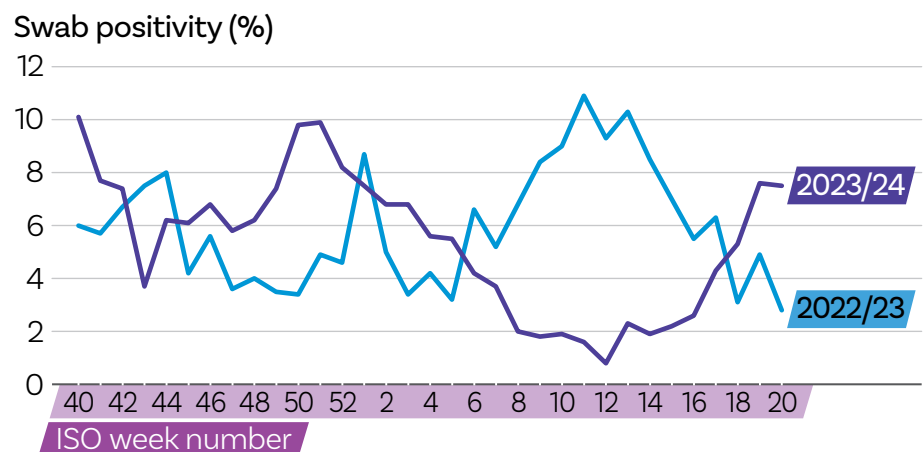
The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for SARS-CoV-2 from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for SARS-CoV-2 peaked at ISO week 40, 2023 at **10.1%**. This was earlier than the 2022/23 season, which saw a peak of 10.9% at ISO week 11, 2023.



By sex

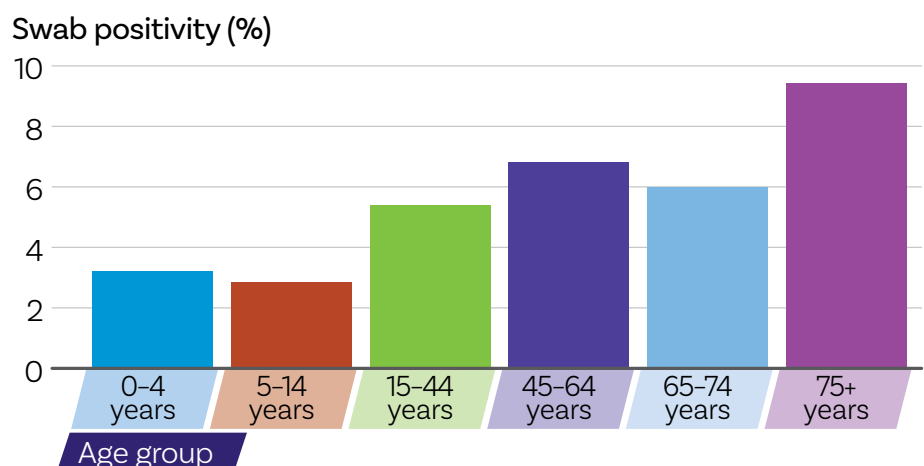
Overall swab positivity was **5.6%** across the season. This rate was similar across males and females.

Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	1,656	29,825	5.6%
Female	1,012	18,087	5.6%
Male	639	11,669	5.5%

*Total may also include patients who have not identified as male or female.

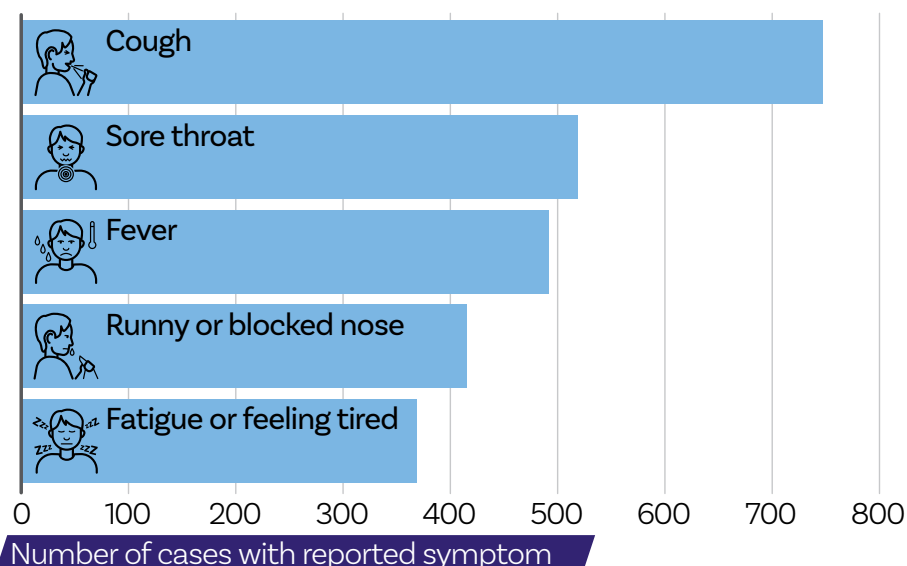
By age

Swab positivity was highest in the 75+ age group at **9.4%** and lowest in the 5–14 age group at 2.8%.



Symptoms

Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for SARS-CoV-2.



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for SARS-CoV-2, compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for SARS-CoV-2, compared to all other CARl patients.

Positive association



Altered sense of taste/smell



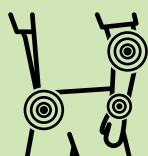
Diarrhoea



Fatigue or feeling tired



Aching body/muscles



Limb or joint pain



Runny or blocked nose



Sneezing



Chills



Fever



Headache

Negative association

No symptoms with negative associations.

Measure of association used was an odds ratio with 95% confidence intervals. Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.

Seasonal coronavirus (non-SARS-CoV-2)

Respiratory virus

CARI season snapshot 2023-2024

The Community Acute Respiratory Infection (CARI) surveillance programme monitors patterns of respiratory disease in over 180 sentinel GP practices in Scotland. A summary of data for seasonal coronavirus (non-SARS-CoV-2) from the CARI programme is presented below for the 2023/24 winter season from 2 October 2023 to 19 May 2024.

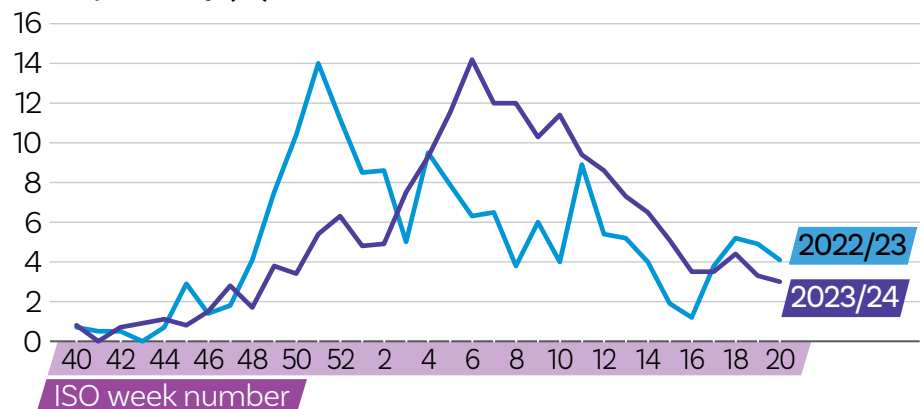
- See further context and interpretation of these data in the [CARI annual report](#)
- Find more information about the [CARI surveillance programme](#)

Swab positivity

Over time

Swab positivity for seasonal coronavirus (non-SARS-CoV-2) peaked at ISO week 6, 2024 at **14.2%**. This was later than the 2022/23 season, which saw a peak of 14.0% at ISO week 51, 2022.

Swab positivity (%)



By sex

Overall swab positivity was **5.5%** across the season. This was consistent across males and females.

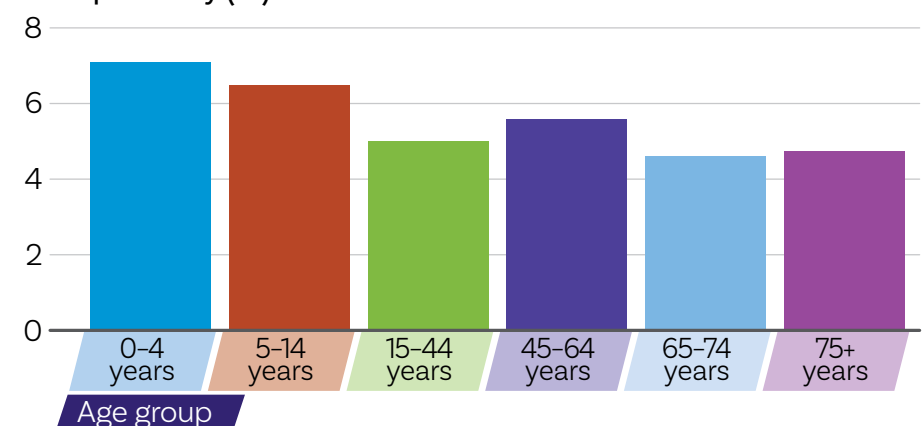
Sex	Number of positive swabs	Number of swabs tested	Swab positivity
Total*	1,562	28,465	5.5%
Female	949	17,321	5.5%
Male	608	11,079	5.5%

*Total may also include patients who have not identified as male or female.

By age

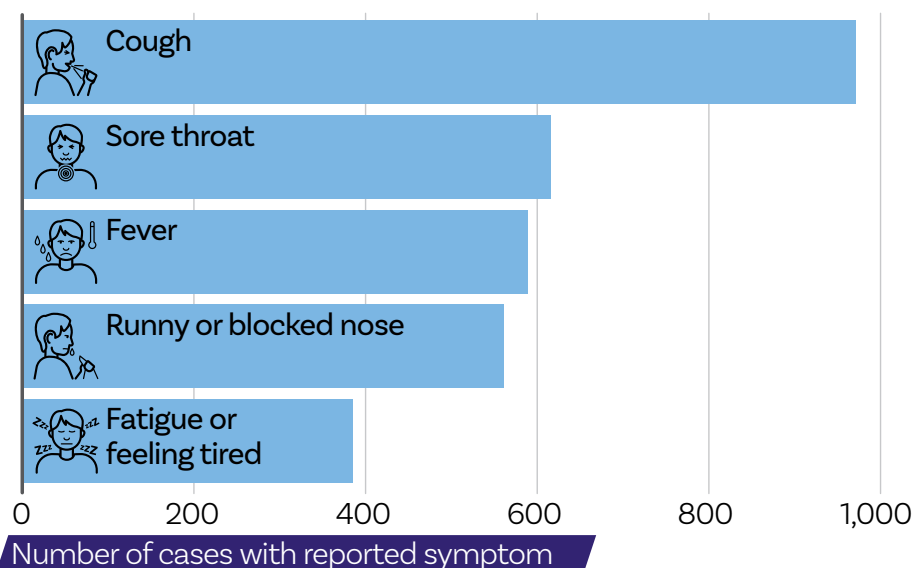
Swab positivity was highest in the 0-4 age group at **7.1%** and lowest in the 65-74 age group at 4.6%.

Swab positivity (%)



Symptoms

Alongside **cough**, **sore throat** and **runny or blocked nose** (coryza) (which are included in the CARl case definition), **fever** and **fatigue or feeling tired** were the most common symptoms in patients who tested positive for seasonal coronavirus (non-SARS-CoV-2).



Symptom association

Symptoms with a positive association were more likely to be reported by patients testing positive for seasonal coronavirus (non-SARS-CoV-2), compared to all other CARl patients. Symptoms with a negative association were less likely to be reported by patients who tested positive for seasonal coronavirus, compared to all other CARl patients.

Positive association



Cough



Runny or blocked nose



Sneezing

Negative association

No symptoms with negative associations.

Measure of association used was an odds ratio with 95% confidence intervals.
Only statistically significant results are shown.

Respiratory surveillance data are monitored throughout the year. Current data updates are available via the **Viral Respiratory Diseases Weekly Report** and the **Viral Respiratory Diseases Surveillance Dashboard**.