



GOVERNMENT OF BERMUDA
Ministry of Health

SURVEILLANCE SUMMARY REPORT

2025:

EPIDEMIOLOGICAL WEEKS 29-32: 13 JULY 2025 – 9 AUGUST 2025

The Surveillance Summary Report contains information on syndromes and communicable diseases reported into the Epidemiology and Surveillance Unit by Epidemiological Week (or as otherwise indicated). The Report currently contains 3 sections:

1. [Syndromic Surveillance](#)
2. [Conditions of Interest](#) – Influenza, COVID-19, and SARI (Severe Acute Respiratory Infection)
3. [Routine Communicable Disease Surveillance](#)

REPORT BASED ON DATA RECEIVED IN THE EPIDEMIOLOGY AND SURVEILLANCE UNIT BY 13 AUGUST 2025

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Syndromic Surveillance

Syndromic surveillance is the analysis of health-related data to detect or anticipate disease outbreaks. Action on an increase or alert in the reported syndromes under surveillance could potentially stop or slow the spread of the outbreak. The syndromes under surveillance are as follows:

Acute Flaccid Paralysis (AFP): Acute (sudden) onset of flaccid paralysis in the absence of trauma. *Any patient in whom a healthcare worker suspects acute flaccid paralysis is considered to be a suspected case of poliomyelitis.*

Fever and Haemorrhagic symptoms: Acute (sudden) onset of fever (> 38.0°C or 100.4°F) in a previously healthy person, presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice (e.g. purpura, epistaxis, haemoptysis, melena).

Fever and Neurological symptoms (except AFP): Acute (sudden) onset of fever (> 38.0°C or 100.4°F) with or without headache and vomiting in a previously healthy person presenting with at least one of the following signs: meningeal irritation, convulsions, altered consciousness, altered sensory manifestations, paralysis except AFP.

Fever and Rash: Acute (sudden) febrile illness (>38.0°C or 100.4°F) in a previously healthy person, presenting generalized rash. *Any patient in whom a healthcare worker suspects measles or rubella infection is considered to be a suspected measles/rubella case. These patients generally have fever and generalized rash illnesses.*

Fever and Respiratory Symptoms (Acute Respiratory Infection): Acute (sudden) febrile illness (> 38.0°C or 100.4°F) in a previously healthy person, presenting with cough or sore throat with or without respiratory distress.

Gastroenteritis: Acute (sudden) onset of diarrhoea, with or without fever (> 38C or 100.4F) and presenting with 3 or more loose or watery stools in the past 24 hours, with or without dehydration, vomiting and/or visible blood.

Undifferentiated Fever: An acute (sudden) febrile illness (> 38.0°C or 100.4°F) in a previously healthy person of less than 7 days duration with two or more of the following manifestations: headache, retro-orbital pain, myalgia, arthralgia, nausea, vomiting, jaundice – AND without any particular symptoms fitting another syndrome definition.

Reported Syndromes

The data presented in this section reflects reports submitted to the Epidemiology and Surveillance Unit through Bermuda's sentinel surveillance system.

Syndromes reported in EWs 29-32 included Fever and Neurological (Myelitis), Fever and Rash (pasteurella multocida bacteraemia, scabies), Fever and Respiratory (common cold, coronavirus "seasonal", COVID-19, influenza, mycoplasma pneumoniae, parainfluenza, strep throat, streptococcal pneumoniae) Gastroenteritis (c.difficile, campylobacter, e.coli, giardia lamblia, salmonella, shigella, yersinia enterocolitica).

Alert levels are used to identify potential public health risks. A risk assessment will determine the need for any public health action.

During EWs 29-32, there was an alert for Fever and Neurological Symptoms.

Epidemiological Week 29

Syndrome	# of Reported Cases	5-Yr Average*	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	0	0	0	1	LOW
Fever and Rash	0	0	1	2	LOW
Fever and Respiratory Symptoms (under 5 years)	1	4	8	16	LOW
Fever and Respiratory Symptoms (5 years and older)	31	27	49	93	LOW
Gastroenteritis (under 5 years)	1	1	2	4	LOW
Gastroenteritis (5 years and older)	5	4	7	12	LOW
Undifferentiated Fever (under 5 years)	0	0	0	1	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW
% of sentinel sites reporting					92.86%

Epidemiological Week 30

Syndrome	# of Reported Cases	5-Yr Average*	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	1	0	0	1	HIGH
Fever and Rash	1	0	1	2	LOW
Fever and Respiratory Symptoms (under 5 years)	2	4	9	18	LOW
Fever and Respiratory Symptoms (5 years and older)	25	25	44	81	LOW
Gastroenteritis (under 5 years)	0	1	2	4	LOW
Gastroenteritis (5 years and older)	4	4	7	13	LOW
Undifferentiated Fever (under 5 years)	0	0	0	1	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW
% of sentinel sites reporting					92.86%

Epidemiological Week 31

Syndrome	# of Reported Cases	5-Yr Average*	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	0	0	0	1	LOW
Fever and Rash	0	0	1	2	LOW
Fever and Respiratory Symptoms (under 5 years)	0	4	9	18	LOW
Fever and Respiratory Symptoms (5 years and older)	16	23	38	69	LOW
Gastroenteritis (under 5 years)	1	1	2	4	LOW
Gastroenteritis (5 years and older)	1	4	7	12	LOW
Undifferentiated Fever (under 5 years)	0	0	0	1	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW
% of sentinel sites reporting					89.29%

Epidemiological Week 32

Syndrome	# of Reported Cases	5-Yr Average*	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	0	0	0	1	LOW
Fever and Rash	1	0	1	2	MEDIUM
Fever and Respiratory Symptoms (under 5 years)	2	4	9	18	LOW
Fever and Respiratory Symptoms (5 years and older)	32	22	40	75	LOW
Gastroenteritis (under 5 years)	1	1	2	3	LOW
Gastroenteritis (5 years and older)	6	4	8	14	LOW
Undifferentiated Fever (under 5 years)	0	0	0	0	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW
% of sentinel sites reporting					89.29%

4-Week Summary: Epidemiological Weeks 29-32

Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	1	0	1	3	MEDIUM
Fever and Rash	2	1	4	8	LOW
Fever and Respiratory Symptoms (under 5 years)	5	17	35	70	LOW
Fever and Respiratory Symptoms (5 years and older)	104	97	171	318	LOW
Gastroenteritis (under 5 years)	3	4	8	16	LOW
Gastroenteritis (5 years and older)	16	17	28	51	LOW
Undifferentiated Fever (under 5 years)	0	0	1	2	LOW
Undifferentiated Fever (5 years and older)	0	0	1	3	LOW

Cumulative Summary: Epidemiological Weeks 1-32

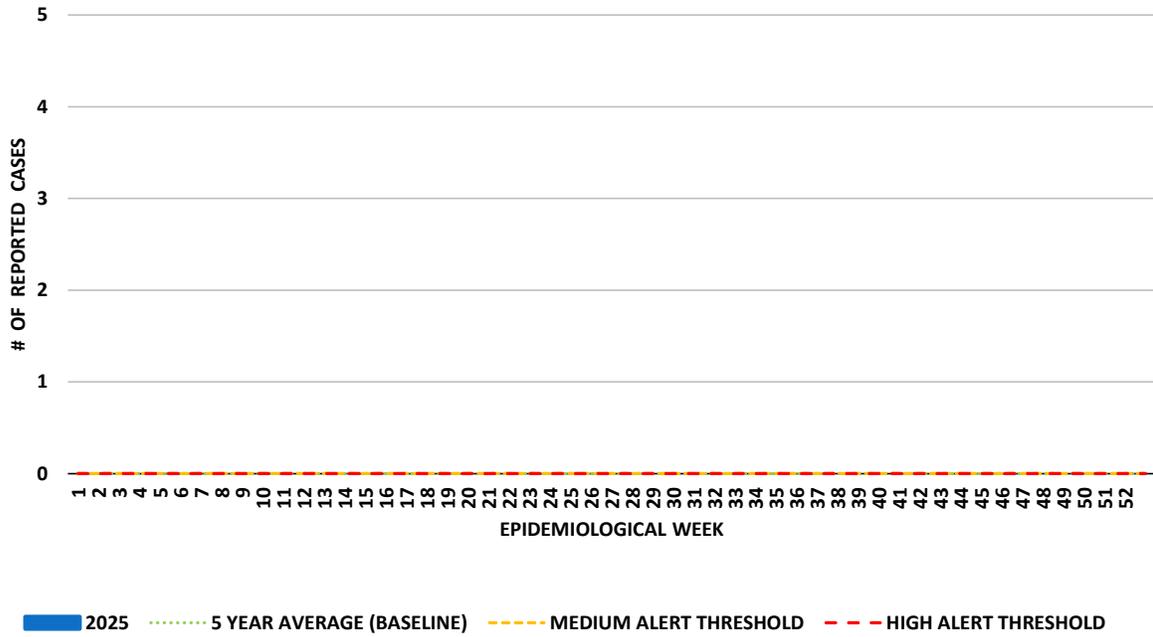
Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	1	3	LOW
Fever and Neurological Symptoms	7	1	4	11	MEDIUM
Fever and Rash	20	14	39	90	LOW
Fever and Respiratory Symptoms (under 5 years)	143	131	262	524	LOW
Fever and Respiratory Symptoms (5 years and older)	1013	1114	2002	3779	LOW
Gastroenteritis (under 5 years)	20	23	56	120	LOW
Gastroenteritis (5 years and older)	143	120	207	380	LOW
Undifferentiated Fever (under 5 years)	0	1	7	19	LOW
Undifferentiated Fever (5 years and older)	0	1	5	14	LOW

*5-Yr Average calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years.

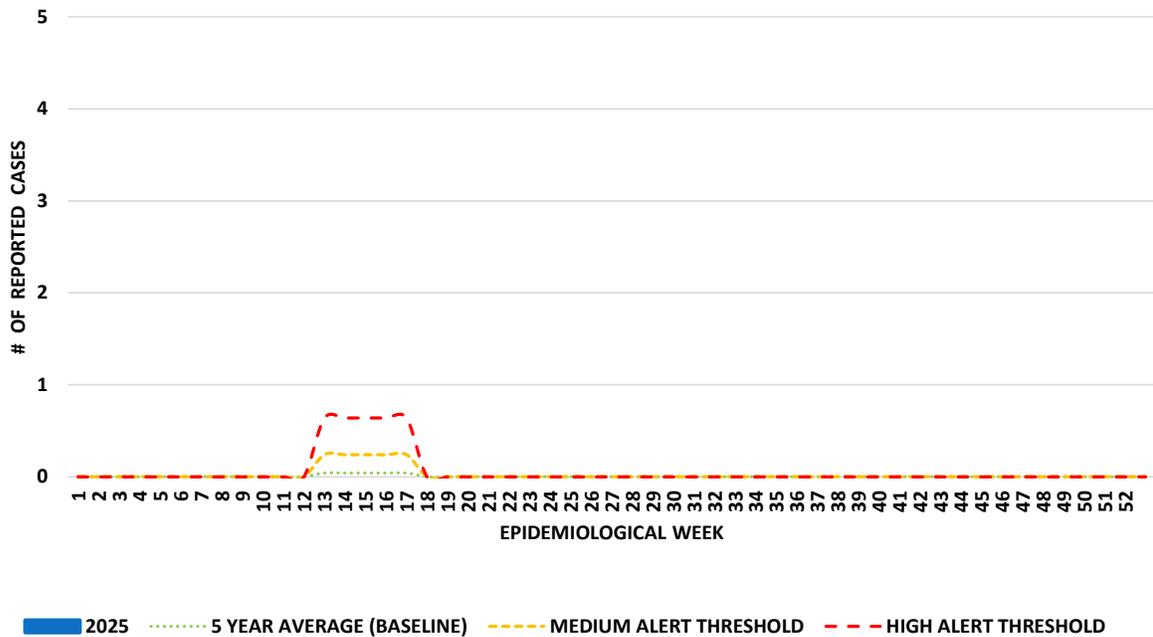
** Medium Alert Threshold is set at 1 standard deviation above 5-yr average

*** High Alert Threshold is set at 3 standard deviations above 5-year average

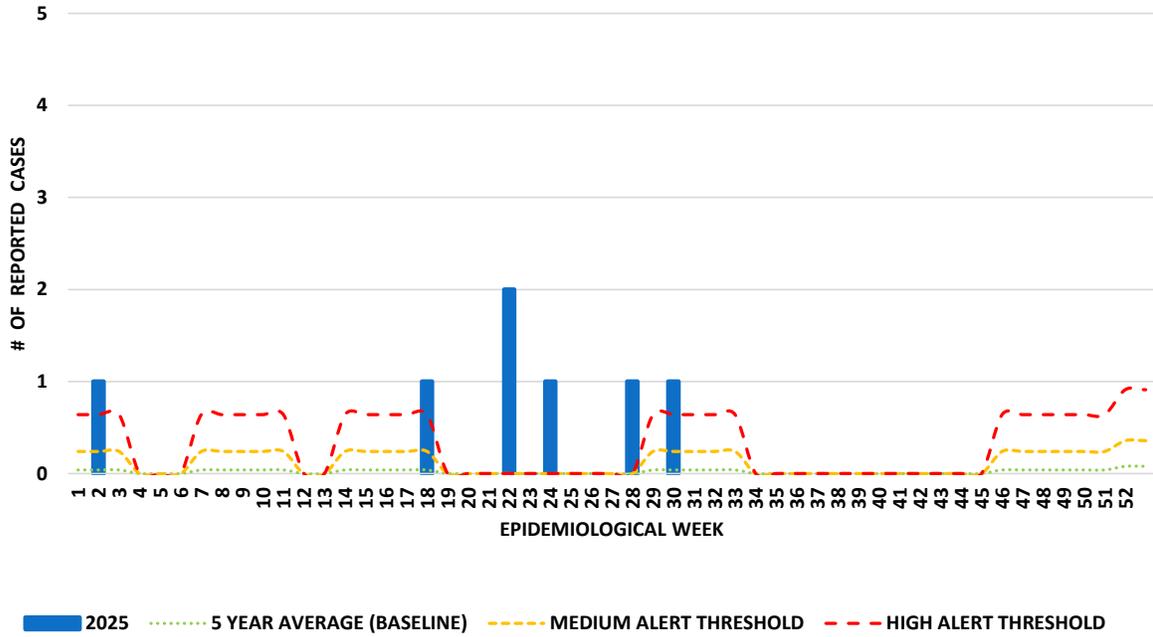
ACUTE FLACCID PARALYSIS



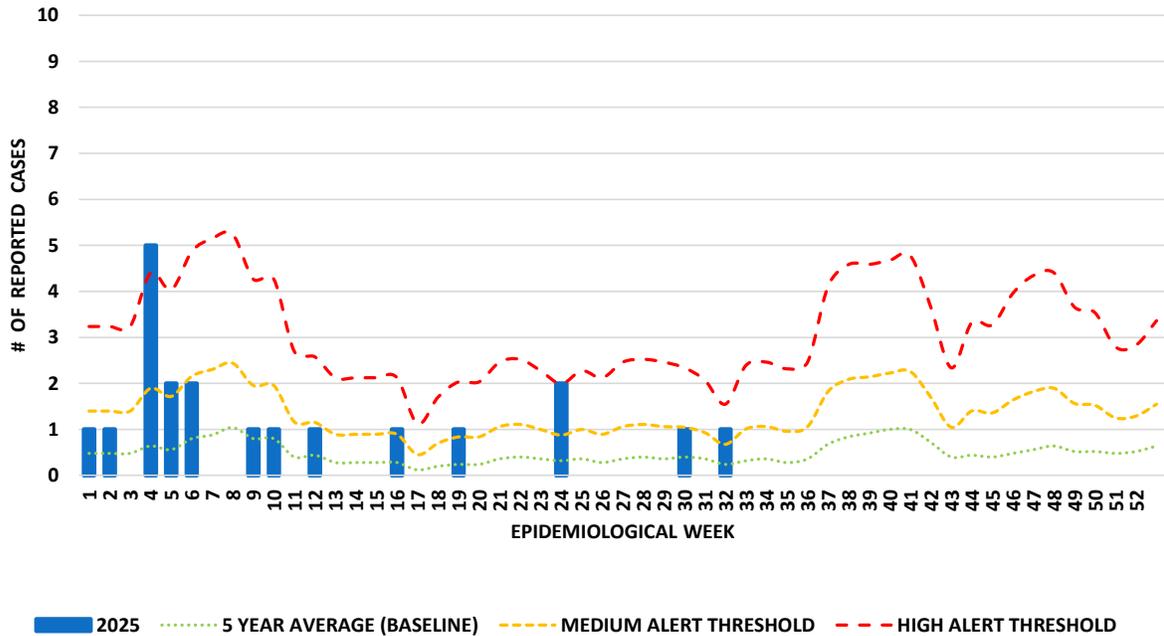
FEVER AND HAEMORRHAGIC SYMPTOMS



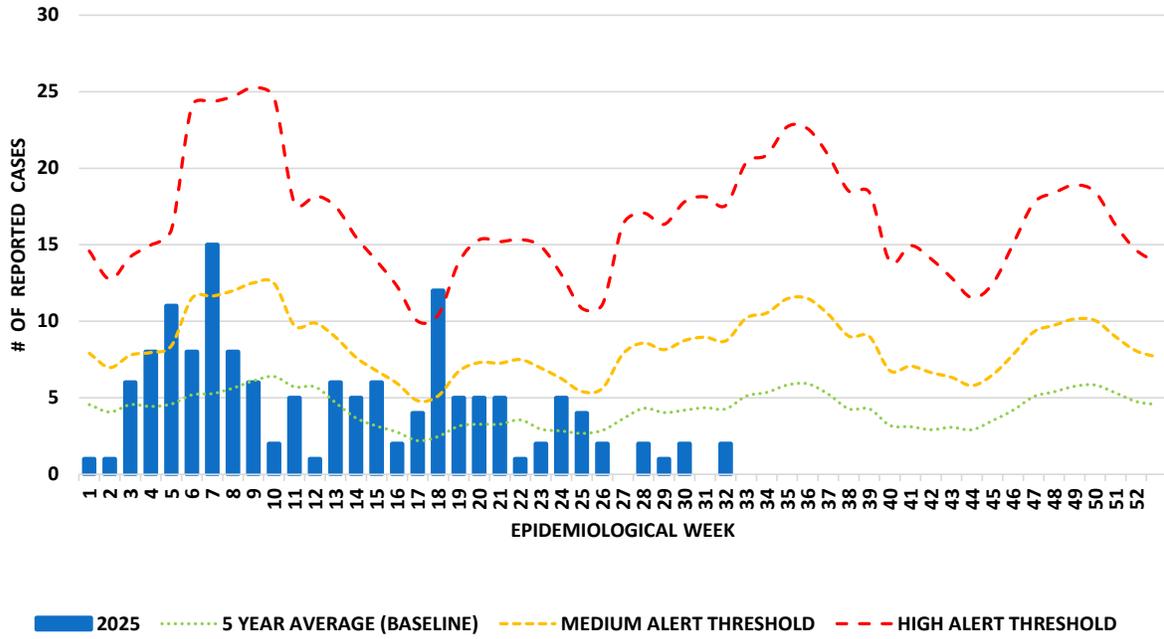
FEVER AND NEUROLOGICAL SYMPTOMS



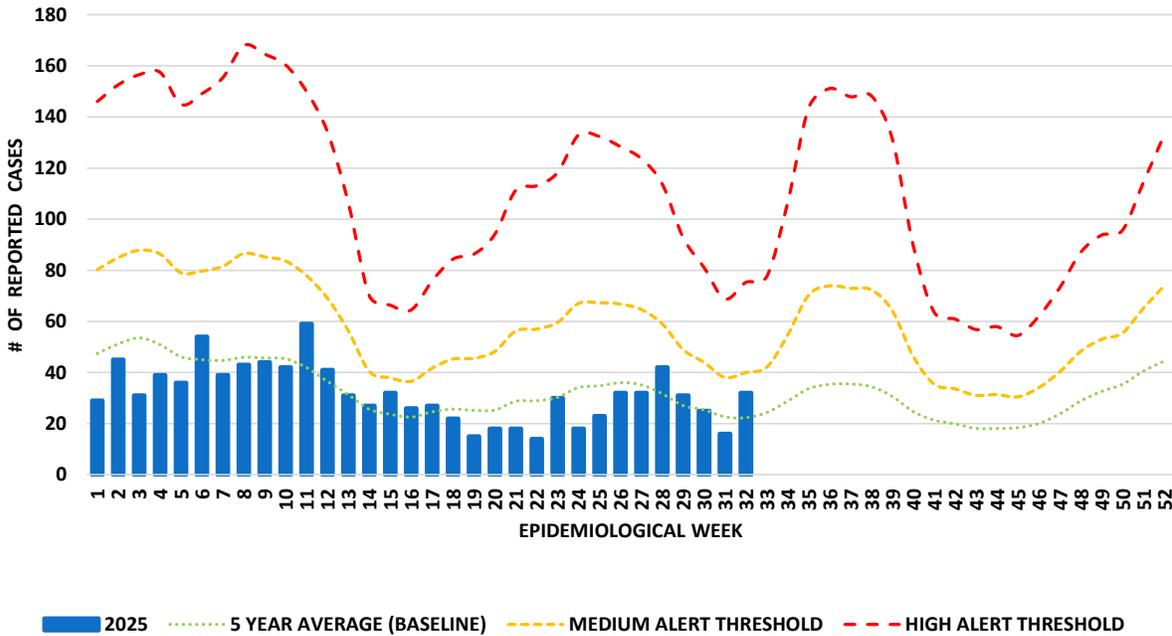
FEVER AND RASH



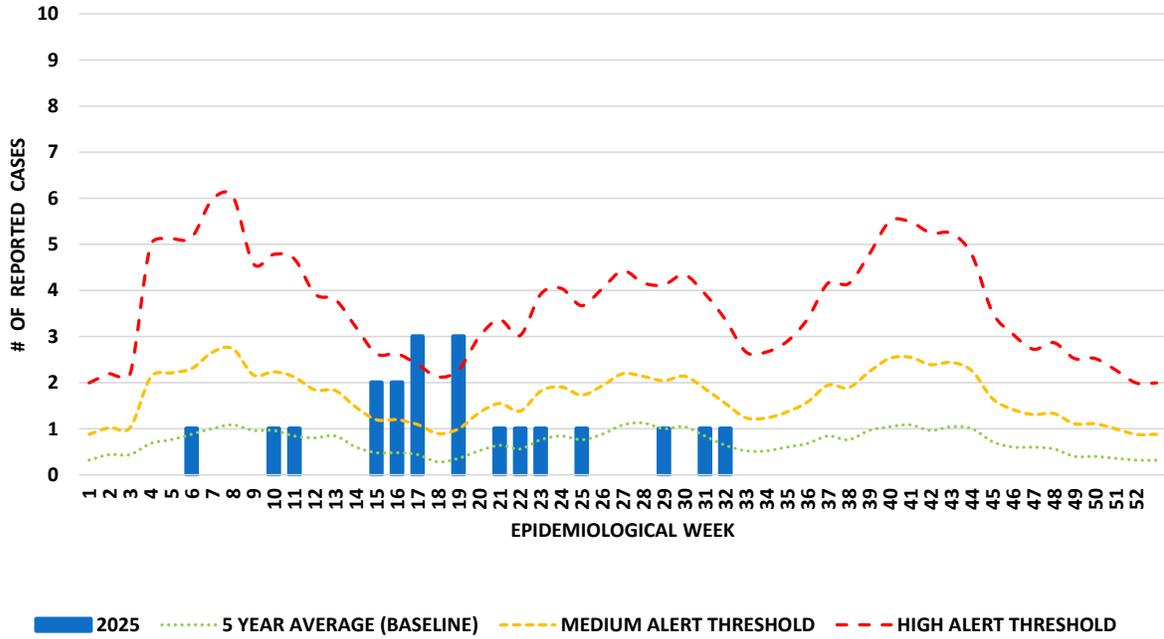
FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED UNDER 5 YEARS



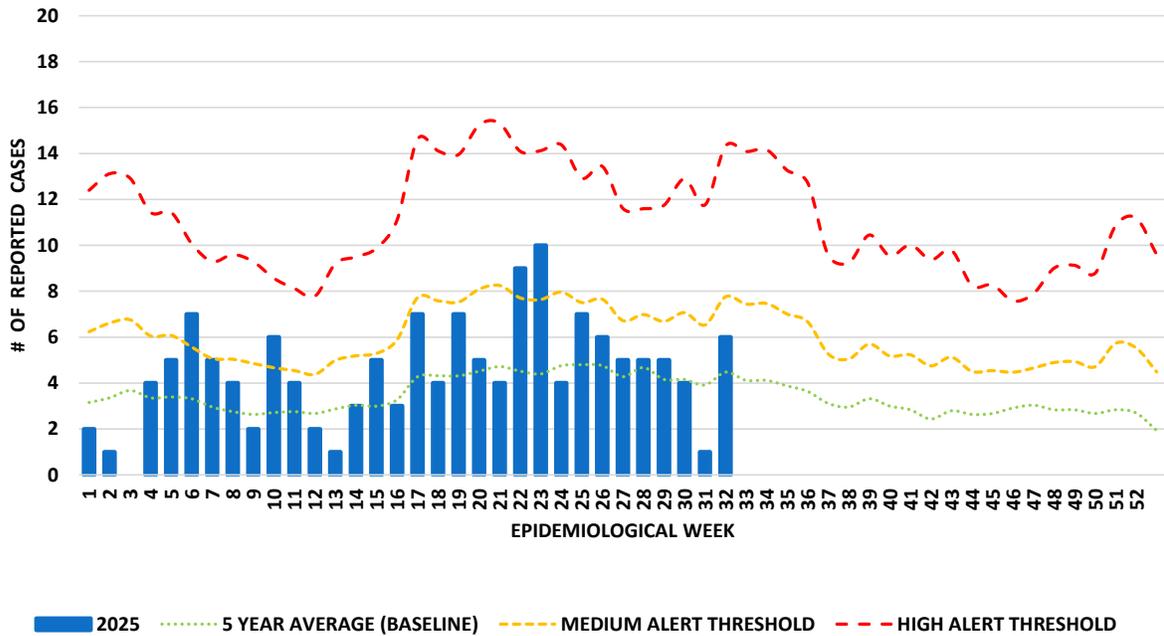
FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED 5 YEARS AND OLDER



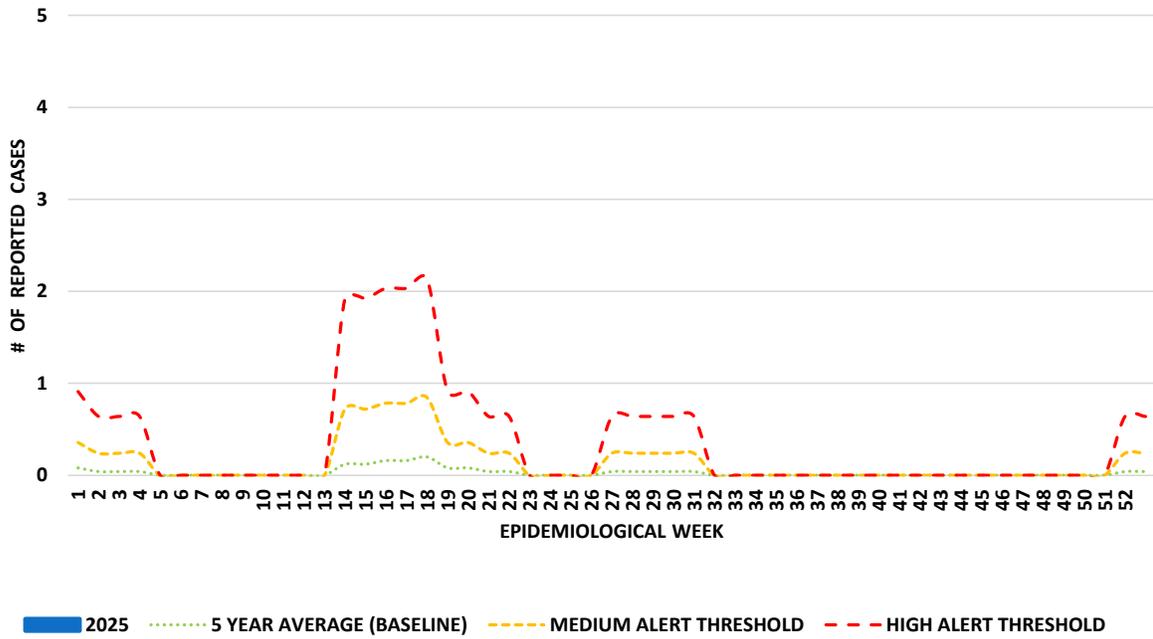
GASTROENTERITIS IN PERSONS AGED UNDER 5 YEARS



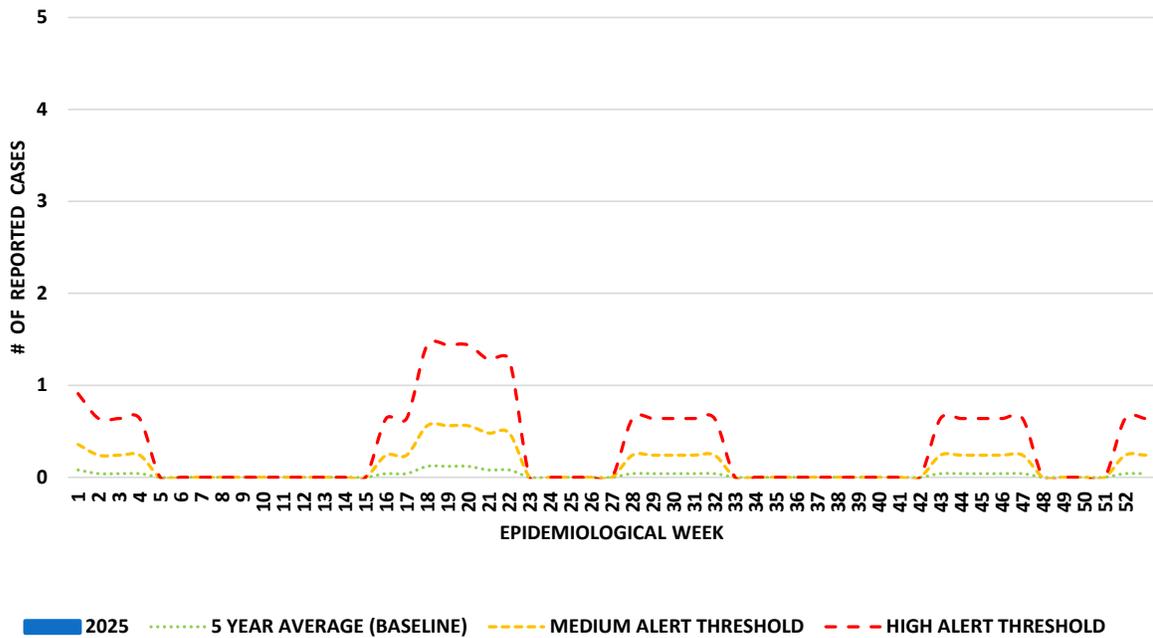
GASTROENTERITIS IN PERSONS AGED 5 YEARS AND OLDER



UNDIFFERENTIATED FEVER IN PERSONS AGED UNDER 5 YEARS



UNDIFFERENTIATED FEVER IN PERSONS AGED 5 YEARS AND OLDER



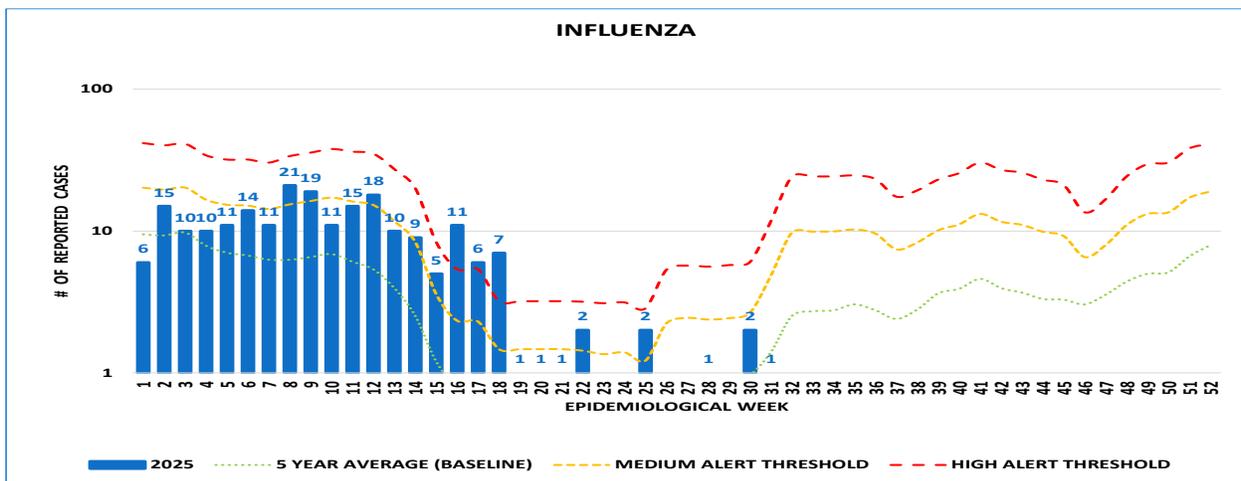
Conditions of Interest: Influenza, COVID-19, and Severe Acute Respiratory Infection (SARI)

Note: Each condition in this section is displayed using a logarithmic (log) scale. This improves visualization by allowing clearer interpretation of week-to-week changes, especially when case counts, including historical data, vary across a wide range. Surveillance case definitions accompany each graph.

Influenza:

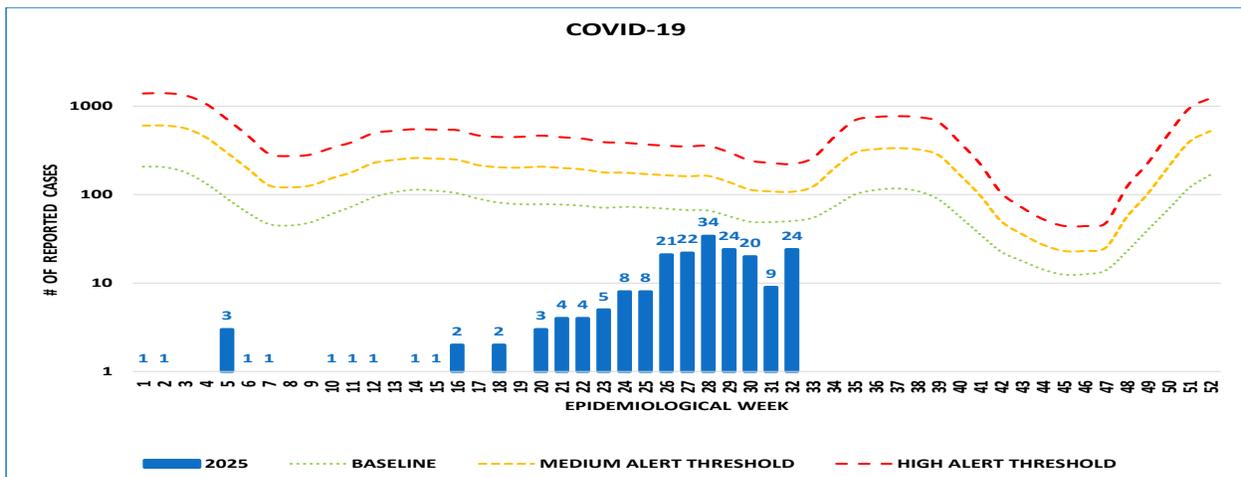
Clinical (or suspect): A person with fever, headache, myalgia, and cough

Laboratory confirmed: A clinical or suspect case with positive laboratory findings



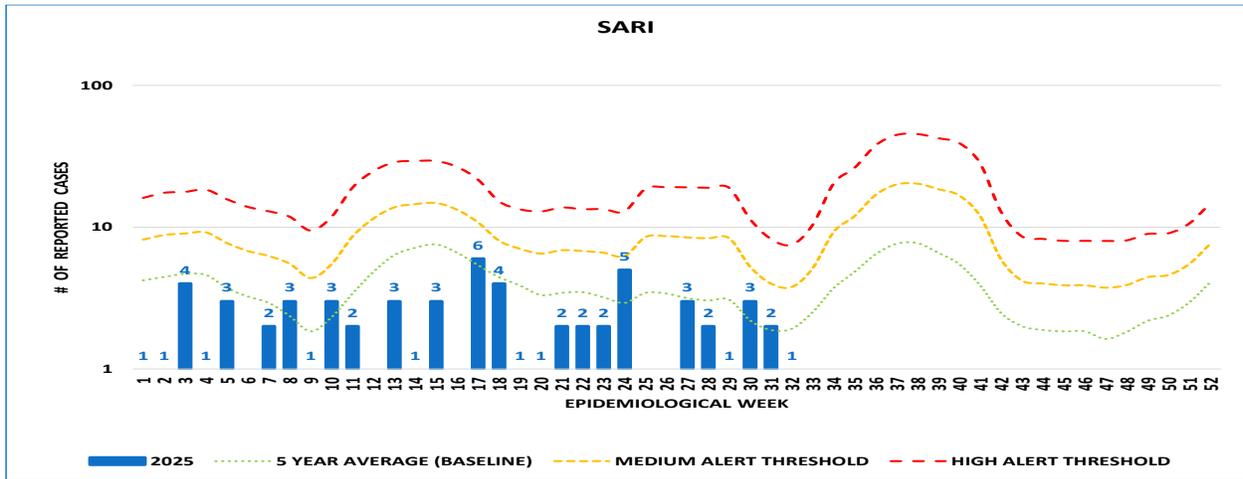
COVID-19:

A person with laboratory or antigen test confirmation of COVID-19 infection, irrespective of clinical signs and symptoms



Severe Acute Respiratory Infection (SARI):

An acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$ and cough, with onset within the last 10 days, and requiring hospitalization.



Summary

Influenza activity remained low during EWs 29 to 32. No cases were reported in EWs 29 and 32, while 2 cases were recorded in EW 30 and 1 case in EW 31. This pattern continues to reflect off-season influenza levels with no indication of resurgence.

COVID-19 activity remained elevated throughout EWs 29 to 32. Case counts began at 24 cases in EW 29, dipped slightly to 20 cases in EW 30, then declined further to 9 cases in EW 31, before rising again to 24 cases in EW 32. These levels suggest ongoing community transmission.

SARI (Severe Acute Respiratory Infection) activity was modest but persistent. Case counts ranged from 1 to 3 per week, with the highest level in EW 30. The consistent presence of SARI cases warrants continued monitoring, particularly in the context of ongoing COVID-19 activity.

Routine Communicable Disease Surveillance (EWs 29-32 2025)

An observed increase in confirmed diseases may not necessarily indicate a true increase in disease incidence. Such increases may result from factors like enhanced diagnostic capacity, improved access to confirmatory testing, or heightened awareness of circulating diseases—both locally and globally.

In instances where the relative level is above normal (indicated in red), further epidemiological investigation may be conducted to determine if there are clusters of illness or outbreaks occurring. This is dependent on many factors, including the severity of the illness, the potential for spread, and the availability of control measures.

DISEASES/PATHOGENS	Cumulative Total (Lab Conf. cases)	
	Curr. Yr	Last Yr.
Diseases Reportable under the International Health Regulations		
Cholera	0	0
Human Influenza (new sub-type)	0	0
Pneumonic Plague	0	0
Poliomyelitis	0	0
Severe Acute Respiratory Syndrome (SARS)	0	0
Yellow Fever	0	0
Air Borne Diseases		
Adenoviruses	15	55
COVID-19	201	523
Human Metapneumovirus [hMPV]	52	22
Influenza	230	167
Respiratory Syncytial Virus [RSV]	108	46
Tuberculosis - Extrapulmonary	1	0
Tuberculosis - Pulmonary	3	1
Vaccine Preventable Diseases under the Caribbean Expanded Programme on Immunization		
Chicken Pox [Varicella] (clinically confirmed)	7	10
Diphtheria	0	0
Measles	0	0
Meningitis [due to <i>Haemophilus influenzae</i>]	0	0
Meningitis [due to <i>Streptococcus pneumoniae</i>]	1	0
Meningococcal Infection [due to <i>Neisseria meningitidis</i>]	0	0
Mumps	0	0
Pertussis [Whooping Cough]	2	2
Pneumonia [due to <i>Haemophilus influenzae</i>]	0	0
Pneumonia [due to <i>Streptococcus pneumoniae</i>]	0	1
Rotavirus	9	6
Rubella [Congenital German Measles]	0	0
Rubella [German Measles]	0	0
Tetanus [excluding Neonatal]	0	0
Tetanus Neonatorum	0	0
Vector Borne Diseases		
Chagas Disease	0	0
Chikungunya	0	0
Dengue Fever	0	1
Dengue Haemorrhagic Fever/Shock Syndrome	0	0
Leptospirosis	1	0
Malaria	0	0
Zika	0	0
Food and Water Borne Pathogens		
<i>Campylobacter</i>	26	19
Ciguatera Poisoning (clinically confirmed)	0	0
<i>Cryptosporidium</i>	1	3
<i>E. Coll</i> (pathogenic)	33	36
<i>Giardia</i>	1	2
Hepatitis A	1	0
Listeria	0	0
Norovirus	6	6
Salmonella	12	21
Shigella	3	2
Staphylococcus (pathogenic)	0	0
Taxoplasma	0	0
Typhoid and Paratyphoid	0	0
<i>Vibrio</i> (excluding Cholera)	0	1
Other Diseases		
Viral Encephalitis/Meningitis	0	0
Hepatitis B	2	4
Hepatitis C	7	3
Leprosy (Hansens Disease)	0	0
Meningitis/Encephalitis (not specified)	3	0
Rabies (in Humans)	0	0
Specific Diseases under Country Surveillance		
Chlamydia	159	192
Gonorrhoea	9	24
Herpes	9	29
Syphilis	5	2

EPIDEMIOLOGICAL WEEKS 2025

WEEK	FROM	TO
1	29-Dec-24	4-Jan-25
2	5-Jan-25	11-Jan-2025
3	12-Jan-25	18-Jan-25
4	19-Jan-25	25-Jan-25
5	26-Jan-25	01-Feb-25
6	02-Feb-25	08-Feb-25
7	09-Feb-25	15-Feb-25
8	16-Feb-25	22-Feb-25
9	23-Feb-25	01-Mar-25
10	02-Mar-25	08-Mar-25
11	09-Mar-25	15-Mar-25
12	16-Mar-25	22-Mar-25
13	23-Mar-25	29-Mar-25
14	30-Mar-25	05-Apr-25
15	06-Apr-25	12-Apr-25
16	13-Apr-25	19-Apr-25
17	20-Apr-25	26-Apr-25
18	27-Apr-25	03-May-25
19	04-May-25	10-May-25
20	11-May-25	17-May-25
21	18-May-25	24-May-25
22	25-May-25	31-May-25
23	01-Jun-25	07-Jun-25
24	08-Jun-25	14-Jun-25
25	15-Jun-25	21-Jun-25
26	22-Jun-25	28-Jun-25

WEEK	FROM	TO
27	29-Jun-25	05-Jul-25
28	06-Jul-25	12-Jul-25
29	13-Jul-25	19-Jul-25
30	20-Jul-25	26-Jul-25
31	27-Jul-25	02-Aug-25
32	03-Aug-25	09-Aug-25
33	10-Aug-25	16-Aug-25
34	17-Aug-25	23-Aug-25
35	24-Aug-25	30-Aug-25
36	31-Aug-25	06-Sep-25
37	07-Sep-25	13-Sep-25
38	14-Sep-25	20-Sep-25
39	21-Sep-25	27-Sep-25
40	28-Sep-25	04-Oct-25
41	05-Oct-25	11-Oct-25
42	12-Oct-25	18-Oct-25
43	19-Oct-25	25-Oct-25
44	26-Oct-25	01-Nov-25
45	02-Nov-25	08-Nov-25
46	09-Nov-25	15-Nov-25
47	16-Nov-25	22-Nov-25
48	23-Nov-25	29-Nov-25
49	30-Nov-25	06-Dec-25
50	07-Dec-25	13-Dec-25
51	14-Dec-25	20-Dec-25
52	21-Dec-25	27-Dec-25