

SURVEILLANCE SUMMARY REPORT EPIDEMIOLOGICAL WEEK 34: 21 AUGUST – 27 AUGUST 2022

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. <u>Syndromic Surveillance</u> (including Influenza and Severe Acute Respiratory Infection (SARI))
- 2. <u>Routine Communicable Disease Surveillance</u>
- 3. COVID-19 Surveillance

REPORT BASED ON DATA RECEIVED IN THE EPIDEMIOLOGY AND SURVEILLANCE UNIT BY 30 AUGUST 2022

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Syndromic Surveillance

Public health surveillance is, according to the World Health Organization (WHO), "the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice." Public health surveillance may be used to serve as an early warning system for impending public health emergencies, monitor and clarify the epidemiology of health problems, allow priorities to be set, and inform public health policy and strategies.

Syndromic surveillance is the analysis of data to detect or anticipate disease outbreaks. According to a CDC definition, "the term 'syndromic surveillance' applies to surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response." This is important as the first indications of disease outbreak may not be the definitive diagnosis of a physician or a lab. 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.

Alert Levels:

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

Epidemiological Week 34					
Syndrome	# of Reported Cases	Alert Level			
Acute Flaccid Paralysis	0	LOW			
Fever and Haemorrhagic Symptoms	0	LOW			
Fever and Neurological Symptoms	0	LOW			
Fever and Rash	0	LOW			
Fever and Respiratory Symptoms (under 5 years)	0	LOW			
Fever and Respiratory Symptoms (5 years and older)	11	LOW			
Gastroenteritis (under 5 years)	1	LOW			
Gastroenteritis (5 years and older)	13	MEDIUM			
Undifferentiated Fever (under 5 years)	0	LOW			
Undifferentiated Fever (5 years and older)	0	LOW			
% of sentinel sites reporting		83.00%			

The data presented in this section of the report reflects information reported into the Epidemiology and Surveillance Unit through Bermuda's sentinel surveillance system. Routine reporting from sentinel sites decreased from EW 13 (2020) as measures were implemented to minimize COVID-19 exposure in healthcare settings.

During EW 34, there was a syndromic alert for Gastroenteritis (Salmonella, campylobacter, E.coli, rotavirus).

Other syndromes reported in EW 34 include Fever and Respiratory Symptoms (influenza, COVID-19/SARS-CoV-2).

All cases of SARS-CoV-2 (COVID-19) may not be reflected in this syndromic surveillance data as the disease presentation does not always fit within a specific syndrome. COVID-19 data is presented in another section of this report.

Epidemiological Week 34							
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	0	LOW		
Fever and Rash	0	1	2	4	LOW		
Fever and Respiratory Symptoms (under 5 years)	0	4	10	21	LOW		
Fever and Respiratory Symptoms (5 years and older)	11	30	53	99	LOW		
Gastroenteritis (under 5 years)	1	1	2	3	LOW		
Gastroenteritis (5 years and older)	13	6	10	17	MEDIUM		
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 83.00%							

** 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

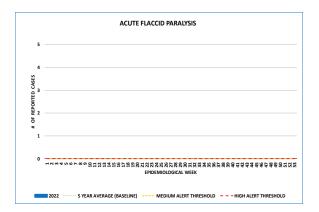
*** High Alert Threshold is set at 3 standard deviations above 5-year average

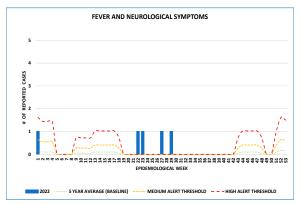
4-Week Summary: Epidemiological Weeks 31-34

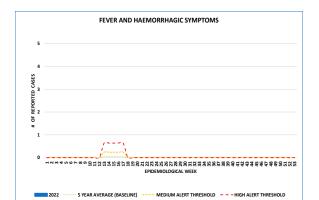
Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	0	0	0	0	LOW
Fever and Rash	2	2	6	14	LOW
Fever and Respiratory Symptoms (under 5 years)	11	13	34	76	LOW
Fever and Respiratory Symptoms (5 years and older)	77	102	164	289	LOW
Gastroenteritis (under 5 years)	4	3	6	13	LOW
Gastroenteritis (5 years and older)	27	26	38	62	LOW
Undifferentiated Fever (under 5 years)	0	0	1	1	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW

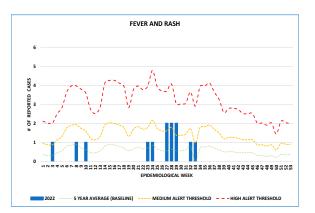
Cumulative Summary: Epidemiological Weeks 1-34

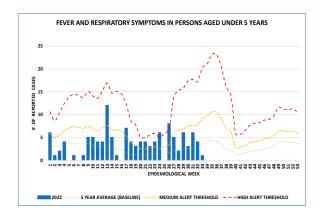
Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	1	3	LOW
Fever and Neurological Symptoms	5	1	6	15	LOW
Fever and Rash	13	21	53	117	LOW
Fever and Respiratory Symptoms (under 5 years)	121	87	200	424	LOW
Fever and Respiratory Symptoms (5 years and older)	1111	1537	2415	4173	LOW
Gastroenteritis (under 5 years)	11	28	63	133	LOW
Gastroenteritis (5 years and older)	132	200	326	579	LOW
Undifferentiated Fever (under 5 years)	0	0	2	6	LOW
Undifferentiated Fever (5 years and older)	0	2	8	20	LOW

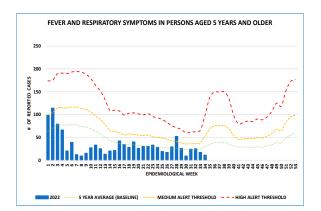


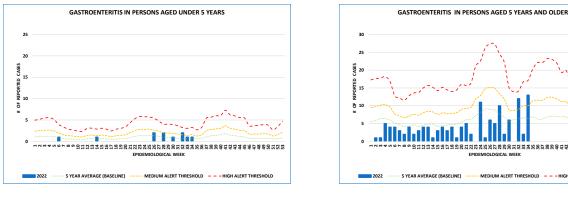


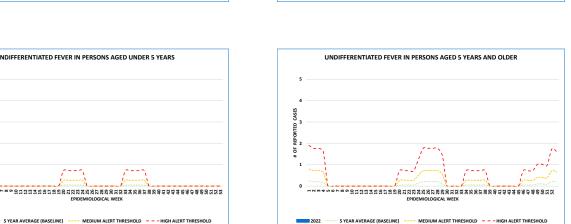












MEDIUM ALERT THRESHOLD

Influenza and Severe Acute Respiratory Infection (SARI)

Surveillance case definitions included here are as follows:

UNDIFFERENTIATED FEVER IN PERSONS AGED UNDER 5 YEARS

Influenza:

2022

CASES

REPORTED 0

OF

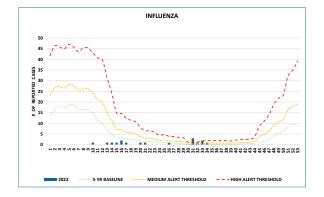
Clinical (or suspect): A person with fever, headache, myalgia, and cough Laboratory confirmed: A clinical or suspect case with

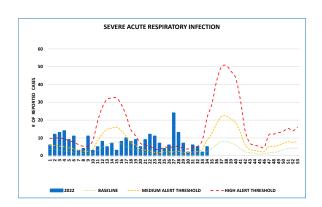
positive laboratory findings

Severe Acute Respiratory Infection (SARI):

An acute respiratory infection with history of fever or measured fever of \geq 38°C and cough, with onset within the last 10 days, and requiring hospitalization.

The alerts for SARI are related to hospitalizations for COVID-19.





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Routine Communicable Disease Surveillance (EWs 29-32, 2021)

An increase in confirmed diseases may not necessarily indicate a true increase in disease incidence. Reporting and confirmatory testing may rise due to other causes such as increased testing capability and increased awareness of circulating diseases, locally and globally.

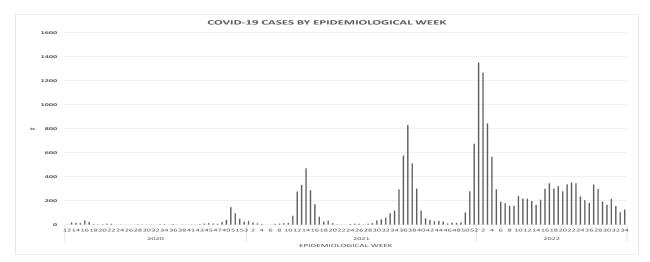
In instances where the relative level is above normal (indicated in red), further epidemiological investigation may be conducted to determine if there are clusters of illness or outbreaks occurring. This is dependent on many factors, including the severity of the illness, the potential for spread, the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

DISEASES/PATHOGENS	Cumulative Total (Li Conf. cases)	
	Curr. Yr	Last Yr.
Diseases Reportable under the International Health Regulations Cholera	Ō	0
	0	0
Human Influenza (new sub-type) Pneumonic Plague	0	0
Polionvelitis	0	0
Severe Acute Respiratory Syndrome (SARS)	0	0
Yellow Fever	0	0
Air Borne Diseases		
Adenoviruses	32	з
COVID-19	10822	2063
Human Metapneumovirus [hMPV]	19	7
Influenza	18	2
Respiratory Syncytial Virus [RSV]	43	0
Tuberculosis - Extrapulmonary Tuberculosis - Pulmonary	1	O
Vaccine Preventable Diseases under the Caribbean Expanded Programme on In		
Chicken Pox [Varicella] (clinically confirmed)	6	5
Diphtheria	0	0
Measles	0	0
Meningitis [due to Haemophilus influenzae]	0	0
Meningitis [due to Streptococcus pneumoniae]	0	0
Meningococcal Infection [due to Neisseria meningitidis]	0	0
Mumps	0	0
Pertussis [Whooping Cough]	0	0
Pneumonia [due to <i>Haemophilus influenzae</i>]	0	0
Pneumonia [due to <i>Streptococcus pneumoniae</i>] Rotavirus	0	12
Rotavirus Rubella [Congenital German Measles]	5	0
Rubella [German Measles]	0	0
Tetanus [excluding Neonatal]	1	0
Tetanus Neonatorum	0	0
Vector Borne Diseases		
Chagas Disease	0	0
Chikungunya		
Cintalguilya	0	0
Dengue Fever	0	0
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome	0 0	0
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis	0 0 0	
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria		
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika	0 0 0	
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria		
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika Food and Water Borne Pathogens		
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika Food and Water Borne Pathogens Campylobacter Ciguatera Poisoning (clinically confirmed) Cryptosporidium	25 0 0 0 0 25 0 5	0 0 0 0 52 1 2
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika Food and Water Borne Pathogens Campylobacter Ciguatera Poisoning (clinically confirmed) Cryptosporidium E. Coli (pathogenic)	0 0 0 0 25 0 5 27	0 0 0 0 52 1 2 21
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Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika Food and Water Borne Pathogens Campylobacter Ciguatera Poisoning (clinically confirmed) <i>Cryptosporidium</i> E. Coli (pathogenic) Giardia Hepatitis A Listeria Norovirus Salmonella Shigelia Staphylococcus (pathogenic)	0 0 0 25 0 5 27 3 3 0 0 0 7 20	0 0 0 0 52 1 2 21 3 0 0 0 3 26 1 2 2 1 2 2
Dengue Fever Dengue Haemorrhagic Fever/Shock Syndrome Leptospirosis Malaria Zika Food and Water Borne Pathogens Campylobacter Ciguatera Poisoning (clinically confirmed) Cryptosporidium E. Coli (pathogenic) Giardia Hepatitis A Listeria Norovirus Salmonella Shigella	0 0 0 0 0 0 0 2 5 2 7 3 0 0 0 0 7 20 0 0 0 0	0 0 0 52 1 2 2 21 3 0 0 0 3 26 1
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COVID-19 Surveillance

Bermuda's Current COVID-19 Status and Indicators

As of EW 34, Bermuda has reported 17,872 confirmed cases of COVID-19.



Indicator		At end of EW 31	At end of EW 32	At end of EW 33	At end of EW 34
(Data subject to change upon reconcilaition)	Target	6-Aug-22	13-Aug-22	20-Aug-22	27-Aug-22
New Cases	decreasing	215	155	104	126
% imported		42%	41%	48%	56%
% unlinked	decreasing	30%	34%	40%	28%
Country Transmission Classification					
Effective reproduction number					
Effective reproduction number				0.40	
(7 day moving average)	<1	0.61	0.55	0.40	0.50
Positivity rate (%)					
Positivity Rate (%)		4.9%	4.3%	2.4%	3.0%
(7 day moving average)	<1%	4.9%	4.3%	2.4%	3.0%
Positivity Rate (%)		4.8%	4.6%	3.3%	2.7%
(14 day moving average)	<1%	4.8%	4.6%	3.3%	2.7%
Incidence Rate					
Incidence Rate per 100,000	<10	48	35	23	28
(7 day moving average)	<10	48	- 35	23	- 28
Incidence Rate per 100,000	<10	43	41	2 9	2 6
(14 day moving average)	>10	43	41	29	26
Hospitalization rate: New admissions					
Hospitalization rate per 100,000	<2.5	1.3	1.1	0.4	1.1
(7 day moving average)	<2.5	1.3	— 1.1	- 0.4	- 1.1
Hospitalization rate per 100,000	<2.5	0.9	1.2	0.8	0.8
(14 day moving average)	<2.3	0.9	— 1.2	- 0.8	- 0.8
Hospitalization rate: Current admissions					
Hospitalization rate per 100,000	<25	23.0	25.4	21.9	16.4
(7 day moving average)	~23	23.0	25.4	21.9	9 18.4
Hospitalization rate per 100,000	<25	32.4	24.2	23.7	19.1
(14 day moving average)	~23	32.4	24.2	23.7	<u> </u>
Mortality rate:					
Mortality rate per 100,000	<0.5	0.3	0.0	0.0	0.0
(7 day moving average)	<0.3	0.3	0.0	- 0.0	- 0.0
Mortality rate per 100,000	<0.5	0.5	0.2	0.0	O.O
(14 day moving average)	<0.3	0.3	0.2	0.0	0.0
CDC Community Levels		High	Medium	Low	Low
New Cases per 100,000	<200	336	242	163	197
Hospitalization rate per 100,000	<10	9.4	7.8	3.1	7.8
(7 day total)	-10			-	
Inpatient beds occupied by COVID-19 patients	<10%	> 9%	> 9%	3%	3%
(7-day average)	~10%	376	570	370	670
CDC Travel Health Notice Level		Level 3	Level 3	Level 3	Level 3
Primary Criteria					
New non-imported cases	<50	483	398	3 61	325
(past 28 days)	~50	405			
Secondary Criteria					
Population Testing Rate per 100,000	>1500	914	901	912	942
(past 28 days)	~1300	514	501	912	542
Test-to-Case Ratio	>30	19	22	26	28
(past 28 days)	~30	19	22	20	20
Interventions (Curfew/Shelter in Place)					

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0
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Epidemiological Weeks 2022

WEEK	FROM	ТО	WEEK	FROM	TO
1	2-Jan-22	8-Jan-22	27	3-Jul-22	9-Jul-22
2	9-Jan-22	15-Jan-22	28	10-Jul-22	16-Jul-22
3	16-Jan-22	22-Jan-22	29	17-Jul-22	23-Jul-22
4	23-Jan-22	29-Jan-22	30	24-Jul-22	30-Jul-22
5	30-Jan-22	5-Feb-22	31	31-Jul-22	6-Aug-22
6	6-Feb-22	12-Feb-22	32	7-Aug-22	13-Aug-22
7	13-Feb-22	19-Feb-22	33	14-Aug-22	20-Aug-22
8	20-Feb-22	26-Feb-22	34	21-Aug-22	27-Aug-22
9	27-Feb-22	5-Mar-22	35	28-Aug-22	3-Sep-22
10	6-Mar-22	12-Mar-22	36	4-Sep-22	10-Sep-22
11	13-Mar-22	19-Mar-22	37	11-Sep-22	17-Sep-22
12	20-Mar-22	26-Mar-22	38	18-Sep-22	24-Sep-22
13	27-Mar-22	2-Apr-22	39	25-Sep-22	1-Oct-22
14	3-Apr-22	9-Apr-22	40	2-Oct-22	8-Oct-22
15	10-Apr-22	16-Apr-22	41	9-Oct-22	15-Oct-22
16	17-Apr-22	23-Apr-22	42	16-Oct-22	22-Oct-22
17	24-Apr-22	30-Apr-22	43	23-Oct-22	29-Oct-22
18	1-May-22	7-May-22	44	30-Oct-22	5-Nov-22
19	8-May-22	14-May-22	45	6-Nov-22	12-Nov-22
20	15-May-22	21-May-22	46	13-Nov-22	19-Nov-22
21	22-May-22	28-May-22	47	20-Nov-22	26-Nov-22
22	29-May-22	4-Jun-22	48	27-Nov-22	3-Dec-22
23	5-Jun-22	11-Jun-22	49	4-Dec-22	10-Dec-22
24	12-Jun-22	18-Jun-22	50	11-Dec-22	17-Dec-22
25	19-Jun-22	25-Jun-22	51	18-Dec-22	24-Dec-22
26	26-Jun-22	2-Jul-22	52	25-Dec-22	31-Dec-23