

*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*](#_Syndromic_Surveillance)

*2.*[*Conditions of Interest*](#_Influenza_and_Severe) *– Influenza, COVID-19, and SARI (Severe Acute Respiratory Infection)*

*3.* [*Routine Communicable Disease Surveillance*](#_Routine_Communicable_Disease)

REPORT Based on data received in the epidemiology and surveillance unit by 13 August 2025

Surveillance Summary Report

2025:

Epidemiological Weeks 29-32: 13 July 2025 – 9 August 2025

# 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 (> 38.0ºC or 100.4ºF) 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 (> 38.0ºC or 100.4ºF) 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 (>38.0ºC or 100.4ºF) 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 (> 38.0ºC or 100.4ºF) 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 (> 38.0ºC or 100.4ºF) 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.



































# 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 ≥38°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.



