



GOVERNMENT OF BERMUDA
Ministry of Health

SURVEILLANCE SUMMARY REPORT

2026:

EPIDEMIOLOGICAL WEEKS 13-16: 29 MARCH 2026 – 25 APRIL 2026

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 5 MAY 2026

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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

Syndromes reported in EWs 13-16 included Fever and Rash (chickenpox), Fever and Respiratory (adenovirus, common cold, coronavirus "seasonal", COVID-19, human metapneumovirus, influenza, parainfluenza, RSV, strep throat) Gastroenteritis (c.difficile, campylobacter, e.coli, norovirus, yersinia enterocolitica).

Alert levels are used to identify potential public health risks. A risk assessment is used to determine any public health action.

During EWs 13-16, there were alerts for the following syndromes: Fever and Rash, Gastroenteritis.

Epidemiological Week 13

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	0	1	2	LOW
Fever and Respiratory Symptoms (under 5 years)	5	5	8	15	LOW
Fever and Respiratory Symptoms (5 years and older)	24	30	42	65	LOW
Gastroenteritis (under 5 years)	0	1	2	4	LOW
Gastroenteritis (5 years and older)	3	3	5	9	LOW
Undifferentiated Fever (under 5 years)	0	0	0	0	LOW
Undifferentiated Fever (5 years and older)	0	0	0	0	LOW
% of sentinel sites reporting					89.29%

Epidemiological Week 14

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)	1	4	8	15	LOW
Fever and Respiratory Symptoms (5 years and older)	22	28	38	57	LOW
Gastroenteritis (under 5 years)	0	1	1	3	LOW
Gastroenteritis (5 years and older)	7	3	5	9	MEDIUM
Undifferentiated Fever (under 5 years)	0	0	1	2	LOW
Undifferentiated Fever (5 years and older)	0	0	0	0	LOW
% of sentinel sites reporting					92.86%

Epidemiological Week 15

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	2	0	1	2	HIGH
Fever and Respiratory Symptoms (under 5 years)	2	4	7	14	LOW
Fever and Respiratory Symptoms (5 years and older)	15	28	39	61	LOW
Gastroenteritis (under 5 years)	0	0	1	3	LOW
Gastroenteritis (5 years and older)	1	4	6	10	LOW
Undifferentiated Fever (under 5 years)	0	0	1	2	LOW
Undifferentiated Fever (5 years and older)	0	0	0	0	LOW

Epidemiological Week 16

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)	3	4	7	14	LOW
Fever and Respiratory Symptoms (5 years and older)	20	27	38	60	LOW
Gastroenteritis (under 5 years)	0	0	1	3	LOW
Gastroenteritis (5 years and older)	4	4	6	11	LOW
Undifferentiated Fever (under 5 years)	0	0	1	2	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW

4-Week Summary: Epidemiological Weeks 13-16

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	1	2	LOW
Fever and Rash	4	1	3	7	MEDIUM
Fever and Respiratory Symptoms (under 5 years)	11	16	30	58	LOW
Fever and Respiratory Symptoms (5 years and older)	81	113	156	243	LOW
Gastroenteritis (under 5 years)	0	2	6	12	LOW
Gastroenteritis (5 years and older)	15	14	22	40	LOW
Undifferentiated Fever (under 5 years)	0	0	2	6	LOW
Undifferentiated Fever (5 years and older)	0	0	0	1	LOW

Cumulative Summary: Epidemiological Weeks 1-16

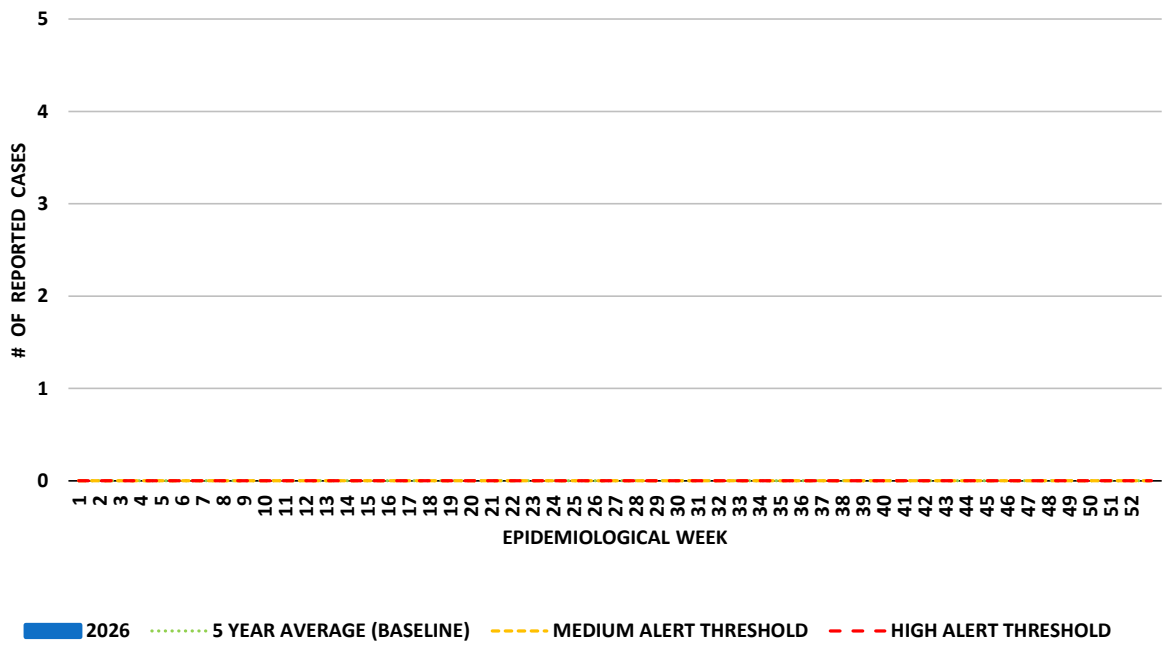
Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	0	0	LOW
Fever and Neurological Symptoms	0	1	3	9	LOW
Fever and Rash	10	10	26	58	LOW
Fever and Respiratory Symptoms (under 5 years)	88	77	147	286	LOW
Fever and Respiratory Symptoms (5 years and older)	524	543	848	1458	LOW
Gastroenteritis (under 5 years)	11	12	29	64	LOW
Gastroenteritis (5 years and older)	46	48	82	150	LOW
Undifferentiated Fever (under 5 years)	0	1	3	8	LOW
Undifferentiated Fever (5 years and older)	0	0	1	3	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.

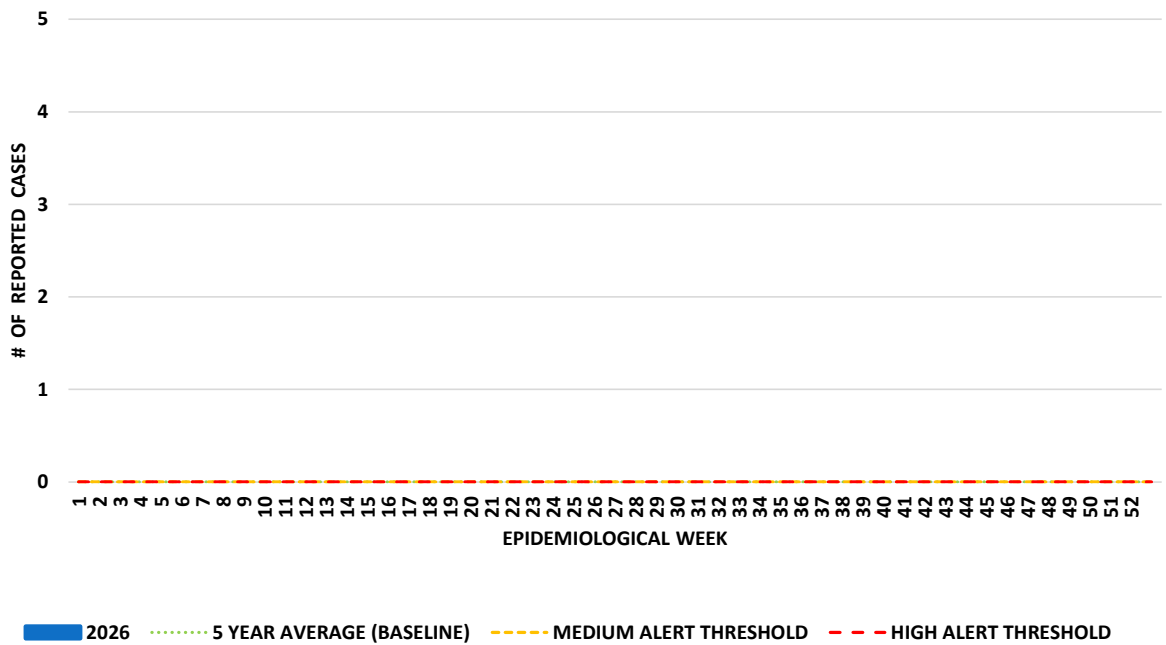
** Medium Alert Threshold is set at 1 standard deviation above 5-yr average

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

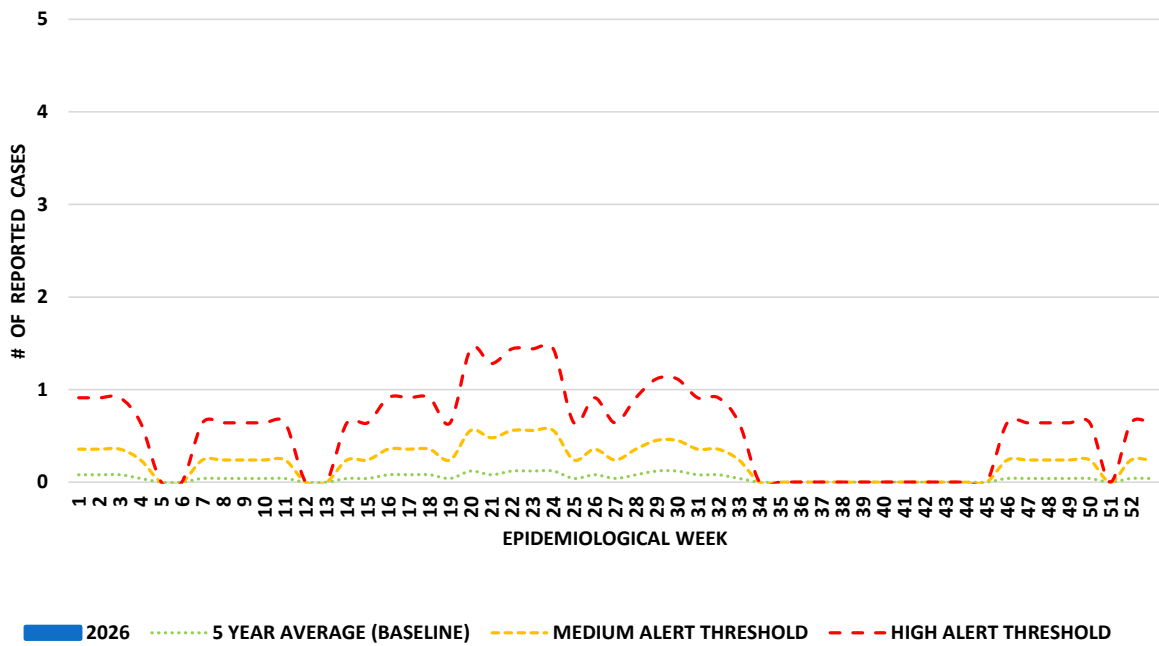
ACUTE FLACCID PARALYSIS



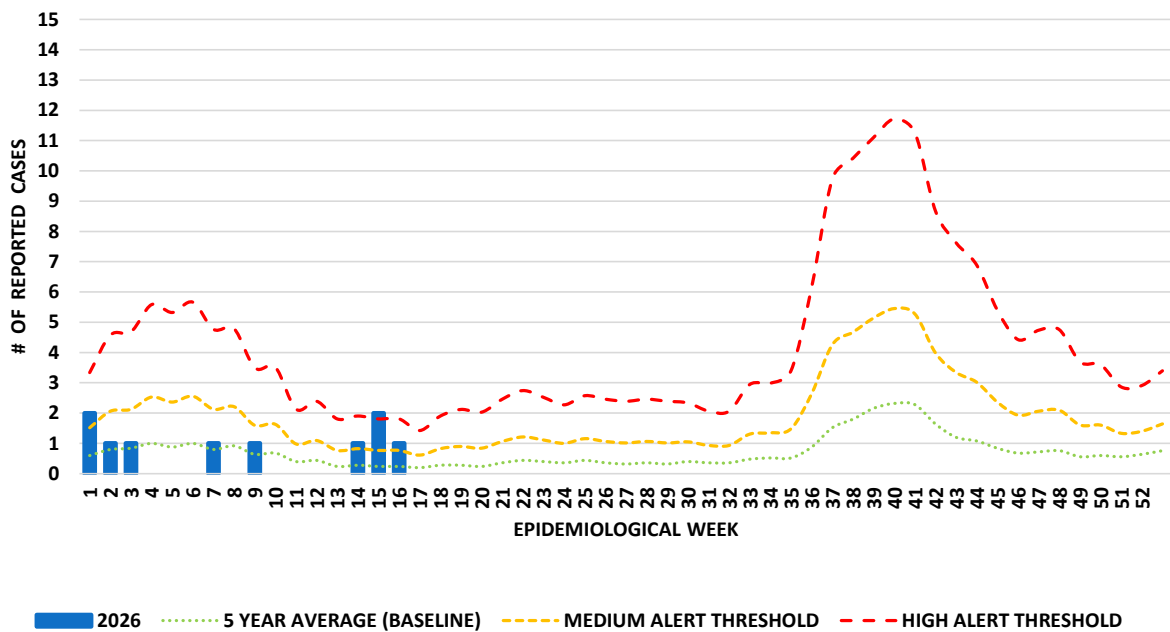
FEVER AND HAEMORRHAGIC SYMPTOMS



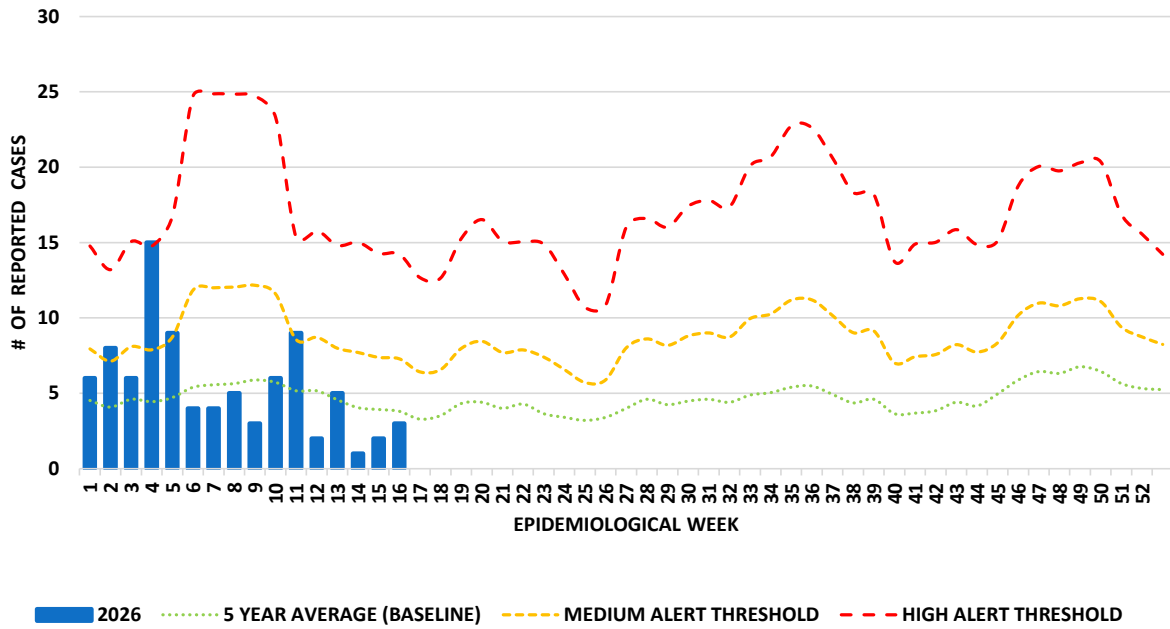
FEVER AND NEUROLOGICAL SYMPTOMS



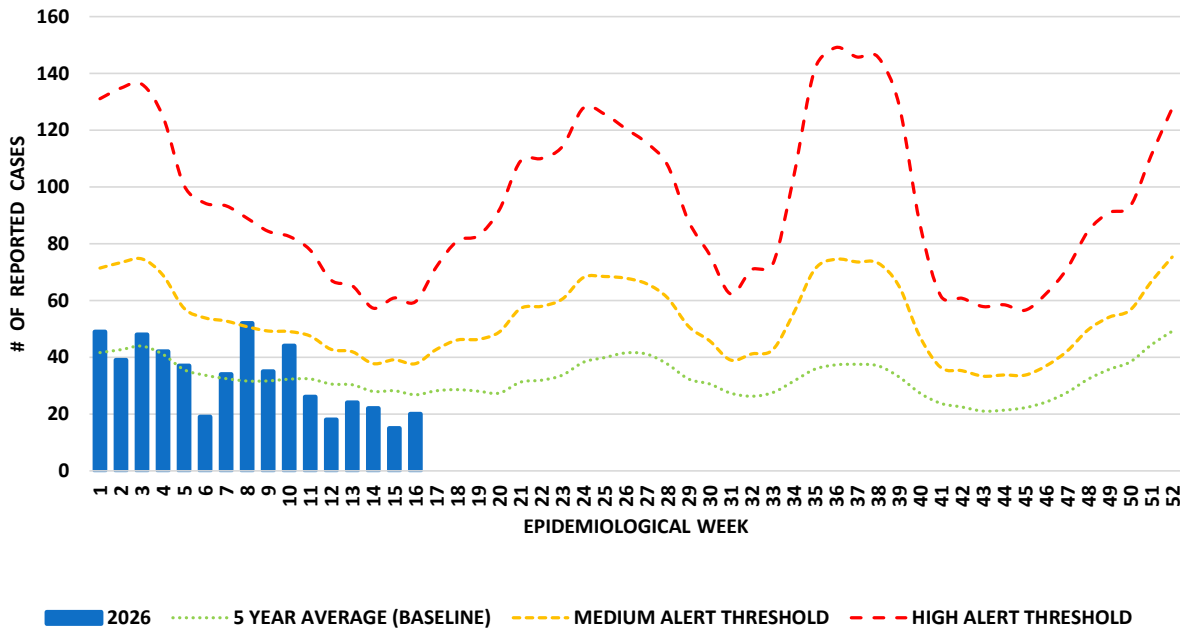
FEVER AND RASH



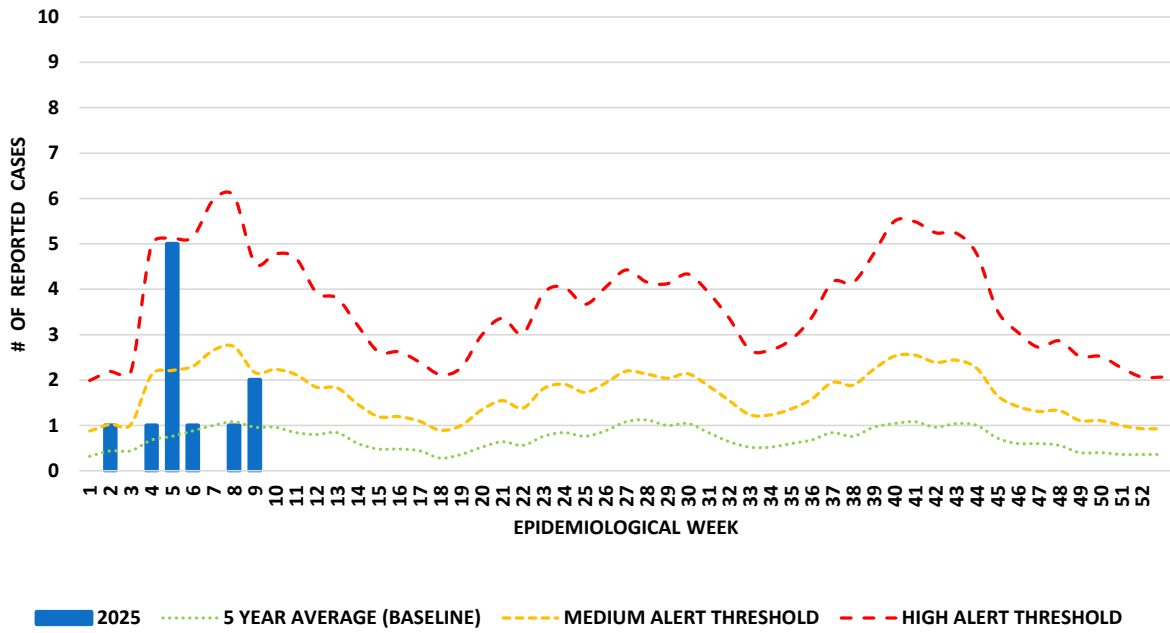
FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED UNDER 5 YEARS



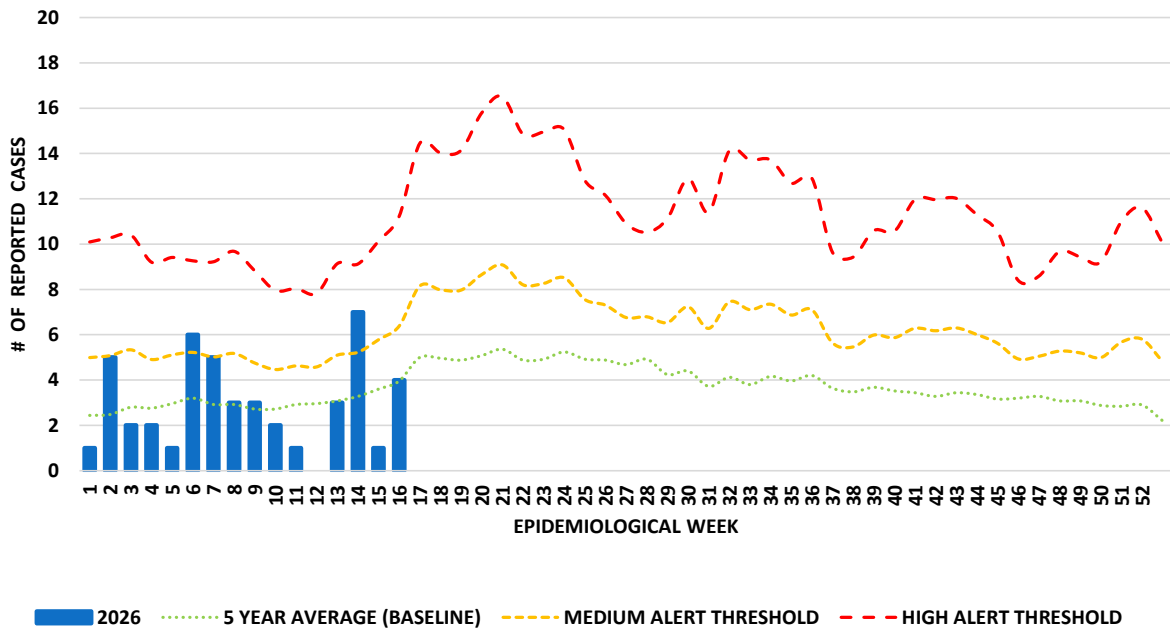
FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED 5 YEARS AND OLDER



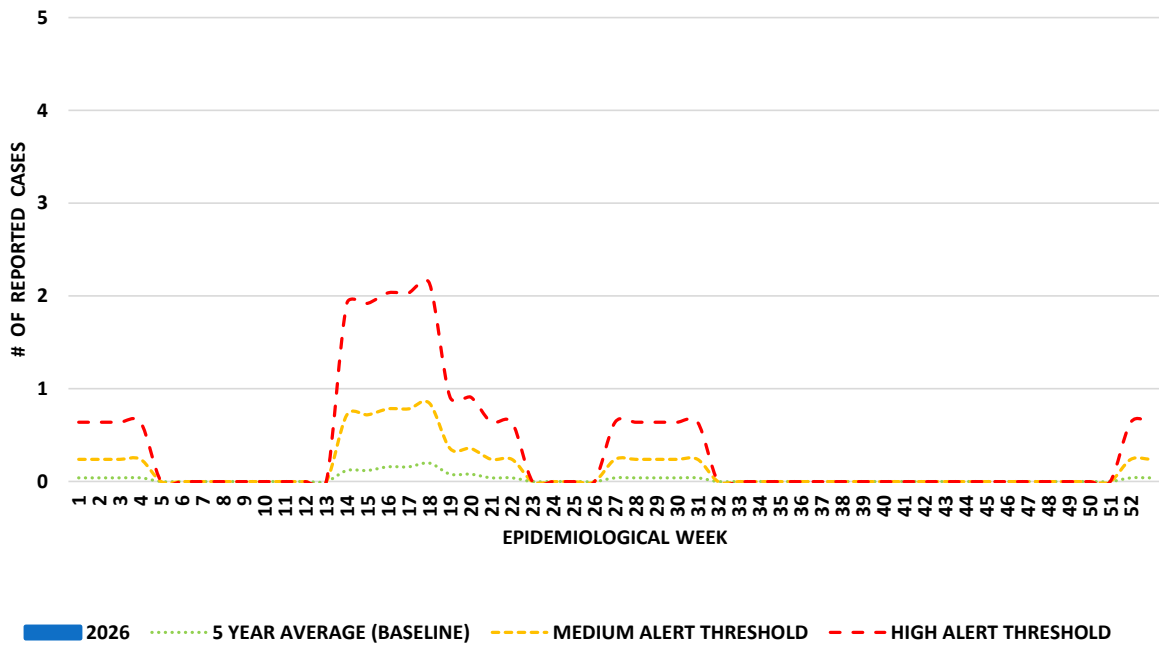
GASTROENTERITIS IN PERSONS AGED UNDER 5 YEARS



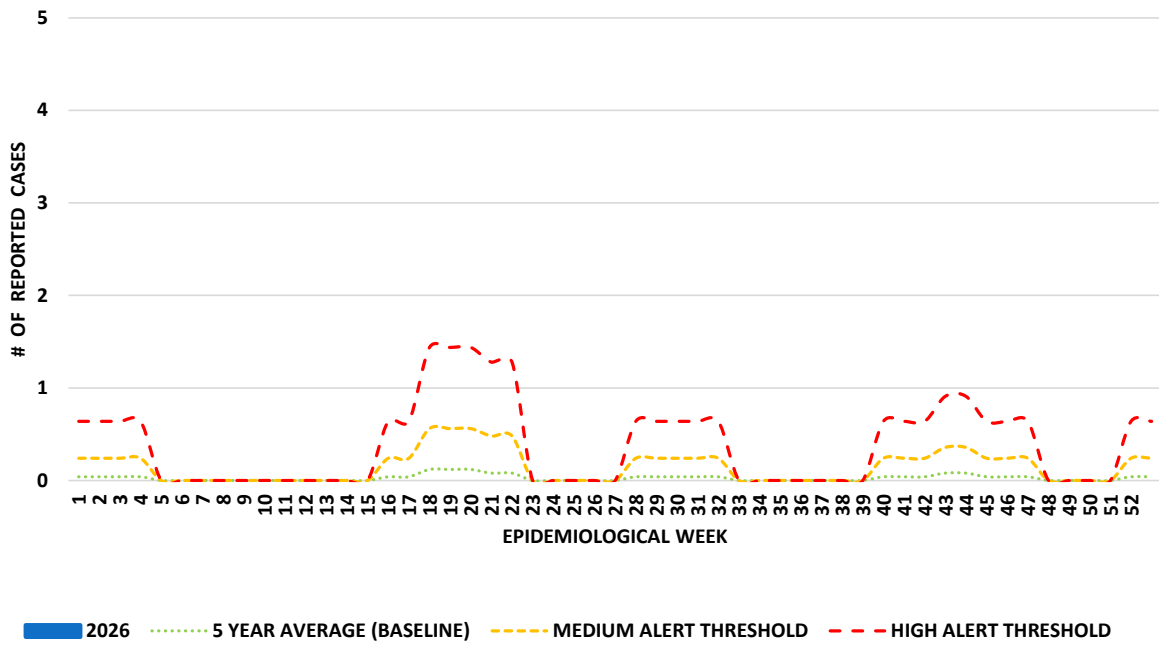
GASTROENTERITIS IN PERSONS AGED 5 YEARS AND OLDER



UNDIFFERENTIATED FEVER IN PERSONS AGED UNDER 5 YEARS



UNDIFFERENTIATED FEVER IN PERSONS AGED 5 YEARS AND OLDER



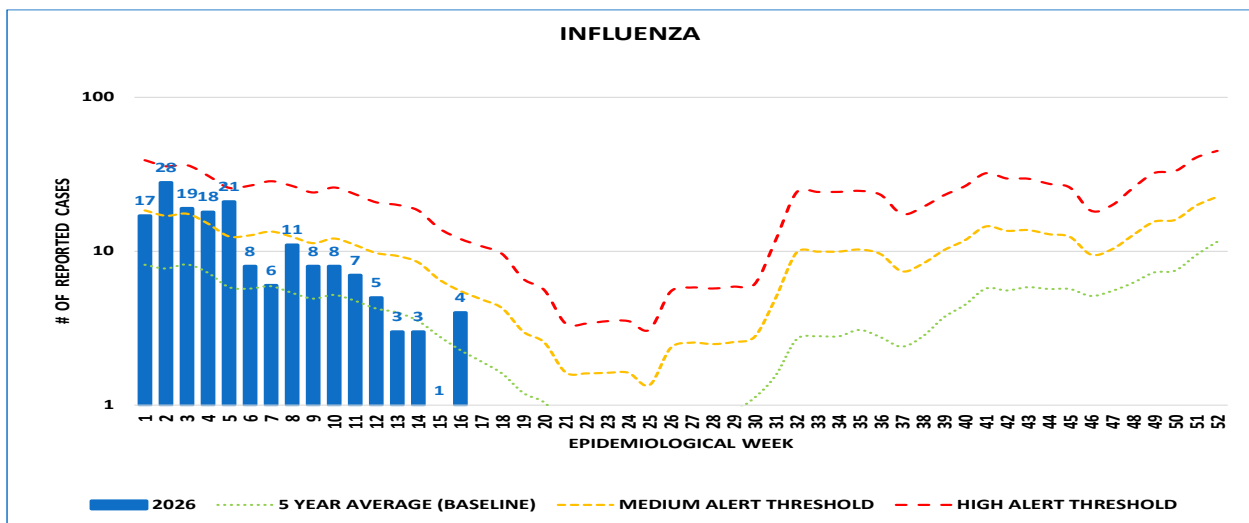
Conditions of Interest: Influenza, COVID-19, and Severe Acute Respiratory Infection (SARI)

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:

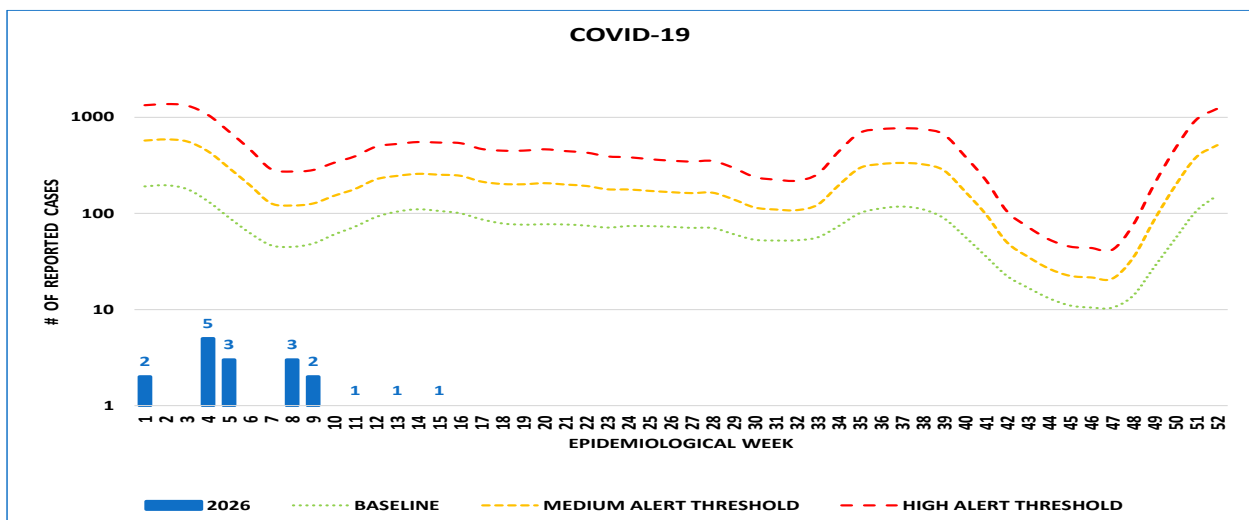
Clinical (or suspect): A person with fever, headache, myalgia, and cough

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



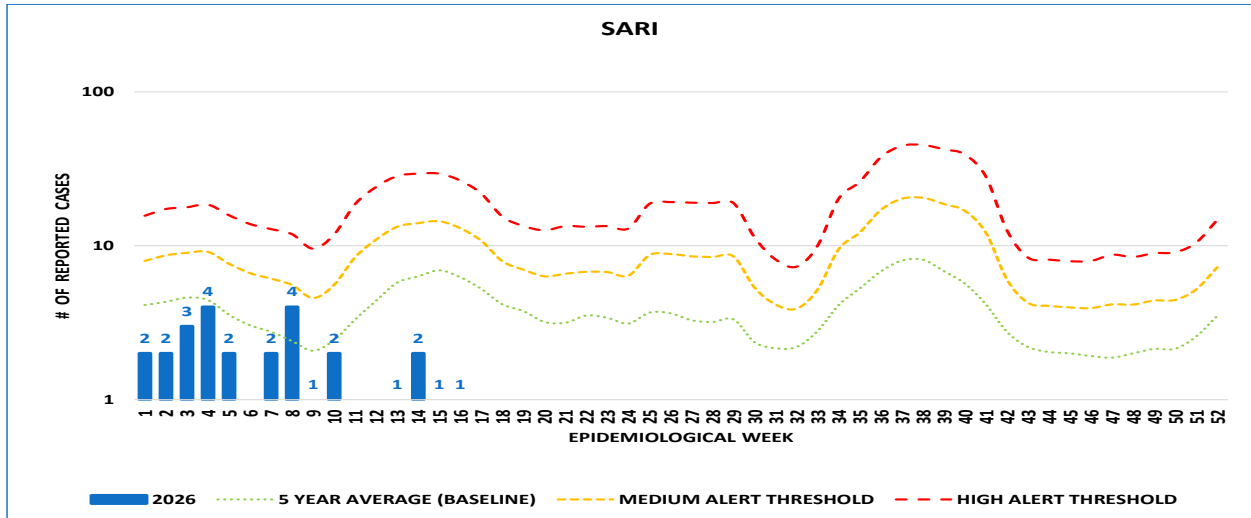
COVID-19:

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 13–16. Three cases were reported in both EWs 13 and 14, followed by 1 case in EW 15 and a slight increase to 4 cases in EW 16. These low case counts suggest limited influenza circulation in the community.

COVID-19 activity was minimal throughout the period. One case was reported in EW 13, no cases were identified in EW 14, one case was reported in EW 15, and no cases were reported in EW 16. This pattern indicates limited community transmission.

SARI (Severe Acute Respiratory Infection) activity remained low and stable. One case was reported in EWs 13, 15, and 16, while 2 cases were reported in EW 14. Overall, severe respiratory illness activity remained limited during this period.

Routine Communicable Disease Surveillance (EWs 13-16, 2026)

Communicable diseases reported in this period are shown in the table below, along with cumulative totals comparing the same time period last year.

An observed increase in confirmed cases does not necessarily indicate a true increase in disease incidence. Changes may reflect factors such as improved diagnostic capacity, greater access to testing, or increased awareness of circulating infections, both locally and internationally.

Where the relative level is above expected (indicated in red), further epidemiological review may be undertaken to assess whether clusters of illness or outbreaks are occurring. The need for additional investigation depends on several factors, including the severity of the disease, its potential for spread, and the availability of appropriate control measures.

DISEASES/PATHOGENS	Total Lab Conf. Cases	Cumulative Total (Lab Conf. cases)	
		Curr. Yr	Last Yr.
Diseases Reportable under the International Health Regulations			
Cholera	0	0	0
Human Influenza (new sub-type)	0	0	0
Pneumonic Plague	0	0	0
Poliomyelitis	0	0	0
Severe Acute Respiratory Syndrome (SARS)	0	0	0
Yellow Fever	0	0	0
Air Borne Diseases			
Adenoviruses	3	5	13
COVID-19	2	18	13
Human Metapneumovirus [hMPV]	10	22	28
Influenza	11	166	202
Respiratory Syncytial Virus [RSV]	4	22	101
Tuberculosis - Extrapulmonary	0	0	0
Tuberculosis - Pulmonary	0	0	1
Vaccine Preventable Diseases under the Caribbean Expanded Programme on Immunization			
Chicken Pox [Varicella] (clinically confirmed)	3	3	6
Diphtheria	0	0	0
Measles	0	0	0
Meningitis [due to <i>Haemophilus influenzae</i>]	0	0	0
Meningitis [due to <i>Streptococcus pneumoniae</i>]	0	1	0
Meningococcal Infection [due to <i>Neisseria meningitidis</i>]	0	0	0
Mumps	0	0	0
Pertussis [Whooping Cough]	0	0	2
Pneumonia [due to <i>Haemophilus influenzae</i>]	0	0	0
Pneumonia [due to <i>Streptococcus pneumoniae</i>]	0	0	0
Rotavirus	0	0	0
Rubella [Congenital German Measles]	0	0	0
Rubella [German Measles]	0	0	0
Tetanus [excluding Neonatal]	0	0	0
Tetanus Neonatorum	0	0	0
Vector Borne Diseases			
Chagas Disease	0	0	0
Chikungunya Virus	0	0	0
Dengue Fever	0	0	0
Dengue Haemorrhagic Fever/Shock Syndrome	0	0	0
Leptospirosis	0	0	0
Malaria	0	0	0
Zika	0	0	0
Food and Water Borne Pathogens			
<i>Campylobacter</i>	3	10	7
Ciguatera Poisoning (clinically confirmed)	0	1	0
<i>Cryptosporidium</i>	0	1	0
<i>E. Coli</i> (pathogenic)	2	10	7
<i>Giardia</i>	0	3	0
Hepatitis A	0	0	0
Listeria	0	0	0
Norovirus	1	1	4
Salmonella	0	8	3
Shigella	0	0	1
<i>Staphylococcus</i> (pathogenic)	0	0	0
<i>Toxoplasma</i>	0	0	0
Typhoid and Paratyphoid	0	0	0
<i>Vibrio</i> (excluding Cholera)	0	0	0
Other Diseases			
Viral Encephalitis/Meningitis	0	0	0
Hepatitis B	0	0	1
Hepatitis C	0	0	3
Leprosy (Hansens Disease)	0	0	0
Meningitis/Encephalitis (not specified)	0	0	1
Rabies (In Humans)	0	0	0
Specific Diseases under Country Surveillance			
Chlamydia	13	63	76
Gonorrhoea	0	1	5
Herpes	3	13	4
Syphilis	0	0	1

EPIDEMIOLOGICAL WEEKS 2026

WEEK	FROM	TO
1	4-Jan-26	10-Jan-26
2	11-Jan-26	17-Jan-26
3	18-Jan-26	24-Jan-26
4	25-Jan-26	31-Jan-26
5	1-Feb-26	7-Feb-26
6	8-Feb-26	14-Feb-26
7	15-Feb-26	21-Feb-26
8	22-Feb-26	28-Feb-26
9	1-Mar-26	7-Mar-26
10	8-Mar-26	14-Mar-26
11	15-Mar-26	21-Mar-26
12	22-Mar-26	28-Mar-26
13	29-Mar-26	4-Apr-26
14	5-Apr-26	11-Apr-26
15	12-Apr-26	18-Apr-26
16	19-Apr-26	25-Apr-26
17	26-Apr-26	2-May-26
18	3-May-26	9-May-26
19	10-May-26	16-May-26
20	17-May-26	23-May-26
21	24-May-26	30-May-26
22	31-May-26	6-Jun-26
23	7-Jun-26	13-Jun-26
24	14-Jun-26	20-Jun-26
25	21-Jun-26	27-Jun-26
26	28-Jun-26	4-Jul-26

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