



Epidemiology and Surveillance Unit

SYNDROMIC SURVEILLANCE WEEKLY TALLY SHEET

Syndromes	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Acute Flaccid Paralysis						
Fever and Haemorrhagic Symptoms						
Fever and Neurological Symptoms						
Fever and Rash						
Fever and Respiratory Symptoms < 5 (ARI)						
Fever and Respiratory Symptoms ≥ 5 (ARI)						
Gastroenteritis < 5						
Gastroenteritis ≥ 5						
Undifferentiated Fever < 5						
Undifferentiated Fever ≥ 5						

Physician: _____ Week Ending: _____ Epidemiological Week # _____



GOVERNMENT OF BERMUDA
Ministry of Health and Seniors

Epidemiology and Surveillance Unit

COMMUNICABLE DISEASE WEEKLY TALLY SHEET

Diseases (age and sex specific if possible)	Monday	Tuesday	Wednesday	Thursday	Friday	Total
AIDS (call to report name)						
Chicken Pox						
Food-borne Illness (specify)						
Hepatitis (suspect and confirmed / call to report name)						
HIV Infection (call to report name)						
Influenza						
Measles, Mumps, Rubella, Pertussis						
Bacterial Meningitis (include name)						
Viral Meningitis						
Sexually Transmitted Infections (specify)						
Strep Throat						
Scarlet Fever						
Tuberculosis (suspect and confirmed / call to report name)						
Other (specify)						

Physician: _____ Week Ending: _____ Epidemiological Week # _____

Return to Epidemiology and Surveillance Unit by Tuesday of following week.
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