

*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 16 JuLY 2025

Surveillance Summary Report

2025:

Epidemiological Weeks 25-28: 15 June 2025 – 12 July 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 25-28 included Fever and Neurological (meningitis due to streptococcus pneumoniae), Fever and Respiratory (adenovirus, Bocavirus, common cold, coronavirus OC43, coronavirus “seasonal”, COVID-19, human metapneumovirus, influenza, mycoplasma pneumoniae, parainfluenza, strep throat) Gastroenteritis (astrovirus, c.difficile, campylobacter, cryptosporidium, e.coli, scromboid, shigella).

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

During EWs 25-28, 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 included 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 throughout EWs 25 to 28. After 2 cases were reported in EW 25, no influenza cases were recorded in EWs 26 or 27. A single case was reported in EW 28. This pattern reinforces the conclusion that the seasonal influenza period has likely ended.

COVID-19 cases increased sharply from EW 25 through 28. Weekly counts rose from 8 cases in EW 25 to 21 in EW 26, followed by 22 cases in EW 27 and 34 cases in EW 28. This marked and sustained increase suggests a resurgence in community transmission.

SARI (Severe Acute Respiratory Infection) activity remained low overall. No cases were reported in EWs 25 or 26, followed by slight increases to 3 cases in EW 27 and 2 cases in EW 28. While counts remain modest, this uptick may reflect increased circulation of respiratory pathogens associated with more severe illness.

# Routine Communicable Disease Surveillance *(EWs 25-28 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.



