GOVERNMENT OF BERMUDA
Ministry of Health

SURVEILLANCE SUMMARY REPORT 2025:

EPIDEMIOLOGICAL WEEKS 1-53: 29 DECEMBER 2024 – 3 JANUARY 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 7 JANUARY 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 1 - 53 included Fever and Neurological Symptoms, Fever and Rash, Fever and Respiratory Symptoms, Gastroenteritis, and Undifferentiated Fever. There were increased reports of Fever and Neurological Symptoms and Fever and Rash during 2025.

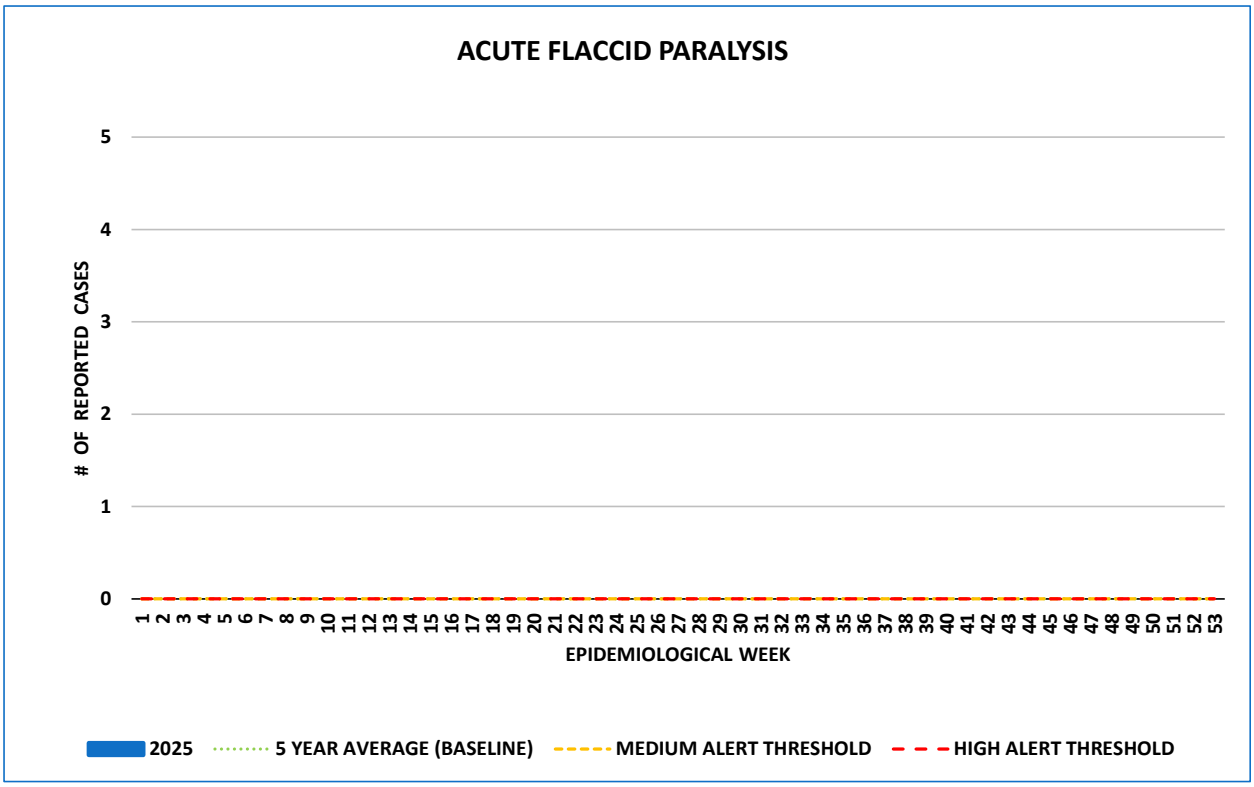
Cumulative Summary: Epidemiological Weeks 1-53

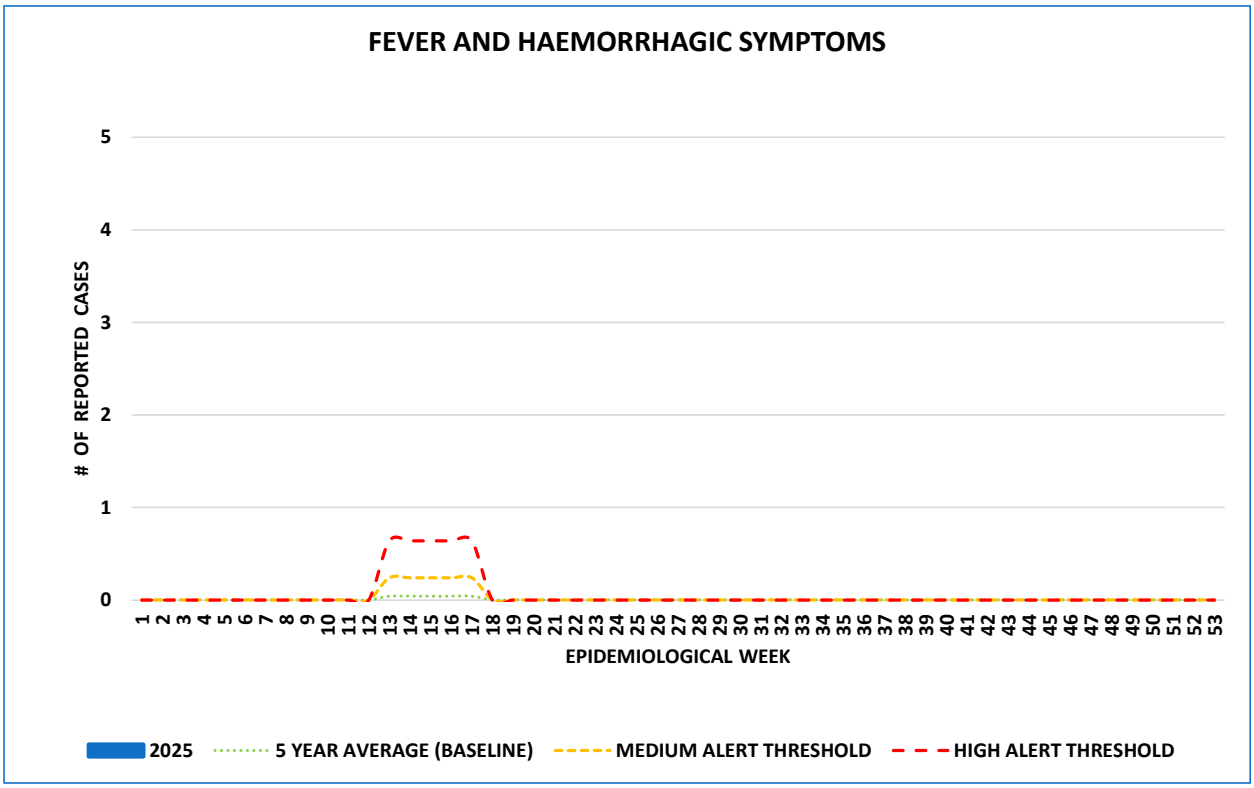
Syndrome	# of Reported Cases	5-Yr Average	Medium Alert Threshold**	High Alert Threshold***	Alert Level
Acute Flaccid Paralysis	0	0	0	0	LOW
Fever and Haemorrhagic Symptoms	0	0	1	3	LOW
Fever and Neurological Symptoms	7	1	6	17	MEDIUM
Fever and Rash	81	26	72	163	MEDIUM
Fever and Respiratory Symptoms (under 5 years)	242	226	445	881	LOW
Fever and Respiratory Symptoms (5 years and older)	1531	1682	3031	5728	LOW
Gastroenteritis (under 5 years)	38	38	90	194	LOW
Gastroenteritis (5 years and older)	232	183	320	592	LOW
Undifferentiated Fever (under 5 years)	0	1	8	20	LOW
Undifferentiated Fever (5 years and older)	1	1	7	19	LOW

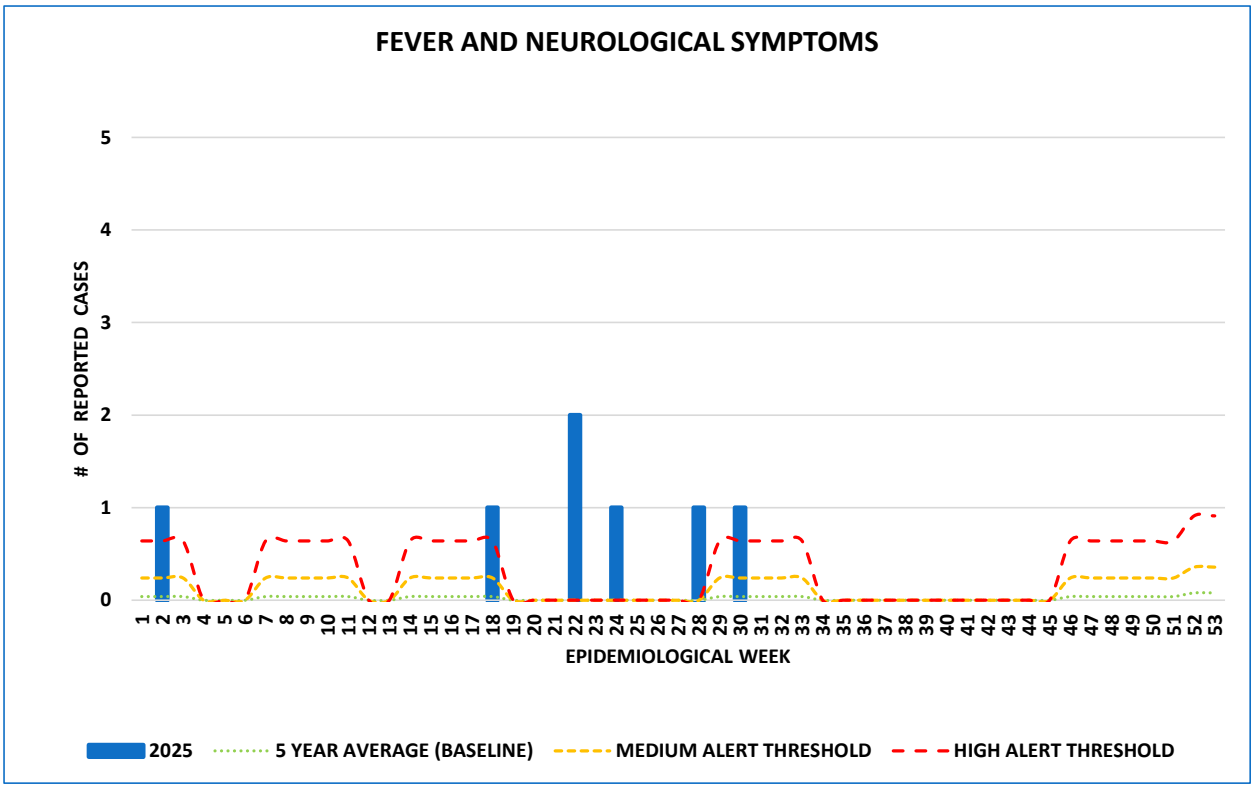
*5-Yr Average calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years.

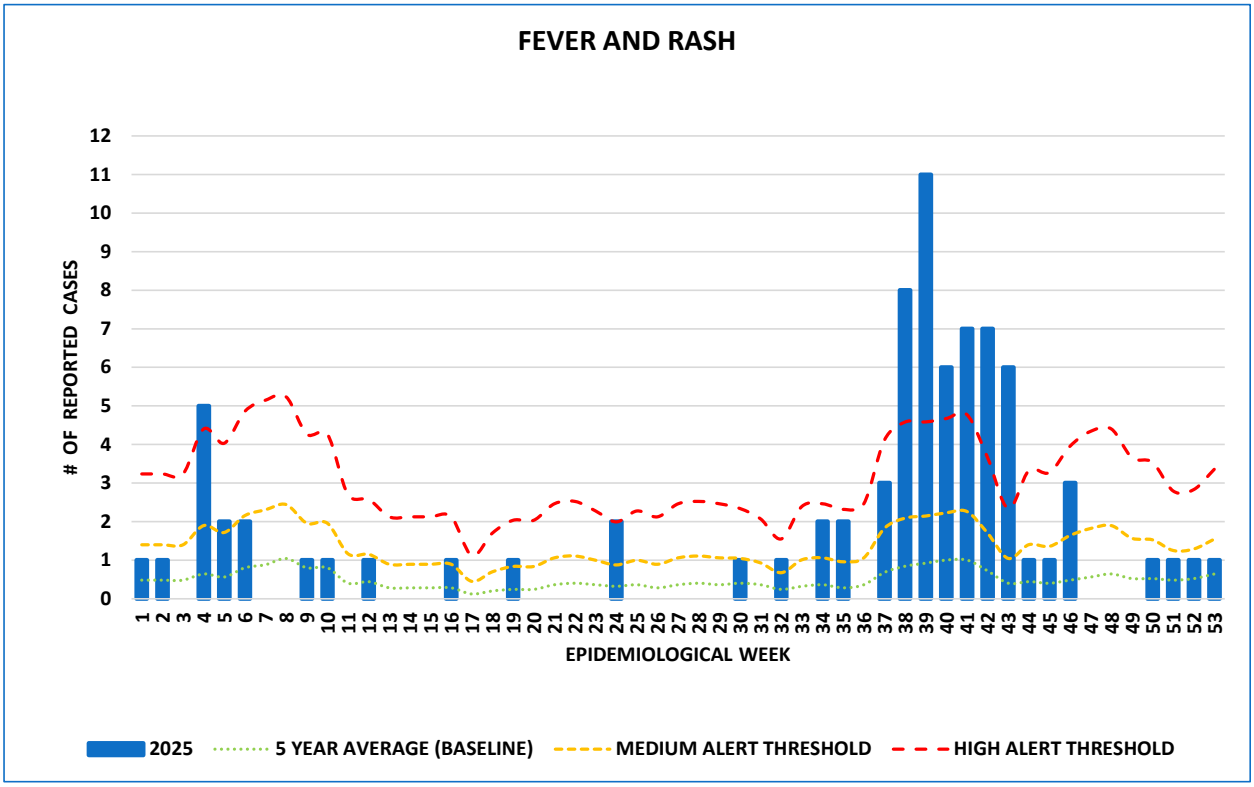
** Medium Alert Threshold is set at 1 standard deviation above 5-yr average

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

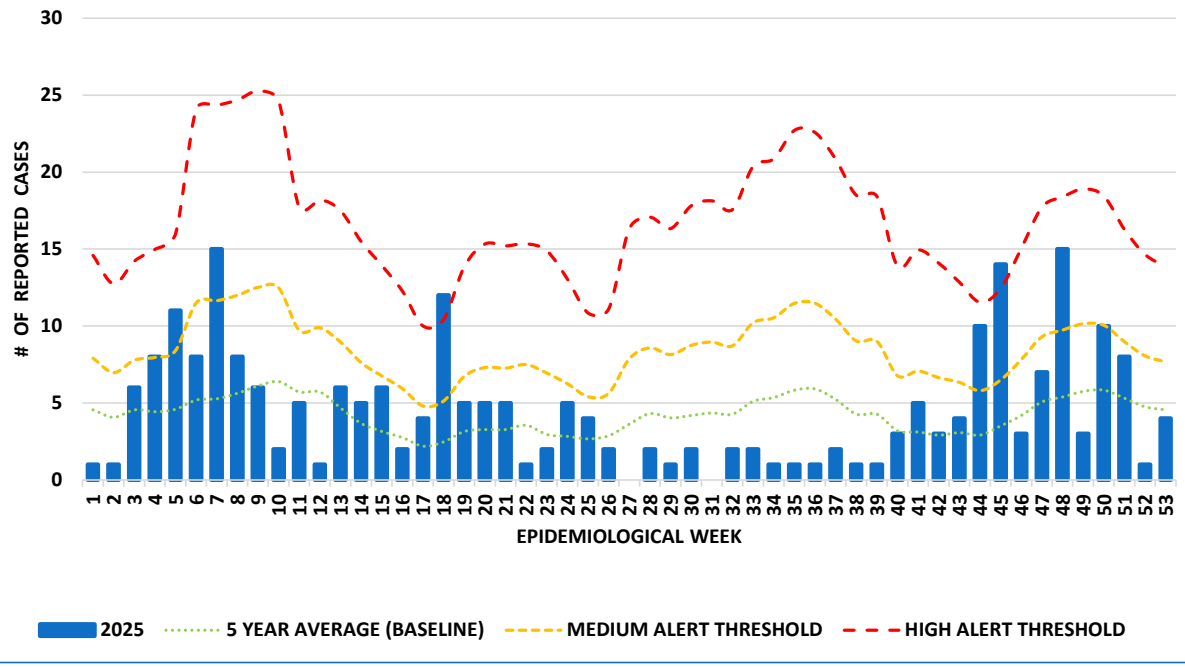

ACUTE FLACCID PARALYSIS
OF REPORTED CASES
0
1
2
3
4
5
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD


FEVER AND HAEMORRHAGIC SYMPTOMS
OF REPORTED CASES
0
1
2
3
4
5
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD

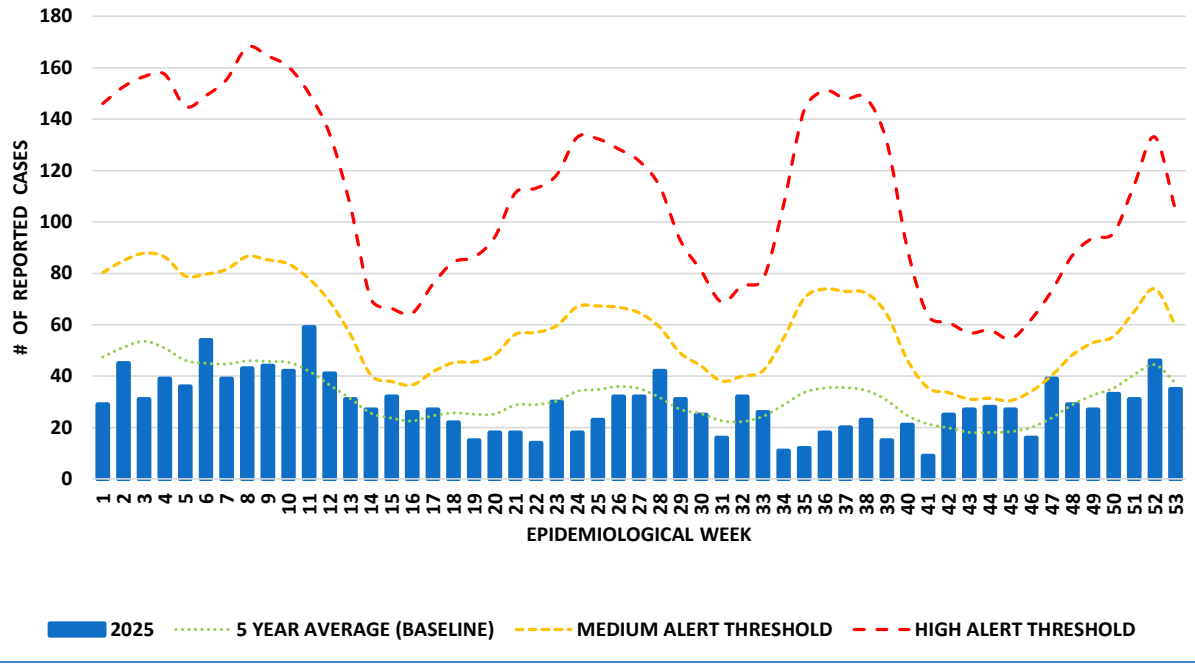

FEVER AND NEUROLOGICAL SYMPTOMS
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD

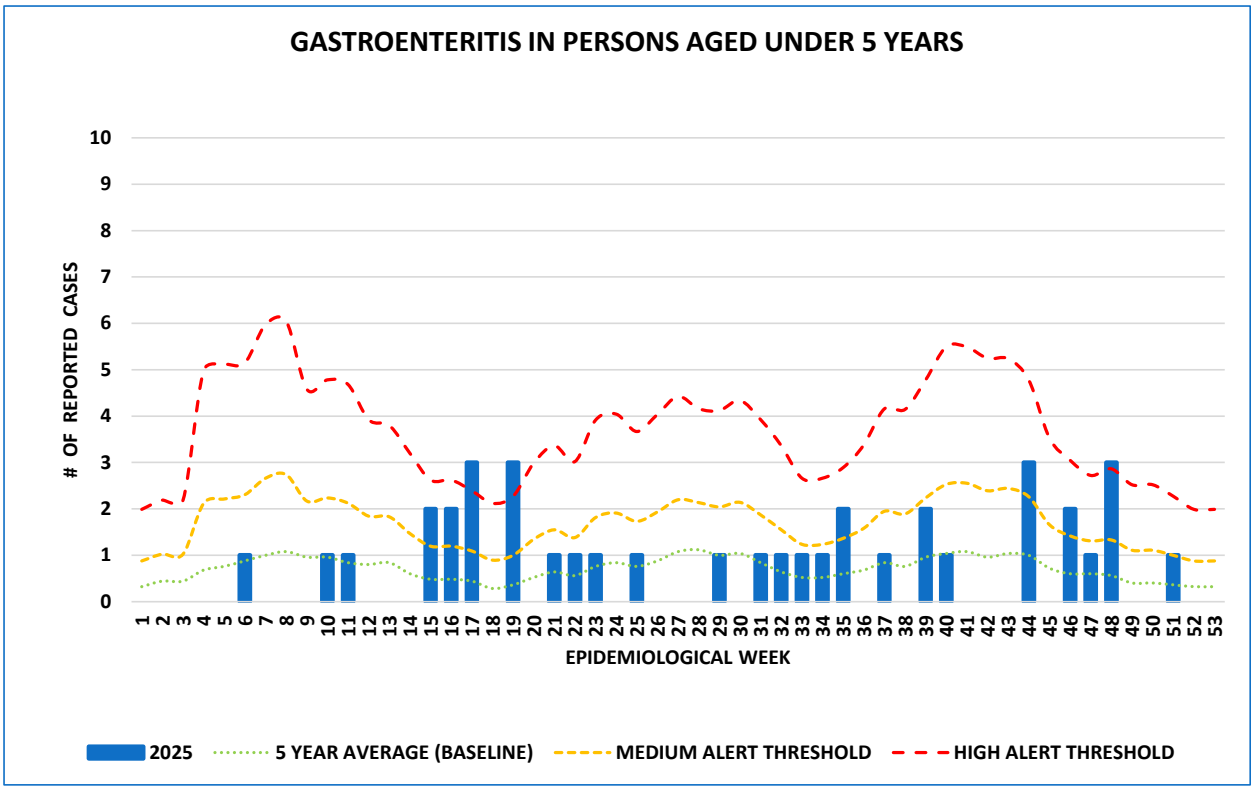

FEVER AND RASH
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD

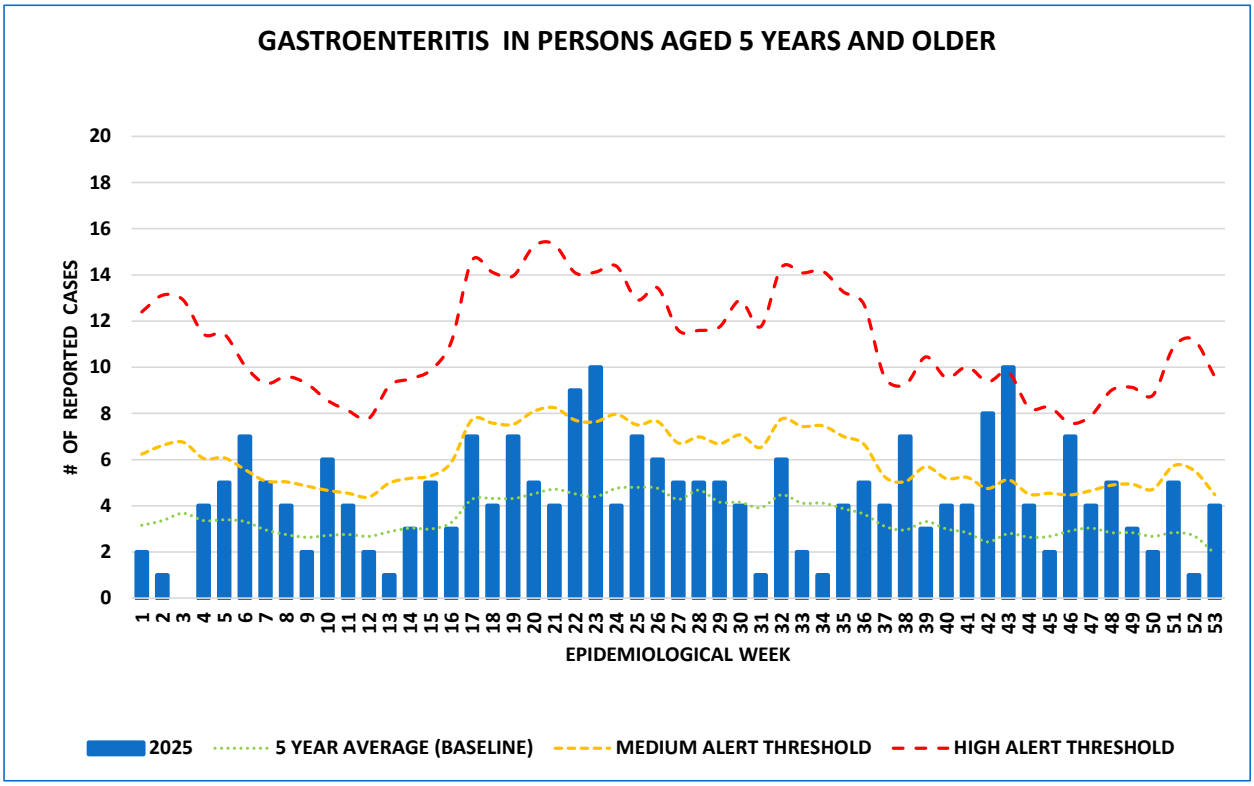
FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED UNDER 5 YEARS



FEVER AND RESPIRATORY SYMPTOMS IN PERSONS AGED 5 YEARS AND OLDER




GASTROENTERITIS IN PERSONS AGED UNDER 5 YEARS
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD


GASTROENTERITIS IN PERSONS AGED 5 YEARS AND OLDER
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
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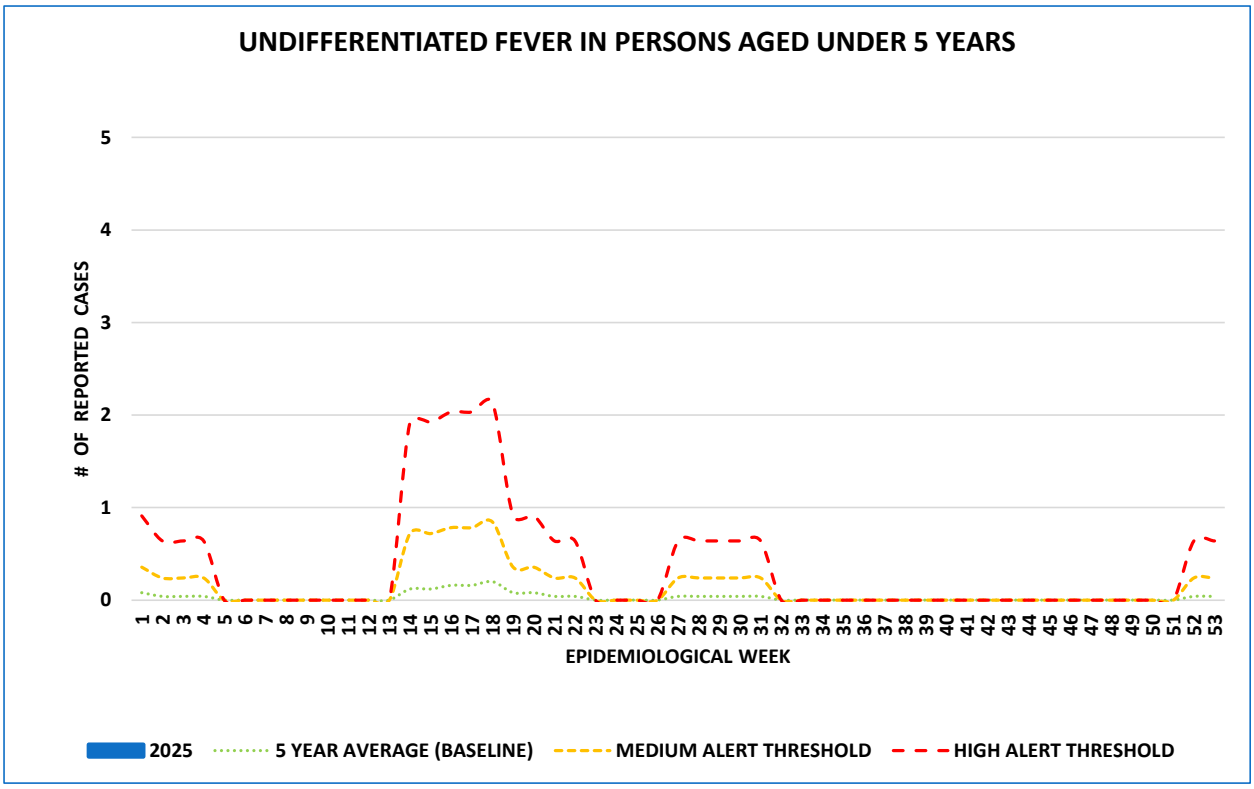
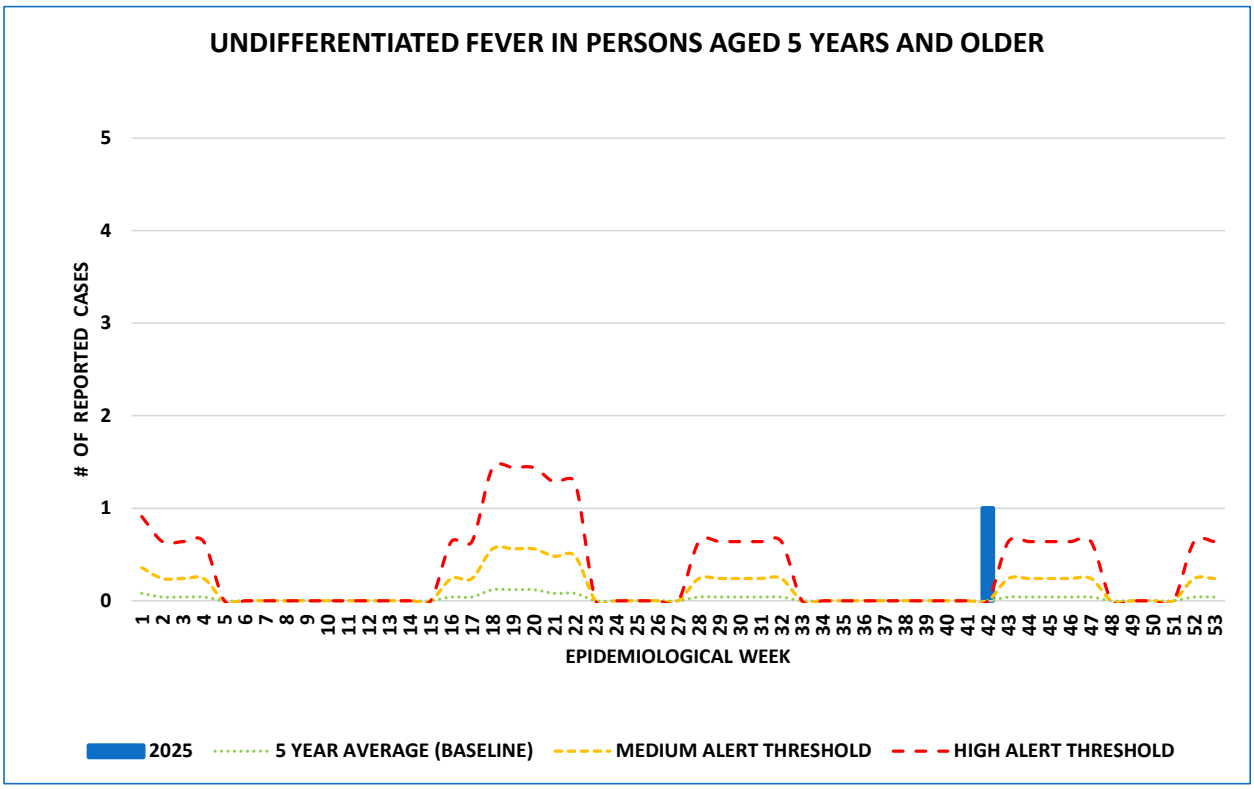

UNDIFFERENTIATED FEVER IN PERSONS AGED UNDER 5 YEARS
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD


UNDIFFERENTIATED FEVER IN PERSONS AGED 5 YEARS AND OLDER
OF REPORTED CASES
EPIDEMIOLOGICAL WEEK
2025
5 YEAR AVERAGE (BASELINE)
MEDIUM ALERT THRESHOLD
HIGH ALERT THRESHOLD

Summary

Syndromic surveillance in 2025 (EW 1–53) showed that most syndromes remained within expected levels based on the 5-year average and alert thresholds.

Syndromic surveillance in 2025 (EW1–EW53) recorded 1,773 Fever and Respiratory Symptoms syndrome reports (1,531 among persons aged ≥5 years; 242 among children under five). Gastroenteritis accounted for 270 reports (232 among persons aged ≥5 years; 38 among children under five), and Fever and Rash accounted for 81 reports. There were 7 reports of Fever and Neurological Symptoms and 1 report of Undifferentiated Fever in persons aged ≥5 years. No cases of Acute Flaccid Paralysis (AFP) or Fever and Haemorrhagic Symptoms were reported. There were also no cases reported of Undifferentiated Fever in children under five.

Based on the 5-year threshold method, alerts were concentrated in a small number of syndromes. Fever and Rash generated 16 alerts (8 medium, 8 high), including consecutive high alerts from EW38–EW43. Gastroenteritis generated 9 alerts among children under five (6 medium, 3 high) and 9 alerts among persons aged ≥5 years (8 medium, 1 high), including consecutive medium alerts in EW15–EW16 (under 5) and EW22–EW23 (≥5). Fever and Respiratory Symptoms (under 5 years) generated 7 alerts (5 medium, 2 high), including consecutive medium alerts in EW4–EW5. Alerts were otherwise infrequent, with 6 high alerts for Fever and Neurological symptoms (non-consecutive) and 1 high alert for Undifferentiated Fever in persons aged ≥5 years.

Syndrome	Medium alerts	High alerts	Total alerts
Acute Flaccid Paralysis (AFP)	0	0	0
Fever and Haemorrhagic Symptoms	0	0	0
Fever and Neurological Symptoms	0	6	6
Fever and Rash	8	8	16
Fever and Respiratory Symptoms (under 5 years)	5	2	7
Fever and Respiratory Symptoms (5 years and older)	0	0	0
Gastroenteritis (under 5 years)	6	3	9
Gastroenteritis (5 years and older)	8	1	9
Undifferentiated Fever (under 5 years)	0	0	0
Undifferentiated Fever (5 years and older)	0	1	1
Total alerts	**27**	**21**	**48**

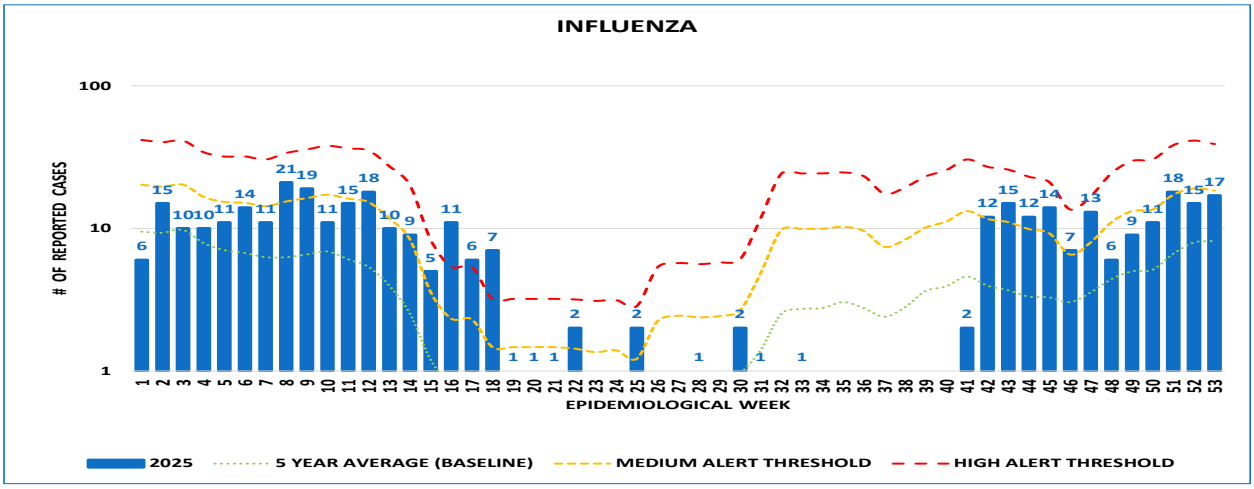
Sentinel site participation remained high throughout the year (~89–93%), supporting confidence in the overall syndromic patterns observed. However, week-to-week changes should still be interpreted cautiously, as counts may vary with healthcare-seeking behaviour and heightened awareness during potential outbreaks.

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.

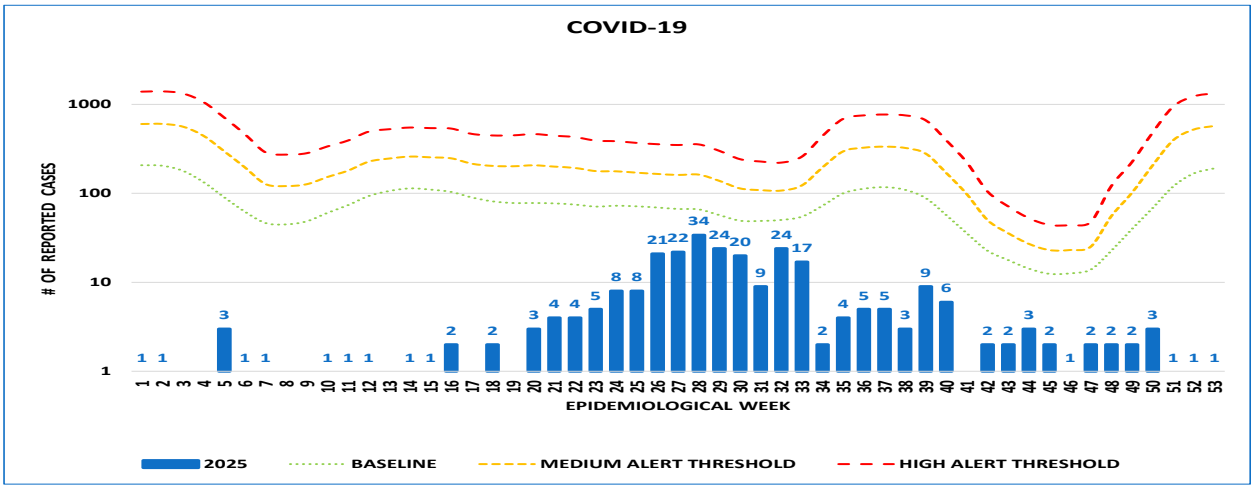
Influenza:

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



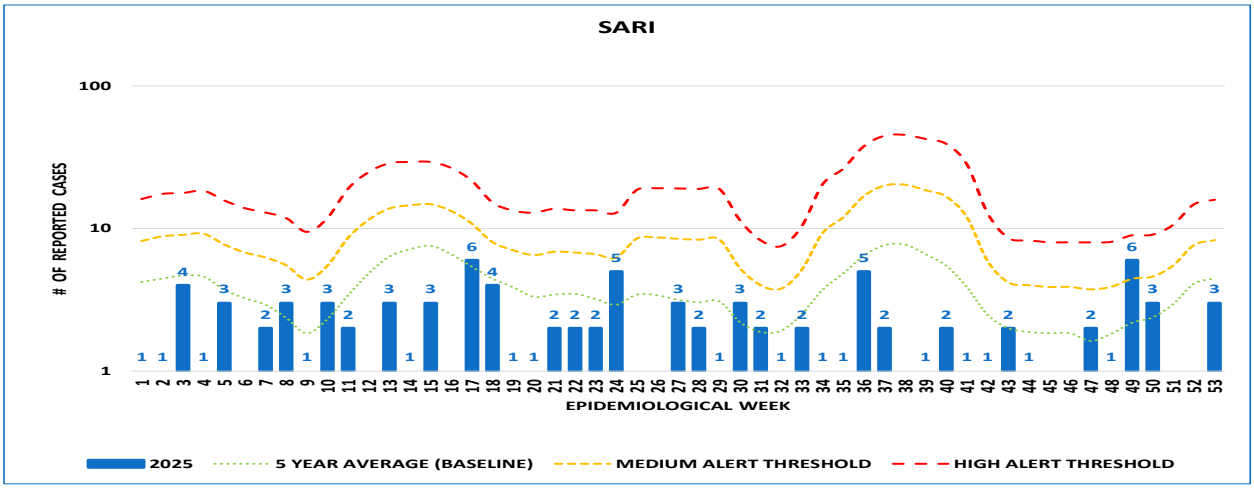
COVID-19:

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 in 2025 displayed a clear seasonal pattern, with two notable periods of increased activity. The first surge occurred between EWs 2–12, peaking at 21 cases in EW 8. After tapering off through the mid-year, a second rise began around EW 42 and intensified through EWs 49–53, with the highest weekly total of 18 cases in EW 51. These two waves reflect typical influenza seasonality. Overall, 385 influenza cases were reported, with the majority concentrated in the early and late months of the year.

There were 270 COVID-19 cases reported in 2025. Activity remained relatively low and stable during the first half of the year, followed by a clear increase between EWs 26 and 34. Weekly counts during this period ranged from 20 to 34 cases, with the highest number reported in EW 28. Afterward, COVID-19 levels declined but persisted through the remainder of the year, with ongoing low-level transmission detected through EW 53.

A total of 97 SARI cases were reported in 2025. Weekly case counts were typically low, with occasional increases such as 6 cases in EW 17, 5 in EW 24, and 5 again in EW 36. Smaller rises were also noted in the final weeks of the year, with 3 cases in EW 50 and 3 in EW 53. Overall, SARI activity remained stable and limited in scale, with no sustained surges observed.

Routine Communicable Disease Surveillance

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.

DISEASES/PATHOGENS	Cumulative Total (Lab Conf. cases)	
	Curr. Yr	Last Yr.
Diseases Reportable under the International Health Regulations		
Cholera	0	0
Human Influenza (new sub-type)	0	0
Pneumonic Plague	0	0
Poliomyelitis	0	0
Severe Acute Respiratory Syndrome (SARS)	0	0
Yellow Fever	0	0
Air Borne Diseases		
Adenoviruses	22	61
COVID-19	270	642
Human Metapneumovirus [hMPV]	54	24
Influenza	385	343
Respiratory Syncytial Virus [RSV]	137	71
Tuberculosis - Extrapulmonary	2	0
Tuberculosis - Pulmonary	3	1
Vaccine Preventable Diseases under the Caribbean Expanded Programme on Immunization		
Chicken Pox [Varicella] (clinically confirmed)	10	16
Diphtheria	0	0
Measles	0	2
Meningitis [due to *Haemophilus influenzae*]	0	0
Meningitis [due to *Streptococcus pneumoniae*]	1	0
Meningococcal Infection [due to *Neisseria meningitidis*]	0	0
Mumps	0	0
Pertussis [Whooping Cough]	4	2
Pneumonia [due to *Haemophilus influenzae*]	0	0
Pneumonia [due to *Streptococcus pneumoniae*]	0	1
Rotavirus	13	12
Rubella [Congenital German Measles]	0	0
Rubella [German Measles]	0	0
Tetanus [excluding Neonatal]	0	0
Tetanus Neonatorum	0	0
Vector Borne Diseases		
Chagas Disease	0	0
Chikungunya	0	0
Dengue Fever	0	2
Dengue Haemorrhagic Fever/Shock Syndrome	0	0
Leptospirosis	3	0
Malaria	2	0
Zika	0	0
Food and Water Borne Pathogens		
Campylobacter	33	24
Ciguatera Poisoning (clinically confirmed)	0	2
Cryptosporidium	3	6
E. Coli (pathogenic)	53	48
Giardia	4	4
Hepatitis A	1	1
Listeria	0	1
Norovirus	12	14
Salmonella	43	32
Shigella	3	2
Staphylococcus (pathogenic)	0	0
Taxoplasma	0	0
Typhoid and *Paratyphoid*	0	0
Vibrio (excluding Cholera)	0	1
Other Diseases		
Viral Encephalitis/Meningitis	1	0
Hepatitis B	3	5
Hepatitis C	9	7
Leprosy (Hansens Disease)	0	0
Meningitis/Encephalitis (not specified)	3	0
Rabies (in Humans)	0	0
Specific Diseases under Country Surveillance		
Chlamydia	240	277
Gonorrhoea	17	41
Herpes	24	44
Syphilis	5	6

Summary

There were no reported cases of diseases notifiable under the International Health Regulations (IHR) in Bermuda during 2025. This includes cholera, yellow fever, SARS, polio, pneumonic plague, and new sub-types of human influenza. These diseases are internationally monitored due to their potential for cross-border spread, and the absence of cases is consistent with Bermuda's historical trends and low-risk profile for these conditions.

In 2025, Respiratory Syncytial Virus (RSV) showed a notable increase, with 137 cases compared to 71 in 2024. Similarly, Human Metapneumovirus (hMPV) rose to 54 cases from 24 the previous year, sustaining elevated activity across multiple reporting periods. Tuberculosis (TB) activity also rose modestly. Pulmonary TB cases increased from 1 to 3, and extrapulmonary TB was detected with two confirmed cases. COVID-19 and influenza declined or remained steady. COVID-19 cases dropped significantly from 642 to 270, while influenza remained relatively stable at 385 cases versus 343 the year before. These are likely influenced by seasonal factors and global transmission patterns.

The above conditions affected individuals across all age groups, with some showing distinct age and/or gender patterns. COVID-19 cases increased steadily with age, peaking among adults aged 45–64 and 65+, with higher counts in older males. Influenza showed a bimodal age pattern, most common among children aged 5–14 and adults aged 25–64, with no notable gender differences. RSV primarily affected young children under 5 and older adults aged 65 and above, with higher male representation in the older age group. Human Metapneumovirus was more evenly distributed, with moderate case counts in children aged 1–14 and adults over 45. Adenovirus cases clustered among school-aged children and adults aged 25–44, without clear gender trends. Pulmonary tuberculosis occurred only in adults aged 45 and older, while extrapulmonary tuberculosis was reported among males aged 25–64.

In 2025, most vaccine-preventable diseases remained rare or absent. One case of bacterial meningitis caused by *Streptococcus pneumoniae* was reported after no cases the previous year. Four cases of pertussis (whooping cough) were also confirmed, compared to two in 2024. All other conditions under the Expanded Programme on Immunization, including measles, mumps, rubella, diphtheria, and tetanus, remained at zero or historically low levels. Chickenpox and rotavirus were the most commonly reported, with 10 and 13 cases respectively.

Vaccine preventable diseases were generally concentrated in younger age groups. Chickenpox cases were observed mostly in children aged 1–14, with an even gender split and a few sporadic adult cases. Pertussis (whooping cough) occurred in infants under 1 and adults aged 45–64, equally affecting males and females. A single case of bacterial meningitis due to Streptococcus pneumoniae was reported in an adult. Rotavirus cases were primarily seen in children under 15, with a small number in adults aged 25–64, and no clear gender skew.

Vector-borne diseases remained rare in Bermuda throughout 2025. No cases of dengue, Zika, chikungunya, or Chagas disease were reported. There were three cases of leptospirosis, compared to none the previous year, with available evidence indicating potential local transmission. Additionally, two cases of malaria were confirmed during the year, both classified as imported infections following recent travel. All leptospirosis and malaria reports were among adult males.

In 2025, pathogenic E. coli was the most commonly reported foodborne illness, with 53 confirmed cases. This was followed by Salmonella (43 cases) and Campylobacter (33 cases), both of which showed modest increases compared to 2024. Other gastrointestinal illnesses included Cryptosporidium (3 cases), Giardia (4 cases), and Shigella (3 cases), with counts similar to the previous year. Single cases of hepatitis A and Listeria were also reported. No cases of typhoid, paratyphoid, toxoplasmosis, vibrio (non-cholera), or ciguatera poisoning were recorded.

Food and waterborne illnesses in 2025 were reported across a wide range of age groups. Pathogenic E. coli affected both children and adults, with the highest concentration of cases among adults aged 25–64. Salmonella was reported throughout the life course, including children under 5 and older adults. Campylobacter cases were also broadly distributed, with most reports in adults aged 25 and over. Norovirus affected both children and adults, while rotavirus occurred primarily in children under 15. Less frequently reported conditions, such as Giardia, Shigella, and Cryptosporidium, showed scattered cases across various age groups without a consistent pattern. Single cases of hepatitis A and Listeria were reported in adults.

Hepatitis C was reported nine times in 2025, a slight increase from seven cases the year before. Hepatitis B remained steady with three confirmed cases. There were three reports of meningitis/ encephalitis (unspecified) and one case of viral encephalitis, following no such cases in 2024. Leprosy and rabies in humans were not reported in 2025.

Hepatitis C cases were reported exclusively among adults, with the majority occurring in those aged 45 and older. Hepatitis B followed a similar pattern, with cases reported across the 25–64 age range. Meningitis/encephalitis (unspecified) were reported in a small number of adults across different age groups, and one case of viral encephalitis occurred in an older adult.

Chlamydia remained the most commonly reported sexually transmitted infection in Bermuda, with 240 confirmed cases in 2025, which is a decrease compared to 277 cases in 2024. Gonorrhoea declined from 41 to 17 cases, and herpes also fell from 44 to 24 cases. Syphilis remained relatively stable, with five confirmed cases compared to six the previous year.

Sexually transmitted infections in 2025 were concentrated among individuals aged 15–44. Chlamydia was most common among individuals aged 15–44, particularly females aged 15–24. Gonorrhoea and herpes followed a similar age pattern, with most cases occurring in younger and middle-aged adults, and a small number in those aged 45–64. In contrast, syphilis was only reported among adults aged 25 and older, including individuals aged 65 and above. No STI cases were reported in children or adolescents under 15.

The data provided in this report reflects continued control of notifiable and vaccine-preventable diseases, alongside stable or declining trends in several key infections. Some conditions showed variation by age and sex that may reflect differences in exposure, testing practices, or health-seeking behaviours.

EPIDEMIOLOGICAL WEEKS 2025

WEEK	FROM	TO
1	29-Dec-24	4-Jan-25
2	5-Jan-25	11-Jan-25
3	12-Jan-25	18-Jan-25
4	19-Jan-25	25-Jan-25
5	26-Jan-25	01-Feb-25
6	02-Feb-25	08-Feb-25
7	09-Feb-25	15-Feb-25
8	16-Feb-25	22-Feb-25
9	23-Feb-25	01-Mar-25
10	02-Mar-25	08-Mar-25
11	09-Mar-25	15-Mar-25
12	16-Mar-25	22-Mar-25
13	23-Mar-25	29-Mar-25
14	30-Mar-25	05-Apr-25
15	06-Apr-25	12-Apr-25
16	13-Apr-25	19-Apr-25
17	20-Apr-25	26-Apr-25
18	27-Apr-25	03-May-25
19	04-May-25	10-May-25
20	11-May-25	17-May-25
21	18-May-25	24-May-25
22	25-May-25	31-May-25
23	01-Jun-25	07-Jun-25
24	08-Jun-25	14-Jun-25
25	15-Jun-25	21-Jun-25
26	22-Jun-25	28-Jun-25

WEEK	FROM	TO
27	29-Jun-25	05-Jul-25
28	06-Jul-25	12-Jul-25
29	13-Jul-25	19-Jul-25
30	20-Jul-25	26-Jul-25
31	27-Jul-25	02-Aug-25
32	03-Aug-25	09-Aug-25
33	10-Aug-25	16-Aug-25
34	17-Aug-25	23-Aug-25
35	24-Aug-25	30-Aug-25
36	31-Aug-25	06-Sep-25
37	07-Sep-25	13-Sep-25
38	14-Sep-25	20-Sep-25
39	21-Sep-25	27-Sep-25
40	28-Sep-25	04-Oct-25
41	05-Oct-25	11-Oct-25
42	12-Oct-25	18-Oct-25
43	19-Oct-25	25-Oct-25
44	26-Oct-25	01-Nov-25
45	02-Nov-25	08-Nov-25
46	09-Nov-25	15-Nov-25
47	16-Nov-25	22-Nov-25
48	23-Nov-25	29-Nov-25
49	30-Nov-25	06-Dec-25
50	07-Dec-25	13-Dec-25
51	14-Dec-25	20-Dec-25
52	21-Dec-25	27-Dec-25
53	28-Dec-25	3- Jan-26