



GOVERNMENT OF  
BERMUDA

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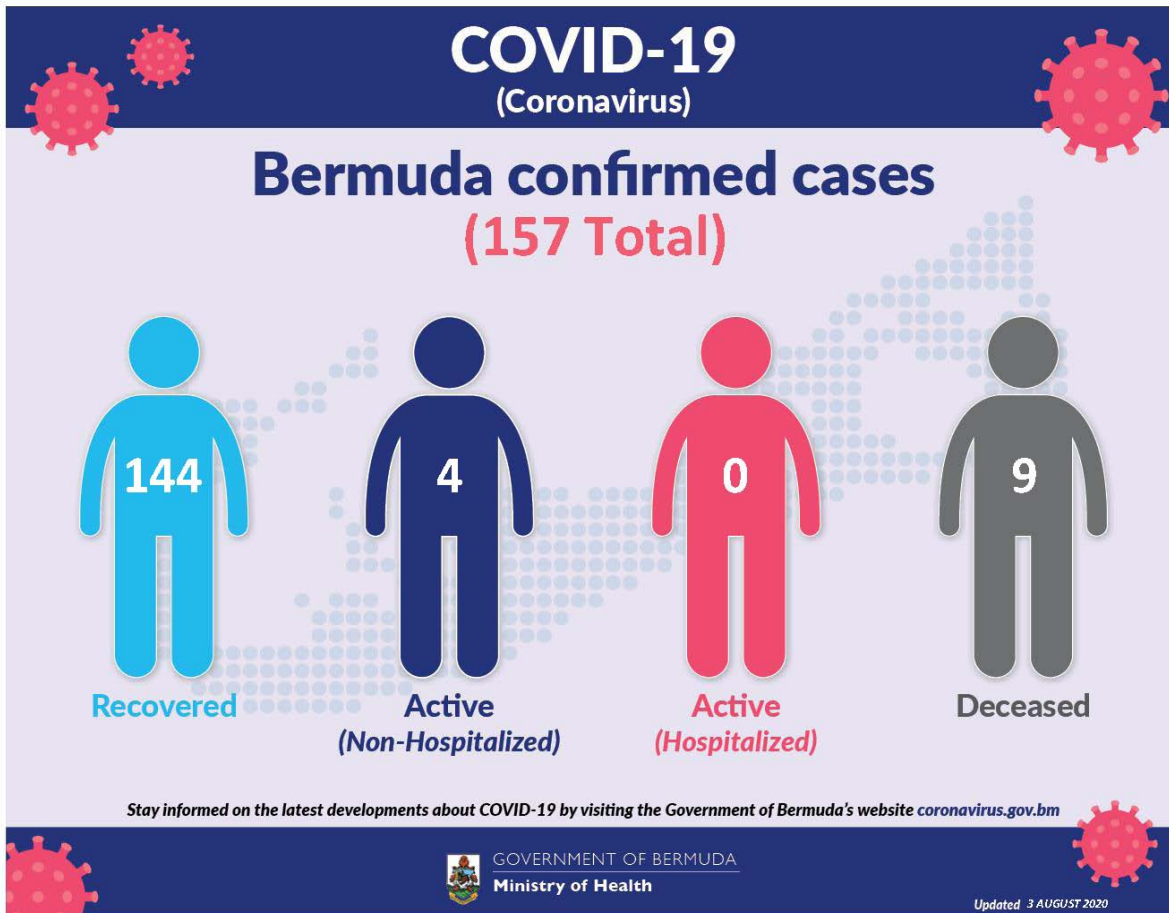
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## Coronavirus (COVID-19) update

The current World Health Organization risk assessment for novel coronavirus (COVID-19) is very high risk globally. It is advised that all countries prepare for the possibility of COVID-19 in their communities. Everyone has a role to play in getting ready and staying healthy by practicing everyday prevention measures like frequent hand washing, staying home when sick and covering coughs and sneezes. The World Health Organization has declared the current coronavirus situation as a pandemic. A pandemic is the increased and sustained transmission of a disease across many countries.

Surveillance for respiratory illness has been enhanced in collaboration with local public health partners. Persons with respiratory illness including fever and cough should call ahead and inform their health care provider of their travel history prior to attending for medical care.

This is a rapidly changing situation. Please regularly check this page for updates.



## COVID-19 Dashboard 03 August 2020

Data as of 4:00 pm 03 August 2020

COVID-19 Testing	Total
Total	24242
Results negative	24085
Results positive	157
<b>Transmission Status of Confirmed Cases</b>	
Imported	53
Local Transmission [Known contact/source]	85
Local Transmission [Unknown contact/source]	19
Under Investigation	0
<b>Status of Confirmed Cases</b>	
Recovered	144

Active (non-hospitalized)	4
Active (hospitalized)	0
Deceased	9

**Imported:** Cases acquired outside of Bermuda.

**Local transmission:** Cases acquired within Bermuda

**Under investigation:** Type of transmission has not yet been determined. These cases are not imported and are likely the result of local transmission.

**Recovered:** Person has had no fever for at least 72 hours (3 days) without the use of fever-reducing medication, other symptoms have improved and at least 14 days have passed since onset of symptoms or testing date. Laboratory confirmation of at least one negative result may also be used as evidence of recovery.

**Country status:** Sporadic Cases

## **COVID-19 Reopening Indicators**

Bermuda is monitoring critical indicators to see how we are doing in managing COVID-19 and assess our readiness to move to the next phase of our reopening plan. These indicators are updated on Mondays and Thursday.

As of 27th July 2020:

## Lead Measures

As of 27th July 2020

"How Bermuda is doing; monitor bi-weekly to indicate likelihood of movement to the next phase"

### Preventive Behaviours



Face mask wearing	Red
<i>HealthIQ Reports on observation of mask wearing</i>	
Physical Distancing	Red
<i>HealthIQ Reports on observation of 3 – 6ft physical distancing</i>	
Adoption of technology	Green
<i>Number of people participating in Health IQ / other apps</i>	

### Capacity



Testing capacity	Yellow
<i>In stock of all lab consumables, reagents and kits plus enabling resources: staff &amp; PPE</i>	
PPE supplies	Red
<i>In stock of: surgical mask, N95 mask, gloves, gowns and face shields</i>	

## Lag Measures

"How Bermuda has done so far; to confirm at the end of each phase that it is safe to move to the next phase"

### Transmission



WHO country classification	Green
<i>WHO country classification</i>	
Transmission	Yellow
<i>Proportion of cases able to be linked to known cases or clusters</i>	
Reproduction rate	Green
<i>Real time reproduction number (average over last 7 days)</i>	

### Cases and hospitalizations



Hospitalizations	Green
<i>New COVID-related hospitalizations</i>	
Critical care	Green
<i>New COVID cases in critical care</i>	
COVID-19 cases	Green
<i>Number of new cases</i>	

## Definitions

#### Lead measures:

**1. Face mask wearing:** HealthIQ Reports on observation of mask wearing –

- >95% report public wearing masks
- <80% report public wearing masks

**2. Physical distancing:** HealthIQ Reports on observation of 3 – 6ft physical distancing -

- >95% report public maintaining distance
- <80% report public maintaining distance

**3. Adoption of Technology:** Number of people participating in HealthIQ or Apps (public) -

- >10,000 unique respondents (All time)
- <5,000 unique respondents

**4. Testing capacity:** In stock of all lab consumables, reagents and kits plus enabling resources: staff & PPE

- >3 months' supply
- <1 months' supply

**5. PPE supplies (critical):** In stock of: surgical mask, N95 mask, gloves, gowns and face shields

- >5 months' supply
- >3 months' supply

#### Lag measures:

**6. Classification: WHO Country classification**

- Green: Sporadic cases
- Amber: Local transmission
- Red: Community transmission

**7. Transmission:** Proportion of cases able to be linked to known cases or clusters

- <10% unknown transmission
- >20% unknown transmission

**8. Reproduction rate:** Real time reproduction number average over last 7 days

- Rt <1.0
- Rt >1.4

**9. Hospitalizations:** New COVID-related hospitalizations

- <7 over last 7 days
- >21 over last 7 days

**10. Critical care:** COVID-related ICU cases

- <4 concurrent per week
- >7 concurrent per week

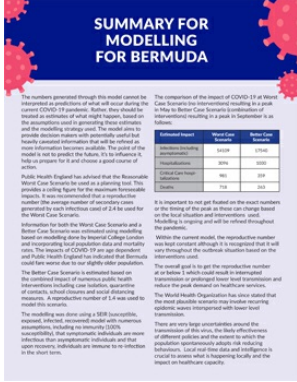
**11. COVID-19 cases:** Number of new cases per week

- <12 over last 7 days
- >35 over last 7 days

## Coronavirus (COVID-19) Modelling Data - 24 April

The numbers generated through this model cannot be interpreted as predictions of what will occur during the current COVID-19 pandemic. Rather, they should be treated as estimates of what might happen, based on the assumptions used in generating these estimates and the modelling strategy used. The model aims to provide decision makers with potentially useful but heavily caveated information that will be refined as more information becomes available. The point of the model is not to predict the future, it's to influence it, help us prepare for it and choose a good course of action.

Our analyses on COVID-19 infections, hospitalizations, and testing can be found at the links below:



**SUMMARY FOR MODELLING FOR BERMUDA**

The numbers generated through this model cannot be interpreted as predictions of what will occur during the current COVID-19 pandemic. Rather, they should be treated as estimates of what might happen, based on the assumptions used in generating them. Estimates and the modelling approach used. The model uses publicly available data on mortality, morbidity and health care capacity information that will be refined as more information becomes available. The point of the model is not to predict the future. It's to influence a logical process for a decision a government can act on.

Public Health England has advised that the Reasonable Worst Case Scenario is used as a starting point. This provides a rolling figure for the maximum foreseeable impact. It was recommended that a reasonable worst case scenario be used for the Reasonable Worst Case Scenario and a Better Case Scenario.

The model is based on modelling done by Imperial College London and supported by local government data and modelling data. The impact of COVID-19 on age dependent and Public Health England has advised that the Reasonable Worst Case Scenario is used as a starting point. This provides a rolling figure for the maximum foreseeable impact. It was recommended that a reasonable worst case scenario be used for the Reasonable Worst Case Scenario and a Better Case Scenario.

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The modelling was done using a SEIR framework, extended to include hospitalisation and intensive care capacity. It is assumed that symptomatic individuals can mask their respiratory tract and that open recovery individuals are immune to re-infection in the short term.

The importance of the impact of COVID-19 at Worst Case Scenario and reasonable modelling, as a point to May to Better Case Scenario (combination of interventions including a mask to government's best efforts).

Parameter	Value	Unit
Reproduction Number	2.0	
Recovery Rate	0.2	per day
Case Fatality Rate	0.001	
ICU Capacity	100	beds
Hospital Capacity	1000	beds

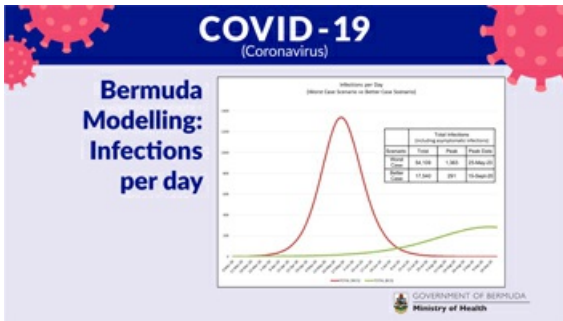
It is important to not get fixated on the exact numbers or the timing of the peak as these can change based on the local situation and interventions used. Modelling is ongoing and will be refined throughout the pandemic.

While the current model, the reproductive number was kept constant although it is recognized that it will vary throughout the outbreak based on the interventions used.

The overall goal is to get the reproductive number as low as possible which could result in international transmission being prevented from that intervention and reduce the peak demand on healthcare services.

The World Health Organization has also stated that the most plausible scenario may involve ongoing guidance being interpreted with best case transmission.

There are very large uncertainties around the transmission of this virus, the body effectiveness of different policies and the extent to which the population remains susceptible to re-infection. Use of real time data and intelligence is crucial to assess what is happening locally and the impact on healthcare capacity.



**COVID-19 (Coronavirus)**

**Bermuda Modelling: Infections per day**

Infections per Day (Worst Case Scenario - Better Case Scenario)

Table: Total Infections including non-pharmaceutical interventions

Scenario	Start	Peak	End Date
Worst Case	17 Jun	1,000	10 Aug
Better Case	17 Jun	200	10 Aug

GOVERNMENT OF BERMUDA  
Ministry of Health

[Summary for modelling for Bermuda](#)

[Modelling Estimates for Bermuda and Potential impact of Non-Pharmaceutical Interventions \(NPIS\) 24 April 2020](#)

## COVID-19 Health Screening

Welcome to the Health Department's COVID-19 health screening registration form for the Bermuda Government Molecular Diagnostic Testing Laboratory at the old White's Supermarket at Southside. Please choose and register for a timeslot that suits you for your screening. Please ensure to bring your confirmation number with you for your screening. Instructions: Please remain in your car or on your bike, with a mask on and your windows up until directed. Your results will be communicated to you by your doctor.

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