



GOVERNMENT OF
BERMUDA

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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.

Data as of 3:00 pm 18 July 2020

COVID-19 Testing	Total
Total	16279
Results negative	16126
Results positive	153
Transmission Status of Confirmed Cases	
Imported	49
Local Transmission [Known contact/source]	85
Local Transmission [Unknown contact/source]	18
Under Investigation	1

Status of Confirmed Cases	
Recovered	137
Active (non-hospitalized)	7
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 16th July 2020:

Lead Measures

As of 16th July 2020

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

Preventive Behaviours



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

Capacity



Testing capacity	
In stock of all lab consumables, reagents and kits plus enabling resources: staff & PPE	
PPE supplies	
In stock of: surgical mask, N95 mask, gloves, gowns and face shields	

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

Cases and hospitalizations



Hospitalizations	
New COVID-related hospitalizations	
Critical care	
New COVID cases in critical care	
COVID-19 cases	
Number of new cases	

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 these estimates and the modelling strategy used. The model aims to provide decision makers with information useful for policy development 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 path of least action.

Public Health England has advised that the Responsible Model Case Scenario is used as a planning tool. This provides a useful figure for the maximum foreseeable impact. It is recommended that a conservative estimate of the average number of secondary cases generated by each infectious case of 2.4 be used for the Worst Case Scenario.

Information for both the Worst Case Scenario and a Better Case Scenario was generated using modelling based on modelling done by Imperial College London and incorporating local population data and surveillance data. The impact of COVID-19 is age dependent and Public Health England has indicated that females could be more likely to be affected than males.

The Better Case Scenario is estimated based on the assumption that a significant proportion of the population will follow recommended health interventions including case isolation, quarantine of contacts, school closure and social distancing measures. A reproductive number of 1.4 was used to model this scenario.

The modelling was done using a SEIR (Susceptible, Exposed, Infected, Recovered) model with various assumptions, including the effectiveness of interventions, that represents individuals as more infectious than asymptomatic individuals and that open recovery individuals are immune to re-infection in the short term.

The comparison of the impact of COVID-19 at Worst Case Scenario the intervention modelling, is a peak in May to Better Case Scenario combination of interventions including a peak in September is as follows:

Intervention Scenario	Peak Date	Peak Cases
Worst Case Scenario	May 2020	1,000
Better Case Scenario	September 2020	200
Combined Case Scenario	May 2020	200

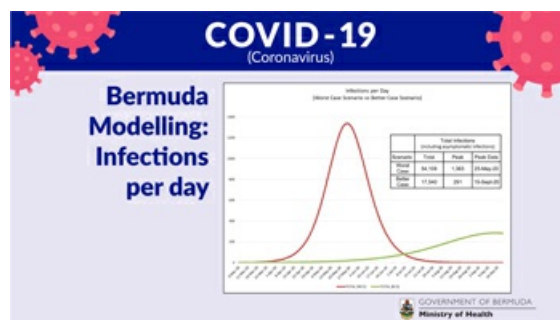
It is important to not get fixated on the exact numbers as the timing of the peak as these can change based on the local situation and intervention used. Modelling is ongoing and will be refined throughout the pandemic.

Within the current model, the reproductive number was kept constant although it is recognised that it will vary throughout the outbreak should based on the intervention used.

The overall goal is to get the reproductive number as below 1 which would result in interrupted transmission or prolonged time that transmission and reduce the peak demand on healthcare services.

The World Health Organisation has also stated that the most plausible scenario may involve requiring isolation, social distancing and wearing face masks to reduce 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 systematically adapts to reducing infection. Lack of real time data and intelligence is crucial to assess what is happening locally and the impact on healthcare capacity.



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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