



GOVERNMENT OF  
BERMUDA

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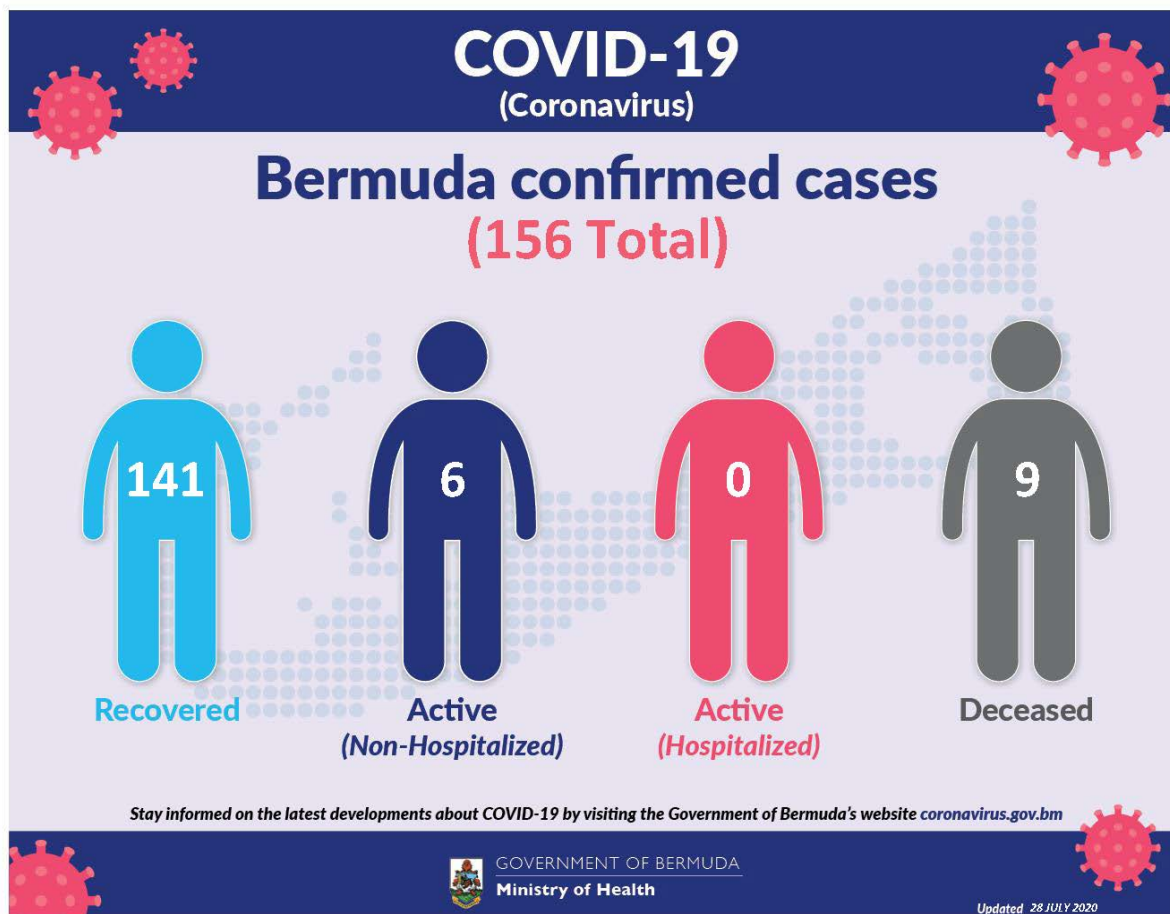
## Coronavirus (COVID-19) update

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.

**COVID-19 Dashboard 27 July, 2020** 



Data as of 3:00 pm 28 July 2020

COVID-19 Testing	Total
Total	20962
Results negative	20806
Results positive	156
<b>Transmission Status of Confirmed Cases</b>	
Imported	52
Local Transmission [Known contact/source]	85
Local Transmission [Unknown contact/source]	19
Under Investigation	0
<b>Status of Confirmed Cases</b>	
Recovered	141
Active (non-hospitalized)	6

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	
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 absolute figures and will vary during the current COVID-19 pandemic. Further, these 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 that may be useful in planning for the future. It is not intended to provide a prediction of what will happen. The model is not intended to provide a prediction of what will happen. The model is not intended to provide a prediction of what will happen.

Public Health England has advised that the Reinforce Model Case Scenario is used as a planning tool. This provides a rolling figure for the maximum foreseeable impact. It is not recommended that a one-day number (the average number of new cases generated by each infectious case) of 1.4 be used for the Reinforce Case Scenario.

Information for both the Worst Case Scenario and a Better Case Scenario is provided. The Worst Case Scenario is based on modelling done by Imperial College London and the Reinforce Case Scenario is based on modelling done by the University of Warwick. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

The Reinforce Case Scenario is estimated based on the assumption that the Reinforce Case Scenario is based on modelling done by the University of Warwick. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

The modelling was done using a SEIR (Susceptible, Exposed, Infected, Recovered) model with numerous assumptions, including the Reinforce Case Scenario. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

It is important to note that the Reinforce Case Scenario is based on modelling done by the University of Warwick. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

Within the current model, the reproductive number was kept constant at 1.4. It is important to note that the Reinforce Case Scenario is based on modelling done by the University of Warwick.

The overall goal is to get the reproductive number as close to 1 as possible, which would result in a sustained level of transmission. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

There are many large uncertainties around the Reinforce Case Scenario. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

It is important to note that the Reinforce Case Scenario is based on modelling done by the University of Warwick. The Reinforce Case Scenario is based on modelling done by the University of Warwick.

**COVID-19 (Coronavirus)**

**Bermuda Modelling: Infections per day**

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

The graph shows the projected number of daily infections over time. The Worst Case Scenario (red line) peaks at approximately 1,000 infections per day in late April. The Better Case Scenario (green line) peaks at approximately 200 infections per day in late April. The graph also shows the current number of infections (blue line) and the number of deaths (yellow line).

**Table 1: Total Infections (including and excluding deaths)**

Scenario	Peak	Peak Date	End Date
Worst Case	1,000	1,000	10 April 20
Better Case	200	200	10 April 20

**Table 2: Total Deaths (including and excluding deaths)**

Scenario	Peak	Peak Date	End Date
Worst Case	100	100	10 April 20
Better Case	20	20	10 April 20

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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[Guidelines for radioactive equipment](#)

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