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2019 Coronavirus disease (COVID-19)

**Status:**

Active

Health alert:

AL20012

Date Issued:

10 Mar 2020 - (Update to Alert issued 9 March 2020)

Issued by:









Adjunct Clinical Professor Brett Sutton, Chief Health Officer

Issued to:

Clinicians and the Victorian public

Key messages

Cases

-  The department has confirmed three new cases of COVID-19 taking the total of cases in Victoria to 18.
-  The sixteenth case is a man in his 70s who recently returned from travel to Israel, Jordan, Egypt and Singapore. He became unwell on 27 February whilst in Egypt. He travelled to Melbourne via Singapore on flight EK404 arriving 6 March.
-  The seventeenth case is a woman in her 50s who is a close contact of one of the confirmed cases.
-  The eighteenth case is a man in his 60s who has returned from travel to the United States and was in contact with a confirmed case. He became unwell on 6 March whilst in Colorado. He flew home to Melbourne from Los Angeles on flight VA24, arriving 8 March.
-  All potential exposure sites are listed in the summary table below. Anyone who was at any of these sites should be aware of their health and seek medical advice if they become unwell.
-  The department will continue to contact close contacts from the relevant flights as the details become available.
-  The CHO will issue a daily email update from 11 March which will replace Alerts pertaining to COVID-19. A CHO Alert will only be issued if there is a significant critical clinical requirement.
-  See the Victorian COVID-19 website for current case definition, guidance and testing recommendations: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

What is the issue?

There have now been 18 confirmed cases in Victoria, including four passengers from the Diamond Princess.

The table below is a summary of public exposure sites for the current COVID-19 cases in Victoria.

Date	Time	Location	Onset of symptoms up to
Sunday 08/03/2020	10:00am – 4:00pm	Myrtle Oval, Macleay Park, North Balwyn	22/03/2020
Sunday 08/03/2020	Arrived 7:00AM	Virgin Australia flight VA24 from Los Angeles to Melbourne	22/03/2020
Saturday 07/03/2020	6:00pm – 10:00pm	Albert Park Hotel	21/03/2020
Friday 06/03/2020	Arrived 9am	Malaysia Airways flight MH0149 from Kuala Lumpur to Melbourne	20/03/2020
Friday 06/03/2020	6pm – 7pm	Pho Hung Vuong 2 Vietnamese Restaurant in Richmond	20/03/2020
Friday 06/03/2020	Arrived 9:40am	Qantas flight QF94 from Los Angeles to Melbourne	20/03/2020
Friday 06/03/2020	8:30am – 10:00am	South Melbourne Market	20/03/2020
Friday 06/03/2020	Arrived 00:15am	Emirates flight EK404 from Singapore to Melbourne	20/03/2020
Thursday 5/03/2020	7:30pm – 10:30pm	Cinema Nova, Carlton (Movie: The Amber Light)	19/03/2020
Tuesday 3/03/2020	12:30 – 3:30pm	Wine by Sam - Seymour	17/03/2020
Monday 02/03/2020	Arrived 4:20pm	Virgin Australia flight VA682 from Perth to Melbourne	16/03/2020
Monday 02/03/2020 – Friday 06/03/2020	Patients and staff that attended the clinic <i>any time</i> between Monday 02/03/2020 – Friday 06/03/2020	Toorak Clinic, 575 Malvern Road, Toorak	14 days from visiting the clinic (16 – 20 March 2020)
Saturday 29/02/2020	Arrived 9:30am	United Airlines flight UA0060 from San Francisco to Melbourne	14/03/2020
Saturday 29/02/2020	Arrived 10:50am	Singapore Airlines flight SQ237 from Singapore to Melbourne	14/03/2020

Friday 28/02/2020	10:50am (Singapore time)	Molinda Air flight OD177 from Denpasar to Melbourne	13/03/2020
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Coronavirus disease (COVID-19), caused by a newly identified coronavirus and previously known as novel coronavirus (nCoV-2019), was first identified in Hubei Province, China, and has been declared a Public Health Emergency of International Concern by the World Health Organization.

As of 10 March 2020, approximately **113,605 confirmed cases** and **4,012 deaths** have been reported. The majority of cases have been identified in mainland China, however there are increasing cases in other countries.

There are an increasing number of countries where there may be community transmission of coronavirus disease.

COVID-19 is a notifiable condition under the Public Health and Wellbeing Regulations 2019 and people meeting the 'suspected case' definition are required to be tested and notified to the department as soon as practicable. This now includes all returned travellers with a compatible illness.

Border measures are in place for people who have been in, or transited through mainland China, Iran and South Korea. Only Australian citizens, permanent residents or their families will be allowed to enter Australia. People who have been in mainland China, Iran or South Korea are required to self-isolate until 14 days after leaving these countries.

Additional screening questions have been implemented for travellers who have been in Italy in the last 14 days.

Who is at risk?

The situation is evolving rapidly as we find out more about this disease. Increasing numbers of countries are reporting cases with rapid increases in many places.

As such, travellers returning from any country outside Australia should now be considered at risk and therefore tested for COVID-19.

Close and casual contacts of a confirmed case should be tested if presenting with clinically compatible symptoms. Any person who is unwell and presents with a letter, email or other correspondence from a state or territory public health or communicable disease unit informing them they are a contact should be treated as a suspected case.

People of all ages have been diagnosed with COVID-19, but those most at risk of severe illness are elderly people and those with pre-existing medical conditions.

Symptoms and transmission

Reported symptoms include fever or respiratory symptoms such as cough, shortness of breath or breathing difficulties. Recent information on the transmission of the virus suggests that cases may be infectious up to 24 hours before the onset of symptoms, until at least 24 hours after symptoms resolve.

The World Health Organization have confirmed that the main driver of transmission is from symptomatic patients through coughing and sneezing. Transmission by people without symptoms is possible, but likely to be rare.

Case definition in Victoria for novel coronavirus

1. Confirmed case

A person who tests positive to a validated SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.

2. Suspected case

A. If the patient satisfies both clinical and epidemiological criteria, they are classified as a suspected case:

Clinical criteria:

Fever

OR

Acute respiratory infection (for example, shortness of breath or cough) with or without fever

AND

Epidemiological criteria:

International travel in the 14 days before the onset of illness

OR

Close or casual contact in the 14 days before illness onset with a confirmed case of COVID-19.

B. If the patient has severe community-acquired pneumonia (critically ill) and no other cause is identified, with or without recent international travel, they are classified as a suspected case.

C. If the patient has moderate or severe community-acquired pneumonia (hospitalised) and is a healthcare worker, with or without international travel, they are classified as a suspected case.

If your patient meets the suspected case definition for novel coronavirus infection you must notify the department as soon as practicable by calling 1300 651 160. **Testing of patients who have been notified to the department and meet the suspected case definition will be prioritised.**

Clinicians can also choose to **test any patient, particularly healthcare workers with compatible symptoms** if it is felt to be clinically necessary. Notification to the department is not necessary for these patients. Primary laboratories should forward these tests directly to VIDRL for testing.

Recommendations

Advice for clinicians

Test all cases meeting the suspected case definition for COVID-19. Take a travel history and advise suspected cases to isolate until you provide the result to your patient.

Notify the department as soon as practicable by calling 1300 651 160, 24 hours a day.

Clinicians may choose to test any other patient with acute respiratory infection if considered clinically necessary. Notification to the department is not necessary for these patients. Primary laboratories should forward these tests directly to VIDRL for testing.

All patients being tested for COVID-19 should home isolate until test results are available.

Detailed information for medical practitioners is at <https://www.dhhs.vic.gov.au/information-health-services-novel-coronavirus> and the key guidance documents are the *GP quick guide and checklist* and more detailed *Health Services and General Practitioner guide*.

If you have a patient who meets the suspected case definition above, key actions include:

- Place a surgical mask on the patient and isolate the patient in a single room with door closed.
- Use droplet and contact precautions (single-use surgical face mask, eye protection, gown and gloves).
- Notify the department on 1300 651 160, 24 hours a day. Discuss next steps and testing.
- Undertake testing in your hospital or with your primary pathology service for:
 - Respiratory specimens for coronavirus PCR/ COVID-19 PCR – nasopharyngeal and throat swabs and sputum (if produced) and/or endotracheal aspirate or bronchoalveolar lavage where appropriate;

– Blood (serum) - these samples are to be sent for novel coronavirus testing at the Victorian Infectious Diseases Reference Laboratory when a serology test is available.

- Consider alternative causes, in particular consider testing for other respiratory viruses using a multiplex PCR if available.
- After a national expert review, it has been determined that there is negligible risk of aerosolisation from taking a nose and throat swab in a patient with an acute respiratory infection. This means a single use surgical mask is now recommended for taking a nose and throat swab.
- If the patient has symptoms and signs suggestive of pneumonia, however, there is a possibility that the viral load might be higher. These patients should be referred to hospital for treatment, and airborne precautions, including a P2 respirator, should be used when collecting nasopharyngeal or oropharyngeal samples.

Advice for healthcare workers

Anyone who works in healthcare or residential care and has been to a higher risk country (mainland China, Iran, South Korea or Italy) should not attend work for 14 days since leaving that country.

Any healthcare worker or residential care worker who has returned from any overseas travel and becomes unwell should not attend work. They should seek appropriate medical attention to determine whether testing for COVID-19 is required. It is recommended that medical practitioners do not test or treat themselves and seek medical care from another medical practitioner.

Any healthcare worker who has compatible illness, whether having travelled internationally or not, should seek medical attention for consideration of testing for COVID-19.

Advice for patients

People who have been in mainland China (excluding Hong Kong SAR, Macau and Taiwan), Iran or South Korea in the past 14 days are required to self-isolate until 14 days after leaving China, Iran or South Korea.

If a person who has been overseas in the past 14 days and begins to feel unwell and develops a fever or an acute respiratory illness (for example cough or shortness of breath) they should seek medical attention.

Call ahead to your GP or emergency department and mention your travel. In line with this advice, students and teachers who have travelled to mainland China, Iran or South Korea should not attend school or university until 14 days after leaving mainland China, Iran or South Korea.

Please keep triple zero (000) for emergencies only.

Anyone who has been in close contact with a confirmed case of COVID-19 should also self-isolate at home until 14 days after their last contact. More information will be provided to close contacts by the department.

As the virus is spread by people with symptoms through coughing and sneezing, the best way to protect others is to practice good personal hygiene.

More information

Clinical information

<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Consumer information

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>
<https://www.who.int/health-topics/coronavirus>
<https://www.smartraveller.gov.au/>

Contacts

A public information hotline is provided by Nurse-on-Call – 1800 675 398.

Medical practitioners needing clinical information can contact the Department of Health and Human Services Communicable Diseases Section on 1300 651 160 (24 hours).

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