



[↑ Back to Health alerts and advisories](#)

2019 Coronavirus disease (COVID-19)

**Status:**

Active

Health alert:

AL20012

Date Issued:

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












Issued by:

Adjunct Clinical Professor Brett Sutton, Chief Health Officer

Issued to:

Clinicians and the Victorian public

Key messages

-  As of Sunday, 15 March there are 57 confirmed cases in Victoria. This includes 8 new cases recorded overnight since 14 March.
-  There is currently a significant shortage of swabs and reagent test kits for COVID-19 testing.
-  Clinicians must limit testing to patients who meet the suspected case definition below, and use one swab only.
-  Advise all patients who have clinical symptoms but do not meet the case definition to remain home and not attend work, school or any public places until symptoms have completely resolved.
-  There is one confirmed case of COVID-19 in Victoria that may have been acquired through community transmission.
-  Travellers returning from any country outside Australia are now considered at risk of COVID-19.
-  Due to the outbreak of coronavirus disease (COVID-19), health authorities have advised that all non-essential, organised gatherings of 500 or more people should be cancelled from Monday 16 March 2020.
-  Notification of suspected cases is now only required for healthcare workers and residential aged care workers or residents. Notification is no longer required for all other suspected cases.
-  Notification is required, by telephone, for all confirmed cases and the department is following-up all close contacts of confirmed cases.
-  As sustained community transmission is expected in Victoria, exposure sites will no longer be published.
-  Self-assessment guidelines are available for the public together with guidelines for healthcare and residential care workers on the **Coronavirus section** on the DHHS website.



Anyone with a fever or respiratory symptoms is advised to ring the 24-hour hotline 1800 675 398.



See the **Health services and general practice page** on the DHHS website for updated case definition, guidance and testing recommendations.

What is the issue?

There have now been 57 confirmed cases in Victoria.

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 15 March 2020, 156,116 confirmed cases and 5,829 deaths have been reported globally.

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, South Korea and Italy. Only Australian citizens, permanent residents or their families will be allowed to enter Australia. People who have been in these countries are required to self-isolate until 14 days after leaving these countries.

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 if they present with a clinically compatible illness.

Close 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 coronavirus

The following case definitions apply in Victoria:

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 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

*requiring care in ICU/HDU, or for patients in which ICU care is not appropriate, respiratory or multiorgan failure. Clinical judgement should be exercised considering the likelihood of COVID-19.

C. If any healthcare worker with direct patient contact, residential aged care worker or aged care resident has a fever (≥ 37.5) AND an acute respiratory infection (e.g. shortness of breath, cough, sore throat), they are classified as a suspect case.

Cases meeting the suspected case definition for COVID-19 must be tested. Only suspected cases who are in high-risk categories (healthcare workers and residential aged care workers or residential aged care residents) and confirmed cases need to be notified to the department as soon as practicable by calling 1300 651 160, 24 hours a day.

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 on the [Health service and general practice page](#) on the DHHS website 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:
 - Take a single nasopharyngeal swab for viral testing. To conserve swabs the same swab that has been used to sample the oropharynx should be utilised for nasopharynx sampling.
 - Take blood in a serum tube for storage at VIDRL.
- 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, South Korea or Italy in the past 14 days are required to self-isolate until 14 days after leaving these countries.

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

[Health service and general practice page](#) on the DHHS website

Consumer information

[About coronavirus \(COVID-19\) page](#) on the DHHS website

[World Health Organization coronavirus page](#)

[Smartraveller website](#)

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).

Subscribe to health alerts and advisories

Keep informed of issues affecting the health sector and public health.

[Subscribe](#)

[Manage or update your subscriptions](#) →

Contact details

Chief Health Officer

 [50 Lonsdale Street, Melbourne, 3000 Victoria, Australia](#) 

 [Contact the Chief Health Officer](#)



Find

Support

Connect

 [Twitter](#)

 [Facebook](#)

 [Youtube](#)

 [LinkedIn](#)

 [RSS](#)

This web site is managed and authorised by the Department of Health & Human Services, State Government of Victoria, Australia

© Copyright State of Victoria 2017-2020