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# Coronavirus (COVID-19) daily update

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This Chief Health Officer update is intended to provide clinicians and the Victorian public with information about the number of confirmed cases of coronavirus (COVID-19) in Victoria as well as relevant public health response activities in Victoria. Chief Health Officer Alerts will continue to be issued when there are changes to the public health advice related to coronavirus (COVID-19).

10/07/2020

## What's new?

- As of 10 July 2020, the total number of coronavirus (COVID-19) cases in Victoria is 3,379, with 288 new cases since yesterday's report.
- The overall total has increased by 281, with seven cases reclassified, largely due to duplication. Of the new cases, 26 are linked to outbreaks and 262 remain under investigation. No case has been detected in a returned traveller in hotel quarantine.
- 509 cases have been acquired in Australia where the source of infection is unknown.
- 47 people are in hospital, including 12 patients in intensive care. 22 people have died, no increase since yesterday's report. 2,183 people have recovered.
- Of the total cases, 3,002 are from metropolitan Melbourne and 272 are from regional Victoria.
- More than 1,068,000 test results have been received by the department since 1 January 2020.
- Further details can be found in [today's coronavirus \(COVID-19\) media release](#).
- Up-to-date [epidemiological data is available on our website](#).

## Stay at Home Directions

- The Victorian Government has announced Stay at Home Directions for metropolitan Melbourne and Mitchell Shire from 11:59pm on Wednesday 8 July until 11:59pm on Wednesday 19 August.
- The area returning to Stage 3 'Stay at Home' restrictions is comprised of 31 metropolitan Melbourne local government areas (LGA) and the Mitchell Shire LGA.
- For six weeks, people who live in these areas are only allowed to go out for four reasons: shopping for food and supplies, health care and caregiving, outdoor exercise, and study or work – if unable to work or study from home.

## Current advice to clinicians

- Practitioners should test any patients who meet the clinical criteria below

Fever OR chills in the absence of an alternative diagnosis that explains the clinical presentation\*

OR

Acute respiratory infection (e.g. cough, sore throat, shortness of breath, runny nose, anosmia or loss of smell or loss of taste)

Note: In addition, testing is recommended for people with new onset of other clinical symptoms consistent with coronavirus (COVID-19)\*\* AND who are close contacts of a confirmed case of coronavirus (COVID-19); who have returned from overseas in the past 14 days; or who are healthcare or aged care workers.

*\*Clinical discretion applies including consideration of the potential for co-infection (e.g. concurrent infection with SARS-CoV-2 and influenza)*

*\*\*headache, myalgia, stuffy nose, nausea, vomiting, diarrhoea*

- If referring your patients for coronavirus (COVID-19) testing, a list of testing locations can be found on the [getting tested for coronavirus page](#).
- Any coronavirus (COVID-19) test reported by a laboratory as having detected SARS-CoV-2 on PCR will be treated as positive for the purposes of public health actions, regardless of repeat testing of the sample. It is not appropriate to advise a patient that a test is a false positive. Current processing time for coronavirus (COVID-19) tests is one to three days.
- Practitioners are encouraged to also consider testing for other infectious diseases as warranted by the patient's clinical presentation and history, including travel history. Test for influenza in patients presenting with compatible respiratory symptoms and request a stool culture in patients presenting with gastrointestinal symptoms.

## Key messages for the community

- If you feel unwell with any symptoms of coronavirus (COVID-19), however mild, you should stay home and get tested. If you have any fever, chills, cough, sore throat, shortness of breath, runny nose, and loss of sense of smell or taste – stay home, don't go in to work and don't visit friends and family. Get tested and stay at home until you get the result. [Go to the DHHS testing map for locations](#)

- Nasopharyngeal swabs collected by trained healthcare workers remains the gold standard test. Victoria commenced limited saliva testing in hotspots as part of department-led enhanced surveillance activities.
- If you live in Melbourne or Mitchell Shire and are aged 18 years or older, it is recommended that you wear a face mask when you leave home if it is going to be difficult for you to maintain 1.5 metres of distance between yourself and other people. Face masks are not a substitute for physical distancing. [Go to the DHHS website to find out more information about how to wear a face mask correctly.](#)

## More information

## Clinical information

[Latest coronavirus information for Victorian health services and general practice](#)

## Consumer information

[Translated resources in over 50 languages](#)

[Victoria's current restrictions](#)

[COVID-19 suburban testing blitz - hotspots](#)

[Latest coronavirus information from the World Health Organization](#)

[Latest travel advice from Smartraveller](#)

## Contacts

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

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Address: 50 Lonsdale Street  
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3000

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The department acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past and present.

The department is committed to safe and inclusive work places, policies and services for people of LGBTIQ communities and their families.



