

Entering Data For: November 29, 2021

It is critical to the COVID-19 response that all of the information listed below is provided to the Federal Government on the requested reporting schedule to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE). All fields are mandatory unless otherwise noted in the HHS Guidance.

Note: Provide data entries for all requested fields. Enter 0 or select N/A (if available) if the item is not applicable at your facility. Note: Some data points in the web form are pre-populated with the most recent non-null submission. Please update each data point as necessary. Learn more about Composite Records.

Upload Data File: Choose File No file chosen. If you do not have the template, please download it from here.

8 new fields have been added to the form as of 12/1/2021.

Some data elements have been made inactive for the federal data collection. These fields have been moved to a separate section labeled accordingly. Hospitals no longer need to report these data elements. Note: State, local, tribal, and territorial (SLTT) partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant (SLTT) partners to ensure complete reporting for all partners.

The following fields will be required weekly beginning 12/15/2021: 40c. Sotrovimab (Therapeutic D) Current Inventory on Hand (in courses) 40d. Sotrovimab (Therapeutic D) Courses used in the last week

The following fields will be required daily beginning 12/29/2021: 3c. All pediatric inpatient beds 4c. Pediatric inpatient bed occupancy 5c. Pediatric ICU beds 6c. Pediatric ICU bed occupancy 72c. Hospitalized ICU laboratory-confirmed COVID-19 18a. Total pediatric 33. Total hospitalized patients with laboratory-confirmed influenza virus infection 34. Previous day's admissions with laboratory-confirmed influenza virus infection 35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection

### Staffed Bed Capacity

3a. All hospital inpatient beds 40	4a. All hospital inpatient bed occupancy 36	5a. ICU beds 0	6a. ICU bed occupancy 0
3b. Adult hospital inpatient beds 40	4b. Adult hospital inpatient bed occupancy 36	5b. Adult ICU beds 0	6b. Adult ICU bed occupancy 0
3c. All inpatient pediatric beds (Optional) Unknown	4c. Pediatric inpatient bed occupancy (Optional) Unknown	5c. Pediatric ICU beds (Optional) Unknown	6c. Pediatric ICU bed occupancy (Optional) Unknown

### Hospitalizations

9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients 3	10a. Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients 0	11. Hospitalized and ventilated COVID-19 patients 0	12a. Total ICU adult suspected or laboratory-confirmed COVID-19 patients 0
9b. Hospitalized adult laboratory-confirmed COVID-19 patients 3	10b. Hospitalized pediatric laboratory-confirmed COVID-19 patients 0		12b. Hospitalized ICU adult laboratory-confirmed COVID-19 patients 0
			12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients (Optional) Unknown

### Emergency Department

19. Previous day's Emergency Department (ED) Visits Unknown	20. Previous day's total COVID-19-related ED Visits Unknown
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### Previous Day's Admissions

Note: The age brackets under fields 17a and 17b are required to be considered compliant.

#### Previous Day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket:

17a. Total adult Unknown	17b. Total adult Unknown
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#### Previous Day's adult admissions with suspected COVID-19 and breakdown by age bracket:

18-19 Unknown	20-29 Unknown	30-39 Unknown	40-49 Unknown	50-59 Unknown	60-69 Unknown	70-79 Unknown	80+ Unknown	Unknown 0
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#### Previous Day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age bracket:

18a. Total pediatric Unknown	0-4 (Optional) Unknown	5-11 (Optional) Unknown	12-17 (Optional) Unknown	Unknown 0
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#### Previous Day's pediatric admissions with suspected COVID-19:

18b. Total pediatric Unknown
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### Therapeutics

Note: For fields 39a - 40d below, report one time a week on Wednesday.

#### Casirivimab (REGN10933) / Imdevimab (REGN10987) (Therapeutic A)

39a. Current inventory on hand (in courses) 0	39b. Courses used in the last week 0
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#### Bamlanivimab and Etesevimab (Therapeutic C)

40a. Current inventory on hand (in courses) 0	40b. Courses used in the last week 0
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#### Sotrovimab (Therapeutic D)

40c. Current inventory on hand (in courses) (Optional) Unknown	40d. Courses used in the last week (Optional) Unknown
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### Staff

Note: Field 24 will always default to "No" for a new submission.

24. Critical staffing shortage anticipated within a week (Y/N) (Optional) No
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### PPE

Note: For fields 27 - 30 below, report one time a week on Wednesday.

#### 27. On hand supply (DURATION IN DAYS):

27b. N95 respirators >30 days	27c. Surgical and procedure masks >30 days	27d. Eye protection including face shields and goggles >30 days	27e. Single-use gowns >30 days	27f. Exam gloves (sterile and non-sterile) >30 days
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#### 30. Are you able maintain at least a three day supply of these items?

30b. N95 respirators Yes	30c. Surgical and procedure masks Yes	30d. Eye protection including face shields and goggles Yes	30e. Single-use gowns Yes	30f. Exam gloves Yes
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### Influenza

33. Total hospitalized patients with laboratory-confirmed influenza virus infection (Optional) 0	34. Previous day's influenza admissions (laboratory-confirmed influenza virus infection) (Optional) 0	35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection (Optional) 0
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### Vaccinations

#### Vaccinations for Personnel

41. Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine) (Optional) 0	42. Current healthcare personnel who have not yet received any COVID-19 vaccination doses (Optional) 98	43. Current healthcare personnel who have received the first dose of COVID-19 vaccination doses (Optional) 110	44. Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination (Optional) 100
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#### Vaccinations for Patients

46. Previous week's number of patients and other non-healthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses (Optional) 0	47. Previous week's number of patients who received the final dose in a series of COVID-19 vaccination doses or the single-dose vaccine by your facility (Optional) 0
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### Inactive Federal Data Collection

The below fields have been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. Note: State, local, tribal, and territorial (SLTT) partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant (SLTT) partners to ensure complete reporting for all partners.

### Staffed Bed Capacity

2a. All hospital beds Unknown	2b. All adult hospital beds Unknown
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### Ventilators

7. Total mechanical ventilators Unknown	8. Mechanical ventilators in use Unknown
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### ED/Overflow

14. ED/overflow Unknown	15. ED/overflow and ventilated Unknown
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### Previous Day's COVID-19 Deaths

16. Previous Day's COVID-19 Deaths Unknown
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### Therapeutics

#### Remdesivir

21. Previous day's Remdesivir used (Optional) Unknown	22. Current inventory (Optional) Unknown
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#### Bamlanivimab (Therapeutic B)

39c. Current inventory on hand (in courses) (Optional) Unknown	39d. Courses used in the last week (Optional) Unknown
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Please note: Bamlanivimab is no longer authorized for use without accompanying Etesevimab. The value in the field 39d should be 0. Any doses of Bamlanivimab used with accompanying Etesevimab should be reported in field 40b.

### Staff

23. Critical staffing shortage today (Y/N) (Optional) No	25. Staffing shortage details (Optional) Optional
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### PPE

#### 26. PPE Supplies

Are your PPE supply items managed (purchased, allocated, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)?

Unknown
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#### 27. On hand supply (DURATION IN DAYS):

27a. Ventilator supplies Unknown
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#### 28. On hand supply (INDIVIDUAL UNITS/EACHES) (Optional):

28a. N95 respirators (Optional) Unknown	28b. Other respirators such as PAPRs or elastomers (Optional) Unknown	28c. Surgical and procedure masks (Optional) Unknown	28d. Eye protection including face shields and goggles (Optional) Unknown	28e. Single-use gowns (Optional) Unknown	28f. Launderable gowns (Optional) Unknown	28g. Exam gloves (single) (Optional) Unknown
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#### 29. Are you able to obtain these items?

29a. Ventilator supplies (any supplies excluding medications) Unknown	29b. Ventilator medications Unknown	29c. N95 Respirators Unknown	29d. Other respirators such as PAPRs or elastomers Unknown	29e. Surgical and procedure masks Unknown	29f. Single-use gowns Unknown	29g. Single-use gowns Unknown	29h. Exam gloves Unknown	29i. Are you able to maintain a supply of launderable gowns? Unknown
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#### 30. Are you able maintain at least a three day supply of these items?

30a. Ventilator supplies (any supplies excluding medications) Unknown	30b. Ventilator medications Unknown	30c. Other respirators such as PAPRs or elastomers Unknown	30d. Laboratory - nasal pharyngeal swabs Unknown	30e. Laboratory - nasal swabs Unknown	30f. Laboratory - viral transport media Unknown
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#### 31. Does your facility re-use or extend the use of PPE? (Optional)

31a. Reusable/launderable isolation gowns Unknown	31b. PAPRs or elastomers Unknown	31c. N95 respirators Unknown
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32. If there are any critical issues, such as supply, staffing, capacity, or other issues about which you would like to receive direct contact, please explain here. (Optional)

Optional
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### Influenza

36. Total hospitalized patients co-infected with BOTH laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection (Optional) Unknown	37. Previous day's influenza deaths (laboratory-confirmed influenza virus infection) (Optional) Unknown	38. Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus (Optional) Unknown
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