

COVID-19 Hospital Data Form

*Required for submission

Entering Data For			
Facility Information			
1	a.	Facility Name*	
	h.	HHS ID*	
	b.	CCN*	
	c.	AHA ID	
	c.	NHSN Org ID*	
	d.	Facility Type*	
	d.	State*	
	e.	County*	
	f.	ZIP*	
	g.	TeleTracking ID*	
<p><i>Hospitals, with the exception of psychiatric and rehabilitation hospitals, are required to report seven days a week but, where possible and pending further direction from their state or jurisdiction, are encouraged to report weekend data on the following Monday with the data backdated to the appropriate date. See HHS Guidance & FAQ.</i></p>			
<p>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 & FAQ.</p>			
<p>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.</p>			

Staffed Bed Capacity			
3a. All hospital inpatient beds*	4a. All hospital inpatient bed occupancy*	5a. ICU beds*	6a. ICU bed occupancy*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3b. Adult hospital inpatient beds*	4b. Adult hospital inpatient bed occupancy*	5b. Adult ICU beds*	6b. Adult ICU bed occupancy*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3c. All inpatient pediatric beds *	4c. Pediatric inpatient bed occupancy*	5c. Pediatric ICU beds*	6c. Pediatric ICU bed occupancy*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hospitalizations			
9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients*	10a. Total hospitalized pediatric suspected or laboratory confirmed COVID-19 patients*	11. Hospitalized and ventilated COVID-19 patients*	12a Total ICU adult suspected or laboratory-confirmed COVID-19 patients*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9b. Hospitalized adult laboratory confirmed COVID-19 patients*	10b. Hospitalized pediatric laboratory-confirmed COVID-19 patients*		12b. Hospitalized ICU adult laboratory-confirmed COVID-19 patients*
<input type="text"/>	<input type="text"/>		<input type="text"/>
			12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients*
			<input type="text"/>
13. Hospital onset			
<input type="text"/>			

Emergency Department	
19. Previous day's ED Visits*	20. Previous day's total COVID-19- related ED visits*
<input type="text"/>	<input type="text"/>

Previous Day's Admissions

COVID-19 Hospital Data Form

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:	Previous Day's adult admissions with suspected COVID-19 and breakdown by age bracket:	Previous Day's pediatric admissions with laboratory confirmed COVID-19 breakdown by age bracket:	Previous Day's pediatric admissions with suspected COVID-19:
17a. Total adult*	17b. Total adult*	18a. Total pediatric*	18b. Total pediatric*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18-19	18-19	0-4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
20-29	20-29	5-11	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
30-39	30-39	12-17	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
40-49	40-49	Unknown	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
50-59	50-59		
<input type="text"/>	<input type="text"/>		
60-69	60-69		
<input type="text"/>	<input type="text"/>		
70-79	70-79		
<input type="text"/>	<input type="text"/>		
80+	80+		
<input type="text"/>	<input type="text"/>		
Unknown	Unknown		
<input type="text"/>	<input type="text"/>		

Therapeutics

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

Casirivimab (REGN10933) / Imdevimab (REGN10987) (Therapeutic A)	Bamlanivimab and Etesevimab (Therapeutic C)	Sotrovimab (Therapeutic D)
39a. Current inventory on hand (in course)*	40a. Current inventory on hand (in course)*	40c. Current inventory on hand (in course)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
39b. Courses used in the last week*	40b. Courses used in the last week*	40d. Courses used in the last week*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Staff

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

24. Critical staffing shortage anticipated within a week (Y/N)*
<input type="text"/>

PPE

27b. N95 respirators*	30c. N95 respirators*
<input type="text"/>	<input type="text"/>
27c. Surgical and procedure masks*	30e. Surgical and procedure masks*
<input type="text"/>	<input type="text"/>
27d. Eye protection including face shields and goggles*	30f. Eye protection including face shields and goggles*
<input type="text"/>	<input type="text"/>
27e. Single-use gowns*	30g. Single-use gowns*
<input type="text"/>	<input type="text"/>

COVID-19 Hospital Data Form

27f. Exam gloves (sterile and non-sterile)*

30h. Exam gloves*

Influenza		
33. Total hospitalized patients with laboratory-confirmed influenza virus infection*	34. Previous day's influenza admissions (laboratory-confirmed influenza virus infection)*	35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection*

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	
2b. All adult hospital beds	

Ventilators	
7. Total mechanical ventilators	8. Mechanical ventilators in use

ED/Overflow	
14. ED/overflow	15. ED/overflow and ventilated

Previous Day's COVID-19 Deaths	
16. Previous Day's COVID-19 Deaths	

Therapeutics

Remdesivir

21. Previous day's Remdesivir used (Optional)
22. Current inventory (Optional)

Bamlanivimab (Therapeutic B)

39c. Current inventory on hand (in courses) (Optional)
39d. Courses used in the last week (Optional)

△ 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.

COVID-19 Hospital Data Form

Staff

23. Critical staffing shortage today (Y/N) (Optional)	25. Staffing shortage details (Optional)

PPE

26. PPE Supplies	27. On hand supply (DURATION IN DAYS):	28. On hand supply (INDIVIDUAL UNITS/"EACHES") (Optional):	29. Are you able to obtain these items?
<p>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)?</p>	27a. Ventilator supplies	28a. N95 respirators (Optional)	29a. Ventilator supplies (any supplies excluding medications)
		28b. Other respirators such as PAPRs or elastomers (Optional)	29b. Ventilator medications
		28c. Surgical and procedure masks (Optional)	29c. N95 Respirators
		28d. Eye protection including face shields and goggles (Optional)	29d. Other respirators such as PAPRs or elastomers
		28e. Single-use gowns (Optional)	29e. Surgical and procedure masks
		28f. Launderable gowns (Optional)	29f. Eye protection including face shields and goggles
		28g. Exam gloves (single) (Optional)	29g. Single-use gowns
			29h. Exam gloves
			29i. Are you able to maintain a supply of launderable gowns?

COVID-19 Hospital Data Form

30. Are you able maintain at least a three-day supply of these items?

31. Does your facility re-use or extend the use of PPE? (Optional)

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)

30a. Ventilator supplies (any supplies excluding medications)

30b Ventilator medications

30d. Other respirators such as PAPRS or elastomeric

30i. Laboratory - nasal pharyngeal swabs

30j. Laboratory - nasal swabs

30k. Laboratory - viral transport media

31a. Reusable/laundryable isolation gowns

31b. PAPRs or elastomeric

31c. N95 respirators

Influenza

36. Total hospitalized patients co-infected with BOTH laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection (Optional)

37. Previous day's influenza deaths (laboratory-confirmed influenza virus infection) (Optional)

38. Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus (Optional)

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)

42. Current healthcare personnel who have not yet received any COVID-19 vaccination doses (Optional)

43. Current healthcare personnel who have received the first dose of COVID-19 vaccination doses (Optional)

44. Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination

45. Total number of current healthcare personnel (Optional)

Vaccinations for Patients

46. Previous week's number of patients and other nonhealthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses (Optional)

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)

COVID-19 Hospital Data Form