Instructions for Completion of the COVID-19 Hospital Data Form†
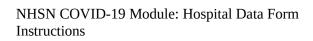
ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
				Metadata[3]	
ID	**Sub ID**	**Required/Optional**	**Cadence**	**Information Needed**	**Description**
1	a.	**Required**	Weekly, for all days in previous week	Hospital Name	Name of hospital
	b.	**Required**	Weekly, for all days in previous week	CCN	Hospital CMS Certification Number (CCN)
	c.	**Required**	Weekly, for All days in previous week	NHSN Org ID	The NHSN-assigned facility ID Note: NHSN Org ID is needed to submit data into the NHSN system
	d.	**Required**	Weekly, for All days in previous week	State	State where the hospital is located
	e.	**Required**	Weekly, for All days in previous week	County	County where the hospital is located
	f.	**Required**	Weekly, for	ZIP	ZIP where the hospital is located

---

[3] *Entities reporting on behalf of facilities are encouraged to auto-populate the relevant information on behalf of the facility.*

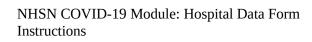| ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
			All days in previous week		
	g.	Optional	Weekly, for All days in previous week	TeleTracking ID	The identifier assigned by TeleTracking
	h.	Optional	Weekly, for All days in previous week	HHS ID	The HHS-assigned facility ID. If multiple facilities report under the same CCN, each individual facility will have a unique HHS ID. See **Appendix D** for additional information.
**Capacity, Occupancy, Hospitalizations, Admissions**					
2	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (All hospital beds)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (All adult hospital beds)*			
3	a.	**Required**	Weekly, for All days in previous week	All hospital inpatient beds	Total number of all staffed inpatient beds in the facility, that are currently set-up, staffed and able to be used for a patient within the reporting period. This includes all overflow, observation, and active surge/expansion beds used for inpatients. This includes ICU beds. Include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available.
	b.	**Required**	Weekly, for All days in previous week	Adult hospital inpatient beds (Subset)	Total number of all staffed adult inpatient beds in the facility, that are currently set-up, staffed and able to be used for a patient within the reporting period. This includes all overflow, observation, and active surge/expansion beds used for inpatients. This

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					includes ICU beds. Include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available. This is a subset of #3a.
	c.	**Required**	Weekly, for All days in previous week	All inpatient pediatric beds (Subset)	Total number of pediatric beds in the facility that are currently set-up, staffed and able to be used for a patient within the reporting period. This count includes occupied and unoccupied inpatient pediatric beds including both PICU and med-surge beds (beds in which medical or surgical pediatric patients may be routinely placed). Include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available. **This count excludes NICU, newborn nursery beds, and outpatient surgery beds.** This is a subset of #3a. This field is required as of 2/2/2022.
4	a.	**Required**	Weekly, for All days in previous week	All hospital inpatient bed occupancy	Total number of staffed inpatient beds that are occupied. This reflects occupancy levels for beds reported in #3a.
	b.	**Required**	Weekly, for All days in previous week	Adult hospital inpatient bed occupancy (Subset)	Total number of staffed adult inpatient beds that are occupied. This is a subset of #4a, and reflects occupancy levels for beds reported in #3b.
	c.	**Required**	Weekly, for All days in previous week	Pediatric inpatient bed occupancy (Subset)	Total number of set-up and staffed inpatient pediatric beds that are occupied by a patient. Includes both PICU and med-surge beds (beds in which medical or surgical pediatric patients may be routinely placed). Include any occupied surge/hallway/overflow beds that are open for use. **This count excludes NICU,**

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients. This is a subset of #4a, and reflects occupancy levels for beds reported in #3c. This field is required as of 2/2/2022.
5[4]	a.	**Required**	Weekly, for All days in previous week	ICU beds (Subset)	Total number of ICU beds that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds. This is a subset of #3a, and includes the values for #5b and #5c. Note: All ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
	b.	**Required**	Weekly, for All days in previous week	Adult ICU beds (Subset)	Total number of staffed adult inpatient ICU beds that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds. This is a subset of #3b and #5a. Any beds counted in #5b should NOT be counted in #5c. Note: All adult ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
	c.	**Required**	Weekly, for All days in previous week	Pediatric ICU beds (Subset)	Total number of pediatric ICU beds in the facility that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds, including any ICU beds that are, or could be, staffed and used for a pediatric patient. **This count excludes**

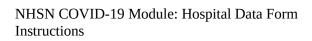[4] Data collection systems are encouraged to provide mechanisms for hospitals without ICUs to skip all ICU questions.

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients. This is a subset of #3c and #5a. Any beds counted in #5c should NOT be counted in #5b. This field is required as of 2/2/2022. Note: All pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
6	a.	**Required**	Weekly, for All days in previous week	ICU bed occupancy (Subset)	Total number of staffed ICU beds that are occupied. This is a subset of #4a.
	b.	**Required**	Weekly, for All days in previous week	Adult ICU bed occupancy (Subset)	Total number of staffed adult ICU beds that are occupied. This is a subset of #4b and #6a.
	c.	**Required**	Weekly, for All days in previous week	Pediatric ICU bed occupancy (Subset)	Total number of set-up and staffed pediatric ICU beds occupied by a patient. **This count excludes NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients.** This is subset of #4c and #6a. This field is required as of 2/2/2022. Note: All occupied pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.

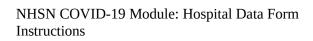| ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
7		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Total mechanical ventilators)*			
8		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Mechanical ventilators in use)*			
9	a.	**Optional**	Weekly, for All days in previous week	Total hospitalized adult suspected or laboratory confirmed COVID-19 patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed or suspected COVID-19. Include those in observation beds. See Appendix D for the definition of laboratory-confirmed COVID-19.
	b.	**Required**	Weekly, for All days in previous week	Hospitalized adult laboratory-confirmed COVID-19 patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
10	a.	**Optional**	Weekly, for All days in previous week	Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who are suspected or laboratory-confirmed-positive for COVID-19. Include those in observation beds. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	b.	**Required**	Weekly, for All days in previous week	Hospitalized pediatric laboratory-confirmed COVID-19 patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					See **Appendix D** for the definition of laboratory-confirmed COVID-19.
11		**Optional**	Weekly, for All days in previous week	Hospitalized and ventilated COVID-19 patients	Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator including adult, pediatric, neonatal ventilators, ECMO machines, anesthesia machines and portable/transport ventilators available in the facility. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.
12	a.	**Optional**	Weekly, for All days in previous week	Total ICU adult suspected or laboratory-confirmed COVID-19 patients	Patients currently hospitalized in a designated adult ICU bed who have suspected or laboratory-confirmed COVID-19. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	b.	**Required**	Weekly, for All days in previous week	Hospitalized ICU adult laboratory-confirmed COVID-19 patients	Patients currently hospitalized in an adult ICU bed who have laboratory-confirmed COVID-19. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	c.	**Required**	Weekly, for All days in previous week	Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients	Total number of pediatric ICU beds occupied by laboratory confirmed positive COVID-19 patients. This is a subset of #6c, occupied pediatric ICU beds. **This count excludes NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients.** This field is required as of 2/2/2022.

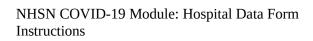| ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					See **Appendix D** for the definition of laboratory-confirmed COVID-19.
13		**Optional**	Weekly, for All days in previous week	Hospital Onset	Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19.
14		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (ED/overflow)*			
15		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (ED/overflow and ventilated)*			
16		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's COVID-19 deaths)*			
17	a.	**Required**	Weekly, for All days in previous week	Previous day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket: • 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown	Enter the number of patients by age bracket who were admitted to an adult inpatient bed on the previous calendar day who had laboratory-confirmed COVID-19 at the time of admission. This is a subset of #9b. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	b.	**Optional**	Weekly, for All days in previous week	Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: • 18-19 • 20-29 • 30-39 • 40-49 • 50-59	Enter the number of patients by age bracket who were admitted to an adult inpatient on the previous calendar day who had suspected COVID-19 at the time of admission. This is a subset of #9a.

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
				• 60-69 • 70-79 • 80+ • Unknown	
18	a.	**Required**	Weekly, for All days in previous week	Previous day's pediatric admissions with laboratory-confirmed COVID-19	Enter the number of pediatric patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had laboratory-confirmed COVID-19 at the time of admission. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	b.	**Optional**	Weekly, for All days in previous week	Previous day's pediatric admissions with suspected COVID-19	Enter the number of pediatrics patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had suspected COVID-19 at the time of admission. This is a subset of #10a.
	c.	**Required**	Weekly, for All days in previous week	Previous day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age group: • 0-4 • 5-11 • 12-17 • Unknown	Enter the number of patients, by age group, who were admitted to an inpatient or ICU bed on the previous calendar day who had laboratory-confirmed COVID-19 at the time of admission. The summary of age breakdowns should be identical to #18a. This includes patients ages 0-4, 5-11, and 12-17 years old admitted to any inpatient bed, regardless of whether the bed is designated as pediatric vs. adult. This field is required as of 2/2/2022.

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
					See **Appendix D** for the definition of laboratory-confirmed COVID-19.
19		**Optional**	Weekly, for All days in previous week	Previous day's Emergency Department (ED) Visits	Enter the total number of patient visits to the ED who were seen on the previous calendar day regardless of reason for visit. Include all patients who are triaged even if they leave before being seen by a provider.
20		**Optional**	Weekly, for All days in previous week	Previous day's total COVID-19- related ED visits (Subset)	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to suspected or laboratory-confirmed COVID-19. Do not count patients who receive a COVID-19 test solely for screening purposes in the absence of COVID-19 symptoms. "Suspected" is defined as a person who is being managed as though he/she has COVID-19 because of signs and symptoms suggestive of COVID-19 but does not have a laboratory-positive COVID-19 test result. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
21		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's remdesivir used)*			
22		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Current inventory of remdesivir)*			
23		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Critical staffing shortage today (Y/N)*			
24		Optional	Weekly[+], for Wednesday	Critical staffing shortage anticipated within a week (Y/N)	Enter Y if you anticipate a critical staffing shortage within a week. Enter N if you do not anticipate a staffing shortage within a week. If you do not report

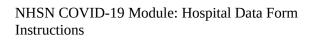| ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
			collection date		this value, the default is N. If you have a shortage, report Y until the shortage is resolved. Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.
25		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Additional details)*			
Supplies *Note: Supply reporting is **NOT** intended to replace request for resources processes.*					
26		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Are your PPE supply items managed at the facility level or centrally)*			
27	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (On hand Ventilator Supplies)*			
	b.	**Required**	Weekly[+] ,for Wednesday collection date	On hand supply duration in days: **N95 respirators**	Provide calculated range of days of supply in stock for each PPE category. For supply categories that may have varying quantities or days on hand, report the days on hand for the item that has the lowest stock on hand. • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days Calculations may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
	c.	**Required**	Weekly[+] , for Wednesday collection date	On hand supply duration in days: **Surgical and procedure masks**	
	d.	**Required**	Weekly[+] , for Wednesday collection date	On hand supply duration in days: **Eye protection including face shields and goggles**	
	e.	**Required**	Weekly[+] , for Wednesday collection date	On hand supply duration in days: **Single-use gowns**	
	f.	**Required**	Weekly[+] , for Wednesday collection date	On hand supply duration in days: **Exam gloves (sterile and non-sterile)**	
28	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, n95 respirators)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, other respirators)*			

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, surgical and procedural masks)*			
	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, eye protection)*			
	e.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, single use gowns)*			
	f.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, launderable gowns)*			
	g.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Eaches, exam gloves)*			
29	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to obtain, ventilator supplies)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to obtain, ventilator medications)*			
	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to obtain, n95s)*			
	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to obtain, other respirators)*			
	e.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to obtain, surgical and procedural masks)*			
	f.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to Obtain, eye protection)*			
	g.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to Obtain, single use gowns)*			
	h.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to Obtain, exam gloves)*			
	i.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Able to maintain supply of launderable gowns)*			
30	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, ventilator supplies)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, ventilator medications)*			

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
	c.	**Required**	Weekly[+], for Wednesday collection date in previous week	Are you able to maintain at least a 3-day supply of **N95 respirators**?	(Y, N, N/A) Enter Y if your facility is able to maintain at least a 3-day supply of N95 respirators. Enter N if your facility is not able to maintain at least a 3-day supply of N95 respirators. Enter N/A if N95 respirators are not relevant at your facility.
	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, other respirators)*			
	e.	**Required**	Weekly[+], for Wednesday collection date in previous week	Are you able to maintain at least a 3-day supply of **surgical and procedural masks**?	(Y, N, N/A) Enter Y for each supply type for which your facility is able to maintain at least a 3-day supply. Enter N for those supply types your facility is not able to maintain at least a 3-day supply. Enter N/A for each supply type that is not relevant at your facility.
	f.	**Required**	Weekly[+], for Wednesday collection date in previous week	Are you able to maintain at least a 3-day supply of **eye protection including face shields and goggles**?	
	g.	**Required**	Weekly[+], for Wednesday collection	Are you able to maintain at least a 3-day supply of **single-use gowns**?	

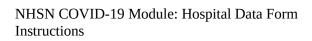| ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
			date in previous week		
	h.	**Required**	Weekly[+], for Wednesday collection date in previous week	Are you able to maintain at least a 3-day supply of **exam gloves**?	
	i.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, nasal pharyngeal swabs)*			
	j.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, nasal swabs)*			
	k.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, viral transport media)*			
31	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse gowns)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse PAPRS)*			
	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse n95)*			
32	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Additional details)*				
33		**Required**	Weekly, for all days in the previous week in	Total hospitalized patients with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza virus infection. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
			previous week		surge/expansion, ICU, NICU, PICU, newborn and nursery. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.
33	a.	**Optional**		Hospitalized adult patients with laboratory-confirmed influenza virus infection	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed influenza. Include those in observation beds. Include patients who have laboratory-confirmed RSV and/or COVID-19 and/or laboratory-confirmed influenza in this field (coinfections).
33	b.	**Optional**		Hospitalized pediatric patients with laboratory-confirmed influenza virus infection	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who have laboratory-confirmed influenza. Include those in observation beds. Include patients who have laboratory-confirmed RSV and/or COVID-19 and/or laboratory-confirmed influenza in this field (coinfections).
34		**Required**	Weekly, for all days in the previous week in previous week	Previous day's admissions with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.

34	a.	**Optional**		Previous day's adult admissions with laboratory-confirmed influenza virus infection	Enter the total number of adult patients (age 18 and older) who were admitted to an adult inpatient bed on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU.
34	b.	**Optional**		Previous day's pediatric admissions with laboratory-confirmed influenza virus infection	Enter the number of pediatric patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission.
35		**Required**	Weekly, for all days in the previous week in previous week	Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza virus infection. This is a subset of #33—this value should not exceed the value in #33. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.
35	a.	**Optional**		Hospitalized ICU adult laboratory-confirmed influenza patients	Enter the number of patients currently hospitalized in an adult ICU bed who have laboratory-confirmed influenza. Include patients who have laboratory-confirmed RSV and/or COVID-19, and/or laboratory-confirmed influenza in this field (coinfections).

35	b.	**Optional**		Hospitalized ICU pediatric laboratory-confirmed influenza patients	Enter the total number of pediatric ICU beds occupied by laboratory confirmed influenza patients.
36		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Total hospitalized patients co- infected with both laboratory-confirmed COVID-19 and laboratory-confirmed influenza virus infection)*			
37		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's influenza deaths (laboratory-confirmed influenza virus infection)*			
38		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus)*			
		Therapeutics			

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
As of November 2, 2022, therapeutic data are reported to the Healthcare Provider Ordering Portal (HPOP) system,. This change consolidated therapeutic reporting for all products and ordering in one location. Please note, the data elements and/or reporting cadence may be adjusted based on therapeutic team needs. Please follow HPOP reporting guidance starting November 2, 2022. Prior to November 2, 2022, the therapeutic data elements were required for reporting to the Unified Hospital Data Surveillance System once weekly on Wednesdays.
39	a.	*This field was moved to HPOP on November 2, 2022. (Therapeutic A, Casirivimab/Imdevimab, Courses on Hand)*			
39	b.	*This field was moved to HPOP on November 2, 2022. (Therapeutic A, Casirivimab/Imdevimab, Courses Administered in Last Week)*			
39	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Therapeutic B On Hand)*			
39	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Therapeutic B Courses Administered)*			
40	a.	*This field was moved to HPOP on November 2, 2022. (Therapeutic C, Bamlanivimab/Etsevimab), Courses on Hand)*			
40	b.	*This field was moved to HPOP on November 2, 2022. (Therapeutic C, Bamlanivimab/Etsevimab, Courses Administered in Last Week)*			
40	c.	*This field was moved to HPOP on November 2, 2022. (Therapeutic D, Sotrovimab, Courses on Hand)*			
40	d.	*This field was moved to HPOP on November 2, 2022. (Therapeutic D, Sotrovimab, Courses Administered in Last Week)*			
**Therapeutic Placeholders** *As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*
40	e.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	f.	*As of August 10, 2022, therapeutic placeholders are being made inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	g.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	h.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	i.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	j.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	k.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	l.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
40	m.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	n.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	o.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			
40	p.	*As of August 10, 2022, therapeutic placeholders are inactive due to all therapeutic reporting being moved into HPOP on November 2, 2022.*			

Healthcare Worker Vaccination

As of August 10, 2022, healthcare worker vaccination fields are federally inactive within the Unified Hospital Data Surveillance System. As a reminder, CMS rule CMS-1752-F and CMS-1762-F requires hospital worker vaccination rates to be reported on a regular basis into the National Healthcare Safety Network (NHSN) as a quality measure beginning on October 1, 2021. NHSN has provided additional information and resources on the measures being collected. **The below vaccination data elements below are inactive for federal collection and do NOT meet the requirements of the CMS rule.**

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
41		*This field is inactive for COVID-19 hospital data collection in the NHSN Patient Safety Component, COVID-19 Hospital Data Module. Please ensure complete reporting to NHSN Healthcare Personnel Safety Component per CMS guidance.*			
42		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Current healthcare personnel, no COVID-19 vaccine doses)*			
43		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Current healthcare personnel, first COVID-19 vaccine dose)*			
44		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Current healthcare personnel, completed COVID-19 vaccine series)*			
45		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Total current healthcare personnel)*			
46		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Patient, first COVID-19 vaccine dose)*			

ID	Sub ID	Required/Optional	Reporting Cadence	Information Needed	Description
47		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (Patient, completed COVID-19 vaccine series)*			
48	a.	**Optional**		Previous day's adult admissions with laboratory-confirmed RSV	Enter the total number of adult patients (age 18 and older) who were admitted to an adult inpatient bed on the previous calendar day who had laboratory-confirmed RSV infection at the time of admission. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU.
48	b.	**Optional**		Previous day's pediatric admissions with laboratory-confirmed RSV	Enter the number of pediatric patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had laboratory-confirmed RSV at the time of admission.

49	a.	**Optional**		Hospitalized adult laboratory-confirmed RSV patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed RSV. Include those in observation beds. Include patients who have laboratory-confirmed RSV and/or COVID-19 and/or laboratory-confirmed influenza in this field (coinfections).
49	b.	**Optional**		Hospitalized pediatric laboratory-confirmed RSV patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who have laboratory-confirmed RSV. Include those in observation beds. Include patients who have laboratory-confirmed RSV and/or COVID-19 and/or laboratory-confirmed influenza in this field (coinfections).
50	a.	**Optional**		Hospitalized ICU adult laboratory-confirmed RSV patients	Patients currently hospitalized in an adult ICU bed who have laboratory-confirmed RSV. Include patients who have laboratory-confirmed RSV and/or COVID-19, and/or laboratory-confirmed influenza in this field (coinfections).

50	b.	**Optional**		Hospitalized ICU pediatric laboratory-confirmed RSV patients	Total number of pediatric ICU beds occupied by laboratory confirmed positive RSV patients.

* indicates information should be provided daily for each day in the previous week, NOT aggregated to weekly values

+indicates information should be provided once a week on Wednesdays

† Posted COVID-19 Hospital Data element table accessible from https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf