

## COVID-19 Hospital Data Form

\*Required for submission

Entering Data For			
Facility Information			
1	a.	Facility Name*	
	h.	HHS ID*	
	b.	CCN*	
		AHA ID	
	c.	NHSN Org ID*	
		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 <a href="#">HHS Guidance &amp; FAQ</a>.</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 <b>mandatory</b> unless otherwise noted in the <a href="#">HHS Guidance &amp; FAQ</a>.</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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3b. Adult hospital inpatient beds*	4b. Adult hospital inpatient bed occupancy*	5b. Adult ICU beds*	6b. Adult ICU bed occupancy*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3c. All inpatient pediatric beds *	4c. Pediatric inpatient bed occupancy*	5c. Pediatric ICU beds*	6c. Pediatric ICU bed occupancy*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Hospitalizations		
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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients*
		<input style="width: 95%;" type="text"/>

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 90 minutes, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC Rev (R11.6 – 10/21/2023)

## COVID-19 Hospital Data Form

### Previous Day's Admissions

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

Previous Day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket:	Previous Day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age bracket:	
17a. Total adult*	18a. Total pediatric*	
<input type="text"/>	<input type="text"/>	
18-19	0-4	
<input type="text"/>	<input type="text"/>	
20-29	5-11	
<input type="text"/>	<input type="text"/>	
30-39	12-17	
<input type="text"/>	<input type="text"/>	
40-49	Unknown	
<input type="text"/>	<input type="text"/>	
50-59		
<input type="text"/>		
60-69		
<input type="text"/>		
70-79		
<input type="text"/>		
80+		
<input type="text"/>		
Unknown		
<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"/>
27f. Exam gloves (sterile and non-sterile)*	30h. Exam gloves*
<input type="text"/>	<input type="text"/>

### Influenza

33. Total hospitalized patients with laboratory-confirmed influenza virus	34. Previous day's influenza admissions (laboratory-confirmed influenza virus)	35. Total hospitalized ICU patients with laboratory-confirmed influenza virus
<input type="text"/>	<input type="text"/>	<input type="text"/>

## COVID-19 Hospital Data Form

infection*	infection) *	infection*

### Optional – Respiratory Pathogens

The below fields are optional for the federal data collection. Hospitals are not required 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.*

Influenza			
33a. Hospitalized adult patients with laboratory-confirmed influenza virus infection	34a. Previous day's adult admissions with laboratory-confirmed influenza virus infection	35a. Hospitalized ICU adult laboratory-confirmed influenza patients	
33b. Hospitalized pediatric patients with laboratory-confirmed influenza virus infection	34b. Previous day's pediatric admissions with laboratory-confirmed influenza virus infection	35b. Hospitalized ICU pediatric laboratory-confirmed influenza patients	

RSV			
48a. Previous day's adult admissions with laboratory-confirmed RSV	49a. Hospitalized adult laboratory-confirmed RSV patients	50a. Hospitalized ICU adult laboratory-confirmed RSV patients	
48b. Previous day's pediatric admissions with laboratory-confirmed RSV	49b. Hospitalized pediatric laboratory-confirmed RSV patients	50b. Hospitalized ICU pediatric laboratory-confirmed RSV patients	

### Optional

The below fields have been made optional 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.*

## COVID-19 Hospital Data Form

Hospitalizations			
<b>9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients</b>	<b>10a. Total hospitalized pediatric suspected or laboratory confirmed COVID-19 patients</b>	<b>11. Hospitalized and ventilated COVID-19 patients</b>	<b>12a Total ICU adult suspected or laboratory-confirmed COVID-19 patients</b>

Previous Day's Admissions		
<b>Previous Day's adult admissions with suspected COVID-19 and breakdown by age bracket:</b>	<b>Previous Day's pediatric admissions with suspected COVID-19:</b>	
<b>17b. Total adult</b>	<b>18b. Total pediatric</b>	
18-19		
20-29		
30-39		
40-49		
50-59		
60-69		
70-79		
80+		
Unknown		

Emergency Department	
<b>19. Previous day's ED Visits</b>	<b>20. Previous day's total COVID-19- related ED visits</b>

Staff
Note: Field 24 will always default to "No" for a new submission.
<b>24. Critical staffing shortage anticipated within a week (Y/N)</b>

## COVID-19 Hospital Data Form

### 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	<input type="text"/>
2b. All adult hospital beds	<input type="text"/>

#### Ventilators

7. Total mechanical ventilators	8. Mechanical ventilators in use
<input type="text"/>	<input type="text"/>

#### Hospitalizations

13. Hospital onset	<input type="text"/>
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#### ED/Overflow

14. ED/overflow	15. ED/overflow and ventilated
<input type="text"/>	<input type="text"/>

#### Previous Day's COVID-19 Deaths

16. Previous Day's COVID-19 Deaths	<input type="text"/>
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#### Therapeutics

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

##### Remdesivir

21. Previous day's Remdesivir used (Optional)	<input type="text"/>
22. Current inventory (Optional)	<input type="text"/>

##### Bamlanivimab (Therapeutic B)

39c. Current inventory on hand (in courses) (Optional)	<input type="text"/>
39d. Courses used in the last week (Optional)	<input type="text"/>

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

39a. Current inventory on hand (in course)*	<input type="text"/>
39b. Courses used in the last week*	<input type="text"/>

##### Bamlanivimab and Etesevimab (Therapeutic C)

40a. Current inventory on hand (in course)*	<input type="text"/>
40b. Courses used in the last week*	<input type="text"/>

##### Sotrovimab (Therapeutic D)

40c. Current inventory on hand (in course)*	<input type="text"/>
40d. Courses used in the last week*	<input type="text"/>

⚠ 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.

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### 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> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>27a. Ventilator supplies</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>28a. N95 respirators (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28b. Other respirators such as PAPRs or elastomers (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28c. Surgical and procedure masks (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28d. Eye protection including face shields and goggles (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28e. Single-use gowns (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28f. Launderable gowns (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>28g. Exam gloves (single) (Optional)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>29a. Ventilator supplies (any supplies excluding medications)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29b. Ventilator medications</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29c. N95 Respirators</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29d. Other respirators such as PAPRs or elastomers</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29e. Surgical and procedure masks</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29f. Eye protection including face shields and goggles</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29g. Single-use gowns</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29h. Exam gloves</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>29i. Are you able to maintain a supply of launderable gowns?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

## 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)
<input type="text"/>
30b Ventilator medications
<input type="text"/>
30d. Other respirators such as PAPRS or elastomerics
<input type="text"/>
30i. Laboratory - nasal pharyngeal swabs
<input type="text"/>
30j. Laboratory - nasal swabs
<input type="text"/>
30k. Laboratory - viral transport media
<input type="text"/>

31a. Reusable/laundryable isolation gowns
<input type="text"/>
31b. PAPRS or elastomerics
<input type="text"/>
31c. N95 respirators
<input type="text"/>

### 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)