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*	

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.

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.

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.

Staffed Bed Capacity

3a. All hospital inpatient beds*	4a. All hospital inpatient bed occupancy*	5a. ICU beds*	6a. ICU bed occupancy*
3b. Adult hospital inpatient beds*	4b. Adult hospital inpatient bed occupancy*	5b. Adult ICU beds*	6b. Adult ICU bed occupancy*
3c. All inpatient pediatric beds *	4c. Pediatric inpatient bed occupancy*	5c. Pediatric ICU beds*	6c. Pediatric ICU bed occupancy*

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*
		12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients*

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)).

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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:

17a. Total adult*

18-19

20-29

30-39

40-49

50-59

60-69

70-79

80+

Unknown

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

18a. Total pediatric*

0-4

5-11

12-17

Unknown

PPE

27b. N95 respirators*

27c. Surgical and procedure masks*

27d. Eye protection including face shields and goggles*

27e. Single-use gowns*

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

30c. N95 respirators*

30e. Surgical and procedure masks*

30f. Eye protection including face shields and goggles*

30g. Single-use gowns*

30h. Exam gloves*

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

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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.

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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

Previous Day's Admissions

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

Emergency Department

19. Previous day's ED Visits	20. Previous day's total COVID-19- related ED visits

Staff

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

24. Critical staffing shortage anticipated within a week (Y/N)

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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

2b. All adult hospital beds

Ventilators

7. Total mechanical ventilators

8. Mechanical ventilators in use

Hospitalizations

13. Hospital onset

ED/Overflow

14. ED/overflow

15. ED/overflow and ventilated

Previous Day's COVID-19 Deaths

16. Previous Day's COVID-19 Deaths

Therapeutics

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

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)

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

39a. Current inventory on hand (in course)*

39b. Courses used in the last week*

Bamlanivimab and Etesevimab (Therapeutic C)

40a. Current inventory on hand (in course)*

40b. Courses used in the last week*

Sotrovimab (Therapeutic D)

40c. Current inventory on hand (in course)*

40d. Courses used in the last week*

⚠ *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

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)?

27. On hand supply (DURATION IN DAYS):

27a. Ventilator supplies

28. On hand supply (INDIVIDUAL UNITS/"EACHES") (Optional):

28a. N95 respirators (Optional)

28b. Other respirators such as PAPRs or elastomerics (Optional)

28c. Surgical and procedure masks (Optional)

28d. Eye protection including face shields and goggles (Optional)

28e. Single-use gowns (Optional)

28f. Launderable gowns (Optional)

28g. Exam gloves (single) (Optional)

29. Are you able to obtain these items?

29a. Ventilator supplies (any supplies excluding medications)

29b. Ventilator medications

29c. N95 Respirators

29d. Other respirators such as PAPRs or elastomerics

29e. Surgical and procedure masks

29f. Eye protection including face shields and goggles

29g. Single-use gowns

29h. Exam gloves

29i. Are you able to maintain a supply of launderable gowns?

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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)

30a. Ventilator supplies (any supplies excluding medications)

30b Ventilator medications

30d. Other respirators such as PAPRS or elastomerics

30i. Laboratory - nasal pharyngeal swabs

30j. Laboratory - nasal swabs

30k. Laboratory - viral transport media

31a. Reusable/launderable isolation gowns

31b. PAPRs or elastomerics

31c. N95 respirators

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)

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)