

Each change and associated burden are described below.

COVID-19 Hospital Data Form

The COVID-19 Hospital Data Form currently collects data elements to help the Federal government understand health care system stress, capacity, capabilities, and the number of patients hospitalized due to COVID-19. Data elements may be required or optional and may be associated with a specific cadence. All current data elements will remain on the form with the addition of optional data elements regarding RSV and influenza. Detailed information and the breakdown and descriptions of current required, optional, and federally inactive data elements can be found in the COVID-19 Guidance for Hospital Reporting and FAQs for Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>

The COVID-19 pandemic has underscored the public health threat of respiratory pathogens and highlighted the need for comprehensive, real-time data for prevention and response purposes. Since March 29, 2020, the U.S. government has been collecting data from hospitals and states to understand health care system stress, capacity, capabilities, and the number of patients hospitalized due to COVID-19, and since December 15, 2022, this data has been reported to NHSN.

The proposed changes will expand the data collection form to include optional data fields for reporting adult and pediatric Influenza and Respiratory Syncytial Virus Infection (RSV) new admissions, hospitalized patients, and hospitalized ICU patients. Seasonal Influenza and Respiratory Syncytial Virus Infection (RSV) can result in substantial burden on hospitals. The addition of these optional data fields can be used to improve situational awareness of severe respiratory illness, make forecasts, help direct resources to address the potential increased impact of flu, COVID-19, and RSV co-circulation and inform guidance and recommendations for public health professionals, clinicians, and the general public. Understanding influenza and RSV hospitalizations and admissions can also help to understand potential strains on the PPE supply chain.

Breakdown of data between adult and pediatric populations are used to understand drivers of hospitalizations rates and monitor changes in hospitalization rates among different populations. Adult and pediatric influenza admission, hospitalizations, and ICU hospitalizations data during respiratory virus surges are used to monitor and take action related to hospital bed availability, especially related to pediatric bed and pediatric ICU availability. These data provide a high degree of utility during hospital occupancy surges.

Time Burden: estimated average of 90 minutes to complete the form

Change in Time Burden: Burden increased by 18 minutes

Justification for changes:

All CMS-certified acute care facilities are required to enter COVID-19 data into the NHSN user application. The suggested changes to the Hospital COVID-19 Data Collection Form to add the optional influenza and RSV questions will easily highlight to users that the additional influenza and RSV questions are optional for hospitals, as well as reduce confusion regarding reporting requirements. Facilities can choose which weeks or days they would like to report these data, they are not required to commit to optionally report on a specified cadence/frequency.

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
COVID-19 Hospital Data Form				
	<p>New Field: 33a. Hospitalized adult patients with laboratory-confirmed influenza virus infection</p> <p>Field description: 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).</p>	Add	Provide reporting option for adult population data for current reporting field 33. Total hospitalized patients with laboratory-confirmed influenza virus infection	Increase
	<p>New Field: 33b. Hospitalized pediatric patients with laboratory-confirmed influenza virus infection</p> <p>Field description: 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).</p>	Add	Provide reporting option for pediatric population data for current reporting field 33. Total hospitalized patients with laboratory-confirmed influenza virus infection	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>New Field: 34a. Previous day’s adult admissions with laboratory-confirmed influenza virus infection</p> <p>Field description: 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.</p>	Add	Provide reporting option for adult population data for current reporting field 34. Previous day’s admissions with laboratory-confirmed influenza virus infection	Increase
	<p>New Field: 34b. Previous day’s pediatric admissions with laboratory-confirmed influenza virus infection</p> <p>Field description: 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.</p>	Add	Provide reporting option for pediatric population data for current reporting field 34. Previous day’s admissions with laboratory-confirmed influenza virus infection	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>New Field: 35a. Hospitalized ICU adult laboratory-confirmed influenza patients</p> <p>Field description: 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).</p>	Add	Provide reporting option for adult population data for current reporting field 35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	Increase
	<p>New Field: 35b. Hospitalized ICU pediatric laboratory-confirmed influenza patients</p> <p>Field description: Total number of pediatric ICU beds occupied by laboratory confirmed influenza patients.</p>	Add	Provide reporting option for pediatric population data for current reporting field 35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>New Field: 48a. Previous day’s adult admissions with laboratory-confirmed RSV</p> <p>Field description: 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.</p>	Add	Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase
	<p>New Field: 48b. Previous day’s pediatric admissions with laboratory-confirmed RSV</p> <p>Field description: 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.</p>	Add	Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>New Field: 49a. Hospitalized adult laboratory-confirmed RSV patients</p> <p>Field description: 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).</p>	Add	Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase
	<p>New Field: 49b. Hospitalized pediatric laboratory-confirmed RSV patients</p> <p>Field description: 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).</p>	Add	Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>New Field: 50a. Hospitalized ICU adult laboratory-confirmed RSV patients</p> <p>Field description: 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).</p>	Add	Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase
	<p>New Field: 50b. Hospitalized ICU pediatric laboratory-confirmed RSV patients</p> <p>Field description: Total number of pediatric ICU beds occupied by laboratory confirmed positive RSV patients.</p>		Provide reporting option for RSV in preparation for seasonal respiratory virus surges.	Increase

Note:

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Impact to Burden: Yes = reduction or increase (if increase, please summarize impact), None.

Note: Font in red will not be present on the form. It is being provided to add clarity to the proposed changes.

Burden Table

Form Number & Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (Min./Hour)	Total Burden (Hours)
COVID-19 Hospital Data Form Hospitals (excluding Psychiatric and Rehabilitation Facilities)	5200	365	90/60	2,847,000
COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities)	870	1	90/60	1,305