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COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting

Updated: January 6, 2022

Implementation Dates:

Therapeutic D Required: January 19, 2022

Pediatric and Influenza Fields Required: February 2, 2022

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. As the COVID-19 response continues to evolve, Federal needs for data are also evolving. In an effort to reduce burden while maximizing efficiency, the Federal government launched a data re-evaluation process, including input from stakeholders, to determine COVID-19 hospital data collection needs. This guidance is the product of the data re-evaluation effort.

All data collected is driven by two core principles: 1) the data must drive action and/or 2) the data must serve as a surveillance indicator for U.S. health care system stress, capacity, capability, and/or patient safety. Significant consideration was also given to align with state, tribal, local, and territorial (STLT) needs wherever possible, and to minimize system changes and/or disruptions.

The following details the data elements, cadence, and how the data are being used in the federal response. **Appendix A** includes a change log for comparison to previous hospital reporting guidance.

Who is responsible for reporting, and when is reporting required?

Hospitals are responsible for reporting the information to the Federal government. Facilities should report at the individual hospital level, even if hospitals share a Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

We recognize that some health care systems choose to report for all facilities in their network from a central corporate location.

We also recognize that many states currently collect this information from the hospitals. Therefore, hospitals may be relieved from reporting directly to the Federal government if they receive a written release from the state indicating that the state is certified and will collect the data from the hospitals and take over the hospital's Federal reporting responsibilities. STLT partners may have unique reporting requirements either related to or independent of the Federal reporting requirements. Facilities are encouraged to work with their relevant STLT partners to ensure complete reporting.

To be considered "certified", states must first receive written certification from their Assistant Secretary for Preparedness and Response (ASPR) Regional Administrator affirming that the state has an established, functioning data reporting stream to the federal government that is delivering all of the information shown in the table below at the appropriate daily frequency. States that take over reporting must provide these data, regardless of whether they are seeking immediate federal assistance. States that are certified are listed on healthdata.gov.

Cadence and Facility Type

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. Psychiatric hospitals and rehabilitation hospitals report once weekly on Wednesday. **All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.**

For items that are reported one time per week, it is critical that the data are reported on Wednesday in order to be counted towards compliance requirements. This also applies to psychiatric and rehabilitation facilities that are only required to report once a week.

Facility Description	Reporting Cadence
Short-term Acute Care Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Medicaid Only Short-term Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Long-term Care Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Medicaid Only Long-term Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Critical Access Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Children’s Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Medicaid Only Children’s Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
General Hospitals (including acute, trauma, and teaching)	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Women’s Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Oncology Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Orthopedic Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Military Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Indian Health Service Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Veteran’s Administration Hospitals	Daily with weekends and holidays backdated where possible and pending further direction from their state or jurisdiction*
Distinct Part Psych Hospitals	Report on Wednesday only
Psychiatric Hospitals	Report on Wednesday only
Medicaid Only Psychiatric Hospitals	Report on Wednesday only
Rehabilitation Hospitals	Report on Wednesday only
Medicaid Only Rehabilitation Hospitals	Report on Wednesday only

*We recognize that STLT partners may have reporting requirements related to or independent of the Federal reporting requirements. Facilities are encouraged to work with relevant STLT partners to ensure complete

reporting for all partners. All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

Reporting Flexibilities

We recognize that reporting requires staffing resources and have implemented the following flexibilities.

All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

Holidays: Pending further direction of their state or jurisdiction, hospitals are not expected to report to the Federal government on holidays unless otherwise noted, however, are requested to report the data elements within 24 hours of the holiday, backdated to the appropriate date. All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

Weekends: Where possible and pending further direction of their state or jurisdiction, hospitals are not expected to report on weekends, however, are requested to report the data elements within 24 hours of the weekend, backdated to the appropriate date. All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

Emergencies: Hospitals experiencing additional natural and/or manmade disasters such as wildfires, hurricanes, cyber incidents, flooding, etc. are able to be placed on emergency suspense. Facilities placed in emergency suspense are not required to report COVID-19 data for the duration of the suspense. Backdated reporting is not required after the incident is resolved.

How to Report

Hospitals should report the information to the Federal government through one of the methods below¹. Options are provided to best meet facility needs. Facilities should report at the individual hospital level, even if hospitals share a CCN. To view the most recent templates, view the [Templates and Technical Materials page located on healthdata.gov](#). Additional information on the template crosswalk with the guidance is also available in **Appendix F**.

Method	Description
State Certification	If your state has assumed reporting responsibility, submit all data to your state each day and your state will submit on your behalf. Your state can provide you with a certification if they are authorized to submit on your behalf. States are able to submit data via any of the below mechanisms (submitting data to TeleTracking, centralized reporting system, and/or health IT vendors or another third-party).
Submit Data to TeleTracking	Submit data to TeleTracking. All instructions on the data submission are available on the TeleTracking Portal, located at https://teletracking.protect.hhs.gov . To become a user in the portal, respond to the validation email sent to your administrator, and visit the TeleTracking Portal following the instructions on how to become a user. Each facility is able to have up to four users for both data entry and visual access to aggregated data in the platform. Users will be validated by the platform.

¹ Note: Posting information publicly to hospital and/or hospital organization website using common data standards was previously provided as an option for submitting data. This option has been removed as it was not utilized.

Method	Description
Centralized System Reporting	Centralized reporting is available for entities reporting data on behalf of multiple facilities. If you are an individual hospital, hospital organization or state reporting many facilities, use this template for TeleTracking .
Share Information Directly with HHS through your Health IT Vendor or Other Third-Party	Individual hospitals and/or hospital organizations may provide authorization to a third-party vendor for Health IT, emergency management, situational awareness, and/or other provider for sharing data directly with HHS on behalf of the facility.

Troubleshooting & Operational Status Changes

Hospitals with name changes and/or changes in operational status should contact their state public health department or contact the HHS Protect Service Desk (Protect-ServiceDesk@hhs.gov) for Federal COVID-19 reporting purposes. Newly established hospitals and/or hospitals with new ownership are granted a 30-day reporting exemption to establish reporting mechanisms and protocols.

Hospitals that encounter reporting challenges or have questions should contact the HHS Protect Service Desk (Protect-ServiceDesk@hhs.gov).

Data Elements

The following data elements 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 have a specific cadence associated. The purpose of each data element and how it informs the Federal response is in **Appendix B**.

Required Data Elements: These data elements are requested from facilities to ensure a complete data submission. Any associated Federal compliance is evaluated on required data elements only. Some data elements are requested at each reporting interval (i.e. daily), while others are requested weekly.

Optional Data Elements: Hospital reporting on these fields is determined at a jurisdiction and/or facility level. Hospitals are asked to follow the direction of their STLT government on reporting these fields, otherwise reporting is at the discretion of the facility for the purposes of federal reporting.² These data elements are helpful to the federal response, and may be used for additional analysis and planning purposes.

Federally Inactive Data Elements: These data elements have been made inactive for the federal data collection and are no longer required at the federal level. Hospitals are asked to follow the direction of their STLT government on reporting these fields, as some jurisdictions may choose to keep certain data elements as part of the collection based on their needs. *Note: Hospitals are able to continue reporting data on these fields- the fields are **not** being removed from templates.*

Daily Data Elements: Hospitals are requested to provide information on these data elements on a daily basis, however, hospitals are encouraged to back-date weekend and holiday data.

² We recognize that STLT partners may have reporting requirements related to or independent of the Federal reporting requirements. Facilities are encouraged to work with relevant STLT partners to ensure complete reporting for all partners.

Weekly Data Elements: Hospitals are requested to provide information on these data elements once per week on Wednesdays. Weekly data elements must be provided on Wednesday to be counted towards compliance requirements. If a holiday falls on a Wednesday, data may be reported on the next business day.

The data elements are listed in the table below by data field ID number and grouped by category: Metadata, Capacity, Supply, Influenza, Therapeutic, Therapeutic Placeholder, and Healthcare Worker Vaccination. The data element description, whether the field is required or optional, and the requested cadence are indicated. A list of data elements grouped by cadence and whether they are required or optional is available in **Appendix C**.

Changes to data elements are also indicated throughout the document where appropriate, in addition to the change log in **Appendix A**.

- **New data elements** as of this January 6, 2022 guidance are marked as **[NEW]** in the required/optional column, and the information needed column. New data elements are also highlighted within the table in blue.
- **Data elements with changes to whether they are optional or required** as of this January 6, 2022 guidance are marked as **[CHANGED]** in the required/optional column.
- **Data elements with changes to cadence** as of this January 6, 2022 guidance are marked as **[CHANGED]** in the cadence column.
- **Data elements that have been made inactive for the federal data collection** as of this January 6, 2022 guidance are noted with text across all columns indicating they have been made federally inactive, with a brief version of the field name included in parenthesis for reference. Data elements that are inactive for the federal data collection are also highlighted in italics and in gray.

The purpose of each data element is available in **Appendix B**.

Additional details on the data elements are available in **Appendix D**. A visual representation of related capacity and occupancy fields is available in **Appendix E**.

Data Element Table

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
Metadata³					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
1	a.	Required	Daily*	Hospital Name	Name of hospital
	b.	Required	Daily*	CCN	Hospital CMS Certification Number (CCN)
	c.	Optional	Daily*	NHSN Org ID	The NHSN-assigned facility ID
	d.	Required	Daily*	State	State where the hospital is located
	e.	Required	Daily*	County	County where the hospital is located
	f.	Required	Daily*	ZIP	ZIP where the hospital is located
	g.	Optional	Daily*	TeleTracking ID	The identifier assigned by TeleTracking
	h.	[NEW] Optional	Daily*	[NEW] 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, and Admissions					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
2	a.	<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. (All hospital beds)</i>			
	b.	<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. (All adult hospital beds)</i>			
3	a.	Required	Daily*	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

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

Capacity, Occupancy, Hospitalizations, and Admissions

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					a patient, regardless of whether they are occupied or available.
	b.	Required	Daily*	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 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.	[NEW] Required	Daily*	[NEW] 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	Daily*	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	Daily*	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.	[NEW] Required	Daily*	[NEW] 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).

Capacity, Occupancy, Hospitalizations, and Admissions					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					Include any occupied surge/hallway/overflow beds that are open for use. This count excludes NICU, newborn nursery, and outpatient surgery beds. 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	Daily*	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	Daily*	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.	[NEW] Required	Daily*	[NEW] 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,

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

Capacity, Occupancy, Hospitalizations, and Admissions

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					including any ICU beds that are, or could be, staffed and used for a pediatric patient. This count excludes NICU, newborn nursery, and outpatient surgery beds. 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	Daily*	ICU bed occupancy (Subset)	Total number of staffed ICU beds that are occupied. This is a subset of #4a.
	b.	Required	Daily*	Adult ICU bed occupancy (Subset)	Total number of staffed adult ICU beds that are occupied. This is a subset of #4b and #6a.
	c.	[NEW] Required	Daily*	[NEW] 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. 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.
7		<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. (Total mechanical ventilators)</i>			
8		<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. (Mechanical ventilators in use)</i>			
9	a.	Required	Daily*	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.

Capacity, Occupancy, Hospitalizations, and Admissions

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					See Appendix D for the definition of laboratory-confirmed COVID-19.
	b.	Required	Daily*	Hospitalized adult laboratory-confirmed COVID-19 patients	<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
10	a.	Required	Daily*	Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients	<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
	b.	Required	Daily*	Hospitalized pediatric laboratory-confirmed COVID-19 patients	<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
11		Required	Daily*	Hospitalized and ventilated COVID-19 patients	<p>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</p>

Capacity, Occupancy, Hospitalizations, and Admissions

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					uses BiPAP to deliver positive pressure ventilation via artificial airways.
12	a.	Required	Daily*	Total ICU adult suspected or laboratory-confirmed COVID-19 patients	<p>Patients currently hospitalized in a designated adult ICU bed who have suspected or laboratory-confirmed COVID-19.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
	b.	Required	Daily*	Hospitalized ICU adult laboratory-confirmed COVID-19 patients	<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
	c.	[NEW] Required	Daily*	[NEW] Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients	<p>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. This field is required as of 2/2/2022.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
13		Required	Daily*	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.

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ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
14		<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. (ED/overflow)</i>			
15		<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. (ED/overflow and ventilated)</i>			
16		<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. (Previous day's COVID-19 deaths)</i>			
17	a.	Required	Daily*	Previous day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket: <ul style="list-style-type: none"> • 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.	Required	Daily*	Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: <ul style="list-style-type: none"> • 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 suspected COVID-19 at the time of admission. This is a subset of #9a.
18	a.	Required	Daily*	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

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ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
	b.	Required	Daily*	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.	[NEW] Required	Daily*	<p>[NEW] Previous day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age group:</p> <ul style="list-style-type: none"> • 0-4 • 5-11 • 12-17 • Unknown 	<p>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.</p> <p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
19		Required	Daily*	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.

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ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
20		Required	Daily*	Previous day’s total COVID-19- related ED visits (Subset)	<p>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.</p> <p>“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.</p> <p>See Appendix D for the definition of laboratory-confirmed COVID-19.</p>
21		<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. (Previous day’s remdesivir used)</i>			
22		<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. (Current inventory of remdesivir)</i>			
23		<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. (Critical staffing shortage today (Y/N))</i>			
24		Optional	[CHANGE] Weekly ⁺	Critical staffing shortage anticipated within a week (Y/N)	<p>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 this value, the default is N. If you have a shortage, report Y until the shortage is resolved.</p> <p>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.</p>

Capacity, Occupancy, Hospitalizations, and Admissions

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
25		<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. (Additional details)</i>			

Supplies

*Note: Supply reporting is **NOT** intended to replace request for resources processes.*

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
26		<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. (Are your PPE supply items managed at the facility level or centrally)</i>			
27	a.	<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. (On hand Ventilator Supplies)</i>			
	b.	Required	Weekly ⁺	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. <ul style="list-style-type: none"> • 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.
	c.	Required	Weekly ⁺	On hand supply duration in days: Surgical and procedure masks	
	d.	Required	Weekly ⁺	On hand supply duration in days: Eye protection including face shields and goggles	
	e.	Required	Weekly ⁺	On hand supply duration in days: Single-use gowns	
	f.	Required	Weekly ⁺	On hand supply duration in days: Exam gloves (sterile and non-sterile)	
28	a.	<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. (Eaches, n95 respirators)</i>			
	b.	<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. (Eaches, other respirators)</i>			
	c.	<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. (Eaches, surgical and procedural masks)</i>			

Supplies

Note: Supply reporting is NOT intended to replace request for resources processes.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	d.	<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. (Eaches, eye protection)</i>			
	e.	<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. (Eaches, single use gowns)</i>			
	f.	<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. (Eaches, launderable gowns)</i>			
	g.	<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. (Eaches, exam gloves)</i>			
29	a.	<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 obtain, ventilator supplies)</i>			
	b.	<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 obtain, ventilator medications)</i>			
	c.	<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 obtain, n95s)</i>			
	d.	<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 obtain, other respirators)</i>			
	e.	<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 obtain, surgical and procedural masks)</i>			
	f.	<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 Obtain, eye protection)</i>			
	g.	<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 Obtain, single use gowns)</i>			
	h.	<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 Obtain, exam gloves)</i>			
	i.	<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)</i>			
30	a.	<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, ventilator supplies)</i>			
	b.	<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, ventilator medications)</i>			
	c.	Required	Weekly ⁺	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

Supplies

Note: Supply reporting is NOT intended to replace request for resources processes.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					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.	<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, other respirators)</i>			
	e.	Required	Weekly ⁺	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 ⁺	Are you able to maintain at least a 3-day supply of eye protection including face shields and goggles ?	
	g.	Required	Weekly ⁺	Are you able to maintain at least a 3-day supply of single-use gowns ?	
	h.	Required	Weekly ⁺	Are you able to maintain at least a 3-day supply of exam gloves ?	
	i.	<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)</i>			
	j.	<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 swabs)</i>			
	k.	<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, viral transport media)</i>			
31	a.	<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. (Reuse gowns)</i>			
	b.	<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. (Reuse PAPRS)</i>			
	c.	<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. (Reuse n95)</i>			
32		<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. (Additional details)</i>			

Influenza

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
33		[CHANGE] Required	Daily*	Total hospitalized patients with laboratory-confirmed influenza virus infection	<p>Enter the total number of patients (adult and pediatric) currently hospitalized in an inpatient bed on the previous calendar day who have 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.</p> <p>See Appendix D for the definition of laboratory-confirmed influenza.</p>
34		[CHANGE] Required	Daily*	Previous day’s admissions with laboratory-confirmed influenza virus infection	<p>Enter the total number of patients (adult and pediatric) who were admitted to an inpatient bed who have laboratory-confirmed influenza virus infection. 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.</p> <p>See Appendix D for the definition of laboratory-confirmed influenza.</p>
35		[CHANGE] Required	Daily*	Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	<p>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.</p> <p>See Appendix D for the definition of laboratory-confirmed influenza.</p>
36		<p><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. (Total hospitalized patients co- infected with both laboratory-confirmed COVID-19 and laboratory-confirmed influenza virus infection)</i></p>			

Influenza					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
37					<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. (Previous day's influenza deaths (laboratory-confirmed influenza virus infection))</i>
38					<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. (Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus)</i>
Therapeutics					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
39	a.	Required	Weekly ⁺	Therapeutic A Courses on Hand	Enter the number of therapeutic A courses currently in inventory. This field has been designated as Casirivimab/Imdevimab and is required as of 1/8/2021. See Appendix D for additional information on therapeutic reporting.
	b.	Required	Weekly ⁺	Therapeutic A Courses Administered in Last Week	Enter the number of therapeutic A courses used in the previous week (preferred week: Wednesday-Tuesday) in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic. This field has been designated as Casirivimab/Imdevimab and is required as of 1/8/2021. See Appendix D for additional information on therapeutic reporting.
	c.				<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. (Therapeutic B On Hand)</i>
	d.				<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. (Therapeutic B Courses Administered)</i>
40	a.	Required	Weekly ⁺	Therapeutic C Courses on Hand	Enter the number of therapeutic C courses currently in inventory. This field has been designated as Bamlanivimab/Etsevimab and is required as of 4/07/2021. See Appendix D for additional information on therapeutic reporting.

Therapeutics					
ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	b.	Required	Weekly ⁺	Therapeutic C Courses Administered in Last Week	Enter the number of therapeutic C courses used in the previous week (preferred week: Wednesday-Tuesday) in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic. This field has been designated as Bamlanivimab/Etsevimab and is required as of 4/07/2021. See Appendix D for additional therapeutic reporting information.
	c.	[NEW] Required	Weekly ⁺	[NEW] Therapeutic D Courses on Hand	Enter the number of therapeutic D courses currently in inventory. This field has been designated as Sotrovimab and is required as of 1/19/2022. See Appendix D for additional therapeutic reporting information.
	d.	[NEW] Required	Weekly ⁺	[NEW] Therapeutic D Courses Administered in Last Week	Enter the number of therapeutic D courses used in the previous week (preferred week: Wednesday-Tuesday) in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic. This field has been designated as Sotrovimab and is required as of 1/19/2022. See Appendix D for additional therapeutic reporting information.

Therapeutic Placeholders

The following fields have been proactively added as placeholders to prepare for potential future therapeutics that require reporting from hospitals. Updates will be provided when new therapeutics need to be added to reporting. When a therapeutic is approved that needs to be reported, we will provide two weeks for hospitals to prepare before it becomes mandatory. Facilities should NOT report these fields until requested.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	e.	Placeholder	Placeholder	Therapeutic E Courses on Hand	Enter the number of therapeutic E courses currently in inventory.
	f.	Placeholder	Placeholder	Therapeutic E Courses Administered in Last Week	Enter the number of therapeutic E courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.

Therapeutic Placeholders

The following fields have been proactively added as placeholders to prepare for potential future therapeutics that require reporting from hospitals. Updates will be provided when new therapeutics need to be added to reporting. When a therapeutic is approved that needs to be reported, we will provide two weeks for hospitals to prepare before it becomes mandatory. Facilities should NOT report these fields until requested.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	g.	Placeholder	Placeholder	Therapeutic F Courses on Hand	Enter the number of therapeutic F courses currently in inventory.
	h.	Placeholder	Placeholder	Therapeutic F Courses Administered in Last Week	Enter the number of therapeutic F courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.
	i.	Placeholder	Placeholder	Therapeutic G Courses on Hand	Enter the number of therapeutic G courses currently in inventory.
	j.	Placeholder	Placeholder	Therapeutic G Courses Administered in Last Week	Enter the number of therapeutic G courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.
	k.	Placeholder	Placeholder	Therapeutic H Courses on Hand	Enter the number of therapeutic H courses currently in inventory.
	l.	Placeholder	Placeholder	Therapeutic H Courses Administered in Last Week	Enter the number of therapeutic H courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.
	m.	Placeholder	Placeholder	Therapeutic I Courses on Hand	Enter the number of therapeutic I courses currently in inventory.
	n.	Placeholder	Placeholder	Therapeutic I Courses Administered in Last Week	Enter the number of therapeutic I courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.
	o.	Placeholder	Placeholder	Therapeutic J Courses on Hand	Enter the number of therapeutic J courses currently in inventory.
	p.	Placeholder	Placeholder	Therapeutic J Courses Administered in Last Week	Enter the number of therapeutic J courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location such as an urgent care, infusion center, or outpatient clinic.

Healthcare Worker Vaccination

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 vaccination data elements below remain OPTIONAL and do NOT meet the requirements of the CMS rule.**

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
41		Optional	Weekly ⁺	Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine)	<p>For the previous week, enter the number of COVID-19 vaccination doses administered to any healthcare personnel in the previous week by your facility. Enter the count of all doses administered (first in a multi-series vaccine, second or final in a multi-series vaccine, or single-dose vaccine).</p> <p>For the first week of reporting, include all dose given up to that date.</p>
42		Optional	Weekly ⁺	Current healthcare personnel who have not received any COVID-19 vaccine doses	Enter the number of healthcare personnel serving your facility, who have not yet received any kind of vaccine dose (first in a multi-series, single-dose vaccine, etc.). This field is meant to represent personnel who have not had a single vaccine dose yet regardless of where the vaccine is administered. (your facility or elsewhere).
43		Optional	Weekly ⁺	Current healthcare personnel who have received the first dose in a multi-series of COVID-19 vaccination doses	Enter the current total number of healthcare personnel serving your facility, who have received the first dose of a multi-series COVID-19 vaccine, regardless of where the dose was administered (your facility or elsewhere). This field is meant to represent those who are partially vaccinated, defined as having begun but not completed the vaccination process. Do not include those who received a single-dose vaccine in this field or those who have received more than one dose or a completed multi-dose series.
44		Optional	Weekly ⁺	Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination	Enter the current total number of healthcare personnel serving your facility, who are fully vaccinated, defined as having received a completed series of a COVID-19 vaccination or a single-dose vaccination.

Healthcare Worker Vaccination

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ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					This field is meant to represent those who have completed the COVID-19 vaccination process, regardless of where it was administered (your facility or elsewhere) and regardless of how many doses are needed to complete the vaccination series.
45		Optional	Weekly ⁺	Total number of current healthcare personnel	Enter the current total number of healthcare personnel serving your facility. Healthcare personnel include all paid and unpaid persons serving in your healthcare setting who have the potential for direct or indirect exposure to patients or infectious materials.
46		Optional	Weekly ⁺	Previous week's number of patients and other non- healthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses	For the previous week, enter the number of patients and other non-healthcare personnel, defined as any person who is not a healthcare worker at your facility, who received the first dose in a multi-series of COVID-19 vaccination doses administered in your facility. The vaccination can occur for an inpatient, outpatient, or community clinic visitor if the doses were allocated to and administered by the facility. This field is meant to represent those who have begun but not completed the vaccination process. Do not include those who have had the second or final dose of a multi-dose vaccination series or those who have had a single-dose vaccination. For the first week of reporting, include all doses given up to that date.
47		Optional	Weekly ⁺	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.	For the previous week, enter the number of patients, defined as any person who is not a healthcare worker at your facility, who received the final dose in a multi-series of COVID-19 vaccination doses or the single-dose vaccine administered by your facility. This field is meant to represent those who have completed the

Healthcare Worker Vaccination

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 vaccination data elements below remain OPTIONAL and do NOT meet the requirements of the CMS rule.**

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					COVID-19 vaccination process. The vaccination can occur for an inpatient, outpatient, or community clinic visitor if the doses were allocated to and administered by the facility.

* indicates information should be provided daily, however, hospitals are encouraged to backdate weekend and holiday data where feasible and pending further guidance from state or jurisdictional partners

+indicates information should be provided once a week on Wednesdays

Testing Data Elements: Hospitals Performing COVID-19 Testing Using an In-House Laboratory

Laboratories are required to report to state and local public health authorities in accordance with applicable state or local law. Additionally, the Coronavirus Aid, Relief, and Economic Security (CARES) Act section 18115 and its implementation guidance require every laboratory to report every test it performs to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., viral, serology). On June 4, 2020, additional HHS guidance was issued that required specific data elements to be collected and reported. Under the new guidance, testing data should be sent to state health departments, which will then de-identify the data and report them to the CDC. This new guidance is effective August 1, 2020.

As of June 20, 2021, all states are electronically reporting line-level de-identified testing data including testing elements from hospital in-house laboratories using existing public health mechanisms. As a result, hospitals should no longer report testing information directly to HHS unless state reporting changes.

For additional information and frequent questions on testing data, please visit the [CDC website detailing how to report COVID-19 laboratory data](#). Hospitals are also encouraged to contact their state health department, or email the CDC testing team (eocevent405@cdc.gov).

Hospital Data Usage & Access

Hospital data is collated, manipulated, and visualized at the Federal level in two primary locations: **HHS Protect** and **HHS Protect Public**.

HHS Protect serves as an internal hub for data analysis and visualization, allowing integration of additional datasets from other sources. Federal decision-makers and analysts can access the data through HHS Protect directly, or indirectly through various generated reports. A variety of Federal teams use the data as detailed in the above data element table. In addition to Federal partners, state, tribal, local, and territorial partners also have access to the data through HHS Protect. Tribal partners are encouraged to work with the Indian Health Service (IHS) and respective state

partners to define geographical access accordingly. HHS regional staff, ASPR regional staff and/or Indian Health Service (IHS) staff serve as HHS Protect sponsors for respective state, tribe, and territory users. Local partners also have access to the data working in conjunction with their respective state to define geographical access accordingly. State HHS Protect users serve as sponsors for local partners. Organizations, such as hospital associations, can be provided access to the data if granted written permission by the state and/or an individual reporting hospital facility. To inquire about an HHS Protect account, email the HHS Protect Service Desk (Protect-ServiceDesk@hhs.gov).

Information within HHS Protect is secured through robust usage and access controls. All users must be sponsored to gain access to HHS Protect by the mechanisms mentioned above. All data have accompanying share and use agreements, specifying how and with whom the information can be exported and shared.

HHS Protect Public serves as a fully public data hub, providing aggregated content and dashboards. HHS Protect Public contains aggregated subsets of the hospital data, providing transparency for all stakeholders. HHS Protect Public can be accessed at: <https://protect-public.hhs.gov/>.

Hospital Data Quality & Errors

Quality data helps to ensure informed decision-making based on accurate information. Federal partners regularly conduct data quality checks, and may contact state and territorial partners if further information is needed. Federal partners will not contact facilities directly unless explicitly granted permission by the state and/or in extraordinary circumstances.

Hospital data liaisons work collaboratively with state and territorial partners to increase transparency, as well as verify and resolve any data challenges. Importantly, the data liaisons work specifically with data. Operational needs and resource requests for personnel, supplies, technical assistance, and/or other needs follow all normal processes and should NOT be directed to hospital data liaisons.

Users who identify any errors in their data are encouraged to contact the HHS Protect Service Desk (Protect-ServiceDesk@hhs.gov).

Appendix A: Change Log

The change log details changes in the hospital reporting guidance to aid partners in tracking updates.

Changes from the previous COVID-19 Hospital Reporting Guidance and FAQs (dated May 27, 2020)

Numerous changes were implemented in the latest version of the hospital reporting guidance. To help users to navigate changes quickly, changes are grouped based on the following areas: cadence and facility type changes; data element changes; laboratory data element changes; and narrative and FAQ changes.

Cadence and Facility Type Changes

- Flexibilities on data reporting on weekends and holidays were clarified.
- Information describing facility types was reformatted for clarity.

Data Element Changes

The following changes were made to hospital reporting data elements:

- New Data Elements Added:
 - 1h: HHS ID (Optional)
 - 3c: Inpatient pediatric beds (Required February 2, 2022)
 - 4c: Pediatric inpatient bed Occupancy (Required February 2, 2022)
 - 5c: Pediatric ICU beds (Required February 2, 2022)
 - 6c: Pediatric ICU occupancy (Required February 2, 2022)
 - 12c: Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients (Required February 2, 2022)
 - 18c: Previous day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age group (Required February 2, 2022)
 - 40c: Therapeutic D on hand (Required January 19, 2022)
 - 40d: Therapeutic D administered (Required January 19, 2022)
- Existing Data Elements Made Required:
 - 33: Hospitalized patients with laboratory-confirmed influenza virus infection
 - 34: Previous day's influenza admissions with laboratory-confirmed influenza virus infection
 - 35: Total hospitalized ICU patients with laboratory confirmed influenza virus infection
- Data Elements Changed to a Weekly Cadence:
 - 24: Critical staffing shortage anticipated within a week (Y/N)

- Data Elements Made Inactive for the Federal Data Collection⁵:
 - 2a: All Hospital Beds
 - 2b: All Adult Hospital Beds
 - 7: Total Mechanical Ventilators
 - 8: Ventilators in Use
 - 14: ED Overflow
 - 15: ED Overflow and Ventilated
 - 16: Previous Day's COVID-19 Deaths
 - 21: Previous Day's Remdesivir Used
 - 22: Current Inventory Remdesivir
 - 23: Critical Staffing Shortage Today
 - 25: Additional Details, Staffing
 - 26: PPE Management at Facility or Centrally
 - 27a: Days On Hand, Ventilator Supplies
 - 28a: Eaches, N95 Respirators
 - 28b: Eaches, Other Respirators
 - 28c: Eaches, Surgical and Procedural Masks
 - 28d: Eaches, Eye Protection
 - 28e: Eaches, Single Use Gowns
 - 28f: Eaches, Launderable Gowns
 - 28g: Eaches, Exam Gloves
 - 29a: Ability to Obtain, Ventilator Supplies
 - 29b: Ability to Obtain, Ventilator Medications
 - 29c: Ability to Obtain, N95 Respirators
 - 29d: Ability to Obtain, Other Respirators
 - 29e: Ability to Obtain, Surgical and Procedural Masks
 - 29f: Ability to Obtain, Eye Protection
 - 29g: Ability to Obtain, Single Use Gowns
 - 29h: Ability to Obtain, Exam Gloves
 - 29i: Ability to Maintain, Supply of Launderable Gowns
 - 30a: Ability to Maintain, Ventilator Supplies

⁵ Note: Data elements are referred to in short-hand for enhanced readability. Full descriptions of previous data elements will be available in archived versions of the hospital reporting guidance available on the [Templates and Technical Materials](#) page.

- 30b: Ability to Maintain, Ventilator Medications
- 30d: Ability to Maintain, Other Respirators
- 30i: Ability to Maintain, Nasal Pharyngeal Swabs
- 30j: Ability to Maintain, Nasal Swabs
- 30k, Ability to Maintain, Viral Transport Media
- 31a: Re-use Gowns
- 31b: Re-use PAPRs
- 31c: Re-use N95 Respirators
- 32: Additional Details, Supplies
- 36: Hospitalized Co-infection Influenza and COVID-19
- 37: Previous Day's Influenza Deaths
- 38: Previous Day's Deaths Co-infected with Influenza and COVID-19
- 39c: Therapeutic B Inventory On Hand
- 39d: Therapeutic B Courses Administered
- Data Elements with Clarified Definitions:
 - 3a, 3b, 5a, 5b: Clarified definitions of staffed beds to beds that are currently set-up, staffed and able to be used for a patient within the reporting period.
 - 5a,5b: Added clarification on ICU bed location.
 - 9a-18c: Changed from “Confirmed Positive” to “Laboratory-Confirmed”, included the definition of laboratory-confirmed.
 - 11: Added definition of mechanical ventilators.
 - 13: Removed note for COVID-19 isolation precautions.
 - 18a, 18b: Added age and inpatient bed clarifications for pediatric patients.
 - 20: Added definitions of “Confirmed Suspected” and “Laboratory-Confirmed”, included definitions. Minor non-substantive edits to wording.
 - 24: Removed staffing types.
 - 27: Removed duplicative supply list from description.
 - 30: Added question response options (Y, N, N/A).
 - Influenza field overview: Moved to appendix D.
 - 39b, 40b, 40d: Clarified the preferred “week” for reporting is Wednesday-Tuesday
 - Therapeutic placeholder field overview: Minor non-substantive edits to wording.
 - Vaccination field overview: Noted CMS rule [CMS-1752-F](#) and [CMS-1762-F](#) which 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. Clarified that vaccination data elements remain optional and do not meet the requirements of the CMS rule. Condensed other description information.

- 41: Removed note on vaccine allocations.
- All subset fields: Clarified subset relationships, which can also be found in visual form with **Appendix E**.

Laboratory Data Element Changes

While the laboratory data elements themselves, as well as the guidance on how to report have not changed, the latest guidance clarifies that all states and territories are now reporting line-level de-identified data electronically and hospitals should stop reporting directly to HHS unless circumstances change.

Since hospitals no longer need to report the information directly and all details and frequently asked questions are readily available on the CDC website for how to report laboratory data, all of the text describing laboratory data elements was removed from the guidance. Hospitals are still required to report the information to their state through existing public health mechanisms.

Narrative and FAQ Changes

- The narrative and FAQs were streamlined and reorganized for clarity.
- Information was added throughout the document regarding data driving principles, purpose, and utility.
- Reporting information was reformatted for clarity.
- Multiple appendices, including clarifying information, were added for enhanced user friendliness.

Appendix B: Data Element Purpose

The below table describes how each data element is used to inform the Federal COVID-19 response.

ID	Sub ID	Information Needed	Purpose
Metadata			
ID	Sub ID	Information Needed	Purpose
1	a.	Hospital Name	Metadata ensures data can be identified and matched with the appropriate facility. Logic is incorporated into TeleTracking (and should be incorporated into other systems) so facilities do not need to answer metadata questions unless there are changes.
	b.	CCN	
	c.	NHSN Org ID	
	d.	State	
	e.	County	
	f.	ZIP	
	g.	TeleTracking ID	
	h.	[NEW] HHS ID	Serving as an additional metadata component, HHS ID is a unique facility-level identifier which is more granular than CCN. Not having the HHS ID in the dataset has caused some data submissions to be mismatched.
Capacity, Occupancy, Hospitalizations, and Admissions			
ID	Sub ID	Information Needed	Purpose
2	a.	<i>This field has been made inactive for the federal data collection. (all hospital beds)</i>	
	b.	<i>This field has been made inactive for the federal data collection. (all adult hospital beds)</i>	
3	a.	All hospital inpatient beds	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. All hospital inpatient beds are required for calculations such as the number of admissions per 100 beds.
	b.	Adult hospital inpatient beds (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. Adult hospital inpatient beds are required for analysis of number of adult and pediatric inpatient beds available.

Capacity, Occupancy, Hospitalizations, and Admissions

	c.	[NEW] Inpatient pediatric beds (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. Explicit fields on inpatient pediatric beds will aid to more fully understand pediatric capacity.
4	a.	All hospital inpatient bed occupancy	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for analysis of national inpatient occupancy.
	b.	Adult hospital inpatient bed occupancy (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for analysis of national adult inpatient occupancy.
	c.	[NEW] Pediatric hospital inpatient bed occupancy (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. Explicit fields on inpatient pediatric bed occupancy will help to more fully understand pediatric capacity.
5	a.	ICU beds (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for analysis of national ICU bed availability.
	b.	Adult ICU beds (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for analysis of national adult ICU bed availability.
	c.	[NEW] Pediatric ICU beds (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for analysis of national pediatric ICU bed availability.
6	a.	ICU bed occupancy (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for understanding national ICU bed occupancy.
	b.	Adult ICU bed occupancy (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for understanding national adult ICU bed occupancy.
	c.	[NEW] Pediatric ICU bed occupancy (Subset)	The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. This field is used for understanding national pediatric ICU bed occupancy.
7		<i>This field has been made inactive for the federal data collection. (Total mechanical ventilators)</i>	
8		<i>This field has been made inactive for the federal data collection. (Mechanical Ventilators in Use)</i>	
9	a.	Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients	This field could be helpful in the event of testing delays and/or disruptions.

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	b.	Hospitalized adult laboratory-confirmed COVID-19 patients	Total adult patients currently hospitalized with laboratory-confirmed COVID-19 is a key surveillance indicator for understanding severe COVID-19 epidemiology in the U.S. and which areas are experiencing higher burden. This field is also used for various public-facing visualizations and 7-day rolling averages.
10	a.	Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients	This field could be helpful in the event of testing delays and/or disruptions.
	b.	Hospitalized pediatric laboratory-confirmed COVID-19 patients	Total patients currently hospitalized in a pediatric inpatient bed with laboratory-confirmed COVID-19 is a key surveillance indicator for understanding severe COVID-19 epidemiology among children and adolescents in the U.S. and which areas are experiencing higher burden.
11		Hospitalized and ventilated COVID-19 patients	This measure serves as an indication of COVID-19 severity.
12	a.	Total ICU adult suspected or laboratory-confirmed COVID-19 patients	This field could be helpful in the event of testing delays and/or disruptions.
	b.	Hospitalized ICU adult laboratory-confirmed COVID-19 patients	Total adult patients currently in an ICU bed with laboratory-confirmed COVID-19 is a key surveillance indicator for understanding the most severe COVID-19 cases in the U.S. and which areas are experiencing higher burden. This is also an important indicator for monitoring hospital stress of COVID-19.
	c.	Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients	This measure serves as a key surveillance indicator for understanding the most severe pediatric COVID-19 cases, and which areas are experiencing higher burden related to pediatric cases. This is also an important indicator for monitoring hospital stress of COVID-19, especially for pediatric capabilities.
13		Hospital Onset	This field could be helpful to identify the prevalence of hospital acquired infections of COVID-19.
14		<i>This field has been made inactive for the federal data collection. (ED/Overflow)</i>	
15		<i>This field has been made inactive for the federal data collection. (ED/Overflow and Ventilated)</i>	
16		<i>This field has been made inactive for the federal data collection. (Previous day's COVID-19 Deaths)</i>	
17	a.	<p>Previous day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket:</p> <ul style="list-style-type: none"> • 18-19 • 20-29 • 30-39 • 40-49 	Previous day admissions of patients with laboratory-confirmed COVID-19 is the primary surveillance indicator used to monitor the epidemiology of severe COVID-19 and trends by age group in the U.S. These fields are monitored closely on a daily basis and used to inform federal understanding of changes in trends, and these fields are often combined with other data sources to identify areas of concern in the U.S.

Capacity, Occupancy, Hospitalizations, and Admissions

		<ul style="list-style-type: none"> • 50-59 • 60-69 • 70-79 • 80+ • Unknown 	
	b.	<p>Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket:</p> <ul style="list-style-type: none"> • 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ Unknown 	This field could be helpful in the event of testing delays and/or disruptions.
18	a.	Previous day's pediatric admissions with laboratory-confirmed COVID-19:	Previous day pediatric admissions of patients with laboratory-confirmed COVID-19 is a primary surveillance indicator used to monitor the epidemiology of severe COVID-19 in children and adolescents. This field is monitored closely on a daily basis and used to inform federal understanding of changes in trends and how pediatric admissions compare to adult, and to identify areas of concern in the U.S.
	b.	Previous day's pediatric admissions with suspected COVID-19	This field could be helpful in the event of testing delays and/or disruptions.
	c.	<p>[NEW] Previous day's pediatric admissions with laboratory-confirmed COVID-19; stratification by age group:</p> <ul style="list-style-type: none"> • 0-4 • 5-11 • 12-17 • Unknown 	Previous day pediatric admissions of patients with laboratory-confirmed COVID-19 is a primary surveillance indicator used to monitor the epidemiology of severe COVID-19 in children and adolescents. Additional age information can help to better understand epidemiologic trends. This field will be monitored closely on a daily basis and used to inform federal understanding of changes in trends and how pediatric admissions compare to adult, and to identify areas of concern in the U.S.
19		Previous day's ED Visits	Previous day total ED visits, in conjunction with COVID-19 ED visits, is used to monitor the epidemiology of COVID-19 by percentage of ED visits for COVID-19 and trends by region in the U.S. These fields are used by the National Syndromic

Capacity, Occupancy, Hospitalizations, and Admissions

			Surveillance Program (NSSP) to fill in COVID-19 ED data for the 30% of U.S. hospitals not covered by NSSP.
20		Previous day's total COVID-19- related ED visits (Subset)	Previous day total COVID-19 ED visits, in conjunction with total ED visits, is used to monitor the epidemiology of COVID-19 and trends by region in the U.S. These fields are used by the National Syndromic Surveillance Program (NSSP) to fill in COVID-19 ED data for the 30% of U.S. hospitals not covered by NSSP.
21		<i>This field has been made inactive for the federal data collection. (Previous day's remdesivir used)</i>	
22		<i>This field has been made inactive for the federal data collection. (Current inventory of remdesivir)</i>	
23		<i>This field has been made inactive for the federal data collection. (Critical staffing shortage today (Y/N))</i>	
24		Critical staffing shortage anticipated within a week (Y/N)	This field can help to glean information on critical staffing shortages, helping to inform policy decisions and other potential staffing solutions. This question can also help to inform decisions related to requests for personnel.
25		<i>This field has been made inactive for the federal data collection. (Staffing shortage details)</i>	

Supplies

ID	Sub ID	Information Needed	Purpose
26		<i>This field has been made inactive for the federal data collection. (Are your PPE supply items managed (purchased, allocated, and/or stored) at the facility level or centrally)</i>	
27	a.	<i>This field has been made inactive for the federal data collection. (On hand Ventilator Supplies)</i>	
	b.	On hand supply duration in days: N95 respirators	Allows HHS to assess current PPE resiliency in the event of a supply chain disruption, for a single hospital or for hospitals overall in a local area, state, or nationwide.
	c.	On hand supply duration in days: Surgical and procedure masks	
	d.	On hand supply duration in days: Eye protection including face shields and goggles	
	e.	On hand supply duration in days: Single-use gowns	
	f.	On hand supply duration in days: Exam gloves (sterile and non-sterile)	
28	a.	<i>This field has been made inactive for the federal data collection. (Eaches, n95 respirators)</i>	
	b.	<i>This field has been made inactive for the federal data collection. (Eaches, other respirators)</i>	
	c.	<i>This field has been made inactive for the federal data collection. (Eaches, surgical & procedural masks)</i>	

Supplies

	d.	<i>This field has been made inactive for the federal data collection. (Eaches, eye protection)</i>	
	e.	<i>This field has been made inactive for the federal data collection. (Eaches, single-use gowns)</i>	
	f.	<i>This field has been made inactive for the federal data collection. (Eaches, launderable gowns)</i>	
	g.	<i>This field has been made inactive for the federal data collection. (Eaches, exam gloves)</i>	
29	a.	<i>This field has been made inactive for the federal data collection. (Able to obtain, ventilator supplies)</i>	
	b.	<i>This field has been made inactive for the federal data collection. (Able to obtain, ventilator medications)</i>	
	c.	<i>This field has been made inactive for the federal data collection. (Able to obtain, n95 respirators)</i>	
	d.	<i>This field has been made inactive for the federal data collection. (Able to obtain, other respirators)</i>	
	e.	<i>This field has been made inactive for the federal data collection. (Able to obtain, surgical & procedural masks)</i>	
	f.	<i>This field has been made inactive for the federal data collection. (Able to obtain, eye protection)</i>	
	g.	<i>This field has been made inactive for the federal data collection. (Able to obtain, single-use gowns)</i>	
	h.	<i>This field has been made inactive for the federal data collection. (Able to obtain, exam gloves)</i>	
	i.	<i>This field has been made inactive for the federal data collection. (Able to maintain, launderable gowns)</i>	
30	a.	<i>This field has been made inactive for the federal data collection. (Able to maintain, ventilator supplies)</i>	
	b.	<i>This field has been made inactive for the federal data collection. (Able to maintain, ventilator medications)</i>	
	c.	Are you able to maintain at least a 3-day supply of N95 respirators ?	HHS uses hospitals' self-assessment of the reliability of their PPE supply to identify areas or patterns of unreliable supply that may warrant outreach and (if needed) interventions to stabilize the supply chain.
	d.	<i>This field has been made inactive for the federal data collection. (Able to maintain, other respirators)</i>	
	e.	Are you able to maintain at least a 3-day supply of surgical and procedural masks ?	HHS uses hospitals' self-assessment of the reliability of their PPE supply to identify areas or patterns of unreliable supply that may warrant outreach and (if needed) interventions to stabilize the supply chain.
	f.	Are you able to maintain at least a 3-day supply of eye protection including face shields and goggles ?	
	g.	Are you able to maintain at least a 3-day supply of single-use gowns ?	

Supplies			
	h.	Are you able to maintain at least a 3-day supply of exam gloves ?	
	i.	<i>This field has been made inactive for the federal data collection. (Able to maintain, nasal pharyngeal swabs)</i>	
	j.	<i>This field has been made inactive for the federal data collection. (Able to maintain, nasal swabs)</i>	
	k.	<i>This field has been made inactive for the federal data collection. (Able to maintain, viral transport media)</i>	
31	a.	<i>This field has been made inactive for the federal data collection. (Reuse gowns)</i>	
	b.	<i>This field has been made inactive for the federal data collection. (Reuse PAPRS)</i>	
	c.	<i>This field has been made inactive for the federal data collection. (Reuse n95 respirators)</i>	
32		<i>This field has been made inactive for the federal data collection. (Critical issues)</i>	
Influenza			
ID	Sub ID	Information Needed	Purpose
33		Total hospitalized patients with laboratory-confirmed influenza virus infection	Seasonal influenza can result in substantial burden on hospitals. These data elements fill a critical gap in the national influenza surveillance system by providing hospitalization data from all states and territories. These data will be used to improve situational awareness of severe respiratory illness, make forecasts and model influenza impact, help direct resources to address the potential increased impact of flu and COVID-19 co-circulation and inform guidance and recommendations for public health professionals, clinicians, and the general public. Understanding influenza hospitalizations and admissions can also help to understand potential strains on the PPE supply chain.
34		Previous day's influenza admissions (laboratory-confirmed influenza virus infection)	
35		Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	
36		<i>This field has been made inactive for the federal data collection. (Total hospitalized patients co- infected with both laboratory-confirmed COVID- 19 and laboratory-confirmed influenza virus infection)</i>	
37		<i>This field has been made inactive for the federal data collection. (Previous day's influenza deaths (laboratory-confirmed influenza virus infection)</i>	
38		<i>This field has been made inactive for the federal data collection. (Previous day's deaths for patients co-infected with both COVID-19 and laboratory- confirmed influenza virus)</i>	
Therapeutic			
ID	Sub ID	Information Needed	Purpose
39	a.	Therapeutic A Courses on Hand	

Therapeutic			
	b.	Therapeutic A Courses Administered in Last Week	HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. This information is needed for tracking purposes and strategic decision making.
	c.	<i>This field has been made inactive for the federal data collection. (Therapeutic B on hand)</i>	
	d.	<i>This field has been made inactive for the federal data collection. (Therapeutic B courses)</i>	
40	a.	Therapeutic C Courses on Hand	HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. This information is needed for tracking purposes and strategic decision making.
	b.	Therapeutic C Courses Administered in Last Week	
	c.	[NEW] Therapeutic D Courses on Hand	
	d.	[NEW] Therapeutic D Courses Administered in Last Week	
Therapeutic Placeholders			
ID	Sub ID	Information Needed	Purpose
	e.	(Placeholder) Therapeutic E Courses on Hand	HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. The Therapeutics team has requested therapeutics placeholders remain within the hospital reporting guidance in the event a new therapeutic is available that requires data submission through this mechanism.
	f.	(Placeholder) Therapeutic E Courses Administered in Last Week	
	g.	(Placeholder) Therapeutic F Courses on Hand	
	h.	(Placeholder) Therapeutic F Courses Administered in Last Week	
	i.	(Placeholder) Therapeutic G Courses on Hand	
	j.	(Placeholder) Therapeutic G Courses Administered in Last Week	
	k.	(Placeholder) Therapeutic H Courses on Hand	
	l.	(Placeholder) Therapeutic H Courses Administered in Last Week	
	m.	(Placeholder) Therapeutic I Courses on Hand	
	n.	(Placeholder) Therapeutic I Courses Administered in Last Week	
	o.	(Placeholder) Therapeutic J Courses on Hand	

Therapeutic Placeholders			
	p.	(Placeholder) Therapeutic J Courses Administered in Last Week	
Healthcare Worker Vaccination			
ID	Sub ID	Information Needed	Purpose
41		Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine)	Provides weekly continued visibility on healthcare personnel vaccination status and vaccination trends.
42		Current healthcare personnel who have not yet received any COVID-19 vaccination doses	
43		Current healthcare personnel who have received the first dose in a multi-series of COVID-19 vaccination doses	
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	
46		Previous week's number of patients and other non- healthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses	
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	

Appendix C: Required and Optional Reporting Elements

The below table is intended to provide a quick reference of current required and optional data elements. The information is the same as the above table in the “Data Elements” section, however, instead of being grouped by numerical value and field type, the data elements are grouped by whether they are required, optional, turned off, or placeholders.

ID	Sub ID	Information Needed
Daily Required Data Elements <i>(All facilities are encouraged to back-date information from weekends and holidays on the next business day)</i>		
ID	Sub ID	Information Needed
1	a.	Hospital Name
	b.	Hospital CCN
	d.	State
	e.	County
	f.	ZIP
3	a.	All hospital inpatient beds
	b.	All adult inpatient beds
	c. [NEW]	All pediatric inpatient beds
4	a.	All hospital inpatient occupancy
	b.	All adult inpatient occupancy
	c. [NEW]	All pediatric inpatient occupancy
5	a.	All ICU beds
	b.	Adult ICU beds
	c. [NEW]	Pediatric ICU beds
6	a.	All ICU bed occupancy
	b.	Adult ICU occupancy
	c. [NEW]	Pediatric ICU occupancy
9	a.	Hospitalized Adult Suspected COVID-19

ID	Sub ID	Information Needed
	b.	Hospitalized adult laboratory-confirmed COVID-19 patients
10	a.	Hospitalized Pediatric Suspected COVID-19
	b.	Hospitalized pediatric laboratory-confirmed COVID-19 patients
11		Hospitalized and ventilated COVID-19 patients
12	a.	ICU Suspected COVID-19
	b.	Hospitalized ICU adult laboratory-confirmed COVID-19 patients
	c. [NEW]	Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients
13		Hospital Onset
17	a. (includes age ranges)	Previous day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age
	b. (includes age ranges)	Adult Suspected COVID-19 Admissions by Age Group
18	a.	Previous day's pediatric admissions with laboratory-confirmed COVID-19
	b.	Pediatric Suspected COVID-19 Admissions
	c. (includes age ranges) [NEW]	Previous day's pediatric admissions with laboratory-confirmed COVID-19 by age
19		Previous day's total ED visits
20		Previous day's total COVID-19-related ED visits
33 [CHANGE]		Total hospitalized patients with laboratory-confirmed influenza virus infection
34 [CHANGE]		Previous day's influenza virus infection admissions (laboratory-confirmed influenza virus infection)
35 [CHANGE]		Total hospitalized ICU patients with laboratory-confirmed influenza virus infection
Weekly Required Data Elements		
ID	Sub ID	Information Needed
27	b.	On hand supply (DURATION in days) n95 respirators

Weekly Required Data Elements		
	c.	On hand supply (DURATION in days) surgical and procedure masks
	d.	On hand supply (DURATION in days) eye protection including face shields and goggles
	e.	On hand supply (DURATION in days) single use gowns
	f.	On hand supply (DURATION in days) exam gloves (sterile and non-sterile)
30	c.	Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? N95 respirators
	e.	Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Surgical and procedure masks
	f.	Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Eye protection including face shields and goggles
	g.	Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Single use gowns
	h.	Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Exam gloves
39	a.	Therapeutic A Courses on Hand
	b.	Therapeutic A Courses Administered in the Last Week
40	a.	Therapeutic C Courses on Hand
	b.	Therapeutic C Courses Administered in the Last Week
	c. [NEW]	Therapeutic D Courses on Hand
	d. [NEW]	Therapeutic D Courses Administered in the Last Week
Daily Optional Data Elements		
<i>(All facilities are encouraged to back-date information from weekends and holidays on the next business day)</i>		
ID	Sub ID	Information Needed
1	c.	NHSN OrgID
	g.	TeleTracking ID
	h. [NEW]	HHS ID
Weekly Optional Data Elements		
ID	Sub ID	Information Needed
24 [CHANGE]		Critical staffing shortage anticipated within a week (Y/N)

Weekly Optional Data Elements		
41		Previous Vaccine Doses Administered to Healthcare Personnel
42		Current Healthcare Personnel, No COVID-19 Vaccine Doses
43		Current Healthcare Personnel, First Dose in COVID-19 Vaccine Series
44		Current Healthcare Personnel, Completed COVID-19 Vaccine Series
45		Total Number of Healthcare Personnel
46		Previous Week Patients Administered First Dose COVID-19 Vaccine Series
47		Previous Week Patients Administered Final Dose COVID-19 Vaccine Series

Appendix D: Additional Information by Field Type

HHS ID

HHS IDs are specified and maintained for the purposes of providing granular facility level identifiers for the purposes of this COVID-19 Guidance for Hospital Reporting. HHS IDs provide more granular information than CCN, as HHS ID references the individual facility level. HHS IDs for each facility are published and listed in the [“HHS IDs” file hosted on healthdata.gov](#).

NICU Exclusions & Inclusions

NICU and nursery beds are included in some fields in the collection while being excluded from others. This is based on several factors including making minimal changes to existing definitions, considering analysis of this data collection combined with additional data sources, and reducing the number of new questions where feasible. The questions allow for epidemiologic tracking of pediatric patients regardless of age or location in the hospital, COVID-19 burden analysis for specific areas of the hospital, ability to more granularly track occupancy, and where needed potential to infer NICU occupancy. A diagram of capacity and occupancy fields with additional notes on NICU fields is available in **Appendix E**.

NICU and nursery beds are included in:

- Overall capacity and occupancy measures (fields 3a, 4a, 5a, and 6a)
- Straight counts of pediatric patients who are hospitalized or admitted with COVID-19 regardless of age or location in the hospital (fields 10b, 18a, and 18c)

NICU and nursery beds are excluded in:

- New pediatric capacity and occupancy measures (fields 3c, 4c, 5c, and 6c)
- Measures of COVID-19 burden in pediatric ICUs (field 12c)

Hospitalizations and Admissions

The number of new admissions and the total patients hospitalized should generally **not** be the same value.

- **Confirmed COVID-19 admissions** are the number of **new** patients who were admitted to an inpatient bed on the previous calendar day with confirmed COVID-19. This is a measure of **incidence**, or **new** patients coming into the hospital.
- **Total patients hospitalized with confirmed COVID-19** are the **current** number of patients with confirmed COVID-19 occupying an inpatient bed. This is a measure of **prevalence**, or **current** patients occupying a hospital bed.

If the values are reported such that the number of patients currently hospitalized are incorrectly reported as the number of new admissions, this can cause the new admissions rate for the facility, county, and state to appear overinflated. Accuracy of these fields is important, as they are included in a number of reports, dashboards, and datasets that are widely used by the public and the U.S. government.

A scenario example is provided below to assist in determining how to enter the data for these questions:

- On 9/8/2021, facility A had 12 adult patients with confirmed COVID-19 occupying inpatient beds at the time of data entry. On the prior day (9/7/2021), 3 new adult patients with confirmed COVID-19 were admitted to the facility.
 - *The facility should enter 12 for question #9b (12 total adult patients are hospitalized with confirmed COVID-19 on 9/8/2021).*
 - *The facility should enter 3 for question #17b (3 new adult patients with confirmed COVID-19 were admitted on the prior day).*

Laboratory-Confirmed COVID-19 Definition

Do NOT include the following as “laboratory confirmed COVID-19”:

- ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR).

Laboratory-confirmed COVID-19 positive includes:

- Positive SARS-CoV-2 antigen test only [no other testing performed]
- Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]
- ±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test.

± Include patient with serial viral test results only when the additional tests were collected within two calendar days of initial SARS-CoV-2 viral test. Day of specimen collection is equal to day 1. Otherwise, only select the initial test method for Test Type. Tests in which specimens are collected more than 2 calendar days apart should be considered separate tests.

Note: Several hospitals have asked for clarification on how long someone who has met the conditions for laboratory-confirmed COVID-19 remains a COVID-19 patient. We recognize that some hospitals and STLT partners have made internal definitions that have been used since reporting began. For some, a COVID-19 patient remains a COVID-19 patient for the duration of their stay, regardless of length of stay. For others, a COVID-19 patient stops being a COVID-19 patient after two weeks. For the purposes of reporting, hospitals are asked to please continue to use definitions that they have used for reporting to date. For new hospitals who are starting to report, please defer first to the COVID-19 patient definition used by your hospital system, health care coalition, hospital association, and/or STLT partner. If a definition has not been previously determined, a default definition we suggest is for individuals to be counted as COVID-19 patients until they are no longer symptomatic and are removed from COVID-19 isolation precautions.

Laboratory-Confirmed Influenza Virus Infection Definition

Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, and virus culture. For hospital reporting, laboratory-confirmed influenza is defined as Influenza A and B [this includes their subtypes and lineages (e.g., A(H1N1), A(H3N2), B/Victoria, B/Yamagata)]. Parainfluenza and Haemophilus Influenza should not be reported. A positive result in the prior 14 days whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

Therapeutic Information

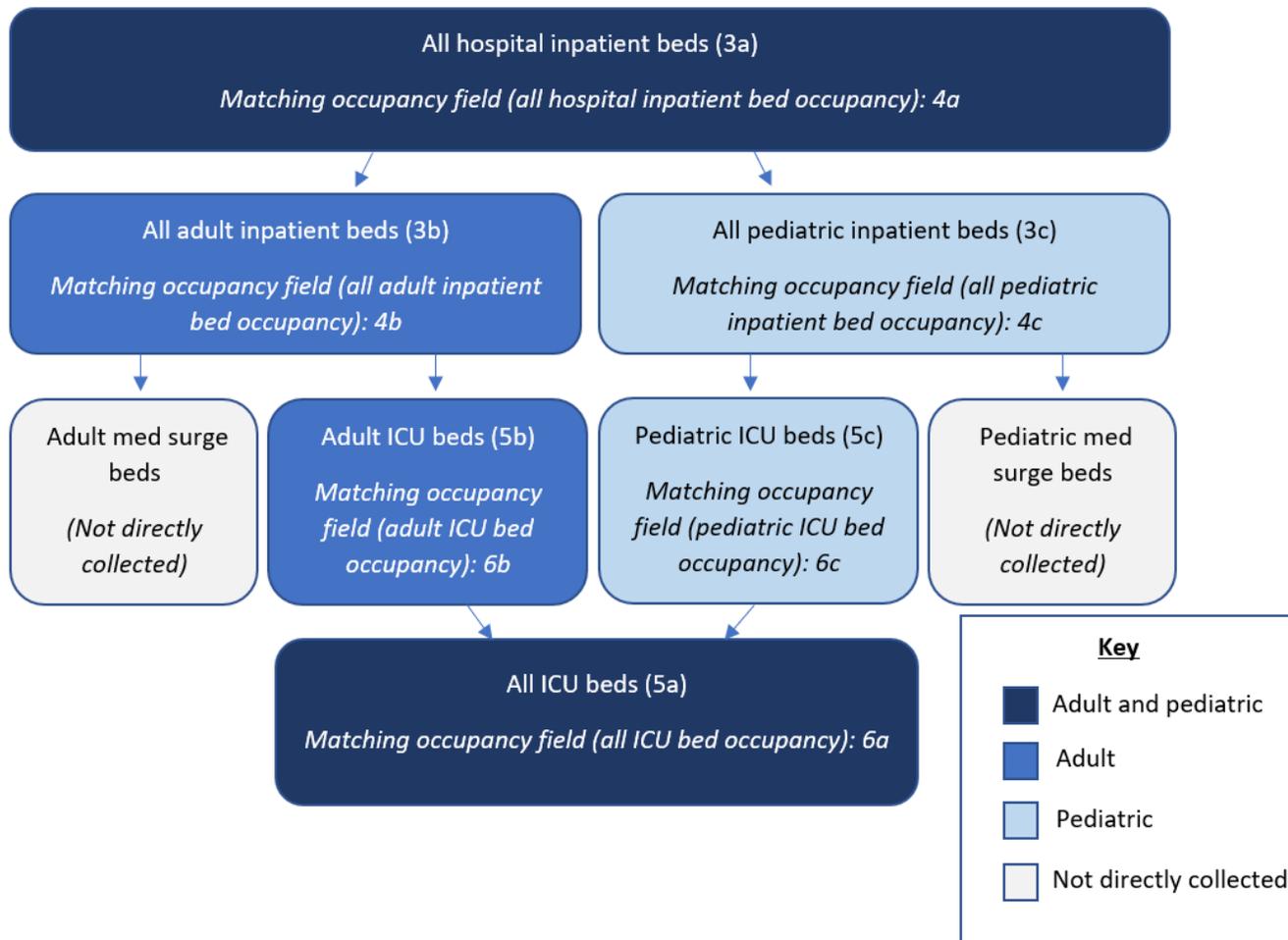
The preferred “week” for therapeutic information should consist of Wednesday of the previous week through Tuesday of the current week. If a hospital is reporting differently it is sufficient as long as the reporting period is consistent across their submissions.

Therapeutic Course Calculator

- For Therapeutic A (casirivimab/imdevimab), patient courses depend on the type of vials you have:
 - 2.5mL vials: 4 vials of casirivimab + 4 vials of imdevimab = 1 patient course
 - 11 mL vials: 1 vial of casirivimab + 1 vials of imdevimab = 1 patient course
 - Dose Packs: 1 packed dose = 1 patient course
- For Therapeutic C (bamlanivimab/etesevimab), patient courses depend on the type of vials you have:
 - 1 vial of bamlanvimab + 2 vials of etesevimab = 1 patient course
 - 1 vial of combined bamlanivimab/etesevimab = 1 patient course
- For Therapeutic D (sotrovimab), a patient course is as follows:
 - 1 vial of sotrovimab (500 mL) = 1 patient course

Appendix E: Variable Relationships

Below is a simplified diagram of the relationships between variables 3a through 6c to help visually represent field subsets. *Please note, we recognize this is an oversimplification of bed types.*



Appendix F: Template Mapping

The below table crosswalks the fields within the guidance with the data submission template. The CSV version of this file is available on the [Templates and Materials page of healthdata.gov](#). *Note: The template has NOT changed beyond adding new fields at the end of the template to minimize technical changes. All fields remain in the template regardless of status.*

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
reporting_for_date	N/A	N/A	N/A	Daily	Date
hospital_name	1	a	Required	Daily	Text
ccn	1	b	Required	Daily	Text
org_id	1	c	Optional	Daily	Text
state	1	d	Required	Daily	Text
county	1	e	Required	Daily	Text
zip	1	f	Required	Daily	Text
all_hospital_beds	2	a	Federally Inactive		Number
all_adult_hospital_beds	2	b	Federally Inactive		Number
all_hospital_inpatient_beds	3	a	Required	Daily	Number
all_adult_hospital_inpatient_beds	3	b	Required	Daily	Number
all_hospital_inpatient_bed_occupied	4	a	Required	Daily	Number
all_adult_hospital_inpatient_bed_occupied	4	b	Required	Daily	Number
total_staffed_icu_beds	5	a	Required	Daily	Number
total_staffed_adult_icu_beds	5	b	Required	Daily	Number
staffed_icu_bed_occupancy	6	a	Required	Daily	Number
staffed_adult_icu_bed_occupancy	6	b	Required	Daily	Number
mechanical_ventilators	7		Federally Inactive		Number
mechanical_ventilators_in_use	8		Federally Inactive		Number
total_adult_patients_hospitalized_confirmed_and_suspected_covid	9	a	Required	Daily	Number
total_adult_patients_hospitalized_confirmed_covid	9	b	Required	Daily	Number
total_pediatric_patients_hospitalized_confirmed_and_suspected_covid	10	a	Required	Daily	Number
total_pediatric_patients_hospitalized_confirmed_covid	10	b	Required	Daily	Number
hospitalized_and_ventilated_covid_patients	11		Required	Daily	Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
staffed_icu_adult_patients_confirmed_and_suspected_covid	12	a	Required	Daily	Number
staffed_icu_adult_patients_confirmed_covid	12	b	Required	Daily	Number
hospital_onset	13		Required	Daily	Number
ed_or_overflow	14		Federally Inactive		Number
ed_or_overflow_and_ventilated	15		Federally Inactive		Number
previous_day_deaths_covid	16		Federally Inactive		Number
previous_day_admission_adult_covid_confirmed	17	a	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_18_19	17	a-1	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_20_29	17	a-2	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_30_39	17	a-3	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_40_49	17	a-4	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_50_59	17	a-5	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_60_69	17	a-6	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_70_79	17	a-7	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_80_plus	17	a-8	Required	Daily	Number
previous_day_admission_adult_covid_confirmed_unknown_age	17	a-9	Required	Daily	Number
previous_day_admission_adult_covid_suspected	17	b	Required	Daily	Number
previous_day_admission_adult_covid_suspected_18_19	17	b-1	Required	Daily	Number
previous_day_admission_adult_covid_suspected_20_29	17	b-2	Required	Daily	Number
previous_day_admission_adult_covid_suspected_30_39	17	b-3	Required	Daily	Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
previous_day_admission_adult_covid_suspected_40_49	17	b-4	Required	Daily	Number
previous_day_admission_adult_covid_suspected_50_59	17	b-5	Required	Daily	Number
previous_day_admission_adult_covid_suspected_60_69	17	b-6	Required	Daily	Number
previous_day_admission_adult_covid_suspected_70_79	17	b-7	Required	Daily	Number
previous_day_admission_adult_covid_suspected_80_plus	17	b-8	Required	Daily	Number
previous_day_admission_adult_covid_suspected_unknown_age	17	b-9	Required	Daily	Number
previous_day_admission_pediatric_covid_confirmed	18	a	Required	Daily	Number
previous_day_admission_pediatric_covid_suspected	18	b	Required	Daily	Number
previous_day_total_ED_visits	19		Required	Daily	Number
previous_day_covid_ED_visits	20		Required	Daily	Number
previous_day_remedesivir_used	21		Federally Inactive		Number
on_hand_supply_remedesivir_vials	22		Federally Inactive		Number
critical_staffing_shortage_today	23		Federally Inactive		Yes/No
critical_staffing_shortage_anticipated_within_week	24		Optional	Weekly	Yes/No
staffing_shortage_details	25		Federally Inactive		Text
PPE_supply_management_source	26		Federally Inactive		Option
on_hand_ventilator_supplies_in_days	27	a	Federally Inactive		Option
on_hand_supply_of_n95_respirators_in_days	27	b	Required	Weekly	Option
on_hand_supply_of_surgical_masks_in_days	27	c	Required	Weekly	Option
on_hand_supply_of_eye_protection_in_days	27	d	Required	Weekly	Option
on_hand_supply_of_single_use_surgical_gowns_in_days	27	e	Required	Weekly	Option
on_hand_supply_of_gloves_in_days	27	f	Required	Weekly	Option
on_hand_supply_of_n95_respirators_in_units	28	a	Federally Inactive		Number
on_hand_supply_of_PAPR_in_units	28	b	Federally Inactive		Number
on_hand_supply_of_surgical_masks_in_units	28	c	Federally Inactive		Number
on_hand_supply_of_eye_protection_in_units	28	d	Federally Inactive		Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
on_hand_supply_of_single_use_surgical_gowns_in_units	28	e	Federally Inactive		Number
on_hand_supply_of_launderable_surgical_gowns_in_units	28	f	Federally Inactive		Number
on_hand_supply_of_gloves_in_units	28	g	Federally Inactive		Number
able_to_obtain_ventilator_supplies	29	a	Federally Inactive		Yes/No
able_to_obtain_ventilator_medications	29	b	Federally Inactive		Yes/No
able_to_obtain_n95_masks	29	c	Federally Inactive		Yes/No
able_to_obtain_PAPRs	29	d	Federally Inactive		Yes/No
able_to_obtain_surgical_masks	29	e	Federally Inactive		Yes/No
able_to_obtain_eye_protection	29	f	Federally Inactive		Yes/No
able_to_obtain_single_use_gowns	29	g	Federally Inactive		Yes/No
able_to_obtain_gloves	29	h	Federally Inactive		Yes/No
able_to_obtain_launderable_gowns	29	i	Federally Inactive		Yes/No
able_to_maintain_ventilator_3day_supplies	30	a	Federally Inactive		Yes/No
able_to_maintain_ventilator_3day_medications	30	b	Federally Inactive		Yes/No
able_to_maintain_n95_masks	30	c	Required	Weekly	Yes/No
able_to_maintain_3day_PAPRs	30	d	Federally Inactive		Yes/No
able_to_maintain_3day_surgical_masks	30	e	Required	Weekly	Yes/No
able_to_maintain_3day_eye_protection	30	f	Required	Weekly	Yes/No
able_to_maintain_3day_single_use_gowns	30	g	Required	Weekly	Yes/No
able_to_maintain_3day_gloves	30	h	Required	Weekly	Yes/No
able_to_maintain_3day_lab_nasal_pharyngeal_swabs	30	i	Federally Inactive		Yes/No
able_to_maintain_lab_nasal_swabs	30	j	Federally Inactive		Yes/No
able_to_maintain_3day_lab_viral_transport_media	30	k	Federally Inactive		Yes/No
reusable_isolation_gowns_used	31	a	Federally Inactive		Yes/No
reusable_PAPRs_or_elastomerics_used	31	b	Federally Inactive		Yes/No
reusable_n95_masks_used	31	c	Federally Inactive		Yes/No
anticipated_medical_supply_medication_shortages	32		Federally Inactive		Text
total_patients_hospitalized_confirmed_influenza	33		Required	Weekly	Number
previous_day_admission_influenza_confirmed	34		Required	Weekly	Number
icu_patients_confirmed_influenza	35		Required	Weekly	Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
total_patients_hospitalized_confirmed_influenza_and_covid	36		Federally Inactive		Number
previous_day_deaths_influenza	37		Federally Inactive		Number
previous_day_deaths_covid_and_influenza	38		Federally Inactive		Number
teletracking_id	1	g	Optional	Weekly	Number
on_hand_supply_Therapeutic_A_courses	39	a	Required	Weekly	Number
previous_week_Therapeutic_A_courses_used	39	b	Required	Weekly	Number
on_hand_supply_Therapeutic_B_courses	39	c	Federally Inactive		Number
previous_week_Therapeutic_B_courses_used	39	d	Federally Inactive		Number
on_hand_supply_Therapeutic_C_courses	40	a	Required	Weekly	Number
previous_week_Therapeutic_C_courses_used	40	b	Required	Weekly	Number
on_hand_supply_Therapeutic_D_courses	40	c	Required	Weekly	Number
previous_week_Therapeutic_D_courses_used	40	d	Required	Weekly	Number
on_hand_supply_Therapeutic_E_courses	40	e	Placeholder		Number
previous_week_Therapeutic_E_courses_used	40	f	Placeholder		Number
on_hand_supply_Therapeutic_F_courses	40	g	Placeholder		Number
previous_week_Therapeutic_F_courses_used	40	h	Placeholder		Number
on_hand_supply_Therapeutic_G_courses	40	i	Placeholder		Number
previous_week_Therapeutic_G_courses_used	40	j	Placeholder		Number
on_hand_supply_Therapeutic_H_courses	40	k	Placeholder		Number
previous_week_Therapeutic_H_courses_used	40	l	Placeholder		Number
on_hand_supply_Therapeutic_I_courses	40	m	Placeholder		Number
previous_week_Therapeutic_I_courses_used	40	n	Placeholder		Number
on_hand_supply_Therapeutic_J_courses	40	o	Placeholder		Number
previous_week_Therapeutic_J_courses_used	40	p	Placeholder		Number
previous_week_personnel_covid_vaccinated_doses_administered	41		Optional	Weekly	Number
total_personnel_covid_vaccinated_doses_none	42		Optional	Weekly	Number
total_personnel_covid_vaccinated_doses_one	43		Optional	Weekly	Number
total_personnel_covid_vaccinated_doses_all	44		Optional	Weekly	Number
total_personnel	45		Optional	Weekly	Number
previous_week_patients_covid_vaccinated_doses_on_e	46		Optional	Weekly	Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
previous_week_patients_covid_vaccinated_doses_all	47		Optional	Weekly	Number
hhs_id	1	h	Optional	Daily	Text
all_pediatric_inpatient_beds	3	c	Required	Daily	Number
all_pediatric_inpatient_bed_occupied	4	c	Required	Daily	Number
total_staffed_pediatric_icu_beds	5	c	Required	Daily	Number
staffed_pediatric_icu_bed_occupancy	6	c	Required	Daily	Number
staffed_icu_pediatric_patients_confirmed_covid	12	c	Required	Daily	Number
previous_day_admission_pediatric_covid_confirmed_0_4	18	c-1	Required	Daily	Number
previous_day_admission_pediatric_covid_confirmed_5_11	18	c-2	Required	Daily	Number
previous_day_admission_pediatric_covid_confirmed_12_17	18	c-3	Required	Daily	Number
previous_day_admission_pediatric_covid_confirmed_unknown	18	c-4	Required	Daily	Number