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

Updated: December 15, 2022[1]

Implementation Dates:

Fields made federally inactive, and psychiatric & rehabilitation hospital changes: August 24, 2022

Therapeutic data reporting to the Healthcare Provider Ordering Portal (HPOP): November 2, 2022

Note: For ease of navigation, all changes as of this December 15, 2022 guidance and the August 10, 2022 guidance have been highlighted with **[CHANGE]** and highlighted in orange. The only changes made in the December 15, 2022 version are updates related to the transition of reporting to the National Healthcare Safety Network (NHSN). There are **no significant changes or additions to the reporting questions as a result of this transition.** Reporting requirements will remain the same, with the only significant change being the data system and the need to use NHSN orgIDs. Information on the transition is available on the transition website, located at https://www.cdc.gov/nhsn/covid19/transition.html.

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 continues to evaluate data needs.

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

[1] Typos were identified in the December 15, 2022 guidance related to fields 17b and 18b. The guidance document was updated on January 2, 2023 to correct the typos.

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 Administration for Strategic 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.

[CHANGE] As of the August 10, 2022 guidance, per Secretary discretion, psychiatric and rehabilitation facilities must submit data once annually for the week prior to meet federal reporting requirements. This may evolve based on the needs of the national response. See below information and Appendix D for details.

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

For items that are reported once per week, it is critical that the data are reported on Wednesday in order to count towards compliance requirements.

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*

Facility Description	Reporting Cadence
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	**[CHANGE]** Per Secretary discretion, Psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response.
Psychiatric Hospitals	**[CHANGE]** Per Secretary discretion, Psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response.
Medicaid Only Psychiatric Hospitals	**[CHANGE]** Per Secretary discretion, Psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response.
Rehabilitation Hospitals	**[CHANGE]** Per Secretary discretion, Psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response.
Medicaid Only Rehabilitation Hospitals	**[CHANGE]** Per Secretary discretion, Psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response.

*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 from their state or jurisdiction, hospitals are not expected to report to the Federal government on holidays unless otherwise noted; however, hospitals 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 from their state or jurisdiction, hospitals are not expected to report on weekends; however, hospitals 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. can be placed in 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 information to the Federal government through one of the methods below[2]. 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**.

[CHANGE] Starting on **December 15, 2022**, COVID-19 hospital data collection will be transitioning to the CDC's National Healthcare Safety Network (NHSN). Starting on December 15, the TeleTracking portal will no longer be active for submitting data, and all data will be collected through NHSN. Processes for reporting will remain the same - jurisdictions will still be able to submit data on behalf of facilities within their area, hospital systems will still be able to submit data at an enterprise level, third-party providers will still be able to submit data on behalf of facilities and/or jurisdictions, and hospitals will still be able to report individually. Reporting capabilities for a web interface, CSV upload, and/or API will remain, with the primary change being a change to the data collection platform.

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 NHSN, centralized reporting system, and/or health IT vendors or another third-party).
[CHANGE] Submit Data to NHSN	**[CHANGE]** Starting on December 15, 2022, COVID-19 hospital data collection will be transitioning to NHSN. Instructions and recordings for submitting COVID-19 hospital data to NHSN are available on the NHSN transition website, located at https://www.cdc.gov/nhsn/covid19/transition.html.
[CHANGE] Centralized System Reporting to NHSN	**[CHANGE]** 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 the available template. Note: The primary template is identical to the previous template used to submit data to TeleTracking.
[CHANGE] Share Information Directly with NHSN through your Health IT Vendor or Other Third-Party	**[CHANGE]** 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 through NHSN on behalf of the facility.

Note: Specific information is requested through different systems and mechanisms, such as therapeutics data through HPOP and testing data through public health mechanisms.

Troubleshooting & Operational Status Changes

[2] 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.

Hospitals with name changes and/or changes in operational status should contact their state public health department or contact the HHS Protect Service Desk (hhsprotect@cdc.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.

[CHANGE] Hospitals that encounter reporting challenges or have questions should contact the NHSN helpdesk (nhsn@cdc.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 be associated with a specific cadence. 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.[3] 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.

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 count 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**.

[3] 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.

- **[CHANGE] Data elements that were new in the previous version of the guidance (dated January 6) are no longer marked as [NEW] nor highlighted within the table.** There are no new data elements as of this August 10, 2022 guidance.
- **[CHANGE] Data elements with changes to whether they are optional or required** as of this August 10, 2022 guidance are marked as **[CHANGE]** in the required/optional column. Previous changes are no longer marked as **[CHANGE].**
- **[CHANGE] Data elements that have been made inactive for the federal data collection** as of this August 10, 2022 guidance are noted with **[CHANGE]** and 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 made newly inactive as of this August 10, 2022 guidance are also highlighted in italics and in orange, and data elements that were previously made 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
Metadata[4]					
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.	**[CHANGE]** Needed to submit	Daily*	NHSN Org ID	The NHSN-assigned facility ID **[CHANGE]** Note: NHSN Org ID will be needed to submit data into the NHSN system
	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.	Optional	Daily*	HHS ID	The HHS-assigned facility ID. If multiple facilities report under the same CCN, each individual facility will have a unique HHS ID. See **Appendix D** for additional information.
Capacity, Occupancy, Hospitalizations, Admissions					
2	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (All hospital beds)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (All adult hospital beds)*			
3	a.	**Required**	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

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

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					surge/hallway/overflow beds that are open for use for 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.	**Required**	Daily*	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.	**Required**	Daily*	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

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					surgical pediatric patients may be routinely placed). Include any occupied surge/hallway/overflow beds that are open for use. **This count excludes NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients.** This is a subset of #4a, and reflects occupancy levels for beds reported in #3c. This field is required as of 2/2/2022.
5[5]	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.	**Required**	Daily*	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

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

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
					includes occupied and unoccupied ICU beds, including any ICU beds that are, or could be, staffed and used for a pediatric patient. **This count excludes NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients.** This is a subset of #3c and #5a. Any beds counted in #5c should NOT be counted in #5b. This field is required as of 2/2/2022. Note: All pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
6	a.	**Required**	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.	**Required**	Daily*	Pediatric ICU bed occupancy (Subset)	Total number of set-up and staffed pediatric ICU beds occupied by a patient. **This count excludes NICU, newborn nursery, and outpatient surgery beds unless they are beds designated for COVID-19 positive pediatric patients.** This is subset of #4c and #6a. This field is required as of 2/2/2022. Note: All occupied pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
7		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Total mechanical ventilators)*			
8		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Mechanical ventilators in use)*			

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
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. See Appendix D for the definition of laboratory-confirmed COVID-19.
	b.	**Required**	Daily*	Hospitalized adult laboratory-confirmed COVID-19 patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
10	a.	**Required**	Daily*	Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who are suspected or laboratory-confirmed-positive for COVID-19. Include those in observation beds. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
	b.	**Required**	Daily*	Hospitalized pediatric laboratory-confirmed COVID-19 patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
11		**Required**	Daily*	Hospitalized and ventilated COVID-19 patients	Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a

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

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

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

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
20		**Required**	Daily*	Previous day's total COVID-19- related ED visits (Subset)	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to suspected or laboratory-confirmed COVID-19. Do not count patients who receive a COVID-19 test solely for screening purposes in the absence of COVID-19 symptoms. "Suspected" is defined as a person who is being managed as though he/she has COVID-19 because of signs and symptoms suggestive of COVID-19 but does not have a laboratory-positive COVID-19 test result. See **Appendix D** for the definition of laboratory-confirmed COVID-19.
21		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's remdesivir used)*			
22		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Current inventory of remdesivir)*			
23		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Critical staffing shortage today (Y/N)*			
24		Optional	Weekly^{+}	Critical staffing shortage anticipated within a week (Y/N)	Enter Y if you anticipate a critical staffing shortage within a week. Enter N if you do not anticipate a staffing shortage within a week. If you do not report this value, the default is N. If you have a shortage, report Y until the shortage is resolved. Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
25		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Additional details)*			
Supplies *Note: Supply reporting is **NOT** intended to replace request for resources processes.*					
26		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Are your PPE supply items managed at the facility level or centrally)*			
27	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (On hand Ventilator Supplies)*			
	b.	**Required**	Weekly+	On hand supply duration in days: **N95 respirators**	Provide calculated range of days of supply in stock for each PPE category. For supply categories that may have varying quantities or days on hand, report the days on hand for the item that has the lowest stock on hand. • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days Calculations may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.
	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.	*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)*			

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

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, ventilator medications)*			
	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 your facility is not able to maintain at least a 3-day supply of N95 respirators. Enter N/A if N95 respirators are not relevant at your facility.
	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, other respirators)*			
	e.	**Required**	Weekly+	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.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, nasal pharyngeal swabs)*			
	j.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, nasal swabs)*			
	k.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Maintain, viral transport media)*			
31	a.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse gowns)*			
	b.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse PAPRS)*			

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Reuse n95)*			
32	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Additional details)*				
33		**Required**	Daily*	Total hospitalized patients with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza virus infection. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.
34		**Required**	Daily*	Previous day's admissions with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.
35		**Required**	Daily*	Total hospitalized ICU patients with laboratory-confirmed influenza virus infection	Enter the total number of patients (adult and pediatric) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza virus infection. This is a subset of #33—this value should not exceed the value in #33. This field is required as of 2/2/2022. See **Appendix D** for the definition of laboratory-confirmed influenza.

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
36		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Total hospitalized patients co- infected with both laboratory-confirmed COVID-19 and laboratory-confirmed influenza virus infection)*			
37		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's influenza deaths (laboratory-confirmed influenza virus infection)*			
38		*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus)*			
Therapeutics Therapeutic reporting is being moved to the Healthcare Provider Ordering Portal (HPOP) system for collection, with an implementation date of November 2, 2022. This change will consolidate therapeutic reporting for all products and ordering in one location. Please note, the data elements and/or reporting cadence may be adjusted based on therapeutic team needs. Please follow HPOP reporting guidance starting November 2, 2022. Until November 2, the therapeutic data elements remain required for reporting once weekly on Wednesday.					
39	a.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapuetic A, Casirivimab/Imdevimab, Courses on Hand)*			
	b.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapuetic A, Casirivimab/Imdevimab, Courses Administered in Last Week)*			
39	c.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Therapeutic B On Hand)*			
	d.	*This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. No change is required to reporting templates. (Therapeutic B Courses Administered)*			
40	a.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapuetic C, Bamlanivimab/Etsevimab), Courses on Hand)*			
	b.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapeutic C, Bamlanivimab/Etsevimab, Courses Administered in Last Week)*			
	c.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapuetic D, Sotrovimab, Courses on Hand)*			
	d.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. It remains required until the transition to HPOP. (Therapeutic D, Sotrovimab, Courses Administered in Last Week)*			
Therapeutic Placeholders *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*					

ID	Sub ID	Required/Optional	Cadence	Information Needed	Description
40	e.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	f.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	g.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	h.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	i.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	j.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	k.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	l.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	m.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	n.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	o.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
	p.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022.*			
Healthcare Worker Vaccination **[CHANGE]** As of this August 10, 2022 guidance, healthcare worker vaccination fields have been made federally inactive within the Unified Hospital Data Surveillance System. As a reminder, CMS rule CMS-1752-F and CMS-1762-F requires hospital worker vaccination rates to be reported on a regular basis into the National Healthcare Safety Network (NHSN) as a quality measure beginning on October 1, 2021. NHSN has provided additional information and resources on the measures being collected. **The below vaccination data elements below have been made inactive for federal collection and do NOT meet the requirements of the CMS rule.**					
41		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. No change is required to reporting templates. (COVID-19 Vaccine doses administered to healthcare personnel)*			

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

* 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

[CHANGE] Therapeutic Data Elements

[CHANGE] On November 2, 2022, therapeutic data reporting will be transition to the Health Partner Ordering Portal (HPOP). HPOP is an ordering portal for requesting COVID-19 therapeutic products provided at no cost by the Administration for Strategic Preparedness and Response within the U.S. Department of Health and Human Services. HPOP is used to order COVID-19 therapeutic products allocated by HHS/ASPR. Further information will be provided on the therapeutic reporting transition to HPOP, with the therapeutic team determining reporting needs accordingly. While therapeutic data will no longer included in Unified Hospital Data Surveillance System reporting starting November 2, 2022, therapeutic data remains important to the federal response. This information is needed for tracking purposes and strategic decision making. All hospitals should follow reporting requirements through HPOP. Questions on therapeutic data reporting can be directed to: cars_helpdesk@cdc.gov and hpop-therapeutics@hhs.gov.

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. For this reason, hospitals should not report testing information directly to HHS unless state reporting changes.

For additional information and answers to 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 are 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 (hhsprotect@cdc.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 sharing 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, 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.

[CHANGE] Users who identify any errors in their data are encouraged to contact the NHSN Help Desk (nshn@cdc.gov).

Appendix A: Change Log

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

Changes from the August 15, 2022 COVID-19 Hospital Reporting Guidance and FAQs

The only changes made in the December 15, 2022 version are updates related to the transition of reporting to the National Healthcare Safety Network (NHSN). There are **no significant changes or additions to the reporting questions as a result of this transition.** Reporting requirements will remain the same, with the only significant change being the data system and the need to use NHSN orgIDs. Information on the transition is available on the transition website, located at https://www.cdc.gov/nhsn/covid19/transition.html.

Data Element Changes

- NHSN orgID is now needed to submit data

Changes from the previous COVID-19 Hospital Reporting Guidance and FAQs (dated January 6, 2022)

Facility Type Changes

- Psychiatric & Rehabilitation Hospitals: Per Secretary discretion, psychiatric and rehabilitation facility federal reporting has been set to submitting data once annually from October to October. This may evolve based on needs of the national response. See **Appendix D** for additional details on reporting.

Data Element Changes

Several data elements have been made inactive for federal collection within the Unified Hospital Data Surveillance System (UHDSS). Some data elements, – while inactive or soon to be inactive in UHDSS – are being collected through other mechanisms, including vaccination and therapeutic data. These changes have been marked as **[CHANGE]** and highlighted in orange. Changes from previous guidance updates are no longer marked as changes.

On November 2, 2022, data elements related to therapeutics will be moved for collection in the Healthcare Provider Ordering Portal (HPOP).These data elements include:

- 39a: Therapeutic A courses on hand
- 39b: Therapeutic A courses administered
- 40a: Therapeutic C courses on hand

- 40b: Therapeutic C courses administered
- 40c: Therapeutic D courses on hand
- 40d: Therapeutic D courses administered
- 40e-p: Therapeutic placeholders

Healthcare worker vaccination fields have been made federally inactive within the Unified Hospital Data Surveillance System. As a reminder, CMS rule CMS-1752-F and CMS-1762-F requires hospital worker vaccination rates to be reported on a regular basis into the National Healthcare Safety Network (NHSN) as a quality measure beginning on October 1, 2021.

- 41: Vaccine doses administered to healthcare personnel
- 42: Healthcare personnel, no COVID-19 vaccine
- 43: Healthcare personnel, first COVID-19 vaccine in series
- 44: Healthcare personnel, completed COVID-19 vaccine series
- 45: Total number of healthcare personnel
- 46: Patients, first COVID-19 vaccine in series
- 47: Patients, completed COVID-19 vaccine in series

Narrative Changes

- Added information on therapeutic move to HPOP.
- Added information on psychiatric and rehabilitation facility reporting in narrative and Appendix D.
- Removed therapeutic calculator from Appendix D.
- Clarifications added to narrative and/or data element notes based clarifications previously issued to date.

Changes from earlier 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 Collection[6]:
  - 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

[6] 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.

- 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
- 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 NHSN (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.	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.	*This field has been made inactive for the federal data collection. (all hospital beds)*	
	b.	*This field has been made inactive for the federal data collection. (all adult hospital beds)*	
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.	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.	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.	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.	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		*This field has been made inactive for the federal data collection. (Total mechanical ventilators)*	
8		*This field has been made inactive for the federal data collection. (Mechanical Ventilators in Use)*	
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.

Capacity, Occupancy, Hospitalizations, and Admissions			
	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.	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		*This field has been made inactive for the federal data collection. (ED/Overflow)*	
15		*This field has been made inactive for the federal data collection. (ED/Overflow and Ventilated)*	
16		*This field has been made inactive for the federal data collection. (Previous day's COVID-19 Deaths)*	
17	a.	Previous day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket: • 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			
		• 50-59 • 60-69 • 70-79 • 80+ • Unknown	
	b.	Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: • 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 fields 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.	Previous day's pediatric admissions with laboratory-confirmed COVID-19; stratification by age group: • 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 fields 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		*This field has been made inactive for the federal data collection. (Previous day's remdesivir used)*	
22		*This field has been made inactive for the federal data collection. (Current inventory of remdesivir)*	
23		*This field has been made inactive for the federal data collection. (Critical staffing shortage today (Y/N)*	
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		*This field has been made inactive for the federal data collection. (Staffing shortage details)*	

Supplies			
ID	**Sub ID**	**Information Needed**	**Purpose**
26		*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)*	
27	a.	*This field has been made inactive for the federal data collection. (On hand Ventilator Supplies)*	
	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.	*This field has been made inactive for the federal data collection. (Eaches, n95 respirators)*	
	b.	*This field has been made inactive for the federal data collection. (Eaches, other respirators)*	
	c.	*This field has been made inactive for the federal data collection. (Eaches, surgical & procedural masks)*	

Supplies			
	d.	*This field has been made inactive for the federal data collection. (Eaches, eye protection)*	
	e.	*This field has been made inactive for the federal data collection. (Eaches, single-use gowns)*	
	f.	*This field has been made inactive for the federal data collection. (Eaches, launderable gowns)*	
	g.	*This field has been made inactive for the federal data collection. (Eaches, exam gloves)*	
29	a.	*This field has been made inactive for the federal data collection. (Able to obtain, ventilator supplies)*	
	b.	*This field has been made inactive for the federal data collection. (Able to obtain, ventilator medications)*	
	c.	*This field has been made inactive for the federal data collection. (Able to obtain, n95 respirators)*	
	d.	*This field has been made inactive for the federal data collection. (Able to obtain, other respirators)*	
	e.	*This field has been made inactive for the federal data collection. (Able to obtain, surgical & procedural masks)*	
	f.	*This field has been made inactive for the federal data collection. (Able to obtain, eye protection)*	
	g.	*This field has been made inactive for the federal data collection. (Able to obtain, single-use gowns)*	
	h.	*This field has been made inactive for the federal data collection. (Able to obtain, exam gloves)*	
	i.	*This field has been made inactive for the federal data collection. (Able to maintain, launderable gowns)*	
30	a.	*This field has been made inactive for the federal data collection. (Able to maintain, ventilator supplies)*	
	b.	*This field has been made inactive for the federal data collection. (Able to maintain, ventilator medications)*	
	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.	*This field has been made inactive for the federal data collection. (Able to maintain, other respirators)*	
	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.	*This field has been made inactive for the federal data collection. (Able to maintain, nasal pharyngeal swabs)*	
	j.	*This field has been made inactive for the federal data collection. (Able to maintain, nasal swabs)*	
	k.	*This field has been made inactive for the federal data collection. (Able to maintain, viral transport media)*	
31	a.	*This field has been made inactive for the federal data collection. (Reuse gowns)*	
	b.	*This field has been made inactive for the federal data collection. (Reuse PAPRS)*	
	c.	*This field has been made inactive for the federal data collection. (Reuse n95 respirators)*	
32		*This field has been made inactive for the federal data collection. (Critical issues)*	

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		*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)*	
37		*This field has been made inactive for the federal data collection. (Previous day's influenza deaths (laboratory-confirmed influenza virus infection)*	
38		*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)*	

Therapeutic			
ID	**Sub ID**	**Information Needed**	**Purpose**
39	a.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic A Courses on Hand)*	

Therapeutic		
	b.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic A Courses Administered in Last Week)*
	c.	*This field has been made inactive for the federal data collection. (Therapeutic B on hand)*
	d.	*This field has been made inactive for the federal data collection. (Therapeutic B courses)*
40	a.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic C Courses on Hand)*
	b.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic C Courses Administered in Last Week)*
	c.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic D Courses on Hand)*
	d.	**[CHANGE]** *This field will be moved to HPOP on November 2, 2022. (Therapeutic D Courses Administered in Last Week)*

Therapeutic Placeholders			
ID	**Sub ID**	**Information Needed**	**Purpose**
	e.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic E Courses on Hand)*	
	f.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic E Courses Administered in Last Week)*	
	g.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic F Courses on Hand)*	
	h.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic F Courses Administered in Last Week)*	
	i.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic G Courses on Hand)*	
	j.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic G Courses Administered in Last Week)*	
	k.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic H Courses on Hand)*	
	l.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic H Courses Administered in Last Week)*	
	m.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic I Courses on Hand)*	
	n.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic I Courses Administered in Last Week)*	
	o.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic J Courses on Hand)*	

Therapeutic Placeholders		
	p.	**[CHANGE]** *As of this August 10, 2022 guidance, therapeutic placeholders are being made inactive due to the incoming change of all therapeutic reporting being moved into HPOP on November 2, 2022. (Placeholder, Therapeutic J Courses Administered in Last Week)*

Healthcare Worker Vaccination			
ID	**Sub ID**	**Information Needed**	**Purpose**
41		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine))*	
42		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (Current healthcare personnel who have not yet received any COVID-19 vaccination doses)*	
43		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (Current healthcare personnel who have received the first dose in a multi-series of COVID-19 vaccination doses)*	
44		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination)*	
45		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (Total number of current healthcare personnel)*	
46		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (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		**[CHANGE]** *This field has been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government through the Unified Hospital Data Surveillance System. Please ensure complete reporting to NHSN per CMS guidance. (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 *(All facilities are encouraged to back-date information from weekends and holidays on the next business day)*		
ID	**Sub ID**	**Information Needed**
1	a.	Hospital Name
	b.	Hospital CCN
	c. **[CHANGE]**	NHSN Org ID
	d.	State
	e.	County
	f.	ZIP
3	a.	All hospital inpatient beds
	b.	All adult inpatient beds
	c.	All pediatric inpatient beds
4	a.	All hospital inpatient occupancy
	b.	All adult inpatient occupancy
	c.	All pediatric inpatient occupancy
5	a.	All ICU beds
	b.	Adult ICU beds
	c.	Pediatric ICU beds
6	a.	All ICU bed occupancy
	b.	Adult ICU occupancy
	c.	Pediatric ICU occupancy

ID	Sub ID	Information Needed
9	a.	Hospitalized adult suspected COVID-19
	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.	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)	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		Total hospitalized patients with laboratory-confirmed influenza virus infection
34		Previous day's influenza virus infection admissions (laboratory-confirmed influenza virus infection)
35		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
	c.	On hand supply (DURATION in days) surgical and procedure masks

Weekly Required Data Elements		
	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.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic A courses on hand
	b.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic A courses administered in the last week
40	a.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic C courses on hand
	b.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic C courses administered in the last week
	c.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic D courses on hand
	d.	**[CHANGE]** Required until November 2, 2022, then moved to HPOP. Therapeutic D courses administered in the last week

Daily Optional Data Elements *(All facilities are encouraged to back-date information from weekends and holidays on the next business day)*		
ID	**Sub ID**	**Information Needed**
1	g.	TeleTracking ID
	h.	HHS ID

Weekly Optional Data Elements		
ID	**Sub ID**	**Information Needed**
24		Critical staffing shortage anticipated within a week (Y/N)

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, unless they are designated for COVID-19 positive pediatric patients. 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)

Additional Pediatric Reporting Clarifications

For facilities without beds designated specifically for adult or pediatric patients, it is ok to report pediatric capacity as zero up until the point when there is a pediatric patient occupying a bed, in which case numbers for fields 3c, 4c, 5c, and 6c are asked to be reflective of hospitalized pediatric patients.

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.

[CHANGE] Psychiatric & Rehabilitation Hospital Reporting

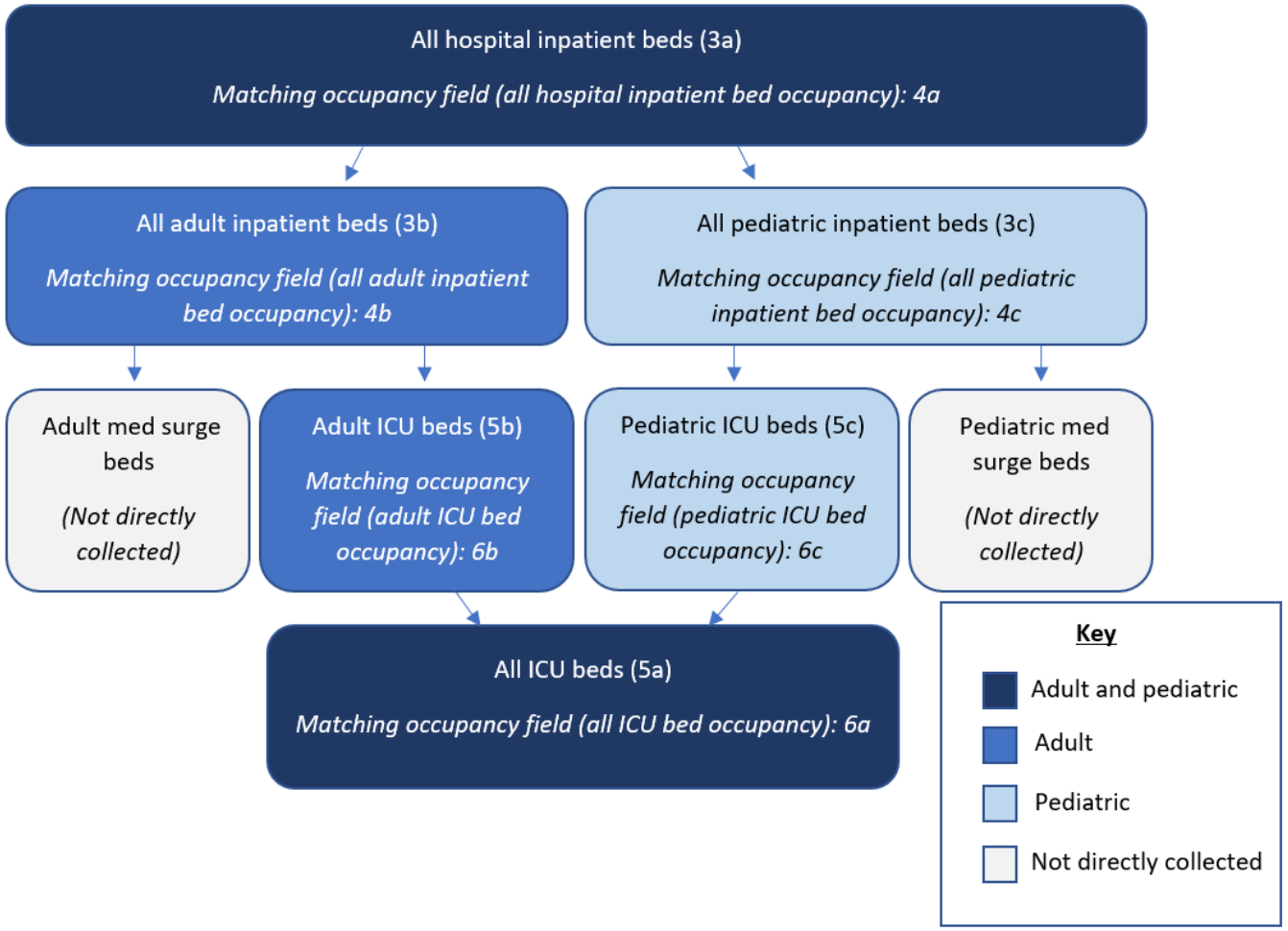
[CHANGE] As of this August 10, 2022 guidance, per Secretary discretion, psychiatric and rehabilitation facilities must submit data federally only once on an annual basis which will go from October to October. This may evolve based on the needs of the national response. **All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.**

- As long as psychiatric & rehabilitation hospitals have reported once since October 2021, psychiatric & rehabilitation hospital federal reporting requirements through October 2022 are currently fulfilled.
- Psychiatric & rehabilitation hospitals will be required to report once from October 1, 2022 to October 1, 2023.

When psychiatric & rehabilitation hospitals report, reporting will still occur on a Wednesday, in exactly the same way as the reporting to date. The only change federally is the reporting cadence- instead of reporting federally every week, psychiatric and rehabilitation hospitals will provide the same snapshot once per year. The jurisdiction and/or hospital have discretion on which Wednesday during the October-October period the facility will report on. All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

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	**[CHANGE]** Needed to submit	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

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
hospitalized_and_ventilated_covid_patients	11		Required	Daily	Number
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

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
previous_day_admission_adult_covid_suspected_30_39	17	b-3	Required	Daily	Number
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_remdesivir_used	21		Federally Inactive		Number
on_hand_supply_remdesivir_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

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
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
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
reusuable_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

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
previous_day_admission_influenza_confirmed	34		Required	Weekly	Number
icu_patients_confirmed_influenza	35		Required	Weekly	Number
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	Moving to HPOP November 2, 2022		Number
previous_week_Therapeutic_A_courses_used	39	b	Moving to HPOP November 2, 2022		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	Moving to HPOP November 2, 2022		Number
previous_week_Therapeutic_C_courses_used	40	b	Moving to HPOP November 2, 2022		Number
on_hand_supply_Therapeutic_D_courses	40	c	Moving to HPOP November 2, 2022		Number
previous_week_Therapeutic_D_courses_used	40	d	Moving to HPOP November 2, 2022		Number
on_hand_supply_Therapeutic_E_courses	40	e	Federally Inactive		Number
previous_week_Therapeutic_E_courses_used	40	f	Federally Inactive		Number
on_hand_supply_Therapeutic_F_courses	40	g	Federally Inactive		Number
previous_week_Therapeutic_F_courses_used	40	h	Federally Inactive		Number
on_hand_supply_Therapeutic_G_courses	40	i	Federally Inactive		Number
previous_week_Therapeutic_G_courses_used	40	j	Federally Inactive		Number
on_hand_supply_Therapeutic_H_courses	40	k	Federally Inactive		Number
previous_week_Therapeutic_H_courses_used	40	l	Federally Inactive		Number
on_hand_supply_Therapeutic_I_courses	40	m	Federally Inactive		Number
previous_week_Therapeutic_I_courses_used	40	n	Federally Inactive		Number
on_hand_supply_Therapeutic_J_courses	40	o	Federally Inactive		Number
previous_week_Therapeutic_J_courses_used	40	p	Federally Inactive		Number

Template Data Element Name	ID	Sub ID	Status	Cadence	Format
previous_week_personnel_covid_vaccinated_doses_administered	41		Federally Inactive		Number
total_personnel_covid_vaccinated_doses_none	42		Federally Inactive		Number
total_personnel_covid_vaccinated_doses_one	43		Federally Inactive		Number
total_personnel_covid_vaccinated_doses_all	44		Federally Inactive		Number
total_personnel	45		Federally Inactive		Number
previous_week_patients_covid_vaccinated_doses_one	46		Federally Inactive		Number
previous_week_patients_covid_vaccinated_doses_all	47		Federally Inactive		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