

**Message from:**  
**U.S. Department of Health & Human Services**  
**Urgent: Change to COVID-19 Hospital Reporting**

12/10/2020

Dear 

Thank you for your commitment to providing your hospital's daily utilization data as we collaborate on the public health response to the COVID-19 pandemic. As the situation continues to evolve - and in order to be as responsive as possible to the health and wellness needs of the American people - on Tuesday, December 8<sup>th</sup> additional data fields for Therapeutic treatment usage and inventory were announced in an updated FAQ. Additionally the influenza fields become mandatory beginning on Friday, December 18<sup>th</sup>.

If you submit to your state or state hospital association, please follow their guidance on how and when to update your reporting. States that are certified to submit on behalf of their hospitals will make the below changes and communicate any updates to you. If your state cannot meet the reporting requirements by the dates required, then they will communicate this with you. The list of certified states can be found [here](#).

If you submit directly to TeleTracking, a new data upload template has been issued that aligns with the new reporting requirements.

- This new template may be used beginning on Monday December 14<sup>th</sup>.
- To enable a smooth transition for partners and stakeholders, users may continue using the legacy template(s) for the foreseeable future.

Changes to the new Guidance for Hospital Reporting and FAQ include:

- The six data points for influenza will become mandatory beginning on Friday December 18<sup>th</sup>, 2020. See HHS Guidance #33-#38 for details.

- 33) Total hospitalized patients with laboratory-confirmed influenza
- 34) Previous day's influenza admissions
- 35) Total ICU patients with laboratory-confirmed influenza
- 36) Total hospitalized patients with both laboratory-confirmed COVID-19 and influenza
- 37) Previous day's influenza deaths
- 38) Previous day's deaths with both COVID-19 and influenza
- The addition of four reporting fields for the Therapeutic A and Therapeutic B, designated as COVID-19 therapeutics Casirivimab/Imdevimab and Bamlanivimab, to be reported weekly for Wednesday's date. These optional reporting fields are available beginning on Wednesday December 9<sup>th</sup>, 2020 and will become mandatory on 1/8/21. See HHS Guidance #39 for details.
  - 39a) on\_hand\_supply\_Therapeutic\_A\_courses (Casirivimab/Imdevimab)
  - 39b) previous\_week\_Therapeutic\_A\_courses\_used (Casirivimab/Imdevimab)
  - 39c) on\_hand\_supply\_Therapeutic\_B\_courses (Bamlanivimab)
  - 39d) previous\_week\_Therapeutic\_B\_courses\_used (Bamlanivimab)
- The addition of sixteen fields for potential future use were added to the Guidance for Hospital Reporting and FAQ and to the upload templates in preparation for future potential to-be-designated Therapeutics C through J. These reporting fields will be available within the new data template and are provided so users can configure their data and reporting systems to be prepared when these therapeutics are approved and announced for reporting. Their usage and the designation of appropriate therapeutics will be communicated at a future time. See HHS Guidance #40 for details.

Additional details are available in [HHS Guidance for Hospital Reporting and FAQs](#), please review the TeleTracking release notes at [U.S. Healthcare COVID-19 Portal Help](#).

Our support teams are here to assist.

- TeleTracking's Technical Support team is available 24 hours a day, 7 days a week to assist. Should you have questions about the registration process or the information that needs to be entered, we are here to assist. Please contact [TeleTracking Technical Support](#) at 877-570-6903.
- HHS Protect Service desk is available 8AM-9PM EST on weekdays and 10AM-2PM EST on Saturdays at [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov).

We value your continued collaboration and dedication in this effort as HHS and its federal partners- including the CDC-continue fighting the COVID-19 virus. This type of robust data collection makes it possible for HHS and the Administration to properly, fairly, and transparently distribute scarce and limited resources to those who are most in need due to the ongoing public health emergency.

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