

## Special Bulletin

May 15, 2020

## Next Deadline for HHS-requested Data to Inform Remdesivir Distribution is Monday, May 18

HHS also notes remdesivir supply is limited

The Department of Health and Human Services (HHS) yesterday announced that the next deadline for submitting data to inform the agency's distribution of its supply of remdesivir is **Monday, May 18 at 11:59 p.m. ET.** Earlier this week, HHS <u>announced</u> that it is requesting weekly data on the number of currently hospitalized COVID-19 patients and, of those hospitalized, the number requiring placement in intensive care units (ICUs).

HHS continues to ask hospitals to submit the data using its TeleTracking web <u>portal</u>. This is the same portal HHS used last month for a <u>one-time data request</u> to inform its targeted distribution of funds to hospitals heavily impacted by COVID-19. TeleTracking also is one of the options hospitals can use to fulfill HHS's previous request for the <u>daily reporting</u> of bed capacity and utilization data. See the AHA's May 11 <u>Special Bulletin</u> for additional details on what data to submit and how to enter it into TeleTracking.

Hospitals that already use TeleTracking for their daily reporting do not need to do anything differently for this remdesivir data collection, other than ensure their data are in by the deadline. In addition, **all hospitals should report at least the six admissions and ICU data fields into TeleTracking**, even if they are using another reporting mechanism (e.g., National Healthcare Safety Network, or state reporting) for daily reporting. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.

In addition, HHS reiterated that the supply of remdesivir is limited. Over the next few weeks, HHS will allocate all of the donated supply from Gilead. In fact, by early next week, approximately half of the available supply will have arrived in the states for distribution (approximately 10% in the first allocation and 40% in the second allocation). Future allocations will be made over the next several weeks, but when the supply has been distributed, HHS anticipates that no more will be available in the U.S. until sometime after the end of August, at the earliest. **Thus, those hospitals that receive an allocation should be mindful that they need to consider carefully how to make decisions about how the drug is used**.