



Frequently Asked Questions	Answers
<b>When is the Public Health Emergency (PHE) Declaration ending?</b>	The PHE declaration is ending May 11, 2023.
<b>Will the Centers for Disease Control (CDC) continue to respond to COVID-19 threats?</b>	Yes. CDC will continue its work to prevent illness and death from the virus.
<b>What is CDC doing to establish continued access to COVID-19 resources?</b>	CDC is working with other federal government agencies and offices to maintain equitable access to vaccines, testing, and therapeutics.
<b>What will happen with COVID-19 surveillance once the PHE ends?</b>	Most CDC COVID-19 data surveillance activities are not directly affected by the PHE. This includes case and death reporting, wastewater testing and traveler surveillance.
<b>When will data reporting for hospitals end?</b>	Hospital data reporting will continue through April 30, 2024.
<b>Will CDC continue to collect hospital data?</b>	Yes. However, COVID-19 reports from hospitals may be reduced from daily reporting to a lesser frequency. CDC is working with its jurisdictional partners to assess ongoing surveillance needs and reporting systems.
<b>Will the national vaccine distribution program end when the PHE ends?</b>	No. The program will continue (while supplies last). CDC will continue to work with Health and Human Services (HHS) to address the needs of jurisdictions and partners.
<b>Will the Presidential Proclamation on “Safe Resumption of Global Travel During the COVID-19 Pandemic” end?</b>	No. This was issued under a presidential proclamation. It will remain in effect until it’s terminated by the president of the U.S.
<b>What additional impact will the PHE ending have on data collections?</b>	Once the PHE ends, reporting negative laboratory tests for SARS-CoV-2 will no longer be required the CARES Act authorization for HHS to require laboratory result reporting will be revoked. States and local authorities could receive fewer consistent and comprehensive SARS-CoV-2 laboratory result data. This could also affect the quality of the data being reported to CDC. Laboratories and healthcare providers may still be required to report positive cases. However, this depends on state and local laws or regulations. This may impact how quickly the information may be reported. CDC COVID-19 Community Levels calculations will not be affected; however, the percent positivity metric that’s issued to understand Transmission Levels would be impacted. Hospitals are mandated by Centers for Medicare & Medicaid Services (CMS) to use Transmission Levels to determine prevention measures/mitigation strategies.
<b>What will happen to data use agreements (DUA) when the PHE ends?</b>	State and territorial public health jurisdictions are being asked to extend their DUA through the end of 2023. As of Feb 28, 2023, 55 jurisdictions have signed a COVID-19 DUA extension for weekly reporting. CDC is discussing DUAs with other jurisdictions that do not have one in place. Without data sharing from all jurisdictions, CDC will no longer have access to comprehensive data that reports on who is being vaccinated. This will affect its ability to monitor vaccine recommendations, identify unvaccinated populations, and evaluate the effectiveness of the COVID-19 vaccine.
<b>Will hospitals continue to track and report the number of patients they admitted with COVID-19?</b>	Yes, however, the timing for providing this information may be reduced. CMS currently requires daily hospital reporting of COVID-19 admissions. It’s working closely with CMS and ASPR to determine which data elements are critical for public health, preparedness and patient safety. CDC will also review how often the data needs to be reported. Also, certain changes in hospitalization reporting might affect calculation of the COVID-19 Community Levels.
<b>Will the public still have access to COVID-19 testing at pharmacies?</b>	The number of pharmacy testing sites may decrease. When the PHE ends, it may limit the CDC’s ability to continue the Increasing Community Access to Testing (ICATT) program for COVID-19. The ICATT program provides free COVID-19 testing to vulnerable, high-risk underserved communities that are impacted by the pandemic. This includes people who are uninsured. The ICATT program has no set end date, yet. ICATT pharmacy and surge testing vendors are funded for 6-month increments. Contracts are currently funded through May 2023.
<b>How will insurance coverage affect a pharmacy’s ability to distribute COVID-19 testing?</b>	The availability of Rapid Test Kits that are used by many pharmacies may decrease. Changes in insurance coverage and reimbursement may reduce the number of pharmacies that offer COVID-19 testing. Please direct your questions regarding ICATT to <a href="mailto:eoevent588@cdc.gov">eoevent588@cdc.gov</a> .
<b>Will the Exposure Notifications System be impacted when the PHE end?</b>	Yes. On May 11, 2023, the following components of the Exposure Notifications System in the United States will end National Key Server (NKS) and Multi-tenant Verification Server (MVS) Operations and Exposure Notifications Express (ENX) Solution. As a result, APHL can no longer offer this service to any agency. This includes those that use Exposure Notifications Express, custom exposure notifications applications, or services that mirror the server.