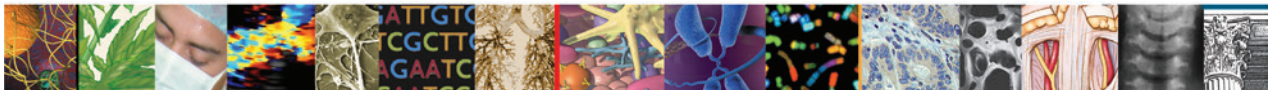

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

The Consequences of Silencing the "Voice of CDC"

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On January 21, 2025, the Trump administration ordered federal agencies in the Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the National Institutes of Health (NIH), to immediately place a pause on issuing documents and public communications through February 1, 2025, unless they would affect critical health, safety, environmental, financial, or national security.[1] On the basis of this order, the weekly version of CDC's *Morbidity and Mortality Weekly Report* (*MMWR*) was not released for 2 consecutive weeks. A truncated issue of *MMWR* was published on February 6; however, the issue included only two brief reports on recent wildfires and no full reports. Of note, full reports with updates on H5N1 influenza were reportedly available for publication but were not included, an omission that raises concerns about the CDC's ability to disseminate scientific data and analysis of public health information in a timely manner.

The *MMWR*, often referred to as the "voice of CDC," was first published at the CDC in 1961[2] and for decades has served as a primary source of authoritative, accurate, and timely data, analysis, and interpretation that has guided public health actions by medical and public health professionals, researchers, policymakers, and the public. With more than 147,000 electronic subscribers, the *MMWR*'s website receives more than 17 million page views each year, and its reports are heavily cited in the medical and public health literature. The weekly publication is used to rapidly disseminate information on a broad range of topics, including acute infectious disease outbreaks and public health emergencies, vaccine- and medication-safety updates, and chronic-disease prevention and control recommendations. Each week, *MMWR* releases embargoed reports to the news media, which allows broad amplification of the information to the public. When necessary because of the urgency of a topic, *MMWR* publishes "Early Releases" outside its routine weekly publication schedule.

As former editors-in-chief of the *MMWR* and a previous senior agency official who oversaw its recent modernization, we attest to a consistent approach to *MMWR*'s editorial process across previous presidential administrations. Reports submitted for publication go through an extensive review process within the CDC that involves multiple scientists with relevant expertise throughout the agency as well as *MMWR* editors. Before

publication, the CDC shares the titles and brief communication summaries of reports scheduled for the upcoming issue with the Office of the Assistant Secretary for Public Affairs at HHS to alert federal leadership of the content. However, in our experience, at no time have reports been altered or censored by executive-branch leaders. Before the recently ordered pause, the *MMWR* had not missed publishing a scheduled weekly issue, although smaller issues containing only high-priority articles were released during government shutdowns.

The American people have benefited from reports published in *MMWR* for more than 60 years. The list of *MMWR* articles that have provided critical information is long. Notable examples include reports of a cluster of five previously healthy gay men with opportunistic infections in California, heralding the onset of the HIV pandemic; identification of hamburger meat as the cause of a multistate foodborne outbreak of *Escherichia coli* O157:H7 infections, which caused more than 700 cases of illness and four deaths; a case of anthrax in a 63-year-old man in Florida, which led to identification of the intentional distribution of *Bacillus anthracis* spores through the mail[2]; and a report on an outbreak of e-cigarette–induced lung injury in North Carolina,[3] which led to the identification of a chemical contained in some vaping products as the cause of more than 2800 hospitalizations and 68 deaths.

In all these instances, the timeliness of the reports was critical: rapid publication of data on and analysis of the ongoing epidemiologic investigations and associated public health recommendations led to actions that resulted in fewer illnesses and deaths. Moreover, the significance of the problem was not always recognized at the time of the initial publication; for example, the importance of the report on the first cases of HIV infection became clear only after additional cases were reported.[2]

MMWR is published on an urgent basis during national responses to public health emergencies, including the 2009 H1N1 influenza pandemic, the importation of Ebola virus into the United States, a Zika virus outbreak with severe effects during pregnancy, and the Covid-19 pandemic. In these reports, *MMWR* provided the most recent data and recommendations to guide the actions of medical and public health professionals as well as the public.

MMWR also publishes evidence-based recommendations for vaccinations that have been developed by the Advisory Committee on Immunization Practices (a federal advisory committee) and approved by the CDC director. These recommendations are used to set childhood and adult immunization schedules; vaccines included on these schedules are required by law to be covered by insurance without cost sharing within a year after their approval.[4] Finally, *MMWR* publishes important and timely analyses of national health data to raise awareness about other major health issues affecting the country (e.g., preventable deaths in rural America)[5] and to highlight strategies for addressing them.

A crucial concern about the pause imposed by the Trump administration is not only its effect on the *MMWR*, but also the potential effect on other public health communications from the CDC, including Health Alert Network messages about emerging threats, new travel advisories, and communications with state and local health departments and other health agencies. As a result, critical and timely health information that is needed to prevent disease and save lives has been disrupted. Communications from the NIH and the FDA were also paused, causing disruptions in the review of research grants and potential delays in drug approvals. This disruption of communications from the CDC and other health agencies is far-reaching, potentially with serious consequences for the public's health. Furthermore, the pause in publication of the *MMWR* and other health communications might portend changes in *MMWR* articles and other federal health communications based on political objectives.

Threats to public health are ubiquitous and continuous and pose risks to our economy and national security. Recent information on H5N1 influenza virus in chickens and now cows, with limited spread to humans, is sounding alarms. One of the largest outbreaks of tuberculosis in U.S. history is ongoing in Kansas, and the reemergence of Ebola in Uganda could lead to its importation into the United States. The ongoing existing and potential threats to the health of the U.S. population underscore the reality that we cannot afford a cessation of data-driven updates from our country's lead public health agency. It is essential that decisions regarding updates on public health issues necessary to protect individuals, communities, and the country are made by experts in public health and medicine.

Three of the authors served as editors-in-chief of *MMWR*: Dr. Rasmussen from 2015 to 2018, Dr. Lindegren from 2005 to 2006, and Dr. Altman from 1963 to 1964. Dr. Iademarco served as director of the CDC's Center for Surveillance, Epidemiology, and Laboratory Services from 2014 to 2022 (*MMWR* was hosted in this center during that time).

Disclosure forms provided by the authors are available at NEJM.org.

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This article was published on February 12, 2025, at NEJM.org.

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DOI: 10.1056/NEJMp2501622