

Silencing Urgent Health Updates

Examining the Impact of the Freeze on the CDC's Morbidity and Mortality Weekly Report

U.S. Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

“This idea that science cannot continue until there’s a political lens over it is unprecedented... I hope it’s going to be very short-lived, but if it’s not short-lived, it’s censorship.” – Dr. Anne Schuchat, former Principal Deputy Director, CDC

Since January 13, 1961, the Centers for Disease Control and Prevention (CDC) has—without fail—published weekly issues of the Morbidity and Mortality Weekly Report (MMWR), the agency’s routine update to doctors, health departments, researchers, and the public about infectious disease outbreaks, emerging health findings, and urgent new health care updates.

Information from the MMWR provides timely research and analyses of public health threats, including the latest reports from the CDC’s disease detectives. For decades, the weekly report published every Thursday, and provided unbiased, science-based information to identify critical new information for the health care community.

And yet, on Thursday, January 23, 2025, the MMWR failed to publish for the first time in its history.¹ On Thursday, January 30, 2025, the MMWR failed to publish for the second time in its history. The Trump Administration has stated, “HHS has issued a pause on mass communications ... to allow the new team to set up a process for review and prioritization.”²

This report examines the significance of the MMWR for public health, reveals new findings about information that is being stifled, and calls for the CDC to resume its weekly MMWR publication tomorrow: on February 6, 2025.

¹ <https://www.healio.com/news/infectious-disease/20250124/famed-cdc-journal-goes-unpublished-amid-hhs-communications-freeze>

² <https://www.washingtonpost.com/health/2025/01/21/trump-hhs-cdc-fda-communication-pause/>

The screenshot shows the CDC Morbidity and Mortality Weekly Report (MMWR) website. The header includes the CDC logo, the title "Morbidity and Mortality Weekly Report (MMWR)", and a search bar. A yellow banner at the top right states "CDC's website is being modified to comply with President Trump's Executive Orders." The left sidebar contains a navigation menu with categories like "Publications", "Weekly Report", "Past Volumes (1982-2024)", "Recommendations and Reports", "Surveillance Summaries", "Supplements", "Archive (1952-1981)", "Notifiable Infectious Diseases", "Notifiable Noninfectious Conditions", "Vital Signs", "Visual Abstracts", and "Podcasts". The main content area is titled "MMWR Weekly: Past Volumes (1982-2024)" and includes a "Print" link. Below the title is a grid of 24 links, each representing a volume and its year, arranged in three columns and eight rows.

Volume	Year	Volume	Year	Volume	Year
Volume 73	(2024)	Volume 58	(2009)	Volume 43	(1994)
Volume 72	(2023)	Volume 57	(2008)	Volume 42	(1993)
Volume 71	(2022)	Volume 56	(2007)	Volume 41	(1992)
Volume 70	(2021)	Volume 55	(2006)	Volume 40	(1991)
Volume 69	(2020)	Volume 54	(2005)	Volume 39	(1990)
Volume 68	(2019)	Volume 53	(2004)	Volume 38	(1989)
Volume 67	(2018)	Volume 52	(2003)	Volume 37	(1988)
Volume 66	(2017)	Volume 51	(2002)	Volume 36	(1987)
Volume 65	(2016)	Volume 50	(2001)	Volume 35	(1986)
Volume 64	(2015)	Volume 49	(2000)	Volume 34	(1985)
Volume 63	(2014)	Volume 48	(1999)	Volume 33	(1984)
Volume 62	(2013)	Volume 47	(1998)	Volume 32	(1983)
Volume 61	(2012)	Volume 46	(1997)	Volume 31	(1982)
Volume 60	(2011)	Volume 45	(1996)		
Volume 59	(2010)	Volume 44	(1995)		

For comparison, the MMWR published on January 20, 2017, and January 27, 2017, during President Trump’s first term in office.³⁴ Those publications issued timely notes from the field on a respiratory syndrome among migrant farm workers, West Nile Virus, a mumps outbreak, and a multi-state outbreak of E coli. The MMWR also publishes on the 4th of July, Thanksgiving, and Christmas Day. The MMWR also published without interruption after the terror attacks on September 11, 2001.

Throughout this period, the MMWR has been trusted to provide urgent updates on new disease threats like Zika and Ebola, vaccine recommendations, data on overdose trends and suicide clusters, unexplained hospitalizations from tainted e-cigarettes, and foodborne illnesses. For example, the MMWR was the first to publish data on the first cases of infection from the H1N1 pandemic in 2009. Just within the past year, timely MMWR findings have communicated important information regarding:

- The role of social media on youth mental health and suicide risk;
- Trends in vaccination rates among newborns and kindergarten students;
- The impact of airplane travel on mpox transmission;
- Risks of waterborne pathogens to children from community/recreational splash pads;
- Exposure risks to humans of certain uncommon zoonotic diseases; and
- Emergency department visits for children from accidental ingestion of melatonin.

³ <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6603.pdf>

⁴ <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6602.pdf>

Cost of Silence: The Current Health Threats Going Unreported

The screenshot shows the Louisiana Department of Health website. At the top, there is a navigation bar with links for ABOUT, CONTACT, NEWS, DOCUMENTS, QUICK LINKS, and SITE MAP. Below this is a search bar. The main header identifies the Surgeon General as RALPH L. ABRAHAM, M.D. and the Secretary as MICHAEL HARRINGTON. A secondary navigation bar lists various services: AGING & ADULT SERVICES, BEHAVIORAL HEALTH, DEVELOPMENTAL DISABILITIES, MEDICAID, PUBLIC HEALTH, and LICENSING/CERTIFICATION. The main content area features a news article titled "LDH reports first U.S. H5N1-related human death" with a sub-headline "Current general public health risk remains low" and a date of January 06, 2025. The article text states that the Louisiana Department of Health reports the first human case of highly pathogenic avian influenza (HPAI), or H5N1, in Louisiana and the U.S. has died. It also mentions that the patient contracted H5N1 after exposure to a combination of a non-commercial backyard flock and wild birds. The article further notes that LDH's extensive public health investigation has identified no additional H5N1 cases nor evidence of person-to-person transmission. A key message is highlighted: "While the current public health risk for the general public remains low, people who work with birds, poultry or cows, or have recreational exposure to them, are at higher risk." The article concludes with advice on how to protect oneself and family from H5N1.

President Trump’s moratorium occurs amid serious and growing public health threats:

- The United States is facing a growing and rapidly evolving threat from the H5N1 bird flu—as hundreds of thousands of animals have been slaughtered in recent weeks to prevent the virus’ spread. Sixty-seven infections and one death in humans have been documented so far. The issue of the MMWR that had been set to publish on January 23, 2025—before being pulled down—would have provided two new updates about the bird flu outbreak, including data providing insights into potential modes of transmission.⁵

According to Dr. Fred Gingrich, Executive Director of the American Association of Bovine Practitioners (AABP), a study of 150 cattle veterinarians in partnership with the CDC and the Ohio Department of Health (ODH) was set to have published in the MMWR. This study analyzed blood samples to evaluate if cattle veterinarians had titers to HPAI H5N1 that has been severely affecting dairy farms in the U.S. He stated:

*“Since the beginning of this outbreak, AABP, along with other stakeholders, has had regular communication with federal agencies including ... CDC. AABP had a webinar planned for our members with the CDC and ODH to discuss the results of the study prior to the publication in the MMWR. This webinar was cancelled, and the publication has been delayed due to the order for the Administration. The results of any research on this disease outbreak are critically important to veterinarians and dairy farmers. **Halting communication and the publication of the MMWR is concerning for the future control of the H5N1 outbreak in cattle and we are hopeful that this communication will be resumed and the MMWR publication will be released as soon as possible.**”*

⁵ <https://oregoncapitalchronicle.com/2025/02/03/trump-administrations-halt-of-weekly-report-stalls-bird-flu-studies/>

Additionally, Dr. Jennifer Morse, MD, MPH, FAAFP, Medical Director for the Mid-Michigan District Health Department shared that a study on two domestic housecats infected with highly pathogenic avian influenza in May 2024 was set to be published in the MMWR on January 23, 2025, to help close gaps in knowledge about the viral threat. It would have provided novel findings about infections not related to raw food like other documented cases. This planned publication also was blocked from release.

“Risks of HPAI infection to household pets may not be something pet owners and veterinarians are as aware of, and this information is important to share with the scientific and medical community, as well as the public.”

- In recent weeks, Kansas has experienced one of the largest tuberculosis (TB) outbreaks in United States history, with at least 67 confirmed cases of active TB—CDC updates from experts on the ground could inform disease containment and prevention measures.⁶

Kansas Health Alert Network (KS-HAN)

Posted on: January 31, 2025

Current Tuberculosis Outbreak in Kansas City, Kan. Metro Area

Summary

The Kansas Department of Health and Environment (KDHE), with support from the Centers for Disease Control and Prevention (CDC) and local health departments, have been responding to an outbreak of tuberculosis (TB) in the Kansas City, Kan. Metropolitan (KCK Metro) area since January 2024. As of Jan. 31, 2025, there are 67 confirmed cases of active tuberculosis (TB) disease, including 60 in Wyandotte County and seven (7) in Johnson County, associated with this outbreak. Of these individuals, 35 have completed treatment and are considered cured and 30 are currently under treatment. Most are no longer considered infectious to others or are isolating to avoid infecting others. There are two reported deaths associated with this outbreak.

There are 79 confirmed latent TB cases, including 77 in Wyandotte County and two (2) in Johnson County. Individuals with latent TB infections are not infectious to other people. Thirty-one of these individuals have completed treatment and 28 are currently under treatment.

Although there is a **very low risk of infection to the general public** in the KCK Metro area, KDHE is working to ensure that individuals are receiving appropriate testing and treatment, which will limit the ability to spread this disease and prevent additional cases from occurring. TB is not as easily spread as COVID-19, the flu, or measles.

Mandated Reporters, including clinicians, are required by Kansas Administrative Regulation ([K.A.R. 28-1-2](#)) to report all suspected cases of active



- As the United States continues to face troublingly high levels of drug overdoses—a stated priority of the Trump Administration—any relevant updates on trends of effective strategies are not being shared. For example, the December 5, 2024, issue of the MMWR provided new data on the presence of illegally manufactured fentanyl products among patients who died of overdose to detect the emergence of carfentanil and other potent opioids in the drug supply.
- Further, the United States experienced several foodborne illness outbreaks in 2024, including listeria, salmonella, and E. coli outbreaks associated with fresh produce in dozens of states.⁷ In recent years, MMWR updates have provided critical insights on these outbreaks, analyzing data across states to derive new understandings of mitigation and control protocols.

⁶ <https://www.kdhe.ks.gov/CivicAlerts.aspx?AID=1436>

⁷ <https://www.cdc.gov/foodborne-outbreaks/active-investigations/all-foodborne-outbreak-notices.html>

Key Public Health Perspectives of MMWR Freeze

“CDC’s MMWR has provided real-time data and analysis without a break every week since 1960, and its federal predecessor publications every week since 1887. Disease trend reports are based on notifications from every state and jurisdiction in the country. Every week, this vital resource tracks disease outbreaks, warns of emerging health threats, and provides recommendations on everything from emerging viral outbreaks such as avian influenza to drug-resistant infection and prevention of falls among seniors. The bottom line is every day the publication is delayed, doctors, nurses, hospitals, local health departments and first responders are behind the information curve and less prepared to protect the health of all Americans.” –
Dr. Tom Frieden, President and CEO of Resolve to Save Lives, and former CDC Director

“The Trump administration’s ongoing censoring of the CDC unnecessarily puts our nation’s health at risk. For decades—during wars, pandemics, and regardless of which political party controlled the White House—the CDC’s weekly reports provided essential and uninterrupted health information to doctors, public health officials, and the public at large to save lives. I can attest firsthand to their importance and integrity, having reviewed or co-authored hundreds of these weekly reports during my 13 years at CDC. As a pediatrician, I relied on these reports to support the patients in my care, letting me know the latest changes to vaccine recommendations, treatment approaches, or where there might be an outbreak or other health concern. Without this information, it’s impossible for the healthcare and public health community across America to do its best job. Yet for the third week in a row, the Trump administration has blocked the CDC from issuing them. This is a dangerous choice. And American communities are less safe because of it. I urge the administration to let the scientists and public health experts at CDC do their jobs.” – **Dr. Richard Besser, President & CEO, Robert Wood Johnson Foundation, and former Acting CDC Director**

Morbidity and Mortality Weekly Report

Vital Signs: Zika-Associated Birth Defects and Neurodevelopmental Abnormalities Possibly Associated with Congenital Zika Virus Infection — U.S. Territories and Freely Associated States, 2018

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On August 7, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

Abstract

Introduction: Zika virus infection during pregnancy causes serious birth defects and might be associated with neurodevelopmental abnormalities in children. Early identification of and intervention for neurodevelopmental problems can improve cognitive, social, and behavioral functioning.

Methods: Pregnancies with laboratory evidence of confirmed or possible Zika virus infection and infants resulting from these pregnancies are included in the U.S. Zika Pregnancy and Infant Registry (USZPIR) and followed through active surveillance methods. This report includes data on children aged ≥1 year born in U.S. territories and freely associated states. Receipt of reported follow-up care was assessed, and data were reviewed to identify Zika-associated birth defects and neurodevelopmental abnormalities possibly associated with congenital Zika virus infection.

Results: Among 1,450 children of mothers with laboratory evidence of confirmed or possible Zika virus infection during pregnancy and with reported follow-up care, 76% had developmental screening or evaluation, 60% had postnatal neuroimaging, 48% had automated auditory brainstem response-based hearing screen or evaluation, and 36% had an ophthalmologic evaluation. Among evaluated children, 6% had at least one Zika-associated birth defect identified, 9% had at least one neurodevelopmental abnormality possibly associated with congenital Zika virus infection identified, and 1% had both.

“For the first time in six decades years the MMWR was not published. The MMWR has been an essential tool for providing public practitioners with critical and timely information about current health issues, outbreaks, foodborne illnesses, and chronic diseases. Not having this publication to provide public practitioners and health providers with the latest information related to H5N1 (bird flu), the TB outbreak in Kansas, makes us all more vulnerable.” – **Dr. Wayne Giles, Dean, School of Public Health, University of Illinois at Chicago, and former Division Director, CDC**

“The CDC’s Morbidity and Mortality Weekly Report (MMWR) has for 75 years played a central role in providing critical weekly health intelligence information for the medical and public health communities. Human lives are at risk when this information is not available.” – **Dr. Michael Osterholm, Regents Professor and Director, Center for Infectious Disease Research and Policy (CIDRAP), University of Minnesota**

“Its regular publication and well-established distribution ensures that state and local health officials, clinicians, news media and members of the public receive and relay quickly and comprehensively early evidence about pandemics and other emerging health threats. Since its founding in 1960, the MMWR has been the primary vehicle used to share rigorous data, such as the case reports of unusual clusters of disease that were later identified as the first known cases of HIV.

My late mentor, Dr. D.A. Henderson, was one of the founders of the MMWR. He also served as its first editor. He used to speak of the times before the MMWR in which there was no regular effort to collect, analyze, and relay epidemiological data between CDC and states. This made it harder to identify and respond to emerging health threats. So successful in its impact was the MMWR, that D.A. replicated this model in leading the smallpox eradication program.

States and individuals across the country depend on the MMWR to gain an in-depth understanding of the health of their communities and for insight on how best to protect themselves. Preventing CDC from publishing scientific data via the MMWR represents a radical departure from protocol. This unprecedented pause has restricted communication of evidence pertaining to health threats, such as H5N1 avian influenza, a current, pressing disease threat that has already resulted in one human death and dozens of illnesses, millions of deaths in livestock, and egg shortages across the country.” – **Dr. Jennifer Nuzzo, Director of the Pandemic Center, Brown University's School of Public Health**

“Access to reliable data is the foundation of modern public health. Blocking it hinders life-saving research, weakens disease prevention efforts, and undermines the ability of public health experts to provide accurate guidance at local, state, and federal levels. At a time when the United States faces persistent threats from infectious diseases, chronic illnesses, and emerging health crises, transparency and scientific integrity must be upheld—not suppressed.” – **Tim Leshan, Chief External Relations & Advocacy Officer, Association of Schools and Programs of Public Health (ASPPH)**

Trump Administration’s Other Actions to Stifle Health Research

Halting the publication of MMWRs has occurred in tandem with an unprecedented purge of public health data from the CDC’s website, which occurred within the last week and removed extensive collections of datasets used by researchers and public health officials to address vaccinations, HIV/AIDS, hepatitis, tuberculosis, suicide, tobacco use, violence, and other health threats.⁸ The tampering of this data was ostensibly to comply with President Trump’s Executive Order to remove mentions of gender, accessibility, and diversity, equity, and inclusion.⁹ These actions could have profound consequences for public health interventions.

On February 4, 2025, a federal lawsuit was filed by a group of physicians seeking to restore the websites and data removed from the CDC’s website, among other sources, arguing that the purge creates a “dangerous gap” in information available to track diseases and diagnose their patients.

Call to Action

The Trump Administration must immediately resume the timely, objective, and scientific publication of the CDC’s MMWR reports, without any political meddling, by releasing the next MMWR issue tomorrow. American patients, health care providers, researchers, and public health officials have relied on this critical resource to keep our communities safe for decades—and it must immediately be reinstated to restore trust in our scientific leadership.

“Viruses do not take a break because the President slaps a gag order on our public health agencies. Outbreaks are not contained because scientists are ordered to stop talking about them. Doctors, health care providers, and the public all benefit from the release of critical and timely health information. Without it, we will see preventable suffering and death.” – U.S. Senate Democratic Whip Richard J. Durbin

⁸ <https://www.washingtonpost.com/health/2025/01/31/cdc-website-gender-lgbtq-data/>

⁹ <https://www.whitehouse.gov/fact-sheets/2025/01/fact-sheet-president-donald-j-trump-protects-civil-rights-and-merit-based-opportunity-by-ending-illegal-dei/>