

VIEWPOINT

Protecting the Editorial Independence of the CDC From Politics

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Beginning September 11, 2020, media sources reported that political appointees within the US Department of Health and Human Services (HHS) have demanded the ability to review and revise scientific reports on the coronavirus disease 2019 (COVID-19) pandemic published in *Morbidity and Mortality Weekly Report (MMWR)*, published by the Centers for Disease Control and Prevention (CDC).^{1,2} According to these sources, reviews by political appointees have sometimes led to delays in publication and changes in language in certain reports. Whether this is true is unclear, but these reports are consistent with other reports of the actions of political appointees and their attempts to influence the scientific process.³ As former editors in chief of *MMWR*, we believe these media reports raise serious concerns that in the midst of the COVID-19 pandemic, scientific reports published in *MMWR* might have been delayed or altered for political purposes. These concerns threaten the credibility of *MMWR*, an essential source of information to help counteract the pandemic.

Since 1961, when CDC began publishing *MMWR*, the publication has been considered to be the “voice of CDC,” with a focus on communicating timely, authoritative, accurate, and objective scientific reports to guide

experts across the agency and is scientifically valid and technically accurate.⁵ The extent of this internal review process depends on the range of issues covered, the complexity of the science, and the potential effects of the findings. Typically this process takes about 4 weeks,⁵ although it is expedited when urgent release of a report is needed.

MMWR serves a critical role in providing up-to-date information during the COVID-19 pandemic. This is consistent with the role it has had during previous public health crises.⁶ For example, in 1981, a report of 5 cases of *Pneumocystis carinii* (now *P jiroveci*) pneumonia among previously healthy young men in Los Angeles was published in *MMWR*, which prompted reporting of additional cases and subsequent identification of AIDS. In 2001, following intentional exposures to anthrax sent through the mail, *MMWR* was used to update health care clinicians and organizations, public health professionals, and the public regarding the investigation and guidelines for clinical diagnosis and management. In 2003, when the virus causing severe acute respiratory syndrome (SARS) emerged and spread throughout the world, *MMWR* published reports that alerted the nation to the course of the epidemic, clinical manifestations, diagnostic testing, and methods to prevent transmission.⁶ During 2016-2018, *MMWR* reported the emergence of the Zika epidemic in the Americas with guidance for obstetricians and pediatricians for care of Zika-exposed pregnant women and their infants.⁷

MMWR is highly cited in the medical literature: in 2019, *MMWR* weekly had the highest number of citations of any journal in the epidemiology category, according to Google Scholar, and the *MMWR* series has a 2019 journal impact factor of 13.6. In addition, commentaries on *MMWR* articles of prime interest are often published in leading journals.⁸

Large disease outbreaks usually generate high levels of public concern, including among elected officials and their staff. Thus, HHS and others in the executive branch frequently have a keen interest in *MMWR* articles. Many controversial and sensitive issues have been published in *MMWR*, including HIV, anthrax, SARS, Ebola, and Zika. To address the administration's interest at the time of those publications, CDC has shared the topics of upcoming reports with health officials in HHS; however, the actual reports were not reviewed or shared outside of CDC. During the 20 years of collective experience of the authors of this Viewpoint and spanning 5 presidential administrations, CDC leadership maintained a stringent firewall to ensure *MMWR* editorial independence and to guard against political interfer-

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public health action. The publication has broad readership including public health practitioners, epidemiologists, physicians and other health care professionals, other scientists, educators, and laboratory workers, among others. *MMWR* reports are also closely followed and amplified by the news media. In addition to reports published weekly, CDC releases *MMWR* reports on an urgent basis for immediate dissemination of information on disease outbreaks and other health threats. *MMWR* also publishes comprehensive articles that delineate CDC science-based recommendations for prevention and treatment, including recommendations from the Advisory Committee on Immunization Practices (ACIP), an external federal advisory committee of experts that provides recommendations to CDC regarding vaccines.

As with all scientific manuscripts authored by CDC professionals or published by CDC, submissions to *MMWR* undergo a rigorous internal peer review clearance process by epidemiologists, laboratorians, and other technical experts.⁴ The goal of this process is to ensure that the content incorporates relevant input from

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ence. Decisions about what to publish and when were based on the science and public health needs. Thus, while the science of public health is essential for informing decisions of elected officials, it has long been recognized that for the scientific reports of *MMWR* to be respected and trusted, they must be free of political influence.

Whether the allegations regarding political appointees delaying or altering *MMWR* articles are true is unknown. However, even the perception that *MMWR* reports could be delayed or altered for political purposes is damaging to the reputation of CDC. These allegations could undermine the confidence of readers in the scientific integrity of *MMWR* reports that are relied on by large audiences in the US and globally. At a time when the scientific integrity in government health agencies has been questioned,³ *MMWR* needs to remain a trusted venue for publication. Preservation of *MMWR* as an essential source of information for public health action has important implications for the COVID-19 epidemic. Once COVID-19 vaccines are licensed by the US Food and Drug Administration (FDA), official recommendations for their use developed by the ACIP are expected to be published in *MMWR*, as they were during the 2009 H1N1 influenza pandemic.⁹ Any perception that these recommendations are inappropriately influ-

enced by political considerations—or any other considerations aside from scientific evidence—could hinder delivery of COVID-19 vaccines by clinicians and acceptance of vaccines by the public.

To address the COVID-19 epidemic and other threats to the nation's health, prompt action is needed. First, HHS leadership, not just CDC staff, needs to affirm its commitment to preserving the integrity of CDC science, including publications in *MMWR*. Second, CDC leadership can review and, when indicated, strengthen measures for ensuring the editorial independence of *MMWR* to prevent future political interference. Third, the *MMWR* editorial board, a highly respected group of experts in medicine and public health, can assist in these efforts by reviewing these measures and advising additional options to ensure the continued quality and scientific integrity of *MMWR*.

The COVID-19 pandemic has placed great demands on local, state, and federal public health officials and on health care systems. Health professionals and the public they serve deserve information from CDC based on the best available science. For nearly 60 years, *MMWR* has served as a trusted source of public health information. Now more than ever, it is imperative to ensure that the public's trust in *MMWR* as the voice of CDC is maintained.

ARTICLE INFORMATION

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