

Centers for Disease Control and Prevention (CDC)

The nation's public health agency for tracking health threats, generating evidence, and issuing guidance the public can trust.

What CDC does

CDC produces the data, evidence, and guidance that underpin public health decisions across the country. Its surveillance systems track disease and health trends, its scientists study what works, and its advisory bodies translate evidence into recommendations.

Where it is vulnerable

Five structural weaknesses limit how far that capacity reaches. None is attributable to a single administration.

- **Surveillance authorities are fragmented and depend on voluntary state cooperation.** States and localities collect much of the data CDC relies on, but onward reporting to CDC is often voluntary. CDC cannot consistently require timely, complete reporting nationwide. The country learns about emerging threats at the speed of the slowest jurisdiction.
- **Data, science, and guidance functions are closely integrated.** A single CDC center can run a surveillance system, conduct studies using the data, and develop public guidance. That allows CDC to move quickly, but under contested conditions, outside audiences may not be able to see where the science ends and the policy choice begins.
- **Advisory bodies carry major consequences without protections that match their role.** In 2025, all 17 members of the Advisory Committee on Immunization Practices (ACIP) were dismissed at once, and a federal court later paused the replacement committee's work. ACIP recommendations affect insurance coverage, the Vaccines for Children program, and state immunization requirements, yet the committee lacks statutory protections that match the consequences of its work.
- **Federal public health research is not consistently coordinated across agencies.** CDC works alongside AHRQ, NIH, FDA, and other agencies on related questions, but there is no consistent structure for dividing that work across the government. As a result, the same question can be studied by multiple agencies or fall between them entirely.
- **Surveillance does not consistently make all populations visible.** Race, ethnicity, geography, occupation, and primary-language data are uneven across major surveillance systems. Where surveillance fails to make populations visible, downstream evidence and guidance cannot fully address them.

What the Blueprint recommends

1. Modernize federal-state public health surveillance. Establish minimum standards for timely and complete reporting, pair those standards with federal funding and technical support, use CMS payment requirements to strengthen data flows, improve interoperability, and give CDC stronger reporting authority where necessary. (Administrative elements can begin under existing authority; expanded direct reporting authority and multi-year authorization require Congress.)
2. Protect CDC's advisory committees and strengthen their methodological standards. Establish consistent transparency and methodological standards across CDC advisory bodies and codify protections for ACIP and other high-consequence committees. (Administrative standards can begin under existing authority; statutory protections require Congress.)
3. Separate the evidence summary from the policy recommendation in CDC guidance. Major guidance should clearly state what the evidence shows, what remains uncertain, and the policy judgment that follows, with clear accountability for each. (Can begin under existing authority; statutory transparency requirements require Congress.)
4. Require greater transparency for CDC studies that inform consequential decisions. Designated epidemiologic studies, evaluations, and analyses should register their methods in advance, publicly document changes, and report results regardless of whether they are ultimately published in a journal. (Can begin under existing authority.)

Why it matters

CDC has world-leading capacity to track health threats, generate evidence, and guide public health action. The Blueprint's recommendations are designed to strengthen the structures around that capacity so its data are more timely, its methods more transparent, and its evidence and guidance more durable across administrations.

Questions to track progress

Questions that can help Congress, media, and the public follow where these recommendations stand.

- CDC already ties some data-modernization funding to milestones. How could those requirements be strengthened to improve the timeliness and completeness of public health reporting nationwide?
- What methodological and transparency standards currently govern ACIP and other CDC advisory committees, and which of those protections are secured in law?
- Which CDC studies that inform guidance or advisory committee decisions register their methods and results in advance, and where can the public see their methods and results?

Drawn from the CDC section of Modernizing Federal Health Evidence. AcademyHealth has worked across the health evidence enterprise for decades. Full section and sourcing available at **blueprint.academyhealth.org**.