

Nearly Half of CDC Surveillance Databases Have Halted Updates

Discontinuation of health data updates, particularly related to vaccines, raises concerns about data gaps.

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An audit of Centers for Disease Control and Prevention (CDC) public databases has found that nearly half of routinely updated federal health surveillance systems had stopped or delayed updates in 2025, according to a report this week in [Annals of Internal Medicine](#). These findings raise concerns that gaps in data—particularly on vaccinations and respiratory diseases—could undermine clinical guidance, public health policy and public trust.

“When federal surveillance data become unavailable or outdated, professional societies and governmental advisory panels must proceed with incomplete evidence or delay guidance, leaving clinicians without clear direction,” the study authors wrote.

Jeremy Jacobs, MD, MHS, of Vanderbilt University, and colleagues audited the CDC public data catalog to identify paused databases that had previously been regularly updated.

Of the 1,359 catalog records examined on October 28, 2025, the study authors identified 82 that had previously been updated at least monthly. Based on each database’s stated update schedule, allowing for an additional 30-day grace period, their status was classified as either current or paused.

The analysis found that 44 databases (54%) were current, while 38 (46%) had unexplained pauses. Of the latter, 34 (89%) had no data entries dated within six months of the analysis, while four (11%) had paused more recently. Taking another look on December 2, the authors found that only one of the 38 paused databases had since resumed updates.

Among the 38 paused databases, 33 (87%) addressed vaccines, including 14 on flu vaccination, 11 on COVID-19 vaccination and six on respiratory syncytial virus (RSV) vaccination. In addition, four addressed respiratory diseases, including disease burden and nonvaccine prevention measures, and one addressed drug overdose deaths.

In contrast, none of the 44 regularly updated databases reported vaccination information. Most addressed infectious disease topics, while five covered public health topics such as injuries and

mental health.

Vaccination has been a fraught topic in the second Trump administration, as Secretary of Health and Human Services Robert F. Kennedy Jr—a long-time vaccine skeptic—has sought to overhaul vaccine policy. Last June, he [replaced all members](#) of CDC’s Advisory Committee on Immunization Practices, and he [ousted recently appointed CDC director Susan Monarez, PhD](#), in August after clashing over vaccines. The newly reconstituted ACIP has [narrowed the CDC’s recommendation for COVID vaccines](#) and [stopped recommending the birth dose of the hepatitis B vaccine](#) for all infants.

The report did not discuss HIV data, but [recent CDC HIV surveillance reports](#) have been delayed or omitted information. Across federal health agencies, databases and informational websites have removed [information about transgender people](#).

The study authors and others fear that failure to update health databases in a timely manner could negatively affect public health.

“Such long pauses may have compromised evidence for decision-making and policies by clinicians, administrators, professional organizations and policymakers,” the authors wrote. “Federal databases should adopt minimum transparency standards, including displaying the current update status, with a rationale if paused, and next expected update with criteria for resumption. Without such standards, unexplained pauses in surveillance risk undermining evidence-based medicine and public trust.”

In an [editorial accompanying the report](#), Jeanne Marrazzo, MD, MPH, former director of the National Institute for Allergy and Infectious Diseases and now CEO of the Infectious Disease Society of America, discusses how timely CDC surveillance data is needed to coordinate effective responses to public health concerns.

“The evidence is damning: The administration’s anti-vaccine stance has interrupted the reliable flow of the data we need to keep Americans safe from preventable infections,” she wrote. “[W]e are not only flying blind in the face of emerging and reemerging threats to human health and well-being—we are being deprived of effective weaponry...The CDC as it currently exists is no longer the stalwart, reliable source of public health data that for decades has set the global bar for rigorous public health practice.”