“We always speak what we know, what we don’t know and what we are working on” – Dr Thomas Frieden, director of Centers for Disease Control and Prevention emphasized in his interview with TTCT on his visit to Vietnam this November.

Question: Hollywood recently produced a film entitled “Contagion” plotting the spread of a lethal virus across the US and throughout the world. Does the theme of the movie reflect the fact that US citizens are constantly concerned of the spread of infectious diseases? How often does CDC convey the topic to your citizens and by what means?

Part of the movie “Contagion” was filmed inside CDC headquarters, though the content was imaginary, the scenarios and details were very much realistic. The message from the movie was clear-cut: the threat of an infectious outbreak was real. It is, therefore, important that all countries establish a surveillance system to detect and prevent such catastrophes.

CDC works closely with clinicians, policy makers and the public on a regular basis. We realize that everyone needs to be informed with the accurate information as fast as possible. To us, transparency and openness of information is key. We always speak what we know, what we don’t know and what we are working on. That’s the reason why CDC is constantly seen as the most trusted source of public health information in the US. We establish dialogues and share information with the public through internet, media and physician networks throughout the country.

Whenever a disease breaks out, we notify the public through internet in a timely manner. We use the search tools as a way to understand what concern the public the most. We publish the Morbidity and Mortality Weekly Report (MMWR) on a weekly basis. The report provides updates of the occurrence of diseases and courses of change they take over time. This is one of the dialog platforms we utilize in order to communicate with the public.

Question: To what level is CDC authorized to act upon under normal public health situations and in emergencies?

In the US, each state government takes the uppermost responsibility for its public health problems. CDC’s roles are to work closely with state, local and territorial authorities for assistance provision. In particular, we offer resources including personnel, guidance, advice and consultancy to support the states in establishing a comprehensive response system to address public health concerns. In emergency crisis, such as an outbreak of a disease, we use the Emergency Operations Center (EOC) as a means to respond to the incident effectively.
EOC is activated 24/7 to respond to any health threats including hurricanes, earthquakes and infectious disease outbreaks. We coordinate closely with local authorities to ensure effective response to incidents. CDC’s approach is specific and evidence-based: we track down the source of the outbreak and put all resources to prevent it. After each response, we access what worked well, what could be improved and prepare After Action Reports since no solutions or approaches are perfect.

Currently we are in the last phase of the response efforts to an emergency, an outbreak of fungal infection associated with an injection solution which affected at least 500 patients. This incident posed challenges unprecedented in recent years. We work around the clock with laboratories, biologists, local authorities and legal agencies to ensure these kinds of outbreaks do not happen again.

*Have you experienced failures in your response efforts? Who was responsible for the failures?*

We have always exerted ourselves to determine the most appropriate mode of response at each incident. What’s important is the establishment of an effective surveillance system to immediately identify the threat. Let take an example of the H1N1 flu pandemic back in 2009. Mexico had a qualified healthcare system, but it lacked a responsive influenza surveillance system in place. That led to the widespread transmission of H1N1 virus within the country for months before it could be tracked down. The delayed detection of the onset of the pandemic prevented us from effectively defining its epidemiology and failed to promptly bring in the comprehensive vaccination effort. The lesson learned from the H1N1 pandemic was the fact that the world is inter-connected through aerial, food and drinking sources. Thus, the improvement of the world’s public health monitoring system is vital for the health safety of each nation.

When the influenza H1N1 pandemic broke out, the vaccine production process was too slow to suffice the needs due to the use of out-dated technology by vaccine manufacturers. This angered many US citizens. They demanded “We want the vaccine now!” In answer to the public’s pressing request, we conducted a press conference to share the truth “The vaccine production process cannot be sped up even when you yell!” When an agency causes a grave mistake, its leadership must inevitably take charge of it.

*Question: Your example of influenza H1N1 pandemic reminds us of the rumor once widely reported by the media that pharmaceutical industry arranged secretly with health authorities to exaggerate the risks of the pandemic for profit gains from sales of vaccines.*

Once again, I have to highlight CDC’s guiding principle of transparency. We share all information openly on internet. We are transparent as to clear any suspicion concerning CDC is hiding something. We many cases, we provide more-than-enough
information to reassure people from the groundless doubt. That H1N1 virus is not
dangerous is a mere misinterpretation. H1N1 is less dangerous to the elderly since
this group has likely some pre-existing immunity to the virus due to the fact that they
have been exposed to the similar viral strain many years ago. However, H1N1 virus is
most dangerous to young people. Over 1,000 children have lost their life due to H1N1
virus in the US alone. There were questions raised about Tamiflu’s effectiveness.
CDC’s perspective is that if you look closely at the statistics, it can be easily observed
that if the vaccine is administered early, especially within 48 hours of the illness
onset, the vaccine will be effective. After this time threshold, the effectiveness of the
vaccine reduces greatly.

It is true that there were accusations that pharmaceutical companies get rich by the
outspread of H1N1 influenza. But we are scientist. We recommend that patients must
be treated within 48 hours of the onset. Early treatment is the optimum solution. In
our After Action Reports, we reaffirmed that what we could have done better was to
provide treatment to patients earlier.

*Question: Does CDC consider sharing the truth to the public or holding it to prevent
unnecessary panic in case of an outbreak of a new pandemic?*

We strongly believe that the best way to reassure the public is to provide them with as
much information and guidance as possible. For instance, we advise people to wash
their hands regularly, or to stay in if they know they are infected to reduce the risks of
transmission. Transparency is the best approach to the situation. It’s crucial to share
all information once you obtain it.

*Question: As both a clinician and governmental official, which role do you prefer?*

As a public health official, I have millions of patients to take care of. I consider it an
honor to be able to provide support to millions of people at the same time. I always ask
myself what I can do better to save more lives.

*Thank you for the interview.*

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**The Clinician of Millions of Patients:**

Doctor Thomas Frieden became Director of the Centers for Disease Control in June
2009. As an infectious disease clinician and epidemiologist, he is known for his
expertise in TB control. During the period of 1992-1996, he was successful in rapidly
controlling TB epidemic in New York by cutting multi-drug resistant TB by 80%. In the
next five years, he was based in India assisting with national TB control efforts. The
program resulted in 10 million treatments and one million saved lives.

Appointed as Health Commissioner of the New York City since 2002-2009, doctor
Frieden helped reduce the number of smokers to less than 350,000. New York city
became the first place in the US to eliminate the trans fat from all restaurants,
rigorously monitor diabetes epidemic, and increase colon cancer screening, etc. Doctor Frieden has received numerous awards and honors and has published more than 200 scientific articles.