CELEBRATING 20 YEARS 2005 2025

IDCRP

Uniformed Services University

INFECTIOUS DISEASE CLINICAL RESEARCH PROGRAM

2025

ANNUAL REPORT

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Report prepared by
Leigh Carson, Senior Technical Writer/ Editor

LETTER FROM IDCRP LEADERSHIP

As we celebrate the 20th anniversary of the IDCRP, we remain committed to conducting high-value, innovative military-relevant, clinical infectious diseases research to eliminate the impact of infections among our service members and Military Health System (MHS) beneficiaries. Our continued successes are directly related to the steadfast professionalism of our team members and the strength of our partnerships with medical treatment facilities, laboratory partners, academia, operational units, and stakeholders.

During the past year, the directorship of the IDCRP transferred from COL (ret) Robert O'Connell to CAPT Drake Tilley, who comes with extensive operational, clinical, and research experience within the U.S. Navy. Throughout his career, CAPT Tilley has championed military infectious disease research initiatives and has been active in the education of future investigators. As the torch is passed, we are indeed grateful for COL O'Connell's leadership over the past four years. His dedication and enthusiasm for infectious disease research is an example to everyone. Per his parting words, the IDCRP will continue to embrace optimistic skepticism, emphasize unity, and focus on patient outcomes as we move forward under CAPT Tilley's leadership.

The Program hosted our 3rd highly successful Science Symposium in February. Ms. Tracie Lattimore, the Acting Deputy Assistant Secretary of War for Health Readiness Policy and Oversight, delivered the Dr. Edmund Tramont Lecture, providing insight on current clinical research priorities within the Department of War. Viewpoints were also captured through daily discussion panels and audience participation, which were critical in identifying clinical research gaps and needed policy guidance. Topics discussed included military infectious disease priorities for current and potential future conflicts, optimizing research for future pandemics, HIV prevention and care in military service, adaptive clinical trials to prevent wound infections in future conflicts, and mitigating the impact of norovirus in shipboard and recruit settings.

Each research area made substantial contributions to military medicine over the past year. Highlights include a new military trauma infections protocol developed to capture data from wounded warfighters to identify best casualty care practices, a new clinical trial examining differences in immunogenicity and reactogenicity between licensed respiratory virus vaccines, and a new protocol evaluating the reactogenicity of the recombinant zoster vaccine in people aged 18-50 living with HIV to better inform potential vaccine safety concerns and MHS clinical practice. In addition, IDCRP convened experts across military and public health institutes and academia to provide a much-needed landscape review and gap analysis on potential countermeasures for norovirus in military settings. IDCRP also provided expert consultation to the Office of the Assistant Secretary of War for Health Affairs with a brief provided to Dr. Shell, Director of Disease Prevention, Disease Management and Population Health Services Policy and Oversight, on considerations for prospective research and policy for military personnel with HIV, including medical readiness, HIV testing, management and treatment, and privacy/ stigma concerns.

After 20 years, IDCRP remains committed to the collaboration, education, and training of future researchers and medical professionals and holds a leadership role within the Uniformed Services University of the Health Sciences (USU) School of Medicine Military Infectious Disease Innovation and Combat Casualty Care hubs. During 2025, IDCRP mentored and sponsored over 64 trainees who directly participated in IDCRP research projects and represent the next generation of researchers.

Moving forward, the Program will continue to leverage our wide breadth of expertise, capabilities, and partnerships to conduct research critical to enhancing force readiness and improving the health of our warfighters and their beneficiaries. This includes working toward a fully integrated system between Defense Health Agency (DHA) public health, DHA medical affairs, and military research commands to develop a Joint Infection System able to analyze and prioritize surveillance and clinical outcomes data to drive innovative research to rapidly address infectious disease threats to military readiness and effectiveness.

The success of the Program is directly attributed to the support we receive from USU leadership, the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., the National Institute of Allergy and Infectious Diseases, and our Operational and Executive Steering Committees. The Program is also supported by the Defense Health Program, U.S. Army Medical Materiel Development Activity, Navy Bureau of Medicine and Surgery, Armed Forces Health Surveillance Division, and Military Infectious Diseases and Immunization Healthcare Division of the DHA who all contribute to a robust infectious diseases clinical research program.

Foremost, we are greatly appreciative of our outstanding clinical research and support staff, all those who have participated in our studies, and our active-duty and civilian investigator partners for their enduring dedication to the IDCRP's mission. It is a true honor to serve in this common mission to tackle the infectious disease threats that affect our military and continues to be a true privilege to work with these exceptional individuals.

Core values: Compassion and Caring, Ethics and Integrity, Excellence in Scholarship, Innovation, and Selfless Service

Success Is Defined By: 1) Informing military health policy and practice through translation of research findings; 2) Publications and presentations within impactful and relevant peer-reviewed journals/forums; 3) Capability to respond to emergent infection threats and/or high-priority research initiatives; and 4) Key stakeholder satisfaction, including fostering the education of U.S. Armed Forces clinical infectious disease researchers

Drake H. Tilley, Jr. MD MPH&TM FIDSA
Captain, Medical Corps, U.S. Navy
Director, IDCRP

Sarah A. Jenkins, PhD
Lieutenant Commander, Medical Service Corps, U.S. Navy
Deputy Director, IDCRP

David R. Tribble, MD, DrPH
Science Director, IDCRP

ABOUT IDCRP

The Infectious Disease Clinical Research Program (IDCRP) was founded in 2005 under an interagency agreement between the Uniformed Services University of the Health Sciences (USU), Department of Preventive Medicine and Biostatistics, and the National Institute of Allergy and Infectious Diseases (NIAID) and through a cooperative agreement with The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF). The Program's work is executed through a unique, adaptive and collaborative, international clinical research network. This network directly benefits force readiness by advancing clinical practice and informing health policy for military personnel.

In collaboration with partners from the Department of War (DOW), academia, government, and industry, IDCRP supports a broad clinical research portfolio within the Military Health System. From observational, longitudinal cohort studies to field-based interventional trials to the evaluation of long-term health outcomes, IDCRP conducts protocols that address critical knowledge gaps in the control and prevention of infectious disease in the military. Study outcomes have far-reaching implications for public health and disease prevention within and beyond military communities.

PROGRAM ORGANIZATION

Executive Steering Committee

Vice President for Research, USU (Chair)
Dean, School of Medicine, USU
Director, NIAID
Director, Research and Development for Health Readiness Policy and Oversight, Defense Health Agency (DHA)
Director, Research & Engineering Directorate, DHA

Operational Steering Committee

Surgeons General Infectious Disease Consultants—Army, Navy, Air Force

Director, Global Emerging Infections Surveillance, Armed Forces Health Surveillance Division

Director, DHA Military Infectious Diseases

NIAID Liaison, Office of the Director, NIAID

Chair, Department of Preventive Medicine and Biostatistics, USU

Veterans Affairs Representative (non-voting)

HJF Director of USU Operations (non-voting)

Program Coordination Center

Program Director

Science Directorate
- Science Director
- Deputy Science Director
- Associate Science Director
- Research Area Directors

NIAID Liaison

Chair, Scientific Review Board

Deputy Program Director

Director, Center Operations
- Chief, Data Operations
- Head, Clinical Research Management
- Head, Site Operations
- Head, Finance and Program Management
- Head, Repository and Laboratory Operations

VISION

To eliminate the impact of infectious diseases in the military population through collaborative clinical research.

MISSION

To conduct multicenter infectious disease clinical research, focusing on high-impact cohort and interventional trials, to inform and improve care of the Warfighter.

IDCRP RESEARCH AREAS

- **Acute Respiratory Infections (ARI)**—Strategic aims focus on high-priority respiratory pathogens with regard to enhancing detection in military populations, characterizing epidemiology and acute-to-chronic outcomes, predicting risk of severe outcomes and complications, and improving treatment and prevention strategies to reduce morbidity, mortality, and operational readiness loss.

- **Deployment and Travel-Related Infections**—Strategic aims focus on the evaluation of risk and operational impact of deployment and travel-related infectious threats for military personnel, effectiveness of current mitigation strategies, evaluation of knowledge of infectious disease threats and prevention methods, assessment of diagnostic test platforms and patient-reported outcomes, evaluation of novel preventive and treatment strategies for travelers' diarrhea, and assessment of the impact of emerging infectious diseases on U.S. military readiness

- **Human Immunodeficiency Virus (HIV) and Sexually-Transmitted Infections (STI)**—Strategic aims focus on characterizing the epidemiology and chronic clinical outcomes of priority STIs in U.S. military personnel and beneficiaries, developing and evaluating mitigation strategies related to STI clinical outcomes, supporting development of biomedical countermeasures against STIs in military populations, evaluating care practices and costs related to priority STIs to identify gaps, and assessing novel treatment and prevention strategies for STIs (including HIV) in military populations to inform military policy and practice.

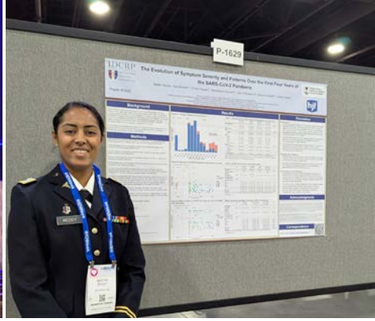
- **Wound Infections**—Strategic aims focus on addressing knowledge gaps in infection prevention, clinical management, microbiologic factors, and treatment outcomes in battlefield trauma infections and community-acquired skin and soft-tissue infections, particularly *Staphylococcus aureus*-related, to inform effective treatment strategies and preventive countermeasures, as well as the evaluation of Military Health System antibiotic stewardship programs to support process improvements.

Each area's 2025 accomplishments are presented in the following pages, along with information and projections for 2026.

ACUTE RESPIRATORY INFECTIONS

The Acute Respiratory Infections Research Day of the 2025 IDCRP Science Symposium

Kat Schmidt presenting at the 2025 Military Health System Research Symposium



CPT Maithri Reddy presenting at the 2025 IDSA IDWeek

Acute respiratory infections (ARIs) are common among military personnel and their beneficiaries, imposing considerable morbidity. The occurrence of ARI outbreaks also reduces operational readiness from diminished job performance and lost training days.

Simon Pollett, MBBS, MClinRes, IDCRP Associate Science Director and ARI Research Area Director

Rhonda Colombo, MD, MHS, ARI Research Area Deputy Director

Studies conducted through the ARI Research Area are focused on improving the detection, prediction, treatment, and prevention of high-priority respiratory pathogens (e.g., SARS-CoV-2, influenza, and adenovirus) and emerging respiratory threats to maintain Force Health Protection.

The Epidemiology and Prevention of ARIs at the U.S. Naval Academy (ARIA) study, led by Dr. Rhonda Colombo, assessed the epidemiology of medically-attended ARIs at the U.S. Naval Academy (USNA), including predictors of viral co-infections, time spent sick-in-quarters, and complications. Use of sequencing from residual, self-collected test swabs suggest that this method may be used to support detection of respiratory pathogens when conventional molecular diagnostic assays are negative. Examination of real-world ARI management practice patterns indicated that antiviral and non-pharmaceutical countermeasures appeared effective at mitigating influenza outbreaks at USNA.

Led by Dr. David Tribble, the Military COVID-19 Registry Analysis Project (M-RAP) refined electronic medical record-based probability tiers of COVID-19 diagnoses, resulting in enhanced capability to more accurately estimate the incidence of respiratory infectious disease. In addition, M-RAP analyses examined the incidence and risk factors of post-COVID-19 dysautonomia in Military Health System (MHS) beneficiaries and are evaluating changes in healthcare utilization during the COVID-19 pandemic. Efforts continue to identify demographic, clinical, and other predictors of post-COVID-19 illness and similar analyses focused on other ARIs are planned. The M-RAP framework is now being applied to influenza, including use of artificial intelligence-enabled analysis methods to support infection prediction and mitigation.

The objective of the open-label, randomized Pragmatic Assessment of Influenza Vaccine Effectiveness in the DoD (PAIVED) clinical trial, led by CAPT (ret) Timothy Burgess, was to evaluate the relative effectiveness of licensed influenza vaccine formulations (i.e., inactivated egg-based vs inactivated cell-culture-based and recombinant) across four influenza seasons and inform influenza vaccine recommendations within the MHS. During the past year, data from influenza antibody seroconversion assays collected through PAIVED were used to detect the frequency of occult/undiagnosed influenza infections in vaccinated active-duty service members (ADSMs) and MHS beneficiaries. Assessment of serum from participants in the PAIVED immunogenicity substudy showed that neuraminidase-inhibiting antibody responses elicited by influenza vaccines did not correlate with hemagglutinin-specific neutralizing antibody responses, suggesting further studies are needed to determine the impact of neuraminidase immunity on influenza vaccine effectiveness.

The Epidemiology, Immunology and Clinical Characteristics of Emerging Infectious Diseases with Pandemic Potential (EPICC) study is an observational cohort study of SARS-CoV-2 infections in ADSMs and MHS beneficiaries. Led by Dr. Simon Pollett, an online extension survey collected data from more than 2,000 MHS beneficiaries on their perceptions about Long COVID in the MHS, as well as measuring the impact of COVID-19 on military travel, mandatory fitness scores, and long-term cognitive and mental health symptoms. Collaborative cross-study analyses with the Department of Veterans Affairs (VA) are examining risk factors for Long COVID in Department of War (DOW) and VA cohorts and the methodology may be applied to other infectious disease threats. Additional analyses assessed predictors of acute and post-acute COVID-19 complications, including the impact of SARS-CoV-2 on military fitness. Findings from EPICC continue to inform potential future Long COVID treatment strategies through bedside-to-bench laboratory studies, including transcriptomic gene expression analyses.

To support the advancement of DOW surveillance capabilities, the Prospective Assessment of SARS-CoV-2 Seroconversion (PASS) study has evaluated the prevalence of multiple ARI pathogens via a high-throughput, low-volume serological platform and is estimating the protective effect of non-pharmaceutical interventions targeted toward other ARIs on COVID-19. In collaboration with the U.S. Military HIV Research Program, analyses of B-cell biology are being conducted to support identification of pan-SARS-CoV-2 monoclonal antibodies. Data collected through PASS are also being used to evaluate vaccine immune escape for emerging variants in partnership with researchers from the U.S. Food and Drug Administration and assess mechanisms of vaccine-elicited immunity in collaboration with the University of Pennsylvania.

In 2025, the ARI Repository Protocol completed the pooling of specimens and clinical cohort data across multiple IDCRP ARI-related protocols. A pathway was also established to connect this protocol to the National Institute of Allergy and Infectious Diseases Vaccine Research Center B-cell sequencing pipeline to support broader opportunities for therapeutic monoclonal antibody development across multiple ARI pathogens. Another new protocol is the Comparative Immunogenicity of Respiratory Virus Vaccines (CIRV2), which is a Phase IV clinical trial study platform, supported by the Centers for Disease Control and Prevention, to examine differences in immunogenicity and reactogenicity between licensed vaccines. While the protocol will focus on mRNA and recombinant COVID-19 vaccines, it may examine other licensed ARI vaccines in the future.

For 2026, the final epidemiologic and laboratory analyses under the PASS, PAIVED, EPICC, and ARIA studies will be completed. A new platform protocol to examine pathogen agnostic countermeasures for outpatient ARIs is also planned. Discussions are underway to expand M-RAP beyond respiratory pathogens to support surveillance, prediction, prevention, and mitigation of a broad-range of high-consequence pathogens. The ARI Research Area will also merge with the HIV/Sexually-Transmitted Infections Research Area in the coming year.

MILITARY IMPACT

Findings from EPICC, PASS, and M-RAP continue to advance the understanding of ARI detection, prediction, treatment, and prevention with the goal of mitigating readiness loss in ADSMs. While surveillance was ongoing, monthly findings from ARIA were shared with leadership at the Naval Health Clinic Annapolis and the Armed Forces Health Surveillance Division (AFHSD) Global Emerging Infections Surveillance (GEIS) program, including the epidemiology and phylogeny data for an influenza outbreak that occurred at USNA during 2025. Moreover, ARIA's collaboration with wastewater investigators at USNA also informed GEIS' biosurveillance efforts. Investigators with M-RAP continue to engage with the Joint Trauma System with plans to broaden the focus of M-RAP to support other high-priority infectious disease surveillance and analytics. Findings from PAIVED may help guide policy decisions regarding optimal vaccine formulations for use in the DOW to support Force Health Protection.

HIGHLIGHTS/KEY FINDINGS

- **Findings from the PAIVED clinical trial showed that the rates of influenza or influenza-like illness were not significantly different for those who received the egg-based vaccine compared to those who received either the cell-culture-based or recombinant vaccine, despite some differences in vaccine-elicited immune responses between products.**
- **Findings from the PASS study noted that pre-vaccination innate immune function predicted the immunity and tolerability of COVID-19 mRNA vaccination, with implications for future vaccine design.**
- **The ARIA study noted a resurgence of bacterial causes of medically-attended ARIs (e.g., *Mycoplasma pneumoniae* and *Bordetella pertussis*) at USNA during the 2024-25 academic year. A notable increase in acute pharyngitis due to Group A *Streptococcus* was also observed. These findings highlight the significance of bacterial causes of ARIs in congregate training settings.**

DEPLOYMENT AND TRAVEL-RELATED INFECTIONS

The Deployment and Travel-Related Infections Research Day of the 2025 IDCRP Science Symposium

Dr. David Tribble, LCDR Terrell Sanders, Maj William Bennett, COL (ret) Robert O'Connell, and MAJ Shawn May outside Fort Ramon Magsaysay in the Philippines

TrEAT TD 2.0 study team at Camp Lemonnier, Djibouti

Whether traveling overseas in support of combat operations, humanitarian service, or training exercises, U.S. military personnel are at risk of developing infectious diseases. Outbreaks are also common among military recruits at training facilities within the United States. These infections affect the health of service members and recruits, as well as impact operational readiness and Force Health Protection.

Tahaniyat Lalani, MBBS, MHS, Deployment and Travel-Related Infections Research Area Director

Identifying effective interventions to mitigate the impact of infectious diseases (e.g., bacterial diarrhea, norovirus, and vector-borne pathogens) that threaten military operational readiness remain the core of the Deployment and Travel-Related Infections Research Area. Central to the research portfolio are clinical trials examining strategies to reduce the impact of travelers' diarrhea (TD) on deployed service members and mission readiness. A previously completed clinical trial, the Trial Evaluating Ambulatory Therapy of TD (TrEAT TD), showed that a single high dose (1,650 mg) of rifaximin was effective for treating acute watery diarrhea. Led by Dr. David Tribble, and in collaboration with the United Kingdom Ministry of Defence (U.K. MOD), the objective of the TrEAT TD 2.0 clinical trial is to evaluate the efficacy of a lower dose (550 mg) of rifaximin for treating moderate/severe acute watery diarrhea compared to azithromycin (adjunct loperamide with both groups). Also, in collaboration with the U.K. MOD and across several U.S. military sites, the P2 randomized placebo-controlled clinical trial, led by Dr. Tahaniyat Lalani, is examining the effectiveness of enterotoxigenic *Escherichia coli* (ETEC) hyperimmune bovine colostrum passive immunoprophylaxis (active ingredient in Travelan®) to support service members in maintaining gut health and reducing TD or ETEC-associated TD during short travel or deployments (e.g., 10-20 days). Enrollment and follow-up have been completed for both clinical trials and data analysis is underway.

Norovirus is also a substantial threat to operational readiness in military shipboard environments. During the past year, the IDCRP hosted a Countermeasures to Defeat Norovirus Symposium attended by experts from military and public health institutes and academia. Based on a landscape review and gap analysis related to norovirus mitigation strategies, the convened experts prioritized interventions that have the potential to reduce the impact of norovirus in military settings for evaluation in prospective studies or clinical trials.

Surveillance studies are another focus of the research area and are collecting data on emerging or re-emerging infectious disease threats overseas. The Enhanced Infectious Disease Surveillance for U.S. Military Operations (MilOpSID) study is a new protocol led by COL Kevin Taylor set to start in 2026. During the past year, COL Taylor briefed Combatant Commands and engaged with military exercise planners to gather support for the study. Another protocol, the Leptospirosis in Jungle Warfare Training Environments (Leptospirosis JWT) study led by USU Professor Kyle Petersen, based at the Marine Corps training site in Okinawa and the Army site in Hawaii, completed participant enrollment and follow-up in 2025 with data analysis ongoing.

Examination of post-infectious sequelae after diarrheal episodes are the objective of the Gut Microbiome and Guillain-Barré Syndrome (GBS) and Tripler Army Medical Center (TAMC) Diarrhea Case Cohort studies led by Dr. Tribble. The first study evaluates associations between antecedent *Campylobacter* serology and GBS development, while the second is assessing outcomes using abstracted medical record data from diarrheal cases based on pathogens (i.e., *Campylobacter* spp., pathogens other than *Campylobacter* spp., or no growth on stool culture). Additionally, in collaboration with investigators at the Armed Forces Research Institute of Medical Sciences and Naval Medical Research Command, genotype and phenotype analysis of *Campylobacter* isolates and host immunologic responses will be examined to inform *Campylobacter* vaccine candidates.

In the forthcoming year, a new prospective TD Case-Control Study, led by Dr. Lalani, will be initiated in collaboration with overseas military research labs and the U.K. MOD to evaluate the clinical performance characteristics of the BioFire® FilmArray® Gastrointestinal (GI) Panel in operational environments, as well as to assess the impact of antimicrobial resistance on treatment outcomes. Data analysis for the TrEAT TD 2.0 and P2 clinical trials will be completed, and findings will be provided to the Defense Health Agency (DHA) Military Infectious Diseases (MID). Starting in the Spring of 2026, infectious disease surveillance through MilOpSID will be conducted among active-duty service members participating in exercises and deployments across various Combat Commands. Laboratory and data analysis for the Leptospirosis JWT, GBS, and TAMC Diarrhea Case Cohort studies will also be completed.

MILITARY IMPACT

Supporting Force Health Protection and operational readiness through identifying effective infectious disease mitigation strategies and informing evidence-based recommendations are priorities of the research area. Findings from the Treat TD 2.0 and P2 clinical trials will inform deployment-related clinical practice guidelines, support use of field expedient diagnostics to determine pathogen-specific TD epidemiology and provide evidence on the impact of gut dysbiosis on clinical outcomes. Discussions are underway with DHA MID regarding how lessons learned from both the TrEAT TD 2.0 and P2 clinicals trials can be used to develop a framework for an adaptive clinical trial focused on evaluating the effectiveness of passive immunoprophylaxis products against TD. Furthermore, although effective treatment strategies and robust public health measures to combat TD often rely on accurate and timely etiological diagnosis, standardized guidelines for interpreting these results in operational settings are lacking. Findings from the TD Case Control will support the generation of consensus-driven, evidence-based clinical and public health guidelines for the appropriate use and interpretation of the BioFire® FilmArray® GI Panel in TD management. Feedback from experts during the Countermeasures to Defeat Norovirus Symposium provide support for a clinical trial to evaluate a bundled norovirus mitigation strategy with the aim of reducing acute gastroenteritis in military shipboard settings, decreasing the number of duty days lost, and improving the speed of outbreak responses. If proven effective, the mitigation approach could inform Navy-wide norovirus policies and be adapted to other operational settings. Data from MilOpSID will inform infectious disease threat assessment and disease non-battle injury reports for Combatant Commands. Reports from other surveillance studies on the occurrence of leptospirosis, diarrheal disease outcomes, and deployment-related infectious disease risks will inform military health strategies in operational settings. Lastly, Dr. Lalani continues to serve on the GEIS Enterics Steering Committee, offering feedback on the GEIS Enterics Roadmap and proposals.

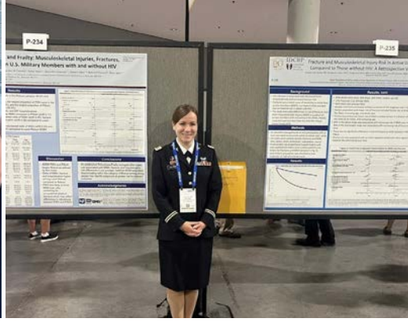
HIGHLIGHTS/KEY FINDINGS

- **Based on feedback received from experts during the Countermeasures to Defeat Norovirus Symposium, the IDCRP is proposing a cluster-randomized, open-label trial to evaluate a bundled norovirus mitigation strategy using only licensed and over-the-counter products. The bundled mitigation strategy will include prevention, detection, and outbreak response measures.**
- **Two commercially available methods that are deployable in real-world settings, FTA cards and OG kits, were used to test samples from participants in the P2 clinical trial in operational field conditions. Differences noted between the two methods could inform how best to collect samples to improve and provide diagnostic testing for causes of diarrhea in operational settings.**

HUMAN IMMUNODEFICIENCY VIRUS AND SEXUALLY-TRANSMITTED INFECTIONS

The HIV/STI Research Day of the 2025 IDCRP Science Symposium

MAGI team members at the 2025 STI World Congress



CPT Jacqueline Causbie presenting at the 2025 IDSA IDWeek

A major success of the Military Health System (MHS) is the early diagnosis and rapid viral suppression of human immunodeficiency virus (HIV) among active-duty service members (ADSMs). As Department of War (DOW) policy for ADSMs with HIV evolves, there remain questions related to medical readiness, testing, management, and non-AIDS complications. The high rates of sexually-transmitted infections (STIs) among ADSMs are also a concern and require identification of effective countermeasures.

Brian Agan, MD, Deputy Science Director and HIV/STI Research Area Director

The primary goal of the HIV/STI Research Area is to eliminate the occurrence and prevent adverse effects of STIs among ADSMs and MHS beneficiaries through high-quality research focused on characterizing priority STIs, supporting the development of STI biomedical countermeasures, assessing care quality, practice patterns, utilization, and evaluating STI prevention and treatment strategies to inform military policy.

Identifying effective STI countermeasures remains a priority of the research area. During the past year, follow-up was completed for the MAGI Trial, which is a Phase II randomized, placebo-controlled, observer-blinded clinical trial evaluating the effectiveness of the group B meningococcal (Bexsero®) vaccine as a potential prevention strategy against *Neisseria gonorrhoeae* (GC) in high-risk populations. Sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) Division of Microbiology and Infectious Diseases and led in the DOW by COL Eric Garges, the MAGI Trial is a collaboration that also includes the University of Alabama at Birmingham and GlaxoSmithKline plc. Data analysis is targeted for 2026 and the findings are expected to help inform MHS clinical practice regarding group B meningococcal vaccination. Collaborative efforts are also in effect with multiple USU departments to support the pre-clinical evaluation of a combined GC/*Chlamydia trachomatis* (CT) vaccine in conjunction with potential academic and industry partners for a CT vaccine trial.

During the past year, enrollment and data collection were initiated for the new shingles vaccine study, Evaluation of the Reactogenicity of the Recombinant Zoster Vaccine (RZV) in People living with HIV (S2R). Funded by the Defense Health Agency (DHA) Immunization Healthcare Division, S2R will examine RZV reactogenicity among people with HIV ≥18 years old with a focus on those <50 years of age where data are sparse and where the findings will inform potential vaccine safety concerns and MHS clinical practice.

Supported by NIAID and led by Dr. Brian Agan, the U.S. Military HIV Natural History Study (NHS) is a valuable resource with clinical data and blood specimens collected from >6,500 ADSMs and MHS beneficiaries with HIV. During 2025, predictors of cardiovascular disease outcomes were evaluated in collaboration with the University of California San Francisco, University of California Los Angeles, and University of California San Diego. Comprehensive characterization of potential broadly neutralizing antibodies is also underway in collaboration with the NIAID Vaccine Research Center and the U.S. Military HIV Research Program (MHRP), with the analysis extended to include peripheral blood mononuclear cell studies. Furthermore, to support the S2R study and in collaboration with the Naval Health Research Center, immune responses and durability of the RZV vaccine among NHS participants were analyzed and will be reported at the upcoming Conference on Retroviruses and Opportunistic Infections.

Led by Dr. Agan and Dr. Senay Topal, the quality and costs of DOW and Department of Veterans Affairs (VA) healthcare is being assessed in HIV patients in collaboration with the VA Veterans Aging Cohort Study. Analyses also continued through the HIV Virtual Cohort Study, including assessment of musculoskeletal injuries, fractures, and hospitalizations between people with and without HIV to further the understanding of robustness and frailty that might accompany HIV comorbidities. Hematologic malignancy differences between people with and without HIV are also being evaluated in collaboration with the Murtha Cancer Center.

HIV-associated neurocognitive impairment continues to be a substantial concern for people living with HIV. The functional consequences of HIV-associated neurocognitive disorders (HAND) is the focus of the ALLHANDS study. During the past year, prospective data collection concluded with some participants having 10 years of follow-up. Analyses of the accumulated data are ongoing.

The GC Repository Study received approval from the USU Institutional Review Board in 2025 and, under the leadership of Drs. Ann Jerse and Luz (Adriana) Le Van, will provide laboratory-based surveillance of GC isolates collected from overseas sites to evaluate the incidence of antimicrobial resistance (AMR) among military-related populations of interest. The impact of priority STIs on operational readiness and patient-reported outcomes will be assessed. Also led by Dr. Jerse and supported by the IDCRP, the USU GC Reference Laboratory continues to provide technical STI diagnostics requested by the DOW Global Emerging Infections Surveillance (GEIS) program.

For 2026, a new collaborative study with the University of Idaho and the MHRP will assess the long-term effect of HIV on medical readiness, duty-limiting medical conditions, and service retention. New initiatives related to the STI continuum of care, a prospective study of Lenacapavir HIV PrEP, and the next GC or CT clinical trial are being discussed. The HIV/STI Research Area will also merge with the Acute Respiratory Infections Research Area in the coming year.

MILITARY IMPACT

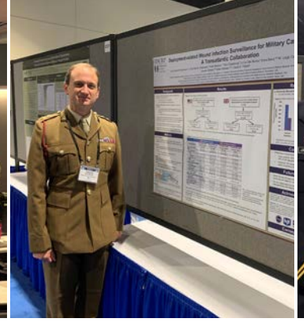
The HIV/STI Research Area remains responsive to clinical priorities of the DHA, including GEIS, and addresses many DOW requirements. As military HIV policies continue to be revised, data from the NHS were used to address DHA requests regarding ADSMs HIV care, treatment, and outcomes. Findings from the MAGI Bexsero® vaccine clinical trial and the evaluation of the reactogenicity of RZV vaccine may also be used to inform military clinical practice. Analyses of ALLHANDS data will improve understanding regarding the impact and predictors of HAND among ADSMs with HIV, which may further inform military policy. Reports on GC surveillance and AMR findings are provided to GEIS to inform operational planning, and COL Garges serves on the GEIS AMR Working Group.

HIGHLIGHTS/KEY FINDINGS

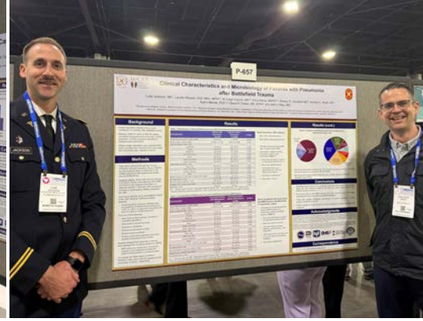
- **In support of the ongoing changes to HIV policy for ADSMs, IDCRP leadership responded to a request from the Office of the Assistant Secretary of War for Health Affairs for information on topics related to ADSMs with HIV, including medical readiness (e.g., deployment/assignment, walking blood bank, and performance evaluation), HIV testing, management and treatment (routine and neuropsychological), and privacy/stigma.**
- **Post-traumatic stress disorder (PTSD) was associated with increased rates of all STIs with the associations not diminishing over time. The greatest impact was with chlamydia, gonorrhea, and hepatitis C virus.**
- **Among veterans with HIV, occurrence of PTSD increased the risk for developing AIDS, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease, and arthritis.**
- **Analysis of 962 global isolates received by the GC Repository (2014-2022) found increased rates of resistance to antimicrobials currently used to treat GC infections, such as extended-spectrum cephalosporins and gentamicin, demonstrating that continued GC surveillance is essential to monitor the prevalence and spread of resistant organisms worldwide.**

WOUND INFECTIONS

The Wound Infections Research Day of the 2025 IDCRP Science Symposium



Lt Col David Naumann of the U.K. Ministry of Defence presenting at the 2025 Military Health System Research Symposium



CPT Luke Jackson (left) with his mentor LTC John Kiley (right) at the 2025 IDSA IDWeek

Infections resulting from battlefield trauma, particularly those with multidrug-resistant (MDR) pathogens, not only prolong the recovery of wounded warfighters, but may also be life-threatening or impose serious long-term consequences (e.g., limb loss). Thus, it is vital to use the lessons learned from recent wars to support evidence-based care of casualties during the next conflict.

Katrin Mende, PhD, Wound Infections Research Area Director

Analyses conducted through the Wound Infections Research Area are aimed at informing improvements in evidence-based clinical practice guidelines (CPGs) and identifying wound infection prevention and treatment best practices to support frontline readiness. Community-associated skin and soft-tissue infections (SSTIs), primarily caused by *Staphylococcus aureus*, are also the focus of analyses to inform effective strategies to mitigate their burden on the health of military recruits and limit impacts on operational readiness.

A major achievement in 2025 was the development of the new Military Trauma Infections – Southwest Asia Conflicts Cohort (MTI-SCC) protocol. Led by Dr. David Tribble, and in collaboration with the Department of War (DOW) Joint Trauma System (JTS), MTI-SCC will collect data from military personnel injured in support of military operations in Southwest Asia between 2001 and 2025. Analysis of injured warfighters across theaters and time periods will allow for comprehensive assessment of outcomes with different injuries, wound microbiology, and infection management strategies. Artificial intelligence (AI) and machine learning (ML) methods will be used to identify optimal medical and surgical management approaches to improve outcomes with high-consequence infections (i.e., life-threatening or long-term consequences).

Multiple analyses were also completed through the Trauma Infectious Disease Outcomes Study (TIDOS) and include the evaluation of outcomes of penetrating traumatic brain injuries (TBI) versus closed TBIs and non-head injuries, sepsis and pneumonia following battlefield trauma, infectious complications of maxillofacial fractures and burns, and healthcare resource utilization among battlefield casualties. In collaboration with the United Kingdom Ministry of Defence (U.K. MOD), the initial epidemiologic analysis of the TIDOS and U.K. MOD wounded military populations and resulting extremity wound infections (EWIs) was completed. Next steps are comparative analyses to examine outcomes with differing management approaches to support best practices. Analyses focused on wound microbiology were also conducted through the TIDOS MDR and Other Virulent Organisms Trauma Infections Initiative, which is a collaboration with multiple DOW laboratories led by Dr. Katrin Mende. With the mentored assistance of our military Infectious Disease fellows, the epidemiology and antimicrobial resistance characteristics of wound infections with *Acinetobacter baumannii* and *S. aureus* were examined with the *A. baumannii* analysis recognized in a research competition (***see IDCRP Awards and Honors, page 20***).

Supporting evidence-based CPGs and preparedness for future conflicts are the focus of other TIDOS initiatives. Through the collaboration with the University of Minnesota (UMN) and University of Michigan Medicine (UMich), pooling of military and civilian trauma patient data was completed and analyses to assess outcomes with different post-trauma prophylactic strategies and EWI antimicrobial treatment approaches are underway. In collaboration with the U.S. Army Institute of Surgical Research (USAISR) and U.S. Army's Telemedicine and Advanced Technology Research Center (TATRC), a ML-based algorithm to provide clinical decision support and to aid prehospital triage with infection risk stratification, particularly with prolonged field care, was developed. Additionally, another ML-based algorithm to provide diagnostic support with enhanced precision following hospital admission is nearing completion.

Another success was the pooling of over a decade's worth of data and specimens from seven IDCRP protocols which had assessed community-associated SSTIs in recruit and other congregate military populations into the SSTI Repository Protocol. Although still being analyzed, the preliminary epidemiologic findings were presented at a national conference in 2024. The prospective, observational study of Ukraine war-related wound infections conducted by the University of Colorado in collaboration with the Walter Reed Army Institute of Research, Multidrug-Resistant Organism Repository and Surveillance Network (WRAIR MRSN), and supported by the TIDOS team, also began data collection and analysis.

For 2026, analyses to support evidence-based management and develop ML-based algorithms for frontline clinical decision support will be completed. A Wartime Infection, Control and Prevention Knowledge, Attitudes, and Practices (KAP) Survey to assess the familiarity of frontline providers with combat casualty care and infectious disease guidelines will begin data collection and analysis in the coming year. As part of a wartime preparedness initiative, technical recommendations and scientific/regulatory frameworks will be developed to inform a next-generation JTS DoD Trauma Registry Infectious Disease Module and Wartime Specimen and Isolate Repositories. In collaboration with the George Washington University Biostatistics Center, 'on-the-shelf' clinical trial protocols for activation during future conflicts to examine the effectiveness of battlefield wound infection prevention and management strategies and products will be developed and submitted for scientific review. Following data collection and management efforts, the first analyses of the MTI-SCC study population will be initiated to include use of AI and ML methods. Conducting a landscape review and gap analysis related to SSTI prevention in military recruit settings to identify priority research questions and prevention strategies to inform future prospective studies or clinical trials is also planned.

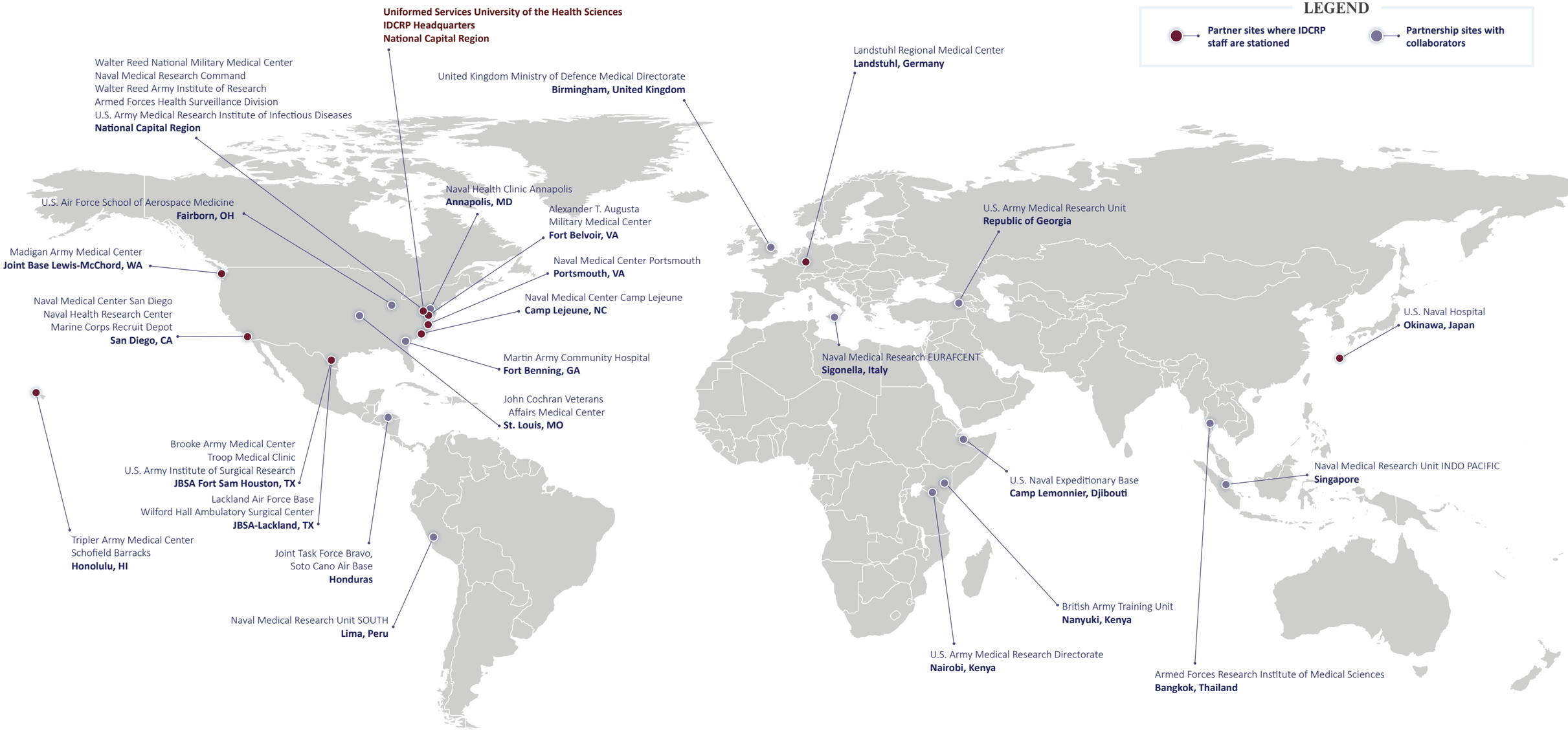
MILITARY IMPACT

The Wound Infections Research Area is responsive to research priorities, policies, and guidelines of the Defense Health Agency (DHA), JTS, and the MHS, conducting studies to address identified gaps in combat casualty care to support wartime preparedness and inform development of a research infrastructure for future conflicts. In support of EWI evidence-based management, the findings from the UMN/UMich collaboration, combined with the results of a systematic review conducted by the UMN Evidence-Based Practice Center, will be provided to the JTS to help inform whether a consensus panel should be convened to refine existing and develop new CPGs for the prevention and treatment of battlefield-related wound infections. Findings from the University of Colorado Ukraine war-related wound infection study will help inform combat casualty care in future large-scale combat operations. The KAP Survey will potentially identify areas where further training or education regarding combat casualty care are needed. Analyses through the MTI-SCC protocol will inform preventive and treatment approaches for battlefield-related infections to improve combat casualty care.

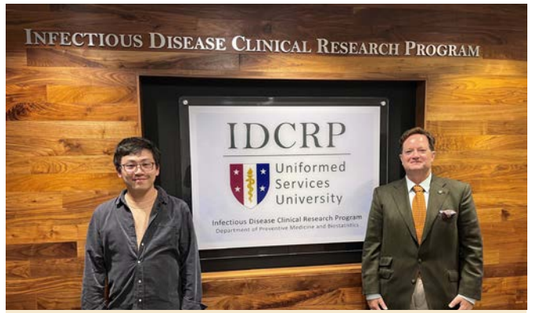
HIGHLIGHTS/KEY FINDINGS

- **Wounded warfighters who developed infections with multidrug-resistant Gram-negative pathogens had a 5-day longer length of hospital stay for every 30 days spent by a patient who had an infection attributed to a different pathogen.**
- **When compared to patients with non-head injuries, patients with any type of TBI (penetrating or closed) had a 3.7 times greater risk of death. Maj Melissa Meister presented the results of this study at two military academic research competitions and received first place in her categories (*see IDCRP Awards and Honors*, page 20).**
- **Dr. Tribble, CDR (ret) Wesley Campbell, and CDR Christopher Renninger authored the first ever chapter on trauma-related infections for the 10th edition of the highly regarded book, *Principles and Practice of Infectious Diseases*.**

IDCRP PARTNER NETWORK



TEAM MEMBERS



Jie Min (left), Research Program Analyst, and Dr. John Powers (right), Chair of the Scientific Review Board.

The Research Support Group team. From left, Alex Park and Renee Bowers.

The Clinical Research Management team. From top left, Chance Dangremond, Todd Stroberg, Jennifer Rothenberg, and Travis Stickney. From bottom left, Mimi Sanchez Edwards, Saira Shaikh, Sandra Waggoner, and Nicole Martin.

The IDCRP Finance and Program Management team. From left, Sheilah Rowe, Victoria Klimczak, Leslie Tyler, and Alison Trump.

The IDCRP Data Coordination Center team. From top left: Edward Parmelee, Michael Simpson, Xiuping Chu, and Audrey Gibboney. From center left, Roshila Mohammed, Orlando Ortega, Amber Michel, and Michelle Pleshe. From bottom left, Chris Olsen, Julian Davies, Melissa Grance, and Ken Bergquist.

Team members at Brooke Army Medical Center during 2025. From left, Lt Col Joseph Yabes, Veronica Wimberly, LTC John Kiley, COL Ana Markelz, Lt Col David Lindholm, Katrin Mende, BarBea Clakley, and Terry Merritt.

Team members at Madigan Army Medical Center during 2025. From left, Christina Schofield, Rhonda Colombo, Cynthia Baker, Michelle Martin, and Ashley Cochran.

Team members at Naval Medical Center Portsmouth during 2025. From left, Michele Cerroni, CDR Christie Joya, Susan Banks, and LCDR Michael Boatwright.

Team members at Walter Reed National Military Medical Center during 2025. From left, Irma Barahona, Anuradha Ganesan, Wendy Loo, and Marlene Rodriguez.

Team members at the Naval Medical Center San Diego during 2025. From left, Amelia Parnell, CDR Derek Larson, and Nichol Kirkland.

CENTER OPERATIONS

Successful execution of the IDCRP diverse clinical research portfolio requires a well-integrated and cohesive operational foundation.

Matthew Pearl, MS
Director, Center Operations

Sheilah Rowe, MS, MBA, PgMP
Head, Finance and Program Management

Todd Stroberg, RN, BSN
Head, Clinical Research Management

Led by Mr. Matthew Pearl (Director, Center Operations), the mission of Center Operations is to support the effective development and conduct of the Program's clinical research portfolio to ensure that the high-quality and high-impact research objectives are achieved to inform and improve the care of warfighters and their beneficiaries. To accomplish this, Center Operations focuses on enhancing standardization, communication, and collaboration across different components of the Program. During the past year, the team continued to develop standard operating procedures (SOPs) and internal processes and conducted training of team members on these processes to improve efficiency. Working groups were also established to address programmatic gaps identified during the 2024 Annual IDCRP Prioritization and Operations Planning Meeting, as well as from continual internal process improvement assessments among the Center Operations team.

Finance and Program Management

The function of the Finance and Program Management team is to provide critical research administrative support, including oversight of financial resources and coordination of collaborative agreements necessary for the conduct of protocols within the IDCRP clinical research portfolio. Headed by Ms. Sheilah Rowe, the Finance and Program Management team oversaw 27 funding awards in support of IDCRP clinical research protocols during 2025. As part of the goal to improve communication and integration of program managers across the four research areas of the IDCRP, standardized templates for conveying financial health to the investigative teams were developed to support protocol decision-making. Detailed discussions were also undertaken with investigators and clinical research managers during the early stages of research grant proposal development to better inform an effective and competitive budget.

Clinical Research Management

Led by Mr. Todd Stroberg, the Clinical Research Management team is responsible for ensuring best practices are employed with regard to the development, execution, and management of protocols within the IDCRP clinical research portfolio. Team members also work with regulatory affairs specialists to confirm regulatory compliance and ethical conduct of the protocols. During the past year, a standardized project management framework was successfully implemented across 52 IDCRP protocols and related projects, enhancing consistency and operational efficiency for the Program. In particular, use of this framework improved accountability and execution across the clinical research portfolio by helping investigative teams meet milestones, track budget expenditures, and produce high-quality deliverables within the timeframe of the study's performance.

Site Operations

Led by Ms. Rezalina Tant, Site Operations is focused on providing support at Defense Health Centers within the IDCRP Partner Network, including the management and acquisition of personnel, space, equipment, and other resources. Site Operations team members also ensure regulatory compliance and ethical conduct related to the execution of protocols at their sites. During the past year, team members helped realign site personnel due to reductions in staff across the IDCRP Partner Network. This included the closure of seven sites that were originally activated as part of the COVID-19 pandemic response, but no longer had active studies being conducted. In addition, team members supported the closure of 44 legacy studies that were no longer active.

Repository and Laboratory Operations

The Repository and Laboratory Operations team, led by Mr. Scott Merritt, provides laboratory-related oversight and guidance for the development and support of new and existing research studies involving clinical isolates and/or specimens. In 2025, a major accomplishment was supporting the challenging transition of approximately 1.4 million IDCRP specimens from the U.S. Military HIV Research Program Specimen Processing Laboratory to be stored in repositories at government and academic partners. This transfer will significantly reduce biorepository costs for the Program and improve accessibility for follow-on research opportunities and collaboration. In addition, the Specimen Tracking System (STS) continued to be developed and supported, including integration with electronic data capture system (e.g., REDCap) and specimen inventory software (e.g., Freezerworks). Presently, the STS is supporting two new research protocols, one of which is an overseas study employing tablets for study enrollment, specimen tracking, and data collection in remote environments.

Data Operations

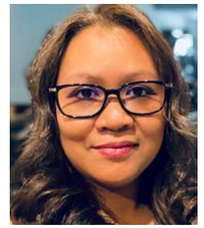
The Data Coordination Center (DCC), led by Mr. Edward Parmelee, provides expertise to research teams for the conceptualization, design, collection, management, analysis, and publication of study data. Team members are also focused on ensuring quality management best practices are followed for each study to facilitate excellence across all sites within the IDCRP Partner Network and confirm data fidelity. During the past year, operation processes were streamlined to align the size and structure of the DCC with the research needs of the Program in an effort to promote efficiency and process standardization across the clinical research portfolio. In addition, the DCC continued to provide support services for active IDCRP protocols, which included the creation and modification of data collection forms and the acquisition of data from the Military Health System Data Repository. Team members also continued to work with the Repository and Laboratory Operations team to further integrate the functionality of the STS into the REDCap data collection system with the goal of improving automated processes across study sites.

Research Support Group

The Research Support Group provides administrative program support to IDCRP team members and leadership, as well as USU government clients. During the past year, the workflow related to attaining clearance approvals for publications, presentations, and other deliverables was enhanced, resulting in improved efficiency of the process. The Research Support Group team was also instrumental in coordinating the week-long 3rd Annual IDCRP Science Symposium, which was highly successful and included both in-person and virtual components.

Future Plans

For 2026, Center Operations will continue to focus on improving standardization across the IDCRP clinical research portfolio and Partner Network. This will include refining and implementing standardized frameworks and processes related to protocol development and execution to ensure greater efficiency, regulatory compliance, and scientific integrity. By further centralizing core operations, our goal is to enhance cross-functional collaboration and communication among team members to improve knowledge sharing and promote best practices. In addition, budget management strategies will be strengthened to align operational resources with the evolving research priorities of the IDCRP Science Directorate and the Defense Health Agency to maximize scientific impact of our research portfolio.



Rezalina Tant, MS
Head, Site Operations

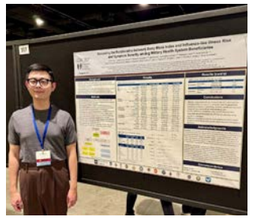
Scott Merritt
Head, Repository and Laboratory Operations

Edward Parmelee, MSc
Chief, Data Coordination Center

EDUCATION / MENTORSHIP

The IDCRP remains committed to fostering the education and growth of the next generation of clinical infectious disease (ID) researchers in the U.S. Armed Services.

Dr. LeeAnne Lynch (center) being hooded by Dr. Tracey Koehlmoos (left) and Dr. David Tribble (right) at the 2025 USU Commencement



Dr. Mofan Gu (post-doctoral researcher) presenting at the 2025 AMSUS Meeting

MAJ Benjamin Pierson receiving his doctorate from Dean Eric Elster at the 2025 USU Commencement

Supporting the education of clinical researchers in the U.S. Armed Services continues to be a priority of the IDCRP. Residents, ID fellows, and medical/graduate students at USU and military clinical sites within the IDCRP Partner Network are given the opportunity to participate in IDCRP research studies or to conduct research projects under the mentorship of IDCRP investigators. Sites within the IDCRP Partner Network include Brooke Army Medical Center, Madigan Army Medical Center, Naval Medical Center San Diego, Naval Medical Center Portsmouth, Tripler Army Medical Center, and Walter Reed National Military Medical Center (WRNMMC). Trainees from the National Institutes of Health (NIH), University of Maryland, Emory University, Georgetown University, University of Pittsburgh, University of Hawaii, and NOVA Southeastern University also contribute to IDCRP research projects. Working under the mentorship of IDCRP investigators, trainees receive hands-on experience through all stages of the lifecycle of a research study, including study design, data collection and analysis, and presenting/publishing the findings. The IDCRP also supports WRNMMC continuing GME activities, the USU clinical ID research capstone curriculum, and the Armed Forces Infectious Diseases Society annual meeting.

During 2025, 61 residents (across multiple specialties, including Internal Medicine, Preventive Medicine, Orthopedics, Pediatrics, Neurosurgical, Osteopathy, Mental Health and Occupational and Environmental Medicine), medical/graduate students, ID Fellows, MPH students, and 3 post-doctoral trainees either began or completed their IDCRP-mentored research projects. One USU active-duty graduate student received his doctorate using data from the ARI Research Area M-RAP protocol. Eleven other dissertations are being supported with data from the ARI Research Area EPICC, PAIVED, and PASS studies, the HIV/STI Research Area HIV NHS and ALLHANDS studies, and the Deployment and Travel-Related Infections Research Area KAPOS study. Data from the HIV NHS are also being used to support a project adjunct to a dissertation for a NIH OxCam Scholar.

Twenty-one oral and poster presentations involving trainees were presented at local and national conferences during the past year. Furthermore, 12 manuscripts co-authored by trainees were published or accepted for publication and another 4 manuscripts were submitted for journal consideration. Trainees who participated in IDCRP-mentored research projects also received award recognition in 2025 (***see IDCRP Awards and Honors, page 20***).

Engaging trainees and stoking their interest in clinical research is pivotal for the IDCRP's education mission to continue to be successful. IDCRP investigators frequently attend public health student practicum and project fairs and update medical training program Directors about available and upcoming IDCRP-mentored research opportunities. They also meet with medical students, residents, and ID Fellows directly to discuss research opportunities and encourage medical school graduates, USU faculty, and ID consultants to engage with clinical research as a key part of their career path and training.

Overall, the IDCRP remains invested in the education of future active-duty researchers to ensure they are highly trained with the required skills to solve the next generation of ID problems that will plague the Military Health System.

SELECTED IDCRP TRAINEE EDUCATION PUBLICATIONS AND PRESENTATIONS

PUBLICATIONS

Zelkoski AE, Goguet E, Darcey ES, Alameh M, Said H, Pollett S, Powers JH, Laing ED, Olsen C, Mitre E, Malloy AM. Pre-Vaccination Immune Profiles and Responsiveness to Innate Stimuli Predict Reactogenicity and Antibody Magnitude Following mRNA Vaccination. *Vaccines (Basel)*. 2025; 13(7):718.

Pierson BC, Craig-Kuhn MC, Stewart L, Sercy E, Stern CA, Graham B, Michel A, Parmelee E, Koehlmoos TP, Saunders D, Mancuso JD, Pollett S, Burgess T, Tribble DR. Evaluating the Risk and Risk Factors of Dysautonomia as a Post-Acute Sequelae of COVID-19: A Secondary Analysis of a Matched Case-Control Dataset. *Frontiers in Neurology*. 2025; Oct 14: 1653175.

Mooney AC, Pollett SD, Agan BK, Russell DA, Hetrich MK, Tribble DR, Burgess TH, O'Connell RJ, Colombo, R, Creppage, KE, Gallaway, MS. Beyond the Clinic: The Importance of DoD Respiratory Viral Panel Testing for Public Health and Force Health Protection. *Medical Surveillance Monthly Report*. 2025;32(4):41-46.

Vyas KJ, Marconi VC, Lyles RH, Agan BK, Sullivan PS, Guest JL. Posttraumatic Stress Disorder and its Associations with Antiretroviral Therapy among Veterans with HIV. *AIDS*. 2025 Apr 1;39(5):597-608.

Vyas KJ, Agan BK, Marconi VC, Sullivan PS, Guest JL. Posttraumatic Stress Disorder and its Associations with Sexually Transmitted Infections among Veterans. *Sexually Transmitted Diseases*. 2025; 52(10): 609-617.

Vyas KJ, Marconi VC, Sullivan PS, Agan BK, Lyles RH, Guest JL. Posttraumatic Stress Disorder and its Associations with Morbidity and Mortality among Veterans with HIV. *AIDS*. 2025; 39(12): 1760-1772.

Lynch LC, Mende K, Hamdy RF, Olsen C, Waterman PE, Young JM, Tribble DR. Evaluation of Department of Defense Hospital Antimicrobial Stewardship Programs (ASP) Using a Novel Core Elements Scoring Approach and Modeling Core Elements Scores with Metrics Related to ASP Outcomes. *Infection Control and Hospital Epidemiology*. 2025; 13:1-11.

Lynch LC, Mende K, Hamdy RF, Olsen CH, Waterman PE, Young YM, Tribble DR. Characteristics and Framework Analysis of Department of Defense Hospital Antibiotic Stewardship Programs Guided by the CDC Core Elements. *Antimicrobial Stewardship and Healthcare Epidemiology*. 2025 Feb 25;5(1):e56.

Meister MR, Boulter JH, Dewar CD, Stuebe C, Sercy E, Carson ML, Shaikh F, Yabes JM, Stewart L, Tribble DR, Bartanusz V, Dengler B. Epidemiology and Outcomes of Battlefield-Related Penetrating and Closed Traumatic Brain Injuries Compared to Non-Head Injuries: A Retrospective Cohort Study. *Military Medicine*. Accepted for publication

PRESENTATIONS

2025 AMSUS Meeting, 3-6 March 2025, National Harbor, MD

Gu M, Richard SA, Colombo RE, Schmidt K, Ganesan A, Lalani T, Mende K, Seshadri S, Fries A, O'Connell RJ, Simons M, Powers JH, Coles CL, Burgess TH, Pollett SD. Assessing the Relation Between Body Mass Index and Influenza-Like-Illness Risk and Symptom Severity among Military Health System Beneficiaries.

Lynch L, Mende K, Hamdy R, Olsen C, Waterman P, Young JM, Tribble DR. Evaluation of Department of Defense Antimicrobial Stewardship Programs: Structure and Outcomes

2025 IDSA ID Week, 19-22 October 2025, Atlanta, GA

Drysdale D, Geringer M, Wakefield C, Stewart L, Carson ML, Lu D, Mende K, Cancio LC, Gurney JM, Tribble DR, Kiley JL. Injury Patterns and Infectious Complications after Battlefield-Related Burn Injuries.

Jackson L, Stewart L, Carson ML, Sercy E, Campbell WR, Wyatt AC, Mende K, Tribble DR, Kiley JL. Clinical Characteristics and Microbiology of Patients with Pneumonia after Battlefield Trauma.

Liberg R, Helfrich A, Shaikh S, Hickey P, Lindholm D. The Burden of Crimean Congo Hemorrhagic Fever in the Military Health System.

Skellington C, Schmidt K, Spooner C, Schofield C, Ganesan A, Campbell W, Lalani T, Mende K, Markelz AE, Saperstein A, Tilley DH, Williams A, Larson D, Housel L, McClenathan B, Seshadri S, Pollett SD, Burgess TH, Richard SA, Colombo RE. The Effect of Pre-Vaccination Analgesics on Influenza Vaccine Immunogenicity.

Reddy M, Schmidt K, Goguet E, Richard S, Powers J, Pollett S, Mitre E. The Evolution of Symptom Severity and Patterns Over the First Four Years of the SARS-CoV-2 Pandemic.

Causbie J, Horn M, Hsieh H, Topal S, Ganesan A, O'Connell R, Agan B, Roth B. Fractures and Musculoskeletal Injuries in Active Duty Military Living with HIV: A Retrospective Virtual Cohort Study.

Roth B, Horne ME, **Causbie J**, Topal S, Ganesan A, Clifton D, O'Connell R, Agan B. Analyzing Robustness and Frailty: Musculoskeletal Injuries, Fractures, and Hospitalization in U.S. Military Members With and Without HIV.

IDCRP AWARDS AND HONORS

During the past year, IDCRP leadership, investigators, and trainees were recognized by various institutions. We congratulate COL (ret) Robert O'Connell (prior IDCRP Director; detached summer 2025) for receiving the Defense Superior Service Medal for his service with the IDCRP. We also congratulate CAPT Drake Tilley (current IDCRP Director) on receiving the Meritorious Service Medal and LCDR Sarah Jenkins (IDCRP Deputy Director) for being named the Fiscal Year 2024 Medical Service Corps Specialty – Navy Microbiologist Officer of the Year.

Dr. Anuradha Ganesan (Principal and Associate Investigator on multiple protocols) was named the 2025 Researcher of the Year by the WRNMMC Department of Medicine. Lt Col David Lindholm (EPICC investigator) was named USAF Academic Physician of the Year for 2024 and received the Dr. George Crawford Distinguished Medical Educator Award for demonstrating a sustained and profound commitment to excellence in medical education. COL (ret) Patrick Hickey (KAPOS Principal Investigator) received the Uniformed Services Outstanding Service Award from the American Academy of Pediatrics for his lifetime services to the military and pediatrics. LTC John Kiley (TIDOS investigator) received the COL Louis N Pangaro Master Teacher Award for demonstrating the qualities of a master mentor teacher and Lt Col Joseph Yabes (TIDOS investigator) received the Major General Archie Hoffman Award for excellence in academic medicine as exemplified by his accomplishments in stimulating trainees to pursue clinical research.

Name	Award/Honor	Awarding Organization
Academic or General Award / Honor / Recognition		
COL (ret) Robert O'Connell	Defense Superior Service Medal	Department of War
CAPT Drake Tilley	Meritorious Service Medal	Department of War
LCDR Sarah Jenkins	Fiscal Year 2024 Medical Service Corps Specialty – Navy Microbiologist Officer of the Year	Bureau of Medicine & Surgery Office of the Corps Chief
Anuradha Ganesan	2025 Department of Medicine Researcher of the Year	Walter Reed National Military Medical Center
COL (ret) Patrick Hickey	Uniformed Services Outstanding Service Award	American Academy of Pediatrics
Lt Col David Lindholm	USAF Academic Physician of the Year for 2024	USAF Medical Service
Lt Col David Lindholm	Dr. George Crawford Distinguished Medical Educator Award	Tri-Service American College of Physicians
LTC John Kiley	COL Louis N Pangaro Master Teacher Award	Tri-Service American College of Physicians
Lt Col Joseph Yabes	Major General Archie Hoffman Award for Excellence	Tri-Service American College of Physicians
LTC John Kiley	Fiscal Year 2025 Quarter 1 USUHS Most Valued Teacher	Uniformed Services University
Lt Col Joseph Yabes	Fiscal Year 2025 Quarter 2 USUHS Most Valued Teacher	Uniformed Services University
Research-Related Award for IDCRP-Related Research Study		
Capt Stone Frankford	1st Place in ID Fellow Research Competition	Armed Forces Infectious Diseases Society
Maj Melissa Meister	1st place in the Robert A. Phillips Research Competition	Walter Reed National Military Medical Center
Maj Melissa Meister	Best Clinical Research by a Resident Category	Annual Navy-Wide Academic Research Competition
CPT Luke Jackson	IDWeek Trainee Award	Infectious Diseases Society of America
CPT Jacqueline Causbie	IDWeek Trainee Award	Infectious Diseases Society of America
CPT Ryan Liberg	IDWeek Trainee Award	Infectious Diseases Society of America
CPT Maithri Reddy	IDWeek Trainee Award	Infectious Diseases Society of America

Capt Stone Frankford receiving the AFIDS ID Fellow Research Competition 1st place award from Maj William Bennett

Maj Melissa Meister with her Robert A. Phillips Research Competition award

LCDR Sarah Jenkins with her Navy Microbiologist Officer of the Year

IDCRP COLLABORATORS & PARTNERS

Department of War Sites

U.S. Military Hospitals and Clinics

Alexander T. Augusta Military Medical Center, Ft Belvoir, VA
Brooke Army Medical Center, JBSA Ft Sam Houston, TX
Joint Task Force Bravo, Soto Cano Air Base, Honduras
Landstuhl Regional Medical Center, Germany
Madigan Army Medical Center, Joint Base Lewis-McChord, WA
Martin Army Community Hospital, Ft Benning, GA
Naval Health Clinic Annapolis, Annapolis, MD
Naval Medical Center Camp Lejeune, Jacksonville, NC
Naval Medical Center Portsmouth, VA
Naval Medical Center San Diego, CA
Schofield Barracks Health Clinic, Oahu, HI
Tripler Army Medical Center, Oahu, HI
Troop Medical Clinic, JBSA Ft Sam Houston, TX
U.S. Air Force School of Aerospace Medicine (USAFSAM)
U.S. Naval Expeditionary Base, Camp Lemonnier, Djibouti
U.S. Naval Hospital Okinawa, Japan
Walter Reed National Military Medical Center, Bethesda, MD
Wilford Hall Ambulatory Surgical Center, JBSA Ft Sam Houston, TX

U.S. Military Research Commands

Naval Medical Research Command (NMRC)
- Biological Defense Research Directorate
- Operationally Relevant Infections Department
- Diagnostics and Surveillance Department

NMRC—Subordinate Commands
- Naval Health Research Center, San Diego, CA
- Naval Medical Research Unit INDO PACIFIC, Singapore
- Naval Medical Research Unit EURAFCENT, Sigonella, Italy
- Naval Medical Research Unit SOUTH, Lima, Peru

U.S. Army Institute of Surgical Research
U.S. Army Medical Research Institute of Infectious Diseases
U.S. Army Telemedicine & Advanced Technology Research Center
Walter Reed Army Institute of Research
- Emerging Infectious Diseases Branch
- Military HIV Research Program
- Multidrug Resistant Organism Repository and Surveillance Network
- Diagnostics and Countermeasures Branch
- Wound Infections
- Viral Diseases Branch
- Global Research Network
  - Armed Forces Research Institute of Medical Sciences, Bangkok, Thailand
  - U.S. Army Medical Research Directorate-Georgia, Tbilisi, Georgia
  - U.S. Army Medical Research Directorate-Africa, Nairobi, Kenya
  - U.S. Army Medical Research Directorate-West, WA, USA
- U.S. Army Medical Materiel Development Activity

Other U.S. Military Commands/Programs

Defense Health Agency (DHA)
- Military Infectious Diseases (DHA MID)
- Armed Forces Health Surveillance Division (AFHSD)
  - Global Emerging Infection Surveillance (GEIS) Program
- Immunization Healthcare Division (IHD)
- Defense Centers for Public Health – Aberdeen
- Defense Centers for Public Health – Dayton
- Defense Centers for Public Health – Portsmouth

Bureau of Medicine and Surgery, Department of Navy (BUMED)
Congressionally Directed Medical Research Program (CDMRP)
Defense Advanced Research Projects Agency (DARPA)
Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense
San Antonio Uniformed Services Health Education Consortium (SAUSHEC)

United States Government Health Agencies

Biomedical Advanced Research and Development Authority
Centers for Disease Control and Prevention
Food and Drug Administration
Lawrence Livermore National Laboratory
National Institutes of Health
- National Cancer Institute
- National Institute of Allergy and Infectious Diseases
  - Division of AIDS
  - NIAID Flu Networks
  - Division of Microbiology and Infectious Diseases
  - Vaccine Research Center
- National Institute of Mental Health
- National Institute of Neurological Disorders and Stroke
- National Institute of Health Clinical Center

U.S. Department of Veterans Affairs
- Atlanta Veterans Affairs Medical Center
- James J. Peters VA Medical Center, Bronx, NY
- St. Louis Veterans Affairs Medical Center
- VA Science and Health Initiative to Combat Infectious and Emerging Life-Threatening Diseases (VA SHIELD)
- Veterans Aging Cohort Study (VACS)
- Veterans Affairs Connecticut Healthcare System
- Veterans Affairs Puget Sound Health Care
- Veterans Affairs Sierra Nevada HealthCare System

Foreign Health Agencies and Organizations

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)
Royal Thai Army Clinical Research Center
SEARCH Research Foundation and Innovation (IHRI) clinic
United Kingdom Ministry of Defence
- Royal Centre for Defence Medicine, Birmingham, U.K.
- British Army Training Unit, Nanyuki, Kenya
- Defence Medical Directorate, Birmingham, U.K.
- Defence Statistics (Health) MOD Abbey Wood

Academia

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