The Infectious Disease Clinical Research Program:
A Military Translational Research Center Generating Evidence for Practice

Brian Agan, MD

IDCRP Deputy Science Director, HJF

Disclosure and Disclaimer

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Co-Author Acknowledgements

Dr. David Tribble[1]

LCDR Sarah A. Jenkins, MSC, USN[1]

CAPT (ret) Timothy Burgess, MC, USN[1]

CAPT Drake H. Tilley, Jr., MC, USN[1]

[1] Infectious Disease Clinical Research Program, Department of Preventive Medicine and Biostatistics, Uniformed Services University of the Health Sciences, Bethesda, MD

Learning Objectives

1. Discuss how the IDCRP contributes to the Department of War medical research enterprise.

2. Describe the research capability and collaborative network of the IDCRP.

3. Discuss how the IDCRP generates evidence for the translation into military clinical practice or policy to improve care and outcomes among warfighters.

IDCRP Overview

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 Overview

Established in 2005: USU and National Institute Allergy & Infectious Diseases (NIAID) Interagency Agreement formed through a cooperative agreement with Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Chartered in 2015: Assistant Secretary of War for Health Affairs (ASW(HA)) as a Tri-Service DoW research center at the Uniformed Services University (USU)

Research Areas: Focused on military-relevant infectious diseases

- **Deployment/Travel-Related Infections**
- **Respiratory & Sexually Transmitted Infections**
- **Wound Infections**

Aligned: 2025 DoD Biosurveillance Strategy, DHA Strategic Plan: MID 2024, 2023 Biodefense Posture Review, DoW ID Threat List, National Security Strategy, National Biodefense Strategy and Implementation Plan, National Defense Strategy, American Pandemic Preparedness plan

IDCRP Focused FHP Countermeasure and Capability Gaps for High Priority Threats

IDCRP Uniformed Services University — Celebrating 20 Years 2005–2025

Deployment & Travel-Related Infections

Selected Priority Pathogen, Disease or Syndrome [a]	Understand Threat	Prepare and Protect Force	Mitigate Impact
	Detect	Prevent	Treat
Norovirus			
Acute watery diarrhea (diarrheagenic *E coli*)			
Invasive diarrhea and antibiotic resistance (Campy, Shigella)			
Dengue			
Leptospirosis			

Respiratory and Sexually Transmitted Infections

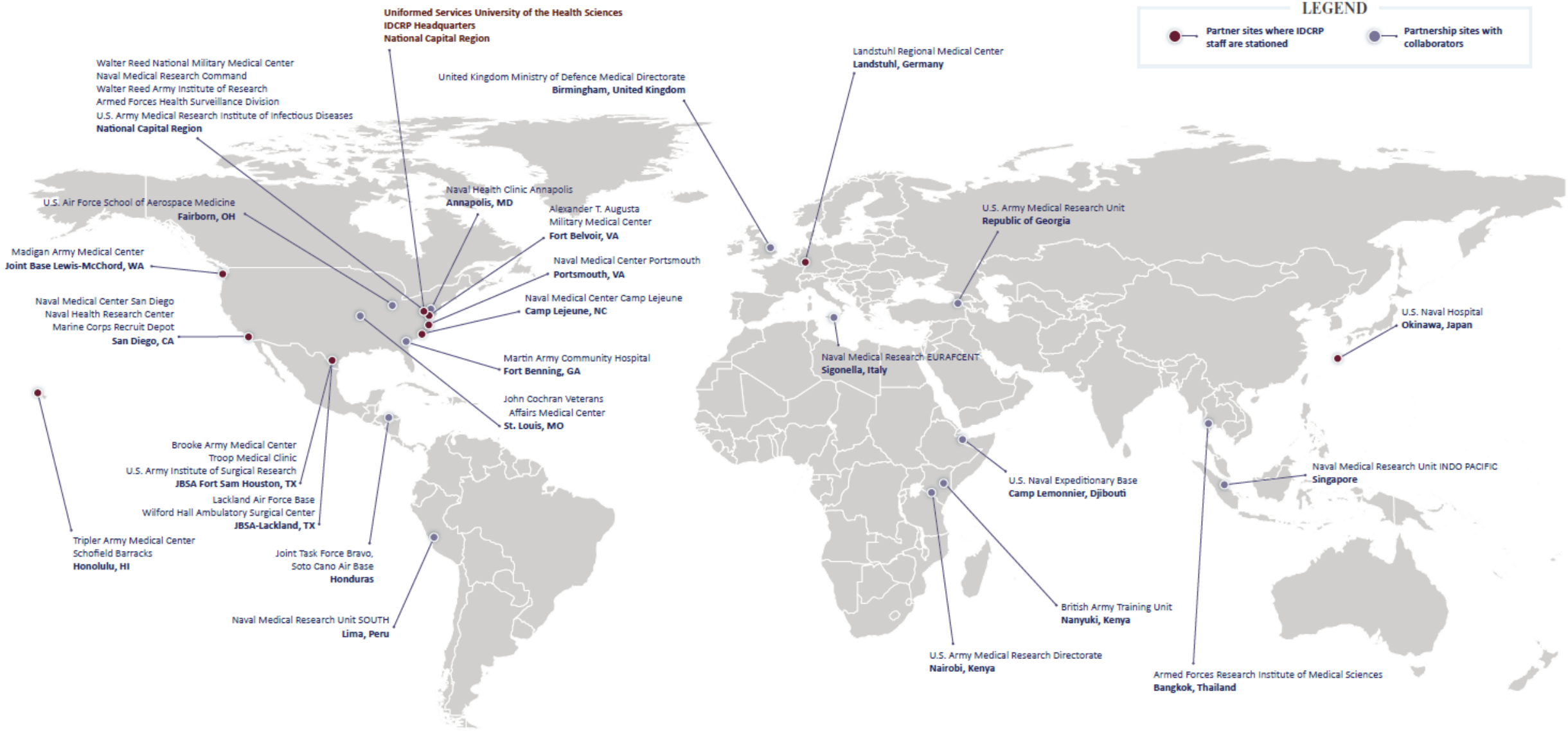
Priority Pathogen, Disease or Syndrome	Understand Threat	Prepare and Protect Force	Mitigate Impact
	Detect	Prevent	Treat
SARS-CoV-2			
Influenza, seasonal			
Influenza, pandemic			
Adenovirus			
Virus X (e.g. novel coronavirus)			
HIV			
Gonorrhea			
C.trachomatis			
Syphilis			

Wound Infections

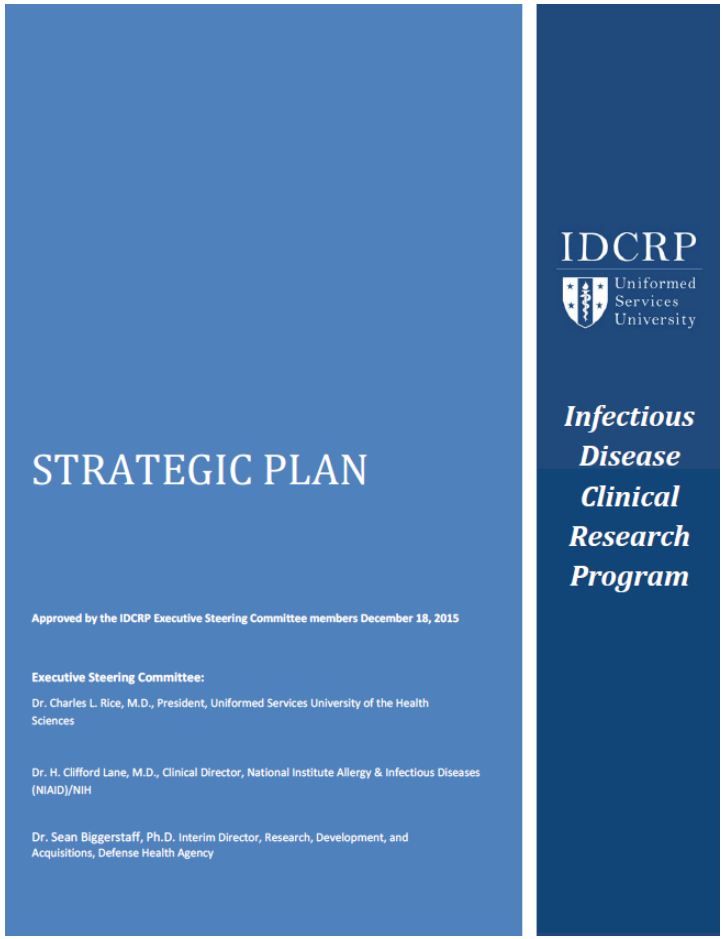
Threat	Understand Threat		Prepare and Protect Force		Mitigate Impact	
	Detect		Prevent		Treat	
	Roles 1-3	Roles ≥4	Roles 1-3	Roles ≥4	Roles 1-3	Roles ≥4
Battlefield wound infections[2]						
IFIs[3]						
Community-associated SSTIs[4]						

Legend	
	Little-to-no clinically available medical countermeasure/capability
	Medical countermeasure exists but limited or at-risk effectiveness and/or implementation gap exists
	Clinical capability/medical counter-measure exists and is widely implemented

IDCRP Partner Network



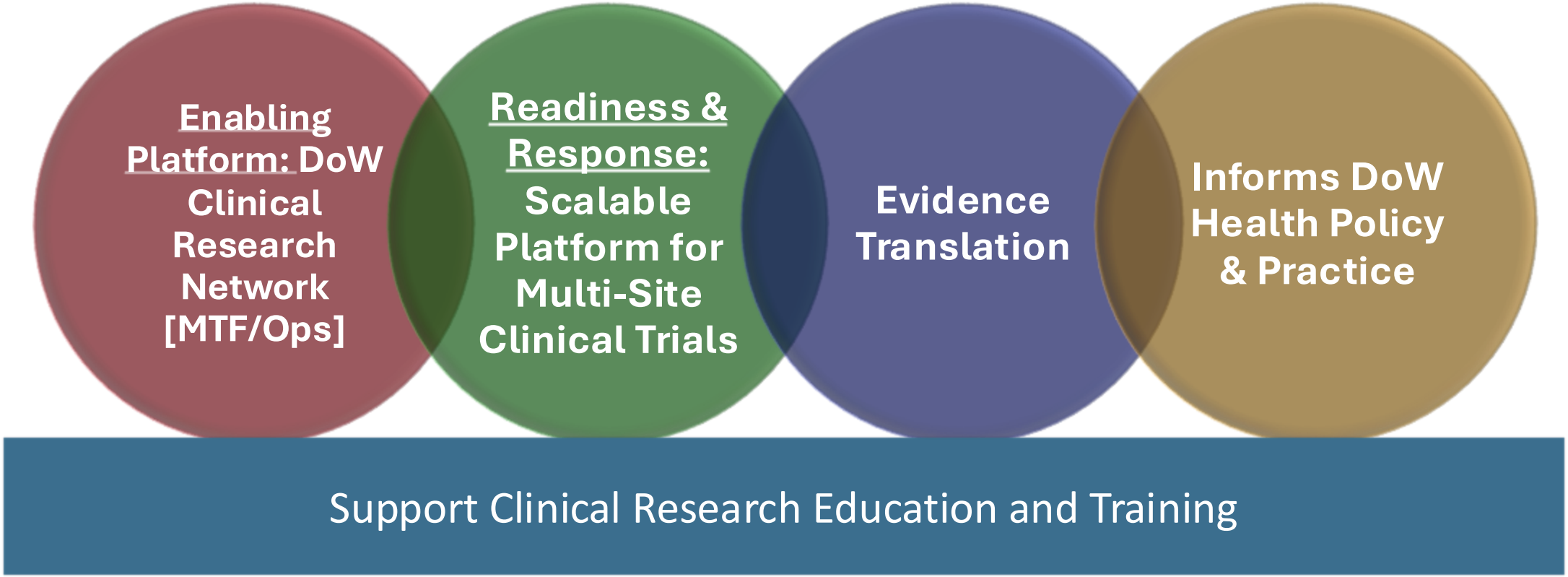
IDCRP Strategic Plan



Strategic Aims

1. **Develop & sustain robust military clinical research to support DoD operational infectious diseases requirements**
2. **Plan, execute, and disseminate findings of clinical infectious disease (ID) research of relevance to impact the US military**
3. **Align and support**
   - ID product development for the warfighter (partnership with DHA Military Infectious Disease (MID) and Navy Advanced Development)
   - ID military public health surveillance (partnership with DHA PH/Armed Forces Health Surveillance Division (AFHSD)/other military surveillance activities)
   - DoD clinical research education [partnership with Graduate Medical Education (GME) programs]
4. **Sustain and enhance non-DoD collaborations yielding greater research impact and generalizability for the DoD, veterans, and the US civilian population:**
   - National Institute of Allergy and Infectious Diseases (NIAID)/National Institutes of Health (NIH)
   - Veterans Affairs (VA) Health Systems

Core Functions of IDCRP



IDCRP Oversight and Operations →

Facilitates Cross-Organizational Communications/Interface

Executive Steering Committee (ESC)
Biannual

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

Operational Steering Committee (OSC)
Monthly

- Surgeons General ID Consultants – Army, Navy, Air Force
- Director, GEIS, AFHSD
- Director, DHA MID
- NIAID Liaison, Office of the Director, NIAID
- Chair, PMB, USU
- VA and HJF representatives (non-voting)

Program Coordination Center (PCC)

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

NIAID Liaison
Chair, SRB

Deputy Program Director
Director, Center Operations
Chief, Data Operations
Head, Clinical Research Mgt
Head, Site Operations
Head, Finance & Program Mgt
Head, Rep & Lab Operations
Research Administration Staff

Partnering Networks

Military hospitals
Military research & development commands
Military public health commands
Non-military partners

Open Communications

USU
NIAID
DHA RDA

Service Clinical ID Leads
DHA PH/Surveillance
DHA R&D
USU
NIAID, VA, HJF

Clinical MTFs
R&D Commands & Labs
PH Commands/DCPH

Large-scale Retrospective MHS Studies

Infectious diseases
Original research

BMJ Open2025;15:e094861.

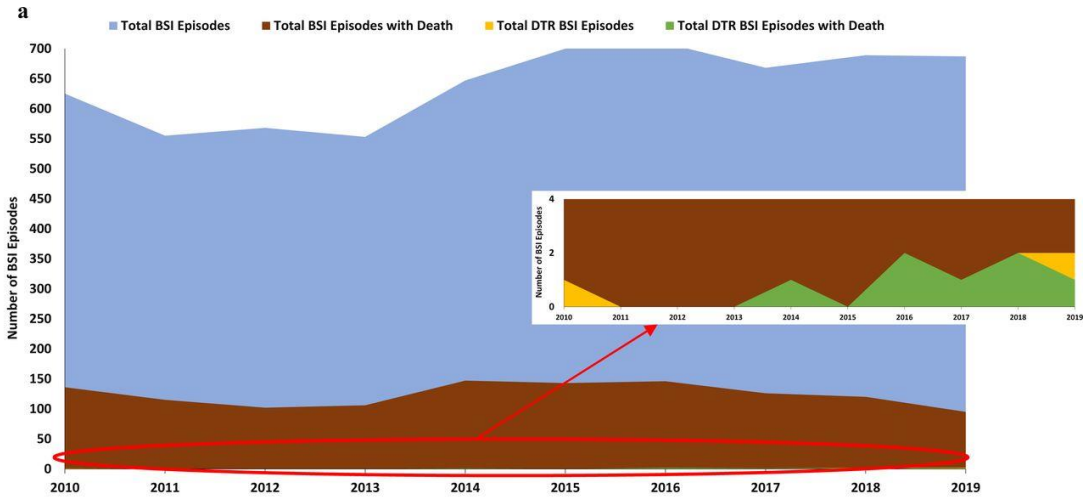
Demographics, epidemiology, mortality and difficult-to-treat resistance patterns of bacterial bloodstream infections in the global US Military Health System from 2010 to 2019: a retrospective cohort study

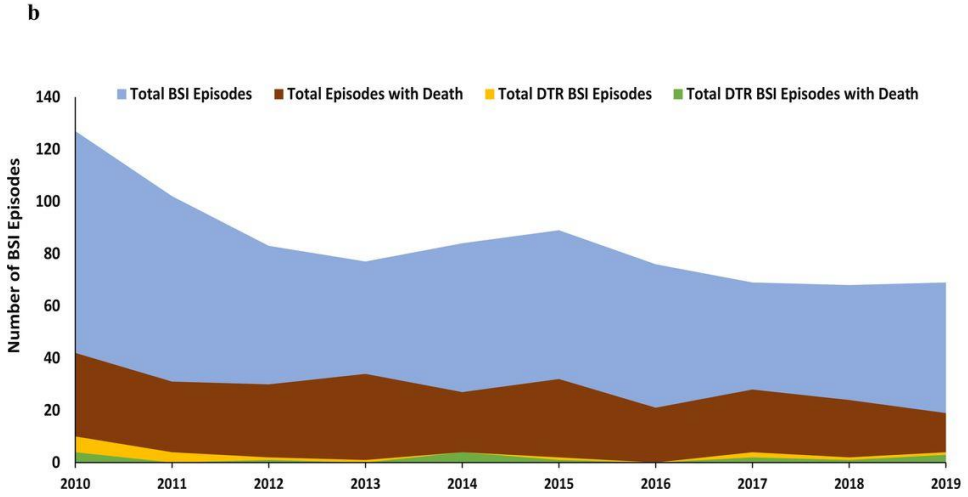
Alexander C Vostal [1], Melissa Grance [2, 3], John H Powers 3rd [4], Sameer S Kadri [5, 6, 7], Sarah Warner [5, 6], Uzo Chukwuma [8, 9], Carlos Morales [2, 3], Charlotte Lanteri [2], M Leigh Carson [2, 3], Beth Poitras [8], Nicholas Seliga [8], Dean Follmann [10], Jing Wang [11], Edward Parmelee [2, 3], Katrin Mende [2, 3, 12]

Setting	Military Health System
Timeframe	2010-2019
Population	8,145,778 individuals per year (Avg)
Outcome	15,261 individuals had 18,508 BSI episodes

- Mortality burden a/w BSI was substantial (1 in 4 at 1 year)
- First-line treatment options remained available for 99.7% of BSIs

Total number of (a) lactose-fermenting and (b) non-lactose-fermenting Gram-negative bacilli bloodstream infection (BSI) episodes and deaths





Observational Epi/Surveillance Studies

Open Forum Infectious Diseases

MAJOR ARTICLE

IDSA OXFORD

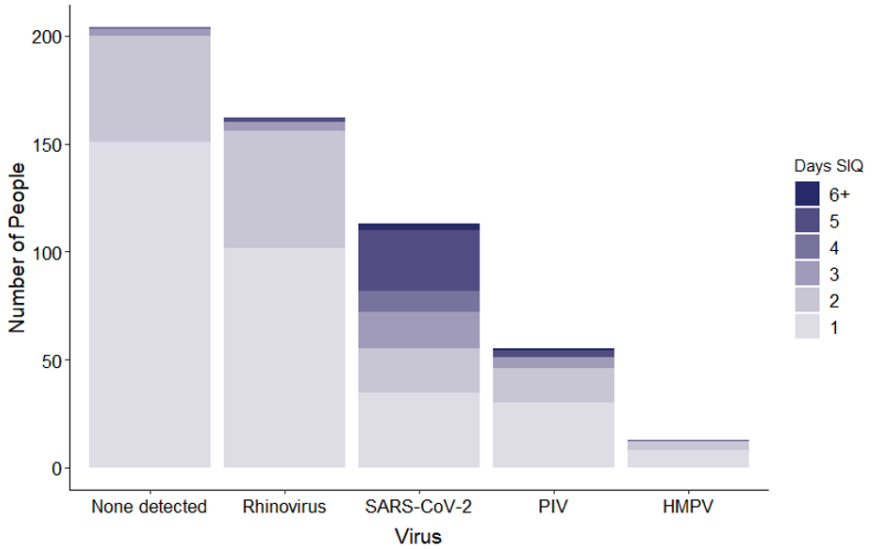
The Molecular Epidemiology and Congregate Transmission Dynamics of Medically Attended Acute Respiratory Infections at the United States Naval Academy During Plebe Summer

Emily Hone,[1,2] Stephanie A. Richard,[1,2] Kat Schmidt,[1,2] Jennifer Rothenberg,[1,2] Rezalina Tant,[1,2] Michele Wayman,[1,2] Chantele Friend,[1,2] Kamala Thapa,[1,2] Vivian Hogan,[1,2] Timothy H. Burgess,[1] Robert J. O'Connell,[1] Mark P. Simons,[1] Anthony C. Fries,[3] Drake H. Tilley,[1,4] Simon D. Pollett,[1,2] and Rhonda E. Colombo[1,2,5]

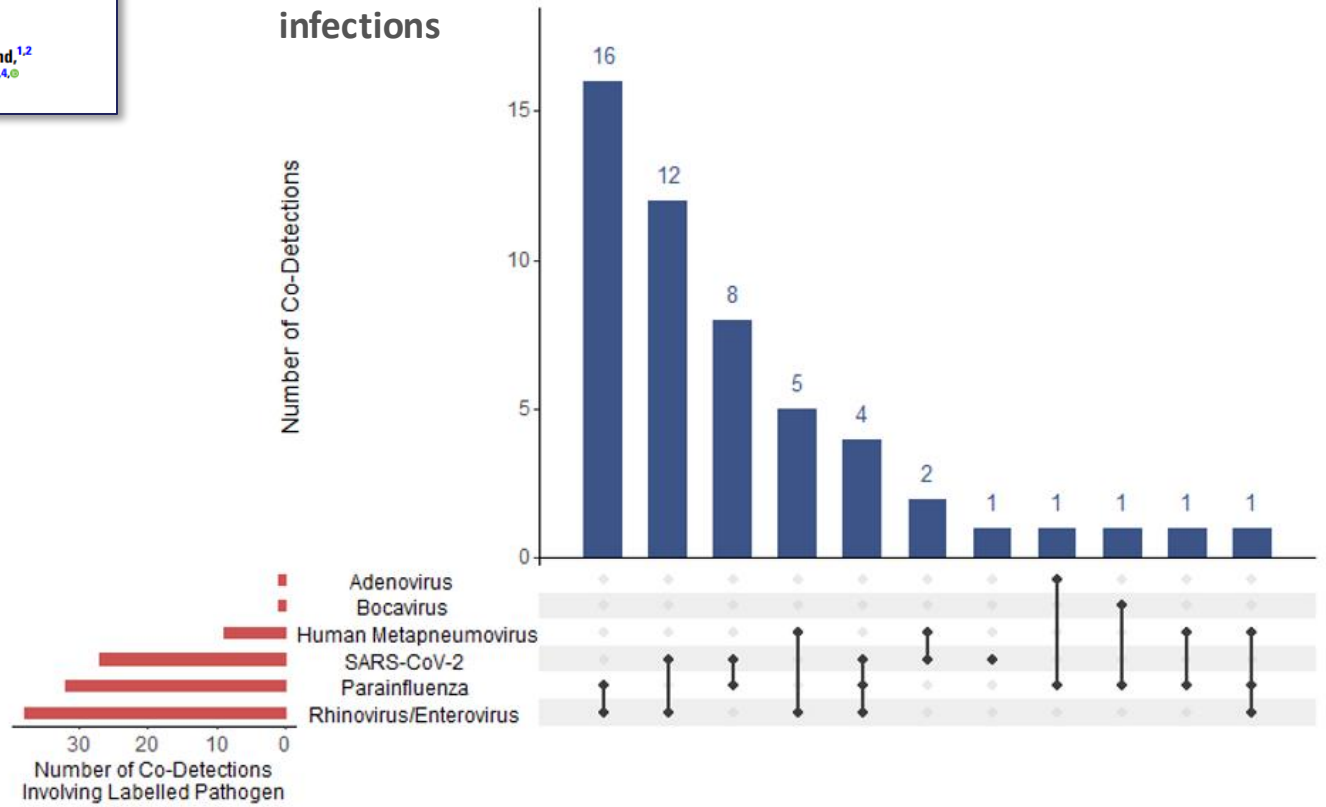
Open Forum Infect Dis. 2026 Jan 30;13(2):ofag036.

ARIA highlights the importance of ongoing characterization of ARIs in congregate populations to help inform mitigation strategies.

Days sick-in-quarters (SIQ) by pathogen



Viral co-detections in swabs collected from U.S. Naval Academy midshipmen during healthcare encounters for acute respiratory infections



Randomized Controlled Trials

Clinical Infectious Diseases

MAJOR ARTICLE

Randomized Pragmatic Trial of the Comparative Effectiveness of Chicken Egg-Based Inactivated, Mammalian Cell Culture-Based Inactivated, and Recombinant Protein Quadrivalent Seasonal Influenza Vaccines in United States Military Health System Beneficiaries

Rhonda E. Colombo,[1,2,3,4,a] Stephanie A. Richard,[1,2,a] Kat Schmidt,[1,2] Christina Schofield,[4] Anuradha Ganesan,[1,2,5] Wesley Campbell,[5] David Hrncir,[6,7,8] Tahaniyat Lalani,[1,2,9] Katrin Mende,[1,2,10] Ana E. Markelz,[10] Catherine M. Berjohn,[1,3,11] Laurie Housel,[8,12] Dorothy Becher,[1,2] Elizabeth R. Zell,[13] Daniel Ewing,[14] Appavu K. Sundaram,[14] Jitendrakumar R. Modi,[15] Adam Saperstein,[16] Drake H. Tilley Jr.,[15] Alan Williams,[16] Bruce McClenathan,[8,12] Limone Collins,[8] Christina Spooner,[8] Srihari Seshadri,[8] Anthony Fries,[17] Ryan C. Maves,[11,18] John H. Powers III,[19] Robert J. O'Connell,[1] Simon D. Pollett,[1,2] Mark P. Simons,[1] Christian L. Coles,[1,2] and Timothy H. Burgess[1,3]; the PAIVED Study Group[b]

Clin Infect Dis. 2025 Dec 24;81(5):e454-e463. doi: 10.1093/cid/ciaf503.

Key Findings

- **15,432 participants** - influenza identified in:
  - ccIIV: 87/5130 (1.7%)
  - RIV: 79/5154 (1.5%)
  - eIIV: 69/5148 (1.3%)
- Comparing egg-based to non-egg–based flu vaccines:
  - **No significant differences in vaccine effectiveness (VE)**
  - Immunogenicity differences were observed
    - RIV: seroconversion more likely against all vaccine strains
    - ccIIV more likely to seroconvert only against A/H3N2

Exploratory Influenza Outcomes by Vaccine Group

	eIIV (N = 5148)	ccIIV (N = 5130)	RIV (N = 5154)	ccIIV Versus eIIV (95% CI)	RIV Versus eIIV (95% CI)
Influenza					
Episode duration, mean (SD)	10.6 (9.0)	11.6 (7.8)	11.9 (7.1)	1.03 (–2.04, 4.11)	1.36 (–1.56, 4.27)
N	53	65	66	…	…
Days with limited activity, mean (SD)	5.8 (5.8)	6.1 (5.9)	6.0 (5.5)	0.31 (–1.87, 2.49)	0.20 (–1.89, 2.29)
N	50	63	66	…	…
Days missed work, mean (SD)	2.0 (2.0)	2.5 (2.6)	2.0 (2.4)	0.54 (–0.36, 1.44)	0.09 (–0.76, 0.94)
N	48	58	62	…	…
Total FLU-PRO score, mean (SD)	1.6 (0.6)	1.7 (0.7)	1.5 (0.7)	0.09 (–0.18, 0.35)	0.09 (–0.36, 0.18)
N	47	60	60	…	…

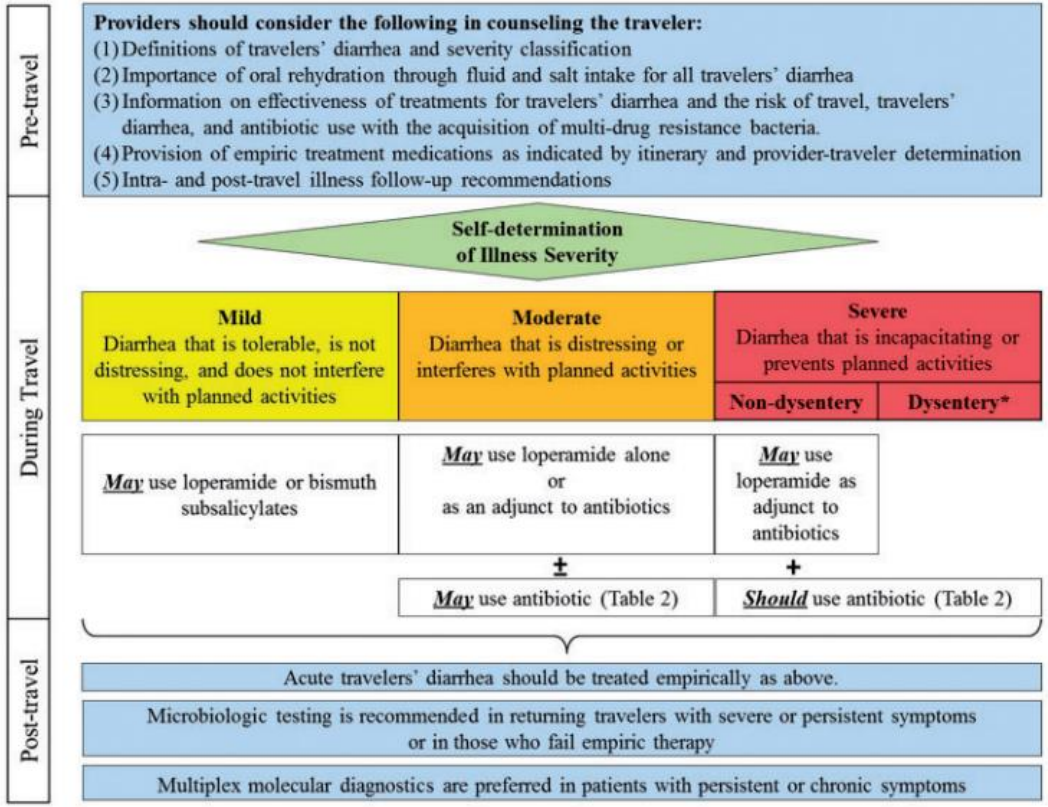
Clinical Practice Guidelines

Journal of Travel Medicine, 2017, Vol 24, Suppl 1, S63–S80
doi: 10.1093/jtm/tax026
Original Article

Original Article

Guidelines for the prevention and treatment of travelers' diarrhea: a graded expert panel report

Mark S. Riddle[1*†], Bradley A. Connor[2*†], Nicholas J. Beeching[3], Herbert L. DuPont[4], Davidson H. Hamer[5], Phyllis Kozarsky[6], Michael Libman[7], Robert Steffen[8], David Taylor[9], David R. Tribble[10], Jordi Vila[11], Philipp Zanger[12], and Charles D. Ericsson[13]



JOINT TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINE (JTS CPG)

Invasive Fungal Infection in War Wounds

Provide guidance on the recognition and comprehensive management of invasive fungal infection (IFI) in war wounds.

Contributors
COL Roseanne Ressner, MC, USA
Lt Col Remealle A. How, USAF, MC
Leopoldo C. Cancio, MD, FACS
David R. Tribble, MD DrPH
CDR Shane D. Jensen, MC, USN
Kaitlin A. Pruskowski, PharmD
COL Benjamin K. Potter, MC, USA
BG Clinton K. Murray, MC, USA
COL Jennifer M. Gurney, MC, USA

Previous Contributors
CAPT Carlos J. Rodriguez, MC, USN
CDR Elliot M. Jessie, MC, USN
Surg CDR Mansoor Khan, Royal Navy
CAPT Mark E. Fleming, MC, USN
Lt Col Wade T. Gordon, USAF, MC
Col Stacy A. Shackelford, USAF, MC

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TABLE OF CONTENTS

IDCRP AT 20: HISTORY AND IMPACT

IDCRP
Uniformed Services University

IMPACT DOMAINS	CONTRIBUTIONS
Clinical Research Network	• First & only MHS [MTF & Operational Medicine] Network with broad mandate to investigate priority ID threats to the military (NO comparable civilian research network) • Enhanced Support for Tri service ID Community [GME across MHS & USU; supported KSA sustainment; IDCRP Science Symposium; AFIDS] • DoD Leader in Deployment Infection Clinical Research & Evidence • Established MHS-wide streamlined scientific & IRB central review [DoD Requirement]
Guideline/Policy Generation	• Decades of mission-driven clinical research in ID for CPGs and medical policies - HIV Natural History Study (40 years) - US Army policy established for Latent TB infection screening at accession - Trauma Infectious Disease Outcomes Study (TIDOS); JTS CPG development & refinement - DoD Deployment-related diarrhea management Clinical Practice Guidelines - Recruit training SSTI (Staph aureus) prevention guidance evidence generation - Influenza vaccine pragmatic effectiveness
Readiness & Response	• Unique oversight and transparency across DoW Clinical, R&D, PH Surveillance in cooperation with NIAID/NIH, VA, and NPP (HJF) • Wartime infection surveillance & response (including combat casualty care – JTS partnership) • Emerging ID Risks and Clinical Outcomes [Chikungunya, Zika, Ebola, STEC, Leptospirosis] • Real-time Responses to Emerging Threats [Pandemic: H1N1, COVID]

Conclusions

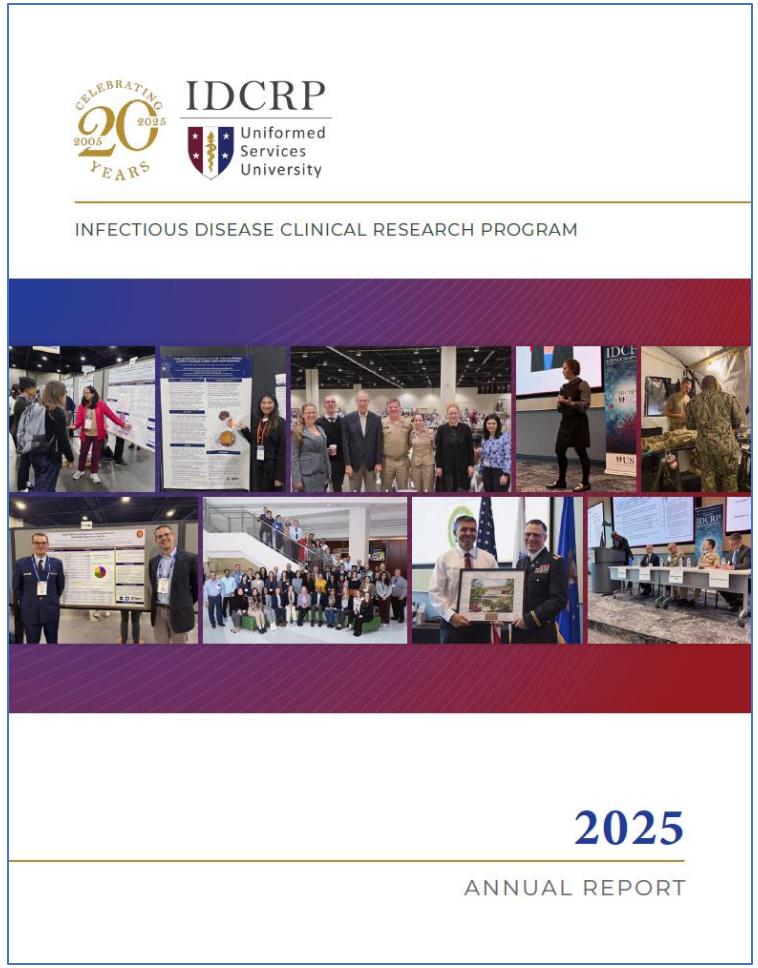
IDCRP Positively Impacts the Warfighter

- Provides ID threat evidence and expertise to military leadership and stakeholders
- Informed 31 military policy and practice changes as of March 2026
- IDCRP studies support translation of investigational new products and CPGs into practice for the management of infections.
- IDCRP investigators have supported the education of more than 80 clinical investigators who continue to advance military medicine.

The IDCRP model of tri-service, cross-organizational collaboration to identify, vet, and rigorously address priority clinical research gaps using appropriate study designs has been tested and proven effective for over 20 years.

Communication Strategy

- Public Website: https://idcrp.usuhs.edu/
  - Email: contactus@idcrp.org
- IDCRP Strategic Plan
- IDCRP Annual Report FY25 (posted)
- **5th Annual IDCRP Science Symposium**
  - **February 22-26, 2027**
- Armed Forces Infectious Disease Society
  - USU/IDSA Chartered Society (Awaiting Approval)
- Participation at key International and MHS Conferences
  - AMSUS, MHS, MHSRS, IDWeek, ASTMH
- Development of a DNBI–JIS Public Website



Questions?

contactus@idcrp.org

idcrp.usuhs.edu

Brian Agan: brian.agan.ctr@usuhs.edu