Headquarters U.S. Air Force

Integrity - Service - Excellence

"Jacks' Hack": Respiratory Illness
During Basic Cadet Training –
USAFA, 2007 – 2009



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Overview

- Characterize respiratory morbidity during Basic Cadet Training (BCT) at US Air Force Academy (USAFA)
- Summarize research during BCT 2009
- Share recent experience with nH1N1 outbreak at USAFA
- Highlight opportunities for further understanding of respiratory illnesses and nH1N1 via data collected during BCT 2009

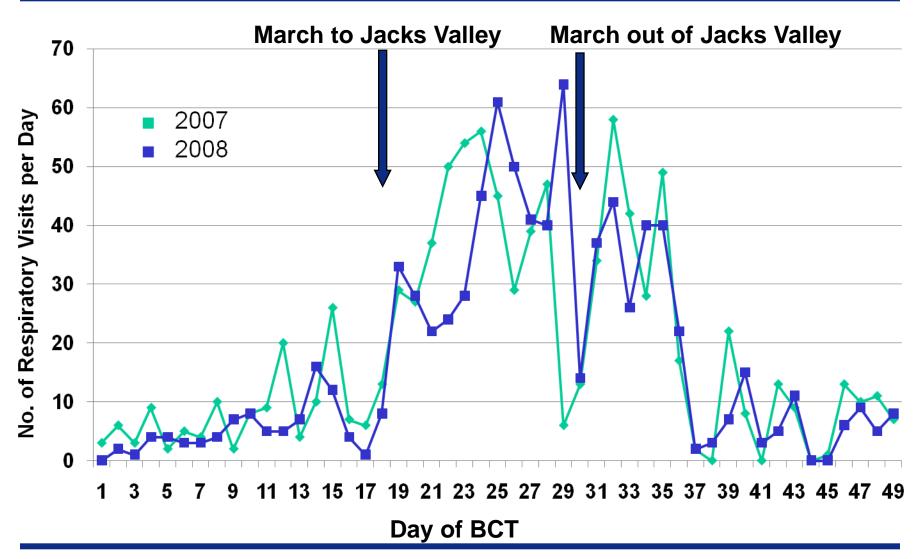


Basic Cadet Training (BCT)

- Basic Training for approximately 1500 cadets
 - High levels of mental and physical stress
 - Phase 1: Academic/military training on main campus
 - Phase 2: Field training in Jacks Valley
- "Jacks' Hack": Lay term for a variety of respiratory ailments that occur during field training



Respiratory Illnesses BCT 2007-2008





Respiratory Illnesses BCT 2007-2008

Year	Respiratory visits in Jacks Valley	Respiratory visits during BCT	% of visits occurring in Jacks Valley
2007	426	807	53%
2008	380	755	50%



"Epidemiology of Infectious Disease During BCT"

- Objectives
 - Rule out adenovirus as cause of "Jacks' Hack"
 - Rule out other pathogens as causative/associative
 - Evaluate possible associated risk factors
- Time period: 25 Jun 14 Aug 2009
- Inclusion criteria
 - Cadet aged 18 and above
 - 2009 BCT participant
 - Presents for care at cadet clinic or infirmary tent



Subjects

- Group 1: Febrile Respiratory Illness (FRI Group)
 - Cough / sore throat
 - Oral temperature of 100.5 F or greater
- Group 2: Afebrile Respiratory Illness Group
 - Cough / sore throat
 - Oral temperature of less than 100.5 F
- Group 3: Control Group
 - Any other complaint (e.g. musculoskeletal, skin)



Methods

- Questionnaire completed
- Clinical exam documented
- Throat swab and nasal wash obtained
- Specimens shipped to Advanced Diagnostic Laboratory (ADL) at Lackland AFB, TX



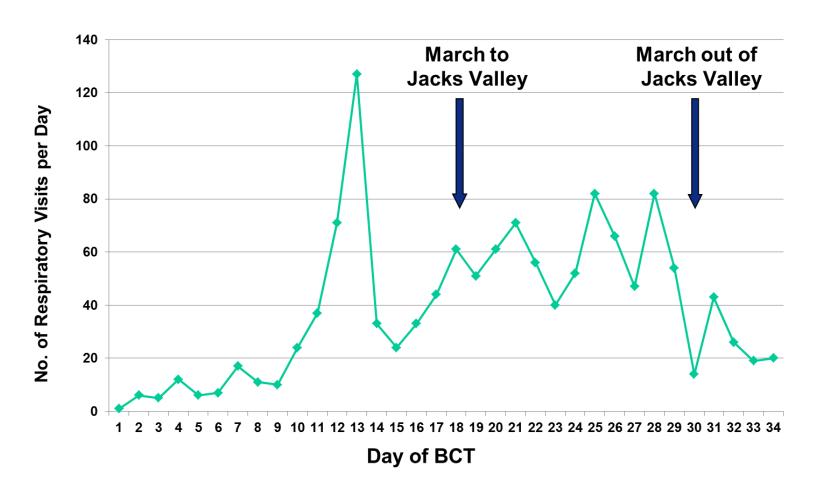
Pathogens Tested

- Adenovirus
 - Universal and 3, 4, 7, 14, 21
- Influenza A (subtyped) & B
- Parainfluenza types 1, 2, 3
- Rhinovirus
- Coronavirus
 - HCoV229E and HCoOC43
- Respiratory syncytial virus
- Human metapneumovirus
- Epstein Barr Virus

- Bocavirus
- Strep pneumonia
- Strep pyogenes
- Mycoplasma pneumonia
- Chlamydia pneumonia
- Bordetella pertussis I
- Bordetella pertussis II
- Legionella pneumophila
- Haemophilus influenza
- Neisseria meningitides

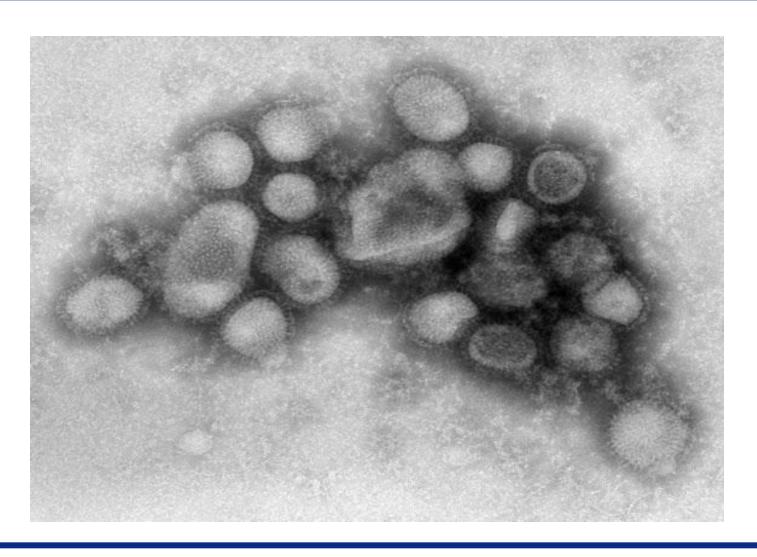


Respiratory Illnesses BCT 2009





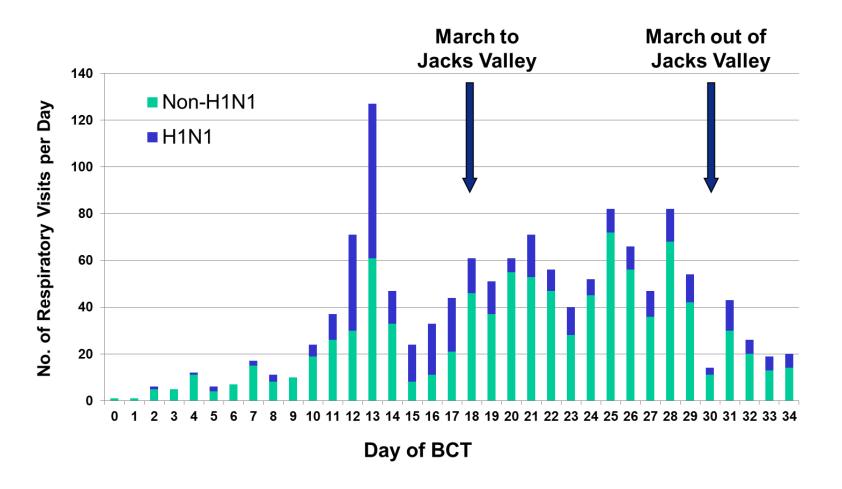
Novel Influenza A (H1N1) BCT 2009



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Respiratory Illnesses BCT 2009



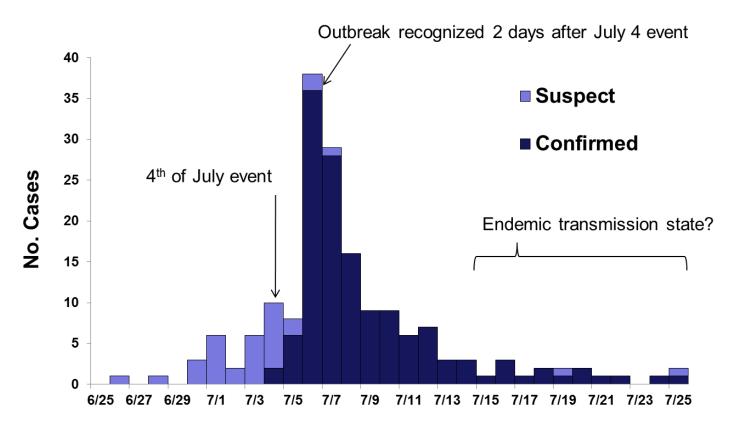


Preliminary Results

- Adenovirus not etiologic agent
- Rhinovirus most commonly identified pathogen
- Bordetella species (non-Pertussis) identified in a number of individuals
- Influenza A/H1N1 identified in early specimens
- Influenza A/H1N1 identified in some subjects who did not meet CDC criteria for influenza-like illness



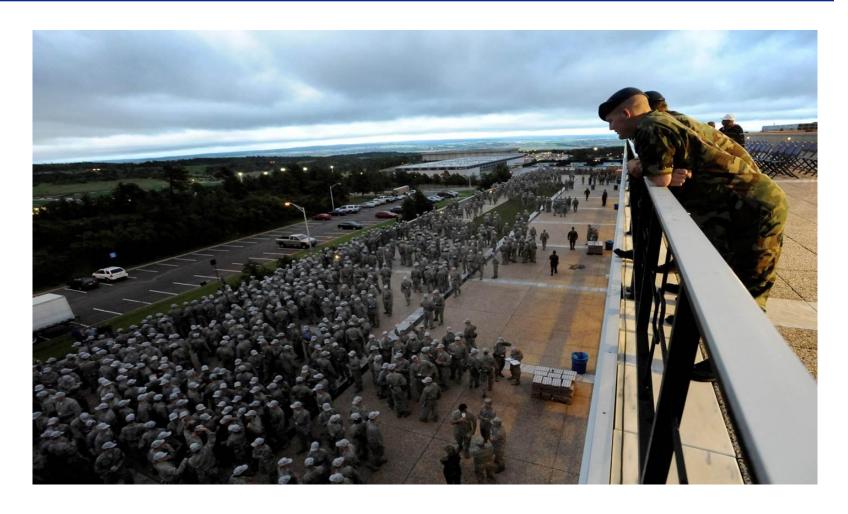
Epidemiologic Curve



Date of Symptom Onset



July 4th "Mixing Bowl"





Opportunities from H1N1 Outbreak

- Share lessons learned from containing an outbreak
 - Large training/university setting
- Highlight involvement of non-medical participation
- Utilize experience for planning
 - Screening protocols
 - Preventive measures
 - Rapid response
- Analyze data from serial shedding study



Shedding Duration

- Subset of isolated cadets
 - Serial nasal wash performed
 - Documented temperature at repeat sampling
 - Documented first date asymptomatic
- Samples tested by rRT PCR; if positive, then cultured
 - (+) on culture = evidence of viable virus shedding
- Analyze shedding duration relative to
 - Symptom onset, resolution, defervescence
 - Oseltamivir treatment factored into analysis



In Summary

- Typical respiratory morbidity during BCT 2009 confounded by nH1N1 outbreak
- Adenovirus not an etiologic factor in Jacks' Hack during BCT 2009
- Rhinovirus most commonly identified virus in patients with respiratory illness who did not have H1N1
- nH1N1 outbreak at USAFA provided a unique opportunity to better understand shedding of H1N1



