during periods of block leave, or times when BCT/OSUT were not in session (weeks ending January 1, December 24, and December 31, 2022).

Program coordinators provided specified data to DCPH-A in a standardized spreadsheet: unit information, training course (e.g., BCT, OSUT, AIT), week of training, number of trainees, and ARD case count and streptococcal test information, stratified by sex. Units were excluded from weekly analyses if their training was AIT or OSUT in week 11 of training or later. Exclusions of trainees in AIT or the latter portions of OSUT are due to the fact that their living quarters are dormitory style, as opposed to open-air bays, and this living configuration greatly inhibits ARD transmission, as evidenced by the low ARD rates identified in the AIT population.8

To determine ARD cases for the weekly spreadsheet, ARD coordinators defined a case of febrile ARD as each of the following1:

1. an oral temperature of 100.5°F or higher;
2. recent onset of at least 1 sign or symptom of acute respiratory tract inflammation (e.g., sore throat, cough, runny nose, chest pain, shortness of breath, headache, tonsillar exudates, tender cervical lymphadenopathy); and
3. and a limited duty profile signed by the examining medical provider that limited physical training and/or removed the Soldier from duty for at least 8 hours.

Beginning in February 2020, DCPH-A began collecting afebrile ARD cases for this surveillance program due to the rise in afebrile cases associated with pneumonia and streptococcal infection.1 The afebrile ARD case definition included criteria 2 and 3 of the febrile ARD case definition, with an oral temperature less than 100.5°F.

All febrile ARD cases should be tested for streptococcal infection in accordance with OTSG/MEDCOM Policy Memo 20-007.1 A positive test for streptococcal species on either a rapid streptococcal antigen test or a throat culture was considered to be a positive streptococcal test for a recruit trainee.

Data analysis was completed using SAS 9.4 software (Cary, NC). The calculations shown in Table 1 were completed for each installation by week.

A total of 254 febrile ARD cases and 1,696 afebrile ARD cases were identified among Army trainees during CY 2022 (Table 3).

The febrile ARD rate recorded in CY 2022 for the 4 installations that conduct BCT and OSUT did not exceed the threshold of 1.5 cases per 100 trainees per week (Figure 1). Moreover, no installations saw