U.S. Military (DoD) HIV Natural History Study Cohort

Contact Details & Description:

The U.S. Military HIV Natural History Study (NHS) has enrolled over 5000 Department of Defense (DoD) beneficiaries since 1986 at seven Military Treatment Facilities throughout the U.S. into an ongoing, continuous enrollment, prospective multicenter observational study cohort conducted through the Uniformed Services University of the Health Sciences (USU) Infectious Disease Clinical Research Program (IDCRP).

Previously called the Tri-Service AIDS Clinical Consortium (TACC) NHS cohort, this study population possesses unique strengths. Eighty eight percent of subjects since 1995 have documented seroconversion with a median seroconversion window of 16 months. All DoD beneficiaries have free access to the military healthcare system including regular clinical follow-up and free medications. Those on active duty (87% at HIV+ date) have at least a high school level of education and relatively stable socioeconomic environment. Random drug testing results in substance abuse being uncommon and IVDU is exceedingly rare. The DoD cohort is racially/ethnically diverse. The single-payer nature of the DoD healthcare system allows direct capture and collection of clinical and administrative data from databases including laboratory, pharmacy, clinic and hospital discharge, personnel, and health surveillance. Repository specimens including PBMC, plasma, and serum are stored at each visit.

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Data Collection:

Research Interests: HAART (outcomes, complications, adherence); HIV/STI epidemiology and prevention; HIV outcomes; Serious AIDS and non-AIDS events including cancer and renal disease; Host genetics; Neurocognitive effects of HIV infection and mitigation/early predictors of these; Vaccine effectiveness, response, genetics, and management strategies; Co-infections

Types of Data collected:
Demographic: yes* - including military rank, service, job code, non-subtype B screening
Therapeutic: yes* - medications, route, dose, therapy intent, indication, start/stop dates
Laboratory: yes* - comprehensive for all clinical encounters and hospitalizations
Repository: yes* - PBMC, plasma, serum at each visit
Clinical: yes* - VS, Ht, Wt (each visit); all ADI, hospitalizations, and selected PMH: diagnosis, diagnosis methods, start date, locus
Health services utilization and administration: available through other DoD systems
Adherence: yes* - standardized self-report incl VAS and pharmacy refill data-based
Other: smoking, alcohol, family medical history, circumcision status, CES-D, quality of life, death information actively sought, date of death, source, causes of death
*data collection forms available upon request

Data collection interval: Follow up interval: 6 months preferred - interval of 121-548 days allowed; Interval of CD4 and viral load determination: 6 months, all interim values captured

Data collection methodology: Physician and Coordinator in-person interviews; Medical record review; Participant questionnaires; Electronic data capture from military health systems

Data Quality: source verification by study coordinators, double data entry, routine monitoring by external group, QA/QC program for standardization and to verify electronic capture

Updated: 8 Dec 09
Population Characteristics:

**Cohort Enrollment Dates:** 1986-present (continuous enrollment, some subjects from single service cohorts started in 1984-85)

**Inclusion criteria:** ≥18 y/o, U.S. Military beneficiary (eligible for care in DoD), HIV infected, willing and able to provide informed consent.

**Exclusion criteria:** unable to provide informed consent, incarceration

**Number of patients enrolled to date:** 5187 total, 58% seroconv (88% seroconv enrolled since 1995), 32% deceased, 1587 active

**Male:** 91%, **Female:** 9%, **Average Age at Diagnosis:** 30 (sd 8) years

**MSM:** 59%, **IDUs:** 0%, **Heterosexual:** 41%, [from anonymous survey: *Ann Intern Med* 1999;131:502-6 – risk factors not routinely assessed]

**Percent on ART:** 83%  

Other Information:

**Primary collaborators:** CDR Mary Bavaro and Nancy Crum-Cianflone (NMCSD); LCDR Timothy Whitman and Anuradha Ganesan (NMMC); COL Glenn Wortmann and Amy Weintrob (WRAMC); CDR Jason Maguire (NMCP); Maj Jason Okulicz and Michael Landrum (BAMC/WHMC); LTC Tomas Ferguson (TAMC); Lynn Eberly, Alan Lifson, Kathy Huppler Hullsie, Greg Grandits, (University of Minnesota); Grace Macalino, Ken Wilkins (USU/IDCRP); COL Nelson Michael (WRAIR)

**Funding Sources:** National Institute of Allergy and Infectious Diseases; U.S. Department of Defense; Uniformed Services University of the Health Sciences

**Selected Recent Publications:**


**Source for complete publication list:** Contact Brian Agan

**Cohort management team:** Brian K. Agan (MD) Principal Investigator; Charlotte Rhodes (BA, CCRC) Project Manager; Mark Milazzo (BA) Data Custodian; Gina Hodge (CRA) Lead Monitor; Greg Grandits (MS) Biostatistician.

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