

## **Case Study I – Suspicious Letter in DeKalb County**

### **Objectives / Topics for Case Study I**

1. Assessing threat credibility
2. Handling specimens
3. Handling, sharing, and communicating information
4. Understanding law of bioterrorism
5. Understanding chain of custody
6. Addressing interagency issues

### **Facts and Questions**

Facts I: On October 15, 2001, one week after discovery of the first human case of systemic anthrax (i.e., anthrax bacteria in the blood) in the United States, a woman residing in DeKalb County, Georgia, received a letter with an overseas postmark. The woman had immigrated to the United States from another country, where her husband had survived attempts on his life because of his political beliefs. She opened the letter outdoors at about 7:00 p.m. and saw that the letter contained powder. She dropped the letter to the ground and immediately phoned 911.

*Question 1:* What government organization(s) most appropriately should respond to the woman's call to 911 and who determines if the threat is credible?

*Question 2:* What is meant by the term "case" – specifically, what is its meaning for medical and public health purposes, and what is its meaning for law enforcement purposes?

Facts II: Local fire department personnel and police officers responded to the call. Law enforcement and fire department personnel determined that the letter represented a credible threat.

*Question 3:* What are criteria and who is responsible for determining the credibility of a threat?

*Question 4:* How should information regarding a threat assessment be handled between law enforcement agencies and, at this stage, who needs to be informed?

*Question 5:* How should specimens be handled and processed?

*Question 6:* At this stage, what are priorities for law enforcement and other first-responder personnel?

Facts III: The DeKalb County Police Department (i.e., local law enforcement authority) now has possession of the specimen (i.e., the letter). After discussions with the FBI's Atlanta field station, the DeKalb Police deemed the threat credibility to be sufficient such that the specimen should be tested. The county police department then called the DeKalb County Board of Health (i.e., local public health authority), and a public health nurse was sent to interview and obtain information from the woman. The public health department determined that the woman had an exposure. Because of the delay in interviewing the woman and uncertainty about how quickly the laboratory would be able to process the specimen, the health department recommended she begin post-exposure antibiotic prophylaxis pending testing for the presence of *B. anthracis* in the suspect vehicle.

Question 7: How do public health authorities determine if there has been an exposure sufficient to merit a presumption of anthrax exposure (until proven otherwise) and who has been exposed?

Question 8: Are law enforcement / other 911 responders also in the category of exposed persons and, if so, who decides this?

Facts IV: Based on the determination that the threat was credible, the FBI made the decision that the specimen should be tested and then transported the specimen to a Laboratory Response Network (LRN) technician for testing. The LRN laboratory received the specimen.

Question 9: What is a "chain of custody" of evidence and, as law enforcement authorities give specimens to a laboratory technician, how is a chain of custody established and maintained (see sample form)?

Facts V: Approximately 24 hours later, the specimens tested negative for anthrax.

*Question 10*: How are laboratory test results communicated – to whom and by whom?