Joint Investigation Case Study – Facilitator's Guide *(Based on real events, but details (including names, hospitals and nationality are changed to protect confidentiality)*

***FACILITATOR INSTRUCTIONS**: Instructions and suggested answers to each question are written in italics or **bolded italics**, respectively – they are for your use only. The Participant version does not contain these. Hand out ONE section at a time to the group, so they do not read ahead. For questions that are obviously best answered by participants from a specific agency (DOHMH, NYPD, FBI), you should direct the question to the appropriate participant from that agency. However, as much as possible, it may be useful to sometimes first direct questions to a different agency than the one referred to in the question. As much as possible, encourage other participants to comment or offer answers to questions after the initial response, even if the question was not initially directed to their agency.*

*To start the case study, the facilitators should introduce themselves by agency and name (no titles or ranks) and briefly describe any prior experience with joint investigations. Then ask all participants in the group to introduce themselves as well (name, agency and prior experience working with the other agencies). Stress that for the next two hours, **everyone will address one another on a first name basis**. Explain that the case study will be read aloud, with participants taking turns reading paragraphs, and that there will be a few places where role-playing will be requested. Also, **point out that participants may be asked to respond as if they were representatives from another agency**, so it will be important to **pay attention** to the issues and perspectives coming out of all three agencies. Facilitators will take turns asking questions. Depending on time, for questions that require more thought, facilitators can ask the participants to discuss with the person next to him/her (presumably from different agency) for a minute before the group addresses the question.*

Request all participants' cooperation in simulating this potential case scenario, which any of them could be confronted with at any time.

PART I

It is 10:00 am on Saturday. Dr. Shoe, this week's physician on-call for the Department of Health and Mental Hygiene (DOH), receives a call from the NYC Poison Control Center, which serves as the 24-hour emergency contact number for the DOH. A physician from Gotham Hospital called the Poison Control Center to report that a 43-year-old Middle Eastern man was admitted to the hospital and has a positive blood culture for brucellosis.

1) [**FBI FACILITATOR**] → [ASK DOH REP]
   What are some ways that Dr. Shoe might learn about brucellosis and determine whether one case of brucellosis is unusual for NYC?
   - ***To determine if one case of brucellosis is unusual for NYC, would check prior surveillance summaries. Check the NYC DOH and CDC website for the most recent data on the number of brucellosis reports in the U.S. and in NYC.***
   - ***Read a fact sheet on the DOH or CDC websites***
   - ***Read the Brucella section from the Control of Communicable Diseases Manual (Heymann) or another medical text to determine whether NYC residents are likely to be infected with this organism***

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According to the Centers for Disease Control and Prevention (CDC, http://www.cdc.gov/mmwr/summary.html) there were an average of 120 (range: 104-136) cases of brucellosis per year in the U.S. and 2 (range: 1-3) in NYC from 2001-2004. Dr. Shoe does not know whether this is the first case reported this year in NYC, but until he can check surveillance records, he assumes having one case is not, by itself, extraordinary. However, he knows *Brucella* can be spread intentionally through droplets in the air, so he plans to follow up actively on the case – and will consider intentional (i.e., bioterrorism-related) as well as natural exposures.

2) [**DOH FACILITATOR**] → [DOH REP]
   What questions will you ask the reporting physician when you call him back?
   - ***Demographics and identifying information***
   - ***Clinical history – onset, symptom progression, whether he had previous similar episodes of similar illness***
   - ***Laboratory diagnosis - information on how diagnosis was made (specific tests used, where testing done)***
   - ***Past medical history, including past history of brucellosis infection***
   - ***Risk exposures – consumption of unpasteurized milk products or farm animal exposures***
   - ***Travel history***
   - ***Occupational history***
   - ***Anyone else ill among patient's family or close contacts?***
   - ***Also, given potential risk of exposure to laboratory staff, may query how clinical specimens were handled (e.g., Biosafety Level II) and need to prophylax or monitor lab staff.***

Hand out next page of Participant Guide with Brucella Fact Sheet

By reading the fact sheet, Dr. Shoe learns that people can become infected through direct contact with blood, urine, and especially placentas and birth fluids from infected animals. People also can be exposed when they eat or drink contaminated foods or beverages. The most common source of human infection in the U.S. is unpasteurized dairy products produced from contaminated milk (i.e., from infected cows). It is generally not transmitted from person to person. The incubation period (period between exposure and symptoms) is usually 5-60 days, although it is highly variable.

Dr. Shoe obtains the following information from the patient's physician, Dr. Kwak:

> "*The patient speaks Arabic, which has limited my ability to obtain an accurate medical history. A physician trainee in the hospital from that part of the Middle East assisted with translation on admission, but this physician has been difficult to find since then. What I do know is that the patient was admitted one week ago with dizziness and heart palpitations. He reported 10 days of fever, profuse sweating and diffuse joint pains prior to his admission. Tests were ordered and the patient was started on antibiotics, but until today all tests had been negative and we had no explanation for his illness. His past medical history is only significant for high blood pressure and diabetes, which are controlled by medications. He had prior gallbladder surgery.*
>
> *The patient is acutely ill with a high fever (Temp 103^{o}F). His pulse has been mildly elevated, and his lymph nodes and spleen enlarged. Blood tests indicate an anemia (low red blood cell count) and abnormal liver function. Today, the hospital's clinical laboratory has reported that a blood culture specimen collected on admission is now growing Brucella. The nurses and other clinical staff caring for the patient are anxious about becoming exposed to him*."

3) [**FBI FACILITATOR**] → [DOH REP]
   What else would Dr. Shoe want to know about this patient and his illness?
   - ***Is the positive test result real, or a lab error?***
   - ***What infection control measures should the clinical/laboratory staff take to protect themselves?***
   - ***How and when could the patient have been exposed?***
   - ***Were others potentially exposed? If so, are they also sick?***
   - ***Are people continuing to be exposed?***
   - ***Was the exposure natural or intentional?***

4) [**NYPD FACILITATOR**] → [DOH REP]
   If you were Dr. Shoe, would you suspect bioterrorism at this time?

   Not enough information to tell, especially since travel and potential exposure histories are unclear. But it cannot be ruled out.

Hand out next page of participant guide

Dr. Shoe reads more about how *Brucella* is transmitted. For the most part, people do not get infected from contact with a person with brucellosis. He recommends that the staff employ standard infection control precautions (hand washing, etc). Any staff who have direct contact with the patient's secretions/body fluids should use contact precautions (e.g., wear gowns and gloves).

Dr. Kwak calls back to report that an Arabic interpreter has been found and will be sent shortly to help interview the patient. Dr. Shoe asks Dr. Kwak to inquire specifically about the patient's travel history, and exposure to animals and to unpasteurized milk products.

Dr. Shoe calls the Public Health Laboratory (PHL) on-call laboratorian to discuss the case. The laboratorian then tells him that polymerase chain reaction testing, or PCR, could determine whether one of a variety of *Brucella* species had been cultured but that 3-5 days would be needed to determine which species caused this illness. Dr. Shoe arranges transport of the specimen to PHL for PCR testing. The on-call laboratorian explains to Dr. Shoe that they should have results ~ 3 hours after they receive the specimen.

Meanwhile, Dr. Shoe finds more data about brucellosis on the World Health Organization website. Brucellosis is common in parts of the Middle East; for example, in some regions as much as 15% of the population has antibodies to *Brucella*, evidence that they were infected at some time in their lives. Apparently, experts think one reason the incubation period is so variable is because initial symptoms can be subtle and patients have a hard time determining when they began. When infections are treated with inadequate or incorrect antibiotics, patients can develop lifelong, relapsing brucellosis. With relapses, the initial exposure could have been years in the past without the patient realizing it.

Three hours later, Dr. Kwak calls back with more details after re-interviewing the patient with the interpreter present:

> "*The patient is still quite ill, and had difficulty concentrating during the interview with the translator present. He reports arriving in the U.S. 15 years ago but that he has traveled to the Middle East often. He states his last trip was about 8 months ago, but reported no exposure to animals or unpasteurized dairy products. His wife and children live in the Middle East. It seems the patient has been unemployed for the last couple of months but reports working occasional construction and dishwashing jobs.*"

Shortly thereafter, the PHL laboratorian calls to tell Dr. Shoe that the PCR was positive for a *Brucella* species. She reminds Dr. Shoe that it will take up to 5 more days to confirm the diagnosis with other microbiological techniques.

5) [**FBI FACILITATOR**] → [DOH REP]
What should Dr. Shoe do next? Should Dr. Shoe go to the hospital at this point?

- ***Notify Senior MD On-Call to discuss need for on-site interview and notification of NYPD and FBI.***
- ***Determine whether other hospitals near Gotham Hospital have identified patients with presumptive brucellosis.***
- ***Contact a medical epidemiologist from Bureau of Communicable Disease to determine whether there have been any other recent cases reported in NYC.***
- ***He should go to the hospital***
  - ***He may find additional details in the patient's medical chart that may give clues to his exposures or his illness.***
  - ***Interviewing and examining the patient can sometimes provide additional insight he would not get from hearing the story second hand by talking to the patient's physician.***
  - ***He should have his own translator***

6) [**NYPD FACILITATOR**] → [DOH REP FOLLOWED BY FBI AND NYPD]
Does the information Dr. Shoe has so far warrant concerns about the possibility of bioterrorism?
- ***Yes. The patient denies all obvious risk exposures.***
- ***Usual incubation period for brucellosis is 5-60 days, but his last reported travel to the Middle East was 8 months ago (longer than expected for brucellosis).***
- ***However, this still could represent a relapse of a chronic infection that was acquired during an earlier trip or via an unrecognized exposure.***

[DOH FACILITATOR]: *Ask participants to refer to their copies of the Internal DOHMH Notification Protocol located in their folders.*

7) **[DOH FACILITATOR]** → [DOH REP]
Should FBI and/or NYPD be notified at this point? Who makes the final decision at the DOH?
- ***This is NOT a straightforward case, given likelihood of natural exposure***
- ***With the information available, there is some concern that the patient does not have a recognized risk factor during the expected incubation period for brucellosis***
- ***However, although PHL has a positive PCR that is consistent with the hospital lab results, the diagnosis has not yet been confirmed by culture.***
- ***The Commissioner of Health (or his designee) will make the final decision about when law enforcement should be notified.***

Dr. Shoe, the senior physician on call, and the Commissioner discuss the pros and cons of notifying law enforcement at this point in the epidemiologic investigation.

8) **[DOH FACILITATOR]** → [FIRST ASK DOH REP FOLLOWED BY ASKING FBI AND NYPD REPS TO COMMENT]

a. Suggest 2 pros, 2 cons to early notification.

b. Suggest 2 pros, 2 cons of waiting to notify until public health has more information

	Notify early	**Wait to notify**
Pros	*Law enforcement will quickly investigate and may rule out/in potential terrorism link*	*There is only one potential case and it is likely to be explained by a naturally occurring mechanism*
	Law enforcement may have additional information about the patient's activities/whereabouts during past 60 days	*Less potential for losing trust of patient and healthcare providers who may not understand law enforcement role and/or perceive bias*
	Law enforcement has expertise in detecting inconsistencies and eliciting more information during patient interview	*Still need to collect more information from patient about past illnesses, probe for risk factors, etc.*
Cons	*Potential for patient and family to feel stigmatized due to ethnicity and possibly immigration status*	*Delay in recognizing potential bioterrorist event and protecting the public from exposure*
	Jeopardize relationship with patient's medical providers given potential perception that patient is considered a terrorist suspect	*Potential compromise of the criminal investigation*
	Possible media attention	*If patient is associated with terrorist group, ability for him to escape and attack City at later time*

They decide to notify law enforcement.

9) **[NYPD FACILITATOR]** → [DOH REP]
How would Dr. Shoe (appropriately) notify law enforcement?
Approval of Commissioner of Health, Dr. Shoe should call:

FBI/JTTF Call Center: (212) 384-4804 NYPD Operations Unit Supervisor: 646-610-5584

10) **[NYPD FACILITATOR]** → [FBI REP]
What would Dr. Shoe tell law enforcement about the case? Would he leave out any confidential information?
- ***An isolated case of brucellosis has been identified by NYC hospital.***
- ***Brucellosis is a Category B bioterrorism agent, but can also occur naturally.***
- ***Name, age, address, occupation, other identifying information***
- ***Brief summary of current illness (onset, admit dates, diagnosis, absence of clear risk factors during expected incubation period for brucellosis)***
- ***If prior medical history is pertinent to determining bioterrorism link, only information relevant to the investigation should be shared.***

11) **[FBI FACILITATOR]** → [NYPD REP]
Is there any more information that Law Enforcement would want to know?
- ***Pedigree (name, date of birth, address, etc)***
- ***Likelihood of the patient being able to abscond before he is questioned***
- ***Contact information for all principal public health investigators (i.e., cell phone numbers for Dr. Shoe and the Senior MD)***

[FBI FACILITATOR]*: Ask one DOH and one PD participant to role-play the notification. Repeat with another DOH participant and an FBI participant.*

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Dr. Shoe notifies the appropriate contacts for both NYPD and FBI and briefly describes the case and the concern that there is no obvious risk factor for brucellosis. They decide to conduct a joint interview.

12) **[DOH FACILITATOR]** → [FBI REP]
What arrangements should be made for the agency representatives (DOH/NYPD/FBI) to meet at the hospital?
- ***Designated time, place for meeting at hospital should be agreed upon.***
- ***Agency representatives should wait to enter the patient's room until everyone arrives***
- ***Law enforcement will likely discuss need to bring their own interpreter to interview, to be sure history obtained is accurate.***

(Dr. Shoe may request transport. Options include: requesting NYPD, OEM or FBI assistance, contacting DOH Police and/or taking car service/taxi. [NOTE: DOH facilitator may want to point out to NYPD/FBI participants that DOH physicians do not have ready access to lights and sirens vehicles, and may require assistance in transport].)

13) **[DOH FACILITATOR]** → [DOH REP]
Who at Gotham Hospital should be notified prior to arrival? What should these persons be told?
- ***The on-call hospital administrator and the patient's physician should be notified that the DOH and law enforcement officials will be conducting a joint interview and explain why***
- ***They should request that the on-call administrator reserve a private, secure room for discussions before and after the interview***

[FBI FACILITATOR]*: these questions should be answered from* ***both*** *FBI and NYPD perspectives*

14) **[FBI FACILITATOR]** → [NYPD AND FBI REPS]
What will be FBI and NYPD's initial response to the notification?
- ***Agents and detectives will speak with DOH on-call physician.***
- ***FBI WMD coordinator may confer with FBI headquarters***
- ***The JTTF will prepare a plan to corroborate information that is supplied by the patient***

15) **[FBI FACILITATOR]** → [NYPD AND FBI REPS]
How do NYPD and FBI decide how many and what level of staff to send?
- ***JTTF will make decision based on expertise and experience of available investigators; FBI's WMD coordinator would make call.***
- ***The number of agents and detectives sent to the hospital may be variable, but they should meet at the designated meeting place, NOT patient's room***
- ***No more than three people should go to the patient's room to conduct joint interview***

16) **[DOH FACILITATOR]** → [FBI AND NYPD REPS]
List types of inquiries FBI and NYPD would make *before* the interview.
- ***Whether the patient had any prior contacts with police (Wanted lists, terrorism lists, National Crime Information Center, etc)***
- ***Whether patient listed as prior aided case***
- ***Check patient's DMV Records – Driver's License/Registered Vehicles***
- ***Travel history (FBI and NYPD facilitators should clarify how they do this)***
- ***Criminal, intelligence and terrorist databases***

Detective Lether, a member of the Joint Terrorism Task Force, is sent as a representative of both the NYPD and FBI. She meets Dr. Shoe in a secure meeting room inside Gotham Hospital reserved for them by the administrator on call. They review the Joint Investigation Protocol and discuss how each of them will approach the interview.

17) **[DOH FACILITATOR]** → [DOH REP THEN FBI AND NYPD REPS]
List the objectives of the interview from both the public health and law enforcement perspectives.

Public Health:
- ***Determine whether this could be chronic infection***
- ***Determine potential risk exposures***
- ***Identify other cases (contacts of patient who are also ill who may have had same exposure)***

Law Enforcement:

NYPD
- ***Determine risks to the public safety***
- ***Connecting the dots of the investigation to determine if there is any criminal intent***

FBI
- ***Determine veracity of patient's story as it relates to his illness***
- ***Determine if patient associates with others of investigative interest (FBI facilitator should explain how this is done)***
- ***Determine if patient has had suspicious travel (FBI facilitator should explain how this is done)***
- ***Determine patient's residency status***

18) **[NYPD FACILITATOR]** → [NYPD REP]
What procedures should be agreed upon before the joint interview?
- ***Who should be in the room for the interview (The patient's physician will introduce the team, then leave. Dr. Shoe and Detective Lether interview the patient together with interpreter. Detective Lether will leave after the interview if DOH has questions about the patient's medical history and/or needs to conduct a physical examination)***
- ***Who should lead the interview (DOH)***
- ***How they will introduce themselves (Each person to introduce themselves and state which agency they are from)***
- ***What each agency's main objectives are for the interview, what questions they plan to ask***

- ***What patient information Dr. Shoe will discuss in the presence of law enforcement (only medical information that is directly related to the situation)***
- ***How they will handle the situation if the patient asks one of them to leave (they will, but they also will have prerogative to return to room at later time to interview patient)***
- ***The transition cues that would be used if/when Law Enforcement would like to continue the interview after the joint interview has been completed.***

19) **[NYPD FACILITATOR]** → [FBI REP]
Who would explain the interview to the patient?

- ***Through the interpreter, patient's physician should introduce the team***
- ***Dr. Shoe will then explain why both Public Health and NYPD/FBI are there.***
- ***Dr. Shoe will lead the interview.***

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Dr. Shoe proceeds to the patient's room and reviews the medical chart. He then asks Detective Lether to join him outside the patient's room. They enter the patient's room with the interpreter, introduce themselves and explain why they are there. Dr. Shoe explains that he and his law enforcement colleague will first ask some questions together, then Detective Lether will leave the room and Dr. Shoe will ask some medical questions without anyone else being in the room. The patient is asked if he understands and whether he first has any questions for the investigators.

[FBI FACILITATOR]*: ask at least one person to role-play the introduction from each agency's perspective, starting with DOH.*

20) **[FBI FACILITATOR]** → [DOH REP FOLLOWED BY NYPD AND FBI REPS]
What questions would Dr. Shoe or Detective Lether ask? (Each participant should write down 5-10 questions.)
Joint questions:
- ***Where does the patient live?***
- ***Does the patient live alone and if not, who else lives in the household?***
- ***When did patient first arrive in US?***
- ***Has patient traveled outside US during the past year? (Ask exact dates, locations. Ask to see passport)***
- ***Where outside of NYC has patient traveled in the past year and did he travel alone or with others?***
- ***What kind of work does the patient do and who employs him? Who else works there?***
- ***Has patient eaten any unpasteurized milk products (e.g., milk, cheese, goat cheese or milk, yogurt, etc.) in the past 6 months? (Probe re potential sources of unpasteurized mild products, such as gift from someone visiting from overseas, purchased from local ethnic market, consumed when visiting another person's home, etc)***
- ***Has patient had any direct contact with any farm animals in past 6 months, especially sheep, goats, or cows? (e.g., visiting farms, petting zoos, etc)***
- ***Does the patient buy meat from a live animal market?***
- ***Have any close contacts (family, work contacts, etc) had similar symptoms as the patient?***
- ***Additional questions may revolve around information derived from records checks and consistency between that information and patient's answers***

21) What kinds of responses would raise Detective Lether's level of suspicion and how would she proceed if she became suspicious?
- ***Conflicting information***
- ***Strange behavior***
- ***Evidence that suggests the patient is not answering truthfully***
- ***Detective Lether might observe most of the interview and ask very few or no questions until Dr. Shoe has completed all of his questioning. After***

suspicions are raised, she might leave the room to discuss first with colleagues and then return to the patient's room to interview patient separately or with other law enforcement officers.

22) **[NYPD FACILITATOR]** → [DOH REP]
What types of questions would Dr. Shoe ask the patient after Detective Lether leaves the room? (Each participant should write down 5-10 questions.)
- ***Questions relating to past medical history and prior medications***

[DOH FACILITATOR]: Now, we are going to break into groups of four. Each group should include one DOH, one NYPD and one FBI participant and one person to be the patient (imagine he speaks English now). *Provide the "patient" with the PATIENT SCRIPT*.

ROLE PLAY the joint interview (maximum 10-15 minutes): 1) discussing the interview outside the patient's room 2) introducing all agency representatives to the patient, and 3) conducting the joint interview. Please take note of any difficulties.

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FACILITATOR: *After the group reconvenes, restart the responsive readings:*

The patient is feeling very sick and has some trouble concentrating on the interview.

Towards the end of the interview, Detective Lether is called out of the patient's room to receive a call from Headquarters with information that the patient's name has not resulted in "hits" in any law enforcement databases. She returns to the patient's room.

As they near the end of the interview, the patient's brother (who speaks English well) arrives and offers his help. The patient's brother indicates that he accompanied the patient on his last trip to Saudi Arabia, which was 3 months ago. He says the numbers "8" and "3" sound similar in his dialect, so perhaps the non-native interpreter confused them. While in Saudi, they did both stay on a farm for one night visiting friends. He recalls having been served a special meat dish that had raw goat cheese. His brother definitely ate the dish, although he and most of the others (being vegetarian) did not.

He and Detective Lether then thank the patient and his brother for their cooperation during the interview and leave the patient's room

***[FBI FACILITATOR]**: make sure the next question is addressed from both the law and public health perspectives.*

23) **[FBI FACILITATOR]** → [NYPD REP FOLLOWED BY ASKING SAME QUESTIONS OF FBI AND DOH]
What are Dr. Shoe and Detective Lether's initial impressions regarding this case and its potential to be related to bioterrorism?

Dr. Shoe is satisfied and relieved that the new information provided by the brother's patient is a good explanation for the patient's current illness. Up until that point, he had not found any evidence for chronic brucellosis or any exposures that would explain his current illness.

Although no red flags were raised on anyone's part regarding the patient and brother's story, law enforcement wants to make sure they can verify the travel history that was just described.

Dr. Shoe then asks the other physicians at the hospital whether any other similar cases have been admitted recently.

24) **[NYPD FACILITATOR]** → [DOH REP]
How could Detective Lether verify information provided by the patient's brother?
- ***Examine their passports***
- ***Check travel history databases***

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Dr. Shoe tells Detective Lether that the patient could have been exposed to *Brucella* if he ate unpasteurized goat cheese on the farm in Saudi Arabia 3 months ago. Three months is closer to the usual incubation period for brucellosis. The patient also could have been infected during a prior trip to Saudi Arabia, and his symptoms could be explained by relapsing chronic brucellosis, although he found no evidence to support this. Detective Lether indicates that she needs documentation of the travel dates.

Detective Lether returns to the patient's room and asks the patient's brother whether he brought his and his brother's passports with him. The brother replies that he did not but agrees to be escorted home by Detective Lether to retrieve them.

25) **[DOH FACILITATOR]** → [DOH REP]
What steps will Dr. Shoe take to determine whether this is an isolated case?

- ***Review surveillance records at the Bureau of Communicable Disease***
- ***Discuss case at the weekly Outbreak Meeting and remind Communicable Disease and the Public Health Laboratory staff to immediately tell him of any suspected or confirmed case reports of brucellosis.***
- ***Consider actively calling laboratories and/or hospitals in area to be sure there are no additional cases.***
- ***Have a lower threshold for suspecting brucellosis when receiving additional calls regarding unexplained, extended febrile illnesses.***

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Dr. Shoe receives a call from a call from a data analyst who was sent to the office to check the Communicable Disease surveillance records. Apparently, no other cases have been reported to the DOH from anywhere else in the city in the past 4 weeks. In fact, this is the first case of the year. Given this, Dr. Shoe explains that all of the epidemiologic data suggest that this is an isolated, imported case.

Detective Lether returns from escorting the patient's brother home and reports that the passports are legitimate. She receives information from the FBI travel database that corroborates the passports' and the patient's brother's accounts of their travel.

26) **[DOH FACILITATOR]** → [NYPD REP + FBI REP]
What additional steps, if any, will NYPD or FBI take at this point?

- ***Establish Point of contact for any follow-up developments within joint investigation team***

Dr. Shoe explains that he plans to continue to check-in with Dr. Kwak on the status of the patient, and he will continue to monitor surveillance records for other cases of brucellosis in the city. Assuming no conflicting data emerges, and his supervisors agree with his assessment, he also plans to recommend closing the DOH case investigation.

The patient improves over the next few days on appropriate antibiotic therapy, no other suspect or confirmed brucellosis cases are reported to the DOH, and the investigation is closed.

-- BREAK FOR SHORT LUNCH --

Facilitators should inform participants that they should proceed to get their lunches and come back to the room in 15 minutes. Let them know that the second part of the Case Study will focus on what would happen if any suspicious circumstances arise during the initial joint investigation.

Hand out next page of participant guide

Part II. Suspicious circumstances

27) How would this plan change if additional information or findings raised the index of suspicion for a terrorist event (***Do as many of the following scenarios as time allows***)?

a. Patient denied all risk factors and no evidence could be found of chronic brucellosis

DOH: ***This in and of itself would not be too suspicious, because the patient could have been exposed without him knowing about it (e.g., unknowingly served contaminated yogurt during a visit to a relative's home). There would be an increased effort to identify any other cases in the city and especially in the area where the patient lives.***

Law Enforcement: ***Redouble efforts to find a "nexus." Maintain vigilance until there is an explanation. FBI may check with agents stationed in Saudi Arabia to be sure there are no concerning information on this patient.***

b. The doctor says the patient initially gave a "false" name

DOH: ***Defer to law enforcement***

Law Enforcement: ***Fully identify the person. Might ask patient's permission to visit his home, but there probably would not be enough suspicion to merit awarding a search warrant.***

c. Patient name generated a "hit" on a terrorist watch list

DOH: ***Defer to law enforcement as lead. Notify Senior MD on Call as well as COH of new concern. Might require joint investigation (with DOH epi and lab staff) of patient's home and other places identified during the investigation that could contain suspicious equipment and/or to identify additional cases.***

Law Enforcement: ***Multiple investigative approaches, some overt and some potentially covert. (NYPD and FBI Facilitators should elaborate)***

d. A neighbor reports seeing suspicious activity in the apartment and laboratory supplies being disposed of late at night in the trash.

DOH: ***Defer to law enforcement as lead. Notify Senior MD on Call as well as COH of new concern. Conduct joint investigations of patient's home (require appropriate PPE available – surgical mask, gowns, and gloves) and other places of interest identified through investigation. Conduct more active case finding for additional cases by calling NYC hospitals and labs and in the patient's apartment building.***

Law Enforcement*:* ***Conduct joint investigation at the person's home, establish Crime Scene and properly equip responders. Any environmental samples should be brought to the PHL, following chain of custody procedures. If necessary, activate Citywide Incident Management System (CIMS).***

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NOTE: Depending on time, the following questions may be asked in the wrap-up session instead of the breakout groups. This will be decided during the lunch break, when the three breakout group facilitators meet to compare how their sessions are going.

28) **[DOH FACILITATOR]** → [NYPD REP + FBI REP]
Describe the steps that public health used to investigate this case?

- ***Confirmed that medical history and laboratory results are consistent with illness***
- ***Interviewed patient to determine whether he had known natural risk factors during the expected incubation period***
- ***Reviewed surveillance data to be sure that no additional cases were occurring***

29) **NYPD FACILITATOR]** → [DOH REP]
Describe the steps that law enforcement used to investigate this incident?

- ***Gathered information about the patient and checked for any item that would raise suspicion***
- ***Checked patient's identifying information in criminal and terrorism databases***
- ***Verified information and checked for inconsistencies in patient's and brother's accounts***
- ***Establish crime scene, if warranted***
- ***Preserve the Chain of Evidence, if warranted***
- ***Transport Evidence to appropriate lab, if warranted***

FACILITATOR: Ask all participants the last two questions.

30) Describe the similarities and differences in how public health and law enforcement approached the joint interview?

Similarities:
- ***Both use hypothesis generating interview process.***
- ***Focus is on potential risk exposures, and the time, place and mechanism of the exposure.***
- ***Both respect and respond to the judgment of agents from other agencies.***
- ***Both have experience keeping information confidential.***

Differences:
- ***Law Enforcement places a greater emphasis on identifying suspicious or unusual responses.***
- ***A person DOH considers a patient may, under certain circumstances, be considered by Law Enforcement to be a suspect.***
- ***Only DOH has access to public health surveillance data.***
- ***Only NYPD and FBI have access to criminal, terrorist and intelligence databases.***

31) Name one potential challenge associated with the joint investigation and strategies for how to avoid this.

Patient's unease due to presence of law enforcement – ***Introduction should include clear explanation of why NYPD/FBI/DOH are there, that the patient's illness raises concerns about the entire City and that the patient is not considered to have done anything wrong. Explain that identifying the source of the patient's exposure is important to be sure that others in the City are not at risk, and that a full investigation requires ruling out an intentional/criminal exposure.***

Discussion of confidential medical information ***- As best as possible, the DOH physician should ask all questions regarding the patient's other medical illnesses while law enforcement is not in the room. In addition, the patient's medical chart should not be reviewed by detectives, agents or other law enforcement personnel.***

Patient concerns regarding immigration status ***– At the start of the interview, both NYPD and FBI should clarify that they are not concerned about the patient's immigration status and that their focus is on how the patient may have become ill.***

Concerns on the part of the patient's medical providers at the hospital that the patient is being questioned because he is from the Middle East – ***DOH, FBI and NYPD all need to clearly explain to the hospital administrator and the patient's physician why this joint interview is being done (i.e., due to the initial report not identifying any obvious risk exposures for brucellosis; out of an abundance of caution and the need to recognize a potential bioterrorism event ASAP; that the patient may be a victim; and an urgency to identify how he was exposed). If there is a need for additional clarification with the provider community, the Health Department physician will address.***

Health Department physicians jump too easily to the conclusion that the case is suspicious -- ***Law Enforcement relies on DOH professional staff to objectively obtain, interpret and explain all clinical and epidemiologic information pertinent to the investigation. Public Health should not speculate regarding criminal or terrorist intent, as that is the responsibility of law enforcement.***

FACILITATOR: *Thank the group for their participation and have them proceed back to the main lecture room for a post-test, and course evaluation.*

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