DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

DATE: August 13, 2026

TO: Matthew J. Memoli, MD, MS
Principal Deputy Director, NIH

FROM: Acting Associate Director, Office of Research Services, NIH Laboratory Safety Officer, NIH

SUBJECT: Report on the Exposure to Crimean Congo Hemorrhagic Fever at Rocky Mountain Laboratories

Executive Summary

Attached to this memo is a compiled and comprehensive report for the Exposure to Crimean Congo Hemorrhagic Fever from an involuntary bite from a non-human primate at the Rocky Mountain Laboratories on November 13, 2025.

RECOMMENDATIONS

The Division of Safety recommends that this report be provided to the Institutional Biosafety Committees at the NIH and posted publicly on our website with other IBC minutes. We also recommend that this report be disseminated in a proactive manner for those that would be interested to learn more about this incident and our response to include, but not limited to, the RML Community Liaison Group and the Government Accountability Office.

JESSICA M. MCCORMICK-ELL -S

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Jessica McCormick-Ell, Ph.D.

Attachments
Attachment A: Incident Exposure Risk Assessment (IERA) Form
Attachment B: Notification Flow Chart
Attachment C: Email to RML Community Liaison Group
Attachment D: After Action Report
Attachment E: Daily Emails to NIH Leadership

CCHF Exposure Report for Public Dissemination August 2026
Written by NIH Division of Safety

The following report, compiled by the National Institutes of Health (NIH), Office of Research Services, Division of Safety (DS), provides a full and transparent document for public dissemination of an occupational exposure to Crimean Congo Hemorrhagic Fever (CCHF) virus in November 2025. This report summarizes the incident and the after-action corrective measures we performed, supporting documents such as the after-action report compiled by the Region 10 RESPTC Team along with a list of all meetings and communications, including to the public.

The following entities were notified and included in planning meetings throughout the entire incident management process:

1. National Institutes of Health, Rocky Mountain Laboratories (Hamilton, MT)
    a. Office of Research Services (ORS) Division of Safety
    b. ORS Division of Police
    c. ORS Division of Occupational Medical Services
    d. ORS Division of Fire and Rescue Services
    e. NIAID Office of Research Preparedness and Surety
    f. NIAID Division of Intramural Research
        i. NIAID Laboratory of Virology
        ii. NIAID Rocky Mountain Veterinary Branch
2. National Institutes of Health (Bethesda, MD)
    a. ORS Division of Safety
    b. ORS Division of Occupational Medical Services
    c. ORS Division of Fire and Rescue Services
    d. NIH Clinical Center
    e. NIAID Division of Intramural Research
        i. NIAID Laboratory of Infectious Diseases
    f. Office of Communications and Public Liaison
3. Providence St. Patrick Hospital (Missoula, MT)
4. Missoula County Public Health (Missoula, MT)
5. Ravalli County Public Health (Hamilton, MT)
6. Ravalli County Office of Emergency Management (Hamilton, MT)
7. Montana State Department of Public Health and Human Services (Helena, MT)
8. Centers for Disease Control and Prevention (Atlanta, GA)
9. Colorado Department of Public Health & Environment (Denver, CO)
10. Denver Health – Region 8 RESPTC (Denver, CO)
11. Providence Sacred Heart Hospital – Region 10 RESPTC (Spokane, WA)
12. Washington State Department of Health (Tumwater, WA)
13. Spokane Regional Health District (Spokane, WA)
14. Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR) - Region 8, Region 10, and Headquarters

15. National Emerging Special Pathogen Training and Education Center (NETEC)
16. NYC Health + Hospitals – Region 2 RESPTC (New York, NY)
17. Emory University Hospital – Region 4 RESPTC (Atlanta, GA)
18. University of Nebraska Medical Center – Region 7 RESPTC (Omaha, NE)
19. Life Flight Network
20. Global Medical Response – American Medical Response
21. Spokane Emergency Care Physicians (Spokane, WA)
22. Sound Physicians (Spokane, WA)
23. Montana Office of Public Information (Helena, MT)
24. Idaho Department of Health and Welfare - Public Information Office (Boise, ID)
25. Washington State Department of Health - Public Information Office (Tumwater, WA)

Incident Summary and Response

On November 13, 2025, an incident occurred in the NIH Rocky Mountain Laboratories (RML) BSL-4 facility that resulted in an occupational exposure to Crimean Congo Hemorrhagic Fever (CCHF) virus. At approximately 10:40 AM, an experienced individual was working with cynomolgus macaques infected with wild type Crimean Congo Hemorrhagic Fever virus (6 days post infection and met euthanasia criteria). Once confirmed that the nonhuman primate (NHP) was deeply anesthetized in accordance with processes outlined in our protocols, the individual donned leather gauntlets (over their outer suit gloves and 2 inner pairs of nitrile gloves) opened the cage and reached to restrain the NHP as normal. The individual moved the anesthetized NHP to restrain it for transport to the procedure area when it had an involuntary reaction to the manual restraint and bit down on the individual's left thumb, puncturing the leather gauntlet and all gloves beneath it. The individual removed their gloved hand from the NHP's mouth. The other individual present in the room donned leather gloves and took over manual restraint of the sedated NHP from the affected individual. The affected individual removed the leather glove and inspected their suit gloves, observing that the suit gloves had also been punctured. The affected individual then exited the animal holding room into an animal procedure corridor when they noticed the presence of blood on their thumb nail area. In accordance with standard operating procedures, the outer suit glove fingertip was removed and revealed that both inner nitrile gloves had also been breached. The individual followed proper procedures by dunking their hands in disinfectant (5% Microchem) and performed wound treatment with the bite, scratch, splash kit (povidone iodine scrubs) on their way to the chemical shower. The individual replaced the povidone-iodine scrubs every five minutes until the completion of the full 15-minute wound treatment time. While the individual exited the lab using normal procedures through the chemical shower (with a team member that scrubbed their suit

and provided povidone iodine scrubs), another team member made phone notifications per standard operating procedures (SOPs). The person was then escorted to the RML Isolation and Evaluation suite for evaluation by the Occupational Medical Service (OMS) clinician on duty.

The risk assessment (template included as Attachment A) determined that there was a moderate risk of exposure. Due to the nature of the organisms present within the BSL-4 laboratory, all exposure incidents with a risk determination of “minimal” or higher (i.e., minimal, moderate, or high) are treated the same as a high-risk exposure. Therefore, the individual was quarantined out of an abundance of caution. They were cared for by RML OMS staff wearing the appropriate level of personal protective equipment (PPE) based on site-specific standard operating procedures (scrubs, disposable gloves, and surgical mask). It is important to note that the person could not pose a risk to other personnel or the public for several days after the incident due to the incubation period of the virus involved.

Once the risk assessment was completed, the incident was immediately reported to the NIH Leadership and the Federal Select Agent Program. Due to the risk assessment decision and out of an abundance of caution, ensuring alignment with our SOPs, the individual was transported to the specialized Care and Isolation Unit (CIU) at the Regional Referral Hospital (i.e., Providence St. Patrick Hospital in Missoula, MT), with whom the NIH has a contract to provide direct observation and care for RML employees in quarantine or isolation after they may have been exposed to high-risk pathogens. The transportation of the exposed individual from RML to Providence St. Patrick Hospital was performed by Bitterroot Health ambulance service, who are trained and have a memorandum of understanding (MOU) with NIH RML to perform this service. The RML safety professionals provided PPE and on-the-spot hazard awareness based on the incident to Bitterroot Health staff. The full notification tree is included as Attachment B.

After initial activation of the CIU, Providence St. Patrick Hospital notified RML staff that they would not have the capacity to care for the patient beyond 3 days due to staffing and space constraints. This limitation was a new development for RML leadership, as this constraint was not previously conveyed to RML prior to this incident. The RML emergency response plans have been based on the premise that any exposed individuals would be kept in the CIU for the period of either quarantine (remain free of infection) or isolation (develop confirmed illness). Due to these newly identified restrictions from the CIU, coordinating calls were initiated, and Providence St. Patrick Hospital notified the National Emerging Special Pathogens Training and Education Center (NETEC) network to request support for a quarantined patient transport to the nearest medical facility with the capability and capacity to care for affected individual for the entire observation period, and if need be, provide treatment in case of developing illness.

On November 14, 2025, the response team started coordination calls to discuss and plan where the person would be transported. A full list of these meetings and the agencies involved in these calls is listed at the end of this report. The team decided the person would be transferred from Providence St. Patrick Hospital in Missoula, MT to the Regional Emerging Special Pathogens Treatment Center at Providence Sacred Heart Hospital in Spokane, WA. This transport occurred in the afternoon to evening on November 15, 2025. The person was then observed and evaluated in strict quarantine through day 12 of the incubation period of CCHFV. The governors of Montana, Idaho and Washington were notified and approved the transport of the patient to Spokane, WA and the eventual return trip to Hamilton, MT.

Additionally, the Public Information Officers (PIO) for all the entities involved in the response held daily calls to prepare coordinated and consistent public notifications, written responses, and talking points to release to their respective communities if/when they were authorized to do so. The Department of Health and Human Services cleared templates on November 18. A full list of communications is included in Table 2 of this report, and a copy of this email is included as Attachment C.

The patient remained asymptomatic and well for the duration of their stay in Spokane. While there, the patient received prophylactic antiviral therapy and testing to assess for infection. All tests were negative. As the quarantine progressed, new discussion was initiated on November 18, 2025, regarding discharge from in-facility quarantine on day 12 post exposure. The incubation period of CCHF is 14 days and at this point, the risk for developing the disease was negligible due to the antiviral prophylaxis, continued absence of evidence of actual infection (negative test results and the lack of any symptoms) near the end of the quarantine period.

Subsequent discussions and decisions about where to complete the final days of quarantine were challenging due to several factors. Considering that the exposed individual continued free of any signs and symptoms of illness, tolerated the antiviral prophylaxis well, and all testing remained negative, there was concern regarding the continued use and associated high cost of the regional treatment center isolation unit for this patient. The team started investigating options for the continued quarantine of the person. The State of Washington was not in favor of the individual completing the final days of quarantine in their state. There was no viable solution to quarantine the patient in the community in Missoula, Montana in a location with proximity to the CIU. Local public health partners did not favor home quarantine since the individual could not reliably remain in an appropriately isolated area of the home to ensure no contact with family members. After careful consideration, Montana DPHHS and Ravalli County Public Health officers approved a proposal to transfer the individual back to the RML campus and complete the last 48 hours of the 14-day quarantine on an active monitoring protocol that closely coordinated NIH resources under the authority of local

and state health authorities in the RML Isolation and Evaluation suite. Transfer plans proposed to have two federal government staff in appropriate PPE using a government vehicle drive the person back to RML from Spokane, WA to RML immediately upon discharge from Providence Sacred Heart Hospital. This transfer plan was approved and utilized. The individual remained symptom-free and was discharged on November 27, 2025. Upon discharge, transport was initiated back to MT. During the transport home to MT, staff at RML remained in constant contact with the driver utilizing GPS and periodic check-ins.

During this incident, all established procedures were followed by all individuals involved, from lab staff and agency safety and health support to hospital care teams and medical specialists. We identified areas where protocols needed to be updated or established, but when needed the teams communicated and created processes that were aligned with all local, state, and federal regulations and requirements to ensure safety of people and materials as well as the safety and security of patient samples. All local and state public health agencies were notified and involved in all daily planning meetings from the first day that the incident occurred. In accordance with SOPs, the RML Incident Management Team was activated and coordinated immediate planning calls with all relevant parties, including Ravalli County Public Health, Missoula County Public Health, Montana Department of Health and Human Services (MT DPHHS), Providence St. Patrick Hospital, and Bitterroot Health ambulance service. As required by law, the NIH RML immediately notified the Federal Select Agent Program with the Centers for Disease Control and Prevention (CDC), and the MT DPHHS notified the CDC for mandatory reporting of reportable diseases. Daily updates were provided to the NIH and NIAID leadership throughout the 14-day incubation period.

Post Incident Notifications and After-Action Improvement Items

After the conclusion of this incident, the RML DS team reviewed the lessons learned from this incident and continued the routine reporting and regulatory requirements for incident reporting. This incident was reported to the RML Institutional Biosafety Committee on November 20, 2025. Continued engagement with the Federal Select Agent Program was performed to ensure a complete incident investigation and Form 3 response as required by federal regulations. In addition to correspondence with the Federal Select Agent Program, this incident was reported to the Occupational Safety and Health Administration (OSHA) as required. OSHA reached out to the NIH on November 17 with a request for more information, which was provided on November 24, 2025. The NIH team also worked closely with our partners and finalized an after-action report which was completed by the team in Spokane, WA (Attachment D). Additional items internal to NIH were identified and are outlined below.

1. Review options for protective gloves worn over suit gloves to enhance safety in case of NHP bite
    a. Completed 12/22/2025.
    b. Evaluated multiple alternatives and the leather gauntlet currently in use is still the best option to provide extra puncture resistance without limiting dexterity or causing other suit/glove damage risk.
    c. RML will continue to monitor new products on the market for applicability in BSL-4.
2. Develop standardized communication plan to ensure all team members are informed of animals meeting higher scores for euthanasia criteria prior to exams or necropsies. (This was not related to any root cause of the incident but was suggested as part of the incident evaluation.).
    a. Drafted plan on 11/20/2025
    b. Added language to SOPs regarding tagging cages for these animals
    c. IBC approved on 12/18/2025
3. Conduct evaluation of current animal positioning and restraint procedures to identify opportunities for increased safety.
    a. Assessment was completed and staff were retrained on these new changes on 11/19/2025
    b. Updated procedures to include use of tools for repositioning of animals before restraining
    c. IBC approved on 12/18/2025
4. Review contract for Regional Referral Hospital (RRH) Care and Isolation Unit to determine if changes to procedures for asymptomatic patients could extend duration of stay beyond 3 days
    a. The Contracting Officer Representative (COR) reviewed the contract and all associated documents with the Contracting Officer team.
    b. There was no mention of duration of care in the contract, only references to the CIU needing to meet the requirements of a CDC Assessment Hospital
    c. RML assumed care would be for duration of illness or incubation period, while CIU staff assumed 3 days, which is typical for Assessment Hospitals (without RML's knowledge). Changes in key staff over recent years likely led to this miscommunication.
    d. The COR and Biosafety Officer met with CIU team on December 19, 2025, February 18, 2026, and March 23, 2026 to evaluate changes to existing procedures for asymptomatic patients to address the two major challenges of staffing and space. Activation of the CIU takes away critical capacity for cardiac ICU patients for the state of Montana and also takes away nursing and health care provider staff by moving them to CIU shifts and away from

normal shift coverage elsewhere in the hospital. These two issues cannot easily be solved with changes in procedures or additional funds.

e. Therefore, it was determined that while changes to the procedures are important and will help improve CIU logistics, we cannot rely on the availability of the CIU beyond 3 days. If/when we activate the CIU again, we will need to immediately begin planning for subsequent transfer within 72 hours.
f. On June 12, 2026 Providence St. Patrick Hospital identified space within the hospital that could potentially be used as quarantine space for asymptomatic patients, but it would require renovations to make the space suitable for this purpose. This option has been presented to NIAID and ORS leadership for consideration and was formally included in the list of options to present to the High Containment Task Force Executive Committee. This group will be meeting on August 24, 2026, to discuss.
g. This contract is currently under revision for the new option year. Updates are included to reflect lessons learned and continued collaboration with Providence St. Patrick Hospital is ongoing and positive to ensure continued support to the RML research program.

5. Determine secondary location options for patient quarantine/isolation after the 3 days at the CIU. An NIH working group of NIH staff convened soon after this incident to discuss updating our procedures. These discussions centered around three options.
    a. Establish formal relationships and make use of RESPTC centers or national containment units, such as Spokane, Denver, or Omaha. This will require coordination with NETEC/Administration for Strategic Preparedness and Response (ASPR) to ensure they are able to use their facilities and services for this purpose (lab exposure instead of community incidence of disease). This is being pursued through established relationships by SCSU staff with NETEC.
        i. On June 23, 2026, the RML Safety Manager/Responsible Official (RO) (COR for the CIU contract) and CIU leadership met with ASPR Region 8 team during their visit to the Montana Department of Health and Human Services (DPHHS) Helena, MT. The group reviewed the ways ASPR and MT DPHHS can support RML and the CIU team (Providence St. Patrick Hospital) in improving procedures, facilities, etc., to better support this type of response.
        ii. July 31, 2026, kickoff meeting with NETEC, ASPR and NIH to discuss and move forward with this option.
    b. Transfer the patient to the NIH Special Clinical Studies Unit (SCSU) in Bethesda, MD, which eliminates issues with cost reimbursement and

allows for enrollment in clinical trials for expedited access to experimental treatments. Transportation is the biggest challenge in this scenario; however, SCSU staff have agreements in place with an airline that could be leveraged for this purpose.

c. Another possibility for asymptomatic (testing negative) patients is to better equip the RML Isolation and Evaluation Suite (or similar facility on RML campus) to house a patient for the duration of the incubation period. This will require some level of renovation or construction and an environmental impact assessment. This will be discussed further in the High Containment Task Force (HCTF) Executive Meeting on August 24, 2026.

6. Update the select agent incident response plan to include lessons learned, new processes, and restrictions associated with patient discharge.
    a. The final decision of when/where to discharge an RML employee lies with local county public health (Ravalli County or Missoula County) and Montana DPHHS.
    b. Any decisions to discharge a patient prior to completion of the incubation period should not occur without agreement of Ravalli/Missoula County Public Health, MT DPHHS, and NIH/RML leadership to ensure concerns from the community are considered and this critical relationship is not damaged.
    c. Incorporation of the newly developed Decision Framework for De-escalation from Isolation to Quarantine by NETEC:
        i. Clinical judgement: The clinical assessment of the physician on whether the patient needs isolation care.
        ii. Resource assessment: Does the current staffing and resource strategy support a decision to move to isolation or quarantine.
        iii. Patient wishes: Consideration of the patient's desire or willingness to move.
        iv. Public health assessment: The current epidemiology assessment information, transmission dynamics evidence does not indicate increased exposure risk to the quarantine guests, staff, or community.
7. Develop templates for communications that can be shared with the Community Liaison Group (CLG) and RML staff regarding the incident so that concerns are acknowledged and addressed without divulging private information but also not causing undue fear/anxiety. This will streamline the delays in ensuring communication with staff and stakeholders and will save time during the response phases. Messages approved for this incident can be a starting point (Attachment C).

Meetings Held During Event Response

An incident of this severity and impact involves many stakeholders and significant coordination. Below is a table of the major meetings, topics and participants by stakeholder group. There were additional calls and discussions not represented here as these staff were engaged almost exclusively during this time on this incident response.

Table 1- Coordination Meetings

	Date	Time	Topic	Participants (Groups)
1	November 13, 2025	2:30 PM MST	RML Patient Transport Coordination	RML, NIH, St. Pats CIU
2	November 13, 2025	3:45 PM MST	RML Coordination Pre-transport	RML, NIH, St. Pats CIU, Missoula County Public Health, MT DPHHS
3	November 14, 2025	9:00 AM MST	Patient Transport Briefing	RML, NIH, St Pats CIU, Missoula County Public Health
4	November 14, 2025	9:30 AM MST	Testing Planning	RML, NIH, St Pats CIU
5	November 14, 2025	10:00 AM MST	CCHF Exposure – Montana Rocky Mountain Laboratories	RML, NIH, CDC, St. Pats CIU, Colorado Public Health, Denver Health, MT DPHHS
6	November 14, 2025	1:00 PM MST	Missoula Touch Base Discussion	RML, NIH, St. Pats CIU, MT DPHHS, Missoula County Public Health
7	November 14, 2025	2:00 PM MST	CCHF Patient Care and Transfer – Montana	RML, NIH, St. Pats CIU, MT DPHHS, Colorado Public Health, Denver Health, Providence Sacred Heart, Washington Public Health, ASPR, CDC
8	November 14, 2025	6:00 PM MST	CCHF Patient Transfer Follow-up	RML, NIH, St. Pats CIU, MT DPHHS, Providence Sacred Heart, Washington Public Health, ASPR, CDC, Missoula Public Health, NETEC

9	November 15, 2025	7:30 AM MST	Logistics call to support RML patient from St. Pats to Sacred Heart	RML, NIH, St. Pats CIU, Providence Sacred Heart, GMR, Life Flight, Sound Physicians, NETEC, Washington Public Health, Missoula Public Health, ASPR
10	November 15, 2025	9:30 AM MST	RML Patient Transport Briefing	RML, NIH, St. Pats CIU, Missoula County Public Health
11	November 15, 2025	10:30 AM MST	PIO Support of Patient Transport	RML, NIH, Providence St. Patrick, MT DPHHS, Providence Sacred Heart, Washington Public Health, ASPR
12	November 15, 2025	6:00 PM MST	Patient transport update	RML, NIH, St. Pats CIU, GMR, Sound Physicians, NETEC, Washington Public Health, Missoula County Public Health, ASPR, Life Flight, Providence Sacred Heart
13	November 15, 2025	10:30AM MST	PIO call #2	RML, NIH, Providence St. Patrick, MT DPHHS, Providence Sacred Heart, Washington Public Health, ASPR, ID DHW
14	November 15, 2025	6:00 PM MST	Patient transport update	RML, NIH, St. Pats CIU, GMR, Sound Physicians, NETEC, Washington Public Health, Missoula County Public Health, ASPR, Life Flight, Providence Sacred Heart
15	November 16, 2025	10:30 AM MST	PIO Call #2	RML, NIH, Providence St. Patrick, MT DPHHS, Providence Sacred

				Heart, Washington Public Health, ASPR, GMR, Idaho Dept of Health and Welfare
16	November 16, 2025	12:00 PM MST	Situation Report #1	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC
17	November 17, 2025	11:00 AM MST	PIO Call #3	RML, NIH, Providence St. Patrick, MT DPHHS, Providence Sacred Heart, Washington Public Health, ASPR, GMR, Idaho Dept of Health and Welfare, Emory University
18	November 17, 2025	12:00 PM MST	Situation Report #2	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC, MT DPHHS
19	November 17, 2025	12:30 PM MST	Incident Investigation Update	RML Division of Safety
20	November 17, 2025	1:30 PM MST	NIH Internal Situation Review (focus on workers compensation process)	RML/NIH Division of Safety, NIAID
21	November 17, 2025	2:30 PM MST	Incident Review with Patient's Employer	RML Division of Safety, Charles River Laboratories
22	November 18, 2025	6:00 AM MST	NIH Internal Situation Update (focus on workers compensation process)	RML/NIH Division of Safety, NIAID
23	November 18, 2025	10:00 AM MST	Patient Transport Review and Lessons Learned	RML Division of Safety, NIAID
24	November 18, 2025	11:00 AM MST	PIO Call #4	RML, NIH, Providence St. Patrick, MT DPHHS, Providence Sacred Heart, Washington Public Health, ASPR,

				GMR, Idaho Dept of Health and Welfare, Emory University
25	November 18, 2025	11:30 AM MST	NIH Internal Situation Update (focus on discharge planning)	Division of Safety, OMS, NIAID
26	November 18, 2025	12:00 PM MST	Situation Report #3	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC, MT DPHHS
27	November 18, 2025	2:00 PM MST	BSL-4 Users Meeting to Review Incident and Changes to Procedures	Division of Safety, Laboratory of Virology, Rocky Mountain Veterinary Branch, BSL-4 Users
28	November 19, 2025	8:30 AM MST	De-escalation and Discharge Planning	RML, NIH, Providence Sacred Heart, Washington Public Health, MT DPHHS, St. Pat's CIU, Missoula County Public Health, Ravalli County Public Health
29	November 19, 2025	9:30 AM MST	NIH Internal Discharging and Monitoring Planning	Division of Safety, NIAID
30	November 19, 2025	12:00 PM MST	Situation Report #4	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC, MT DPHHS
31	November 19, 2025	1:00 PM MST	Review of CIU Contract Documents	RML Division of Safety, NIAID
32	November 19, 2025	2:00 PM MST	Montana/RML Discharge Coordination	RML Division of Safety, OMS, MT DPHHS, Ravalli County Public Health
33	November 20, 2025	10:00 AM MST	Review Veterinary Procedures and Communication Plans	RML Division of Safety, NIAID RMVB, NIAID LV
34	November 20, 2025	12:00 PM MST	Situation Report #5	RML, NIH, Providence Sacred Heart, NETEC, Washington Public

				Health, ASPR, CDC, MT DPHHS
35	November 20, 2025	1:00 PM MST	RML Institutional Biosafety Committee Meeting	Division of Safety, OMS, NIAID, Ravalli County Emergency Management, Ravalli County Public Health, Community members
36	November 20, 2025	3:00 PM MST	Montana/RML Discharge Coordination #2	RML Division of Safety, OMS, MT DPHHS, Ravalli County Public Health, Ravalli County Emergency Management
37	November 21, 2025	12:00 PM MST	Situation Report #6	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC, MT DPHHS
38	November 21, 2025	1:00 PM MST	NIH Discharge Planning for RML Isolation Room	Division of Safety, OMS, NIAID, DFRS
39	November 24, 2025	10:30 AM MST	NIH Transport Planning for Patient Return to RML	Division of Safety, DFRS
40	November 24, 2025	12:00 PM MST	Situation Report #7	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC, MT DPHHS, St. Pats CIU, Missoula County Public Health, Ravalli County Public Health, Ravalli County Emergency Management
41	November 24, 2025	12:30 PM MST	Discharge Planning and Coordination	RML, NIH, Providence Sacred Heart
42	November 25, 2025	10:00 AM MST	Situation Report #8	RML, NIH, Providence Sacred Heart, NETEC, Washington Public Health, ASPR, CDC,

				MT DPHHS, St. Pats CIU, Missoula County Public Health, Ravalli County Public Health, Ravalli County Emergency Management, Idaho Dept of Health and Welfare
43	December 2, 2025	1:00 PM MST	Biological Exposure Assessment Program Final Meeting	Division of Safety, OMS, NIAID, DFRS, St. Pats CIU
44	January 23, 2026-current	12:00 pm MST	Bimonthly meeting to discuss NIH containment protocols	NIH DS, NIH OMS, NIAID DIR, CC SCSU

Table 2- Communications

	Date		Topic	
	November 13, 2025		Initial email to RML staff	
	November 13 – 27, 2025 (daily)		Initial email notification to NIH leadership and HHS Safety Officer with daily updates (Attachment E)	
	November 13, 2025		Immediate notification to the Federal Select Agent Program	
	November 14, 2025		Follow-up email to RML staff	
	November 19, 2025		Follow-up email to RML staff	
	November 19, 2025		Email to RML CLG (Public) Attachment C	Local clergy, members of the school district, county commissioner and commissioners' office, Hamilton Mayor's office, county judges, public works, public health, local medical professionals, chamber of commerce

	November 20, 2025		Follow-up email to RML CLG (Public) Attachment C	
	November 20, 2025		Final Form 3 notification to Federal Select Agent Program	
	November 24, 2025		Investigation report sent to OSHA	
	November 24, 2025		Email to BEAP Participants	
	February 17, 2026		Email from M. Bloom to the RML Community Liaison Group (Public)	

Attachment A

Safety Incident Investigation Report			
Date	**Location**	**Brief Synopsis**	
Report by:		**Agent Involved**	☐ Yes ☐ No

Report Detail: *(Provide a description of the incident. This should include a timeline of the incident, the agent/animal worked with, PPE worn, description of procedures conducted at the time of the incident, notifications made, follow-up procedures for decontamination and program improvement, and results of root cause analysis. Attach additional sheets if necessary.)*

National Institutes of Health – Division of Occupational Health and Safety

BioRisk Management Program

Exposure Risk Assessment Guide

Instructions: Complete the following risk assessment guide, in consultation with the Biosafety/High Containment Safety Manager or designee and OMS clinician, following any work-related incident with a potential exposure to an infectious agent or toxin in a biosafety level 3 or 4 laboratory (BSL 3/ABSL 3/ BSL 4/ABSL 4), hereafter referred to as bioagent. Potential exposure is defined as an incident in which a worker may have contact with a bioagent, for example by percutaneous injury, cutaneous and mucous membrane contamination, inhalation, or ingestion. Both of the following conditions must be met to result in an occupational exposure:

1. A bioagent must be present (in source material or relevant space, e.g., release from primary containment, BSC).
2. The person was not appropriately protected such that a breach in personal protective equipment (PPE) or innate protection (for example intact skin) resulted in a potential exposure (for example by percutaneous injury, cutaneous and mucous membrane contamination, inhalation, or ingestion) to the bioagent.

Select the applicable categories below (more than one may apply) and circle the associated exposure risk classifications in the right column. Assign the final exposure risk classification as the highest level of any of the applicable categories. If there are any factors that increase or mitigate the risk and justifies a different risk classification, provide details in the Notes section. If the incident involved more than one bioagent and the exposure risk classification differs, specify each agent and the associated risk classification in the Notes section.

A. INCIDENT SETTING

Date (MM/DD/YY): _____ Time: _____

Location: ☐ Bethesda ☐ IRF-RML ☐ IRF-Frederick Building: _____ Room/Area: _____

Biosafety Level: ☐ BSL-3 ☐ ABSL-3 ☐ BSL-4 ☐ ABSL-4 ☐ Other: _____

B. AGENT/SOURCE MATERIAL

I. AGENT INFORMATION ☐ N/A

Agent(s) present: Yes No

If No, continue to section ANIMAL INFORMATION

Select agent(s) present: ☐ Yes ☐ No

Agent (s) _____

_____

☐ Culture ☐ Solution ☐ Body fluid ☐ Frozen ☐ Dried

☐ Other: _____

Agent likely to be aerosolized: ☐ Yes ☐ No

Prior inactivation/decontamination: ☐ Yes ☐ No ☐ N/A

II. ANIMAL INFORMATION ☐ N/A

Species: _____

_____

Animal ID/Cage #_____

Nonhuman primate (NHP) involved: ☐ Yes ☐ No

Species: _____

Old World NHP: ☐ Yes ☐ No

If Yes, date of last herpes B test: _____

Result: ☐ positive ☐ negative

Body fluid/tissue involved:

☐ Blood ☐ Saliva ☐ Tears ☐ Urine [☐ Feces ☐ CSF

[ ] Other: _____

C. EXPOSURE CATEGORY (Complete all that apply) | RISK CLASSIFICATION

I. PERCUTANEOUS INJURY (CUT, PUNCTURE, ABRASION) ☐ N/A

A. Sharp Instruments or Objects:

☐ Needlestick
- ☐ Hollow-bore needle (may contain more source material)
- ☐ Suture needle (typically solid)
- ☐ Other needle: _____

☐ Scalpel

☐ Broken glassware/lab equipment

☐ Other Sharp: _____

B. Animal Bite or Scratch:

☐ Bite

☐ Scratch

1.	☐ Did not occur in the presence of agent(s) or an animal infected with any agent(s).	NO RISK
2.	☐ Involved sterile instrument or medium, or body fluid/tissue of an animal free of infection (naïve to experimental agents, free of natural infections) but in the presence of agent(s).	NEGLIGIBLE
3.	☐ Involved likely non-viable agent(s) or body fluids/tissue of an infected animal unlikely to contain viable agent(s).	MINIMAL
4.	☐ Involved likely viable agent(s) or body fluid/tissue of an infected animal likely to contain viable agent(s).	HIGH/MODERATE
II.	**MUCOSAL CONTAMINATION** (CONTACT OF LIQUID OR SOLID WITH EYE OR MUCOUS MEMBRANE) ☐ **N/A**	
1.	☐ Did not occur in the presence of agent(s) or an animal infected with any agent(s).	NO RISK
2.	☐ Involved sterile medium or body fluid/tissue of an animal free of infection (naïve to experimental agents, free of natural infections) but in the presence of agent(s).	NEGLIGIBLE
3.	☐ Involved likely non-viable agent(s) or body fluids/tissue of an infected animal unlikely to contain viable agent(s).	MINIMAL
4.	☐ Involved likely viable agent(s) or body fluid/tissue of an infected animal likely to contain viable agent(s).	HIGH/MODERATE
III.	**DERMAL CONTAMINATION** (CONTACT OF LIQUID OR SOLID WITH SKIN) ☐ **] N/A**	
1.	☐ Did not occur in the presence of agent(s) or an animal infected with any agent(s).	NO RISK
2.	☐ Involved sterile medium or body fluid/tissue of an animal free of infection (naïve to experimental agents, free of natural infections) but in the presence of agent(s).	NEGLIGIBLE
3.	☐ Intact skin contact involved likely non-viable agent(s) or body fluids/tissue of an infected animal unlikely to contain viable agent(s).	MINIMAL
4.	☐ Intact skin contact followed immediately by standard cleansing* of the affected area but involved likely viable agent(s) or body fluids/tissue of an infected animal likely to contain viable agent(s).	MINIMAL
5.	☐ Involved likely viable agent(s) or body fluids/tissue of an infected animal likely to contain viable agent(s). ☐ Non-intact skin contact. ☐ Intact skin contact with delay in standard cleansing* of the affected area. * *Anything other than immediate cleansing of the affected area according to established protocol.*	HIGH/MODERATE
IV.	**INHALATION** (CONTACT OF AIRBORNE AGENT(S) WITH RESPIRATORY TRACT, MUCOUS MEMBRANES, EYES) ☐ **N/A**	
	Not wearing required respiratory protection: ☐ Yes ☐ No Break in respiratory protection/suit integrity: ☐ Yes ☐ No Failure of positive pressure suit/powered air-purifying respirator: ☐ Yes ☐ No If yes to any of the above, and one of the following:	
1.	☐ No discernable increased risk than would normally occur from entering a biosafety lab (used appropriate PPE and no breach in laboratory technique occurred	NO RISK
2.	☐ Did not occur in the presence of agent(s) or an animal infected with any agent(s).	NO RISK
3.	☐ Involved aerosol of sterile solution or body fluid of an animal free of infection (naïve to experimental agents, free of natural infections) but in the presence of agent(s).	NEGLIGIBLE
4.	☐ Involved ☐ aerosolized viable agent(s) that remained contained in BSC or ☐ aerosol not likely to contain viable agent(s) outside of primary containment or ☐ aerosol containing agent(s) not likely to aerosolize outside of primary containment.	MINIMAL
5.	☐ Involved likely viable agent(s) in aerosol (e.g., failure of BSC or centrifuge to contain agent, inadequate decontamination of lab equipment or PPE).	HIGH/MODERATE

NOTES/DETAILS *(Attach additional sheets if necessary)*

Final Exposure Risk Classification (Highest level of any applicable category above)	☐ High/Moderate ☐ Minimal ☐ Negligible/No Risk
Biological Exposure Assessment Program (BEAP) Activated?	☐ Yes ☐ No ☐ Not Applicable

_____ Safety Manager	_____ Signature	_____ Date
_____ Biosafety Officer	_____ Signature	_____ Date
_____ OMS Provider	_____ Signature	_____ Date

NIH OMS Review
Notes:

_____ OMS Physician	_____ Signature	_____ Date

SHARPS INJURY LOG *(Complete for percutaneous injuries involving sharp devices.)*	
Type/brand name of the device involved in the injury/exposure:	
1. Did the device have engineered sharps injury protection?	☐ Yes ☐ No
2. Was the protective mechanism activated?	☐ Yes ☐ No
3. Did the injury/exposure occur before, during, or after activation of the protective mechanism?	☐ Before ☐ During ☐ After
4. How did the injury/exposure occur?	☐ While using the sharp?
	☐ Between steps of a multi-step procedure?
	☐ After use and before disposal of the sharp?
	☐ While placing sharp into sharps container?
	☐ Sharp left in inappropriate place?
	☐ Overfilled sharps container?
	☐ Disassembling the sharp?
	☐ Other

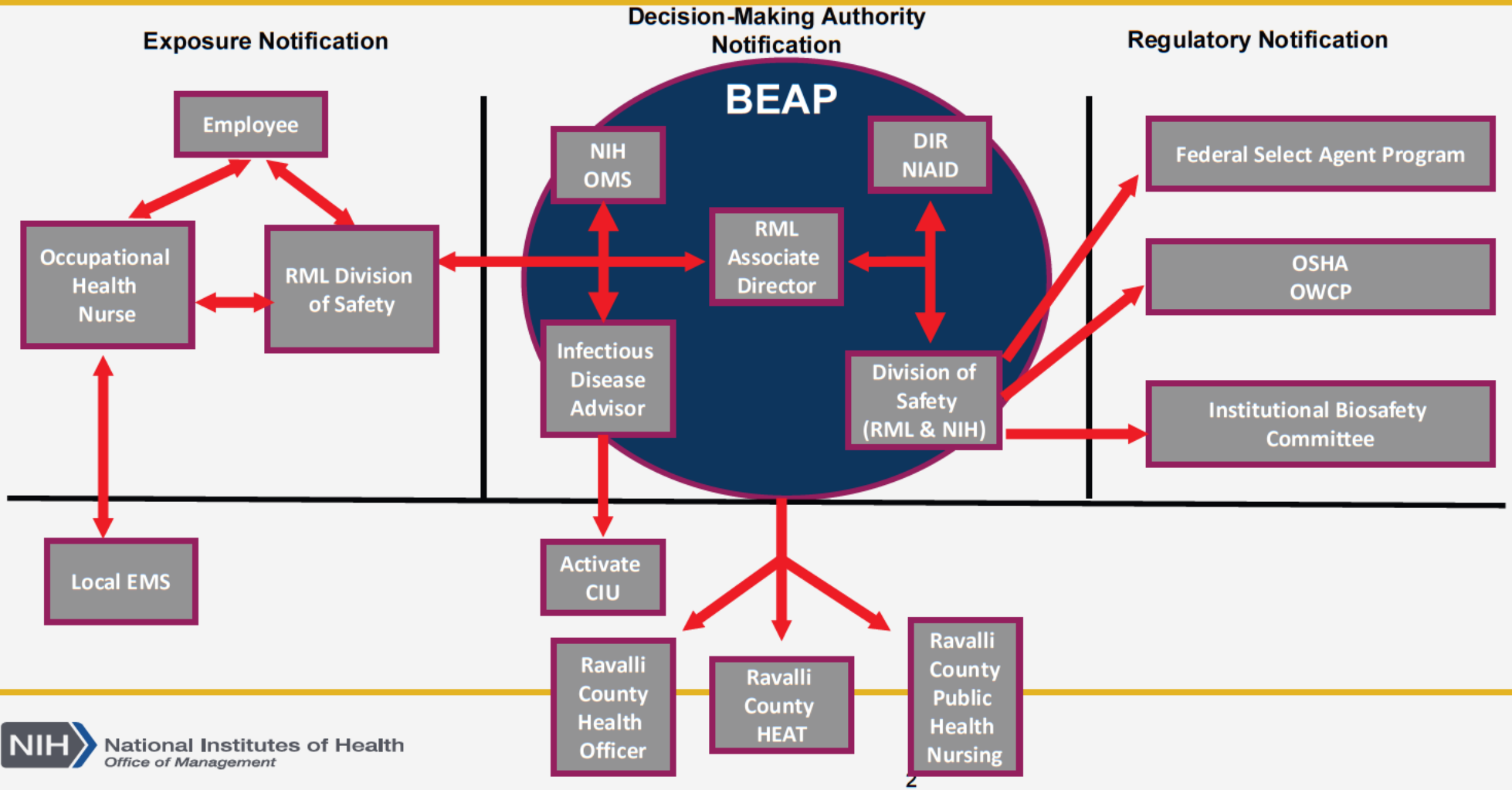
References:

1. Rusnick, JM et al. Management guidelines for laboratory exposures to agents of bioterrorism. JOEM 46(8):791-800; Aug 2004
2. Risi, G. Management of Laboratory Exposures to CDC Category A Infectious Diseases with Emphasis on Biosafety Level 4 Agents. Developed for Rocky Mountain Laboratories.
3. University of Texas Medical Branch (UTMB) Biological Exposure Evaluation and Risk Assessment documents. Developed by A. Nelson Avery, MD
4. Centers for Disease Control and Prevention and National Institutes of Health. 2009. Biosafety in Microbiological and Biomedical Laboratories, 5th ed. U.S. Government Printing Office, Washington, D.C.

Attachment B

Office of Research Services
Serving the NIH Community

Biological Exposure Assessment Program (BEAP) Notifications



Attachment C

From: Bloom, Marshall (NIH/NIAID) [E]
To: Brose, Megan (NIH/OD/ORS) [E]
Subject: FW: recent incident at RML
Date: Monday, August 10, 2026 2:35:28 PM

From: Bloom, Marshall (NIH/NIAID) [E] <[redacted]>
Sent: Wednesday, November 19, 2025 1:03 PM
To: NIAID RML Community Liaison Committee <NIAIDRMLCommunityLiaisonCommittee@niaid.nih.gov>
Subject: recent incident at RML

Dear CLG Members,

NIH and HHS have given me approval to send the following message.

Last Thursday, November 13, an occupational exposure occurred in RML's BSL-4 laboratory. The incident was immediately reported, the person decontaminated and isolated immediately.

The affected worker was evaluated immediately by experienced experts in coordination with highly trained safety professionals. Established procedures were followed by all involved, from lab staff and agency safety and health support to hospital care teams and medical specialists. The worker is in good spirits and healthy, free of signs of illness. There has been no risk to the community at large or to the public.

The NIH would like to thank the RML staff for their quick response, attention to their training and expertise.

Please keep in mind that this situation is very sensitive and maintaining the confidentiality of our colleague is of the utmost importance.

Thanks very much.
Marshall

Marshall E. Bloom, M.D.
Associate Director for Scientific Management
Division of Intramural Research
Chief, Biology of Vector-borne Viruses Section
Laboratory of Virology
Rocky Mountain Laboratories
National Institute of Allergy and Infectious Diseases
National Institutes of Health
903 South 4th Street
Hamilton, MT 59840
PHO: 406-375-9707
Cell: [redacted]

****

****

Brose, Megan (NIH/OD/ORS) [E]

From: Bloom, Marshall (NIH/NIAID) [E]
Sent: Thursday, November 20, 2025 2:34 PM
To: Bloom, Marshall (NIH/NIAID) [E]
Subject: recent exposure at RML

Dear CLG members,

I have received permission to provide this additional information to the message I sent yesterday.

- A workplace exposure to Crimean-Congo Hemorrhagic Fever Virus (CCHF) occurred at the NIH Rocky Mountain Laboratories Biosafety Level 4 facility in Hamilton, Montana on Thursday, November 13.
- The incident was managed immediately and according to established safety protocols, and there has been no risk to coworkers, the community, or public at any time.
- The employee was promptly decontaminated, isolated and evaluated by experienced clinical and biosafety experts.
- The patient has been tested daily since the incident; all results have been negative. The patient will remain under close observation and supervision until determined to be free of risk to anyone.
- Key facts about the virus:

    - It is naturally transmitted primarily by ticks.
    - It is not airborne.
    - Human-to-human transmission is rare and typically requires direct contact with infected bodily fluids.

Thanks very much.
Marshall

Marshall E. Bloom, M.D.
Associate Director for Scientific Management
Division of Intramural Research
Chief, Biology of Vector-borne Viruses Section
Laboratory of Virology
Rocky Mountain Laboratories
National Institute of Allergy and Infectious Diseases
National Institutes of Health
903 South 4th Street
Hamilton, MT 59840
PHO: 406-375-9707
Cell: [redacted]
****

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Last Thursday, November 13, an occupational exposure occurred in RML's BSL-4 laboratory. The incident was immediately reported, the person decontaminated and isolated immediately.

The affected worker was evaluated immediately by experienced experts in coordination with highly trained safety professionals. Established procedures were followed by all involved, from lab staff and agency safety and health support to hospital care teams and medical specialists. The worker is in good spirits and healthy, free of signs of illness. There has been no risk to the community at large or to the public.

The NIH would like to thank the RML staff for their quick response, attention to their training and expertise.

Please keep in mind that this situation is very sensitive and maintaining the confidentiality of our colleague is of the utmost importance.

Thanks very much.
Marshall

Marshall E. Bloom, M.D.
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903 South 4th Street
Hamilton, MT 59840
PHO: 406-375-9707
Cell: [redacted]
****

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Attachment D

ROCKY MOUNTAIN LAB IN HAMILTON, MT HIGH RISK EXPOSURE AND ACTIVATION BY REGION 10 LEVEL 1 RESPTC

AFTER ACTION REPORT AND IMPROVEMENT PLAN

NSPS Region 10 RESPTC | Providence Sacred Heart Medical Center & Children's Hospital

Incident dates: November 13-27, 2025
After Action Meeting: December 17, 2025
AAR/IP Completed: March 17, 2026

OVERVIEW

Incident type/name	Region 10 Level 1 RESPTC activation in support of Rocky Mountain Lab high risk exposure
Incident dates	November 13-27, 2025
Threat or Hazard	Crimean Congo Hemorrhagic Fever Virus (CCHFV) exposure
Scenario	On Thursday, November 13, 2025, a contract worker for Rocky Mountain Laboratories (RML) in Montana (Region 8), a National Institute of Health (NIH) biomedical research facility, who was otherwise healthy, experienced a high-risk exposure to Crimean-Congo Hemorrhagic Fever Virus (CCHFV) after being bitten by a non-human primate with a high viral load. The individual was wearing four pairs of gloves and followed established post-exposure protocols. The hospital that has a contract with the RML to provide care to individuals exposed determined it could not sustain care beyond 72 hours, prompting a request for placement to allow continued observation and testing. Coordination efforts were initiated among federal, regional, state, and local partners, including NIH, Level 1 RESPTC's in Regions 8 and 10, ASPR, NETEC, CDC, EMS, and public health authorities in Montana and Washington—to identify an appropriate facility for ongoing patient care.
Points of Contact	**Christa Arguinchona**, Program Manager and Principal Investigator (PI) for Providence Sacred Heart Medical Center and Children's Hospital, the Region 10 Emerging Special Pathogen Treatment Center (RESPTC) [redacted] **Darrell Ruby**, Regional Coordinator [redacted]

EXECUTIVE SUMMARY

On Thursday, November 13, 2025 a contract worker for Rocky Mountain National Laboratories (RML) in Hamilton, Montana (Region 8), a National Institute of Health (NIH) biomedical research facility, who was otherwise healthy, experienced a high-risk exposure to Crimean-Congo Hemorrhagic Fever (CCHFV) after being bitten by a non-human primate with a known high viral load in its upper respiratory tract while being euthanized. At the time of exposure, the individual was wearing appropriate PPE which included four pairs of gloves and subsequently followed established organizational post-exposure protocols.

The exposed individual was initially transported by Bitterroot Health EMS from the RML, to Providence St. Patrick Medical Center (PSPMC) in Missoula, Montana. Providence St. Patrick is the designated and contracted hospital to support occupational exposure incidents originating from the RML. Bitterroot Health EMS is the designated transport agency. Initial notifications were made by the Montana State Department of Health and Human Services (DHHS) to Denver Health, the Region 8 Level 1 Regional Emerging Special Pathogens Treatment Center, with additional notifications to Region 10 Level 1 RESPTC at Providence Sacred Heart Medical Center and Children's Hospitals (PSHMC&CH) by Providence St. Patrick Medical Center (PSPMC) and the Region 8 RESPTC.

Following initial evaluation, PSPMC determined it could not sustain quarantine care beyond 72 hours. The NIH plan for the individuals care included daily testing for viremia and post-exposure prophylaxis that induced nausea. A request was made for alternative placement to allow continued in-facility observation and testing. Multiple NSPS hospitals were identified and considered as the alternative placement location to include: Region 8 Level 1 RESPTC at Denver Health, Region 10 Level 1 RESPTC at PSHMC&CH, the National Quarantine Unit (NQU) in Omaha, Nebraska, and the NIH Clinical Center in Bethesda, Maryland. Coordination efforts were initiated among multiple federal, regional, state, and local partners—including NIH, RESPTC Regions 8 and 10, ASPR, NETEC, CDC, EMS, and public health authorities in Montana, Idaho, and Washington—to identify an appropriate facility for ongoing management. Based upon proximity to the patient's home and shortest transportation time, the individual was sent to the Region 10 Level 1 RESPTC at PSHMC&CH in Spokane, WA on November 15, 2025. The patient was discharged on post-exposure day 12 after an uneventful in-facility monitoring and care period to complete a 14-day quarantine at the RML.

The National Special Pathogen System (NSPS) is designed to care for patients with suspected or confirmed special pathogens; it is not designed to care for individuals exposed to special pathogens who lack clinical symptoms consistent with infection. While the Region 10 Level 1 RESPTC was willing to assist with quarantine care for the high-risk exposure individual, the quarantine use case did not align with the purpose of a Level 1 treatment center in the NSPS. This was an important lesson from this activation, which has been documented in this After-Action Report (AAR) and

addressed with specific action items in the Improvement Plan (IP). Additionally, it is crucial for national laboratories to update quarantine, assessment procedures and plans in partnership with public health to better prepare for similar situations in the future.

KEY TAKEAWAYS SUMMARY

Early Decision-Making summary of actions:

- Early decision-making began with the employee's report of the incident, supervisor/PI's notifications, and NIH Safety activating the institutional incident response with an elevated risk of exposure to a Risk Group 4 (RG4) agent. Next, medical staff connected with Red Team and expert consultants for a clinical risk assessment (risk of disease, RoD) and weighing potential Medical Counter Measures (MCMs). Possible risk to the public/secondary transmission (RoT) was also considered early on - and ruled out in the absence of CCHF symptoms. The Local Public Health Officer was notified.
- Multiple agencies were involved without a clear plan for extended post-exposure case management. NIH-based incident response planning and preparedness exercises have focused on steps needed in the immediate aftermath of an incident or illness report to effect (1) agent containment, (2) mitigation of risk to affected individuals due to adverse health consequences with timely referral to Infectious Disease (ID), and (3) effective information flow and communications.
    - A case could be made that a clear plan was in place and executed as practiced by immediate stakeholders. A gap likely lies in understanding post-admission needs and expectations beyond day 0 and 1. These have not been sufficiently anticipated, including a consideration of the need to reassess RoD and RoT continually after D0, and a range of quarantine settings that could be better tailored to case-specific risk, e.g., agent characteristics, and changing containment needs during monitoring period, e.g., patient sample handling.
    - It's a complex stakeholder map with many different aspects to be addressed. We should learn more broadly with this wider group of (potential) stakeholders from recent unusual case(s) to inform revisions of existing processes and procedures i.e., before taking lessons back to the local level for further planning/implementation. RML recommends following up in approximately one year to check in with this group and share learnings and insights (in the Improvement Plan).
- Utilization of the Level 1 NSPS Regional Treatment Center outside of planned scope.
- Good coordination by NETEC in its role as the Coordinating Body (CB) to facilitate decision making.
- Activation of the Region 10 Level 1 RESPTC happened quickly and in hindsight would have benefited from incorporating a pause and further discernment.
    - This was a rare scenario with very little precedent to support alternative decision making. This incident was a recognized exposure to a high-consequence pathogen in a controlled setting; an asymptomatic "patient" who required ready access to expert care, mobilization of special MCMs

and diagnostic and close observation for evolution of a potential VHF (with non-natural exposure) and MCM adverse effects.

- In hindsight that decision-making could have been more deliberate: in the immediate postexposure phase, infectivity can be assumed to be nil for several hours or up to a day. This window should allow for an expert-informed discussion among stakeholders to deploy pathogen-specific, risk-based case management, and then to adjust it if the patient becomes a suspect person based on symptoms and preliminary tests.,
- In the future, RML's goal is to collaborate and plan ahead, to establish:
  - (1) SME panels (with the research community who know the agents);
  - (2) consensus for best practices;
  - (3) shared terminology for evolving risk stratification;
  - (4) access to MCMs and diagnostics;
  - (5) sensible quarantine measures, including monitoring and testing, location and safeguards for the quarantined, their family and community, transport needs (samples, patient); and
  - (6) a communications plan. (see matrix comments and Improvement Plan action item)

- Length of transport and lack of transport plans in place were key factors in the decision-making process.
- 4 placement options were considered (R8 Level 1 RESPTC, R10 Level 1 RESPTC, NQU, NIH).
- Region 10 Level 1 RESPTC was the "best worst option" due to proximity of exposure and having a trained transport team in place.

Testing:

- Lack of written protocol for CCHFV quarantine testing.
- Collision of theoretical world with a risk-based assessment world.
- Concern of viremia in absence of symptoms & seroconversion upon completion of Ribavirin.

MCM's:

- Consulted with SPRN to pre-position and obtain medical counter measure (MCM) if the individual became symptomatic or tested positive.

Discharge/Quarantine:

- Options explored
  - Quarantine options by local public health explored in Spokane and 2 counties in Montana (Ravali and Missoula) and determined to not be viable.
  - Timeframes explored: Day 7, Day 10, Day 14.

Challenges

- State and local public health could not support alternative local quarantine strategies.

- Lack of safe, cost-effective transport plans, and air transport capabilities for a suspect or confirmed HCID individual. Consider re-evaluating some assumptions and address concerns and fear, e.g., over safe collection (in community or inpatient) with training? Home quarantine may be a little harder sell but there could be a middle between facility and home quarantine. Consider ethicist and legal counsel to negotiate mutually exclusive stances among stakeholders.
- Specimen collection and testing in community setting was an obstacle.

Final plan

- Discharged to RML isolation room on day 12.
- Monitoring conducted by NIH occupational medicine.

MAJOR STRENGTHS DEMONSTRATED

- **Effective Incident Response**: Internal procedures were followed; rapid activation and communication with staff and teams (Red Team, ID Team).
- **Strong Team Coordination**: St. Pats Team responsiveness, NIH/CDC/NETEC SME support, and RML PI & safety staff ensured smooth handling.
- **Preparedness**: Recent drill at RML helped readiness; JIT training filled gaps when ID doctor was unavailable.
- **Clinical & Operational Management**: SPU leadership had clear communication between clinical and operational teams; proactive planning for patient conversion.
- **External Support**: NIH and CDC provided timely consultation; access to antiviral medication at local health department.
- **Regional Collaboration:** Regions 8 & 10 worked together early on for patient movement decisions.
- **Public Health Leadership:** Ravalli County leadership overcame staffing shortages; call timing and format were effective.
- **Public Information Coordination:** PIO group organized messaging well; strong collaboration across agencies.
- **Specimen Handling:** Coordination for shipping to CDC was smooth.
- **Reassurance for Lab Staff:** Reinforced confidence in BSL4 lab safety plans.

AREAS FOR IMPROVEMENT

- **Risk Stratification**. A risk stratification decision aid should be developed by diverse scientists, clinicians, and public health partners to aid in the complex decision making when a laboratorian is exposed and doesn't meet criteria for hospital admission.
    - For postexposure risk stratification we need to discuss and evaluate pros/cons of Risk of Exposure (RoE) vs. Risk of Disease (RoD) vs. Risk of Onward Transmission (RoT) which rises then falls for many viruses with time from day 0 to end of putative incubation period. For risk of onward transmission, one needs to ask about disease spectrum such a infectivity during pre-/asymptomatic infection stages; what's known about person-to-person (or to-pet/livestock or potential local vectors/ arthropods, etc. (all options should be considered.
    - Have experts compare stratification of RoE for a recognized incident with high-risk source material (high virus concentration; HFV) but also important mitigating factors (4 layers of gloves) to what was established by CDC for the EVD outbreak. How does that "high risk" for exposure in a much less controlled setting compared to cases like this? Certainly, most returning travelers with high-risk EBOV exposure were not put into in-facility quarantine; on the other hand, folks with minimal RoE of low-but-not-zero were actively monitored in most, if not all, jurisdictions. In other words, if this same scenario were to recur, would we (1) assess the RoE and (2) treat (with high-level in-facility monitoring) the same?

- **Risk Matrix for exposure to high-risk pathogens**. Jessica McCormick-Ell, NIH Safety Director has started a working group with the NIH counterpart to CIU and NETEC; NIAID; Safety, Office of Health beginning to map agents, SMEs, MCMs, diagnostics, etc.
- **Communication Transparency**: There was a minor difference of opinion between hospital, local and state public health communication teams and federal partners about taking a proactive (preferred locally) as opposed to reactive (preferred federally) approach to communicating about this incident internally, as well as to the public. Team deferred to federal preference.
- **Information Flow**: Develop stakeholder maps (roles and interactions) to manage dual spheres—patient care vs. information sharing.
- **Plan Gaps**: Current RML plans assume patient would remain at designated RML occupational exposure hospital - St. Patrick's; that needs flexibility and collaboration for alternative care sites.
- **Role Clarity**: Define responsibilities between federal (RML), state (MTDPHHS), and local entities; include states in exercise planning.
- **Exposure Protocols**: Revisit BSL4 exposure response deliverables; clarify exposure response protocol, quarantine protocol, and medical countermeasures.
- **Cost Reimbursement**. The cost to provide biocontainment level of care at hospitals, including those identified in the NSPS tiered system and HCID transport by EMS agencies, is not well identified or delineated as to who is responsible to reimburse costs that are significantly higher than a critical care stay or transport.
- **PPE ensembles**. Each agency wears a different PPE ensemble, and it was called out that PPE ensembles should be consistent across partners. Decisions for PPE ensembles for clinical care of an HCID or suspect person should consider supply chain availability of chosen PPE, facility infrastructure related to the donning and doffing process, and a thorough risk assessment completed at each facility with infection prevention and control considerations at the core

SURVEY STRENGTHS IDENTIFIED

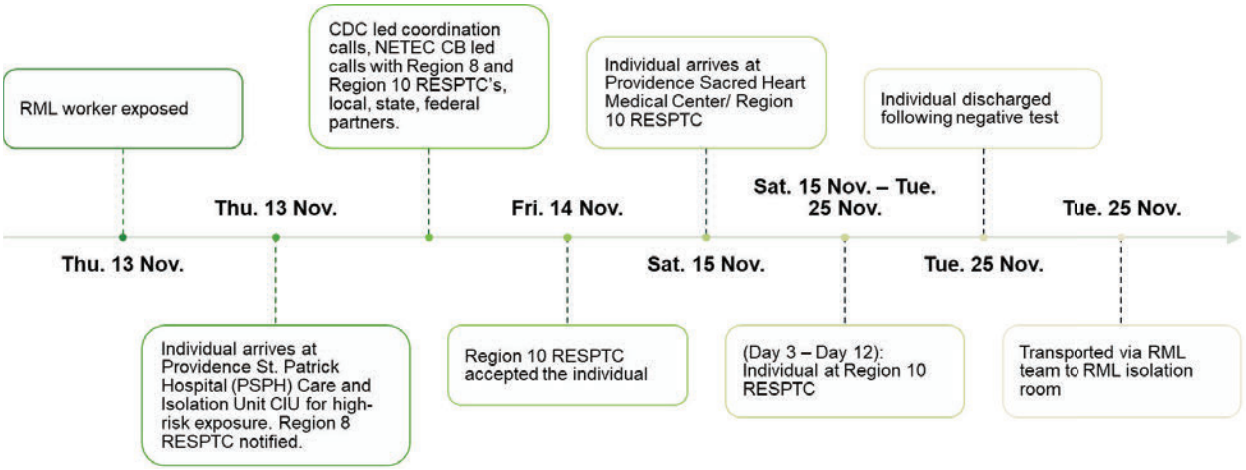
- Trusted inter-agency relationships facilitated responsive communication between different entities.
- Good coordination and communication across a myriad of local, state, regional, and federal agencies.
- Great opportunity to practice the coordination (drill) with a relatively low risk scenario.
- Mostly daily calls were well organized (but had too many people/orgs).
- CIU team at St. Pats is amazing!
- Great work to the AMR and SPU teams!
- Consultants from NIH, RML, CDC were valuable and helpful for decision making.

SURVEY AREAS TO IMPROVE IDENTIFIED

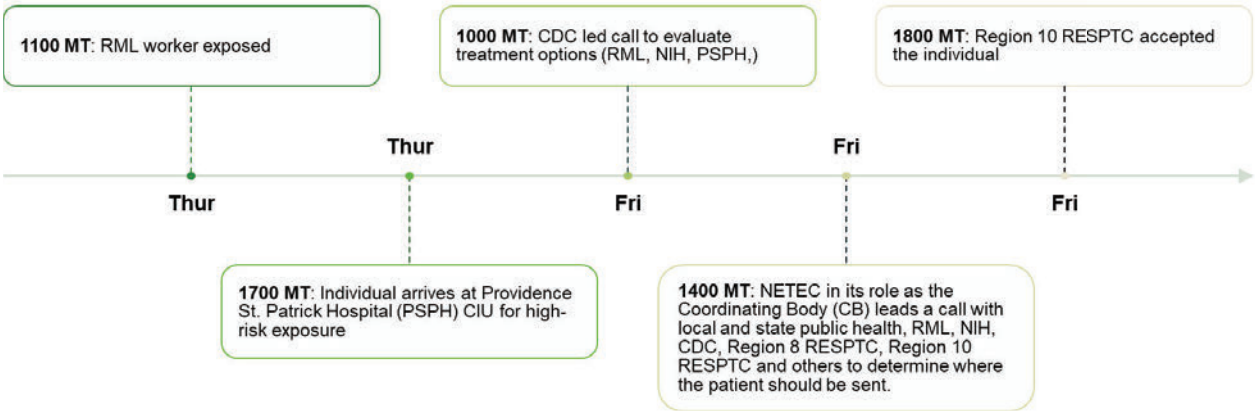
- Too many people involved need one identified POC and clearer chain of command for coordinating agencies.
- Objectives/goals were not clear from meeting to meeting.
- Inconsistent participation by some agencies impacted communication and situational awareness.
- The more people familiar with “the plan” the better. Having redundancy and bench depth is helpful when primary POC’s are not available.

APPENDIX A: TIMELINE OF EVENTS

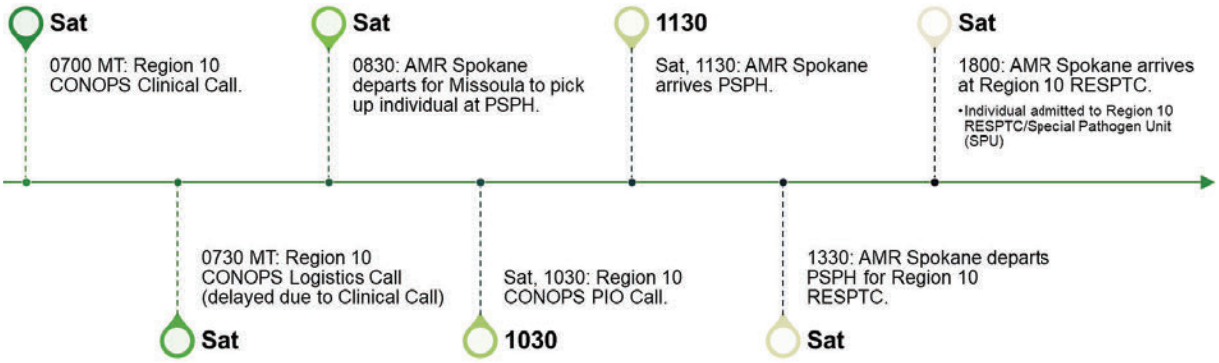
RML high-risk exposure incident summary (Day 0-Day 12), Nov 13-25, 2025



RML high-risk exposure summar_ and timeline _Da_ 0- Da_ 1), Nov 13-14, 2025



RML high-risk exposure summar_ and timeline (Da_ 2), Nov 15, 2025



RML high-risk exposure summary and timeline (Day 3 - Day 14)

Sun. 16 Nov. 2025 – Tue. 25 Nov. 2025

The following events are Day 3 – Day 12

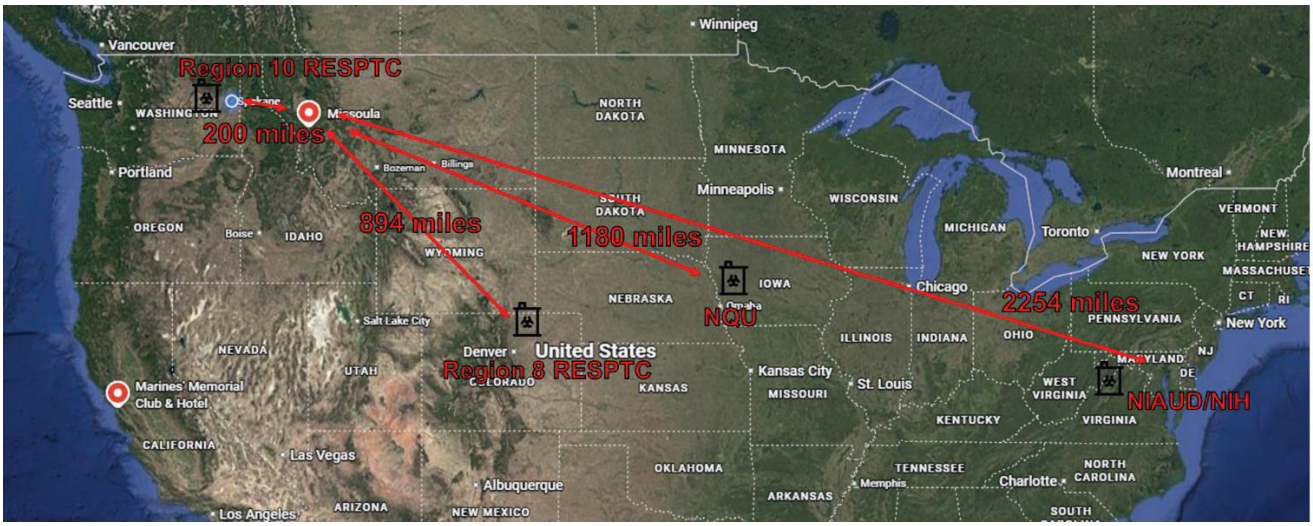
- Daily SitRep updates to impacted and supporting agencies
- Daily PIO meetings Exposure Day 2 – Day 5.
- Additional coordination meetings, as needed.
- Daily symptom monitoring and CCHF testing conducted on GFSP panel.
- Daily clinical labs.
- Daily specimen tests batch shipped to CDC for confirmatory testing.
- Individual discharged following negative test, Day 12, Tues, Nov 25, 2025.

Exposure Day 12 – Day 14

- Individual discharged from Region 10 RESPTC approx. 1100 PT
- Transported via RML team to RML isolation room with voluntary quarantine order.
- Individual monitored at RML isolation room Day 12-14.
- Individual discharged home on Day 14, Thursday, Nov 27, 2025.

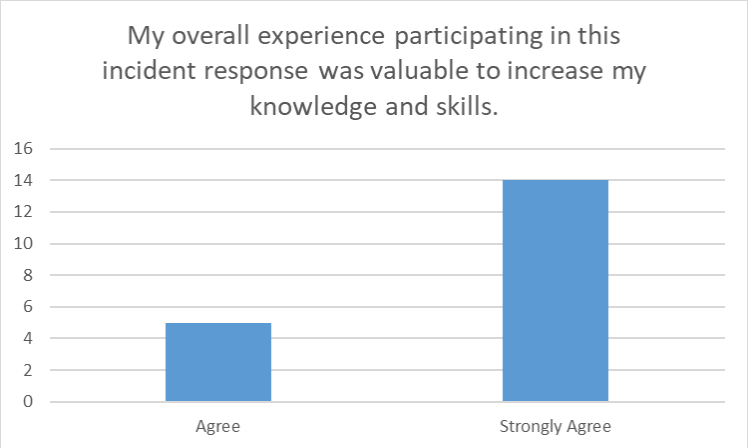
Tue. 25 Nov. 2025 – 27 Nov. 2025

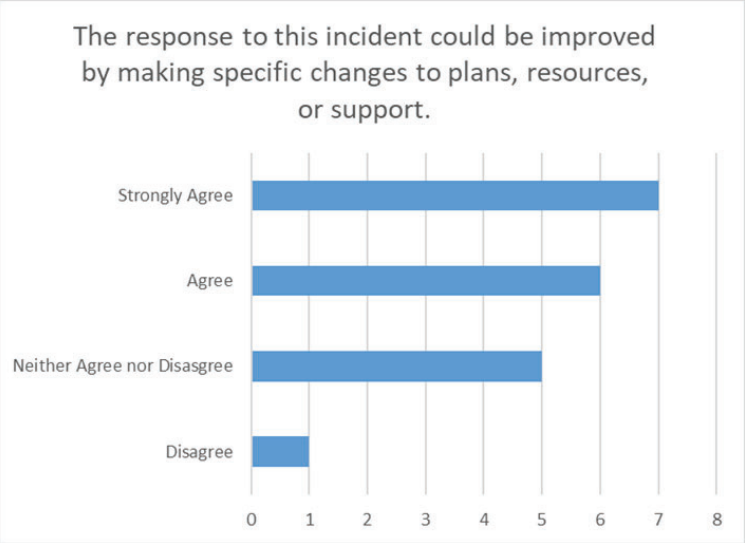
Options considered for transport of the exposed RML individual

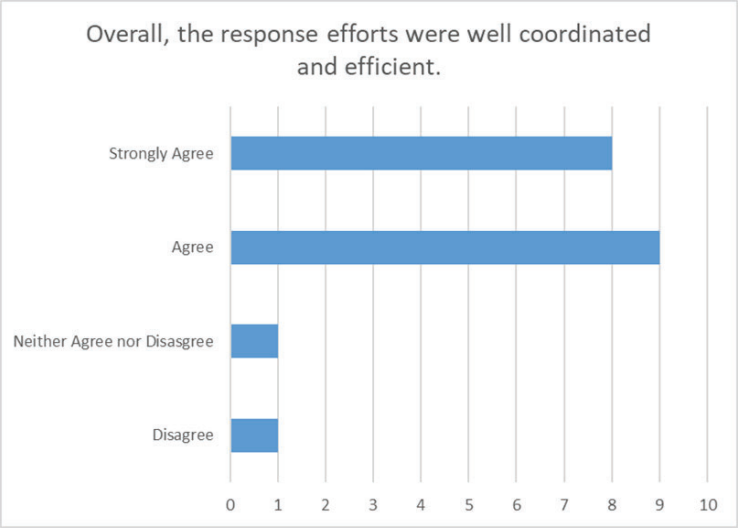


- Region 8 Level 1 RESPTC, Denver Health
- Region 10 Level 1 RESPTC, Providence Sacred Heart Medical Center & Children's Hospital
- National Quarantine Unit
- Biocontainment Unit at the NIH, Bethesda, MD

RML post activation and Hot Wash survey results (19 responses)







APPENDIX B: AGENCIES INVOLVED

- Rocky Mountain Lab (RML)
- National Institute of Health (NIH)
- Ravali County Public Health
- Bitterroot Health EMS
- Providence St. Patrick Hospital
- Missoula County Public Health
- Montana Department of Public Health and Human Services (DPHHS)
- Region 8 Regional Emerging Special Pathogen Treatment Center (RESPTC) at Denver Health
- Assistant Secretary for Preparedness and Response (ASPR) Region 8
- Colorado Department of Public Health and Environment (CDPHE)
- Denver Health Paramedic Division
- Region 10 RESPTC at Providence Sacred Heart Medical Center and Children's Hospital
- AMR Spokane
- Spokane Regional Health District
- Washington State Department of Health
- Washington State Public Health Lab (PHL)
- Assistant Secretary for Preparedness and Response (ASPR) Region 10
- National Emerging Special Pathogen Training and Education Center (NETEC)
- Center for Disease Control and Prevention (CDC)
- Assistant Secretary for Preparedness and Response (ASPR) Headquarters
- Biomedical Advanced Research and Development Authority (BARDA)
- Idaho Department of Health and Welfare

~ List not all inclusive ~

APPENDIX C: IMPROVEMENT PLAN

#	Action Item – what needs done	Responsible Party	Organization	Started	Completed
1	Everyone please complete feedback survey before Thanksgiving.	Darrell/All	Region 10 RESPTC	Yes	Yes
2	Review and revise the checklists that support the activation of the SPU and Region 10 Level 1 RESPTC.	Christa/All	R10 RESPTC	Yes	Yes
3	Evaluate the cost to provide care for a patient in the SPU at Region 10 Level 1 RESPTC.	Christa	R10 RESPTC	Yes	No
4	Evaluate the cost to support transport of a suspect or confirmed HCID patient.	Jack/Tammie	AMR Spokane	Yes	No
5	Review and revise SPU operational checklists and policies to ensure lessons learned from this incident are documented.	Christa/Brooke	R10 RESPTC	Yes	Yes
6	Review and revise EMS operational checklists and policies to include those supported by the SPU team to ensure lessons learned from this incident are documented.	Cassie/Julie	R10 RESPTC/AMR Spokane	Yes	Yes
7	Develop a risk stratification process for quarantine for individuals exposed to an HCID.	Jessica/Heika/others	Local and state PH, working with CDC and NIH	Yes	
8	Develop risk matrix during peacetime for assessment and response missions.	Jessica/others	NIH	Yes	
9	Local public health (Ravali, Missoula, Spokane) should develop a quarantine plan to support exposed individuals to an HCID.	Jessica/POC per county	NIH, Ravali, Missoula, Spokane public health	Yes	
10	Explore diagnostic readiness and serology integration for decision-making.	Heike	NIH/RML	Yes	

#	Action Item – what needs done	Responsible Party	Organization	Started	Completed
11	Develop a playbook to support a structured and coordinated response between CDC, NIH, and ASPR.	As identified	HHS		
12	Update response plans in response to this incident.	Jessica/Heika	RML/NIH	Yes	
13	Evaluate the cost for transport and inpatient care of an HCID patient and explore mechanisms for reimbursements.	As identified	NSPS Director and NETEC PI's		
14	Evaluate contract role clarity and define responsibilities between federal (RML), state (MT DPHHS), and local entities (Ravali County, PSPMC, etc.) for response, to include during exercises.	As identified	RML, MT DPHHS, Ravali County, PSPMC		
15	ASPR, consulting the Level 1 RESPTC network needs to clarify expectations for quarantine management across the NSPS.	Jennifer Hannah and RESPTC leaders	ASPR/RESPTC network		
16	Review and modify media plans to include best practices such as proactive media statements.	As identified	HHS/NIH		
17	Clarify national lab quarantine expectations for NSPS, NETEC and Level 1 RESPTC networks and communicate with federal partners. (see #12)	As identified	NIH, ASPR		
18	Update and share revised response plans based on lessons learned from this incident across labs and agencies, as appropriate.	Darrell/Christa and others, as identified	RML, Ravali County, PSPMC, Region 10 RESPTC, AMR Spokane.	Yes	
19	Reconvene the group that was involved with this response and activation with the primary goal to check in and learn from each other about changes discussed related to this activation. **Nov 2026**.	Darrell	Region 10 RESPTC	Yes	

Attachment E

From: Taubenberger, Jeffery (NIH/NIAID) [E]
To: Brose, Megan (NIH/OD/ORS) [E]; Bailin, Heike (NIH/OD/ORS) [E]; Day, James (NIH/OD/ORS) [E]; McCormick-Ell, Jessica (NIH/OD/ORS) [E]; Bhattacharya, Jayanta (NIH/OD) [E]; Memoli, Matthew (NIH/OD) [E]; Feldmann, Heinrich (NIH/NIAID) [E]; Holland, Steven (NIH/NIAID) [E]; Forgrave, James (NIH/OD) [E]; Owens, Roland (NIH/OD) [E]; Johnson, Alfred (NIH/OD) [E]; Cranston, Seana (NIH/OD) [E]
Cc: Hanson, Christopher (NIH/NIAID) [E]; Bloom, Marshall (NIH/NIAID) [E]; Shaffer, Meredith (NIH/NIAID) [E]; Treacy, Althea (NIH/OD/ORS) [E]; Anderson, Rebecca (NIH/OD/ORS) [E]; Marzi, Andrea (NIH/NIAID) [E]; Hanley, Patrick (NIH/NIAID) [E]; Moss, Bradley (NIH/OD/ORS) [E]; Kellar, Joshua (NIH/NIAID) [E]; Montana, Jared (NIH/OD/ORS) [E]; Bazinet, Jennifer (NIH/OD) [E]; Jorgenson, Lyric (NIH/OD) [E]; McGowan, Colleen (NIH/OD/ORS) [E]; Muir, Nancy (NIH/OD/ORS) [E]; Ficnerski, Peter (NIH/OD/ORS) [E]; Murray, Carter (OS/ASA/PSC/RLO)
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport
Date: Wednesday, November 26, 2025 6:29:37 PM

Excellent news. Thanks for the updates and a big thank you to all of you for your exceptional efforts regarding this event. You are all a testament to the dedication and expertise of our staff, and I am thankful and grateful to have you as colleagues.

Happy Thanksgiving!

Jeff

Jeffery K. Taubenberger, M.D., Ph.D.
Acting Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bethesda, MD 20892 USA

email: [redacted]

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From: Brose, Megan (NIH/OD/ORS) [E] <[redacted]>
Sent: Wednesday, November 26, 2025 4:21 PM
To: Bailin, Heike (NIH/OD/ORS) [E] <[redacted]>; Day, James (NIH/OD/ORS) [E] <[redacted]>; McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] [redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]gov>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]>; Holland, Steven (NIH/NIAID) [E] <[redacted]gov>; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]gov>; Johnson, Alfred (NIH/OD) [E] [redacted]>; Cranston, Seana (NIH/OD) [E] <[redacted]>

Cc: Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] <[redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] <[redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] <[redacted]>; Muir, Nancy (NIH/OD/ORS) [E] <[redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]>; Murray, Carter (OS/ASA/PSC/RLO) [redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon,

Please find below the updates from today.

- Patient continues to be asymptomatic and is in good spirits. As a reminder, we are no longer performing daily testing with the discharge to the RML isolation room.
- OMS continues with their daily assessments through the standard active symptom monitoring procedure.
- A Request for Information (RFI) was received today from the Federal Select Agent Program, which is a standard part of the Form 3 process. All questions are straightforward and will provide additional information on actions taken since the submission of the Form 3 notification to date. No issues are anticipated.
- Dr. Bailin will provide tomorrow's update for the holiday. If all goes according to plan and the patient remains asymptomatic, tomorrow will be the final update with patient discharge from quarantine.

Please let me know if you have any questions.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety
Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642

[redacted] (cell)
[redacted]

From: Brose, Megan (NIH/OD/ORS) [E]
Sent: Tuesday, November 25, 2025 4:43 PM
To: Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Day, James (NIH/OD/ORS) [E] [redacted]; McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]; Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted]; Forgrave, James (NIH/OD) [E] <[redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]>; Johnson, Alfred (NIH/OD) [E] <[redacted]>; Cranston, Seana (NIH/OD) [E] <[redacted]>
Cc: Hanson, Christopher (NIH/NIAID) [E] <[redacted]; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] <[redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] [redacted] Muir, Nancy (NIH/OD/ORS) [E] <[redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon,

Please find below the updates from today.

- Patient continues to be asymptomatic, and today's test was negative.
- The patient was discharged from Providence Sacred Heart in Spokane at approximately 12:10 PM MST and was successfully transferred to the RML Isolation Room at 4:30 PM MST. The transport team did an excellent job. It was an uneventful transport without any issues.
- The OMS team will be performing both virtual and in-person assessments this afternoon and evening. They will follow the daily routine of the active monitoring procedure, and any changes will be reported before discharge on Thursday morning.

Please let me know if you have any questions.

Very respectfully,

Megan

From: Brose, Megan (NIH/OD/ORS) [E]
Sent: Monday, November 24, 2025 4:14 PM
To: Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Day, James (NIH/OD/ORS) [E] <[redacted]>; McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] <[redacted]>; Holland, Steven (NIH/NIAID) [E] <[redacted]>; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]>; Johnson, Alfred (NIH/OD) [E] <[redacted]>; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] <[redacted]>; Muir, Nancy (NIH/OD/ORS) [E] <[redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon,

Please find below the updates from today.

- Patient continues to be asymptomatic, and today's test was negative.
- The discharge plan has been finalized, and the patient will be transported to RML tomorrow to complete quarantine for the remainder of the incubation period (through 11/27 at 10:40 AM MST).
- The transport team will depart RML at 7:30 AM MST and is estimated to arrive back at RML around 5:30 PM MST with the patient. We have multiple contingency plans in place, including a backup transport team should the main team encounter any issues along the way.
- If anyone has questions about the transfer tomorrow, please do not hesitate to reach out to me. I will be tracking their progress all along the way. I will relay any issues to this group if they arise.

Please let me know if you have any questions.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety
Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642
([redacted]
[redacted]

From: Bailin, Heike (NIH/OD/ORS) [E] [redacted]
Sent: Saturday, November 22, 2025 4:31 PM
To: Day, James (NIH/OD/ORS) [E] <[redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted]>; McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted]>; Forgrave, James (NIH/OD) [E] <[redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]; Johnson, Alfred (NIH/OD) [E] <[redacted]>; Cranston, Seana (NIH/OD) [E] <[redacted]>
Cc: Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Muir, Nancy (NIH/OD/ORS) [E] [redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>; Murray, Carter (OS/ASA/PSC/RLO) [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening/afternoon,

The patient is doing well and agrees to the proposed post-discharge plan that has been accepted by authorities.

Today's hospital-based test result was negative.

Best regards,
Heike

Heike Bailin, MD
Medical Director (Acting)
Division of Occupational Medical Services
National Institutes of Health

From: Brose, Megan (NIH/OD/ORS) [E] <[redacted]>
Sent: Friday, November 21, 2025 5:37:43 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] <[redacted]; Holland, Steven (NIH/NIAID) [E] <[redacted]; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] <[redacted]>
Cc: Day, James (NIH/OD/ORS) [E] [redacted]>; Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]; Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] <[redacted]; Hanley, Patrick (NIH/NIAID) [E] [redacted] Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted]>; Montana, Jared (NIH/OD/ORS) [E] <[redacted]>; Bazinet, Jennifer (NIH/OD) [E] <[redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Muir, Nancy (NIH/OD/ORS) [E] <[redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon,

Please find below the updates from today.

- Patient continues to be asymptomatic, and today's test was negative.
- The proposed discharge plan described yesterday has been approved by all agencies and stakeholders.
- The Division of Fire and Rescue Services (DFRS) has graciously agreed to lead our transport team on Tuesday (11/25) to bring the patient back to RML, as long as they remain asymptomatic and testing negative. DFRS also performs patient transports for the SCSU, so this will help keep our processes consistent as much as possible.

- The Spokane Sacred Heart team held a pizza party for the patient yesterday and they are helping to facilitate delivery of a care package from colleagues here at RML. He remains in good spirits and is in good hands.

Please let me know if you have any questions. I will continue to report updates over the weekend.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety
Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642
[redacted]

From: Brose, Megan (NIH/OD/ORS) [E]
Sent: Thursday, November 20, 2025 6:47 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] <[redacted]; Holland, Steven (NIH/NIAID) [E] <[redacted]v>; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] <[redacted]>; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] <[redacted]>
Cc: Day, James (NIH/OD/ORS) [E] <[redacted]>; Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] <[redacted]; Bailin, Heike (NIH/OD/ORS) [E] <[redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]; Bazinet, Jennifer (NIH/OD) [E] [redacted] Jorgenson, Lyric (NIH/OD) [E] [redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] <[redacted]; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

Please find below the updates from today.

- Patient continues to be asymptomatic, and today's test was negative.
- A discharge plan has been agreed upon with all affected stakeholders in MT and WA. The individual will be discharged from Providence Sacred Heart in Spokane on day 12 (Nov. 25th) to complete quarantine for the remainder of the incubation period up to day 14 (Nov. 27th) in the RML IRF isolation room. A small team of two FTEs from RML will perform the transfer of the individual from Spokane to RML on Nov. 25 using a government vehicle. The NIH OMS will be monitoring the patient during the final two days of quarantine at RML with their active symptom monitoring protocol. In the unlikely event that any symptoms arise between day 12-14 while at RML, the individual will already be contained within the isolation room and RML can activate the emergency response protocols again. This will allow us to remain in line with all established protocols without any risk to the RML or surrounding community.
- The final Form 3 (Report of Release, Theft or Loss) was submitted to the Federal Select Agent Program today. I have continued to be in contact with CDC/FSAP via phone and they have indicated they are happy with our response and have no questions or concerns at this time.
- The NIH Division of Safety and the individual's employer (Charles River Laboratories) have completed the draft response to the OSHA inquiry, and the final response will be submitted on or before the deadline of Monday, Nov. 24.
- Local public health officials reported rumors have begun to circulate in the community. The RML Liaison Officer sent clarifying information from the HHS-approved talking points to address concerns and correct misinformation.

Please let me know if you have any questions.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety

Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642
[redacted]

From: Brose, Megan (NIH/OD/ORS) [E]
Sent: Wednesday, November 19, 2025 5:50 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]; Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted]; Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] [redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] [redacted]; Shaffer, Meredith (NIH/NIAID) [E] [redacted]; Treacy, Althea (NIH/OD/ORS) [E] [redacted]; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]; Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] [redacted]; Hanley, Patrick (NIH/NIAID) [E] [redacted]; Moss, Bradley (NIH/OD/ORS) [E] [redacted] Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted] Bazinet, Jennifer (NIH/OD) [E] [redacted] Jorgenson, Lyric (NIH/OD) [E] [redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted] Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]; Murray, Carter (OS/ASA/PSC/RLO) [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

Please find below the updates from today.

- Patient continues to be asymptomatic and testing negative.
- Previously approved communications were sent today to RML staff and the local Community Liaison Group in Hamilton.
- Patient discharge planning continued today with all affected stakeholders (MT and WA) reviewing options for discharge to either Spokane, Missoula, or Hamilton. The current frontrunner is to discharge to Hamilton at day 12 to complete quarantine for the remainder of the incubation period (day 14) here in Hamilton within the isolation room of the RML Integrated Research Facility. We have preliminary support of Ravalli County Public Health and the Montana Department of Health and Human Services

and Dr. Bailin is working with the patient to ensure this works for them and their family. This option provides the most protection for the individual's privacy and best eliminates potential concerns from the local community.

- The Rocky Mountain Veterinary Branch continues to work with the Division of Safety and Laboratory of Virology on potential improvement items that could prevent recurrence of this rare incident in the future.

Please let me know if you have any questions.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety
Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642
[redacted]

From: Brose, Megan (NIH/OD/ORS) [E]
Sent: Tuesday, November 18, 2025 5:47 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted] Bhattacharya, Jayanta (NIH/OD) [E] [redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] <[redacted]>; Holland, Steven (NIH/NIAID) [E] [redacted]>; Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] [redacted]>; Johnson, Alfred (NIH/OD) [E] <[redacted]>; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted] Hanson, Christopher (NIH/NIAID) [E] [redacted]>; Bloom, Marshall (NIH/NIAID) [E] [redacted] Shaffer, Meredith (NIH/NIAID) [E] <[redacted] Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted] Bailin, Heike (NIH/OD/ORS) [E] [redacted] Marzi, Andrea (NIH/NIAID) [E] [redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted] Moss, Bradley (NIH/OD/ORS) [E] [redacted] Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted] Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E]

[redacted] Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted] Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

Please find below the updates from today.

- Patient continues to be asymptomatic, and today's test was negative.
- Communications have been approved by HHS and are cleared and available if needed.
- Discussions about patient discharge planning are underway. The NIH team supports a risk-based approach that balances patient needs with public health and community interests. Local public health agencies will need to approve the final plan and timing for when to reintegrate the individual back into the community.
- The Division of Safety is leading the response on the OSHA inquiry in collaboration with the contracting company (patient's employer).

If you have any questions, please let me know.

Very respectfully,
Megan

Megan Morgan Brose, CBSP, RBP
Commander, U.S. Public Health Service
RML Safety Manager/Responsible Official
Division of Safety
Rocky Mountain Laboratories, National Institutes of Health
(406) 375-9642
[redacted]
[redacted]

From: McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]
Sent: Monday, November 17, 2025 2:17 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]; Memoli, Matthew (NIH/OD) [E] <[redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted]; Forgrave, James (NIH/OD) [E] [redacted] Taubenberger, Jeffery (NIH/NIAID) [E]

[redacted]; Owens, Roland (NIH/OD) [E] [redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] [redacted]; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] [redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted] Moss, Bradley (NIH/OD/ORS) [E] [redacted]; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] <[redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>; McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon all,

A few updates.

- Patient continues to be asymptomatic, and today's test was negative.
- Additional review of the incident shows that no errors were made in calculations of the sedation or procedures conducted. The veterinarian staff is assessing nuanced details within the procedures document regarding restraint that may have contributed to an involuntary reaction in the NHP. This is preliminary but I thought important to share that the staff members followed all policies and procedures as outlined in the program.
- Communications development continue and coordination with clinical partners are ongoing.
- Discussions today ensuring coordination between contracting company and their workers compensation team and family were conducted.
- OSHA did contact the RML team following the report by the contracting company to OSHA regarding the hospitalization of their employee (which is a regulatory requirement). The Division of Safety is working closely with the company and OSHA on this review. Their involvement and outreach is standard for a hospitalization report.

I will be on leave starting tomorrow, and while I will be monitoring, my access to email will be inconsistent. CDR Brose will be taking over on the daily emails to leadership for me and will be the main POC if there are any issues or questions.

Thank you all for your continued support.

best regards,
Jessica

Jessica McCormick-Ell, Ph.D., SM(NRCM), CBSP, RBP
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[redacted]

From: McCormick-Ell, Jessica (NIH/OD/ORS) [E]
Sent: Sunday, November 16, 2025 6:37 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted] Holland, Steven (NIH/NIAID) [E] [redacted] Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E] [redacted] Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted] Bloom, Marshall (NIH/NIAID) [E] [redacted]; Shaffer, Meredith (NIH/NIAID) [E] [redacted]; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted] Bailin, Heike (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] [redacted]; Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]; Kellar, Joshua (NIH/NIAID) [E] [redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted] Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted] Murray, Carter (OS/ASA/PSC/RLO) [redacted] McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

Several updates for today.

- Daily coordination calls have been set up for the next 10 days with Sacred Heart, WA State and Local public health officials, MT State and Local public health officials, CDC, ASPR, NETEC, and NIH.
- Clinical coordination is ongoing with NIH and CDC SMEs. Recommendation is daily tests using the Global Fever Special Pathogens Panel plus sending samples to CDC for parallel testing.
- Patient continues to be asymptomatic and in good spirits. The test today was negative. Today was day three post exposure.

Best regards,
Jessica

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From: McCormick-Ell, Jessica (NIH/OD/ORS) [E]
Sent: Saturday, November 15, 2025 8:43 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] [redacted] Memoli, Matthew (NIH/OD) [E] [redacted] Feldmann, Heinrich (NIH/NIAID) [E] [redacted] Holland, Steven (NIH/NIAID) [E] <[redacted]; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]; Owens, Roland (NIH/OD) [E] <[redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Brose, Megan (NIH/OD/ORS) [E] <[redacted]>; Anderson,

Rebecca (NIH/OD/ORS) [E] <[redacted]>; Bailin, Heike (NIH/OD/ORS) [E] <[redacted]v>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] <[redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] [redacted] Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]; Murray, Carter (OS/ASA/PSC/RLO) [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

The patient has arrived safely at Providence Sacred Heart Hospital in Spokane. He is ambulatory and still asymptomatic. He is being settled in now, good spirits. His family will likely follow in a few days.
Calls have been scheduled for tomorrow to continue updates and collaboration. Tomorrow morning, they will initiate testing with the BioFire Global Fever Special Pathogens Panel. Clinical coordination ongoing with NIH SMEs and Prov Sacred Heart.

I also want to recognize the time, dedication, and excellence of the RML team, our NIAID and ORS colleagues. The work being done is incredible, leaning in, supporting each other and our colleague.

Best,
Jessica

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From: McCormick-Ell, Jessica (NIH/OD/ORS) [E]

Sent: Saturday, November 15, 2025 4:27 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]>; Holland, Steven (NIH/NIAID) [E] <[redacted]>; Forgrave, James (NIH/OD) [E] [redacted] Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] [redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted] [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] <[redacted]; Shaffer, Meredith (NIH/NIAID) [E] [redacted] Treacy, Althea (NIH/OD/ORS) [E] [redacted]; Brose, Megan (NIH/OD/ORS) [E] [redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted] Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] [redacted] Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted] Kellar, Joshua (NIH/NIAID) [E] [redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] [redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] [redacted] Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]; Murray, Carter (OS/ASA/PSC/RLO) <[redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good afternoon all,

A few brief updates for you.

There were multiple coordination calls and operational discussions. As of this morning, the patient continued to be in good spirits, asymptomatic, open to medical measures indicated by clinical teams, and agreed to transportation without hesitation. His family will also be traveling to Spokane to be close during this time.

The patient departed Missoula at 1615 ET, there will be a meeting at 2000 ET to provide updates. There is strong collaboration and coordination across all jurisdictions and players, led by the Sacred Heart team. NETEC continues to be engaged and supportive. There will be daily touchpoints between the Sacred Heart Staff and NIH both for general updates and clinical coordination. OMS and SMEs from NIH will continue to be engaged with clinical teams at Sacred Heart.

An initial call was held today with PIOs from all respective entities; Brad Moss attended for NIH and ASPR also attended. Talking points and communication plans for internal and external communications are being prepared for review, clearance, etc. A follow up

meeting will be held tomorrow.

Thank you all for your support, I'll provide a brief update after the call tonight.

Respectfully,
Jessica

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From: McCormick-Ell, Jessica (NIH/OD/ORS) [E]
Sent: Friday, November 14, 2025 9:15 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] <[redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted] Holland, Steven (NIH/NIAID) [E] [redacted]; Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]; Owens, Roland (NIH/OD) [E] <[redacted] Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] <[redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] [redacted]; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Bailin, Heike (NIH/OD/ORS) [E] <[redacted]; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted] Jorgenson, Lyric (NIH/OD) [E] [redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Muir, Nancy (NIH/OD/ORS) [E] <[redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]>; Murray, Carter

(OS/ASA/PSC/RLO) [redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

One final note tonight,

Spokane has confirmed support to accept the transfer and the transport is confirmed. All governors and state public health officials for ID, MT and WA support. Patient will be informed of transport details asap and transport will occur tomorrow utilizing appropriate safety precautions for patient and EMS staff. Clinical and logistic calls first thing in the morning, and I will connect the PIO for Spokane's hospital to Brad Moss for coordination. Samples will be sent to CDC tomorrow for first round diagnostics and will continue throughout this situation.

I also want to mention the significant support we received from the NETEC team, the RML team, NIAID infectious disease and the strong collaboration by so many partners in support of our staff member. NIH will be kept in the loop closely and we have the pertinent contact information for our colleagues in Washington.

Signing off for the night, will provide updates in the morning.

Jessica

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From: Bhattacharya, Jayanta (NIH/OD) [E] [redacted]
Sent: Friday, November 14, 2025 6:04 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>; Memoli, Matthew (NIH/OD) [E] [redacted] Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted] Forgrave, James (NIH/OD) [E] <[redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E]

[redacted]>; Owens, Roland (NIH/OD) [E] [redacted]; Johnson, Alfred (NIH/OD) [E] <[redacted]; Cranston, Seana (NIH/OD) [E] [redacted]>
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]; Brose, Megan (NIH/OD/ORS) [E] [redacted]; Anderson, Rebecca (NIH/OD/ORS) [E] <[redacted]>; Bailin, Heike (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted] Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]; Kellar, Joshua (NIH/NIAID) [E] <[redacted]>; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted]; McGowan, Colleen (NIH/OD/ORS) [E] <[redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]Murray, Carter (OS/ASA/PSC/RLO) <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Thank you for the update, Jessica. I'm very happy to hear that the patient is doing well and that no one in the public was put at risk by the accident.

From: McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]
Sent: Friday, November 14, 2025 5:42 PM
To: Memoli, Matthew (NIH/OD) [E] <[redacted]; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]; Holland, Steven (NIH/NIAID) [E] [redacted] Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]>; Owens, Roland (NIH/OD) [E] <[redacted]Johnson, Alfred (NIH/OD) [E] [redacted]>; Cranston, Seana (NIH/OD) [E] <[redacted]>
Cc: Day, James (NIH/OD/ORS) [E] <[redacted]Hanson, Christopher (NIH/NIAID) [E] [redacted]; Bloom, Marshall (NIH/NIAID) [E] [redacted]; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted]Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Bailin, Heike (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] [redacted]McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted] Murray, Carter (OS/ASA/PSC/RLO) [redacted]

Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

A few pertinent updates from the call tonight.

The overall recommendation/ consensus was to initiate planning to transfer our staff member to Sacred Heart Hospital in Spokane, WA. This hospital is the region 10 treatment center which is part of the National Emerging Special Pathogens Training and Education Center (NETEC). The transport would be via ground from MT to WA via ID. To do this, coordination with each state public health and governors office is required and is now being discussed. On the call there were also representatives from region 8 in Denver, but the travel time involved air transport and was longer. A follow up discussion will be held tonight at 8pm since we need to coordinate transfer for this weekend.

ASPR was included in the call and sent the attached through to HHS. For ease in communications, I've added our HHS safety officer Carter Murray to this string.

There are also some unknowns that are coming up such as who will be responsible for the costs associated with the in-hospital quarantine of this person. There is much coordination, collaboration ongoing with CDC/ASPR/ NIH, state health departments and our colleagues in the NETEC groups.

CDR Megan Brose, our RML CDC Responsible Official, received a call from the select agent program director this afternoon checking in and commenting that they are pleased with our response thus far. They asked if we needed any support. Megan provided the update and all is ok. We expect to be in close contact with them for the duration of this incident.

I will follow up if there are any developments after the 8pm call but likely tomorrow or if there are pertinent details to share. I do recommend proactive communications be developed, I can work with Brad Moss if amenable over the weekend. If desired, I can set up a call for Monday morning or over the weekend if needed. The teams are still highly engaged in planning and response, and I will ensure email updates are provided in a timely manner. To reiterate from last night, the risk to the public and to any community is zero. This patient is asymptomatic and in isolation under full medical care and observation.

Respectfully,
Jessica

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From: Memoli, Matthew (NIH/OD) [E] [redacted]
Sent: Friday, November 14, 2025 3:57 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]; Feldmann, Heinrich (NIH/NIAID) [E] [redacted] Holland, Steven (NIH/NIAID) [E] [redacted]>; Bhattacharya, Jayanta (NIH/OD) [E] [redacted]; Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E] [redacted] Johnson, Alfred (NIH/OD) [E] [redacted] Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] <[redacted]>; Hanson, Christopher (NIH/NIAID) [E] [redacted]>; Bloom, Marshall (NIH/NIAID) [E] [redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]; Brose, Megan (NIH/OD/ORS) [E] <[redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]; Bailin, Heike (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] [redacted] Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted] Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] <[redacted] Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Muir, Nancy (NIH/OD/ORS) [E] [redacted]; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]>
Subject: Re: Notification of Incident at RML: Form 3 exposure and hospital transport

Please extend my thanks to the team for handling this, and my best wishes to the staff member/patient.

Matt

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From: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]
Sent: Friday, November 14, 2025 3:44:47 PM
To: Feldmann, Heinrich (NIH/NIAID) [E] <fe[redacted]; Holland, Steven (NIH/NIAID) [E] <[redacted]; Memoli, Matthew (NIH/OD) [E] <[redacted]; Bhattacharya, Jayanta (NIH/OD) [E] [redacted]gov>; Forgrave, James (NIH/OD) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] <[redacted]; Johnson, Alfred (NIH/OD) [E] [redacted] Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] <[redacted] Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Brose, Megan (NIH/OD/ORS) [E] [redacted]; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Bailin, Heike (NIH/OD/ORS) [E] <[redacted]>; Marzi, Andrea (NIH/NIAID) [E] [redacted]; Hanley, Patrick (NIH/NIAID) [E] <[redacted]>; Moss, Bradley (NIH/OD/ORS) [E] [redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] [redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

Hello,

Today's update as follows:

- The patient is stable and in good spirits at Providence St. Patrick's Hospital.
- The hospital and health department have notified CDC as is required for this virus. Several coordinating calls have taken place today with the hospital, CDC, NIH, and MT Health Department regarding monitoring, samples, testing, and clinical care/ treatment plans. A discussion is scheduled for 4pm ET call with MT Health/ ASPR/ CDC/ NIH (ORS staff and NIAID).
- Providence St. Patrick's hospital is only able to support the patient for 72 hours from admission. There have been many discussions today regarding transport.
- No updates from the select agent program, we do anticipate a request for information.
- The HHS safety officer has been notified as required by HHS policy.

The team and staff in MT within biosafety and OMS are doing an extraordinary job supporting ongoing operations and this incident response. There is deep collaboration and discussion with all available experts on this situation. I'll provide another update after the 4pm meeting.

Best regards,
Jessica

Jessica McCormick-Ell, Ph.D., SM(NRCM), CBSP, RBP
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Director, National Biosafety and Biocontainment Training Program
NIH Intramural Institutional Contact for Dual Use Research (ICDUR)
National Institutes of Health
Building 13, Room 3W80
Bethesda, MD
301-496-0590 (office)
[redacted]

From: Feldmann, Heinrich (NIH/NIAID) [E][redacted]>
Sent: Thursday, November 13, 2025 7:17 PM
To: Holland, Steven (NIH/NIAID) [E] <[redacted]; Memoli, Matthew (NIH/OD) [E] [redacted]; McCormick-Ell, Jessica (NIH/OD/ORS) [E][redacted] [redacted]; Bhattacharya, Jayanta (NIH/OD) [E] <[redacted] Forgrave, James (NIH/OD) [E] <[redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E][redacted]>; Johnson, Alfred (NIH/OD) [E][redacted]>; Cranston, Seana (NIH/OD) [E] [redacted]>
Cc: Day, James (NIH/OD/ORS) [E][redacted] Hanson, Christopher (NIH/NIAID) [E] [redacted]>; Bloom, Marshall (NIH/NIAID) [E][redacted]; Shaffer, Meredith (NIH/NIAID) [E] <[redacted]>; Treacy, Althea (NIH/OD/ORS) [E] [redacted]>; Brose, Megan (NIH/OD/ORS) [E] <[redacted] Anderson, Rebecca (NIH/OD/ORS) [E][redacted]>; Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E][redacted]; Hanley, Patrick (NIH/NIAID) [E][redacted] Moss, Bradley (NIH/OD/ORS) [E] [redacted] Kellar, Joshua (NIH/NIAID) [E][redacted]; Montana, Jared (NIH/OD/ORS) [E][redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E][redacted]; McGowan, Colleen (NIH/OD/ORS) [E][redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted]v>; Ficnerski, Peter (NIH/OD/ORS) [E] <[redacted]>
Subject: RE: Notification of Incident at RML: Form 3 exposure and hospital transport

B virus postexposure prophylaxis was immediately started by OMS.

From: Holland, Steven (NIH/NIAID) [E][redacted]
Sent: Thursday, November 13, 2025 5:13 PM

To: Memoli, Matthew (NIH/OD) [E] [redacted]>; McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted]; Bhattacharya, Jayanta (NIH/OD) [E] [redacted] Forgrave, James (NIH/OD) [E] <[redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Owens, Roland (NIH/OD) [E] [redacted]>; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]>; Hanson, Christopher (NIH/NIAID) [E] [redacted]; Feldmann, Heinrich (NIH/NIAID) [E] [redacted]>; Bloom, Marshall (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]; Brose, Megan (NIH/OD/ORS) [E] [redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]>; Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] <[redacted]>; Hanley, Patrick (NIH/NIAID) [E] <[redacted] Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]; Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted] Muir, Nancy (NIH/OD/ORS) [E] <[redacted]; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]
Subject: Re: Notification of Incident at RML: Form 3 exposure and hospital transport

They are on the B virus

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From: Memoli, Matthew (NIH/OD) [E] <[redacted]
Sent: Thursday, November 13, 2025 6:34:24 PM
To: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted] Bhattacharya, Jayanta (NIH/OD) [E] [redacted]>; Forgrave, James (NIH/OD) [E] [redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]; Owens, Roland (NIH/OD) [E] [redacted]; Johnson, Alfred (NIH/OD) [E] [redacted]; Cranston, Seana (NIH/OD) [E] [redacted]
Cc: Day, James (NIH/OD/ORS) [E] [redacted]; Hanson, Christopher (NIH/NIAID) [E] [redacted]>; Feldmann, Heinrich (NIH/NIAID) [E] [redacted] Bloom, Marshall (NIH/NIAID) [E] <[redacted] Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Holland, Steven (NIH/NIAID) [E] [redacted]; Treacy, Althea (NIH/OD/ORS) [E] [redacted]; Brose, Megan (NIH/OD/ORS) [E] [redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]; Bailin, Heike (NIH/OD/ORS) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] [redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted] Moss, Bradley (NIH/OD/ORS) [E] [redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted]; Montana, Jared (NIH/OD/ORS) [E] <[redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted] Jorgenson, Lyric (NIH/OD) [E] [redacted] McGowan, Colleen (NIH/OD/ORS) [E] [redacted]>; Muir, Nancy (NIH/OD/ORS) [E] [redacted]>; Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]

Subject: Re: Notification of Incident at RML: Form 3 exposure and hospital transport

Thanks Jessica,

I assume the medical care team is also considering the risk of B virus as well as CCHF particularly if a macaque. Please continue to keep me appraised of the situation. Of course the health and safety of this individual and the surrounding area is paramount. Please let me know if there is anything RML needs.

Matt

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From: McCormick-Ell, Jessica (NIH/OD/ORS) [E] <[redacted]>
Sent: Thursday, November 13, 2025 5:37:26 PM
To: Bhattacharya, Jayanta (NIH/OD) [E] [redacted]>; Memoli, Matthew (NIH/OD) [E] <[redacted]; Forgrave, James (NIH/OD) [E] <[redacted] Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Owens, Roland (NIH/OD) [E] [redacted]>; Johnson, [redacted] <seana.cranston@nih.gov>
Cc: Day, James (NIH/OD/ORS) [E] [redacted] Hanson, Christopher (NIH/NIAID) [E] [redacted] Feldmann, Heinrich (NIH/NIAID) [E] <[redacted]>; Bloom, Marshall (NIH/NIAID) [E] [redacted]>; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Holland, Steven (NIH/NIAID) [E] [redacted]; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]>; Brose, Megan (NIH/OD/ORS) [E] <[redacted]>; Anderson, Rebecca (NIH/OD/ORS) [E] [redacted] Bailin, Heike (NIH/OD/ORS) [E] [redacted]; Marzi, Andrea (NIH/NIAID) [E] [redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted]>; Moss, Bradley (NIH/OD/ORS) [E] <[redacted]>; Kellar, Joshua (NIH/NIAID) [E] [redacted] Montana, Jared (NIH/OD/ORS) [E] [redacted]>; Bazinet, Jennifer (NIH/OD) [E] [redacted]>; Jorgenson, Lyric (NIH/OD) [E] [redacted]>; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Muir, Nancy (NIH/OD/ORS) [E] [redacted] Ficnerski, Peter (NIH/OD/ORS) [E] [redacted]
Subject: Notification of Incident at RML: Form 3 exposure and hospital transport

Good evening,

This morning, an animal caretaker at RML sustained a bite from a NHP infected with Crimean-Congo Hemorrhagic Fever virus. The bite penetrated the leather gauntlet plus the three glove layers of the BSL4 suit. The Division of Safety and NIH Occupational Medical Services (OMS) staff have determined this presents a high/ moderate exposure. The person was immediately moved to the RML isolation room and all procedures and policies outlined in the RML Select Agent Program Incident Response Plan followed. The person is stable, receiving excellent medical care and advice from OMS, Providence St. Patrick's Hospital in Missoula and NIH Infectious Disease physicians within NIAID. These

consultations and medical discussions are evaluating possible antiviral treatments that can be administered. Due to patient confidentiality and protection of private medical information, limited details regarding treatments are available at this time. The person will be transported this evening to the Care and Isolation Unit at Providence St. Patrick's Hospital in Missoula. The teams are coordinating this transport now. Due to the swift reporting, response, decontamination and placement in the isolation room, there is no risk to the RML community or public.

The Division of Safety will be making the immediate notification to the Federal Select Agent Program today followed by the official Form 3 documentation. Local health department has also been notified. I will provide updates to this group when they are available, likely the next update will be tomorrow morning once the acute support and response phase is completed. As part of the response, the Division of Safety biosafety team will be performing detailed risk assessments and incident investigations to understand the underlying cause. Our primary goal today is care for this person and containment; we will resume the additional investigation tomorrow.

The RML team recently completed a drill on this very topic 2 weeks ago, and as expected, all stepped right into response, communications, and care for this person. Additional details are below.

Please let me know if you have any questions or concerns.

Respectfully,

Jessica

Jessica McCormick-Ell, Ph.D., SM(NRCM), CBSP, RBP
Director, Division of Safety
Director, National Biosafety and Biocontainment Training Program
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301-496-0590 (office)
[redacted]

From: Bloom, Marshall (NIH/NIAID) [E] <[redacted]>
Sent: Thursday, November 13, 2025 4:45 PM
To: Holland, Steven (NIH/NIAID) [E] <[redacted]>; Shaffer, Meredith (NIH/NIAID) [E] [redacted]>; Hanson, Christopher (NIH/NIAID) [E] <[redacted]>; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]>; Treacy, Althea (NIH/OD/ORS) [E] <[redacted]; McGowan, Colleen (NIH/OD/ORS) [E] [redacted]; Day, James (NIH/OD/ORS) [E] [redacted]

Cc: Bailin, Heike (NIH/OD/ORS) [E] [redacted]; McCormick-Ell, Jessica (NIH/OD/ORS) [E] [redacted] Bloom, Marshall (NIH/NIAID) [E] <[redacted] Feldmann, Heinrich (NIH/NIAID) [E] [redacted]>; Marzi, Andrea (NIH/NIAID) [E] [redacted]>; Hanley, Patrick (NIH/NIAID) [E] [redacted]; Saturday, Greg (NIH/NIAID) [E] [redacted]>; Kellar, Joshua (NIH/NIAID) [E] <[redacted] Brose, Megan (NIH/OD/ORS) [E] [redacted] Anderson, Rebecca (NIH/OD/ORS) [E] [redacted]; Caldwell, Marcie (NIH/OD/ORS) [C] [redacted]; Montana, Jared (NIH/OD/ORS) [E] [redacted]
Subject: Incident at RML
Importance: High

Greetings. THIS IS NOT A DRILL.

Late this morning, an animal caretaker working in the RML IRF BSL-4 sustained a bite on the left thumb from an NHP 6 days after infection with Congo-Crimean Hemorrhagic Fever virus. The bite penetrated the leather gauntlet, all glove layers and cracked the individual's nail, drawing blood. The caretaker received immediate first aid and was appropriately decontaminated in the suit room. They were transferred to the IRF isolation room for additional evaluation by NIH Occupational Medical Services, Biosafety staff, and several subject matter experts.

The bite was judged to present a high/moderate risk of exposure and expert consensus was to transport the injured worker by ambulance to the Care and Isolation Unit at Providence St. Patrick Hospital (PSPH) in Missoula.

Once admitted, the person will be under the care of the PSPH red team. Upon discharge, OMS will assume responsibility for the outpatient management.

For information concerning medical aspects, please contact Dr. Heike Bailin.

The Division of Safety is making the appropriate regulatory notifications regarding this incident. Staff involved in the incident followed the appropriate SOPs. Dr. McCormick-Ell will be providing additional notifications as necessary.

A joint debriefing will be offered at a mutually convenient time.

I am the liaison person for situations like this. Thanks in advance for your cooperation and understanding.

Marshall

Marshall E. Bloom, M.D.
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