



FOR US POSTAL SERVICE DELIVERY:

Office of Laboratory Animal Welfare
6700B Rockledge Drive, Suite 2500, MSC 6910
Bethesda, Maryland 20892-6910
Home Page: <http://grants.nih.gov/grants/olaw/olaw.htm>

FOR EXPRESS MAIL:

Office of Laboratory Animal Welfare
6700B Rockledge Drive, Suite 2500
Bethesda, Maryland 20817
Telephone: (301) 496-7163
Facsimile: (301) 402-7065

March 12, 2019

Re: Animal Welfare Assurance
A4518-01 [OLAW Case D]

Ms. Rana Smith
President and Chief Executive Officer
Chimp Haven, Inc.
13600 Chimpanzee Place
Keithville, LA 74047

Dear Ms. Smith,

The Office of Laboratory Animal Welfare (OLAW) acknowledges receipt of your February 16 and March 6, 2019 letters reporting an adverse event involving a chimpanzee at Chimp Haven. According to the information provided, OLAW understands that an adult male chimpanzee accidentally drowned in the moat. The necropsy and histopathology did not reveal a definitive primary cause of death although drowning was confirmed. It is possible that the animal was chased into the moat by members of its social group. The remaining group members were monitored for signs of stress.

Thank you for informing OLAW about this unfortunate event.

Sincerely,

(b) (6)

Axel Wolff, M.S., D.V.M.
Deputy Director
Office of Laboratory Animal Welfare

cc: IACUC Chair
Robert Gibbens, D.V.M., USDA-APHIS-AC



March 6, 2019

Brent C. Morse, DVM, DACLAM
Director, Division of Compliance Oversight, Office of Laboratory Animal Welfare, National
Institutes of Health
Rockledge 1, Suite 360, MSC 7982
6705 Rockledge Drive
Bethesda, MD 20892-7982
Phone: 301-594-2061
FAX: 301-402-2803
E-mail: olawdco@mail.nih.gov

Dear Dr. Morse,

RE: Update on Reporting of Adverse Event at Chimp Haven, Assurance A4518-01

This communication is to update you and provide you with further information on the histopathological findings from Zoo/Exotic Pathology Service regarding Jared, the 23-year-old male chimpanzee recovered from a Chimp Haven habitat moat on February 13, 2019. Please find the report attached. Microscopic evaluation did not determine a definitive cause of death.

Chimp Haven management reviewed video and spoke to caregivers that were on site in the days leading up to Jared's death to assist us in determining the potential cause of his entry into the moat. Jared has historically been high ranking in the group; however, we noted some social tension within the group during the two days prior in the form of fighting and some reports of Jared being the target of others in the group. Despite these interactions, we did not see Jared enter the water nor were there any signs of trauma found on Jared's body upon post-mortem examination.

Please let me know if you require any additional information or would like to speak with me directly.

Sincerely,

(b) (6)

Rana Smith
President and CEO, Institutional Official
rsmith@chimphaven.org

CC: Chimp Haven SCCC/IACUC, AAALAC

13600 Chimpanzee Place Keithville, LA, 71047
chimphaven.org



(b) (6)

Zoo/Exotic Pathology Service
6020 Rutland Drive #14
Carmichael CA 95608-0515
www.zooexotic.com

Doctor:	(b) (6)	Date:	March 01, 2019
Clinic:	Chimp Haven 13600 Chimpanzee Way Keithville, LA 71047	Access:	V190468
		Species:	Primate
		Breed:	Chimpanzee
		Sex:	Male
		Name:	Jared
ISIS:	96A018	Age:	23 Years
		Type:	Tissue charge 21

CLINICAL INFORMATION

Jared was a 23-year-old male in good body condition (BCS 3/5) with no known chronic conditions that was found deceased. Detailed gross findings are attached to the submission form.

MICROSCOPIC

Received are multiple tissues in formalin.

Heart, great vessel: Examined are multiple sections of heart including papillary muscles, atrioventricular valves, and aorta sections of heart and aorta. The myocardium in all sections exhibits moderate to marked variability in myofiber and nuclear size and staining characteristics. In more severely affected areas, there is a 2 to 3X difference in the size of adjacent myofibers and myofiber nuclei with more severely affected fibers exhibiting vacuolar degeneration, hyperchromatic karyomegaly with formation of boxcar nuclei, and nuclear rowing. Mild interstitial fibrosis is present in a few regions. The aorta and atrioventricular valves are unremarkable.

Trachea: Examined is a wedge section of trachea in which there is moderate autolysis and postmortem bacterial overgrowth.

Lungs: Examined are multiple sections of lung that contain multiple regions of congestion, atelectasis, and emphysema. Occasional clusters of alveoli adjacent to small-caliber bronchioles and terminal airways contain clusters of foamy macrophages. Within the interstitium, small clusters of macrophages aggregate around some terminal airways and often contain small amounts of black material and refractile clear material (anthracosilicosis).

Liver, gallbladder: Examined is a wedge section of liver and transverse section of gallbladder. Scattered in the liver are multiple irregular foci of congestion, portal tracts contain mildly increased amounts of collagen and increased numbers of small caliber arterioles and bile duct profiles and there are occasional foci of nodular hyperplasia. Throughout the liver, hepatocytes contain small to moderate amounts of hemosiderin. Clusters of hemosiderin and lipid-laden macrophages are scattered within the sinusoids and aggregate around some portal tracts. The gallbladder is moderately autolyzed but otherwise unremarkable.

Kidneys: Examined are multiple sections of kidney in which there is mild multifocal interstitial fibrosis that overlaps with small clusters of lymphocytes and plasma cells and occasional foci of glomerulosclerosis. A small number of renal tubules contain hyaline basophilic to eosinophilic casts. Occasional glomeruli are mildly enlarged and hypercellular, with concurrent hypertrophy of Bowman's lining cells, and the thin rim of periglomerular fibrosis.

Adrenal glands: Examined are multiple sections of adrenal gland, and both of which there are multiple poorly defined foci of nodular cortical hyperplasia. Within the right adrenal gland there is moderate multifocal cortical medullary congestion.

Spleen: Examined is a wedge section of spleen in which there is moderate to severe diffuse congestion. In small clusters of hemosiderin-type laden macrophages are scattered within the red pulp. The white pulp is limited to periarteriolar cuffs and poorly defined and limited secondary follicles.

Pancreas: Examined is a wedge section of pancreas in which there is moderate to advanced autolysis. In better preserved regions there are no significant abnormalities.

Esophagus: Examined is a wedge section of esophagus and surrounding soft tissues in which there are no significant abnormalities.

Stomach: Examined is a wedge section of moderately autolyzed stomach. Small clusters of lymphocytes, plasma cells, eosinophils, and globule leukocytes are infrequently scattered in the deep and superficial mucosa,.

Small intestines: Examined are multiple sections of moderately autolyzed small intestine

Colon: Examined is a wedge section of mildly to moderately autolyzed colon. The lumen contains a moderate amount of mixed ingesta and multiple cross-sections of small poorly preserved nematodes, some of which appear to be larval, and have rhabditoid esophagus they (suspect pinworms). A single demodex-type arthropod is also present in the lumen.

Tissue key: Cassette A) aorta, left A-V valve, pancreas, left adrenal gland, left kidney; B) esophagus, left papillary muscle, right adrenal gland, right kidney, urinary bladder; C) left lung, liver, right A-V valve, gallbladder, stomach, colon; D) right lung, trachea, right papillary muscle, spleen, jejunum.

DIAGNOSIS

- 1. HEART: MODERATE DEGENERATIVE CARDIOMYOPATHY**
- 2. LUNGS: MODERATE MULTIFOCAL ATELECTASIS, EMPHYSEMA, AND CONGESTION, MILD ALVEOLAR HISTIOCYTOSIS, AND MINIMAL ANTHRACOSILICOSIS**
- 3. LIVER: MILD CHRONIC PORTAL HEPATITIS, MILD REGIONAL CONGESTION, MILD NODULAR HYPERPLASIA, AND MILD TO MODERATE DIFFUSE HEMOSIDEROSIS**
- 4. KIDNEYS: MILD MULTIFOCAL CHRONIC INTERSTITIAL NEPHRITIS, MILD MULTIFOCAL MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS, AND MILD MULTIFOCAL PERIGLOMERULAR FIBROSIS WITH RARE GLOMERULOSCLEROSIS**
- 5. STOMACH: MILD MULTIFOCAL CHRONIC LYMPHOPLASMACYTIC AND EOSINOPHILIC GASTRITIS**
- 6. COLON: NEMATODIASIS AND LUMINAL DEMODEX-TYPE MITE (SEE COMMENT)**
- 7. ADRENAL GLANDS: MILD MULTIFOCAL NODULAR CORTICAL HYPERPLASIA**
- 8. SPLEEN: MODERATE TO SEVERE DIFFUSE CONGESTION AND MILD HEMOSIDEROSIS**

COMMENT

Microscopic examination did not reveal a definitive primary cause of death. The clinical history of being found in the water and necropsy findings associated with upper respiratory effusion suggest that death resulted from drowning. Although no effusion, foreign material, or other evidence of aspiration was identified in the lungs histologically, drowning cannot be excluded. Degenerative cardiomyopathy was the most significant finding and was of adequate severity to have been clinically significant. The gross and histologic changes within the liver were interpreted as consistent with passive congestion likely secondary to congestive heart failure. Alveolar histiocytosis was mild but may also have been secondary to heart failure. Lesions in the kidneys, stomach and adrenal glands were likely subclinical. The significance of the nematodes within the colon was unclear. Although poorly preserved, the morphology of the nematodes was most suggestive of oxyurid-type pinworm nematodes. A single demodex-type arthropod was also present within the fecal material, and is interpreted as incidental finding likely ingested during grooming. Other findings were considered to be incidental.

(b) (6)



DJG:br*

Q KW

Wolff, Axel (NIH/OD) [E]

From: OLAW Division of Compliance Oversight (NIH/OD)
Sent: Thursday, March 7, 2019 1:51 PM
To: Amy Fultz
Cc: OLAW Division of Compliance Oversight (NIH/OD)
Subject: RE: Update 3.7.19: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

Thank you for this report, Ms. Fultz. We'll send a response soon.

Axel Wolff, M.S., D.V.M.
Deputy Director, OLAW

From: Amy Fultz <afultz@chimphaven.org>
Sent: Thursday, March 7, 2019 10:50 AM
To: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>; AAALAC International <accredit@AAALAC.org>
Cc: Rana Smith <rsmith@chimphaven.org>; (b) (6)
(b) (6) Cody.M.Yager@aphis.usda.gov; Simone.R.Tomlinson@aphis.usda.gov
Subject: Update 3.7.19: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

Dear Dr. Morse and other concerned parties,

Please find an update regarding the death of chimpanzee Jared attached. The histopathology report is also attached. Information is being shared with AAALAC, USDA, NIH and Chimp Haven's IACUC as well. Please let us know if you have additional questions. Thank you.

Sincerely,

(b) (6)



Amy Fultz | Director of Behavior & Research
13600 Chimpanzee Place
Keithville, LA 71047
Phone: 318.925.5789 | Fax: 318.925.5602
chimphaven.org



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From: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>

Sent: Tuesday, February 19, 2019 7:48 AM

To: Amy Fultz <afultz@chimphaven.org>; OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>

Cc: Rana Smith <rsmith@chimphaven.org>; (b) (6)

(b) (6)

Subject: RE: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

Thank you for providing this report of this unfortunate adverse event Ms. Fultz. We will open an OLAW case file. Please provide further information, including any pertinent histopathologic determinations, when they become available.

Sincerely, Brent Morse

Brent C. Morse, DVM, DACLAM

Director

Division of Compliance Oversight

Office of Laboratory Animal Welfare

National Institutes of Health

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From: Amy Fultz [mailto:afultz@chimphaven.org]

Sent: Sunday, February 17, 2019 4:16 PM

To: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>; (b) (6)

'AAALAC International' <accredit@AAALAC.org>

Cc: Rana Smith <rsmith@chimphaven.org>; (b) (6)

(b) (6)

Subject: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

Dear Dr. Brown and Dr. Wolff and other concerned parties,

Please find a letter attached that I am forwarding to you on behalf of Chimp Haven's President, CEO and Institutional official, Rana Smith, regarding an adverse event that occurred at Chimp Haven this past week. A chimpanzee was found deceased in the Robinson habitat moat. There are additional details contained in the attached letter which is being shared with AAALAC and Chimp Haven's IACUC as well.

Please let us know if you have any additional questions.

Sincerely,

(b) (6)



Amy Fultz, MA, LATG

Director of Behavior & Research & SCCC/IACUC Chair,

afultz@chimphaven.org

CHIMP HAVEN

13600 Chimpanzee Place

Keithville, LA 71047

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February 16, 2019

Director, Division of Compliance Oversight, Office of Laboratory Animal Welfare, National Institutes of Health
 Rockledge 1, Suite 360, MSC 7982
 6705 Rockledge Drive
 Bethesda, MD 20892-7982
 Phone: 301-594-2061
 FAX: 301-402-2803
 E-mail: olawdco@mail.nih.gov

Dear Dr. Brown and Dr. Wolff,

RE: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01

Please be advised of a sad and unfortunate adverse event which occurred on February 12, 2019 at Chimp Haven. During morning checks and produce provision, staff was unable to locate Jared, a 23 year-old male chimpanzee living in the Robinson Habitat in a family group of 16 chimpanzees. Jared had been introduced to the group in September 2017 and had regular access to the habitat and moat since October 2017. After following our protocols and determining that Jared was not in the habitat, and finding no evidence of any type of habitat breach (i.e. no downed trees, no damage to the infrastructure), our focus shifted to the possibility of his drowning in the moat and we began to search there. The local fire department was called in and assisted in our search until dark to no avail. The local Sheriff's office was also notified and they provided a team with a thermal drone to search the area after dark; again, to no avail.

In the morning of 2/13/19, the local search and rescue team returned with a "dredge" to assist us in dragging the moat. Our team utilized this dredge and our on-site boat to recover Jared's body from the moat.

There are still many questions regarding what led Jared to enter the moat, although we suspect either a cardiac event near the moat or social stress due to instability in the family group are possible contributing factors.

A necropsy was performed by (b) (6) and her initial findings are inconclusive. We are awaiting further histopathological confirmation of cause of death. From an e-mail sent by (b) (6) to staff on 2/13/19:

There were no signs of trauma to Jared's body and it is highly unlikely that he was attacked or moved down to the moat by individuals within his social group. The goal of his necropsy was to determine if his death was caused by hypoxia (drowning) or another event, likely cardiac that resulted in his immersion in the water. Unfortunately, at this point I cannot definitively determine the exact cause because the findings are

duplicitous. Necropsy showed abnormalities to the heart that could be indicative of cardiac arrest, however there was foamy material (froth) present in the mouth and very minimally in the upper airways. There were no sign of excess fluid in the trachea, but the lungs did appear hemorrhagic and mildly overinflated. These findings are consistent with submersion (drowning), however his lungs did not appear water logged which is a mainstay for drowning. I also did not see any moat remnants noted in the airways, stomach, or duodenum-which is consistent with submersion (drowning). Jared's adrenal glands were enlarged with signs of gastric hemorrhage in the stomach and intestines which can occur with acute stress. The rest of his necropsy was unremarkable. Final determination of his cause of death will have to be made by pathologists on histopathologic evaluation of the lungs.

We are currently reviewing the timeline of events and monitoring the remaining chimpanzee group members for signs of stress.

Please let me know if you require any additional information or would like to speak with me directly.

Sincerely,

(b) (6)

Rana Smith
President and CEO, Institutional Official
rsmith@chimphaven.org

CC: Chimp Haven SCCC/IACUC, AAALAC

13600 Chimpanzee Place Keithville, LA, 71047
chimphaven.org



(b) (6)

Morse, Brent (NIH/OD) [E]

From: OLAW Division of Compliance Oversight (NIH/OD)
Sent: Tuesday, February 19, 2019 8:48 AM
To: Amy Fultz; OLAW Division of Compliance Oversight (NIH/OD)
Cc: Rana Smith; (b) (6)
Subject: RE: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

Thank you for providing this report of this unfortunate adverse event Ms. Fultz. We will open an OLAW case file. Please provide further information, including any pertinent histopathologic determinations, when they become available.

Sincerely, Brent Morse

Brent C. Morse, DVM, DACLAM
Director
Division of Compliance Oversight
Office of Laboratory Animal Welfare
National Institutes of Health

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From: Amy Fultz [mailto:afultz@chimphaven.org]
Sent: Sunday, February 17, 2019 4:16 PM
To: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>; (b) (6)
'AAALAC International' <accredit@AAALAC.org>
Cc: Rana Smith <rsmith@chimphaven.org>; (b) (6)
(b) (6)
Subject: Reporting of Adverse Event at Chimp Haven, Assurance A4518-01; AAALAC File No: 001159

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Please let us know if you have any additional questions.

Sincerely,

(b) (6)



Amy Fultz, MA, LATG

Director of Behavior & Research & IACUC Chair,

afultz@chimphaven.org

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