



**2020 Tournament Problem**

Twyla Sands and Shannon Gibbs,	§	In the 7th District Court
individually and as	§	
next friends of	§	
Kathryn and Tennessee Gibbs, minors	§	
	§	
v.	§	
	§	
Not a Real Company, Inc.	§	
d/b/a Wobbly Elm Day Care	§	Capitol County, South Texas

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### **PRETRIAL CONFERENCE REPORT**

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After a hearing before the Court with counsel for both parties present, the Court determines:

1. This is a lawsuit to impose tort liability for actions related to the transmission of the measles virus at a day care facility.
2. Twyla Sands and Shannon Gibbs brought this suit individually and as the legal representatives of Blair and Tennessee Sands, to recover damages from Johnny and Moira Rose and the Wobbly Elm Day Care. Sands and Gibbs contend that the defendants were negligent in allowing the measles virus to be transmitted to their children and in not taking steps to prevent the resulting measles outbreak.
3. The defendants generally denied the allegations.

4. The plaintiffs settled their dispute with Johnny and Moira Rose. The only remaining claims are against Wobbly Elm Day Care.
5. This Court bifurcated the trial of the issues in this case. The liability phase will be held on March 26 – 29, 2020. If the jury returns a verdict for plaintiff on liability, the damage phase will be held at a later date.
6. The parties have identified Exhibits O – T to this Pretrial Conference Report as documents pertaining to this proceeding. The parties have also identified Exhibits E – N as the depositions taken in this case. The method of identification was used by the parties throughout the discovery phase of this case, including throughout the depositions of each of the witnesses.
7. Exhibits E – T are original and authentic.
8. Plaintiffs will call two of five witnesses: Twyla Sands, Shannon Gibbs, Stevie Budd, Johnny Rose, or Moira Rose.
9. Defendant will call two of five witnesses: Patrick Brewer, Ted Mullens, Ronnie Lee, Johnny Rose, or Moira Rose.
10. If Plaintiffs elect to call Johnny Rose or Moira Rose as one of their two live witnesses, Defendant must cross-examine that particular witness but, if Plaintiff do not, Defendant is free to call Johnny or Moira Rose as one of its live witnesses.
11. In addition, the Plaintiffs may offer the deposition testimony of the three witnesses of those listed

above who are not called live. But Plaintiff may not offer the deposition testimony of Johnny Rose during their case-in-chief if Defendant intends to call Johnny Rose live. And Plaintiff may not offer the deposition testimony of Moira Rose during their case-in-chief if Defendant intends to call Moira Rose live. Plaintiffs may also offer the deposition testimony of the remaining witnesses the defense does not call live. All witnesses were properly listed by Plaintiffs.

12. Defendant may offer the deposition testimony of the three witnesses of those listed above who are not called live. Defendant may also offer the deposition testimony of the remaining witnesses the Plaintiffs does not call live. All witnesses were properly listed by Defendant.
13. All depositions and transcripts of testimony were signed under oath.
14. The parties have stipulated that whichever of those not called live are unavailable for purposes of Federal Rule of Evidence 804 and may be called by deposition.
15. Other than what is contained in Exhibits B - T, there is nothing exceptional or unusual about the background information of any of the witnesses that would bolster or detract from their credibility.
16. Each expert's qualifications and methodology meet the standards under the Federal Rules of Civil Procedure. Attorneys need not tender the expert. The experts' reports and resumes are admissible, in whole or part, under Local Rule 5.003.

17. Neither party has challenged the qualifications or methodology of the other side's expert witness. No further objections to their qualifications or methodology will be entertained.
18. This Court drafts its own verdict forms. The Court will not accept amendments or additions to Exhibit A.

SIGNED this 17th day of February, 2020.

/s/ Roland Schitt

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JUDGE PRESIDING

## **ATTACHMENTS**

- A. Verdict Form for Liability Phase
- B. Complaint
- C. Answer
- D. Relevant Provisions of South Texas Law
- E. Deposition of Twyla Sands
- F. Deposition of Shannon Gibbs
- G. Deposition of Stevie Budd
- H. Deposition of Sebastien Raine
- I. Deposition of Johnny Rose
- J. Deposition of Moira Rose
- K. Deposition of Pat Brewer
- L. Deposition of Ted Mullens
- M. Deposition of Ronnie Lee
- N. Deposition of Ray Buttani
- O. Exhibit — CDC Childhood Vaccination Schedule
- P. Exhibit — Incubation Chart for Measles
- Q. Exhibit — Email from Moira Rose to Pat Brewer
- R. Exhibit — Email from Pat Brewer to Day Care Parents

- S. Exhibit — Day Care Policy Regarding Vaccinations
- T. Exhibit — Announcement Issued By State Department of Health

## **VERDICT FORM**

### **Question 1**

Did the negligence, if any, of Defendant proximately cause the injury to the Plaintiffs?

Neligence is the failure to use reasonable care to prevent harm. One can be negligent by acting or by failing to act. One is negligent for doing something that a reasonably careful person would not do in the same situation or for failing to do something a reasonably careful person would do in the same situation.

You must decide how a reasonably careful person would have acted in Defendant's situation.

Answer "Yes" or "No."

Answer: \_\_\_\_\_



**19-0756-CV**

No. \_\_\_\_\_

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Twyla Sands and Shannon Gibbs,  
individually and as  
next friends of  
Kathryn and Tennessee Gibbs, minors

§ § § § § § § § § §

In the District Court

**V.**

Johnny Rose, Moira Rose  
and Not a Real Company, Inc.  
d/b/a Wobbly Elm Day Care

# Capitol County, South Texas

# ORIGINAL PETITION

Twyla Sands and Shannon Gibbs complain of the actions of Johnny Rose, Moira Rose, and Not a Real Company, Inc. d/b/a Wobbly Elm Day Care. The Defendants negligently allowed the measles virus to be transmitted to children at the day care, who then spread the disease to others.

## Parties

Plaintiffs Twyla Sands and Shannon Gibbs are South Texas residents. They are the parents of Tennessee Gibbs and Kathryn Gibbs.

Defendants Johnny Rose and Moira Rose are South Texas residents. They are the parents of David Rose. They may be served with process at their home at 14 River Road, Alastor City, South Texas 76659.

Defendant Not a Real Company, Inc. is a corporation organized under Delaware law and doing business as Wobbly Elm Day Care in South Texas. It may be served with process through its agent for service, Wendy Kurtz, 1000 Rhode Island, Suite 2550, Capitol City, South Texas 76660.

### **Jurisdiction and Venue**

The subject matter in controversy is within the Court's jurisdictional limits. Venue in Capitol County is proper because all or a substantial part of the events or omissions giving rise to this lawsuit occurred here.

### **Facts**

During the month of October of 2019, Kathryn Gibbs was enrolled in the 6-18 month class at Wobbly Elm Day Care. Unbeknownst to her parents, another student in her class, David Rose, was unvaccinated and had been exposed to the measles virus because of previous contact with an uncle, who had contracted the virus while on a trip to an epidemic area.

The exposure to the measles was devastating. Kathryn Gibbs was too young to be vaccinated with the MMR vaccine. Her older sister, Tennessee, had liver transplant surgery and could not be vaccinated with the MMR vaccine either. Both children contracted the measles virus from Kathryn Gibbs' exposure to David Rose. As a result, Kathryn and Tennessee Gibbs were hospitalized for weeks and have to be regularly monitored for the lingering effects of the exposure. Each of the Defendants knew, had constructive knowledge or had reason to know, of the risk of harm to Kathryn Gibbs, Tennessee Gibbs, and others with contact at the Wobbly Elm Day Care.

### **Causes of Action**

***Negligence.*** Under the circumstances, each Defendant had a duty to take reasonable steps to prevent the transmission of the deadly, communicable, preventable disease to others. Johnny Rose and Moira Rose breached the duty by failing to vaccinate their son, David, with the MMR vaccine, by failing to take the reasonable action necessary under the circumstances to isolate their son from his uncle when his uncle returned from an epidemic area, by failing to assist, and by failing to keep their son home from the day care after he was exposed to his uncle. Wobbly Elm Day Care breached the duty by allowing its facility to be in and

remain in a hazardous condition, by allowing an unvaccinated child to attend classes with others who were too young to be vaccinated, by failing to assist, by failing to adopt proper procedures to adequately protect the children at the day care, and by failing to warn parents of the dangerous condition it created. Each Defendant's actions caused Plaintiffs to sustain severe injuries, which required extensive medical treatment. Additionally, each Defendant's action caused Plaintiffs to require ongoing medical monitoring to address the lingering effects of measles exposure.

### **Jury Demand**

Twyla Sands and Shannon Gibbs request that the issue be resolved by a jury. The appropriate jury fee has been paid.

### **Prayer**

Plaintiffs Twyla Sands and Shannon Gibbs ask for judgment that awards actual damages and all other relief, in law or in equity, to which they may be entitled.

Respectfully submitted,

BREWER, L.L.P.

/s/ Marcy Brewer

By: \_\_\_\_\_

MARCY BREWER

State Bar No. 34252352

1200 Montana

Capitol City, South Texas 76665

294.336.6000 (Phone)

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ATTORNEY FOR PLAINTIFFS

TWYLA SANDS AND SHANNON GIBBS

DATE: November 6, 2019

Twyla Sands and Shannon Gibbs,	§	In the 7th District Court
individually and as	§	
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Johnny Rose and Moira Rose, and	§	
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**ANSWER**

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Defendant Not a Real Company, Inc d/b/a Wobbly Elm Day Care generally deny the allegations in the petition and demand strict proof by a preponderance of the evidence. They also demand a jury and have paid the appropriate fee. They ask for a take-nothing judgment and any other appropriate relief.

Respectfully submitted,

THE WARNER LAW FIRM, L.L.P.

/s/ Heather Warner

By: \_\_\_\_\_

HEATHER WARNER  
State Bar No. 28343532  
1600 West 2nd Street  
Alastor City, South Texas 76665  
234.437.7000 (Phone)  
234.437.7026 (Fax)

ATTORNEY FOR DEFENDANT  
NOT A REAL COMPANY, INC.  
D/B/A WOBBLY ELM DAY CARE

DATE: November 17, 2020

**Certificate of Service**

I have served this pleading on all counsel of record.

/s/ Heather Warner

By: \_\_\_\_\_

DATE: November 17, 2020

### **Article 84.06 of the South Texas Civil Code**

- (a) A person who knows that another is exposed to grave physical harm shall, to the extent that the same can be rendered without danger or peril to himself or herself or without interference with important duties owed to others, give reasonable assistance to the exposed person unless that assistance or care is being provided by others.
- (b) A person who provides reasonable assistance in compliance with subsection (a) of this section shall not be liable in civil damages unless his or her acts constitute gross negligence or unless he or she will receive or expects to receive remuneration. Nothing contained in this subsection shall alter existing law with respect to tort liability of a practitioner of the healing arts for acts committed in the ordinary course of his or her practice.
- (c) A person who willfully violates subsection (a) of this section shall be fined not more than \$100.00.

### **Article 132.03 of the South Texas Civil Code**

Immunization of a person shall not be required for admission to a school or other day care facility if the parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, files with the governing authority a letter or affidavit that documents which immunizations required by Section 132.02 have been given and which immunizations have not been given on the basis that they are contrary to his or her beliefs.



**DEPOSITION OF TWYLA SANDS**

February 6, 2020

EXAMINATION BY GRANT BYERS:

Q: What is your name?

A: Twyla Sands.

Q: How old are you?

A: 29.

Q: What is your birthday?

A: May 12, 1990.

Q: Where do you live?

A: In Alastor City.

Q: Where specifically?

A: In a townhouse by the Marina.

Q: What is the address?

A: 523 Azalea Trail.

Q: Are you married?

A: I am.

Q: To whom?

A: Shannon Gibbs.

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

Q: How long have the two of you been married?

A: Six years.

Q: Where did you meet?

A: Boston, while I was in college.

Q: Where did you go to college?

A: Emerson College.

Q: What kind of degree did you get?

A: I didn't graduate. I went for two years and then I met Shannon. I dropped out.

Q: What did you study?

A: General Business.

Q: When did the two of you move to Alastor City?

A: Shortly after Tennessee was born.

Q: When was that?

A: Well, Tennessee is five. We moved to Alastor City to be close to Shannon's parents. We needed help with Tennessee and being far from relatives made it difficult.

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

Q: Where did you grow up?

A: Bozeman, Montana.

Q: What took you to Boston for college?

A: I wanted an adventure. A high school guidance counselor had heard of Emerson College and talked me into going there.

Q: Do your parents still live in Montana?

A: They do.

Q: What are their names?

A: Bob and Gwen Currie.

Q: Why didn't you move back there?

A: Not as many opportunities as in Alastor City.

Q: You said you moved to be near Shannon's parents. Who are they?

A: Bev and Don Taylor. It is actually Shannon's mother and step-father. Shannon's father died years ago.

Q: Do they live nearby?

A: They do. They live in Capitol City.

Q: How do Shannon's parents help with the kids?

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: They keep Tennessee during the day. They pick up Kitty from day care most days. They help so much.

Q: Do they work outside the home?

A: They are retired.

Q: Do you see your parents often?

A: Occasionally. They will come in for holidays and we try to go to Montana when we can during the summer. But it is so far away.

Q: Do you send your children to day care?

A: We did send Kitty to day care for a while. Now, Shannon's parents keep both children.

Q: Do they keep the children at your townhouse or at their home?

A: Both. Some days our schedule is such that we don't have time to drop them off. On those days, Bev or Don will come over to the townhouse and keep the kids at home. But when we can, we try to make it easier on them by taking the kids to their house and then by picking them up in the evenings.

Q: Let's talk about Tennessee. Why don't you take her to day care?

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: She cannot be around other children.

Q: Why not?

A: Because she had a liver transplant as a young child.

Q: So you're not vaccinating Tennessee.

A: Certain immunizations but not the one known as the MMR vaccine.

Q: Is that the one for the measles?

A: Yes, it is.

Q: Why didn't she have the MMR vaccine?

A: The meds she took to prevent rejection meant that she wasn't able to develop the antibodies.

Q: Is she receiving chemotherapy?

A: No.

Q: How long ago did she receive a liver transplant?

A: When she was 9-months old.

Q: So it was not recent?

A: Four years ago.

Q: Was she born with born with Severe Combined Immune Deficiency?

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: No.

Q: Are you aware that the the Centers for Disease Control now tells doctors that a vaccine exemption should only be granted if you are one of the estimated 320,000 children and adults annually receiving chemotherapy; or one of the estimated 47,000 Americans who have had a recent organ or blood cell transplant; or your child is one of the 40 to 100 children born every year with Severe Combined Immune Deficiency, known as SCID.

A: Yes. Tennessee's doctors are more cautious.

Q: More cautious than the CDC?

A: Yes.

Q: So, based on that advice, you have not vaccinated Tennessee?

A: That is correct. I follow my doctor's advice.

Q: Does Tennessee go out in public?

A: She does but we are careful not to have her around other children.

Q: Does she wear a mask?

A: If she is going to be in close proximity with other children, she does.

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

Q: Has she caught colds and other normal childhood illnesses?

A: She has. They are far more severe than what the normal child experiences. It takes her twice as long to get over things.

Q: So you try to be careful?

A: We do.

Q: But you understand that vaccines are assumed to be so safe and effective by the CDC and federally appointed members of the Advisory Committee on Immunization Practices, that doctors are told to vaccinate 99.99 percent of all Americans, including most children and adults who are immune compromised or suffering with severe chronic illness?

A: I do. My doctor disagrees.

Q: So you do not immunize your child?

A: Tennessee has what she can have. She did not get the MMR vaccine.

Q: What about Kitty?

A: She is vaccinated now.

Q: But she cannot get the measles after getting the measles, right?

A: She can still get the mumps and the German measles. We're taking no

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

chances.

Q: Why wasn't she vaccinated in October?

A: She was too young. She was under a year then.

Q: When is her birthday?

A: Halloween.

Q: October 31st?

A: Yes.

Q: So Kitty went to day care and was not vaccinated?

A: That is correct. She was too young.

Q: When did she get vaccinated?

A: After 15 months. At the end of January.

Q: This year?

A: This year.

Q: But you let Kitty interact with Tennessee despite neither was vaccinated.

A: They're sisters.

Q: Did Kitty go to day care?

A: She did.



**DEPOSITION OF TWYLA SANDS**

February 6, 2020

Q: Where?

A: Wobbly Elm.

Q: When did she start there?

A: At three months.

Q: How many days a week?

A: She started going on Mondays and Thursdays. At that point, she was in the newborn class. When she got moved into the next class—the six month to one year class, she started going four days a week. She went on Monday through Thursday.

Q: When did Kitty stop going to day care?

A: When she caught the measles.

Q: When was that?

A: Just before her first birthday.

Q: How did she catch the measles?

A: One of her kids at the school caught the measles from an uncle who went to some place where there was an outbreak. It is amazing to me how stupid people can be. And then, we find out that he didn't have the MMR

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

booster like he was supposed to. He might as well have not had the first MMR shot. It did no good.

Q: You're not a doctor are you?

A: I'm not. I'm a yoga instructor and a waitress.

Q: Where do you teach yoga?

A: In the West Park each morning at 9:00. I have an average of 10 moms in my class each day.

Q: And you also work as a waitress?

A: I do. At Café Tropical. I work the lunch shift so I can come home to be with my babies.

Q: Okay. While Kitty was at day care, did she get sick often?

A: A couple times.

Q: Did Tennessee catch what Kitty caught from day care?

A: Once she did. The other time she did not.

Q: What was it?

A: Both times it was a cold.

Q: Do you know if the day care knew Kitty was unvaccinated?

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: They did because I told them.

Q: Do you know if the day care knew Tennessee was unvaccinated?

A: They did because I told them. Both of these things were on the application.

Q: What do you mean by both of these things?

A: The fact that Kitty and Tennessee were unvaccinated.

Q: You acknowledge that Kitty got some illnesses, like colds, at day care and you haven't sued to recover based on the transmission of those.

What makes this different?

A: We're talking about the measles. It is far worse. I expect for my child to catch a cold from other children at day care. I do not expect to catch a deadly, preventable disease from someone with an idiot uncle who goes into an area with an outbreak of measles. It is just different.

Q: You're suing both the Rose family and the day care. Isn't that a bit much?

A: Not at all.

Q: What do you claim crossed the line?

## **DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: Ted Mullens went into an area with an outbreak of the measles, caught the disease, and spread it to his nephew. David Rose was unvaccinated, got the measles, and went to day care. He infected my Kitty, who was too young to have had the MMR vaccine, which caused her to spread the disease to my other daughter, Tennessee, who couldn't have the MMR vaccine because of her liver transplant. Any number of things could happen to Kitty and Tennessee. The doctors tell me Kitty could get subacute sclerosing panencephalitis, which is horrible and deadly in and of itself. Someone has to pay for these medical costs and all the time off work to care for my sick children. When parents decide not to vaccinate without a medical reason, they are choosing a bigger risk for their own child. That is bad enough. But they are also putting others at risk, including my child. And the day care is choosing to take a risk by not informing us that an unvaccinated child is attending day care with my child. We did not choose to take those risks. They made the choice for us. Why shouldn't they pay?

Q: Do you really think they chose a risk?

## **DEPOSITION OF TWYLA SANDS**

February 6, 2020

A: Most certainly. They knew the dangers of measles and still chose to put others at risk. Why should they be exempt from the consequences of that choice? I can choose to drink but, if I run over you, I am liable. I can choose not to shovel snow from my walk but, if you slip and fall, I am liable. Why should choosing not to vaccinate your child and sending them out to infect others be any different? What's next? Whooping cough? Smallpox?

Q: Who cares for Tennessee during the day?

A: I do.

Q: And when you work?

A: My aunt Ainsley does.

Q: Is that Ainsley Hayes?

A: Yes.

Q: I'm showing you what has been marked as Exhibit S.

A: Okay.

Q: What is it?

A: This is the day care policy regarding vaccinations. This is why I

**DEPOSITION OF TWYLA SANDS**

February 6, 2020

entrusted the day care with the care of my child.

Q: Why?

A: Because I thought they required parents to immunize their children.

Q: Did you receive this document?

A: I did.

Q: Who from?

A: Pat Brewer.

No further questions.

EXAMINATION BY LISA CHUNG:

I'll reserve my questions

END OF DEPOSITION

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

EXAMINATION BY GRANT BYERS:

Q: What is your name?

A: Shannon Gibbs.

Q: How old are you?

A: I am 33.

Q: What is your educational background?

A: I graduated from Memorial High School in Alastor City. I went to the University of South Texas.

Q: What was your major?

A: General Studies.

Q: What have you done since you graduated?

A: Various things.

Q: Like what?

A: I worked at a restaurant in Alastor City called Celebrations. Then I worked for a breakfast restaurant in Alastor City called Latte Da for a couple years. Then I moved to Boston and worked at a bar called Mama Tried.

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

Q: What did you do there?

A: I've been a server and a bartender.

Q: Is that where you met Twyla?

A: It is. She was in college and came into the bar. We started dating, and we ended up together.

Q: How long have you been together?

A: Eight years. Married for six.

Q: And you moved back to South Texas at some point?

A: We did.

Q: When was that?

A: After Tennessee was born.

Q: Why?

A: Tennessee had a lot of medical issues, and we wanted good medical care. We also wanted to be near family. We decided that Alastor City was the best option for us.

Q: Please describe Tennessee's medical issues.

A: Tennessee was diagnosed with liver cancer at 9 months old and received



**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

a liver transplant.

Q: Did you have to stop giving her vaccinations because of that?

A: Yes. She had to wait six months after her cancer treatment to restart vaccinations. But she could only get some of them.

Q: Could she get the MMR vaccination?

A: No. It is one she could not get of the live virus. She cannot have that.

Q: Why not?

A: Her weakened system cannot handle a live virus. Her doctor was concerned her weakened immune system will cause her to get the illness the vaccine is trying to prevent. She was on immunosuppression medication to prevent her body from rejecting the new liver. A common cold can, and has, landed her in the hospital for several days. When she got the measles it was much worse.

Q: How much worse?

A: Tennessee was in the hospital for nearly a month. And for most of it, things were touch and go.

Q: What do you mean?

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

A: We didn't know if she was going to make it. And even now, we don't know of the lasting effects it may have on her body.

Q: How long ago did her chemotherapy treatments end?

A: Three years.

Q: But you still don't give her the MMR vaccination?

A: No. Our doctor advised against it.

Q: Are you aware that the CDC advises that transplant patients should receive vaccinations six months after the anti-rejection drugs end?

A: I don't know about that. I just know our doctor told us she could not have the MMR vaccine.

Q: When was Tennessee born?

A: 2014.

Q: In Boston?

A: In Boston.

Q: And since moving back here you and Twyla have had another child?

A: Yes. Kathryn is our youngest. We call her Kitty.

Q: And when was Kitty born?

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

A: 2018.

Q: When in 2018?

A: Halloween.

Q: October 31st?

A: Yes.

Q: Okay. Any medical issues with Kitty?

A: No.

Q: And Kitty was not vaccinated in October of 2019, correct?

A: That's correct. She was not yet a year old. She could not have it.

Q: Couldn't she though?

A: I don't believe so.

Q: I understand that children who are six months old can get the MMR vaccine when traveling internationally. Have you heard of that?

A: No.

Q: So you don't know if that is a possibility or not?

A: I don't. Again, we follow our doctor's advice.

Q: What is your pediatrician's name?

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

A: Dr. Herb Ettinger.

Q: So you follow Dr. Ettinger's orders?

A: We do.

Q: Where do you work now?

A: At a rehabilitation facility a family friend started after he got clean. It is called Second Chances.

Q: Tell us about that place.

A: Second Chances is a rehabilitation facility that offers various forms of treatment, including in-patient and out-patient services. Doctors, counselors and other professionals teach what they know to patients and their families in an attempt to empower patients to manage their dependency and illness over time. Charlie Alastor created the facility to let those without financial resources get the rehabilitative help they need to turn their lives around.

Q: Wasn't Charlie Alastor a little more than a family friend?

A: He was. Before I went to Boston, I was really bad off. I was on a transplant list but not getting anywhere. I worked at Second Chances so

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

Charlie saw the trouble I was having. It was awful. After the accident, Charlie's brother decided to let me have Charlie's heart. It saved my life. I'm doing great now. So Charlie's legacy lives on not only through me but also through what everyone does at Second Chances.

Q: So how many years ago was that?

A: Nine.

Q: Where is the facility located?

A: On the west side of town—on a wooded 100-acre campus near Lazy River.

Q: What do you do there?

A: I work on the grounds. I love it. It allows me to be outdoors. Charlie used his money to do good. We lost him in a motorcycle accident and working there makes me feel like I'm honoring him. There are memorials throughout the grounds for many dear friends.

Q: Like who?

A: There's one for Charlie Alastor, of course. There's one for Adele Webber that was placed there by the Duquette family. And there's one

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

for Etta Keating.

Q: When did Charlie die?

A: Soon after Second Chances opened in 2012. He was hit by a drunk driver and then lingered in some kind of coma for a long time. The decision to pull the plug really tore his family apart. But he is now in a better place.

Q: You said you moved here to be near family. Who is that?

A: My mother and step-father. They live nearby.

Q: Do you rely on them on a regular basis?

A: We do. Now, they keep both children because we don't trust day care centers any more.

Q: Let's talk for a moment about October.

A: Okay.

Q: When did you first realize Tennessee was sick?

A: After we realized Kitty was.

Q: When was that?

A: A couple weeks before her birthday.

Q: The weekend of the 19th?

**DEPOSITION OF SHANNON GIBBS**

January 29, 2020

A: I believe that's correct.

Q: What happened?

A: Kitty had gone to day care each day for the preceding two weeks.

Q: Including Fridays.

A: Yes, we had a follow-up appointments for Tennessee on Fridays so we sent Kitty to day care those days.

Q: When did you first notice an issue?

A: On Saturday when we took the girls to the zoo.

Q: I thought you said you kept Tennessee at home.

A: Generally, we do. But the zoo is fairly open, without big crowds in any one place. It is outside so there is less chance of coming into contact with others. We don't go into any closed buildings. We keep her outside and she wears a mask. But she loves it. We try to go there a couple times a year.

Q: You said you realized Kitty was sick.

A: Yes. She kept crying. When we took her out of her stroller, she had a fever and was throwing up. We took her home and called the doctor.

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Q: What did the doctor tell you?

A: To separate Kitty from Tennessee and to bring both in for office visits on Monday.

Q: Did you follow the advice?

A: We did. Kitty's appointment was in the morning of the 21st. Tennessee's was in the afternoon. Dr. Ettinger did not want the children riding to his office together.

Q: Did you know at that point that Kitty had the measles?

A: Yes. She had spots inside her mouth and doctors noticed the beginnings of the rash that spread all over her body. Dr. Ettinger admitted both Kitty and Tennessee to the hospital.

Q: How long did they stay in the hospital?

A: Kitty or Tennessee?

Q: Let's start with Kitty. How long did she stay in the hospital?

A: Right at two weeks.

Q: And Kitty was not vaccinated?

A: No. She was not.



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Q: Why not?

A: Vaccines don't work on babies. Their immune system is not developed enough. I understand most cannot be vaccinated until they are 12 to 15 month old.

Q: Okay. Tennessee. How long was she in the hospital?

A: A little over a month.

Q: When you realized Tennessee had in fact contracted the measles?

A: It was later in the week after she was in the hospital. She was achy and ran a fever. It was awful. We didn't know if she was going to make it.

Q: When did she get out?

A: The week before Thanksgiving. Her fever finally broke and the doctors let us take her home. But they continued to follow up on her to make certain she didn't get sicker. They still do. She has a doctor's appointment once a week.

Q: I'm showing you what has been marked as Exhibit R. What is that?

A: The email the day care sent us to tell us there was a measles outbreak.

Q: You were a recipient?

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A: I was. Twyla was too.

Pass the witness.

**EXAMINATION BY LISA CHUNG:**

Q: What precautions did you take to keep Tennessee healthy after the surgery?

A: All kinds.

Q: Like what?

A: We did things to reduce her exposure to germs. She was susceptible to infection. We avoided people who were sick. She wore a mask. We paid very close attention to every cut and scratch. We stopped going to crowded places. We got rid of our pet cat, Mutt. We kept Tennessee out of the yard.

Q: Why did you do that?

A: Dr. Ettinger told us that some dangerous bacteria lives in the soil.

Q: How are the children doing now?

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A: They are out of the hospital but not out of the woods. We don't know what the lasting effect of their exposure to the measles virus will be. We hope and pray each day that all will be okay.

Q: What specifically are you afraid of?

A: Anything really. But Dr. Ettinger says anything could happen to Tennessee because of her weakened immunity system. And with Kitty, we are worried that she could get Dawson's disease, which has a big name.

Q: What's the big name?

A: Subacute sclerosing panencephalitis. They call it SSPE or Dawson disease.

Q: What is it?

A: A brain inflammation brought about by having the measles virus before the age of one.

Q: Isn't this extremely rare?

A: Maybe. But it is incurable and fatal and directly traceable to my child having the measles virus before the age of one, which she would not

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have had but for the actions of the Rose Family and the day care.

Q: Why do you blame the Roses and the day care?

A: A parent's decision not to vaccinate a child places others at risk if the child becomes infected and exposes others to the disease. I think decision to forego vaccination and to expose others to contagious diseases is irresponsible.

Q: How did this affect you?

A: I missed work. My wife missed work. We have hospital bills. We spent a month out of our minds worrying about whether our children would survive. We still worry if they are going to be okay. All of this is directly tied to the decisions these people made. It is terrifying and infuriating to know that some people think my children, and others like them, are not worthy of society's responsibility to help keep them safe. When parents choose to be negligent and not vaccinate their children and not keep them at home, they are threatening the community at large.

Q: What did the Roses do or fail to do?

A: The Roses are irresponsible lunatics. They transmitted a deadly, highly

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contagious, preventable disease to my children. They were careless in how they exposed my children. They were careless in letting their children be around someone who had been to an epidemic area. I don't care if it was an uncle. That is stupid. That is careless.

Q: What did the day care do or fail to do?

A: The day care let the Roses expose our children to dangerous, life threatening diseases without so much as a warning. Had we known we would have chosen a different day care without these risks. By not warning us, the day care took that choice from us.

Q: What do you mean?

A: The day care knew David Rose was not vaccinated. They put him in my daughter's class without telling us he was not vaccinated. They knew his uncle had gone to an epidemic area and did not tell us. Completely unreasonable. We cannot keep our children safe if people don't give us the information we need to keep our children safe. In this way, the day care was careless in how it exposed my children to a deadly, highly contagious, preventable disease.

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Q: I see Twyla is here for your deposition.

A: Yes.

Q: And you were present for her deposition.

A: Yes.

Q: Does Twyla know what you know about these events?

A: Yes.

Q: Do you agree with the sentiments expressed in Twyla's deposition?

A: Yes. I agree with most everything Twyla does or says except for her love of weird smoothies. They're gross.

Nothing more.

END OF DEPOSITION

**DEPOSITION OF STEVIE BUDD**

February 9, 2020

EXAMINATION BY GRANT BYERS:

Q: What's your name?

A: Stevie Budd.

Q: How old are you?

A: 39.

Q: What is your occupation?

A: I am a public health consultant.

Q: Aren't you also a political candidate?

A: I am. I'm running for Lieutenant Governor.

Q: Were you the director of the South Texas Department of Health and  
Public Safety?

A: Yes. I was until just recently.

Q: You were fired, weren't you?

A: I resigned.

Q: The Governor asked you to resign, didn't she?

A: She did.

Q: Why?

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A: Politics.

Q: What did you do as the director of the Department of Health?

A: Protect the health and safety of the people of South Texas.

Q: Did you have oversight over local health departments?

A: I did.

Q: And the Capitol County Health Department is one of those local health departments?

A: It was.

Q: How many employees did you direct?

A: About 250.

Q: Okay. Did you have cause to become involved in a measles outbreak that originated at a day care in Alastor City last October?

A: Yes. I did.

Q: How did you become involved?

A: I heard a news report and called the local office.

Q: The local office did not contact you?

A: Not until I called to find out what was going on.



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Q: Who did you speak with?

A: The Inspector.

Q: Justine St. Pierre?

A: That's correct.

Q: Was she aware of the situation?

A: Not to my satisfaction, she was not.

Q: What do you mean?

A: Apparently, the matter had been delegated to an assistant inspector who was a friend of the day care owner that was the epicenter of the outbreak. I thought that was inappropriate. I told her so.

Q: Did you come to investigate yourself?

A: We did. We took over. We spent four days there and discovered that patient zero was someone who had gone to Samoa during an ongoing epidemic and then exposed his nephew, who took the measles virus to the day care and exposed all the children there. It was horrible. And to find out, the nephew was an anti-vaxxer's kid.

Q: Doesn't the parent have the right under state law not to vaccinate the

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child?

A: Yes, she does. But that doesn't mean that she has the constitutional right to cause a measles outbreak in the process.

Q: What actions do you fault the day care for?

A: I don't think it did enough. Those parents needed information. The day care didn't provide it.

Q: Aren't there HIPAA concerns with releasing medical information?

A: Ordinarily. Yes. But this was a public health threat. Privacy was not an issue.

Q: In fact, you're the one that gave the name of the day care and the Roses to the media. Weren't you?

A: I was.

Q: Was it department policy to do so?

A: We didn't have a policy in this regard. I thought it was a public health threat, and I thought the Roses caused it all.

Q: Weren't you in charge of making policy for the department?

A: I was.

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Q: So you are an anti-anti-vaxxer?

A: I am pro-child. I'm anti-stupid.

Q: When exactly did this public health threat begin?

A: When the anti-vaxxer child went to the day care and associated with the other children.

Q: What do you think the parents should have done?

A: Keep their child at home.

Q: So you don't believe an unvaccinated child has any right to associate with other children?

A: Not without knowledge and consent of the other children's parents.  
We're talking about the measles.

Q: And what if the child had not had a flu shot?

A: Same thing.

Q: What is the MMR vaccine?

A: The MMR vaccine protects against the measles, mumps, and rubella. It's given as shots when your child is one year old and then again when they are four to six years old.

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Q: What are the symptoms of those three diseases?

A: The measles cause fever, rash, cough, runny nose, and watery eyes. It can also cause ear infections and pneumonia. Measles can also lead to more serious problems, such as brain swelling and even death. The mumps cause fever, headache, and painful swelling of one or both of the major saliva glands. Mumps can lead to meningitis — infection of the coverings of the brain and spinal cord --- and, very rarely, to brain swelling. Rubella is also called the German measles. It causes a slight fever, a rash and swelling of the glands in the neck. Rubella can also cause brain swelling or a problem with bleeding.

Q: Some suggest the MMR vaccine causes autism?

A: It absolutely does not. Research has shown that there is no link between autism and childhood vaccinations.

Q: You are fairly rigid with vaccination requirements?

A: I am. That is the only way we are protected. Herd immunity cannot exist without most everyone being vaccinated.

Q: What is herd immunity?

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A: Vaccines lead to herd immunity. When a large number of individuals are vaccinated, very few people get exposed to a large dose of the disease, and therefore very few people get it. When there are unvaccinated people around, however, you are much more likely to get a large dose of the disease and actually get sick. There are many elderly people and immunocompromised people who cannot receive vaccines, but are protected by herd immunity. Additionally, for various reasons vaccines don't always take hold. In a very small number of cases — usually between 1 and 5 percent depending on the vaccine --- the vaccine doesn't work, leaving the person completely vulnerable. So by not vaccinating, you are putting all of those people at risk. In short, vaccines work and reduce disease even if you don't vaccinate, but they work much more effectively when everyone is vaccinated.

Q: And this is particularly a problem with the measles?

A: It is.

Q: Why?

A: It's hard to imagine that just 60 years ago, nearly every child got

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measles, the highly contagious viral disease that causes flu symptoms accompanied by a rash. Thanks to a highly effective vaccine, the Centers for Disease Control and Prevention has considered measles eliminated from the United States since 2000. Small outbreaks still pop up across the U.S. each year. They originate from unvaccinated individuals who travel to or from countries that still have endemic measles, and unknowingly bring the virus back with them. Measles can get into a community of unvaccinated or under vaccinated people, and that's where you'll see these outbreaks with 70 to 80 cases. Widespread vaccination prevents those small clusters from becoming larger epidemics. But the CDC reported a significant uptick of 372 measles cases last year. That, combined with several outbreaks already this year, has raised concern that the infection could be making a comeback.

Q: You blame the day care for this outbreak.

A: You bet I do.

Q: And you have spoke out in the media that the day care had not done enough to protect the children of Alastor City, didn't you?

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A: You bet I did.

Q: You were on the news and on the radio and on the internet any chance you could?

A: I had many press conferences during this public health outbreak.

Q: You used it as your issue to increase your profile in Alastor City, didn't you?

A: That's not fair.

Q: Before this, you were a state bureaucrat running an unknown agency. Now, you're running for Lieutenant Governor and polls show you have name recognition associated with this event. You used the outbreak for your own political purposes, didn't you?

A: I most certainly did not. I am fighting for the parents right to make informed choices about who they associate with.

Q: Isn't part of your platform for office a plan to eliminate the personal-belief exemption?

A: It is. I think the ability to opt out of vaccinations is deplorable.

Q: What about a parent's constitutional right to make decisions about

**DEPOSITION OF STEVIE BUDD**

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whether to vaccinate a child?

A: I don't agree with that.

Q: But you're not on the United States Supreme Court, are you?

A: No. I'm not.

Q: So until that happens, and until you convince four colleagues to agree with you, the law in the land is that parents can choose.

A: I believe that's child abuse.

Q: But as a state official, you take an oath to follow the law, don't you?

A: I do.

Q: Please tell me what this is.

A: The press release I released.

Q: Is that marked as Exhibit T?

A: It is.

No further questions.

EXAMINATION BT GRANT BYERS:



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Q: Please give us your educational background.

A: I received my undergraduate degree at the University of Chicago and my PhD in Public Health from Northwestern University.

Q: How long have you worked as the Director?

A: Five years.

Q: What did you do before that?

A: Worked in a hospital setting. I did research.

Q: What hospital?

A: Alastor City Memorial.

Q: Who with?

A: Dr. Reese Lansing.

Q: What do you know about the measles outbreak in Samoa?

A: A bit.

Q: Like what?

A: The 2019 Samoa measles outbreak began in September 2019. As of last month, there were over 5,700 cases of measles and 83 deaths. A state of emergency was declared on November 17th, ordering the closure of all

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schools, keeping children under 17 away from public events, and vaccination became mandatory. On December 2nd, the government imposed a curfew and cancelled all Christmas celebrations and public gatherings. All unvaccinated families were ordered to display a red flag or cloth in front of their homes to warn others. That same week, the government shut down everything to get everyone vaccinated.

Q: Your investigation identified Ted Mullens as patient zero?

A: Yes. All those contracting the disease could be traced to him.

Q: And how was this done?

A: By identifying the specific type of virus. It is not common. We canvassed the area and met with the doctors and families of those infected.

Q: What is a vaccine?

A: When germs enter the body, the immune system recognizes them as foreign substances. The immune system produces the right antibodies to fight the antigens. Vaccines contain weakened versions of a virus or versions that look like a virus — called antigens. This means the antigens cannot produce the signs or symptoms of the disease, but they

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do stimulate the immune system to create antibodies. These antibodies help protect you if you are exposed to the virus in the future. Vaccines not only help keep your child healthy, they help all children by stamping out serious childhood diseases.

Q: Tell us how the immune system works.

A: Okay. In brief, non-scientific terms, this is how the immune system works. A germ enters your body and an immune cell finds it, memorizes it, returns to the central command, and cells are generated specifically to combat that germ. All of this takes time, however, and often by the time that your immune system has the troops ready to go, the germ has already replicated and taken hold. At this point, it's all out war and you are going to be sick for a while. What a vaccine does is teach your body to recognize the germ before you actually encounter it. Your body then keeps low levels of antibodies around that are specific for that germ. These act as a first line of defense. That way, when the germ is detected, it can be taken out before it becomes a problem. Here's the catch though, your body doesn't keep a full regiment on alert at all times. It only keeps

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low levels of the antibody circulating. So, for a normal exposure to a germ, a vaccinated person's immune system can take care of it, but, if you get a large exposure, it can overwhelm that first line of defense and you still have a full blown war. This is one of the reasons why vaccines sometimes fail. To put it another way, if someone with the H1N1 virus sneezes in your face, you're probably going to get the flu even if you're vaccinated.

Q: Why are measles still a threat?

A: Measles is a respiratory infection that causes bad cold and flu symptoms like a cough, fever, runny nose, red eyes and a rash. In some cases, it can cause serious complications like an ear infection, pneumonia or encephalitis, which is severe and dangerous brain swelling. The measles virus is, unfortunately, very easy to spread. When someone who's infected coughs or sneezes, the virus can linger for up to two hours in the air or on nearby surfaces. Another insidious thing about measles is that you're actually infectious up to four days before you even know that you're sick. You can unknowingly spread the virus to people before you

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even have symptoms.

Q: How contagious is it?

A: Very. The virus can live in the air for two hours after the infected person coughs or sneezes. The infected person does not even need to be in the same room for the measles virus to be transmitted. For example, if a child infected with the measles goes into the lunch room, sneezes, and then leaves, any other child entering the lunch room for the next two hours has a 90 percent chance of catching the measles.

Q: Why is it so serious?

A: Measles causes pneumonia, brain swelling, and death. It can cause other complications that do not appear for years but, when they do, can be fatal.

Q: Have the outbreaks changed the way doctors are thinking?

A: Absolutely. Some are giving children the first MMR shot at six months, instead of at the customary twelve to fifteen months. And some are recommending the second shot be given at the eighteen-month checkup, instead of at age four to six. All of these changes are coming with the

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CDC's blessing.

Q: Are parents receptive to these earlier vaccinations?

A: Many are.

Q: Why do you think they are?

A: Because of the ongoing threat posed by anti-vaxxers and worldwide outbreaks of things like the coronavirus. The world has changed.

Reasonableness has a different measure now. We cannot sit back and assume everyone has the sense to come in out of the rain. It is really sad and disheartening that it has come to this. People who choose not to vaccinate are making decisions they think are protecting their children, but they are misguided and putting their children at an unnecessary and potentially deadly risk. Treatment relies on prevention because this is a viral illness.

Q: How did the measles virus spread in this situation?

A: Apparently, the children were in the same vicinity even though they were in different classes. There was a common area where the measles virus was able to be transmitted from one child to another. They had the same

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air filtering system so the virus was easily spread.

Q: I'm showing you what has been marked as Exhibit O. What is that?

A: The CDC recommendations for childhood vaccinations. It is what we used to recommend vaccination schedules.

Q: Okay. What is Exhibit P?

A: A chart of the incubation period for the measles. We used that too.

Q: Why is the standard of reasonableness so different?

A: It just is. People cannot get off cruise ships because of outbreaks of contagious diseases.

Q: We didn't have these problems when we were children.

A: No. We did not. But it is different from what we experienced when we were children. It is different from what we thought was reasonable even two years ago. People like the Roses and this day care caused this shift.

END OF DEPOSITION

**DEPOSITION OF SEBASTIEN RAINE**

February 13, 2020

***This is a Plaintiff witness whose testimony will be added when clarifications are released. See Bulletin 2 for details.***

END OF DEPOSITION



**DEPOSITION OF JOHNNY ROSE**

February 9, 2020

**EXAMINATION BY LISA CHUNG:**

Q: Let's start with the basics. What is your name?

A: I'm Johnny Rose.

Q: Is that your full name?

A: No. It's Jonathan Michael Rose.

Q: And you are married to Moira Rose?

A: I am.

Q: And you have two children?

A: Yes. Alexis and David.

Q: How old are you?

A: 38.

Q: What is your birthdate?

A: September 11th.

Q: What year?

A: 1981.

Q: And where do you live?

A: In Alastor City.

**DEPOSITION OF JOHNNY ROSE**

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Q: Where were you raised?

A: Canada. A town in Ontario.

Q: What town?

A: Hamilton.

Q: What do you do?

A: I am President of Rose Enterprises.

Q: What does Rose Enterprises do?

A: Runs inns throughout South Texas. We have locations in five other states.

Q: What states?

A: Pennsylvania, Wyoming, New Mexico, Washington, and Maine.

Q: How many inns do the corporation own?

A: 62.

Q: What are they called?

A: Rosebud Inns.

Q: Does that keep you busy?

A: It does.

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Q: Does your wife help with the running of the inns?

A: She does.

Q: How did you get involved in the hotel industry?

A: I used to be in the video rental industry. Technology made that obsolete so I diversified.

Q: When did you make that switch?

A: 12 years ago.

Q: Do you travel much?

A: I do.

Q: How much?

A: A week or two a month. I visit the operations in the six states at least once a month.

Q: With all the events we're talking about, you were in Alastor City for them, correct?

A: That's correct. I traveled just before Ted left for Samoa and didn't leave town for a month after he returned.

Q: Okay. You were here for your wife's deposition, right?

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A: I was.

Q: With regard to the statements about the circumstances surrounding this case, do you agree with the statements she made?

A: I do.

Q: And you were present for the events she described?

A: All but the ones related to her upbringing and some of her involvement on the television show.

Q: But you agree with what she said about vaccines?

A: I do.

Q: And to be clear, she would have knowledge about anything you are talking about.

A: Yes. If I talk about anything she doesn't know about, I'll let you know. But right now, I cannot think of anything.

Q: Let's talk about Ted's symptoms when you picked him up at the airport on the 8th.

A: Okay.

Q: Did you know he was sick?

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A: I knew he didn't feel well but he had just been on a 14 hour flight in coach. How would you feel?

Q: Did you talk about the outbreak in Samoa?

A: We did.

Q: What did he say?

A: That it was scary. People were wearing masks there. And still getting sick.

Q: Did it occur to you that he might have the measles?

A: No. He said he had a measles shot when he was a kid. And we agreed that he shouldn't be able to catch anything he was vaccinated against.

Q: Did you realize there were two measles shots?

A: I told him I had two measles shots as a kid but I really didn't know.

Q: Didn't he have medical training?

A: He was an animal doctor, not a person doctor.

Q: So you thought nothing of exposing him to your unvaccinated children?

A: No. He's been around them all the time.

Q: But not after he just got back from a place with an existing outbreak of

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measles.

A: Is that a question?

Q: Let me try it this way. Did he have fever when you picked him up?

A: I don't know. He was sweating. But I didn't have a thermometer on me at the time.

Q: Was he run down and acting lethargic?

A: Yes.

Q: Was he achy?

A: He said he was.

Q: Was he coughing?

A: He was.

Q: Were his eyes red?

A: But he had been up all night. I didn't think anything of it.

Q: Did he have a runny nose?

A: A little.

Q: What about his appetite?

A: What about it?

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Q: Did he have an appetite?

A: No. I offered to take him to dinner but he just wanted to sleep.

Q: Did he have a rash?

A: Not then.

Q: When did he have a rash?

A: Days later.

Q: And you didn't think anything of bringing him near your unvaccinated children?

A: No, I didn't.

Q: How long had Ted been in Samoa?

A: A week.

Q: When you took him to your home, where did he stay?

A: In one of the guest rooms.

Q: How many guest rooms do you have?

A: Four.

Q: Okay. Was his guest room near your children?

A: No.

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Q: Did he see them the night he returned from Samoa?

A: I think he may have seen Alexis but David was already asleep.

Q: When did he first see David?

A: The next morning.

Q: How do you remember that?

A: He came down for breakfast and said he wanted to go see Pat at the day care so he offered to take David.

Q: What time was this?

A: Around 7:30.

Q: Did you let him take David?

A: I did. I made sure he felt up to it. He said he would go, see Pat, and then come back to bed. He had souvenirs he picked up for Pat and wanted to deliver them.

Q: Okay. What time did Ted return?

A: Around 9:00, I think. I was in my office. He went upstairs to his room and fell asleep.

Q: Did you check on him later?



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A: Moira did. She said he didn't feel well. She was convinced it was food poisoning.

Q: When did you discover it was the measles?

A: Not for a while. I think he left on Sunday. He went to the doctor once he went home. We called him once when the rash appeared on Kitty. I think that was a Saturday. I believe the 19th.

Q: So you sent David and Alexis to school after being exposed to Ted?

A: They went to school on Thursday and Friday.

Q: Did Alexis get sick?

A: Not really.

Q: What do you mean not really?

A: She got a very mild case of what we thought was a cold. But she is so healthy. She eats well and takes supplements. She bounced back after a day or two.

Q: What about David?

A: He got sick.

Q: Did he go to the hospital?

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A: He did.

Q: How long was he there?

A: For a week.

Q: Did he recover?

A: He did.

Q: Was he given vaccines in the hospital?

A: No. He was given fluids and kept in isolation. The fever ran its course.

Q: And he is fine now?

A: Yes. He is a healthy child.

Q: Why didn't you vaccinate your children?

A: Because we chose not to. The state cannot force me to inject into my child something that can cause seizures, autism, brain damage, and death—for which I cannot sue. And your client cannot indirectly force me to through this lawsuit.

Q: Don't you realize that measles are serious?

A: I do. And I understand that people are scared. But each parent makes the choices he or she believes are correct based on the known information.

## **DEPOSITION OF JOHNNY ROSE**

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Each parent chooses to take risk, whether it is by taking a shot or by not.

If you don't want that risk, stay home.

Q: Do you disagree that vaccinations are effective to fight disease?

A: I do.

Q: Why?

A: Diseases for which there are vaccines available had been on the decline well before vaccines were introduced, and vaccines do not provide lasting immunity to disease or prevent infection. In fact, vaccines are capable of transmitting disease through viral shedding, and many outbreaks occur in vaccinated populations.

Q: Do you disagree that vaccinations are necessary?

A: I do.

Q: Please explain.

A: It's a great misconception that our bodies are unable to protect themselves from disease. On the contrary, when given the proper nutrition, supplements, rest, exercise, sunshine, and avoidance of toxic chemicals, our bodies possess a God-given, innate ability to heal,

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protect, and maintain optimal health, even when a threat of infection is present.

Q: But the exposure made Tennessee Gibbs sick, didn't it?

A: It was Louis Pasteur that proved it's not the germ or bacteria that makes us sick. It's the land. Bacteria are everywhere and already in us and on us by the millions so why aren't we all sick? The reason is that some of us are welcome wagons for disease. We eat animal products that clog our arteries and lead to antibiotic resistance. We live on sugary sodas, highly processed and refined foods, rarely eat fruits and vegetables, don't exercise, and regularly go around on less than ideal amounts of sleep. I don't want to subject my children to Big Pharma's latest experiment.

Q: What do you mean?

A: Vaccines continue to be experimental. Why do you think drug manufacturers invest hundreds of millions into improving drugs or discovering more effective or safer vaccines? I thought the Nuremberg trials outlawed medical experimentation without consent. Vaccination is an existential choice. There will always be cases where individuals get

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sick or die from the vaccines, as is always the case when you inject something into your body. At what rate do we consider those incidents relevant?

Q: Did you ever tell any other parents of children in the day care that David was not vaccinated?

A: No.

Q: Did Moira?

A: She did not.

Q: Did anyone at the day care?

A: Not to my knowledge.

Q: So you don't know?

A: No.

Q: You are not trained in any medical field, are you?

A: I am not.

Q: So you are not an expert in any medical area, are you?

A: I'm not an expert. I'm a parent. I read. I care for my children.

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No more questions.

**EXAMINATION BY GRANT BYERS:**

Q: Who did tell about your child's medical condition?

A: That jerk from the state Department of Health.

Q: Stevie Budd?

A: That's right. Stevie got on the radio and on the television and on the internet to criticize my family for making decisions the constitution says we have the right to make.

Q: I'm showing you what has been marked as Exhibit T. What is that?

A: A press release Stevie Budd issued.

Q: When did Stevie do this?

A: This particular press release was while David and Alexis still had the measles virus. But then Stevie Budd has made it a campaign platform. Stevie talks about us and calls us anti-vaxxers every day.

Q: How does that make you feel?

A: Like someone is climbing my back and the backs of members of my

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family to get something.

Q: What do you mean?

A: Stevie is a political hack. The Governor got rid of Stevie because the director is supposed to be above politics. Stevie is an opportunist.

Q: Why do you feel you are not responsible for paying damages to the plaintiffs?

A: If someone got sick for riding a bus next to a sick person, should you be able to sue the bus company? Should you be able to sue the state for building the road on which the bus rode? After all, without a road, there would be no bus and no transmission of the illness. Where does it end? We all have to take responsibility for our actions, but there are limits. If the plaintiffs are so worried about their children getting sick, then they should keep the children at home. They assumed the risk they could get sick when the children were sent out in public. A day care is not a sterile environment. It is a breeding ground for so many types of disease. It doesn't take an expert to know that. Any parent who has sent a child to day care is well aware of that fact. It's simple. Don't want the illness.

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Don't send your kid to day care. Live in a bubble.

Q: The plaintiffs say that's unrealistic.

A: They do.

Q: Why isn't that correct?

A: According to the plaintiffs and many others, refusing to vaccinate your children is not personal choice but public irresponsibility. They claim it is a civic obligation. I disagree.

Q: What do you think the lesson of all this is?

A: Invest in companies that sell masks. Invest in companies that make hand sanitizer. Rip up the constitution.

I'm finished.

END OF DEPOSITION



**DEPOSITION OF MOIRA ROSE**

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EXAMINATION BY LISA CHUNG:

Q: Good afternoon. I am going to ask you a few questions about your decision not to vaccinate your children and everyone who got sick as a result. But before I do, I would like to ask a few preliminary questions.

What is your name?

A: Moira Rose.

Q: And how old are you?

A: Okay. I won't be answering any of that. But, thank you.

Q: I'm sorry. I need that information for this proceeding.

[discussion off the record]

A: Fine. I'm 33.

Q: And what is your birthday?

A: March 26th.

Q: What year?

A: You really won't let this go. 1983. And fine, I'm 36.

Q: Where do you live?

A: In a mansion, of course.

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Q: I mean, where?

A: Oh. In Alastor City.

Q: What is the address?

A: So you're a bit of a stalker, huh? I live at 14 River Road in Alastor City.

It is near the Town Center.

Q: And you live there with your family, correct?

A: Yes.

Q: How long have you lived there?

A: A while. I think we moved to Alastor City in 2011.

Q: From where?

A: Beverly Hills. I was on television, you know. One has to live in LA to be on television.

Q: Okay. Tell me about that.

A: Being on television?

Q: Yes.

A: I was Vivien Blake on Sunset Bay for six and a half years.

Q: That was a soap opera, correct.

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A: It was a drama that aired during the day.

Q: So you were its star?

A: I was the lead.

Q: Do you work now?

A: Of course, I do. I raise a family.

Q: I mean, do you work outside the home?

A: I do. I help Johnny with our investments.

Q: Such as what?

A: We own a chain of inns known as Rosebud Inns. They're everywhere.

Q: So you work with Johnny to run the inns. Anything else?

A: I care for our children.

Q: Where did you grow up?

A: A small town in Arizona.

Q: What was the name of it?

A: Rough Rock.

Q: And did you moved from there to LA?

A: I did.

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Q: When was that?

A: When the talent scout from Sunrise Bay came to Rough Rock. I was working at a gas station deli and was discovered. We dated a while but I ditched him after getting the part on Sunrise Bay.

Q: Okay. I'll leave that alone. Let's talk about your family. Are you married?

A: Of course, I am.

Q: And your husband's name is Johnny, right?

A: It is.

Q: And let the record reflect, he is present for your deposition. Is that correct?

A: It is.

Q: Where did you meet Johnny?

A: In LA. I was cutting the ribbon at the grand opening of one of his video rental stores and the rest is history.

Q: When did you and Johnny get married?

A: April 1, 2010. We call it our own April Fool's joke.

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Q: And you and Johnny have children, is that correct?

A: We do.

Q: How many?

A: Two.

Q: Give me their names and ages.

A: Alexis is six. David is two.

Q: What are their birthdays?

A: Let me see. Alexis was born on December 18 in 2014. David was born on January 10 in 2018.

Q: Is Alexis in school?

A: She is.

Q: Where?

A: The Montessori School of Alastor City.

Q: And David?

A: He's two.

Q: Do you send him to day care or anywhere outside the home?

A: I did until all this nonsense started. Now, he stays home with nannies. I

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thought being around other children would help him developmentally but people are crazy so I just keep him at home. We go to the park next to our home.

Q: Alexis and David are not vaccinated, correct?

A: Correct.

Q: Why?

A: It is my fundamental and inalienable constitutional right to decide what goes into my children's bodies.

Q: What do you mean?

A: It is called freedom of choice. In America, we believe parents are capable of making decisions about their children's health. This freedom of choice extends to when—and even if—parents vaccinate their children. I made that choice. It is not your right to tell me I cannot make that choice.

Q: I understand it is your position that you have the right to decide. I want to know why you decided not to vaccinate your children.

A: Many, many reasons.

Q: Okay. Let's talk about them. What is the first reason?

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A: Vaccination is a one-size-fits-all government program that has grown out of control. The State of South Texas wants children to receive 49 doses of 15 vaccines before kindergarten. Seriously?

Q: Where are you getting those numbers?

A: That's what Ronnie Lee told me.

Q: I interrupted you.

A: You did. It was rude.

Q: Sorry. Please continue.

A: Bureaucrats at the Health Department do not know my children. They have not met my children. Yet they have tyrannical power over their care as it relates to vaccines. I don't agree. My children will get infections. That is why they have an immune system. We cannot sterilize the body, just like we cannot sterilize society. We should deal with viruses naturally. You know, in the 1980s, doctors only suggested 10-12 shots in a lifetime. Wonder how we got to 49.

Q: How?

A: Money. Big money.

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Q: What do you mean?

A: Big Pharma has been drugging Americans and the rest of citizens of the world into a coma in pursuit of big profits. Big Pharma gets greedier and greedier and their wallets grow fatter and fatter. While the top pharmaceutical companies only represent about 4 percent of the Fortune 500, the profit they bring in combined is more than the top 10 companies earn. The profit margins are wide, and the market share is deep.

Q: So you think it is all about money?

A: Of course, it is. Health care policy is driven by Big Pharma and the insurance companies. It is not about me or my children.

Q: What is so harmful about it?

A: Everything. God gave us an immune system for a reason, and fruits, vegetables, and herbs to help prevent and cure illness and disease. To vaccinate would alter God's creation. How can another person think they have the right to tell me what is best for my family? And particularly when the cell lines that are being used to create those vaccines were all grown in the lab from aborted fetuses.



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Q: Did you have the measles as a child?

A: No, but my parents did. They survived. It is part of growing up and being around other children. I had chicken pox. Same thing.

Q: To be clear, you are not a medical doctor, are you?

A: I am not, though my character on Sunrise Bay went to medical school one season.

Q: But you have had no specialized training, have you?

A: No. I have not. I am a parent who has read a great deal of literature on the subject. I have views on the subject and the constitutional right to have those views for myself and my family.

Q: But do you understand that your child made other children sick?

A: That's what the health department said. My children have gotten sick from other children. It happens every day. I could not imagine trying to blame another child for making mine sick. What kind of sick world do we live in where your first instinct is to blame someone for your child illness?

Q: I understand parents think their children may catch a cold but aren't the

## **DEPOSITION OF MOIRA ROSE**

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measles something dramatically different?

A: I don't believe so.

Q: You could avoid all of this with one shot. Why isn't it reasonable to require you to get a shot for your child?

A: You want me to play vaccine roulette.

Q: What is that?

A: It is what happens. Big Pharma regularly introduces unproven, questionable medications on the market with the approval of the FDA, which is run by a revolving door of Big Pharma company executives, particularly under the Trump Administration. And they pay the doctors and scientists that support the vaccines. Yet vaccine manufacturers have no liability even when their vaccines fail, harm, or kill. How does that make sense?

A: Vaccines will overwhelm my children's immune system. I have every legal right to protect my children from the known health risks of vaccinations. Laws are in place to safeguard you against the risks but most don't want to talk about the safeguards.

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Q: What safeguards?

A: The personal belief exemption.

Q: Please explain.

A: Nobody—anywhere or anytime or under any circumstances—has the right or power in this country to immunize my children against my will and conviction. That is why every compulsory immunization law has legal exceptions and waivers. I chose to use one of them—the personal belief exemption.

Q: Let's talk about the events of last October.

A: Okay.

Q: How did all this start?

A: By this, I assume you mean the illness.

Q: Yes.

A: My brother got back from a business trip and came for a visit.

Q: Who is your brother?

A: Ted Mullens.

Q: What does he do?

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A: He used to be a vet. But now, he works for a company that gathers and sells exotic seafood.

Q: You mentioned a business trip.

A: Yes. He went on a long business trip to Samoa and came over from the airport.

Q: Does he live nearby?

A: He lives about two hours outside Alastor City in Elmdale.

Q: He didn't go home?

A: No. He had jet lag from his God-awful trip. He wasn't feeling well enough to drive home. And he wanted to see the kids.

Q: Did you know he had been to Samoa?

A: I did because he told me he had been there.

Q: Did you suspect he had been exposed to the measles?

A: No. I knew they had an outbreak in Samoa. I saw it on the news while Ted was there. But he had been vaccinated as a child so I thought he was fine.

Q: You knew your children weren't vaccinated for anything, right?

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A: Of course, I did.

Q: But you took no steps to keep your brother away from them, did you?

A: He is their uncle.

Q: But he got them sick.

A: That is what the health department says now.

Q: And knowing that your brother had been to an area with a measles outbreak and knowing that he was in close contact with your unvaccinated children, you sent David to day care anyway.

A: I never thought there was a problem.

Q: Did the people at day care know David was not vaccinated?

A: Yes.

Q: How did they know?

A: I told them.

Q: When?

A: When he turned 15 months old. They wanted a copy of his updated vaccination records when he turned 15 months old. I told them he would not be getting vaccinations because I was claiming a personal belief

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exemption under state law. By the way, I also have a religious objection to vaccinations.

Q: And what did the day care say?

A: That they would have to study the situation.

Q: Did they ever come back to you?

A: No.

Q: And when did the conversation occur?

A: Some time in April 2019.

Q: Did anyone at the day care know about Ted's trip?

A: Yes.

Q: How?

A: Ted and Pat, the owner of the day care, were dating.

Q: So Pat knew Ted had been to Samoa?

A: Yes. He brought Pat a t-shirt from there. Ted dropped off David on Friday so he could deliver the t-shirt from his trip.

Q: Did Ted go home afterwards?

A: No. He wasn't feeling well so he came back to my house and went to

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bed. He stayed for a couple days. He went home over the weekend.

Q: Did you continue sending David to day care?

A: Yes, until the rash showed up.

Q: Did David have a fever at that point?

A: A bit of one. We told the day care to watch out for it.

Q: Is he okay now.

A: Yes. If we trust our immunities, we can overcome most anything.

Q: And Ted, how long was he sick?

A: A couple weeks. It hit him harder than David.

Q: Is he okay now?

A: He is.

Q: What about David?

A: He's fine too. Thank you for asking.

Q: What about Alexis? Did she get the measles?

A: No. She was on a cruise with Johnny's parents at the time. Go figure.

She didn't get sick because she was on a cruise ship.

Q: You chose not to vaccinate your children. That is certainly your right.

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But is it reasonable for you to take extra precautions to make certain your unvaccinated children do not transmit the measles virus to others?

A: Have you ever been to day care? Or sent your kid there? It is a Petri dish. When you send your kids there, you know they're catching something and bringing it home. We cannot live in a bubble.

No more questions.

**EXAMINATION BY GRANT BYERS:**

Q: I'm showing you what has been marked as Exhibit Q. What is that?

A: An email I sent to Pat Brewer at the day care.

Q: You have the right under state law to choose not to vaccinate David, correct?

A: Yes. Proclaiming the need to protect immunocompromised children from the unvaccinated is the cause du jour, isn't it? Let's force vaccinate the American population to protect all the immune-deficient children. Herd immunity. Protect those that cannot be vaccinated by trampling on the



## **DEPOSITION OF MOIRA ROSE**

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constitutional rights of those that can.

Q: Isn't that a bit harsh?

A: I don't mean to be insensitive when I say this, but why should parents of severely immune compromised children expect the rest of the world to sterilize itself so that their child doesn't get sick. I keep my kids at home when they are sick, out of consideration for others. If my kid were immunocompromised, I would not expect everyone else to make certain the world is safe for my child. That is my job. My job as a parent is to watch out for my child and I do that, while being as considerate as possible toward others, without harming my child in the process. I often kept Alexis from day care while David was a newborn because I was worried of what she might catch at the day care. My responsibility. We live in the same world, are exposed to the same pathogens, and do our best not to spread these common pathogens around beyond our family. Sometimes it helps. Sometimes nothing seems to help. That's life. I would never ask for someone else's child to risk harm just so mine can go about with a false sense of security.

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Q: What are your thoughts about this suit?

A: I don't get it. They are trying to subvert my constitutional right to make decision about my family by imposing civil liability for that choice. You want to talk reasonable. That is certainly not.

Q: What do you mean?

A: When state law explicitly allows parents like me to opt out of vaccinating their children, how can someone suggest I have a legal duty arising from my choice not to vaccinate my child? The last time I felt this emotionally encumbered, I was playing Lady Macbeth on a Crystal Skies cruise ship during Shakespeare at Sea Week.

I'll reserve the remaining questions for trial.

END OF DEPOSITION

**DEPOSITION OF PAT BREWER**

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EXAMINATION BY LISA CHUNG:

Q: What is your name?

A: Pat Brewer.

Q: Where do you live?

A: In Alastor City.

Q: Where in Alastor City?

A: Behind the day care.

Q: Where?

A: 452 South 12th Avenue.

Q: And that is where you live?

A: It is.

Q: Where is the day care?

A: 503 South 13th Street.

Q: What is the name of the day care?

A: Wobbly Elm Day Care.

Q: Is that its official name?

A: Not a Real Company, Inc. doing business as Wobbly Elm Day Care.

**DEPOSITION OF PAT BREWER**

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Q: What state was it incorporated in?

A: Delaware.

Q: What is your role in the corporation?

A: I'm the Vice President.

Q: Who is the President?

A: My mother.

Q: What is her name?

A: Angeline Alastor Brewer.

Q: Alastor as in Alastor City Alastor?

A: Yes, her great grandfather founded the city.

Q: When was the corporation founded?

A: 2011.

Q: Where does your mother live?

A: In Alastor City.

Q: Near you?

A: No. She lives in Alastor Tower near the park.

Q: What about your father?

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A: He lives with my mother.

Q: What does he do?

A: He manages the family investments.

Q: What other than the day care does the family invest in?

A: A number of things.

Q: Like what?

A: Stocks, some start-up companies, some office buildings in the suburbs.

Q: What role does your mother take with the day care?

A: Not any day-to-day role. She leaves that to me.

Q: How many employees does the day care have?

A: 25 right now.

Q: What do they do?

A: Run a day care.

Q: I mean speciifcally.

A: Let's see. 14 teachers. 4 aides. 3 custodians. 3 in the office. And me.

Q: Are you the head of the day-to-day operations for the day care?

A: I am.

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Q: How many children attend the school?

A: 65.

Q: How are the children broken into classes?

A: We have a newborn class, which is three months to six months. We have the next class, which goes from six months to a year. Then we have a class from a year to eighteen months. We have another class, which goes from eighteen months to two. And then a three year old class. And a four year old class. And we have one more class, which goes from four to school age.

Q: What class was David in?

A: He was a llama.

Q: What?

A: We give our groups names and that name becomes the mascot. David was a llama. He was in the year to 18 month class.

Q: What was Kitty?

A: She was a bunny. She was in the six month to one year class.

Q: Did they use the same area?

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A: Part of the day they did. The rooms are around a central room that has a play area in the middle. Each separate class has its own space for activities and sleeping. The teachers take turns letting the children go into the main area for lunch, snacks, or activities that may not be suited for a small space.

Q: By the way, what are the other mascots?

A: The newborns are tadpoles. The three to six months kids are little lambs. The 18 months to two group are pandas. The two year olds are baby sharks. The three year olds are giraffes. The four year olds are puffins. The older kids are lions.

Q: How many other children were in David's class?

A: Six.

Q: Including David.

A: Yes.

Q: How many of those got the measles?

A: David and one other.

Q: Why did the other child get the measles?

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A: She had not been vaccinated even though she was 14 months old. We don't require the MMR vaccination until 15 months. She was just shy of that.

Q: How many were in Kitty's class?

A: Nine.

Q: How many of those children caught the measles?

A: Eight.

Q: Why didn't the ninth get them?

A: Her parents had taken her on a trip at the time.

Q: Were there any other cases of the measles?

A: Yes. Mama Llama caught the measles after David sneezed on her.

Q: Mama Llama?

A: That's what we call the teacher of the llamas. Actually, that's what she calls herself. Her name is Gloria Gregson.

Q: And the other cases we hear about were siblings of children at the day care?

A: Yes. That's correct.



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Q: You closed the day care down?

A: We did while all this was happening.

Q: Why?

A: We wanted everyone to get well, and we didn't want to have any part in spreading the disease.

Q: Did the health department shut you down?

A: No. Mother and I had already decided to close before the health department became involved.

Q: When did you discover there was an issue?

A: October 21st. A Monday.

Q: And when did you close down?

A: The following day.

Q: After school?

A: At noon. We called parents to come get their children. We sent out an email telling them to take their children to the doctor and that one child at the day care had been diagnosed with the measles.

Q: I'm showing you a document marked as Exhibit R. Is this the email?

**DEPOSITION OF PAT BREWER**

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A: It is.

Q: Did you speak to the parents when they picked up their children?

A: I did.

Q: What did you tell them?

A: That there was a reported case of the measles and to take their children to their pediatrician.

Q: How did the parents react?

A: Concern.

Q: Were they all able to collect their children by noon?

A: No. The last ones came just before 3:00.

Q: Why did you close at noon?

A: We wanted to give the children the opportunity to see a doctor that day.

Q: Why did you close it on that day?

A: We had a reported measles cases at the day care, and we didn't want to have any more. Ronnie told me it was best.

Q: By Ronnie, you mean Ronnie Lee with the local health department?

A: Yes.

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Q: Was it reported in the local news?

A: It was.

Q: So it was self-preservation?

A: It was the right thing to do.

Q: Did you cooperate with the health department in its investigation?

A: We did.

Q: How long did the investigation take?

A: Three or four days.

Q: How many more cases did you have?

A: 12.

Q: How did you keep the others from getting the measles?

A: The older children are in a different part of the building and we just got lucky, I guess.

Q: What did you do while this was going on?

A: Met with parents. Disinfected the day care from top to bottom.

Q: Were the parents upset with you?

A: All but a couple were not.

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Q: Kitty Gibbs' parents being among those who were upset.

A: Yes.

Q: Who else was?

A: Ainsley Hayes was also upset her son Larry had been exposed to the measles.

Q: Through this ordeal, you must have learned a lot about the measles.

A: I have. I have been to many training sessions and had many meetings with public health officials. I have learned so much. I've practically become an expert.

Q: Okay. What is the measles? Or is it what are the measles? Which is correct?

A: I'm not sure. I've heard both.

Q: Anyway, tell us about measles.

A: Measles is a very contagious respiratory disease caused by a virus.

Q: Is it relatively a new thing?

A: Oh, no. It was a very big deal before the measles vaccine became available. Measles was a common childhood disease. It is considered the

## **DEPOSITION OF PAT BREWER**

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most deadly of all childhood rash/fever illnesses.

Q: What are the symptoms?

A: Rash, high fever, cough, runny nose, and red, watery eyes.

Q: What causes measles?

A: Measles is caused by a virus.

Q: How is it so contagious?

A: It is so contagious that 90 percent of non-immune people who live with an infected person will catch it. It is transmitted via droplets from the nose, mouth, or throat of infected people, by coughing, sneezing, and breathing.

Q: When do symptoms show?

A: Between 10 and 14 days after exposure to the virus. A few days after symptoms appear, tiny white spots appear inside the mouth.

Q: What can measles cause?

A: Serious and even fatal complications, including severe diarrhea, ear infection, pneumonia, blindness, encephalitis and, in rare cases, death.

Q: How is measles diagnosed?

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A: After the fever lasts at least three days, plus at least one of the "three Cs:" cough, catarrh, which is a build-up of mucus in the nose or throat, or conjunctivitis. Or when the tiny white spots appear on the inside of the mouth.

Q: Was there technically an outbreak at the day care?

A: Under the health department's definition. Apparently, when a case is traced to a location where children gather, the health department declares it an outbreak because the disease spreads so easily and quickly.

Q: How do people get measles?

A: Talking, coughing, sneezing. The virus is released into the air and enters another person's body through the nose, mouth or throat. People can also become sick if they come in contact with the mucus or saliva from an infected person. The measles virus can live on contaminated surfaces and in the air for up to two hours. Measles may be transmitted from 4 days before through 4 days after rash onset.

Q: How can measles be treated?

A: There is no specific antiviral treatment for measles. Care involves

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isolating patients and treating them for complications, including a lack of vitamin A, eye-related problems, stomatitis (mouth ulcers), dehydration through diarrhea, protein deficiencies, and respiratory tract infections.

Most people recover within two to three weeks.

Q: How can a day care prevent and control measles?

A: We can tell everyone to get vaccinated. Measles is a vaccine-preventable disease. One dose of measles vaccine is about 93-percent effective at preventing measles if exposed to the virus and two doses are about 97-percent effective. We can check immunization records. We can tell children and staff workers to stay home while sick.

Q: This case involves questions about having vaccinations. Do you require proof of vaccination?

A: Yes. We require written documentation of age-appropriate measles vaccination.

Q: If a person is exposed, does that mean they will get sick or infected with measles?

A: Generally, yes. Exposure occurs when a person is in the same space with

## **DEPOSITION OF PAT BREWER**

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someone who has measles, or occupies this space for up to 2 hours after the infected person has left. People are less likely to get sick with measles if they have been appropriately vaccinated. Approximately 90 percent of susceptible people will get measles if they are exposed to someone with the disease.

Q: Let's talk about your relationship with Ted.

A: Okay.

Q: You two have a relationship, don't you?

A: We do.

Q: How long have you dated?

A: Since the summer.

Q: And so you are familiar with what is going on with the Rose family?

A: What do you mean?

Q: Your relationship with Ted allowed you to know things about the Rose family, didn't it?

A: I guess.

Q: Did you know that the Roses were anti-vaxxers?



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A: I did, but not from my relationship with Ted. I knew that from my work at the day care.

Q: What do you mean?

A: When David turned one, I sent our standard email asking for proof of immunization for our records. Moira responded that she was claiming a personal exemption under state law and had no intention of subjecting David to that torture.

Q: I am showing you what has been marked as Exhibit Q. Is this a copy of the email you exchanged with Moira?

A: It is.

Q: Didn't you require children at the day care to be vaccinated?

A: We do.

Q: What did you do when Moira refused?

A: We didn't know what to do.

Q: What do you mean?

A: So much related to medical records and educational records is private. We never had a parent claim a personal-belief exception to the

**DEPOSITION OF PAT BREWER**

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mandatory vaccination requirement.

Q: So what did you do?

A: We were studying it.

Q: What do you mean studying it?

A: I made some phone calls to the state health department and did not get much help. I was still working on an appropriate course of action when we learned David had the measles.

Q: And then all hell broke loose?

A: And then we took steps to manage the issue.

Q: By closing down?

A: Ultimately, we did for a few weeks. That was best for everyone involved.

Q: So you knew Ted went to Samoa?

A: I did.

Q: Did you know there was an outbreak in Samoa?

A: I knew there were issues in Samoa but I wasn't aware of the extent.

Q: Were you concerned about him going to Samoa in the first place?

A: We talked about it. He told me he would be fine. He said he couldn't

**DEPOSITION OF PAT BREWER**

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catch the measles. When I was skeptical, he called me a worrywart.

Q: Because you were concerned about a measles epidemic?

A: Yes.

Q: What does he say now?

A: He apologizes to me about making fun of my concern.

Q: After you realized there had been exposure, what steps did you take to minimize exposure?

A: We immediately sent an email to parents with instructions to check with a physician. We brought in a cleaning crew. And we closed down the following day.

Q: How much does a parent pay to send a child to the day care?

A: 1800 dollars a month.

Q: Is that based on five days a week?

A: It is.

Q: Did you lose many children after you shut the day care down?

A: A few.

Q: How many?

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A: Seven or eight.

Q: Did you offer any incentives to get children back?

A: We did.

Q: What were those incentives?

A: Half price for three months.

Q: Did you pick up any new children?

A: Yes.

Q: How many?

A: Two.

Q: It must have been difficult on your staff. How did they cope?

A: Fine. We paid the staff during the shutdown.

Q: Do you feel like you acted reasonably as it relates to avoiding harm to Kitty and Tennessee?

A: I think so. We can always look back in retrospect and say I wish I had done more. But the truth is that we thought at the time we were doing everything right. I understand people got sick. But that happens. I wish it had not happened but it did.

**DEPOSITION OF PAT BREWER**

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Q: I'm showing you what has been marked as Exhibit S. Please identify what it is.

A: A copy of the vaccination policy the day care adopted.

That's all.

EXAMINATION BY GRANT BYERS:

No questions.

END OF DEPOSITION

**DEPOSITION OF TED MULLENS**

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EXAMINATION BY LISA CHUNG:

Q: Please tell us your name.

A: Ted Mullens.

Q: I understand you are Moira Rose's brother.

A: That is correct.

Q: Are you married?

A: Divorced. My ex-wife still misses me. But her aim is steadily improving.

Q: So you're not married now?

A: That's correct.

Q: I understand you are in a relationship with Pat Brewer.

A: That is correct.

Q: Okay. Let's start with some basics. How old are you?

A: 35.

Q: Where are you from?

A: Rough Rock, Arizona.

Q: Did you go to high school there?

A: I did. I was a Rough Rock Sun Devil.

**DEPOSITION OF TED MULLENS**

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Q: Where did you go to college?

A: University of Wyoming.

Q: Did you get any other degrees?

A: Yeah. I went to Auburn and got a vet degree.

Q: Where do you live?

A: In Elmdale.

Q: Where is that?

A: Two hours west of Alastor City.

Q: In South Texas?

A: Yes.

Q: What do you do there?

A: I work for Elmdale Exotic Seafood.

Q: What is that?

A: Have you been asked to order a specialty seafood item that you've never heard of? You search and search and when you finally find what you're looking for you find that there is a 2,000 pound minimum for delivery. The problem is, you only need 5 pounds. We will take care of you. We

## **DEPOSITION OF TED MULLENS**

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are one of the largest distributors of seafood products in the United States. I go around the world to find exotic seafood and to make arrangements to bring it back to Elmdale for distribution throughout the United States. Need it tomorrow? Covered. Florida? Hawaii? New York? Seattle? Chicago? Texas? No problem, we will take care of you.

Q: And you work on the purchasing side of the business?

A: I do.

Q: So you travel a lot?

A: I do

Q: How many days a month would you say you travel?

A: 10 to 15.

Q: And that is what took you to Samoa in late September of last year?

A: It was actually the first week of October.

Q: When did you leave for Samoa?

A: I flew out on the 3rd.

Q: How long were you there?

A: Four or five days.



## **DEPOSITION OF TED MULLENS**

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Q: How long was the flight?

A: It seemed like forever. I had been in the Galapagos looking for slipper lobster and Finland looking for Baltic herring. I tried to save money by flying through Dublin. But that was a nightmare. I had a four-hour layover and then an 18-hour flight with two more stops. Brutal.

Q: What were you looking for in Samoa?

A: Types of South Pacific tuna.

Q: Who did you meet with when you went there?

A: Some executives who represented local seafood merchants.

Q: Fishermen?

A: Some. But I think the executives also represented local markets as well,

Q: Where did you go in Samoa?

A: I flew in and out of Apia. I spent most of my time there. But I made a side trip to Salamumu on the Safala Bay to check out some fish markets on that side of the island.

Q: Were people there worried about the measles?

A: Some were. In some places we went, we wore masks. But I wasn't

**DEPOSITION OF TED MULLENS**

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worried. I thought I couldn't get the measles because my parents told me I had been vaccinated as a child.

Q: Had you been?

A: As it turns out, I had the first shot but not the booster so I got the measles.

Q: When did you start feeling bad?

A: I had a headache over the weekend when I was in Samoa.

Q: When would that have been?

A: I was there from the 4th to the following Monday. It took a day to get there and a day to get home.

Q: What did you do when you flew back to Alastor City?

A: Johnny met me at the airport and we went to their house.

Q: When was that?

A: Tuesday evening.

Q: Okay. How did you feel then?

A: The same. Tired. Had a headache. Flying all day takes it out of you.

Q: Did you come straight from Samoa to Alastor City?

**DEPOSITION OF TED MULLENS**

February 12, 2020

A: My company tries to save money. I flew through Frankfurt on the way home. Another fun-filled trip with layovers. Zig-zagging the world to save a few bucks.

Q: Okay. What precautions did you take on the flight back?

A: What do you mean?

Q: Did you wear a mask?

A: No.

Q: Why not?

A: I didn't think I had the measles.

Q: Did others on your flight from Samoa to Frankfurt wear masks?

A: Some did.

Q: But you didn't?

A: No. I didn't.

Q: Let me ask you about going into Samoa. Did you have to get any vaccinations?

A: I was up-to-date or so I thought.

Q: What do you mean?

## **DEPOSITION OF TED MULLENS**

February 12, 2020

A: I hadn't had the second MMR vaccination as a child so I apparently didn't have immunity from it.

Q: But you told them that you had?

A: Yes.

Q: When did you learn that you had not received the booster?

A: I found out that from my mother after I got the measles.

Q: Okay. Let's talk about the precautions you took once you got back to Alastor City. What did you do once you went to your sister's house?

A: What do you mean?

Q: Did you wear a mask at that point?

A: No. I went to bed.

Q: Were you isolated from the children?

A: No. I initially slept for two days to recover. I didn't think I was sick. I thought I was tired. Johnny asked me to take David to day care on Friday so I did that before coming back to the house and spending the rest of the day binge watching movies with Eugene Levy and Catherine O'Hara.

Q: When did you go home?

**DEPOSITION OF TED MULLENS**

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A: Sunday. Moira was driving me crazy. She thinks she has to take care of me. She kept making me chicken soup and the only thing she knows how to make are reservations.

Q: Do you live alone in Elmdale?

A: I do.

Q: Did you just stay home?

A: I did.

Q: Even when the rash started?

A: Yes.

Q: When did the rash start?

A: The day after I got home.

Q: And by home, you mean Elmdale?

A: Yes, Elmdale. That is where I live.

Q: Where do you live there?

A: In a townhouse.

Q: Did you go to the doctor when you got home?

A: No. I just went to bed and slept. I thought I had the flu.

**DEPOSITION OF TED MULLENS**

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Q: Did you see anyone that week?

A: No one other than people who brought deliveries to my place.

Q: What kind of deliveries?

A: Groceries. Meals. I didn't feel like shopping. They would leave them at the door and I would go get them.

Q: So there was no contact with the delivery people?

A: Not really. No.

Q: Did you talk to anyone that week?

A: Not until the weekend.

Q: Not Moira?

A: She called but I let it go to voicemail. I didn't call her back until the weekend.

Q: What about Pat?

A: No.

Q: Was that unusual?

A: No. I travel so much that we go weeks without talking. It was not a problem. I may have exchanged texts but not much while I was hanging

**DEPOSITION OF TED MULLENS**

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around the house that week.

Q: When did you discover it was the measles?

A: When Moira called me the next weekend to tell me Kitty was sick.

Q: Did you speak to Moira or was it a message?

A: Both.

Q: What do you mean?

A: Moira called and said she had to speak to me. It was more dire than her usual soap-opera princess mode so I called her back.

Q: And you spoke to her?

A: Yes.

Q: What did she tell you?

A: That Kitty had a rash and that they thought it was the measles.

Q: Did she know that you had the measles?

A: No. She asked what was going on with me. I told her I had a rash too but I had no idea what it was. I then figured out I had the measles too.

Q: Why was this such a surprise? I thought you had some medical training.

A: I was a vet before starting to work for the exotic seafood company. Not

**DEPOSITION OF TED MULLENS**

February 12, 2020

many cases of the measles with basset hounds.

Q: Let me go back to the time you were at your sister's house.

A: Okay.

Q: Were you around David and Alexis?

A: Sometimes.

Q: Did you eat meals with them?

A: Yes.

Q: Did you spend significant amounts of time in rooms with them?

A: I did.

Q: Were Moira and Johnny in the room with you at the time?

A: Yes. We were watching movies.

Q: And it never occurred to anyone not to isolate you from them?

A: Not at the time. No.

Q: And you knew they were not vaccinated?

A: I did.

Q: How did you know that?

A: Pat and I discussed it after Moira claimed a personal-belief exemption to



**DEPOSITION OF TED MULLENS**

February 12, 2020

the vaccination requirement.

Q: Pat is the person you have been dating?

A: Yes.

Q: Did that cause friction between you and Pat?

A: No. We discussed it though. Pat was concerned about what to do regarding other parents and whether there was any obligation to alert them about his unvaccinated status. All the privacy laws with medical records and school records. It's a mess.

Q: But before Pat could figure it out, you caused an outbreak?

A: Kitty got the measles before Pat had decided how to handle the personal-belief exemption. The day care did not have a policy to cover the situation. No one had ever claimed a personal-belief exemption.

Q: So all the other kids at the day care were vaccinated?

A: Pat said so, at least all that were old enough for shots. You'd have to ask Pat about that specifically though.

Q: When did you finally recover?

A: Probably around the 28th.

**DEPOSITION OF TED MULLENS**

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Q: Did Pat visit you while you were sick?

A: Yes. After the day care closed, Pat came to Elmdale and stayed a couple days. Nothing was happening there. Getting out of town was apparently a good idea.

Q: How does it feel to be patient zero, as far as Alastor City is concerned?

A: Not great.

Q: You understand many got sick from you?

A: Kitty did. That makes me sad.

Q: I said many. More than Kitty.

A: Thanks for explaining the word many to me. It means a lot. I had no idea any of this was possible. But I'm thankful everyone made it through okay.

Q: We don't know if the Gibbs children did. They are still suffering from the effects of contracting the measles. Your family may have made it through the ordeal but some are still dealing with it and will be for some time. How does that make you feel?

A: Not great.

**DEPOSITION OF TED MULLENS**

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Nothing further.

**EXAMINATION BT GRANT BYERS:**

Q: Your sister is an anti-vaxxer. Are you?

A: Nope.

Q: So you have no agenda as it relates to getting vaccinated?

A: I do not. Moira does what Moira wants. That's her choice.

Q: So are you vaccinated?

A: Yes. Or at least I thought I was.

Q: Do you have any children?

A: None that I know of. But fatherhood is just a paternity suit away.

That's all for me.

**END OF DEPOSITION**

**DEPOSITION OF RONNIE LEE**

February 2, 2020

EXAMINATION BY LISA CHUNG:

Q: Please identify yourself.

A: I'm Ronnie Lee.

Q: Where do you work?

A: For the Capitol County Health Department.

Q: And what is your title?

A: I'm an assistant inspector.

Q: Who is your boss?

A: Justine St. Pierre.

Q: And what is her title?

A: County Health Inspector.

Q: Okay. What does an assistant health inspector do?

A: All kinds of things really. I try to keep people safe. Check out restaurants and any place that serves food. I monitor anything that could endanger any citizens of Capital County.

Q: Do you have any specific training for this?

A: Oh sure. I read all sorts of manuals and reports from the State

**DEPOSITION OF RONNIE LEE**

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Department of Health.

Q: But do you have any specialized degree that makes you qualified to serve as an assistant health inspector?

A: You betcha. I spent three days at Inspector Training with the health department.

Q: Let me try this a different way. Did you graduate from high school?

A: Sure.

Q: Where?

A: Memorial High School in Alastor City.

Q: Did you go to college?

A: I did for a semester but it wasn't for me.

Q: What did you do after dropping out of college?

A: I went to work for a landscaping company called A Cut Above.

Q: And when did you decide to become an assistant health inspector?

A: A couple years ago. I saw the job posting on Linked in and thought I might give it a go. And I've enjoyed it.

Q: I understand you know Pat Brewer.

**DEPOSITION OF RONNIE LEE**

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A: We went to Memorial together. Graduated the same year.

Q: So how old are you?

A: 28.

Q: Is Pat the same age?

A: Yes. My birthday is March 26. Pat's birthday is the 27th.

Q: Let's talk about your conversations with Pat about the day care.

A: Okay.

Q: When did you first discuss the day care with Pat?

A: Before I had the job with the health department.

Q: What do you mean?

A: Pat's family has owned the day care for some time. I just started working at the health department in 2016.

Q: What were your conversations before you had the job with the health department?

A: Just how Pat wanted to establish a profitable business that got rid of the need to rely on family money to live.

Q: So Pat's family has money?

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A: They are the Alastors, as in Alastor City. Yes, they do. They aren't Carson Alastor but they don't want for money.

Q: How many conversations did you have before you started working for the health department?

A: Many. We have drinks regularly. We would catch up regularly.

Q: Okay. Let's move to the time when you started working for the health department.

A: Okay.

Q: You said that was in 2016, correct?

A: Correct.

Q: Okay. What conversations did you have then?

A: Same kind. We'd grab drinks once a week. I'd tell Pat what was happening at the health department. Pat would tell me what was happening at the day care. Normal conversations.

Q: Did Pat talk to you about dating Ted Mullens?

A: Yes.

Q: When did that start?

**DEPOSITION OF RONNIE LEE**

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A: The conversations or the relationship?

Q: Let's take them separately. When did the relationship begin?

A: New Year's Eve.

Q: What year?

A: End of 2018. Beginning of 2019.

Q: What about the conversations with you about the relationship?

A: The following week.

Q: What did Pat tell you?

A: That they started dating.

Q: Did they see each other often?

A: Not often because he lived a couple hours away. But his sister lived in town and he often visited. More so once he started dating Pat.

Q: Was Ted's nephew attending the day care when they started dating?

A: I believe so.

Q: Do you recall if Pat mentioned it?

A: Yes. Ted would drop off the nephew at day care so he could see Pat. Pat would mention that occasionally.



**DEPOSITION OF RONNIE LEE**

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Q: Did you have a conversation with Pat about the nephew's vaccination status?

A: I did.

Q: Tell us about that.

A: I think it was in the spring.

Q: Of what year?

A: 2019.

Q: Okay. What did Pat tell you?

A: That Ted's sister would not get her child vaccinated. The day care rules required vaccinations so Pat had to figure out how to handle the situation.

Q: Did Pat explain why Ted's sister would not vaccinate?

A: Because she didn't want to. I told Pat that he ought to get Ted to talk to her. I think Ted tried but it didn't work. She said she was going to exercise her right to have a personal-belief exemption from the state vaccination laws.

Q: Had you ever heard of a personal-belief exemption?

**DEPOSITION OF RONNIE LEE**

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A: No. I hadn't.

Q: What did you do?

A: I told Pat to let me do some research, and I did.

Q: What did that research turn up?

A: That Moira had the right under state law to make that decision. So that left Pat in a difficult situation.

Q: Why?

A: Because the day care had a rule that all children had to be vaccinated to go to the day care.

Q: So the day care had no personal-belief exemption?

A: No. It didn't. But Pat didn't know what to do because parents had been told that all the kids that were old enough to be vaccinated were.

Q: But they were not?

A: David Rose was not.

Q: What were Pat's concerns?

A: Whether to tell the parents. Whether the parents could be told.

Q: What do you mean?

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A: There are a bunch of privacy laws that cover this type of thing.

Q: Like HIPAA and FERPA?

A: Yeah.

Q: Had you ever heard of those federal laws?

A: Not particularly. But I told Pat I would study up and offer some advice.

Q: Did you have time to do this?

A: I started to.

Q: When did you start to?

A: I guess in May.

Q: Did you figure out an answer?

A: Not before all this happened.

Q: By all this, you mean the measles outbreak that was caused by the  
unvaccinated child claiming a personal-belief exemption?

A: Yes.

Q: And that happened in October, five months after you started looking into  
it?

A: I guess.

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Q: Did any of the parents at the day care know that David Rose was unvaccinated?

A: I don't believe so.

Q: Did Pat Brewer tell any parents of this situation?

A: Not until Kitty was diagnosed with the measles.

Q: What did Pat tell the parents then?

A: An email went out to the parents on the day the day care closed its doors.

Q: Did you help in drafting that email?

A: I guess.

Q: What do you mean you guess?

A: I talked to Pat and described what the parents should be told.

Q: What was that?

A: That a child had been diagnosed with the measles. That it was serious, particularly for children under the age of one year. That the family physician should be consulted. That the health department should be updated with the child's condition.

Q: Did you see the email before it went out?

**DEPOSITION OF RONNIE LEE**

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A: I did not.

Q: Did you see it afterwards?

A: No. But I was told that it had gone out.

Q: Were parents concerned?

A: Of course, they were.

Q: Was the Rose family identified as the cause of the measles outbreak?

A: Not initially.

Q: Why not?

A: Pat was concerned about the Rose family's privacy.

Q: Was Pat also concerned about protecting the other children?

A: Absolutely.

Q: Were the Roses ever identified as the cause?

A: Eventually. I think the media broke the story a few days later.

Q: Do you fault the day care for anything it did?

A: Not at all. The day care acted swiftly when the threat was identified.

Q: But with regard to David Rose's unvaccinated status, you think allowing the child to continue going to day care was reasonable under the

**DEPOSITION OF RONNIE LEE**

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circumstances?

A: Yes.

Q: And you think it is reasonable for the day care to allow the child to continue to come to the day care when he is exposed to a person who returned from an area with a measles outbreak?

A: I do. They had no idea he was exposed to the measles. We don't expect every sniffle to be the measles. Illness is part of a day care. The children come in contact with one another. It happens.

Q: Shouldn't the current state of worldwide outbreaks of preventable, deadly diseases change the way we look at infectious diseases?

A: Perhaps. But we cannot shut down every school and day care facility every time a child gets a runny nose or a cold. We take precautions. We tell sick children to stay home.

Q: Do you know if David Rose was sick when he was at the day care?

A: Obviously, he was. But at the time, they knew he had a fever but nothing beyond that.

Q: Did the day care ever send David Rose home?

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A: I don't believe so.

Q: So they kept a sick child at the day care?

A: I believe that is a correct statement.

Q: Is that reasonable?

A: Depends on the circumstances. Children get fevers. It happens.

Q: But you don't think your good friends at the day care did anything wrong?

A: No. I don't. I would have probably done the same things Pat did in running the day care. Everyone makes choices they believe are correct based on the information that person has. Pat didn't know.

Q: Do you know if this ordeal affected Pat's relationship with Ted?

A: They're still dating.

Q: Has it put a strain on their relationship?

A: I don't believe so. Pat doesn't blame Ted.

Nothing further.

**DEPOSITION OF RONNIE LEE**

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EXAMINATION BT GRANT BYERS:

Q: Please identify what has been marked as Exhibit O.

A: It is a CDC chart we use in the office.

Q: And Exhibit P?

A: We use that too. It is a chart showing the incubation period for measles.

I'll reserve the rest of my questions.

END OF DEPOSITION



**DEPOSITION OF RAY BUTTANI**

February 7, 2020

***This is a Defense witness whose testimony will be added when clarifications are released. See Bulletin 2 for details.***

END OF DEPOSITION

# Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
2020

## Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHib® Hiberix®
	Hib (PRP-OMP)	Pedvax-Hib®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R® II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D	Menactra®
	MenACWY-CRM	Menveo®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Pneum 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax® 23
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1	Rotarix®
	RV5	RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®

## Combination vaccines (use combination vaccines instead of separate injections when appropriate)

DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadricel®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## How to use the child/adolescent immunization schedule

1	2	3	4
Determine recommended vaccine by age (Table 1)	Determine recommended interval for catch-up vaccination (Table 2)	Assess need for additional recommended vaccines by medical condition and other indications (Table 3)	Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), and American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)).

## Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967



Download the CDC Vaccine Schedules App for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

## Helpful information

- Complete ACIP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- General Best Practice Guidelines for Immunization: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Outbreak Information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

CS10020-A

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose						3 <sup>rd</sup> dose									
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes			3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes									
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose									
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose					4 <sup>th</sup> dose					
Influenza (IIV) or Influenza (LAIV)									Annual vaccination 1 or 2 doses			Annual vaccination 1 or 2 doses	or	Annual vaccination 1 dose only		Annual vaccination 1 dose only	
Measles, mumps, rubella (MMR)					See Notes			1 <sup>st</sup> dose				2 <sup>nd</sup> dose					
Varicella (VAR)								1 <sup>st</sup> dose				2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes				2-dose series, See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													Tdap				
Human papillomavirus (HPV)													See Notes	*	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)									See Notes								
Meningococcal B															See Notes		
Pneumococcal polysaccharide (PPSV23)															See Notes		

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or \*can be used in this age group

No recommendation/ not applicable



**Table 2****Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020**

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years				
		Dose 1 to Dose 2	Dose 2 to Dose 3	Minimum Interval Between Doses	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	<b>4 weeks</b>	<b>8 weeks and at least 16 weeks after first dose.</b> Minimum age for the final dose is 24 weeks.			
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	<b>4 weeks</b>	<b>4 weeks</b> Maximum age for final dose is 8 months, 0 days.			
Diphtheria, tetanus, and acellular pertussis	6 weeks	<b>4 weeks</b>	<b>4 weeks</b>		<b>6 months</b>	<b>6 months</b>
Haemophilus influenzae type b	6 weeks	<b>No further doses needed</b> if first dose was administered at age 15 months or older. <b>4 weeks</b> if first dose was administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose)</b> if first dose was administered at age 12 through 14 months.	<b>No further doses needed</b> if previous dose was administered at age 15 months or older. <b>4 weeks</b> if current age is younger than 12 months <b>and</b> first dose was administered at younger than age 7 months <b>and</b> at least 1 previous dose was PIP-1 (Acl-Hib, Pentacel, Hibex) or unknown. <b>8 weeks and age 12 through 59 months (as final dose)</b> if current age is younger than 12 months <b>and</b> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <b>and</b> first dose was administered before the 1 <sup>st</sup> birthday <b>and</b> second dose administered at younger than 15 months; OR if both doses were PIP-OMP (PedvaxIMB, Comvax) <b>and</b> were administered before the 1 <sup>st</sup> birthday.		<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate	6 weeks	<b>No further doses needed</b> for healthy children if first dose was administered at age 34 months or older. <b>4 weeks</b> if first dose was administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose for healthy children)</b> if first dose was administered at the 1 <sup>st</sup> birthday or after.	<b>No further doses needed</b> for healthy children if previous dose administered at age 24 months or older. <b>4 weeks</b> if current age is younger than 12 months and previous dose was administered at <7 months old. <b>8 weeks (as final dose for healthy children)</b> if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.		<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	<b>4 weeks</b>	<b>4 weeks</b> if current age is < 4 years. <b>6 months (as final dose)</b> if current age is 4 years or older.		<b>6 months</b> (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	<b>4 weeks</b>				
Varicella	12 months	<b>3 months</b>				
Hepatitis A	12 months	<b>6 months</b>				
Meningococcal ACWY	2 months MenACWY-CRM	<b>8 weeks</b>	See Notes		See Notes	
	9 months MenACWY-D					
<b>Children and adolescents age 7 through 18 years</b>						
Meningococcal ACWY <sup>a</sup>	Not applicable (N/A)	<b>8 weeks</b>				
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis	7 years	<b>4 weeks</b>	<b>4 weeks</b> if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. <b>6 months (as final dose)</b> if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.		<b>6 months</b> if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.				
Hepatitis A	N/A	<b>6 months</b>				
Hepatitis B	N/A	<b>4 weeks</b>	<b>8 weeks and at least 16 weeks after first dose.</b>			
Inactivated poliovirus	N/A	<b>4 weeks</b>	<b>6 months</b> A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.		A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	<b>4 weeks</b>				
Varicella	N/A	<b>3 months</b> if younger than age 13 years. <b>4 weeks</b> if age 13 years or older.				

**Table 3** Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

VACCINE	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV Infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leaks or cochlear implants	Asplenia or persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm <sup>3</sup>	≥15% and total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Grey	Orange	Orange	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Diphtheria, tetanus, & acellular pertussis (DTaP)	Grey	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Haemophilus influenzae</i> type b	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal conjugate	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Inactivated poliovirus	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (IIV) or Influenza (LAIV)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Measles, mumps, rubella	Red	Red	Red	Red	Orange	Asthma, wheezing: 2–4yrs <sup>3</sup>	Red	Red	Orange	Orange
Varicella	Red	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Hepatitis A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Tetanus, diphtheria, & acellular pertussis (Tdap)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Human papillomavirus	Pink	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal ACWY	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal B	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal polysaccharide	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

**Legend:**

- Yellow:** Vaccination according to the routine schedule recommended
- Orange:** Recommended for persons with an additional risk factor for which the vaccine would be indicated
- Red:** Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
- Orange:** Not recommended/contraindicated—vaccine should not be administered
- Orange:** Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
- Red:** Asthma, wheezing: 2–4yrs<sup>3</sup>
- Red:** SCID<sup>2</sup>
- Yellow:** Delay vaccination until after pregnancy if vaccine indicated
- Grey:** No recommendation/not applicable

<sup>1</sup> For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html) and Table 4-1 (footnote D) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

<sup>2</sup> Severe Combined Immunodeficiency

<sup>3</sup> LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.



## Notes

## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

For vaccine recommendations for persons 19 years of age or older, see the Recommended Adult Immunization Schedule.

### Additional information

- Consult relevant ACIP statements for detailed recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and relevant ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3–1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccine requirements and recommendations is available at [www.cdc.gov/travel/](http://www.cdc.gov/travel/).
- For vaccination of persons with immunodeficiencies, see Table 8–1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), and Immunization in Special Clinical Circumstances (in: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

### Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadacel])

#### Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
- Retrospectively:** A 4<sup>th</sup> dose that was inadvertently administered as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

#### Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

### Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

#### Routine vaccination

- ActHIB, Hibertix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months

- PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

#### Catch-up vaccination

- Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–15 months and at least 8 weeks after dose 2.
- Unvaccinated at 15–59 months:** 1 dose
- Previously unvaccinated children age 60 months or older** who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

### Special situations

#### Chemotherapy or radiation treatment

- 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

#### Hematopoietic stem cell transplant (HSCT):

- 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- Anatomic or functional asplenia (including sickle cell disease):**

- 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated\* persons age 5 years or older*
  - 1 dose

#### Elective splenectomy:

- Unvaccinated\* persons age 15 months or older*
  - 1 dose (preferably at least 14 days before procedure)

#### HIV infection:

- 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated\* persons age 5–18 years*
  - 1 dose

#### Immunoglobulin deficiency, early component complement deficiency:

- 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

\*Unvaccinated = Less than routine series (through 14 months)  
OR no doses (15 months or older)



## Notes

### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

#### Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

##### Routine vaccination

- 2-dose series (minimum interval: 6 months) beginning at age 12 months

##### Catch-up vaccination

- Unvaccinated persons through 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

##### International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)):
  - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 and 23 months of age
  - **Unvaccinated age 12 months and older:** Administer dose 1 as soon as travel is considered.

#### Hepatitis B vaccination (minimum age: birth)

##### Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for all medically stable infants  $\geq 2,000$  grams. Infants  $< 2,000$  grams: Administer 1 dose at chronological age 1 month or hospital discharge.

##### Mother is HBsAg-positive:

- Administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants  $< 2,000$  grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.

##### Mother's HBsAg status is unknown:

- Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- For infants  $< 2,000$  grams, administer **HBIG** in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.

- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **HBIG** to infants  $\geq 2,000$  grams as soon as possible, but no later than 7 days of age.

##### Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)

- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).

- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.

- **Minimum age for the final (3<sup>rd</sup> or 4<sup>th</sup>) dose:** 24 weeks
- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

##### Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (**HepBisav-B**) at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

##### Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.

- **Revaccination** may be recommended for certain populations,

including:

- **Infants born to HBsAg-positive mothers**
- **Hemodialysis patients**

- **Other immunocompromised persons**

- For detailed revaccination recommendations, see [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html).

#### Human papillomavirus vaccination (minimum age: 9 years)

##### Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9 through 14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

##### Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series as above
- **History of sexual abuse or assault:** Start at age 9 years.
- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

##### Influenza vaccination

(minimum age: 6 months [IV], 2 years [LAIV], 18 years [recombinant influenza vaccine, RIV])

##### Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2019, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2019
  - 1 dose for **all persons age 9 years and older**
- For the 2020–21 season, see the 2020–21 ACIP influenza vaccine recommendations.

##### Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions
- **LAIV should not be used** in persons with the following conditions or situations:
  - History of severe allergic reaction to a previous dose of any influenza vaccine or to any vaccine component (excluding egg, see details above)
  - Receiving aspirin or salicylate-containing medications
  - Age 2–4 years with history of asthma or wheezing
  - Immunocompromised due to any cause (including medications and HIV infection)
  - Anatomic or functional asplenia
  - Cochlear implant
  - Cerebrospinal fluid–oropharyngeal communication
  - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Received influenza antiviral medications within the previous 48 hours



## Notes

### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

#### Measles, mumps, and rubella vaccination (minimum age: 12 months for routine vaccination)

##### Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

##### Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

##### Special situations

###### International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series with dose 1 at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months and older:** 2-dose series at least 4 weeks apart before departure

#### Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra])

##### Routine vaccination

- 2-dose series at 11–12 years, 16 years

##### Catch-up vaccination

- **Age 13–15 years:** 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- **Age 16–18 years:** 1 dose

##### Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

###### Menveo

- Dose 1 at age 8 weeks; 4-dose series at 2, 4, 6, 12 months
- Dose 1 at age 7–23 months; 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- Dose 1 at age 24 months or older; 2-dose series at least 8 weeks apart

###### Menactra

- **Persistent complement component deficiency or complement inhibitor use:**

- Age 9–23 months: 2-dose series at least 12 weeks apart
- Age 24 months or older: 2-dose series at least 8 weeks apart

###### Anatomic or functional asplenia, sickle cell disease, or HIV infection:

- Age 9–23 months: Not recommended
- Age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)):

- Children less than age 24 months:
  - **Menveo (age 2–23 months):**
  - Dose 1 at 8 weeks; 4-dose series at 2, 4, 6, 12 months
  - Dose 1 at 7–23 months; 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- **Menactra (age 9–23 months):**
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose **Menveo** or **Menactra**

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo** or **Menactra**

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk (see below).

- **Children for whom boosters are not recommended** (e.g., those who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

**Note:** Menactra should be administered either before or at the same time as DTap. For MenACWY booster dose

**recommendations** for groups listed under “special situations” and in an outbreak setting and for additional meningococcal vaccination information, see [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html).

#### Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

##### Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - **Bexsero:** 2-dose series at least 1 month apart
  - **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3<sup>rd</sup> dose at least 4 months after dose 2.

##### Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 3-dose series at 0, 1–2, 6 months

Bexsero and Trumenba are not interchangeable; the same product should be used for all doses in a series. For MenB booster dose recommendations for groups listed under “special situations” and in an outbreak setting and for additional meningococcal vaccination information, see [www.cdc.gov/vaccines/acip/recommendations.html](http://www.cdc.gov/vaccines/acip/recommendations.html) and [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html).

#### Pneumococcal vaccination

(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

##### Routine vaccination with PCV13

- 4-dose series at 2, 4, 6, 12–15 months

##### Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete\* PCV13 series
- For other catch-up guidance, see Table 2.

##### Special situations

**High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during the same visit.**

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma treated with high-dose, oral corticosteroids), diabetes mellitus:

**Age 2–5 years**

- Any incomplete\* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

**Age 6–18 years**

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

##### Cerebrospinal fluid leak, cochlear implant:

**Age 2–5 years**

- Any incomplete\* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

**Age 6–18 years**

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23



## Notes

## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

Sickle cell disease and other hemoglobinopathies;

anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma;

Age 2–5 years

- Any incomplete\* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2<sup>nd</sup> dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)

- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)

- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2<sup>nd</sup> dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

\*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations at [www.cdc.gov/mmwr/pdf/r/r5911.pdf](http://www.cdc.gov/mmwr/pdf/r/r5911.pdf) for complete schedule details.

### Poliovirus vaccination (minimum age: 6 weeks)

#### Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose at or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended at or after age 4 years and at least 6 months after the previous dose.

### Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?cid=mm6601a6\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?cid=mm6601a6_w).

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.

- Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).

- Doses of OPV administered on or after April 1, 2016, should not be counted.

- For guidance to assess doses documented as "OPV," see [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?cid=mm6606a7\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?cid=mm6606a7_w).

- For other catch-up guidance, see Table 2.

### Rotavirus vaccination (minimum age: 6 weeks)

#### Routine vaccination

- Rotarix: 2-dose series at 2 and 4 months
- Rotateq: 3-dose series at 2, 4, and 6 months
- If any dose in the series is either Rotateq or unknown, default to 3-dose series.

#### Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

### Tetanus, diphtheria, and pertussis (Tdap) vaccination (minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

#### Routine vaccination

- Adolescents age 11–12 years: 1 dose Tdap
- Pregnancy: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

### Catch-up vaccination

- Adolescents age 13–18 years who have not received Tdap: 1 dose Tdap, then Td or Tdap booster every 10 years
- Persons age 7–18 years not fully vaccinated\* with DTaP: 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- Tdap administered at 7–10 years:
  - Children age 7–9 years who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  - Children age 10 years who receive Tdap do not need to receive the routine Tdap dose at age 11–12 years.
- DTaP inadvertently administered at or after age 7 years:
  - Children age 7–9 years: DTaP may count as part of catch-up series. Routine Tdap dose at age 11–12 years should be administered.
  - Children age 10–18 years: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see [www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm).

- Fully vaccinated = 5 valid doses of DTaP OR 4 valid doses of Tdap if dose 4 was administered at age 4 years or older

### Varicella vaccination (minimum age: 12 months)

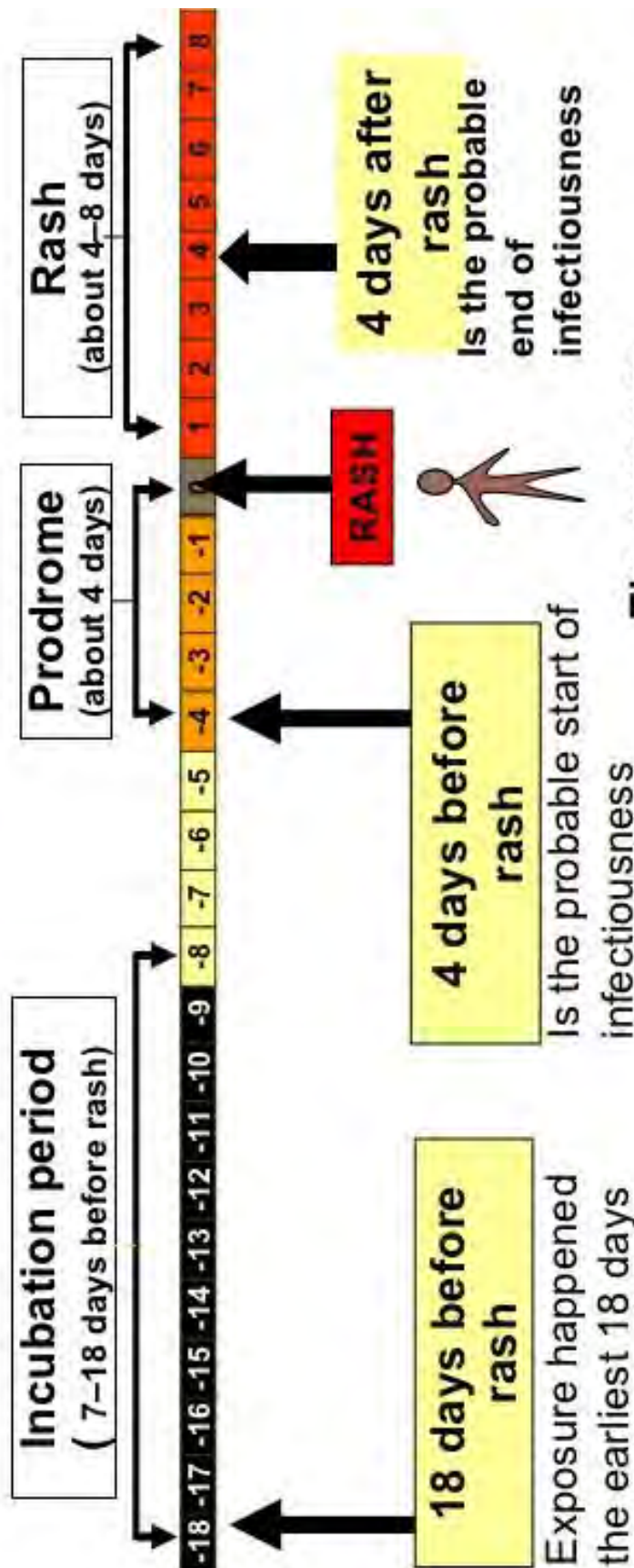
#### Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

#### Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see [www.cdc.gov/mmwr/pdf/rr/r5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/r5604.pdf)) have 2-dose series:
  - Age 7–12 years: routine interval: 3 months (a dose administered after a 4-week interval may be counted)
  - Age 13 years and older: routine interval: 4–8 weeks (minimum interval: 4 weeks)
- The maximum age for use of MMRV is 12 years.

# Clinical course of measles



The case can be identified here

## EXHIBIT

Pat Brewer<pbrewer@wobblyelmdc.com>

-----Original Message-----

From: Moira Rose [mailto:moira@rosebudinns.com] Sent: Tuesday, April 16, 2019 11:52 PM To: Pat Brewer  
<pbrewer@wobblyelmdc.com> cc: Johnny Rose  
<johnny@rosebudinns.com>

Subject: Re: Vaccination Update

NO!!!!!!!!

We will no be doing that. But, thank you. We value our children too much. We will be invoking our right under South Texas law to not have chemicals placed in our children. It is against our personal beliefs.

Moira

Sent from my iPad

-----Original Message-----

From: Pat Brewer <mailto:pbrewer@wobblyelmdc.com> Sent: Monday, April 15, 2019 9:52 AM To: Moira Rose [mailto:moira@rosebudinns.com]; Johnny Rose <johnny@rosebudinns.com>

Subject: Vaccination Update

Greetings friends:

I hope all is well. David celebrated his birthday recently, and we need to update our records with his vaccinations, particularly the MMR immunization, which we require by the time he turns 15 months.

If you would prefer, we can obtain those shot records directly from his pediatrician.

Thanks so much. We appreciate you.

- Pat

Sent from my iPad



## EXHIBIT

Pat Brewer<pbrewer@wobblyelmdc.com>

-----Original Message-----

From: Pat Brewer <mailto:pbrewer@wobblyelmdc.com> Sent: Tuesday, October 22, 2019 10:52 AM  
To: Twyla Sands [mailto:sandy39216@gmail.com]; Shannon Gibbs <sjg0213@hotmail.com>

Subject: **SCHOOL CLOSING AT NOON TODAY**

I am so sorry but we have to close the day care today at noon. We have a medical issue that I will be on hand to explain to you when you arrive to pick up your child.

Thanks so much.

- Pat

Sent from my iPad

## **EXHIBIT**

### **Wobbly Elm Day Care Vaccination Policy**

Immunizations are required of all children attending Wobbly Elm Day Care. You must submit proof of the appropriate immunizations BEFORE your child can attend. And as your child become due for additional vaccinations, you have ten days to submit proof of the immunizations. A physician must sign an immunization form to be kept in your child's file. We will periodically notify you when it needs to be updated. While sometimes there are medical reasons for not giving your child a particular immunization, we are not permitted to make exceptions. We follow the childhood immunization guidelines established by the CDC and the South Texas Department of Health and Public Safety.

## **EXHIBIT**

### **PRESS RELEASE**

**October 25, 2019**

#### **BY THE DIRECTOR OF THE SOUTH TEXAS DEPARTMENT OF HEALTH AND PUBLIC SAFETY**

##### ***Measles outbreak at Wobbly Elm Day Care***

Stevie Budd, the Director of the South Texas Department of Health and Public Safety is monitoring the situation of the clusters of measles virus detected in Alastor City, South Texas and is following the protocols of the Center for Disease Control.

Following the first reports of a cluster of measles cases at the Wobbly Elm Day Care in Alastor City, Health Department officials identified Ted Mullens as patient zero. Mullens, an Elmdale resident, returned from an epidemic area in Samoa unaware he was infected with the measles virus. Mullens then exposed his nieces, children of known anti-vaxxers, Johnny and Moira Rose. One of the Rose children was enrolled in the Wobbly Elm Day Care and carried the virus there.

To date, 10 measles cases have been confirmed. The outbreak investigations are on-going and in this rapidly evolving context.

Everyone should take precautions. All those over 12 months should be vaccinated. Those too young for vaccinations should not be exposed to crowds, other children, and anyone with apparent illnesses. Wash your hands. Disinfect all that your child comes into contact with. Remember, the measles virus can live for two hours on a surface or suspended in the air.