



**OFFICE OF THE GOVERNOR**

**EXECUTIVE ORDER #90**

**Relating to Declaring a Public Health Emergency**

**WHEREAS**, SARS-CoV-2 is a respiratory virus which causes acute symptoms affecting the lungs and upper airway;

**WHEREAS**, the SARS-CoV-2 virus causes the disease COVID-19, which is known to cause complications affecting a wide range of organ systems, including myocarditis, or inflammation of the heart muscle, and neurologic complications such as stroke;

**WHEREAS**, because SARS-CoV-2 is a new disease, the long-term health impacts of COVID-19 are not fully understood, but our understanding of the disease has increased and improved since previous health emergencies were declared;

**WHEREAS**, an individual may have an active SARS-CoV-2 infection without exhibiting any symptoms. Asymptomatic or pre-symptomatic transmission, whereby individuals who feel and appear healthy can spread the virus to other people, is a key driver of the COVID-19 pandemic, and presents an extraordinary challenge for slowing the spread of the disease;

**WHEREAS**, SARS-CoV-2 infection has also been associated with a severe illness known as Multi-System Inflammatory Syndrome in Children (MIS-C). While most children with COVID-19 have mild symptoms and recover after a brief illness, a small percentage have developed severe disease resulting in hospitalization and death. More than 100 children have died from COVID-19 in the United States during 2020 and Wisconsin has seen twelve confirmed cases of MIS-C;

**WHEREAS**, COVID-19 is not the flu. SARS-CoV-2 is significantly more dangerous and deadly than the influenza virus. During the 2019-2020 flu season, there were 36,175 cases of influenza in Wisconsin, 4,425 flu-related hospitalizations, and 183 deaths, including three children. Approximately 0.1% of people infected with seasonal influenza die. By contrast, even with the benefit of the summer season and more opportunity for outdoor gatherings, we have already seen a total of 102,498 cases of COVID-19, 6,692 COVID-related hospitalizations, and 1,244 COVID-19 deaths as of September 21, 2020. It only took four weeks for COVID-19 to kill more Wisconsinites than we saw during the entire 2019-2020 flu season. COVID-19 is approximately 10 times more deadly than seasonal influenza;

**WHEREAS**, most respiratory viruses, including influenza and seasonal coronaviruses, reach peak activity in Wisconsin between late fall and early spring. If SARS-CoV-2 follows a similar pattern, the number of COVID-19 cases will drastically increase during the winter months;

**WHEREAS**, during the first three months of the pandemic (i.e., March-May), when mass gathering and Safer at Home orders were in place, Wisconsin experienced 20,000 cases of COVID-19; however, after these orders were rescinded, growth accelerated with the next 20,000 cases occurring over six weeks and the subsequent 20,000 occurring in only three weeks;

**WHEREAS**, in response to this rapid growth, a statewide face covering mandate was ordered on July 29th and growth began to slow during the month of August, with the next 20,000 cases occurring over four weeks and the average daily number of new cases decreasing from 1,062 cases on August 1, to 678 cases on August 31; however, with the commencement of K-12 school and return of students to college and university campuses, the slowing trend reversed with the next 20,000 cases occurring within only two weeks;

**WHEREAS**, a mathematical modeling study by the Academy of Medical Sciences estimated that if aggressive containment measures are not widely adopted, the surge of COVID-19 activity during the coming winter months could be two to three times larger than what was observed during the first wave of the epidemic in the spring of 2020;

**WHEREAS**, in addition to seasonal changes, the onset of seasonal influenza in the fall presents a significant threat to the health care system, which is already stressed by COVID-19;

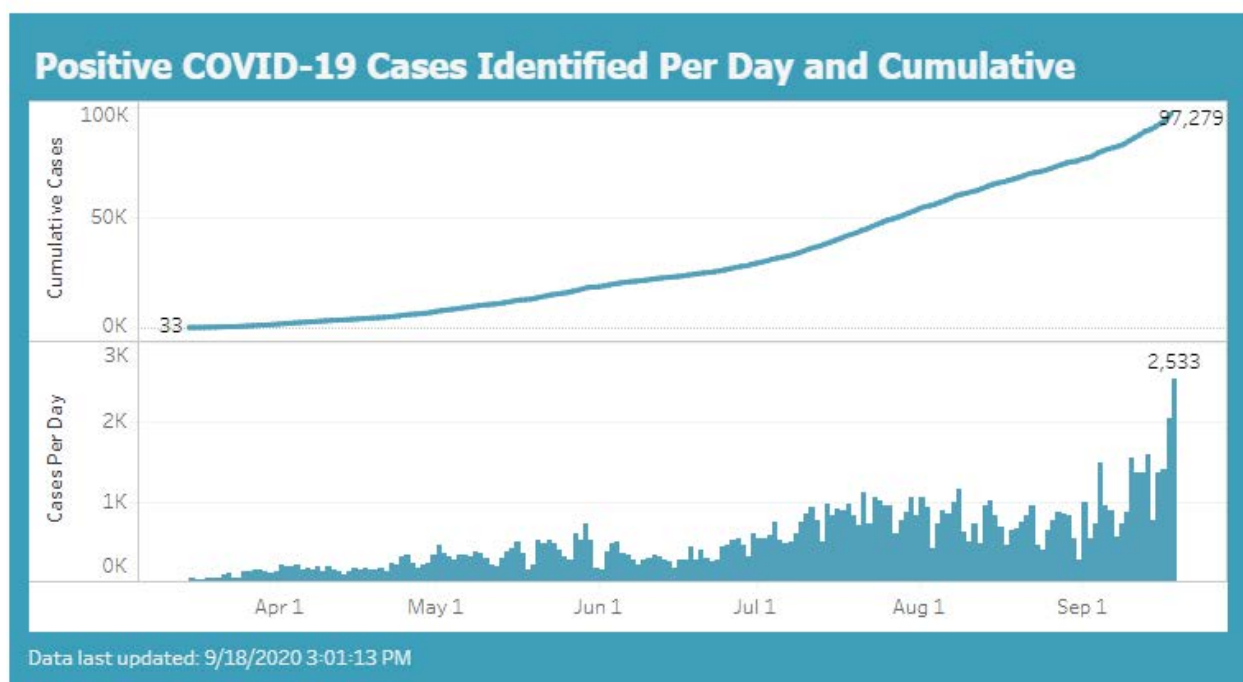
**WHEREAS**, Wisconsin is now experiencing unprecedented, near-exponential growth of the COVID-19 pandemic with the daily number of new cases rising from 678 on August 31st to 1,791 on September 21st, a 260 percent increase in three weeks;

**WHEREAS**, this exponential growth is being driven by new factors not present before, primarily the significant increase in spread due to the beginning of the K-12 and collegiate school years, which all began on or about September 1, and the unprecedented number of infections among 18-24 year-olds;

**WHEREAS**, during the first three weeks of September, COVID-19 disease activity accelerated to the highest levels observed since the start of the pandemic;

**WHEREAS**, 63 of 72 Wisconsin counties currently have high disease burden, defined as greater than 100 cases per 100,000 population over a two-week period with 15 counties reaching a critical disease burden defined as greater than 350 cases per 100,000 population over a two-week period. This is compared to 43 counties with high disease burden and only 3 counties with critical disease burden on July 29, 2020. The Harvard Global Health Institute considers rates above these thresholds to be indicative of uncontrolled spread which can only be contained with highly restrictive measures;

**WHEREAS**, on September 17, 2020, a record high of 2,034 Wisconsinites tested positive for COVID-19 in a single day. The next day, September 18, yet another record high was set with 2,534 Wisconsinites testing positive:

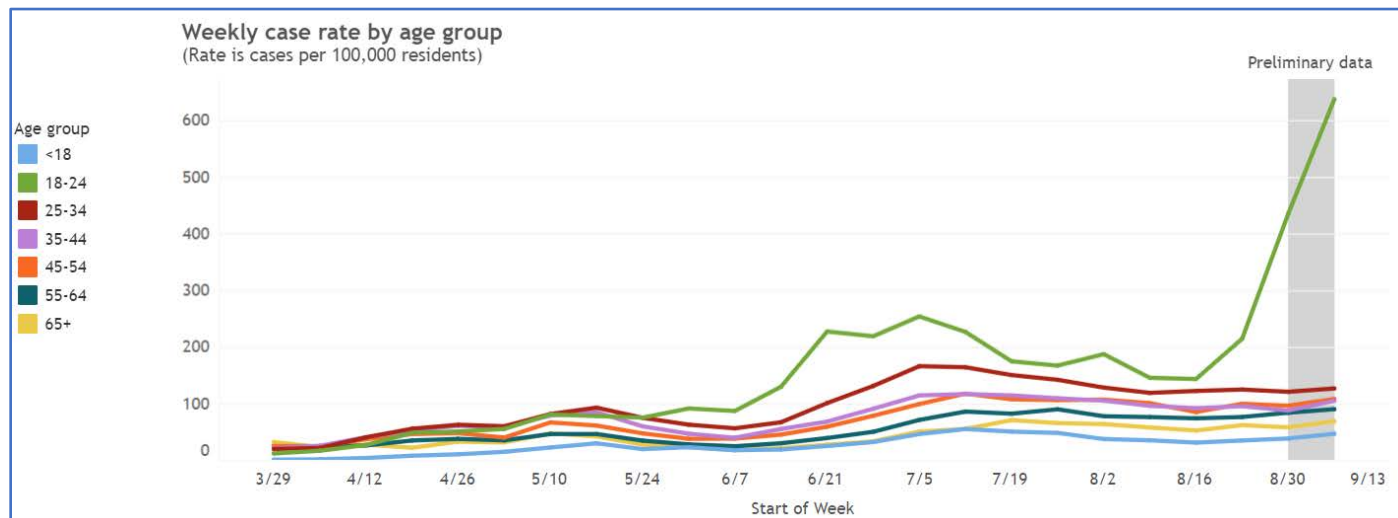


**WHEREAS**, with the resumption of in-person education in many K-12 schools, there have been at least 76 facility investigations throughout the state reported in elementary, middle, and high schools;

**WHEREAS**, increased social contact within school settings has been an important factor in seasonal outbreaks of acute respiratory viral infections.

Schools will drive further community transmission during the fall if robust containment measures are not implemented;

**WHEREAS**, the significant increase in disease activity in Wisconsin has been primarily driven by infections with 18-24 year-olds, who have case rates five times higher than any other age group:



**WHEREAS**, the timing of this drastic surge corresponds to students returning to college campuses, providing evidence that educational settings, particularly dormitory settings and social gatherings involving college-aged young adults, are responsible for a significant proportion of the increased virus transmission;

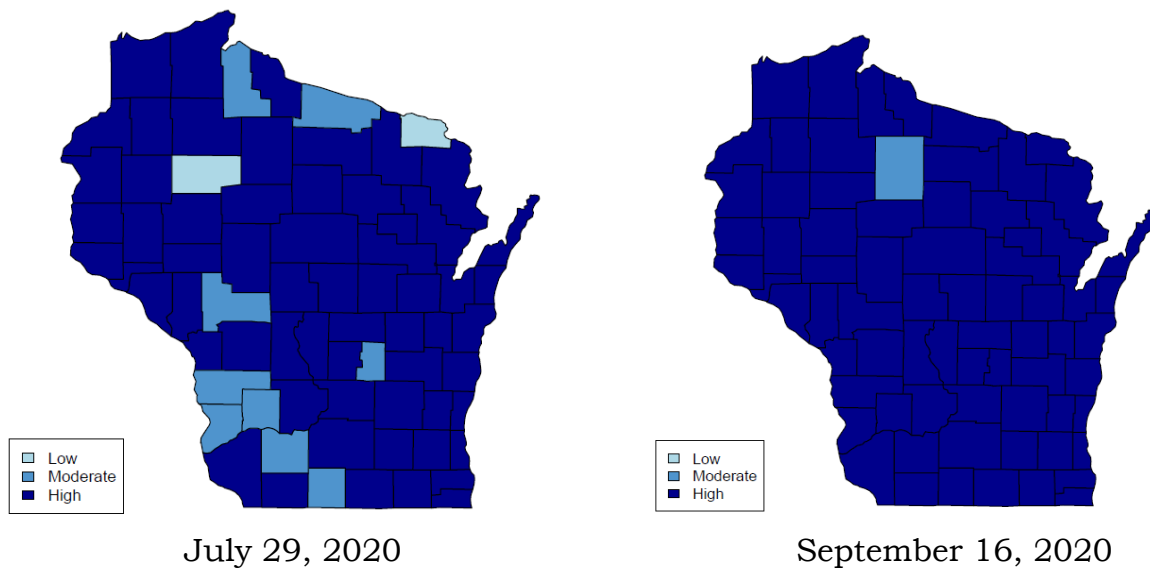
**WHEREAS**, by mid-September, eight of the 20 cities with the fastest increase of COVID-19 cases in the United States were in Wisconsin: La Crosse, Whitewater, Green Bay, Beaver Dam, Oshkosh, Platteville, Appleton, and Madison;

**WHEREAS**, higher education campuses are located throughout the State of Wisconsin. Of the eight Wisconsin cities topping the list of fastest growing spread of COVID-19 in the country, six have University of Wisconsin System campuses: La Crosse, Whitewater, Green Bay, Oshkosh, Platteville, and Madison;

**WHEREAS**, most University of Wisconsin institutions intend to switch from in-person to all-virtual instruction after the Thanksgiving Break, including UW-Oshkosh, UW-Platteville, and UW-Madison, thus requiring emergency measures to contain the spread in communities with campuses before the Thanksgiving Break;

**WHEREAS**, students attending colleges and universities pose a significant risk to spreading COVID-19 to other age groups due to the high propensity among 18-24 year-olds to travel, including commuting to school or within a community with a college or university. In addition, students returning home for Thanksgiving from campuses with high infection rates pose a threat to every county in the State of Wisconsin;

**WHEREAS**, the high rates of disease activity among 18-24 year-olds is impacting the entire state. Currently 71 out of 72 counties have high disease activity, defined as a combination of disease burden and growth, compared with 61 counties on July 29, 2020:



**WHEREAS**, the State of Wisconsin is divided into seven healthcare emergency readiness coalition regions (HERC regions), which coordinate how public health, healthcare institutions, and first responder agencies respond to health emergencies and catastrophic events;

**WHEREAS**, the Northwest HERC region has 10 colleges or universities; the North Central HERC region has 9 colleges or universities; the Northeast HERC region has 9 colleges or universities; the Western HERC region has 3 colleges or universities; the Fox Valley HERC region has 5 colleges or universities; the South Central HERC region has 14 colleges or universities; and the Southeastern HERC region has 40 colleges or universities;

**WHEREAS**, as of September 21, university and college campuses in every HERC region are reporting numerous positive cases and over 70 outbreak investigations in K-12 school are underway;

**WHEREAS**, as of September 21, every HERC region in the state has high disease activity level. On July 29, 2020, none of the HERC regions were experiencing a critical disease burden (i.e., greater than 350 cases per 100,000 population during the past two weeks). On September 21, three of the seven HERC regions had a critical disease burden;

**WHEREAS**, on September 16, 2020, Dr. Robert R. Redfield, director of the Centers for Disease Control, informed the United States Congress that a vaccine for COVID-19 will not be widely available to the public until next summer; and

**WHEREAS**, in order to protect the life and wellbeing of Wisconsinites, Wisconsin must take additional actions to contain the spread of this deadly disease, especially among young people.

**NOW, THEREFORE, I, TONY EVERS**, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this state, and specifically by Sections 321.39, 323.10, 323.12, and 323.13 of the Wisconsin Statutes, hereby:

1. Proclaim that a public health emergency, as defined in Section 323.02(16) of the Wisconsin Statutes, exists for the State of Wisconsin.
2. Designate the Department of Health Services as the lead agency to respond to the public health emergency and direct the Department to take all necessary and appropriate measures to prevent and respond to COVID-19.
3. Authorize the Adjutant General to activate the Wisconsin National Guard as necessary and appropriate to assist in the State's response to the public health emergency, including providing personnel to support the November 3 general election and personnel to operate community testing sites throughout Wisconsin.
4. Direct all state agencies to assist as appropriate in the State's ongoing response to the public health emergency.

5. Pursuant to Section 323.10 of the Wisconsin Statutes, this Public Health Emergency shall remain in effect for 60 days, or until it is revoked by the Governor or by joint resolution of the Wisconsin State Legislature.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this twenty-second day of September in the year of two thousand twenty.



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TONY EVERS  
Governor

By the Governor:

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DOUGLAS LA FOLLETTE  
Secretary of State