

COVID-19 existing resource response #9

(Last updated 14 April 2021)

Question

What is known about the effects, communication, implementation and enforcement of nighttime curfews on COVID-19 infections?

Sub-questions

- What is the impact of nighttime curfews on population mobility and COVID-19 infections, including when implemented alongside other public-health measures (e.g., stay-at-home orders)?
- How have curfews been communicated, enforced and differently implemented based on seasonality (e.g., winter versus summer) and populations (e.g., certain populations or situations granted exemption)?
- What supports and/or safeguards have been implemented alongside nighttime curfews to protect vulnerable populations?

What we found

We searched the COVID-END global and domestic inventories and some key sources for recommendations (developed using a robust process), systematic reviews and single studies ([Cochrane COVID-19 registry database](#), [COVID19+ by McMaster PLUS](#), and [Penn Medicine](#)). We focused on certain jurisdictions of interest, including Canadian provinces and territories as well as Australia, France, French Guyana, Netherlands, Turkey, and the U.S. state of New Orleans.

Findings from observational studies outline that:

- when combined, a number of [national containment measures](#) (stay-at-home orders, curfews and lockdowns) are associated with a decrease in daily new cases of COVID-19 infections, but curfews alone may lead to a less observable effect;
- in [France](#), curfew measures decreased the propagation of COVID-19 cases for the 60+ years population, but lock-down was more effective for the younger age groups between 0 to 19 years;
- in [Turkey](#), the implementation of a partial curfew (targeting older adults and children) led to significant reductions in COVID-19 mortality rates and requirement for intubation and intensive care for the 60+ years population; and

Box 1: Our approach

COVID-END in Canada responds to requests for evidence syntheses about topics related to COVID-19 that are likely to be explicitly considered by high-level decision-makers in multiple Canadian jurisdictions. This includes conducting rapid evidence profiles, living evidence profiles, rapid syntheses and living evidence syntheses. Examples of these evidence products can be viewed [here](#).

Sometimes requests are submitted about questions that have already been addressed by one or more recently updated, high-quality evidence syntheses or will be addressed soon by work underway (e.g., through a rapid synthesis underway with or being planned by a Canadian team, registered synthesis protocol or CIHR funding to conduct a synthesis). In these situations, we prepare a response that profiles these existing resources. These responses are typically prepared by a combination of: 1) searching both the COVID-END domestic inventory and the COVID-END global inventory; and 2) contacting 40+ Canada evidence-synthesis teams to identify any additional resources or work underway that is relevant to the question posed in a request. Such an existing resource response is equivalent to a rapid evidence profile prepared with the same turn-around time.

We followed this approach to prepare this existing resource response, which was prepared in two business day (and hence the equivalent to a two-day rapid evidence profile) to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

- in [Toulouse, France](#), a 6 p.m. curfew imposed from January 2021 following New Year celebrations had the opposite intended effect, which was noted as likely being due to larger groups of people out before the start of curfew.

In addition with a focus on vulnerable populations, a [rapid modelling analysis](#) showed significant domestic violence case differences before, during the COVID-19 pandemic and implementation of stay-at-home orders, with the most reported cases likely to occur during stay-at-home orders.

We also identified findings from jurisdictional scans that provide insight into how certain jurisdictions have implemented curfews.

- In [Quebec](#), there is a curfew between 9:30 p.m. and 5 a.m. in which the general population must not leave their homes except in cases that justify travel (e.g. visiting a pharmacy or going to a vaccination clinic), and a [recent announcement](#) has been made to change the curfew time to 8 p.m. in Montreal and Laval.
- Some [First Nations communities](#) across Canada have implemented community-wide curfews to limit COVID-19 transmission (e.g., Fort McKay First Nation in Alberta implemented a stay-at-home order curfew prohibiting vehicle traffic between 9 p.m. and 5 a.m. daily).
- In [Australia](#), there was a strict lockdown implemented with a nighttime curfew that was maintained despite easing of other public-health restrictions.
- In [France](#), starting in January 2021 a nighttime curfew was set up between 8 p.m. to 6 a.m., which was changed to a more stringent 6 p.m. in 15 French departments, but as of March 2021, the national curfew has still been maintained and extended from 6 p.m. to 7 p.m. (to account for daylight savings time) throughout the whole French mainland territory.
- In [The Netherlands](#), a nighttime curfew from 10 p.m. to 4:30 a.m. was implemented in January 2021, and a personal declaration provided on the government website was required when individuals went out during the nighttime curfew (except for cases of emergency, arriving from abroad or needing to walk a pet).
- In [Turkey](#), there is a nation-wide curfew for 9 p.m. to 5 a.m. specific for weekdays for those between 18 and 64 years of age, as well as age-specific curfews for those aged 65 and older, tourists and non-citizens, and on weekends.

Al-Khateeb S, Wilson MG, Bhuiya A, Mansilla C, Lavis JN. COVID-END in Canada existing resource response #9: What is known about the effects, communication, implementation and enforcement of nighttime curfews on COVID-19 infections? Hamilton: McMaster Health Forum, COVID-END in Canada, 14 April 2021.

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.



>> Contact us

c/o McMaster Health Forum
1280 Main St. West, MMH-417
Hamilton, ON, Canada L8S 4L6
+1.905.525.9140 x 22121
forum@mcmaster.ca

>> Find and follow us

COVID-END.org
@COVID_E_N_D