Investigating the Face Mask Policies among the High Income - G7 Member Countries

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Abstract
Since the emergence of the novel SARS-CoV-2 virus the causative agent of COVID-19 in December 2019, the world has been grappling with how to control the transmission of this highly infectious disease. A lack of vaccine and universally effective treatment, alongside the deadly nature of the virus, has resulted in the adoption of extraordinary public health measures to limit the spread of COVID-19. Increasing evidence regarding transmission dynamics of the virus alongside the unsustainable nature of prolonged social distancing has led to global adoption of face mask use in public spaces. This paper aims to investigate the ways in which the Group of 7 (G7) countries, a group of highly industrialized and influential countries, implemented and/or encouraged the use of masks within their constituencies. Through the research of available government resources and news outlets, summaries were created for the nature of mandatory mask policies within each of these countries. Our findings present a variety of different implementation methods both between and within countries in terms of how, where, and when such policies were enforced. In addition, we aim to provide insights, suggestions, and action items for knowledge translation to ensure the efficacy of future mask policies, including but not limited to the importance of equitable access to masks, as well as the roles of education and culture in mask compliance.

Keywords: SARS-CoV-2 Transmission; COVID-19 Pandemic; Face Mask Policy; G7 Members; Public Health Measures; Knowledge to Action

Introduction
The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the causative agent of the coronavirus disease 2019 (COVID-19). Due to its deadly nature and rapid person-to-person transmission (through respiratory droplets and airborne particles) it has caused a global pandemic [1]. As of late August 2020, the World Health Organization (WHO) had reported over 20 million COVID-19 cases globally [2]. The G7 nations accounted for over 6 million of the global COVID-19 cases (2) (See appendix A).

The lack of a vaccine or other approved, effective method of treatment in the early stages of the outbreak, resulted in the adoption of extraordinary public health measures (e.g. city and nationwide lockdowns) globally to promote social distancing and limit the spread of
SARS-CoV-2. Although effective at slowing the spread of the virus, public health measures such as lockdowns result in significant social and economic consequences and as a result, cannot be maintained long-term. The compulsory use of masks has been a strategy adopted to limit the transmission of SARS-CoV-2 when physical distancing is not possible.

Uncertainty surrounding the widespread use of masks to prevent community spread resulted in the initial discouragement of their use. Public health officials were concerned that wearing masks would result in a false sense of security and a disregard for essential practices such as hand hygiene and physical distancing [3]. In addition, global shortages in surgical and N95 masks for essential workers prompted officials from numerous countries to discourage the use of face masks by asymptomatic individuals and non-essential workers [4]. However, as emerging evidence suggested the occurrence of pre or asymptomatic transmission alongside the challenges of physical distancing, the rhetoric surrounding the use of medical-grade face masks to reduce community transmission began to shift [5]. As a result, many national and international organizations, such as the WHO, began to recommend the use of face masks [6]. As of late August 2020, jurisdictions in many countries had adopted mandatory use of face masks in public spaces [7].

Aim of the Study

This paper specifically aims to investigate the ways in which the Group of 7 (G7) countries implemented mask mandates and aims to provide insights, suggestions, and action items for knowledge translation to ensure the efficacy of future mask policies. These countries account for approximately half of the global economy, and as a result, their public health responses are crucial in the effort to tackle the COVID-19 pandemic and will guide responses to future emerging diseases.

Materials and Methods

This review explores the mask policies of the G7 countries by examining available literature, reports, news articles, and government websites. Authors performed an advanced search of the literature in PubMed and Google Scholar to examine the face mask policies implemented by each of the G7 countries from January to August 2020. This paper was written following a case study of COVID-19 global face mask policies. The case study was part of a course in Knowledge Translation offered by the Canadian Coalition for Global Health Research in the summer of 2020 under the leadership of Dr. Katrina Plamondon (UBC- University of British Columbia).

G7 mask policies

United states

As of mid-August 2020, the United States had the highest number of COVID-19 cases among the G7 nations. around 5 million cases, and over 160,000 deaths as depicted in Appendix A: Table 1 and Appendix B: Figure 8 [8]. In March 2020, masks were not recommended in the United States for people who were feeling well and had no visible symptoms [3]. It was recommended that masks be worn by those displaying symptoms or working within a healthcare setting caring for those who had COVID-19. To contain the spread, a voluntary shut-down was announced at the national level in mid-March, while many individual jurisdictions announced stay-at-home orders by the end of March [7]. On April 3, after re-assessing its approach, the Centre for Disease Control and Prevention (CDC) made an announcement recommending, but not requiring, the use of cloth face coverings in public [9].

Between April 1 to 30, there were ten states that mandated the use of face masks in the public, with certain medical exemptions, along with nine states that required face masks to be worn by employees who interact in close proximity to the public, such as in salons [10]. States across the US also had varying approaches to mask policy [10] (Appendix B: Table 2). While some states mandated the use of face coverings in April, others did not make masks a requirement until weeks or months later, if at all [7]. Among those who made public face coverings mandatory, the specific guidelines varied. For example, different states had a different minimum age identified for mandatory
mask use. Additionally, the specific areas where masks were required varied, although policies often applied to indoor public spaces, including public transport and any public space where a safe distance could not be maintained [10]. Some of these states had clear plans for enforcement, such as fines or imprisonment, while many others did not specify if or how the mask mandates would be enforced.

The nationwide, voluntary lockdown ended April 30, and public health policies diverged significantly at the state or even county levels [7,10]. Although reopening schedules varied across the US, by June 8, all states were in some level of reopening [7]. The prevalence of mask-wearing on June 8 was 66% according to self-reported data [11], which reflects a huge change in attitude in a nation where masks are not commonly worn and were dismissed by political leaders, becoming a politicized issue [7]. Over the next couple of months, however, education on mask use was shared widely, and by August 10, the percentage of people who reported wearing masks in public spaces rose to 81% [11].

**United Kingdom**

The UK has one of the highest numbers of COVID-19 cases in Europe and in the world with about 313,000 reported cases and nearly fifty thousand deaths till August 13, 2020 [8] with the first case identified on January 31, 2020 [12] (Appendix A: Table 1, Appendix B: Figure 7). During the initial stages of the coronavirus outbreak, the UK government did not encourage the wearing of face masks, however, after months of debate and increased research on the public health benefits of wearing masks, the UK government began to urge mask use beginning in April 2020 [13]. Nevertheless, there were controversies and dilemmas regarding the implementation of face mask policies. In April, hundreds of leading doctors made statements recommending wearing masks outdoors [13]. Several recommendations were made to wear masks specifically in enclosed public places, throughout May [14]. Amid the urge of mask-wearing and considering mask policies in the other European countries (Germany, Italy, and Spain), the UK made it compulsory on public transport in England and at the NHS- National Health Service facilities starting on June 15 [14]. In mid-July, mask-wearing became compulsory in shops and supermarkets, and people who did not wear masks in mandatory places could face fines of up to £100 [15]. In comparison to other countries, the UK had more flexibility and exemptions from wearing face masks: a mask is not required for transport operators, police community support officers, emergency response members of staff, border force officers, etc. who are acting in the course of their duties [15] (Appendix B: Table 2).

**Italy**

Italy had a total of around 250,000 cases and over 35,000 deaths as of August 11th, 2020 [8] (Appendix A: Table 1, Appendix B: Figure 5). When Italy’s nationwide lockdown began on March 10, face masks were only recommended for those with COVID-19 symptoms or for those caring for the sick [16]. Despite the recommendations at a national level, however, some regions had their own mandates. Starting April 4, Lombardy required the use of face coverings in public places and outdoors where a distance of greater than one meter could not be maintained [17]. Soon after, the region of Veneto followed suit, mandating masks in indoor and outdoor public spaces as of April 14 [18]. Prior to implementing a similar mandate on April 20, the region of Tuscany began distributing masks on April 7, ensuring accessibility and facilitating compliance by the public [19]. Although masks were not mandated until later, the regions of Piedmont, Emilia-Romagna, and Liguria began free distribution of masks from mid to late April [18].

This distribution of masks coincided with mid-April when, although national restrictive measures were extended until May 3, the re-opening of stationery shops, bookshops, and children’s clothing stores were permitted and some production activities resumed [20]. Over May and June, Italy progressively loosened restrictions on movement and began an economic relaunch. Accordingly, masks were made a requirement nation-wide on May 4. This policy stated that masks should be worn by all ages six and older when in indoor spaces accessible to the public and anytime that a safe distance cannot be maintained. Those who could not wear masks due to disability were exempt [21]. While there was no nationally outlined penalty for not wearing a mask, local and regional officials took differing approaches.
to enforcement, including the provision of fines [22].

Mask use in Italy was not common and on March 11 and according to one internet survey, only 26% of people say they wore masks in public spaces [11]. By April 23 however, this number rose to 89% and as of July 28, declined slightly to 81%. (Appendix B: Table 2).

**Germany**

The first case of COVID-19 was reported on January 27, 2020, in Munich, Bavaria [23]. During January and early February, many cases were reported from the same origin [23]. As of August 11th, 2020, Germany has a total of around 217,000 cases and over 9,000 deaths [8] (Appendix A: Table 1, Appendix B: Figure 4). On February 27, an inter-ministerial national crisis management group was created and a total of 26 cases were confirmed. The first death was reported on 9 March 2020 [24].

On April 1, the Robert Koch Institute changed its recommendations regarding the use of face masks in public, advising that masks be used in public spaces particularly where social distancing is not possible to reduce the risk of transmission [25]. This was especially important given the rise of asymptomatic cases. On March 31st the communities of Jena and Landkreis Nordhausen Stadt imposed mandatory use of masks on public transportations and closed public spaces [26]. On April 17, Saxony became the first German state to mandate a mask-wearing policy on public transportations and in shops. Three days later, the federal states of Bavaria and Mecklenburg-Western Pomerania followed suit [26].

As “lockdown” measures ended on May 26th, 2020, masks became compulsory nationwide in Germany [27]. Most of the federal states implemented mask-wearing rules for public transport, retail stores, etc. and fines for people who are violating the rules and not wearing masks in public spaces and transportations [27] (Appendix B: Table 2)

**France**

On January 24th, 2020, France reported its first case of COVID-19 [28]. Seven months later, as of August 11th, 2020, the country has approximately 200,000 confirmed cases and over 30,000 deaths [8] (Appendix A: Table 1, Appendix B: Figure 3). As a result of surging cases in France and neighboring European countries, the French government imposed a total lock-down policy on March 18th [29]. As new cases began to plateau in early May, France slowly began easing lock-down measures for most of the country, including the re-opening of certain public establishments on May 11 and then again on June 2, with the compulsory use of masks when social distancing was not possible [29]. This compulsory mask order was also put in place for schools, workplaces, and public transit. Individuals could face fines of up to €135 for non-compliance [29]. On July 20, France extended the mandatory mask policy to include all enclosed public spaces throughout the country. Individuals faced fines of up to €135 if caught without a mask and up to €1500 if caught twice within 15 days [30]. This policy was initially intended for implementation on August 1st but was expedited due to a surging number of cases.

Along with the nationwide mandatory mask policy, many regions also imposed their own mask policies with stricter rules. For example, on August 1st the region of Mayenne imposed a mandatory face mask policy including compulsory use of masks at all times outdoors for 69/261 communes in the region [31]. Some areas in the Lille, Nice, and Nord departments have also implemented obligatory use of masks outdoors [31]. The implementation of mask policies by the country, as well as differing regions, serve as a major shift in tone from the start of the pandemic, where masks were initially declared un-useful for non-essential workers and/or healthy individuals [29]. The French government has since admitted that these recommendations were influenced by the lack of masks, which was in part a result of policies by consecutive governments to decrease mask stocks after a belief that there was an overreaction to H1N1 [29]. The tone began to shift on April 3rd following the recommendations by the Academy of Medicine [29]. An increase in the personal use of masks in public
spaces can be observed over time, as seen by an internet survey conducted by YouGov which documented a jump in personal use of face masks in public spaces from 6% on March 13 to 84% on August 7 [11] (Appendix B: Table 2).

Canada

On January 25th, 2020, Canada identified its first confirmed case of COVID-19 [32]. By August 11th, 2020, Canada has confirmed over 100,000 cases of the novel coronavirus and just under 9,000 deaths [8] (Appendix A: Table 1, Appendix B: Figure 2). Since its peak in early May, the incidence rate has significantly slowed, and as a result, many Canadian provinces and municipalities began to re-open after earlier lockdown measures [33]. The use of masks in enclosed public spaces was a strategy adopted to limit viral transmission upon re-opening. Despite earlier rhetoric during the pandemic by top medical officials against the efficacy of mask use in public, the Public Health Agency of Canada (PHAC) as well as the Chief Public Health Officer have since advocated for strong recommendations of mask usage in public to slow transmission by asymptomatic carriers [34]. The federal government has implemented some mask policies, including the requirement of a face covering when traveling by air and/or traveling to a location to quarantine [35]. They also eased restrictions on the sale of masks [35]. The bulk of mask-related policies, however, was enacted by provinces and municipalities and vary based on the jurisdiction (Appendix B: Table 2). These policies typically include requirements of masks on transit, public enclosed spaces, and in schools. Additionally, general exemptions have been put in place for young children, individuals with medical restrictions, and during activities that cannot be done with a mask on (e.g. eating, exercising, etc). By mid-August 2020, the provinces of Alberta, Ontario, Quebec, New Brunswick, and Nova Scotia have mandatory mask policies in place [36]. All other provinces and territories, except for Manitoba and British Columbia, recommend mask use in public. Despite this, an Internet survey conducted by YouGov suggested that personal mask use in public spaces has jumped from 6% on March 13 to 79% on August 4 [11]. Several jumps in mask use occurred around April 13th and July 7th, which coincide with recommendations for mask usage by PHAC and the implementation of a mandatory mask policy in several Ontario municipalities, most notably Toronto, respectively [11,35].

Japan

The first case of COVID-19 was reported in Japan in mid-January 2020 [37]. With a population of over 126 million, Japan has reported around 50,000 cases and 1,000 deaths due to COVID-19 as of August 11th, 2020, making it the G7 nation with the lowest number of cases [8] (Appendix A: Table 1, Appendix B: Figure 6). The Japanese government called to avoid the three Cs - confined spaces, crowded places, and close contact in the fight against COVID-19 [38]. Wearing face masks was common and habitual among Japanese people even before the COVID-19 era, as this practice proved effective earlier for other respiratory infectious diseases [39]. Furthermore, physically intimate greetings such as handshaking and hugging are less common in Japanese culture. With the coronavirus outbreak, huge demand for surgical masks was growing at the beginning of 2020 [40].

Although the Japanese government did not enforce strict quarantine or lockdown measures, they prioritized wearing masks from the beginning, even subsidizing mask production [41]. Additionally, the government decided to buy face masks and distribute two cloth masks to over 50 million households throughout Japan [42]. A positive outlook on wearing a face mask is believed to be an effective measure in this country [41]. YouGov shows that personal mask use in Japan in public spaces was more than 60% in mid-March 2020 [43]. In comparison to other G7 countries, mask usage was the highest percentage at that time. However, even in Japan, mask usage increased by May 2020 [43] (Appendix B: Table 2).

Discussion

Attitudes toward the use of face masks have varied tremendously throughout the COVID-19 pandemic. This paper reviewed mask-related public health policies of the G7 countries from January to August 2020. While some nations chose to adopt a centralized nation-wide approach, in addition to regional strategies, others have seen regional initiatives alone to mandate face mask use. In all seven countries, apart from Japan, there were individual states, provinces, municipalities, or businesses that autonomously mandated face coverings. Some regions even distrib-
uted masks free of charge. At the country level, Italy, France and the UK became the first to set nation-wide mandates for people to cover their mouths and nose in enclosed public spaces.

Among those regions that mandated face coverings, masks became compulsory beginning from April in parts of Italy and Germany, to August for jurisdictions in Canada and the US. Even within countries, dates that compulsory mask policies were announced varied dramatically. In the United States, although New Hampshire is the most recent, as of August 11, to have implemented its first policy, New Jersey had done so by April 8. Where mask use was not mandatory, even recommendations by public health or government officials had an impact on public behavior [44].

Apart from differing timelines, the G7 countries also varied in how mask mandates were enforced. As of August 2020, France was the only country that had introduced a national mandate with fines for non-compliance. In other G7 countries, there were individual regions that introduced penalties in the form of fines, and in rare cases, imprisonment, as in some US and German states [7,27]. In most regions, however, no formal means of enforcement was identified. For example, in many Canadian municipalities fines were put into place, however, top officials stated that their priorities were more for education than enforcement [45].

Additionally, details on who would be required to wear a face-covering and where they must be worn differed. Face mask mandates in the majority of cases applied to public transport and shops, if not all enclosed spaces. From the beginning of the pandemic, maintaining physical distances was recommended almost everywhere, and if it is not possible to maintain them then a mask is chosen as a measure. In Japan, mask-wearing was not mandated yet the government made sure to make masks accessible and even distributed them among the Japanese people. Conversely, in countries such as Canada and the US, it is not common practice to wear masks and recommendations to wear masks were followed by mixed reactions and inadequate compliance [46].

Success stories

As of August 2020, robust evidence is still limited on the efficacy of face masks, individual case studies have demonstrated an association between mask-related policies and the slowing growth of daily COVID-19 cases [10,18,47,48]. In a review of fifteen American states from March 1 to May 18, the majority of states that made it mandatory to wear a face-covering in public subsequently experienced slowing growth in daily infections [10]. Although this pattern does not prove causality, the findings were robust to model checks for confounding factors such as physical distancing and state reopening measures, suggesting a strong association, nevertheless. Similarly, in Germany, a mandatory face mask policy correlated with a reduction in the growth rate of COVID-19 cases by about 18.9% [48]. Results from another study found that Germany’s mandatory mask policies did not have any significant effect on the movement of individuals in such areas as workplaces or transit hubs [47]. This finding is noteworthy because it suggests that public mask policies did not result in people increasing gathering and disregarding physical distancing guidelines. Although these are all single case study examples and not generalizable to all nations, they may be useful to inform mask policy.

Further evidence from communities that have promoted mask-wearing from the onset, such as Hong Kong, as well as mathematical modeling studies, have found evidence in support of mask use [5,49]. They find that masks, in combination with physical distancing, may be effective in preventing the spread of the coronavirus and recommend community-wide use. Confounding would likely have been observed in all of the studies discussed here, due to the combination of containment measures taken in addition to compulsory face covering. However, the statistical correlation between mask policy specifically and infection rate, and the ability to control for confounders to an extent, is noteworthy.

Knowledge to action

Using these findings, we offer strategies for moving knowledge to action as we continue to research, disseminate findings, and create policies to battle the COVID-19 pandemic.

Putting evidence-informed policies on the political agenda

To enact evidence-based policies, the language used must be accessible to both policymakers and the public, particularly as the effectiveness of proper mask usage is still under ongoing investigation and study. Various forms of media, such as news and social media, may be useful to increase awareness among the public of current, evidence-based information. Because of their global influence and impact on dominant paradigms, national and international level organizations need to be transparent and concise in their message to the public. This is exemplified by the paradigm shift in mask wearing following the WHO revised recommendations in June 2020.

In consideration of different research priorities, decisions regarding research funding for treatments, vaccines, and mask use should be made by multidisciplinary teams. Policymakers will need to use evidence and local context to guide action, while research and knowledge creation will need to respond to identified knowledge gaps to guide scientific investigation.

Considerations in implementation

Equity

Specific subpopulations are disproportionately affected by COVID-19 due to racial, socioeconomic, and gender-based disparities in front-line work and access to the social determinants of health. For those in rural areas, for the homeless, and those living in poverty, masks may be inaccessible or expensive to obtain. Consequently, these populations may fail to wear masks where required and be disproportionately subjected to fines or social stigma. Equitable access to masks must be provided. Strategies to improve accessibility include actively providing masks free of charge and providing support to local businesses as less costly and more sustainable producers of face coverings.

Culture

In any consideration of mandating mask use, culture and perceptions in the nation have an important role in influencing policymakers. During the COVID-19 pandemic, mask usage in public faced few obstacles in some countries. Mask use is common in some Asian cultures as they are accustomed to using masks to cover their faces when they have any respiratory disease or as protection from pollutants [39,41]. In many Western countries, individuals are less familiar or even opposed to face-covering in public.

Stakeholders

Anyone can be infected by SARS CoV-2 so it is essential to allow all sub-populations to share their needs and perspectives on mask policy implementation. Such collaboration may encourage greater portions of the population to follow mask policy. Key stakeholders include frontline healthcare workers; frontline workers outside of healthcare (including school staff, grocery store staff, delivery service, and postal service workers); those with medical conditions preventing them from wearing masks; face mask manufacturers, those who disagree with the use of face masks; seniors; public health, infectious disease, and epidemiology experts; marginalized populations (including the houseless, substance users, incarcerated individuals, Indigenous populations, and individuals with special needs or learning disabilities). Power imbalances can be barriers to global solidarity during a crisis. To protect population health in response to COVID-19, the global community needs to take a collaborative approach based on safety and social justice.

This article provides a general scope of the G7 countries from the beginning of the COVID-19 pandemic to August 2020. Further research can be conducted on the European Union, a G7 member state, that was left out of this paper. Following the delivery of the first COVID-19 vaccine to the public, the effects of that on mask policies and culture can also be examined. Preparing for future epidemics and pandemics, more research will be required to understand the cultural adoption of face masks throughout the globe.
Study Limitations

It is important to note that there are limitations to this paper. The methodology employed to collect information on mask policies relied on easily accessible and available resources online. However, there were often limited and inconsistent details surrounding policies for certain regions. This was compounded by the fact that most of the G7 member states took a decentralized approach and had individual regions and towns govern how they approached mask policies, which resulted in difficulties in finding details on each specific jurisdiction within countries. Furthermore, measurables for the efficacy of mask policies such as mask compliance, the strictness of the policy, and mask education were not measured for this paper as they would require large scale in-depth population analysis for each of the countries. Mask use was somewhat investigated using the YouGov statistics, however, these informal internet polls relied on self-reports from willing participants which may result in bias.

Conclusion

In an analysis of G7 countries’ public health policy and interventions in response to the COVID-19 pandemic, it is clear that there is a lack of consensus on face coverings as a means of containing the spread of SARS-CoV-2 and there is no best practice to implement this containment strategy. The world continues to face the threat of COVID-19 and governments continue to make decisions that impact every aspect of their nation, from population health and research funding to the economy and social institutions. Research has demonstrated the potential importance of face masks in reducing community transmission. In the face of an ongoing battle against the virus, academics are advising non-economic interventions to protect against both health and economic harms. As we learn of the significant impact that government messaging can have on public behavior, public health policy and announcements must be evidence-informed, accessible, and equitable. More studies are required to investigate the true impact and the magnitude of the impact masks have on community transmission.

Appendix A

<table>
<thead>
<tr>
<th>G7 Member</th>
<th>COVID-19 Cases</th>
<th>COVID-19 Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>4,999,815</td>
<td>161,547</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>311,645</td>
<td>46,526</td>
</tr>
<tr>
<td>Italy</td>
<td>250,825</td>
<td>35,209</td>
</tr>
<tr>
<td>Germany</td>
<td>217,293</td>
<td>9,201</td>
</tr>
<tr>
<td>France</td>
<td>189,972</td>
<td>30,214</td>
</tr>
<tr>
<td>Canada</td>
<td>119,451</td>
<td>8,981</td>
</tr>
<tr>
<td>Japan</td>
<td>48,928</td>
<td>1,052</td>
</tr>
</tbody>
</table>

*Table 1: Accumulated COVID-19 case totals and deaths among the G7 members reported on August 11th, 2020 [2].*

Appendix B

Citation: Shafi Bhuiyan, *et al.* "Investigating the Face Mask Policies among the High Income - G7 Member Countries". *EC Emergency Medicine and Critical Care* 5.6 (2021): 50-66.
<table>
<thead>
<tr>
<th>Country</th>
<th>Date of First Covid-19 Case</th>
<th>Covid-19 Cases Per Million (Aug 10)</th>
<th>Mandatory Mask Policy</th>
<th>Enclosed Public Spaces</th>
<th>Public Transport</th>
<th>Schools</th>
<th>Outside</th>
<th>Other</th>
<th>Associated Fines</th>
<th>Age Exemptions</th>
<th>Other Efforts to Promote Mask Usage</th>
<th>% Population Using Masks in Public Places: Earliest Available Date, Last Available Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>25-Jan-20</td>
<td>3165</td>
<td>Partial; decentralized policy</td>
<td>Alberta: Banff, Edmonton, Calgary; Jasper, Strathcona, Lethbridge, St. Albert, Cochrane County*, Airdrie* Nova Scotia Ontario: All except Lamton County Quebec</td>
<td>Alberta: Banff, Edmonton, Calgary, Spruce Grove, Leduc Jasper, Strathcona, Lethbridge, St. Albert British Columbia Nova Scotia Ontario: All except Lamton County Quebec</td>
<td>Alberta: Gr.4-12 Ontario: Gr.4-12, Quebec: Gr.5*</td>
<td>Alberta: Chestermere - when you require services that require you to be within 2m of another person. New Brunswick: when 2m physical distancing isn’t possible. Ontario: Toronto and York regions mandatory in multi-residential buildings. Yukon: airports</td>
<td>Alberta: $50-$150 depending on the region. Ontario: $1000 in fines; Quebec: Business owners can face fines between $400-$6000</td>
<td>Generally, fines are not strict as there is a general attitude of education, not enforcement</td>
<td>Alberta: Under age 2 Ontario: Under age 2 unless or under age 5 if there's a refusal to where Middlesex-London region exemptions are for 12 and under. Quebec: Under age 12</td>
<td>Alberta: Distribution of 40 million free non-medical masks in June and July; Northwest Territories, Nunavut: Efforts to support businesses creating their masks</td>
<td>Mar 17: 6% Aug 4: 79%</td>
</tr>
<tr>
<td>France</td>
<td>24-Jan-20</td>
<td>3032</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Mayenne: 69/261 Communes Lille, Nice, and Nord departments</td>
<td>Workplaces</td>
<td>€135; €1500 if caught twice within 15 days</td>
<td>Underage 11</td>
<td>Mar 10: 5% Aug 7: 84%</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>27-Jan-20</td>
<td>2582</td>
<td>Yes; decentralized system but every state enacted the policy</td>
<td>Shops and supermarkets only</td>
<td>Yes</td>
<td>Mandatory in hallways throughout the country. North Rhine-Westphalia state makes mandatory in classrooms and playgrounds</td>
<td>No fess to €5000 depending on the state</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>31-Jan-20</td>
<td>4144</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Lombardy, Veneto</td>
<td>When a physical distance of 1m cannot be maintained</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>16-Jan-20</td>
<td>379</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Distribution of two cloth masks to each Japanese household</td>
<td>Mar 17: 62% May 4: 86%</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Country</th>
<th>Date</th>
<th>Value</th>
<th>Shops and supermarkets only</th>
<th>Yes (when in public indoor spaces and social distancing is not possible)</th>
<th>No (when in public and social distancing is not possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>31-Jan-20</td>
<td>4579</td>
<td>Yes</td>
<td>California, Connecticut, Delaware, District of Columbia (if 6ft distance isn't possible), Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Virginia</td>
<td>Alabama, Arkansas, California, Connecticut, Hawaii, Maryland, Michigan, Pennsylvania: For employees and customers at essential businesses District of Columbia: For essential business and travel where social distancing isn't possible New Hampshire: At gatherings of more than 100 people</td>
</tr>
<tr>
<td>United States</td>
<td>20-Jan-20</td>
<td>15235</td>
<td>Partial</td>
<td>California, Colorado: When in public indoor spaces and social distancing is not possible, Delaware, District of Columbia (i.e. grocery stores, pharmacies and take-out restaurants) Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine Massachusetts, Michigan, Minnesota, Montana (for counties with &gt;3 active cases) Nevada, New Jersey, New Mexico, New York, North Carolina (when social distancing isn't possible and for some businesses), Ohio, Oregon, Rhode Island, Texas (for counties with &gt;19 active cases), Vermont, Virginia, Washington West Virginia (when social distancing isn't possible) Wisconsin (when social distancing isn't possible)</td>
<td>Alabama, Arkansas, California, Connecticut, Hawaii, Maryland, Michigan, Pennsylvania: For employees and customers at essential businesses District of Columbia: For essential business and travel where social distancing isn't possible New Hampshire: At gatherings of more than 100 people</td>
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</table>

*Only once a certain case threshold is met*

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</table>

Table 2: G7 Countries mask comparison table.

Citation: Shafi Bhuiyan, et al. "Investigating the Face Mask Policies among the High Income - G7 Member Countries". EC Emergency Medicine and Critical Care 5.6 (2021): 50-66.
Figure 1: G7 Country comparison of cumulative COVID-19 cases per capita [8].

Figure 2: Cumulative COVID-19 cases per capita and timeline of remarkable events in Canada [8].

Citation: Shafi Bhuiyan, et al. "Investigating the Face Mask Policies among the High Income - G7 Member Countries". EC Emergency Medicine and Critical Care 5.6 (2021): 50-66.
Figure 3: Cumulative COVID-19 cases per capita and timeline of remarkable events in France [8].

Figure 4: Cumulative COVID-19 cases per capita and timeline of remarkable events in France [8].

Citation: Shafi Bhuiyan, et al. "Investigating the Face Mask Policies among the High Income - G7 Member Countries". EC Emergency Medicine and Critical Care 5.6 (2021): 50-66.
**Figure 5:** Cumulative COVID-19 cases per capita and timeline of remarkable events in Italy [8].
Figure 6: Cumulative COVID-19 cases per capita and timeline of remarkable events in Japan [8].

Figure 7: Cumulative COVID-19 cases per capita and timeline of remarkable events in the United Kingdom [8].

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Figure 8: Cumulative COVID-19 cases per capita and timeline of remarkable events in the USA [8].

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Citation: Shafi Bhuiyan, et al. "Investigating the Face Mask Policies among the High Income - G7 Member Countries". EC Emergency Medicine and Critical Care 5.6 (2021): 50-66.
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