



*Average motility and infarcts are expressed in percent increase (compared to baseline number); the number of highly sleep disturbed people is expressed as a percent of the population; complainers are expressed as a % of the neighbourhood population; awakenings are expressed in number of additional awakenings per year.

source dependent. Although L_{night} gives a good relation for most effects, there is a difference between sources for some. Train noise gives fewer awakenings, for instance. Once source is accounted for, the relations are reasonably accurate.

RECOMMENDATIONS FOR HEALTH PROTECTION

Based on the systematic review of evidence produced by epidemiological and experimental studies, the relationship between night noise exposure and health effects can be summarized as below. (Table 3)

Below the level of 30 dB $L_{night, outside}$, no effects on sleep are observed except for a slight increase in the frequency of body movements during sleep due to night noise. There is no sufficient evidence that the biological effects observed at the level below 40 dB $L_{night, outside}$ are harmful to health. However, adverse health effects are observed at the level above 40 dB $L_{night, outside}$, such as self-reported sleep disturbance, environmental insomnia, and increased use of somnifacient drugs and sedatives.

Therefore, 40 dB $L_{night, outside}$ is equivalent to the lowest observed adverse effect level (LOAEL) for night noise. Above 55 dB the cardiovascular effects become the major public health concern, which are likely to be less dependent on the nature of the noise. Closer examination of the precise impact will be necessary in the range between 30 dB and 55 dB as much will depend on the detailed circumstances of each case.

Average night noise level over a year $L_{\text{night, outside}}$	Health effects observed in the population
Up to 30 dB	Although individual sensitivities and circumstances may differ, it appears that up to this level no substantial biological effects are observed. $L_{\text{night, outside}}$ of 30 dB is equivalent to the no observed effect level (NOEL) for night noise.
30 to 40 dB	A number of effects on sleep are observed from this range: body movements, awakening, self-reported sleep disturbance, arousals. The intensity of the effect depends on the nature of the source and the number of events. Vulnerable groups (for example children, the chronically ill and the elderly) are more susceptible. However, even in the worst cases the effects seem modest. $L_{\text{night, outside}}$ of 40 dB is equivalent to the lowest observed adverse effect level (LOAEL) for night noise.
40 to 55 dB	Adverse health effects are observed among the exposed population. Many people have to adapt their lives to cope with the noise at night. Vulnerable groups are more severely affected.
Above 55 dB	The situation is considered increasingly dangerous for public health. Adverse health effects occur frequently, a sizeable proportion of the population is highly annoyed and sleep-disturbed. There is evidence that the risk of cardiovascular disease increases.

Table 3
Effects of different levels of night noise on the population's health

A number of instantaneous effects are connected to threshold levels expressed in L_{Amax} . The health relevance of these effects cannot be easily established. It can be safely assumed, however, that an increase in the number of such events over the baseline may constitute a subclinical adverse health effect by itself leading to significant clinical health outcomes.

Based on the exposure-effects relationship summarized in Table 3, the night noise guideline values are recommended for the protection of public health from night noise as below.

Night noise guideline (NNG)	$L_{\text{night, outside}} = 40$ dB
Interim target (IT)	$L_{\text{night, outside}} = 55$ dB

Table 4
Recommended night noise guidelines for Europe

¹ $L_{\text{night, outside}}$ is the night-time noise indicator (L_{night}) of Directive 2002/49/EC of 25 June 2002: the A-weighted long-term average sound level as defined in ISO 1996-2: 1987, determined over all the night periods of a year; in which: the night is eight hours (usually 23.00 – 07.00 local time), a year is a relevant year as regards the emission of sound and an average year as regards the meteorological circumstances, the incident sound is considered, the assessment point is the same as for L_{den} . See *Official Journal of the European Communities*, 18.7.2002, for more details.

For the primary prevention of subclinical adverse health effects related to night noise in the population, it is recommended that the population should not be exposed to night noise levels greater than 40 dB of $L_{\text{night, outside}}$ during the part of the night when most people are in bed. The LOAEL of night noise, 40 dB $L_{\text{night, outside}}$, can be considered a health-based limit value of the night noise guidelines (NNG) necessary to protect the public, including most of the vulnerable groups such as children, the chronically ill and the elderly, from the adverse health effects of night noise.

An interim target (IT) of 55 dB $L_{\text{night, outside}}$ is recommended in the situations where the achievement of NNG is not feasible in the short run for various reasons. It should be emphasized that IT is not a health-based limit value by itself. Vulnerable groups cannot be protected at this level. Therefore, IT should be considered only as a feasibility-based intermediate target which can be temporarily considered by policy-makers for exceptional local situations.

RELATION WITH THE GUIDELINES FOR COMMUNITY NOISE (1999)

Impact of night-time exposure to noise and sleep disturbance is indeed covered in the 1999 guidelines, as below (WHO, 1999):

“If negative effects on sleep are to be avoided the equivalent sound pressure level should not exceed 30 dBA indoors for continuous noise. If the noise is not continuous, sleep disturbance correlates best with L_{Amax} and effects have been observed at 45 dB or less. This is particularly true if the background level is low. Noise events exceeding 45 dBA should therefore be limited if possible. For sensitive people an even lower limit would be preferred. It should be noted that it should be possible to sleep with a bedroom window slightly open (a reduction from outside to inside of 15 dB). To prevent sleep disturbances, one should thus consider the equivalent sound pressure level and the number and level of sound events. Mitigation targeted to the first part of the night is believed to be effective for the ability to fall asleep.”

The 1999 guidelines are based on studies carried out up to 1995 (and a few meta-analyses some years later). Important new studies (Passchier-Vermeer et al., 2002; Basner et al., 2004) have become available since then, together with new insights into normal and disturbed sleep. New information has made more precise assessment of exposure-effect relationship. The thresholds are now known to be lower than L_{Amax} of 45 dB for a number of effects. The last three sentences still stand: there are good reasons for people to sleep with their windows open, and to prevent sleep disturbances one should consider the equivalent sound pressure level and the number of sound events. The present guidelines allow responsible authorities and stakeholders to do this. Viewed in this way, the *night noise guidelines for Europe* are complementary to the 1999 guidelines. This means that the recommendations on government policy framework on noise management elaborated in the 1999 guidelines should be considered valid and relevant for the Member States to achieve the guideline values of this document.

