

access to emergency care of people in real need of assistance due to declared fear of possible COVID-19 near hospital exposure contagion.¹² In our study we underline the remarkable underuse of Cardiology services and consequent admissions to our ICCU in our Hospital from patients affected by actually ongoing myocardial infarction due to the users' evident reluctance to apply to emergency and hospital services.

We could then expect an increase of delayed cases of ischemic heart disease patients or, if worse, an increase in an out-of-hospital fatality rate by untreated acute coronary syndrome cases rather than a rebound of a possible supposed further next infection wave. The COVID-19 scenario should make us properly think about the balance between an excess of overestimation of the popular perception of death caused by SARS-CoV-2 when compared to other well-known and well-assessed common diseases like cardiovascular ones.¹³

All of these considerations should raise a wise re-evaluation about the real, broad meaning of *public health* that should never let its guard down considering all the aspects of the community of patients and commonly prevalent well-known diseases, despite the onset of possible new threats to be faced such as COVID-19 proved to be.

Conclusions

COVID-19 is a virologic pandemic declared by WHO that unbalanced many aspects of healthcare systems and of social, economic, and psychological life of population, leading to governmental restrictions on mobility and daily life, and to a generalized fear of contagion because of inappropriate mediatic information. One of the dramatic consequences of these social derangements led to general underuse of cardiologic public services leading to a reduced number of admissions to ICCU for acute coronary syndrome cases and possibly undertreatment and death of out-of-hospital, *silenced* critical clinical cardiologic pictures.

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