Controlling the spread of infectious diseases has been an issue since the dawn of modern civilization, and remains a challenge to this day.[1] By the end of March 2020, in the face of the emerging Coronavirus disease (COVID-19) caused by SARS-CoV-2, 136 countries had implemented significant health measures.[2] While awaiting vaccine development, governments focused their efforts on secondary prevention and non-pharmaceutical solutions[3] to reduce viral transmission. Most countries adopted similar measures: isolating people exposed to a confirmed case, closing workplaces and schools, wearing facemasks in enclosed spaces, and, in some cases, large-scale quarantines.[4] The severity of the measures taken was determined by the rate of viral spread, and their effectiveness was strongly dependent upon citizen cooperation.[5]

Local interventions aimed to contain the emerging outbreaks by 'flattening the curve' and reducing the disease spread, so that health systems could handle the increasing burden during increased demand of medical resources and intensive care units.[6] In retrospect, we can now associate treatment delays and cancellations of non-SARS-CoV-2-related medical issues during the peak of the pandemic to higher mortality rates.[7] For example, the Centers of Diseases Control and Prevention (CDC) identified a significant decrease in Emergency Department (ED) visits due to chest pain and acute myocardial infarction,[8] suggesting that some people were delaying care for conditions that might increase mortality.

During the pandemic, health systems worldwide reported a dramatic decline in admission rates due to various medical conditions such as respiratory diseases,[9] including pneumonia,[10] neurological[11,12] and gastrointestinal disorders,[13] as well as chronic diseases.[14]