COVID-19 VACCINES, VACCINE ACCEPTANCE: WORDS MATTER
Meghan McMurtry, Anna Taddio, and Noni MacDonald | March 16, 2021

_Meghan McMurtry is Associate Professor of Psychology at the University of Guelph_
_Anna Taddio is Professor of Pharmacy at the University of Toronto_
_Noni MacDonald is Professor of Pediatrics at Dalhousie University, IWK Health Centre_
_Senior/corresponding author: Noni MacDonald_

Acceptance of vaccines is known to be influenced by many factors unrelated to supply issues (1). Even in the pre COVID-19 era, vaccine hesitancy was recognized in 2019 by the World Health Organization as one of the ten most important threats to global health ([https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019](https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019)). Vaccine hesitancy is a complex issue (1) that is most effectively addressed through multipronged strategies (2), and this is certainly true for COVID-19 vaccine hesitancy. (3) (4).

The words we use when talking about vaccines can add another barrier to vaccination. Concerns about the words used in discussing vaccines and those reluctant to be immunized pre-date this pandemic, but COVID-19 has brought this issue to the forefront. How a message about COVID-19 vaccines is heard, how an invitation to be vaccinated is received, and the decision to accept or not are determined by how someone hears and interprets the words being used.

Some terms may over-simplify complex concepts and dynamics, thereby obscuring the impact of history and lives lived on the vaccine acceptance decision. For example, identifying individuals of a particular ethnicity as having high rates of COVID-19 disease may be interpreted as ethnic background is the cause for the high rates of disease. However, the evidence demonstrably reflects the impacts of social determinants of health rather than ethnicity.

The Royal Society of Canada Working Group on COVID-19 Vaccine Acceptance has reflected on some of the words or phrases being used in immunization communications that may be perceived as disrespectful, disparaging and off putting. We note these in the table [https://canvax.ca/sites/default/files/2021-03/CANVax_Words%20Chart_2021.pdf](https://canvax.ca/sites/default/files/2021-03/CANVax_Words%20Chart_2021.pdf) and provide alternatives that we believe to be more constructive. While the list is not exhaustive, it serves as a starting point for reflection and pause in the development of communication plans, creation of materials for the public, and for health workers interacting with the public about COVID-19 and COVID-19 vaccines.

Several well-recognized key components in supporting vaccine acceptance are heavily influenced by word choices. Trust in the health care professional providing the vaccine advice is a major factor in vaccine acceptance (6), but is unlikely to occur if potential vaccinees see themselves labelled by the health care worker or public health in a derogatory manner (e.g., as a vaccine refuser or being asked to self-identify as male or female when are non-binary). Similarly, a program that highlights that it is targeting a “marginalized or vulnerable” group such as the homeless may appear to be laying the blame for being homeless on the shoulders of those in this community rather than on the system underserving them.
Words also matter when administering the vaccine. Distress levels during vaccination and overall satisfaction with the vaccination experience can be affected by words that health care providers use during interactions with vaccine recipients. Strategies that promote coping and confidence include communicating in a neutral way, providing balanced information, and refraining from using repetitive reassurance (7). Asking patients about their preferences is also recommended as this invites them to be active participants (8), which is compatible with Canadians’ perceptions of their role in their health care (9). Importantly, positive COVID-19 vaccination experiences can support future vaccination and lead to vaccination of others in two ways: first, individuals with more positive experiences are more likely to complete the COVID-19 vaccination series if more than one dose is needed; and second, they may be more likely to promote vaccination to others.

The listening and reflection skills of public health and health care professionals must grow to fruitfully engage with the diversity of communities and in order for acceptance to reach the levels needed to control COVID-19 in Canada. As more and more communities and individuals enter discussions about COVID vaccination, the list of terms that matter will grow and so will the list of potential alternative terms.

References

*This article initially appeared in the Globe and Mail on March 16, 2021.*