A glossary of pandemic-related terms

With millions of people infected by SARS-CoV-2 and hundreds of thousands dead from COVID-19, we have entered a strange new world in which our daily thoughts and actions are dominated by pandemic concerns, questions, and challenges unimagined just a few months ago. Only the 1918 influenza pandemic, the 1981 HIV/AIDs pandemic, and the Cold War's threat of nuclear holocaust have placed the health of so many people in danger and uncertainty.

The COVID-19 pandemic is the first highly fatal pandemic to occur during the era of social media, when enormous amounts of largely unfiltered information are available to virtually everyone, much of it incorrect, out of context, or confusing.[1,2] Posts, tweets, and media stories inundate us with scientific information once available only to scientists and only in scientific journals. The deluge of information is challenging because of its volume and because many pandemic-related words and phrases are used in vague or inconsistent ways, possibly muddying one's understanding of urgent medical and public health topics.

As physicians and medical scientists, we interact daily with a public confused by the barrage of pandemic information. The following paragraph, for example, has >25 pandemic- related terms (*italicized*), all with specific definitions but, when used loosely, may confuse rather than clarify important public health messages:

> People who have been *exposed* to COVID-19 (and are possibly *incubating* the virus) are advised to *isolate* or *quarantine*, to *self-monitor* or *self-observe*, and to follow other *nonpharmaceutical interventions* to reduce disease *transmission*. Individuals modify their behaviors and activities to protect themselves and others by, for example, avoiding *congregate settings*, maintaining *social distances*, practicing *hand hygiene*, and wearing *respirators*, *face masks*, or *cloth face coverings*. The common goal of these measures is to reduce risk of spreading disease through *droplets*, *aerosols*, and *fomites*. By doing so, individuals can help *contain* the *outbreak* and *mitigate* its effects. At the same time, biomedical scientists are developing and deploying *diagnostic tests* and *screening tools*, as well as pursuing *medical countermeasures*, including *vaccines* and *pharmacologic therapies*.

To help allay confusion, we compiled an English language list of frequently used medical and scientific terms related to the pandemic, providing definitions and explanations from authoritative scientific, public health, and governmental sources, including US federal agencies, US state organizations, and international organizations (eg, the World Health Organization). The result is a glossary of key COVID-19 pandemic terms that are likely to be spoken, heard, written, and read by the general public in the coming months and years (available via Mendeley at https://data.mendeley.com/datasets/6v6hnxgnrj/1).

It should be noted that language is dynamic; already the pandemic has introduced new words (eg, SARS-CoV-2) and brought up unfamiliar words (eg, beta-coronavirus, pangolin). We can expect that connotations and nuance of existing terms will evolve, especially during rapidly changing circumstances. Nevertheless, widespread idiosyncratic use of pandemic-related terms may hinder exchange of information. This glossary therefore should be considered an early step in an evolving process. We hope it will be useful to the public and to the media in understanding the COVID-19 pandemic and dealing with its deadly progression.

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Conflicts of interest

None disclosed.

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