LCM
Lingue Culture Mediazioni
Languages Cultures Mediation

9 (2022)
2

Communicating COVID-19: A Linguistic and Discursive
Approach across Contexts and Media

Comunicare il COVID-19: un approccio linguistico
e discorsivo a media e contesti

Edited by / A cura di
Maria Cristina Paganoni and Joanna Osiejewicz

Contents

Terminology for Medical Journalism

Terminological Resources, Neology, and the COVID-19 Syndemic

Anna Anselmo

ABSTRACT

This article aims to investigate the terminological needs of journalists reporting medical news in the context of the current COVID-19 syndemic. It presents the work context – medical journalism – and the professional group selected – dubbed 'occasional medical journalists', a subset of medical journalists – and analyses their terminological needs. It further offers a critical description of a selection of terminological and terminographic resources currently available to the professional category at hand, highlighting room for improvement. Lastly, it briefly explores the interdependence between the professional group, the syndemic, and neology, and provides a sample *ad hoc* terminological entry conceived to facilitate the correct use of Coronavirus-related terminology in the press.

Keywords: COVID-19; IATE; medical journalism; TERMCAT; terminography; terminological record; TERMIUM Plus®.

---

1. INTRODUCTION

This article aims to investigate the terminological needs of journalists reporting medical news in the context of the current COVID-19 syndemic [1]. It also presents the work context – medical journalism – the

---

[1] This article refers to COVID-19 as a syndemic, rather than a pandemic or an epidemic. A term originally coined by medical anthropologist Merrill Singer, a syndemic goes beyond "the notion of disease clustering in a location or population, and processes

professional group selected – dubbed 'occasional medical journalists', a subset of medical journalists – and offers an analysis of their terminological needs. This is easily explained:

> When pandemics or any other type of emergent health crises threaten society, the importance of laypeople's trust in medical science is crucial, as is their confidence in reliable medical services. Considering the outsized role the media has in disseminating medical news it is extremely important that the medical material they distribute is accurate and relevant. (Larsson *et al.* 2019, 2).

Accuracy and relevance depend on the medical journalists' ability to interact with medical experts, to use medical terminology appropriately, to define their terms for the benefit of a generalist audience, and to successfully assess research methodology and the quality of data. Reporting the syndemic also implies awareness of sociological, political, and economic phenomena, often lexicalised through neologisms.

This article further offers a critical description of a selection of terminological and terminographic resources currently available to the professional category at hand, highlighting room for improvement. Lastly, it briefly explores the interdependence between the professional group, the syndemic, and neology, and provides a sample *ad hoc* terminological entry conceived to facilitate the correct use of specialist terminology in the press.

2. THE WORK CONTEXT, THE PROFESSIONAL GROUP AND TERMINOLOGICAL NEEDS

Medical journalism is defined in two different ways based on its addressees. On the one hand, it is intended as medical news reporting for experts, usually published in peer-reviewed scientific journals; this should be understood as separate from medical literature and the publi-

---

of biological synergism among co-dwelling pathogens" since it "points to the determinant importance of social conditions in the health of individuals and population" (2003, 428). Singer also notes that the "sociopolitical context of sufferers' health is critical" (2003, 428). Singer has also recently written on the interaction between the concept of syndemic and that of structural violence in the context of COVID-19 (2021). Furthermore, the connection between syndemic and COVID-19 has recently been highlighted by Horton 2020 and Calcaterra *et al.* 2022.

cation of research results, even though the addressees are identical and share expert knowledge and terminology. On the other hand, medical journalism is also defined as "the communication of health and medical information in the media" (Hettiarachchi and Noreen 2020, 38). In this case, the main addressees are the laypeople, and the communicative goal is the dissemination of health-related information through different types of media. Medical journalism is sometimes also designated as 'health journalism' or 'health care journalism', that is, a means of disseminating health news, health policies, and the results of medical research (Keshvari *et al.* 2018, 14). 'Health journalism' and 'health care journalism' are hypernyms of 'medical journalism', providing a comprehensive lexical label for the work context at hand, and accounting both for the reporting of medical news proper (e.g. news related to important medical breakthroughs) and for the reporting of news regarding lifestyle, healthcare, health services and policies. For the purpose of this article, medical, health and health care journalism are used interchangeably[2].

According to the UK Medical Journalists' Association, the birth of "consumer medical journalism" dates back to the late 1960s[3]: 1967 is the year of the first heart transplant and the year that marked Christiaan Barnard's unprecedented rise to fame as the surgeon who performed the transplant. Such a momentous event had two main consequences: firstly, medical reporting changed its focus from the strictly clinical to ethical and social issues; secondly, there was a paradigm shift in the doctor-patient relationship, whereby the doctor-knows-best axiom was superseded by a more active and aware patient, which the media facilitated.

Medical journalists, as a professional group, prove complex to define. The existence of professional associations[4] seems to point to specific skills, knowledge, and expertise, but dramatic changes in the working conditions of journalists at large complicate definition.

Obvious changes in journalism concern "the frequency of and the time to deadlines", due to "increasing opportunities for several actors

---

[2] The UK Medical Journalists' Association uses the appellations "medical journalist" and "health journalist" indifferently (cf. the website's homepage: https://mjauk.org/).

[3] See https://mjauk.org/2014/03/30/history-in-the-making-how-the-mja-began/ (last accessed 31/10/2022).

[4] See, among others, the already mentioned UK MJA; the American Association of Health Care Journalists (https://healthjournalism.org/); the American Medical Writers Association, addressing medical communicators at all levels (https://www.amwa.org/); the European Medical Writers Association (https://www.emwa.org/).

---

to publish more often and on different media platforms" (Larsson *et al.* 2019, 2), including social media. Further changes include the shortening of the "time allotted to find news, research facts, check details write stories, and make layout", which results in the use of fewer sources (Larsson *et al.* 2019, 2); the increasing casualization of work through "freelancing and other non-permanent contractual arrangements, flexibility and insecurity" (Örnebring 2010, 59); the shift from monomedia to multimedia and multimodal journalism (i.e. the production of audio, video, text, photo content for distribution through multiple channels) influencing productivity, workload, and stress levels in journalists. Further changes concern "the discourse of speed" as "the main measure of competitive success in the news industry" (Örnebring 2010, 65), job enlargement and multiskilling, intended as "people's capacity to cope with job enlargement and to adapt to the blurring organizational and occupational boundaries in convergent newsrooms" (Paulussen 2012, 197). All these factors lead to overworking and may lead to the decrease in quality levels of news reports.

Multiskilling, in particular, unveils the challenges in categorizing medical journalists as a professional group. Following Domingo *et al.* (2007, 8), who identified three types of multiskilling, this article suggests that 'issue multiskilling' (i.e. reporting "on news related to different thematic areas") affects the practice of medical journalism and complicates the delineation of the professional group. While there are journalists who only cover medical news, many mainstream journalists working in the generalist news outlets have been required to cover medical or health news due to the COVID-19 syndemic, the headliner of the 24-hour news cycle in the past year. The latter are here dubbed 'occasional' medical journalists, that is, professionals involved in issue multiskilling. As a consequence, medical journalists are here described as a fuzzy set (Garzone 2015, 48-50): as opposed to a crisp set, wherein an element is either a member of the set or not, based on fixed membership criteria, fuzzy sets indicate a more flexible notion of membership, whereby an element can be a partial member of a set because some of its characteristics overlap with those of the set, despite there not being a perfect match (Garzone 2015, 48-50). In a fuzzy set, "there is no sharp transition from membership to non-membership" (Bellman and Zadeh 1970, B141-B164). The professional category of medical journalists, intended as a fuzzy set, thus implies a professional ideal, that is, a journalist only covering medical or health news within a specific sub-area of specialization, insofar as medical expertise cannot be considered general,

but is, or should be, indeed, particular and grounded in medical sub-domains of specialization. Such case can be considered the core of the set. Moving away from the core and towards the margins, the skillsets and competencies defining professional figures working in medical journalism become less and less specialised, until they transition into non-medical journalists.

The 'occasional medical journalist' category includes both mainstream journalists occasionally covering medical or health news as part of an ever-enlarging set of job duties and responsibilities, and mainstream journalists who have been thrust into the "unfamiliar ground" (Makri 2021, 17) of medical reporting by the COVID-19 syndemic. The newsworthiness[5] of COVID-19 requires almost non-stop coverage, constant deadlines and an increased sense of immediacy (Deuze and Paulussen 2002). This has required mainstream journalists to deal with specialised aspects of the medical journalist's job, "including coverage of expert opinion that is not backed up by peer-reviewed content, reporting on preprints, and assessing high-complexity instant-response science" (Makri 2021, 17).

Suhasini Sharma provides a comprehensive list of the skills required by medical writers (2010). Those relevant to medical journalists and occasional medical journalists are reported below, subdivided into domain knowledge, general knowledge and skills, and pre-requisites.

1. Domain knowledge indicates medical and therapeutic area knowledge; an understanding of drug (and vaccine) development processes, pharmacology, and drug (and vaccine) safety; an understanding of statistics and an ability to report numerical results accurately (Sharma 2010). Medical and therapeutic area knowledge indicates the conceptual and terminological knowledge related to a specialist sub-domain. In fact, medical terminology exists as an umbrella term, which *de facto* contains a series of terminological sub-sets depending on the therapeutic area at hand (e.g. cardiology, neurology, or, more to the point, epidemiology). Occasional medical journalists rarely write about a single therapeutic area and are not realistically going

---

[5] For an overview of definitions of newsworthiness and news values, see Caple 2016. Despite the complexity of the topic and the absence of any univocal or definitive definition, a working definition of newsworthiness can be "worthy of being published as news" based on criteria which are usually called news values, in turn definable as "selection criteria (a set of rules) applied to news stories as a means of prioritizing items" (Caple 2016, 2, 8).

to be able to develop conceptual and terminological mastery across medical subdomains. In the specific case of the COVID-19 syndemic, the occasional medical journalist needs conceptual and terminological competence in areas as diverse as epidemiology, virology, vaccine development, testing and registration, statistics reporting, sociology, politics, and a mastery of the plethora of syndemic-induced semantic and lexical neologisms.

2. General knowledge and skills concern the ability to research, source, and assess the reliability of medical literature. Some of the difficulties are "Keeping in mind what exactly you are looking for, knowing where to search and selecting only the authentic sources, planning your search strategy, use of correct keywords for searching and then carrying out the search as per the set plan [...]. Reviewing your search results to consider if the information is relevant, and systematically classifying and filing useful information for later retrieval" (Sharma 2010, 35).

3. Journalists covering COVID-19 news stories have also listed difficulties in assessing the quality of the research they cite or report on, and in understanding the publication process in the health sciences (including the peer reviewing process). Reporters at *MedicalNewsToday.com*, for instance, handle scientific research relying on "a combination of the published article, an accompanying press release, quotes from the researchers, and commentary provided by external experts"[6] (Hewings-Martin 2021), in order to "balance the story" (Boyce 2006, 898). But COVID-19 has caused a seismic shift: preprints. Instead of being subjected to the peer-reviewing process, whereby scientific journals work "with external academic experts, who are not involved in the research, to review the science" (Hewings-Martin 2021), COVID-19 has caused the news to move faster than peer reviews and, therefore, medical journalists find themselves using preprints (non-peer reviewed manuscripts), having to assess whether the science and the arguments are solid or not, usually in the context of a 24-hour news cycle and the discourses of speed and immediacy mentioned above.

---

[6] No page numbers are given as the full text is available online here: https://www.medicalnewstoday.com/articles/in-conversation-how-covid-19-has-changed-health-journalism (last accessed 15/09/2022). All following quotations refer to the same website and the same link.

Occasional medical journalists specifically need the following pre-requisites: the first is familiarity with medical concepts and terminology, the second is the ability to adapt their register and level of content specialty to the target audience. Both pre-requisites are problematic for occasional medical journalists, as familiarity with medical concepts and terminology is gained through experience and constant interaction with experts. This has been dubbed 'interactional expertise' by Collins and Evans (2002), and it identifies expertise "mastered through linguistic socialization and [...] extensive immersion into the culture of a particular specialism", as well as "linguistic engagement" with experts (Boyce 2006, 895). The ability to adapt specialist knowledge and make it processable for lay audiences is a direct consequence of terminological mastery, experience and 'interactional expertise', which occasional coverage of medical news and updates makes complicated.

3. DESCRIPTION AND EVALUATION OF EXISTING TERMINOLOGICAL RESOURCES

The professional needs of occasional medical journalists range across many diverse competencies and skills: specialist domain knowledge, an understanding of research and research assessment procedures, and the development of an expert network for supporting and balancing stories. As a professional category, occasional medical journalists have received sustained assistance from the scientific community and international health institutions in the past three years. Resources available include general guidelines regarding domain knowledge and the ethics of reporting during a worldwide health crisis. Terminological resources also abound: a Google search yields a plethora of COVID-19 glossaries, lexicographical resources, and newspaper articles discussing syndemic-related neologisms for laypeople. General guidelines are usually institutional and, therefore, reliable, whereas the accuracy and reliability of terminological resources are more difficult to assess for non-terminologists, and more guidance is required.

Two examples of resources containing general guidelines are given here: the World Health Organisation's "COVID-19 – An Informative Guide: Advice for Journalists"[7] offers advice on fencing off the info-

---

[7] This is available for download at the following address: https://apps.who.int/iris/handle/10665/339256 (last accessed 30/09/2022).

demic[8], sourcing research, being wary of preprint material, and the fundamental role of experts in validating information. It further lists a series of ethical requirements for syndemic-related news to stay relevant, respectful of the people affected by the SARS-CoV-2 virus, non-sensationalist and non-alarmist. The Association of Health Care Journalists of America[9] offers fact sheets regarding the background to the syndemic key mortality and transmission data, data on the US vaccine rollout, and a list of additional tip sheets from institutional actors containing ethical and factual support for journalists, including a list of infectious disease experts.

The terminological resources currently available show considerable diversity on the basis of the degree of institutionalisation of their creators, their intended addressees and communicative aim, and whether they are monolingual or multilingual. Creators range from institutions such as the EU, whose terminology project TermCoord contains a repository of COVID-related terminological resources, to collaborations between professional associations and universities[10], to independent associations of translation professionals or independent businesses[11]. Most of the mentioned resources are intended for professional categories such as translators, journalists and news editors, or laypeople. The aim of standardization, that is, "the optimization of the communication between experts working in their sub-domains of specialization" (Vezzani and Di Nunzio 2020, 4904), is complemented by the aim of facilitating communication and "the transmission of information in the healthcare domain" (Vezzani and Di Nunzio 2020, 4904).

---

[8] "An infodemic is overabundance of information – some accurate, some not – that spreads alongside an epidemic. During a health emergency, an infodemic can amplify mistakes, misinformation and rumours. It can also hinder an effective response and create confusion and mistrust about the solutions or advice given to prevent the disease" ("COVID-19 – An Informative Guide: Advice for Journalists" 2021, 2).

[9] Refer to their COVID-19 resource page here: https://healthjournalism.org/resources-tips-details.php?id=1102#.YJOAtEgzbML (last accessed 31/05/2022).

[10] The Italian Epidemiology Association and the University of Eastern Piedmont have created a COVID-19 glossary, "Le parole dell'epidemia. Glossario ragionato ai tempi del Coronavirus Disease 2019", available here: https://www.epidemiologia.it/nuovo-coronavirus-sars-cov-2/punto-informativo-aie-su-covid-19/il-glossario/ (last accessed 31/05/2022).

[11] *Internews*, supporting independent media and training independent media professionals around the world, offer a COVID-19 glossary for reporters, but the glossary merely contains definitions, and is not, therefore, assessed as a fully-fledged terminological resource in this article (find the glossary here: https://internews.org/glossary-terms/). *Translators without Borders* offers a multilingual COVID-19 glossary mostly aimed at translation professionals here: https://glossaries.translatorswb.org/covid19/.

Three resources are analysed here according to their level of institutionalisation, their addressees, their main aim, and the structure of their glossary entries. They have been chosen as representative of longstanding, often pioneering, high-quality terminological work: firstly, the Canadian Translation Bureau, which was established in 1934 in order to promote access to federal services in French, initially focussing on French and English, but which nowadays offers a range of language and translation tools in many languages;[12] secondly, the EU's IATE database, established in 2004 and made available to the public in 2008, which is intended to facilitate interinstitutional communication in the Union; lastly, TERMCAT, a Catalan public institution established in 1985, with the aim to "ensure the development and integration of Catalan terminology into both specialist sectors and society through the constant creation of innovative, quality tools and resources in permanent dialogue with experts and users"[13].

3.1. *TERMIUM Plus®*

The Canadian Translation Bureau has recently released its "Glossary on the COVID-19 Pandemic"[14], which is part of the Government of Canada's terminology and linguistic data bank, TERMIUM Plus®, and was last updated on 1 April 2021. The source is thus both institutional and reliable. Its aim is twofold: on the one hand, effective communication through understanding of COVID terminology, on the other, its standardization. The glossary is designed as "a tool for translators, writers, and editors" and "anyone responsible for disseminating information during this pandemic"[15]. The glossary is bilingual (English and French) and organised in alphabetical order. Considering the far-reaching consequences of the syndemic and its repercussions across different fields of human activity and sociality, the glossary includes entries related to the domains of medicine, sociology, and politics, among others.

---

[12] Refer to the following link for more information: https://www.tpsgc-pwgsc.gc.ca/bt-tb/apropos-about-eng.html#a1 (last accessed 10/10/2022).

[13] For more information: https://termcoord.eu/2018/01/termcat-terminology-in-europe/ (last accessed 10/10/2022).

[14] https://www.btb.termiumplus.gc.ca/publications/covid19-eng.html (last accessed 10/10/2022).

[15] https://www.btb.termiumplus.gc.ca/publications/covid19-eng.html (last accessed 10/10/2022).

▼ clinical trial

Terminological data

Types of data	English	French
Preferred designations	• clinical trial (noun)	• essai clinique (masculine noun)
Notes	The objective of a clinical trial is to define the safety and effectiveness of a new treatment in humans. A clinical trial is carried out in four phases. In phase I, the safety and pharmacological profiles of the treatment are studied in a small number of healthy volunteers. During phase II, the experimental effectiveness is studied in a limited number of volunteers. In phase III, data on safety and experimental effectiveness are completed in a large-scale trial. Phase IV takes place after the product's authorization and marketing, in particular to monitor side effects and validate its effectiveness.	Un essai clinique vise à établir l'innocuité et l'efficacité d'un nouveau traitement chez l'humain. Un essai clinique comporte quatre phases. La phase I permet d'établir le profil d'innocuité et le profil pharmacologique du traitement chez un petit nombre de sujets en bonne santé. La phase II étudie l'efficacité expérimentale chez un groupe restreint de volontaires. Pendant la phase III, on complète les données sur l'innocuité et l'efficacité expérimentale en menant un essai à grande échelle. La phase IV a lieu après l'homologation et la commercialisation du produit, notamment pour surveiller les effets secondaires et pour valider son efficacité.

Figure 1. – TERMIUM Plus® glossary entry for "clinical trial",
https://www.btb.termiumplus.gc.ca/publications/covid19-eng.html#m.

▼ contact tracing

Terminological data

Types of data	English	French
Preferred designations	• contact tracing (noun)	• recherche des contacts (feminine noun)
Other designations	n/a	• traçage des contacts (avoid, masculine noun, calque)
Definitions	The process of finding people who may have been exposed to a person having an infectious disease to ensure that they are aware of the possible exposure and to follow up with them.	Processus visant à trouver les personnes potentiellement exposées à une personne atteinte d'une maladie infectieuse afin de s'assurer qu'elles sont au courant de cette exposition et d'effectuer un suivi auprès d'elles.
Notes	Contact tracing involves three steps: contact identification, contact listing and contact follow-up.	La recherche des contacts comporte trois étapes : l'identification des contacts, le recensement des contacts et le suivi des contacts.
Examples	• digital contact tracing	• recherche numérique des contacts

Figure 2. – TERMIUM Plus® glossary entry for "contact tracing",
https://www.btb.termiumplus.gc.ca/publications/covid19-eng.html#m.

The structure of the entries is heterogenous: the only trait common to all entries is the "preferred designation" (that is, the actual term in its most frequently used form) in English and in French; grammatical information consists in an indication of word class. When "other designations" are recorded in use, these are added in both English and French. Definitions are not provided for all entries. No apparent rationale for this choice could be detected. Definitions seem to be provided only for terms that have been identified as either highly specialised (e.g. "antigen") or as COVID-19 neologisms (e.g. "ArriveCAN", a Canadian app offering travelling information from and to Canada), but this hypothetical criterion is inconsistently discerned through the termbank. Two more descriptive categories can be found in select entries: "notes" contain general information about the process or phenomenon the term designates (*Fig. 1*); "examples" usually contain common collocations (e.g. "convalescent plasma therapy" is an "example" of "convalescent plasma"), but no full sentences, from whose co-text meaning and pragmatically correct use might be deduced. Some entries are structured containing all the descriptive categories listed here (*Fig. 2*).

The TERMIUM Plus® glossary appears to be comprehensive in its term selection and consistent with the intended addressees and aims. Its limitations concern the heterogeneity of the information contained in each entry and the lack of definitions for several entries, whose understanding cannot be taken for granted, even though they may have been in use in different contexts for some time. While a term such as "adverse reaction" may be common knowledge, a term such as "lung infiltrate" or "pulmonary infiltrate" may not be so semantically transparent. Neither of them are defined in the glossary. More than that, common collocations may be useful to translators, but not so to journalists, editors or communicators, who may need a larger co-text in the form of full example sentences in order to be able to reuse terms accurately and appropriately.

3.2. *IATE*

The second resource here analysed is the EU's IATE (Interactive Terminology for Europe) COVID-19 and SARS-CoV-2 terminology collection[16].

---

[16] The IATE COVID-19 and SARS-CoV-2 terminology collection is available here: https://data.europa.eu/data/datasets/covid-19-multilingual-terminology-on-iate?locale=en (last accessed 08/10/2022).

The dataset is available as a downloadable Excel file listing 730 unique entries and a link to the full terminological record for each term within IATE. The collection is institutional, reliable, and multilingual, including all official EU languages, even though term equivalents may not be recorded in all EU languages. Just as the TERMIUM Plus® glossary, it covers a range of topics, including medicine, politics, economics, and sociology. The aim is to offer "snapshots of the pandemic-related content"[17], and its terminology. No explicit addressees are mentioned in the presentation of the dataset, but reference can be made to IATE's mission to provide "a web-based infrastructure for all EU terminology resources, enhancing the availability and standardization of the information"[18]. Use of the database was firstly envisaged within EU institutions and agencies, but IATE is frequently used by translation professionals, and its terminological make-up can suit the needs of occasional medical journalists.

The IATE entry structure is standardised through a minimum number of term descriptors. These are, in order: the specialist "domain(s)" to which the term belongs, "cross-references" with related terms within IATE, the term "definition" and the "definition reference(s)", and the degree of "reliability" of the term. Additional descriptors change according to the entry: for instance, when several synonymous terms designate the same concept, the "evaluation" category is added, which means that only one of the terms is singled out as the "preferred" alternative, therefore, the one more likely to be standardised. Other relevant information concerns the context, articulated as "term in context" – an example sentence or, sometimes, paragraph – and "context reference" – the source of the example sentence or paragraph (*Fig. 3*). Further descriptors include the "owner" section (who owns the terminological record), and the "notes" section, which provides diverse semantic information, usually related to synonymy.

IATE is a multilingual database by one of the biggest institutions in the Western world, which provides constant updates, verified and reliable information, high-quality terminological records based on a very large amount of data. The COVID-19 dataset is overall more useful to occasional medical journalists than the TERMIUM Plus® glossary: its entries contain context in the form of full sentences or paragraphs (not

---

[17] https://data.europa.eu/data/datasets/covid-19-multilingual-terminology-on-iate?locale=en (last accessed 05/10/2022).

[18] https://iate.europa.eu/home (last accessed 12/10/2022).

just collocations), synonyms are provided, and the preferred terms indicated when synonyms abound. However, IATE does not offer homogenous entries: different entries contain a different degree of detail and different descriptors. Furthermore, entries do not offer any grammatical information, and some entries in their English version contain no definition, for which decision no discernible rationale could be established. This can render entries complex to consult and the terms more complex to reuse appropriately.

Term:	**aerosol**
Term reference:	Commission Implementing Decision (EU) 2018/945 of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions
Term type:	term
Reliability:	★★★
Note:	Many authors consider terms *aerosol* and *droplet nucleus* (26.11.2020) as synonyms, not distinguishing between the initial droplet produced and the resulting particulate after evaporation. Anyway, as far as airborn transmission is concerned the distinction resides in the possibility that droplets evaporate and become smaller before hitting the floor and thus are free to float very long distances
Note reference:	COM-Terminology Coordination, based on:
	1) Justin Morgenstern. *'Aerosols, Droplets, and Airborne Spread: Everything you could possibly want to know'* (27.8.2020). First10EM
	2) WHO. *'Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations'* (27.8.2020)
Contexts:	
Term in context:	In the world of **aerosols**, there seems to be two main points of contention. The first is the size cutoff between large and small droplets. Various sources will put the cutoff at 2 μm, 5 μm, 10 μm, 20 μm, or even 100 μm. (Judson 2019; Morawska 2006; Fiegel 2006; Xie 2007; Chen 2010; Nicas 2005; Tellier 2009) This is a key distinction, because it is the difference between airborne and droplet precautions. Many papers make definitive statements based on one of the cutoffs that would be incorrect if a different cutoff was used. (For example, Morawska 2006 states that droplets smaller than 100 μm, which is almost all droplets, will evaporate before hitting the floor, meaning that they can transmit disease through the airborne route, while other documents will use 5 μm as the cutoff.) There is probably a grey area in which droplets can behave either way, depending on how quickly they evaporate compared to how quickly they fall to the ground based on the atmospheric conditions of the room.
Context reference:	Justin Morgenstern. *'Aerosols, Droplets, and Airborne Spread: Everything you could possibly want to know'* (27.8.2020). First10EM
Owner:	COM

Figure 3. – IATE entry for "aerosol",
https://iate.europa.eu/entry/result/3590835/all.

3.3. *TERMCAT*

The third and last terminological resource is the COVID-19 Termi-
nology collected by the Centre de Terminologia TERMCAT[19]. This is
the institutional terminological resource in Cataluña and is thus reliable.
The COVID terminology project now contains 500 entries. These have
been produced in cooperation with institutions (the Catalan Depart-
ment of Health), medical experts (SOCDEMCAT, the Catalan Society
of the Encyclopaedic dictionary of medicine), and the media (isAdir,
the Catalan Audiovisual Media Corporation). IsAdir is an important
factor in the elaboration of the terminology as it manifests TERMCAT's
mission to produce "an open product, which we will expand in accord-
ance with the evolution of the epidemic and the current news"[20]. No
addressees are explicitly mentioned, but the self-professed open nature
of the project, and its reliance on updates in the news and the media,
indicate a focus on clarifying terminology for both media operators and
occasional medical journalists, as well as the general public.

The termbank has a twofold structure, alphabetical and thematic,
presented in two different sections. The thematic section allows for a
search based on the thematic organisation of the terms, the categories
are mostly medical (clinic, diagnosis, epidemiology, and etiopathogen-
esis), two categories are of more general interest (treatment and preven-
tion), and one category is a miscellany (general concepts) containing
terms of a more sociological nature, and terms that recur in the press
(e.g. 'clinical study', 'permanent incapacity', 'distributive justice', etc.).
Entries are multilingual (Catalan, English, French, Spanish, Portuguese,
and Occitan), their structure and contents homogenous: the Catalan
term, its Catalan synonyms, equivalents in the other languages involved
in drafting the terminology, grammatical information (abbreviated in
brackets after the term), and a definition (*Fig. 4*).

The homogenous nature in the entry structure of the TERMCAT
terminology is helpful in terms of its consultation and the certainty
of what information can and will be found in it. The twofold macro-
structure (alphabetic and thematic) facilitates the search based on the
terminological needs of the user. Some categories specifically apply to
semantic fields that are of interest to occasional medical journalists, such

---

[19] https://www.termcat.cat/en/diccionaris-en-linia/286 (last accessed 03/10/2022).
[20] https://www.termcat.cat/ca/diccionaris-en-linia/286/presentacio (last accessed
15/10/2022).

as treatment, prevention, and the miscellaneous general concepts. One limitation in the TERMCAT terminology concerns the lack of context and sources for the terms and the definitions, as these might be useful to professionals getting acquainted with a term for the first time.

Figure 4. – TERMCAT entry for "inflammatory marker",
https://www.termcat.cat/en/diccionaris-en-linia/286/ca/M.

3.4. *To recap*

While the resources analysed offer reliable information to users, none fully supports occasional medical journalists. Just as translators are used to turning to a variety of resources, whose information they integrate in order to offer accurate and comprehensive translations, so should occasional medical journalists consult more than one resource. The resources analysed here are all institutional, reliable, consistently updated and freely available online. TERMIUM Plus® and IATE each contain valuable information such as collocations, and terms in context, respectively, but they lack consistency in the structure of their entries, which can be confusing for non-linguist and non-terminologist users. TERMCAT, on the other hand, is homogenous and offers a thematic, other than alphabetical, organisation of contents, which can facilitate consultation and use, but does not offer any term context or recurrent collocations. COVID-19 terminology is constantly evolving and it therefore requires incessant observation and work, and, under these conditions, it is objectively complex to offer uniformity and comprehensiveness of information. The resources currently available are valuable tools, but their occasional inconsistency proves problematic. One more element is missing from these resources, and it is the object of the last section in the article: a specific resource, or a section within existing resources, which accounts for COVID-19-related neologisms.

4. COVID-19 AND NEOLOGY

The terminological resources analysed in the previous section show domain diversity due to the syndemic affecting health, politics, society, the media, news reporting, and the psychological well-being of people. Besides mapping existing medical terms that have become both buzzwords and commonplace in the past year due to COVID-19, the terminological resources include select neologisms (e.g. COVID-19 itself is a neologism)[21], but do not aim to comprehensively map neologistic phenomena in connection with the syndemic. It has fallen to

---

[21] The WHO first introduced the term COVID-19 (short for coronavirus disease 2019) on 11 February 2020. See https://www.oed.com/viewdictionaryentry/Entry/8857 5495;jsessionid=E766B021F49508556F058856ACD522A7 (last accessed 01/10/2022).

lexicography and scholarly works to provisionally record and collect syndemic-related neologisms (see, among others, Akut 2020; Al-Salman and Haider 2021; Asif *et al.* 2021; Lei, Yang, and Huang 2021; Roig-Marín 2021; Mattiello 2022).

For the purpose of what follows, a comprehensive view of neology is adopted. Pruvost and Sablayrolles (2003) define neology as entailing four different typologies: *ex-nihilo* lexical creations; new meanings for existing signifiers realised through metonymical or metaphorical processes, as well as through semantic shifts; new signifiers for existing meanings; and, more rarely, the reintroduction of an already existing signifier (with or without the same meaning). The two most common types of neology can be defined as semantic neology (new meaning for an existing signifier) and lexical neology (a new signifier for an existing meaning) (Jamet and Terry 2018). At a cursory glance, COVID-19-related neologistic phenomena tend to fall under the headings of *ex-nihilo* lexical creation – for instance, COVID-19 – and semantic neology/ neosemanticisms – as is the case with the word 'lockdown' which has acquired a syndemic-specific meaning starting in 2020 (Mattiello 2022, 3). More than that, neologistic phenomena imply a degree of uncertainty regarding the durability of the new coinages, going from hapax legomena, to occasionalisms, to institutionalised neologisms, that is, accepted by a speech community and recorded in lexicographic works (Brinton and Traugott 2005, 45). Based on these preliminary observations, mapping COVID-19 neologisms (whether occasionalisms or institutionalised neologisms) and producing a COVID-19 neologism termbank could greatly benefit occasional medical journalists (as well as other professionals), who must not only keep up with the science, but also with new socio-cultural and political phenomena and processes, which are very often integral to syndemic-related news reporting.

So far, COVID-19 neologisms have been the focus of several *OED* updates, the first being released in April 2020[22]. The dictionary's historical rationale implies the listing of several neologisms, their defini-

---

[22] The release was accompanied by a webinar and some downloadable material, available here: https://public.oed.com/webinars-and-events/ (last accessed 08/05/2021). Further resources are available on the *OED* website:
https://public.oed.com/webinars-and-events/the-language-of-covid-19/;
https://public.oed.com/webinars-and-events/major-health-crises-and-the-oed-language-evolution-and-challenges-in-health-communication/;
https://public.oed.com/blog/using-corpora-to-track-the-language-of-covid-19-update-2/ (last accessed 09/05/2022).

tions, etymological, grammatical, contextual and co-textual information, as well as information regarding related word forms (i.e. compounds). A cursory glance at the freely accessible COVID-19 entry in the *OED* shows a "compounds" section listing occurrences and example sentences of the following: "COVID-19 case", "COVID-19 test" and the rather pleonastic "COVID-19 virus". The self-professed aim of the COVID-19 updates is descriptive, that is, to provide a snapshot of how society as a whole is adapting to the syndemic in linguistic and behavioural terms. The update contains lemmas such as, "self-isolate" (v.), and its related word forms (self-isolation, self-isolating, self-isolated), as well as "self-quarantine" and "self-quarantined", showing the impact of isolation and social distancing measures in the early stages of the syndemic. Thanks to the *Oxford Monitor Corpus of English*, *OED* lexicographers monitor how word usage evolves; so, for example, "self-isolation" and "self-quarantine" have consistently been recorded as synonymous[23]. Furthermore, there are words which are currently being monitored with a view to a potential further neology update. Based on the *OED* COVID-19 update webinar[24], COVID-related neology includes new coinages, existing signifiers who take on new meanings, or the widespread use of terms from the specialised fields of medicine which were previously an expert prerogative (e.g. "PPE", originally meaning "Philosophy, Politics, and Economics", and which now means "personal protection equipment"; it has come into the mainstream of everyday communication in 2020 due to the syndemic)[25]. There are more new words which are recorded in use, but which the *OED* has not yet prepared entries for, such as the blends 'pancession', for 'pandemic recession' (Wright *et al.* 2021) and 'quarantini' for 'quarantine Martini'. Macmillan's crowdsourced *Open Dictionary* is particularly prone to recording these definitions as a provisional database of transient lexical phenomena, only some of which become definitive dictionary entries[26]. In other words, both the *Open Dictionary* and the *Macmillan Buzzword* section offer an opportunity for collecting and storing neologisms, waiting for them to emerge as either occasionalisms or institutionalised new coinages.

---

[23] "The Language of COVID-19: a Special OED Update", available here: https://public.oed.com/webinars-and-events/ (last accessed 10/06/2022).

[24] *Ibidem.*

[25] *Ibidem.*

[26] https://www.macmillandictionary.com/open-dictionary/ (last accessed 22/10/ 2022).

Creating a termbank that serves professionals involved in reporting, translating or, more generally, writing about COVID-19, would facilitate information retrieval and the correct use of COVID-19-related terminology, more than any dictionary entry. Such termbank should have some basic characteristics, which are at present not available in any existing termbank, as detailed in the analysis above: it should have an alphabetical as well as thematic organisation in order to facilitate consultation; it should be multilingual; it should be consistent (i.e. entries should all have the same structure and contain the same term descriptors); it should contain example sentences in every entry; and it should contain a neologism section, including pop COVID-19 neologisms (those is use in spoken English, mostly colloquial in nature, and which portray the daily changes in behaviour and habits of regular people).

Such a tool could include terminological entries containing a set number of descriptors (as shown listed below), deemed useful to occasional medical journalists, as well as translators and communicators.

• Term (preferred and alternative spellings, if available)
• Grammatical information
• Definition (and source)
• Competing Definition (if available and in use)
• Synonyms (if available)
• Context (and source) – in other words, example sentence
• Equivalents
• Typical collocations
• Related terms or word forms (and source)

The sources for the creation of this termbank should be terminographical, lexicographical and corpus-based. In other words, firstly, existing institutional term banks such as the ones analysed above should form the basis for the selection of terms to be included. Secondly, institutional lexicographical resources such as the *OED*, as well as more provisional and contingent resources such Macmillan's *Open Dictionary* and *Buzzword* section and the *Urban Dictionary*, should be consulted in order to best draft definitions and gather more information on the semantics of terms. Lastly, interrogating the Coronavirus Corpus[27] and CORD-19[28] should yield further terms,

---

[27] https://www.english-corpora.org/corona/ (last accessed 20/10/2022).
[28] https://knowledge4policy.ec.europa.eu/TIM/covid-19_en (last accessed 20/10/2022).

which could support the analysis of strong vs weak collocations, as well as provide contexts of use to implement the 'example sentence' and 'synonym' descriptors (as is evident from the sample terminological record presented below). The first termbank draft would be in English, other languages could be added as linguists specialised in other languages are brought in.

A sample terminological record is provided here for the compound neologism 'mask-shaming', made up of the noun 'mask' and the verb in the gerund form 'shaming'. The use of 'mask-shaming' is widespread but has not yet been standardised, and it may well become obsolete and fall out of use. Existing definitions for the term appear to be provisional, as the entries in Macmillan's *Open Dictionary* and in the *Urban Dictionary* (both below) suggest. The terminological record drafted according to my suggested structure reads as follows:

TERM	mask-shaming (alternative spelling 'mask shaming')
GRAMMATICAL INFORMATION	compound noun ('mask' n., 'shaming' v.)
DEFINITION (preferred)	"criticizing or confronting someone who is not wearing a face covering"
DEFINITION SOURCE	*Macmillan Open Dictionary Online* (https://www.macmillandictionary.com/dictionary/british/mask-shaming)
COMPETING DEFINITION (enantiosemy [29]):	"criticizing or confronting someone who is wearing a mask" (source: the Author's definition, based on the pop dictionary www.urbandictionary.com definition for the related adjective, "mask-shamed", and on online articles indicating the term as polysemic - https://www.health.com/condition/infectious-diseases/coronavirus/mask-shaming-covid-19, and https://www.wired.co.uk/article/mask-shaming; this second definition seems to have been abandoned and the term appears to have settled in the definition offered by the *Macmillan Open Dictionary Online*)
SYNONYMS	N/A

---

[29] The *Concise Oxford Dictionary of Linguistics* defines enantiosemy as follows: "A case of polysemy in which one sense is in some respect the opposite of another" (Matthews 2007, 122).

CONTEXTS (and sources)	"'Mask meltdown' videos have become a feature of the pandemic, part of a larger trend of mask-shaming. Sneering at people who refuse to wear face coverings has become a particularly viral form of virtue signalling" (https://www.theguardian. com/commentisfree/2020/jul/22/shaming-people-who-refuse-to-wear-face-masks-isnt-a-good-look); "Mask-shaming is meant to call out those who enter close proximity to others and don't wear a mask" (https:// economictimes.indiatimes.com/magazines/ panache/from-anti-buddies-to-quarantini-11-new-words-that-2020-gave-us/ doomscrolling/slideshow/79624671.cms)
EQUIVALENTS	N/A (the record is monolingual at this time)
TYPICAL COLLOCATIONS	N/A
RELATED TERMS OR WORD FORMS	'mask-shamed', adj. (www.urbandictionary. com)

5. Conclusion

This article has focussed on the work context of healthcare/medical journalism, on the professional group of occasional medical journalists, its definition, and the definition of these professionals' terminological needs in the context of media dissemination of medical, sociological, and political news related to the COVID-19 syndemic. Three examples of institutional COVID-related terminological resources have been analysed, with special attention to their addressees, overall aims, terminological record structure and whether they are comprehensive and useful to the professional category at hand. From the analysis, there emerged a heterogeneity in the drafting of the terminological records, whereby descriptors have been seen to change depending on the term being recorded. This has been identified as the main shortcoming in the resources. Finally, a special section was devoted to COVID-19 neology, whereby two suggestions were advanced: on the one hand, the creation of a standardised terminological entry which can meet the needs of occasional medical journalists, and, on the other, the inclusion of a section devoted to COVID-19 neologisms that might offer support in the tracking and description of societal and behavioural changes

connected to the syndemic. An example of a terminological entry for the neologism "mask shaming" was presented, with the implication that the terminological sources analysed might consistently avail themselves of the same descriptors in the long term.

References

Akut, Katherine B. 2020. "Morphological Analysis of the Neologisms during the COVID-19 Pandemic". *International Journal of English Language Studies* 2 (3): 1-7.

Al-Salman, Saleh, and Ahmad S. Haider. 2021. "COVID-19 Trending Neologisms and Word Formation Processes in English". *Russian Journal of Linguistics* 25 (1): 24-42.

Asif, Muhammad, Deng Zhiyong, Anika Iram, and Maria Nisar. 2021. "Linguistic Analysis of Neologism Related to Coronavirus (COVID-19)". *Social Sciences and Humanities Open* 4 (1): 1-6.

Bellman, Richard E., and Lotfi Aliasker Zadeh. 1970. "Decision-making in a Fuzzy Environment". *Management Science* 17: B141-B164.

Boyce, Tammy. 2006. "Journalism and Expertise". *Journalism Studies* 7 (6): 889-906.

Brinton, Laurel J., and Elizabeth Closs Traugott. 2005. *Lexicalization and Language Change*. Cambridge: Cambridge University Press.

Calcaterra, Giuseppe, Pier Paolo Bassareo, Francesco Barilla, Francesco Romeo, Cesare De Gregorio, Paulette Mehta, and Jawahar L. Mehta. 2022. "Syndemic: A Synergistic Anthropological Approach to the COVID-19 Pandemic". *Encyclopedia* 2: 1344-1356.

Caple, Helen. 2016. "News Values and Newsworthiness". In *Oxford Research Encyclopaedia of Communication*.
https://oxfordre.com/communication/view/10.1093/
acrefore/9780190228613.001.0001/acrefore-9780190228613-e-850

Collins, Harry, and Richard Evans. 2002. "The Third Wave of Science Studies: Studies of Expertise and Experiences". *Social Studies of Science* 32 (2): 235-296.

Domingo, David. 2007. "Four Dimensions of Journalistic Convergence: A Preliminary Approach to Current Media Trends at Spain". Paper presented at the *8th International Symposium on Online Journalism*, Austin (TX), March 30-31, 2007.
https://www.researchgate.net/publication/252161707_Four_Dimensions_
of_Journalistic_Convergence_A_preliminary_approach_to_current_media_
trends_at_Spain

Deuze, Mark, and Steve Paulussen. 2002. "Online Journalism in the Low Countries: Basic, Occupational and Professional Characteristics of Online Journalists

in Flanders and The Netherlands". *European Journal of Communication* 17 (2): 237-245.

Garzone, Giuliana. 2015. *Le traduzioni con Fuzzy Set: percorsi teorici e applicativi*. Milano: LED Edizioni Universitarie.

Hettiarachchi, Dinesh, and Nafeesa Noordeen. 2020. "The Impact and Challenges of Medical Journalism: A Review". *University of Colombo Review* 1 (1): 37-46.

Hewings-Martin, Yella. 2021. "In Conversation: How COVID-19 Has Changed Health Journalism". *Medical News Today*, March 11.
https://www.medicalnewstoday.com/articles/in-conversation-how-covid-19-has-changed-health-journalism

Horton, Richard. 2020. "Offline: COVID-19 Is Not a Pandemic". *The Lancet* 396 (10255), September 26.
https://www.thelancet.com/journals/lancet/article/
PIIS0140-6736(20)32000-6/fulltext

Jamet, Denis, and Adeline Terry. 2018. "Lexical and Semantic Neology in English: Introduction". *Lexis* 12: 1-4.
https://journals.openedition.org/lexis/2521

Keshvari, Mahrokh, Niko Yamani, Payman Adibi, and Hossein Shahnazi. 2018. "Health Journalism: Health Reporting Status and Challenges". *Iran Journal of Nursing and Midwifery Research* 23 (1): 14-17.

Larsson, Anna, Susanna Appel, Carl Johan Sundberg, and Marten Rosenqvist. 2019. "Medicine and the Media: Medical Experts' Problems and Solutions While Working with Journalists". *PLoS ONE* 14 (9): 1-12.

Lei, Siyu, Ruiying Yang, and Chu-Ren Huang. 2021. "Emergent Neologism: A Study of an Emerging Meaning with Competing Forms Based on the First Six Months of COVID-19". *Lingua* 258: 1-19.

Makri, Anita. 2021. "What Do Journalists Say about Covering Science during the COVID-19 Pandemic?". *Nature Medicine* 27: 17-20.

Macmillan Open Dictionary
https://www.macmillandictionary.com/open-dictionary/

Matthews, Peter H. 2007. *The Concise Oxford Dictionary of Linguistics*. Oxford: Oxford University Press.

Mattiello, Elisa. 2022. *Linguistic Innovation in the COVID-19 Pandemic*. Newcastle: Cambridge Scholars Publishing.

Örnebring, Henrik. 2010. "Technology and Journalism-As-Labour: Historical Perspectives". *Journalism* 11 (1): 57-74.

Paulussen, Steve. 2012. "Technology and the Transformation of News Work: Are Labor Conditions in (Online) Journalism Changing?". In *The Handbook of Global Online Journalism*, edited by Eugenia Siapera and Andreas Veglis, 192-208. Malden: Wiley-Blackwell.

Roig-Marín, Amanda. 2021. "English-Based Coroneologisms". *English Today* 37 (4): 193-195.

Sabloyrolles, Jean-François, and Jean Pruvost. 2003. *Les Néologismes*. Paris: Puf.

Sharma, Suhasini. 2010. "How To Become a Competent Medical Writer?". *Perspectives in Clinical Research* 1 (1): 33-37.

Singer, Merrill, and Scott Clair. 2003. "Syndemics and Public Health: Reconceptualizing Disease in Bio Social Context". *Medical Anthropology Quarterly* 17 (4): 423-441.

Singer, Merrill, and Barbara Rylko-Bauer. 2021. "The Syndemic and Structural Violence of the COVID Pandemic: Anthropological Insights on a Crisis". *Open Anthropological Research* 1: 7-32.

The Coronavirus Corpus
> https://www.english-corpora.org/corona/

The European Commission Knowledge for Policy. 2022. "Coronavirus Research Monitoring and CORD-19".
> https://knowledge4policy.ec.europa.eu/TIM/covid-19_en

The Oxford English Dictionary
> www.oed.com.

Vezzani, Federica, and Giorgio M. Di Nunzio. 2020. "On the Formal Standardization of Terminology Resources". In *Proceedings of the 12th Conference on Language Resources and Evaluation (LREC 2020)*, 4903-4910.
> http://www.lrec-conf.org/proceedings/lrec2020/index.html

Wright, Cassandra J.C., Michael Livingstone, Robyn Dwyer, and Sarah Callinan. 2021. "Second, Third, Fourth COVID-19 Waves and the 'Pancession': We Need Studies that Account for the Complexities of How the Pandemic Is Affecting Alcohol Consumption in Australia". *Drug and Alcohol Review* 40 (2): 179-182.