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Linguistic Coinage during COVID-19 Pandemic: Health Care Terminology

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ARTICLE INFO	ABSTRACT
	During the ongoing novel Coronavirus disease, everything is paralyzed and shut down except for the world languages that continue to grow and thrive, especially in the field of health care with the circulation of terms and combinations specific to the context of the pandemic. This paper is an overview of the linguistic evolution that has affected the English lexicography in the time of COVID-19 outbreak. It reflects specifically the linguistic impact of the pandemic on international health care discourse and the pandemic management guidelines released by public health organisms and authorities. It concludes with a conviction that telecommunication and telepresence technologies have played a pivotal role in distributing health care information and circulating medical terminology. Moreover, most of the terms have been coined during previous disasters and have been updated to affect not only health discourse, but also other disciplines worldwide. In fact, health care terminology has been globally dominating social and political discourses, and affecting laymen parlance with linguistic behavior (re)used repeatedly to report the new conditions in which the world is currently living. This paper is a contribution that reveals how languages can be vulnerable to social change and novel trends.

Introduction

This paper is a reflective compilation of the emerging pandemic terminology that has dominated not only the specialized discourse, but also laymen's parlance during the COVID-19 outbreak. Its aim is to describe the impact of the current global crisis on the English language use, in particular, amidst the perspective and context of disaster. The corpus consists of the emergency guidelines of international and national public health authorities about stay-at-home orders and safety measures. In this paper, evidence many of them has been collated from the latest scientific research about the disease treatment, medical statistics, laboratory activities and other health issues. Evidence has also been drawn from the terminology derived from online published articles and press reports and news during the period of resisting the spread of the disease. Therefore, the paper has dived into the specialized fields of epidemiology, (bio)pharmacology, pathology, virology, psychology, and even sociology and politics along with terms exclusively related to the epidemic and human survival semantic fields. Such disciplines have provided data that have been grouped into thematic categories that have dominated health care discourse, making it more forceful than other discourses during this global disaster. The Oxford English Dictionary (2020) and other dictionaries and encyclopedias have been used as reference during the compilation process to track the development of the English terminology (written in an italic font) and offers the historical context of its usage.

The COVID-19 pandemic discourse

At the early stages of the COVID-19 pandemic everything has been paralyzed; borders have been closed, flights cancelled, social-distancing imposed, schools and many places shut; however, death toll has been rising to a catastrophic scenario and the levels of fear and anxiety are increasing day after day. Likewise, the world languages have been getting more and more terms and phrases since day one and people have been facing a myriad of new and specific terms and acronyms that not only

challenge their perception, but also affect their language use. This paper is a reflective compilation of the emerging terminology that has been coined and used in the English health care discourse amidst the perspective and context of disaster by international and national public health authorities during the COVID-19 pandemic. The corpus consists of the emergency guidelines of stay-at-home orders and safety measures, the briefing notes on psychological support, as well as the scientific reports on the disease treatment, medical statistics, laboratory activities and other health issues. In this paper, evidence has been also collated from the terminology circulating on published articles and press reports and news during the period of resisting the spread of the disease. The data have been grouped into thematic categories that have dominated the pandemic discourse. The Oxford English Dictionary (2020) and other dictionaries and encyclopedias have been consulted during the compilation process to track the development of the English terminology (written in an italic font) and offers the historical context of its usage.

Linguistic blending
In linguistic, when two (or sometimes more) words are merged into one so that the blended constituents are either clipped, or partially overlap to form a new word or what is generally called word blending or shortly, a blend. During the COVID-19 pandemic, different blend words have been created to ease communication and convey (health) information to the world shocked public.

COVID-19
Obviously, the impact of the single word COVID-19 has been conspicuous, not only in the English language, but also in all the world languages. This clipped term has been frequently used everywhere, in mass media as in laymen language, referring to the 'Corona Virus Disease 2019'. The name Corona was inspired form the virus' striking resemblance to the solar corona. In 1968, the composite Coronaviruses were first described in a paper in Nature, but before 2020, only a few people had heard of the term beyond the very small community of scientists studying them. The OED's executive editor Bernadette Paton states that it was "a rare experience for lexicographers to observe an exponential rise in usage of a single word in a very short period of time, and for that word to come overwhelmingly to dominate global discourse, even to the exclusion of most other topics" (Flood, 2020).

 On January 30th, the term COVID-19 was coined following the tradition of the World Health Organization (WHO) in naming new human infectious diseases just as it was with the term Pest that appeared shortly after Pestilence (a fatal epidemic or disease) borrowed from French Peste as it appears in Wycliffe's bible of a1382 (OED; 2020). In March 2020, the disease was formally named Severe Acute Respiratory Syndrome, Coronavirus 2, known officially as SARS-CoV-2, and shortly as COVID-19.

 Today COVID-19 is used as an informal name for the Corona virus which causes the viral pneumonia originally identified in Wuhan, China-the epicenter of the disease outbreak where patient zero appeared in December 2019. The COVID-19 disease had been suspected of being zoonosis, namely a disease that can be transmitted to humans from animals, since the same virus was found in pangolins and bats. On 11 February 2020, the Oxford English Dictionary (OED) blog has made an extraordinary update to include the term 'COVID-19' in its definitive record of English language (Internet Archive Wayback Machine 11 Feb. 2020). The term thus has been inserted into the OED under a new entry named: 'Covid-19, n', and defined as:

> Covid-19, n,: An acute respiratory illness in humans caused by a Coronavirus, which is capable of producing severe symptoms and death, esp. in the elderly and others with underlying health conditions. Also (more fully Covid-19 virus): (an informal name for) the coronavirus which causes this illness (OED; Third Edition; April, 2020).

The 'Covid-19, n' entry also includes The WHO notifications on the COVID-19 pandemic, and the Times' latest notification [Nexis 4, Apr. 7: 2020] stating that the Coronavirus can survive in airborne droplets for several hours. Wikipedia, on the other hand, keeps updating the COVID-19 page every 24 hours with more information about the pandemic events and news, statistics, diagrams and numbers of confirmed cases and death toll in different countries around the world.

Coronavirus
Strikingly, the composite 'Coronavirus' dominates the global discourse more than COVID-19, according to the OED statistics (2020). This can be interpreted by the fact that the acronym COVID-19 seems to be highly scientific and complex, especially for laymen, more than the shortened form Corona that identifies the virus more clearly. More than that, the OED mentions that further shortenings such as 'rone' and 'rona' have been circulating, mainly on social media. On the contrary, the

abbreviations of novel coronavirus – as nCoV and 2019-nCoV – have become less common since last February. In this vein, the OED blog publishes statistics on the significant frequency of the words occurring near the Coronavirus from December to March 2020, which reveals several collocates of Coronavirus in health care, social and political discourses, such as Coronavirus outbreak; novel Coronavirus; spread of Coronavirus; fight the Coronavirus. During the current pandemic, the term coronavirus has even become overwhelmingly used more than other major news topics in recent months such as climate, Brexit, impeachment, etc.
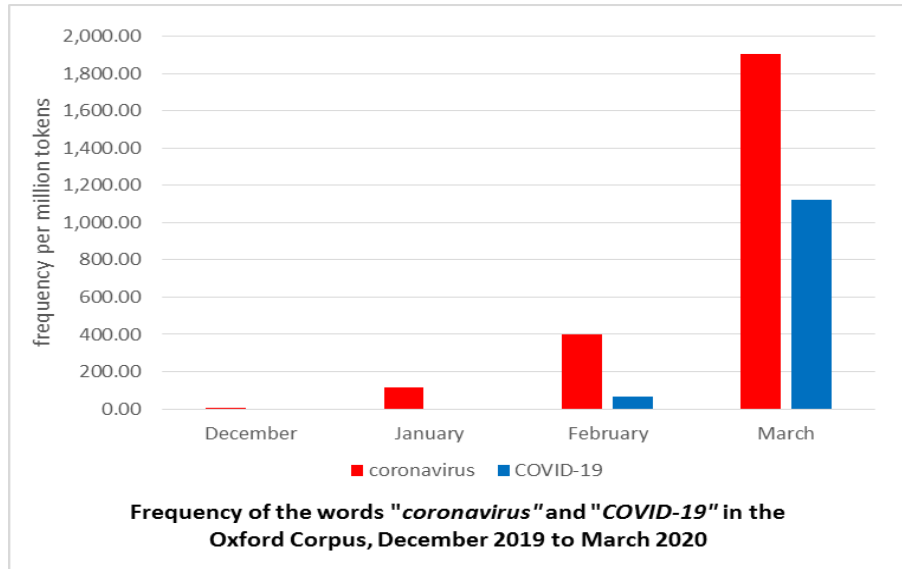

Figure1 shows the use frequency in the last four months of Coronavirus and COVID-19 (OED, 2020).

Infodemic

Furthermore, I*nfodemic* is a blend that has emerged and used from the early stages of the pandemic. Being a portmanteau word etymologically formed from *information* and *epidemic*, i*nfodemic* refers to the outpouring of often unsubstantiated media and online information around *Coronavirus* pandemic in a way that has not been matched in previous disasters. Actually, the term was Coined by David J. Rothkopf to describe the explosion of information (and misinformation) associated with the SARS epidemic of 2003 (cf. SARS n.). According to the OED, the term has also been used to describe any controversy, event, or news disseminating rapidly and uncontrollably through news and social media, and regarded as intensifying public speculation or anxiety (OED, 2020). In a time of disaster, a '*infodemic*' generally spreads faster than the disaster itself. The WHO has called on governments, companies, and news outlets around the globe to tackle an *infodemic* of fake news because it is as dangerous as the *Coronavirus* itself.

Immunity lexicon

Another blend that has been frequently used is *Immunopathology*- a combination of *immunology* (1906) and *pathology* (1586). According to Merriam Webster dictionary, *Immunopathology* coined in 1956 is a branch of medicine that studies the immune system in relation to foreign antigens and deals with the organism's own immune response- or lack of it- that can lead to illness or disease. In the COVID-19 outbreak, ample news reports have been circulating scientific terminology from the specialized discourse of *immunopathology* helping people understand the human immune system and how it functions to protect the body from infection.

During this pandemic, special attention and advice have been particularly paid to high-risk groups having an impaired immune system such as the *immunocompromised* (1974) such as the elderly and pregnant women. Medical reports have also warned against *asymptomatic* (1932) cases or those who are carrier for the COVID-19 virus but experience no symptoms. As a result, people know more today, more than ever before, about viruses and virus-like agents, *rotavirus* (1973) (highly infectious parasite that can cause deadly gastroenteritis), modes of virus transmission, and all tactics and methods they should adopt to reduce the risk of infection and develop one's immunity system such as following *healthy life style*, normal *hygiene* and *physical distancing* measures.

Telepresence lexicon

In this time of CVID-19 pandemic, healthcare discourse has been permeated by many words combined with the prefix 'tele'- from Greek 'tele' defined as 'far off, afar, at or to a distance', related to teleos (genitive telos), meaning transmission over a distance. For instance, the combination *Telemedicine* (coined since 1968) has known frequent usage along with synonyms used interchangeably such as *Virtual Health Services* or shortly *Telehealth*. All these terms stand for the use of electronic information and communication technologies to provide and support health care when distance separates the participants (Sachpazidis, 2008, p. 7). *Telemedicine* is, in this context, a form of *telepresence* that creates the illusion that remote participants are in the same room, like *telesurgery* or *remote surgery*, for example, when a doctor performs surgery on a patient even though they are not physically in the same location.

Like *social distancing*, *Telemedicine* has emerged as an adequate solution in disaster, especially with the speed and large scale of the *Coronavirus* infection and the *front-line health care workers* being busy to provide care for everyone. In fact, the technological advancement of wireless communication devices has urged health care authorities to encourage people who need routine care or those with mild symptoms in their homes to self-monitor their health conditions which reduce relying as much on health care workers and promote *self-supervision*.

Moreover, *artificial intelligence* has been used in health care management to track infected people and people whom they contacted. The scope of *Telehealth* has expanded to encompass the use of electronic *virtual healthcare services* such as live video calls, mobile health applications (also called *Mhealth*), online visits, in addition to texting and emailing to maintain daily public health supervision with the patients at home. Thus, *videotelephony* or the video-audio calling technology has been increasingly adopted to enable health care and social workers to take care of people inside and outside hospitals, especially in psychological counseling. As the period of confinement could last months, people at home start using *Videotelephony* to see and hear each other in real time, though from different locations (FreeDicioinary, 2020).

Another form of *telepresence* is *Videoconferencing* from some work settings or from home by a group or organizational meeting using software technology, namely *collaborative software*; *groupware* or *Visual Collaboration*. Such coinages are a form of *Working from home (WFH)* that has been increasingly adopted as direct outcome of the lockdown. The use of electronic systems and communication technology in the service of people's well-being is not only facilitating remote consultation and curbing the virus outbreak, but also encouraging the work-from-home during the pandemic. *WFH* has been a better choice for many businessmen, employees and even teachers to avoid risk, respect *social-distancing* orders and maintain productivity, at the same time.

First attested as a noun in 1995, in the UK, and as a verb in 2001- *WFH* has been commonly associated with a myriad of synonyms coined in the 1990s, namely *telecommuting*- also *telework*, *teleworking*; *mobile work*; *remote work*; *flexible workplace*. Actually, the term *telecommuting* was coined in 1995 and has circulated since then along with the motto "*work is something you do, not something you travel to*". Variations of this motto include: "*Work is something we DO, not a place that we GO*" and "*Work is what we do, not where we are*" (Wikipedia). *Telecommuting* has also encouraged *telesales* for people who are called to stay at home. Similarly, the term *telethon* has manifested amidst the crisis referring particularly to one television program or broadcast that aims at collecting donations to back up the health care system and help the populations that were forced to stop working or lost their jobs.

Phraseological collocations processing

The processing of phraseological collocations, as propounded by Michael Halliday (1966), has evolved as an obvious ramification for the current pandemic. Actually, more series of words or terms that co-occur together have been established and deliberately coined, especially emanating from health care settings where the linguistic behavior expresses itself load, reflecting the global health crisis and generating more linguistic combinations.

Quarantine lexicon

With the increasing number of COVID-19 *confirmed cases*, the first measures to be implemented has been to restrict the movement of people and goods, close borders and start *border screening* to prevent the spread of disease. Depending on the infectiousness of the disease or what is coined as *viral shedding*, the *viral load* and the virus *incubation* (1614) *period* in those confirmed to have the virus, *quarantine* is decreed by health care professionals to avoid close contact, isolating the affected cases to limit and control the infection in health settings. Coined since1470, the word "*quarantine*" originates

from *quarantena*, the Venetian language form, meaning "forty days" (Wikipedia). *Self-quarantine* or *self-isolation*, on the other hand, refers to undertaking self-imposed isolation at home or *home isolation* to avoid catching or transmitting an infectious disease, or as part of a community initiative to inhibit its spread (Paton, 2020). According to OED, this term appeared as a noun in1876, and as a verb in 1918, while the use of the adjective *self-quarantined* (often used in predicative position) was first applied, in a historical description from 1878, to the story of the heroic population of Eyam, Derbyshire, which isolated itself to avoid infecting the surrounding villages during the seventeenth -century plague and lost around a third of its population as a consequence.

The briefing notes and key considerations released by the World Health Organization and other health care organisms have stressed the emergency of expanding the health system capacity and adapting healthcare emergency measures for the needs of more victims infected by COVID-19. Therefore, *mobile quarantine stations*; also called *field hospitals*; *temporary hospitals*; *mobile medical units-* that have been built around the world during the current pandemic. For instance, dormitories, hotels and stadiums were converted into temporary medical facilities. *Quarantine* has been also imposed inside unexpected places such as *quarantine on ships* or *on trains* for passengers confirmed to have the COVID-19 infection.

To mitigate the disease spread, health organisms have strongly stressed the emergency of imposing mandatory *physical distancing*; also referred to as *social distancing*. First used in 1957, the term *social distancing* was originally an attitude rather than a physical term, referring to an aloofness or deliberate attempt to distance oneself from others socially (OED, 2020). In the current time of COVID-19 outbreak, the combination *social distancing* has been globally adopted and understood as keeping a physical distance between ourselves and others to avoid infection. The expression '*keep safe distance*' has been seen everywhere, inside and outside facilities, dominating the pandemic discourse. Sometimes the term *(mandatory) lockdown* is more preferred. However, the adjectives *Self-immured* and *self-incarcerated*, coined during the same era of *self-quarantined* and *self-isolated*, seem to be outdated and have no chance of usage in the COVID-19 discourse.

In events such as nuclear or terrorist attacks, the phrase *shelter-in-place* (also known as a *shelter-in-place warning* (*SPW*)) was devised in1976 and stood for a protocol instructing people to find a place of safety in the location they are occupying until the all clear is sounded rather than to evacuate the area or seek a community emergency shelter (Wikipedia). Nonetheless, *shelter-in-place* has been replaced by the tagline *Stay Home* during COVID-19 pandemic, manifested in English and translated to other languages in the discourse of the worldwide governments and public health authorities as stay-at-home restrictions urging residents to stay at home except for essential activities. In her article Schwiegershausen (2020) says that on April 22nd, the governors of 42 American states have replaced the phrase *shelter in place* by *Stay Home* in most of stay-at-home discourses:

> "residents of the San Francisco Bay Area were ordered to shelter in place for at least the next few weeks. Days later, when Governor Cuomo announced his own order, he stressed that New Yorkers were not being ordered to "*shelter in place*," noting that the term evokes panic" (Schwiegershausen, 2020).

Yet, the most famous slogan that has been successful during this pandemic is '*Stay Home*, *Protect the NHS*, *Save Lives*'. The slogan has been the name of the British public health campaign against the COVID-19 outbreak, which has been, according to the Telegraph (2020), the backbone to Britain's lockdown restrictions. The genesis of the slogan, according to Hope (2020), can be traced to a Zoom call conference convened by Lee Cain, Boris Johnson's director of communications on Thursday 19 March just as the British government was moving towards imposing the lockdown measures that have trapped millions at home (*The Telegraph*, 1 May 2020).

With the contagion slowly receding after at least two months of confinement, the world governments have been thinking of efficient strategies for lockdown lifting or de-confinement. Apparently, before the deadline of exiting the lockdown, all the countries have resorted to partial deconfinement (also gradual deconfinement or deconfinement easing) as a key solution so as not to provoke a disastrous second wave of the disease. Due to the recurrent nature of the Coronavirus, several safety measures have been imposed such as gradual reopening of outdoor facilities, maintaining physical distancing and wearing masks in public areas and transport. In mid-April 2020, France24 reported that the French president Emmanuel Macron announced that the country would 'progressively and prudently' enter the phase of de-confinement on May 11, following a strategy based on three principles formulated as: "Protect, test, isolate" (Nuti, 2020; Kinniburgh, 2020).

Statistics terminology

On 30th January, the WHO declared the outbreak of a new disease to be a *Public Health Emergency of International Concern*; yet, the COVID-19 disease has been spreading to other countries around the world, leading the WHO to make the assessment on 11th March 2020, that the COVID-19 *outbreak* is characterized as a *pandemic* (first coined in 1666 from Greek πᾶν, pan, "all" and δῆμος, demos, "people") and was declared the *sixth public health emergency of international concern*. Consequently, different health care authorities, press and mass media were convinced that the other terms fall short in describing the scale of this global disaster, and start using the terms '*Pandemic'* and *'Outbreak'* in their reports.

Since the beginning of the crisis, the *disease event classification* has been identified and differences between several epidemiologic terms have been put clear, such as *Epidemic* (coined as adjective and noun in 1603) used for infectious diseases, *Hyperendemic* or *Pandemic* (coined as adjective and noun in 1666), *Outbreak* (1562) as sudden increase in occurrences of a disease in contrast to *Endemic* (coined as adjective and noun in 1662) as defined by some factors that are decisive in defining the semantic borders of each term. Data on the geographic location, scale, susceptible population, progression and spread of the disease help in identifying the adequate classification and correct language use in public discourse as in statistical reports.

Statistics vocabulary has also been common and many terms explained to laymen. The epidemiologic terms *sporadic* and *cluster*, depending on the prevalence and incidence of the disease, have been clarified. In disaster, *sporadic* cases refer to areas with one or more cases, imported or locally detected, while *Clusters* refer to common exposures or *community transmission*. Basically, the status and anticipated status of local COVID-19 transmission have been classified as *no cases*, *sporadic*, *clusters*, or *community transmission* (WHO, 2020c).

In fact, a *viral vaccine* takes many years to develop -it has been declared that COVID-19 vaccine is not expected until 2021 at the earliest- meanwhile, the health experts has been progressively struggling to reduce *the basic reproduction number* of death to less than 1 (sometimes called *basic reproductive ratio* in epidemiology, or rarely *basic reproductive rate*- denoted R0, pronounced R zero) thanks to stronger *containment* and *mitigation measures*. The act of *containment* means reversing the epidemic growth by imposing -among other measures- quarantine, while *mitigation* is the act of slowing but not stopping epidemic spread by social distancing and encouraging any behavior that gives the body immune system a boost.

Until a vaccine becomes available, combining both strategies to decrease the *epidemic peak* and allow health care workforce to treat almost the same number of active cases is known as *Flattening the curve*. Likewise, *Raising the line* in another phrase that was coined to encourage greater increases in the capacity of hospitals to better cope with patient load, such as increasing the number of beds, personnel, and other measures available for COVID-19 patients, in order to prevent the *pandemic curve* to rise and *cross the line* (Barclay, 2020). In their endeavor to limit the disease spread and save lives, and after calculating the disease *impact rate* and the percentage of the *attack rate* of *Coronavirus*, the world governments, international agencies and health systems discourse have adopted the motto '*Flatten the curve*, *Raise the line*'.
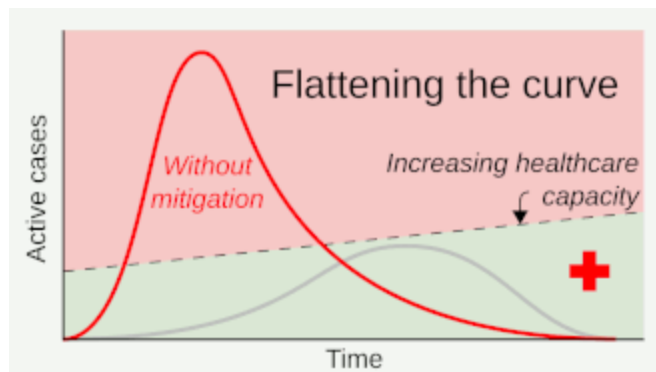

Figure 2: the red line (curve) should be flattened by mitigation measures, giving more time to raise the line of healthcare capacity (Wikipedia, 2020).

Actually, statistics experts resort to the *case fatality rate (CFR)* -sometimes called *case fatality risk* or *case-fatality ratio*- to calculate death toll between confirmed deaths and confirmed cases which is not unbiased way to know about the exact number of death since *death rate* are different from one country to another. Because *comorbidity* (coined by Feinstein (1970)) or the simultaneous presence of two (or more) diseases or conditions, including behavioral or mental disorders, in some patients prevents having rigorous statistics, experts found out that data from *all-cause death* numbers, including non-hospitalized cases, can tell the exact COVID-19 *CFR* in each country.

Mental Health and Psychosocial Support discourse
During the COVID-19 outbreak, there has been also a heightened worldwide concern for people's mental health in regards to the pandemic's impact and long-term consequences. The world governments have undoubtedly recognized that if they want to mitigate the psychological damage of the disease and avoid its negative impact on the populations' mental health, they should ensure not only cure and medication, but also extensive measures of psychological support. Therefore, the composite term '*Mental Health and Psychosocial Support*' (*MHPSS*) was coined last January by the Inter Agency Standing Committee (IASC) in the guidelines for MHPSS in *Emergency Settings* to describe 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition' (IASC, 2020:7). Progressively, the briefing notes on the core principles of MHPSS have shaped the international discourse of health care organisms on addressing mental health and psychosocial well-being during the present disaster.

On March18[th,] the WHO released a series of guidelines and advice to be used in communications to support the psychosocial well-being of different target groups during the pandemic, including health care workers. What is more, it has encouraged public health authorities to provide *hotlines* as typically *'Psychological First Aid'* and activate social networks to cope with psychological ramifications of disaster. Accordingly, international discourse has been loaded with several messages that stress rapid and active reaction to *prevent*, *contain* or *mitigate* negative emotional responses. This can be done by encouraging treatment of mental disorder that should not be interrupted during the crisis, raising awareness campaigns and technology as *psychological first aid* especially to enhance social support during isolation, discard *Stigma* (coined in1596) and *infodemic* (2003), as well as *xenophobia* (1909) that has been documented after the onset of the disease against people from China and Italy being the first and second *hotspot* countries, and racism against black people in the USA and China, in particular.

As far as mental health in concerned, safety guidelines and precaution measures released by the press and mass media during the pandemic have triggered (among other mental disorders) *pandemic-related compulsions* such as *OCD* known as *Obsessive-Compulsive Disorder*. The term stands for cleanliness and contamination obsession disorder; a kind of *germophobia* that has been the most talked about over the past few months of the pandemic. Besides, the guidelines of *social-distancing* and *self-isolation* have triggered an increase in *Intrusive Thoughts*, leading many people to suffer from *traumatic stress disorder* and *depression*. Moreover, one of the pandemic-related types of *herd behavior* becoming a major issue during the COVID-19 outbreak has been *Panic buying* (alternatively hyphenated as *panic-buying*; also known as *panic purchasing*) that occurs when people buy unusually large amount of medical products and goods; one example has been the *panic buying* of toilet paper, especially at the beginning of the pandemic.

Therefore, the WHO and all health authorities have elaborated more MHPSS approaches, that were adopted during previous outbreaks such as *AIDS* (*Acquired Immune Deficiency Syndrome*) that manifested in 1982, and *SARS 1* (*Severe Acute Respiratory Syndrome*) in 2003. However, the characteristics and severity of COVID-19 virus have urged health care organisms to elaborate further MHPSS measures, stressing that mental health management should be accessible and appropriately adapted to the needs of populations at different phases of the outbreak, especially after the increasing level of *gun-related violence*, *suicide* and *domestic violence* within families during the *lockdown*.

Moreover, people have been increasingly exposed to problems related to technology and social media addiction after spending an excessive time on electronics which increases *nomophobia*; a term to describe people's dependence on their mobile phones. It is also known as "*No-mobile-phone*" *phobia* a term that was coined during a study conducted by the UK Post Office; a UK-based research organization in 2008, and recognized as a disorder in mental health by the World Health Organization. In addition, people manifest symptoms or syndromes of digital media use during COVID-19 pandemic, such as *Problematic Social media Use* disorder (also known as *Social media addiction*; *Social media overuse*; *Internet addiction disorder*).

Precautionary Principles terminology

The increasing fear of viral infection has been extensively tackled in the public health briefing notes on prevention and *Precautionary Principles* from the semantic field of *disinfection* which leads to the dissemination of several collocations such as surface cleaning, disposable gloves, hand washing, wearing masks, avoid direct contact, etc. During the current pandemic, the difference between *disinfection* (1803) and *sterilization* (coined in 1874) has been clarified by mass media by all means, keeping in mind that *disinfection* is a method that does not necessarily kill all *micro-organisms*, especially resistant *bacterial spores*; it is thus less effective than *sterilization*.

The pandemic discourse on *sterilization* and *disinfection* entails listing ways and modes of *viral contamination* using generally scientific terminology to explain some *micro-organisms*, namely viruses, pathogenic bacteria, fungi, germs, airborne droplets, *virus-laden* mucus, etc; or to describe chemical compounds of *germicides* and *disinfectants* including some cleaning products proven to be *antimicrobial* such as bleach, surgical spirit, ethanol, vinegar, soap, hand *sanitizers* or *hydro-alcoholic gel*; or to explain the *Coronavirus lifespan* on different kinds of objects, floors and surfaces; etc. In public facilities, *hydro-alcoholic gel* and *soap dispensers* have been made available for users. Precaution measures have also stressed the importance of taking into account the *sterilization value F0* used to determine the exposure time of material for *sterilization* at a particular temperature, especially inanimate objects or *fomite* (1859) (or *fomes*) that can transfer disease to a new host when contaminated with or exposed to infectious agents (Cramer, 2019).

Furthermore, the term *aerosol* (abbreviation of '*aero-solution*' used since 1923) has been used extensively in the CODIV-19 scientific discourse to describe the suspended fine and solid particles or liquid droplets in air or another gas. In *aerosol* discourse different composites have been mentioned such as *super-spreader* cough or sneeze in one's elbow; *Airborne Transmission* by droplets from the *upper respiratory tract*; *Air Duration* of the virus in respiratory droplets distributed in the air at a specific distance (up to 3 hours); *short/long-range airborne transmission* referring to the volume of respiratory droplets and air currents as factors of identifying the range and distance of transmission.

Furthermore, the combination *elbow bump* (coined in 1981) has been reused as an optimal prevention tactic suggested when greeting people with *no hand-touching* to avoid the infection risk. Actually, precaution measures have been essentially addressing the front-lines healthcare professionals caring for people with COVID-19. The acronym *PPE* - dating from 1977(OED; 2020)-is now almost universally recognized as *Personal Protective* (or *Protection*) *Equipment* and probably restricted to healthcare workforce. Guidelines for the use of *PPE* during the pandemic recommend wearing a PPE gown, respirator or facemask, eye protection, and medical gloves.

In this ongoing pandemic, *FFP2 masks*, highly certified by the European Union, become popular and preferred by everyone. The acronym simply refers to the type of *Filtering Facepiece Protective* masks (also called *respiratory protection mask* or simply *respirator*). Given the scarcity of masks (in addition to other medical products) during the COVID-19 crisis, many volunteers around the world have started making *washable* and *reusable DIY masks* of good quality for the health care workforce. Moreover, *Mechanical ventilation* and *Intensive Care Unit (ICU)* beds were largely out of stock, especially in developing countries where such equipments have become the decider between life and death.

Laboratory protocol discourse

Like *Precautionary Principles*, the lexicon of *virology* (coined in 1935) has been vulgarized to laymen in press and media. Ample information about the disease has been popularized and illustrated, even complex terminology of laboratories such as chemical components and submicroscopic material contained in biopharmaceutical substances of *vaccines* (1803) and drugs. With the increasing number of *laboratory confirmations*, global progressing research has been conducted to develop a potential *Covid-19 vaccine*. Actually, the public health care officials have planned for wide spreading *Coronavirus tests* everyday, especially when the World Health Organization imposed *Viral testing* and *contact tracing* by means of the felicitous slogan: "test, test, test", urging countries to start widespread laboratory testing for 2019 novel Coronavirus in *suspected human cases*.

Obviously, people know more about diagnostic laboratory testing such as expectorated *sputum samples*, *oropharyngeal/oropharyngeal swabs*, and get acquainted with *GAVI Alliance* (*Global Alliance for Vaccines and Immunization (2000)*) that provides financial incentives to vaccine manufacturers and national regulatory authorities to elaborate vaccine for COVID-19 virus. Such contributions have circulated the discourse of *equitable, global distribution of vaccine* which is

essential to achieving cure for everyone and eliminating the *Coronavirus disease.* Consequently, countries around the world have assigned scientists and well trained stuffs in *biosecurity* (coined in 1973) -also *biosafety-* to apply laboratory diagnostic work and routine laboratory procedures, including *PCR* test, namely *Polymerase Chain Reaction (rRT-PCR).* For instance, the WHO (2020) has specifically imposed the following laboratory instructions for COVID-19 cases:

> "Patient specimens from suspected or confirmed cases should be transported as UN3373, "Biological Substance Category B". Viral cultures or isolates should be transported as Category A, UN2814, "infectious substance, affecting humans" (WHO,2020e).

However, some countries have faced severe criticism for falling short on testing, especially at the early phase of the pandemic when the catchphrase *Herd Immunity* (also called *herd protection*) has got more usage in global health discourse. According to the Webster-Mirriam (2020) the term was coined in 1917 to describe the resistance of a community or group to the invasion and transmission of an infectious pathogen. Thus, *herd immunity* has been applied in a very few places (such as Sweden; Hong Kong) as a short-lived, yet disastrous policy response to the pandemic suggested by the United Kingdom to reduce contamination, leading immune populations to provide indirect protection to those who are *immunocompromised*.

Meanwhile some countries have already started conducting *clinical trials* as health experts have resorted to *Drug repositioning* (also known as *drug re-purposing*, *re-profiling*, *re-tasking*, or *therapeutic switching*) which means the re-purposing of an approved drug for the treatment of a different disease. In this context, the names of some known *antiviral* drugs gain fame worldwide during this pandemic for their potential to treat COVID-19 disease, namely the two antibiotics *Hydroxychloroquine* (HCQ), sold under the brand name *Plaquenil* and *Azithromycin* under the name of *Zithromax*. Used essentially to treat Malaria and a number of bacterial infections and autoimmune diseases, both drugs have been used in the context of *clinical trial* first, and as *treatment protocol* later. Nonetheless, this kind *protocol* has not proven efficient as it has potentially pernicious side effects. Actually, their efficacy and safety are yet to be established through *Randomised Controlled Trials* (or *randomized control trial RCT*); a type of scientific (often medical) experiment that aims to give reliable advice based on solid evidence and reduce certain sources of bias when testing the effectiveness of new treatments (Wikipedia).

In addition to *antivirus treatment* for severe and critically ill patients, *Artificial ventilation*, (also called *artificial respiration*) or *intubation* , *convalescent plasma transfusion* from recovered patients and *Extracorporeal Membrane Oxygenation* (ECMO) have shown effect, according to Jiao Yahui, an official with the NHC, at a press conference in Wuhan (Xinhuanet; 2020). Fortunately, for those with mild symptoms, *supportive treatment* may be useful. The term stands for a therapy that does not treat or improve the underlying disease , but instead increases the patient's comfort. At the early stage of infection, *supportive treatment* (also called *symptomatic treatment*, *supportive care*, or *supportive therapy*) is the only treatment available so far together with treatment combining traditional Chinese and Western medicine. An example of this is *Fluid Therapy*, also known as *fluid replacement* or *fluid resuscitation* namely, that is the medical practice of replenishing bodily fluid lost through sweating, bleeding, etc. *Respiratory assistance* or *respiratory support* is also a method used to deal with mild, prodromal *Upper Respiratory Tract Infection (URTI)*.

Medical ethics

Dating back to 1803, the term medical ethics encompasses values pertaining to medical ethics such as autonomy, non-malfeasance, beneficence, and justice (Beauchamp, 2013). During COVIQ-19 pandemic, however, some moral elements overrule others with the purpose of applying the best moral judgment against a global shortage in health care products. With the limited supply of medical equipment and staffing for the huge number of infected cases, the term *Prioritization*, circulates in many health decision-making guidelines and press reports as a cornerstone of coping with shortage by setting priorities and rationalizing resources. The term *prioritization* (or *favoritism*) refers to favoring special care and health resources allocation protocol and reserving special access for patients of particular age (and/or social ranking) while excluding others. For instance, due to the scarcity of clinical ventilator, in particular, young and middle-aged cases are having the greatest chance to be treated in hospitals more than the elderly. Moreover, priority has also been assigned to health professionals and social workers on the frontlines.

As a result, the use of *People-First Language (PFL)*) (also called *Person-First Language (PFL)*) has been ignored and cancelled in many countries, including developed ones that have treated patients in a marginalized, dehumanizing manner and categorized them by race, age, or social status. *PFL* is a type of linguistic prescription which puts a person before a diagnosis, describing what a person "has" rather than asserting what a person "is". For instance, in some American and Chinese

districts, the health care workforces have manifested discrimination against black patients particularly. In her article dating back to 13 May 2020, Jecker says that there has been an implicit bias by some American hospitals in the disturbingly way of selecting COVID-19 patients and in distributing health care resources. For example, she argues, those with the greatest chance of acceptance were middle-aged, middle-class white men (Jecker et al., 2020).

Conclusion

Sprouting from the disaster lexicon, most of the terms used in the context of the current crisis belong to health care semantic field. Although health care terminology has seen a huge rise in a very short period of time, many combinations and acronyms are not completely new, but rather limited to scientific settings or specialized discourses. Some of them were coined during previous health disasters in the recent decades and have emerged to the surface during the COVID-19 pandemic. Apparently, the abundance of health care semantic field dominated by the newly-coined and known terms has affected the global language use, making the medical discourse more forceful than other discourses during this global disaster. This paper has also shown that health care terms have gained a new interest and wide usage in a short time thanks to telecommunication and telepresence technologies that have played a pivotal role in distributing public health care discourse and services. In English as in other languages, the printed and electronic press, mass media and social media are circulating similar linguistic behaviors, the same coinages and similar emergency discourses, proving that the impact of the COVID-19 outbreak has been felt globally. Moreover, this proves that languages are more affected by social change which helps to create the different networks of the pandemic discourse. Given that the world is still learning about the novel COVID-19 disease, so the more we learn about it, the more terms will be coined.

References

[1] Barclay, Eliza (2020). "Chart: The US doesn't just need to flatten the curve. It needs to "raise the line."". Vox. Retrieved 7 April 2020. https://www.vox.com/2020/4/7/21201260/coronavirus-usa-chart-mask-shortage-ventilators-flatten-the-curve

[2] Beauchamp, Tom& Childress, J. (2013). "Principles of Biomedical Ethics". Principles of Biomedical Ethics. P.7.Oxford University Press.5th edition.

[3] Brandless, Support (2012). "Nomophobia: The Fear of Being Without a Gnome...er, Phone". SocialTechPop; 28 June 2012.Archived from the original on 8 August 2016. Retrieved 15 June 2016.

[4] Centers for Medicare & Medicaid Services (CMS). (2020). Mediacare Telemedicine Health Care Provider Fact Sheet: Medicare coverage and payment of virtual services. Centers for Medicare & Medicaid Services. Mar 17, 2020.https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

[5] Cramer, Lorraine. (1 September 2011). "Fomites, fomites, fomites!". Microblogology. Published online 1 September 2011. Retrieved 8 March 2019. http://microblogology.com/fomites-fomites-fomites/

[6] Flood, Alison. (2020). Oxford dictionary revised to record linguistic impact of Covid-19. Wed 15 Apr 2020 13.13. Last modified on Wed 15 Apr 2020. https://www.theguardian.com/books/2020/apr/15/oxford-dictionary-revised-to-record-linguistic-impact-of-covid-19

[7] Hope, Christopher. (2020). CHIEF POLITICAL CORRESPONDENT *and* Hayley Dixon. (1 May 2020). https://www.telegraph.co.uk/politics/2020/05/01/story-behind-stay-home-protect-nhs-save-lives/

[8] IASC. (2007). Guidelines on Mental Health and Psychosocial Support in Emergency Settings Endorsed by: IASC Working Group. Inter-Agency Standing Committee. Gneva. P.P.1-2. Posted on Friday, June 1, 2007.https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc.

[9] Kinniburgh, Colin. (2020). France holds its breath on the eve of Covid-19 lockdown lifting. https://www.france24.com/en/20200510-france-holds-its-breath-on-the-eve-of-covid-19-lockdown-lifting

[10] Jecker, Nancy S. , Wightman Aaron G. & Diekema, Douglas S. (2020). Prioritizing Frontline Workers during the COVID-19 Pandemic. Published online: 13 May 2020. https://www.tandfonline.com/doi/full/10.1080/15265161.2020.1764140

[11] Merriam-Webster. (2020). https://www.merriam-webster.com/dictionary/herd%20immunity

[12] Nuti, Vittorio. (2020). Phase 2 in France: protect, test, isolate: gradual reopening from 11 May. Published on April 29, 2020. https://www.corona-covid19.be/world/phase-2-in-france-protect-test-isolate-gradual-reopening-from-11-may/

[13] Oxford English Dictionary. (2020). OED.com/view/Entry/88575495

[14] Paris.fr. (2020). Délégation Générale aux Relations Internationales. Parisian measures to ease the lockdown related to COVID-19 pandemic. May 25, 2020 version. https://covidnews.eurocities.eu/wp-content/uploads/2020/05/COVID19-Paris-Easing-lockdown-25may20.pdf

[15] Paton, Bernadette. (2020). New Words, OED Management: Social change and linguistic change: the language of Covid-19. - https://public.oed.com/blog/the-language-of-covid-19/ published in April 9 / 2020

[16] Sachpazidis, I. (2008). Image and Medical Data Communication Protocols for Telemedicine and Teleradiology (dissertation) (PDF) (Thesis; 10 Jul 2008). Darmstadt, Germany: Department of Computer Science, Technical University of Darmstadt. Retrieved 14 Aug2018.

[17] Schwiegershausen, Erica.(2020). Shelter-in-Place and Stay-at-Home Orders: What They Mean. (April 22). https://www.thecut.com/article/what-does-shelter-in-place-mean.html

[18] Warrington, Richard (2011). "An introduction to immunology and immunopathology". *Allergy, Asthma & Clinical Immunology*. 7: S1. doi:10.1186/1710-1492-7-S1-S1. PMC 3245432. PMID 22165815.

[19] Weintraub, Rebecca;Yadav, Prashant & Berkley, Seth. (2020). A Covid-19 Vaccine Will Need Equitable, Global Distribution. *Harvard Business Review*-April 02.2020. https://hbr.org/2020/04/a-covid-19-vaccine-will-need-equitable-global-distribution

[20] Wikipedia.org. https://en.wikipedia.org/wiki/Telecommuting

[21] Wikipedia.org.https://en.wikipedia.org/wiki/COVID-19_pandemic

[22] Xinhuanet. (2020). "30 to 39 pct of severe COVID-19 patients discharged from Wuhan hospitals: official - Xinhua | English.news.cn". xinhuanet.com. Retrieved February 16, 2020. a FFP2 or surgical mask

[23] World Health Organization (WHO). (2020a). Mental health and psychosocial considerations during the COVID-19 outbreak. March 18th 2020. WHO reference number: WHO/2019-nCoV/MentalHealth/2020.1https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_10

[24] WHO. (2020b).COVID-19: Strategic Planning and Operational Guidance for Maintaining Essential Health Services during an Outbreak. 20 March 2020. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

[25] WHO. (2020c).Guiding principles for immunization activities during the COVID-19 pandemic .26 March2020.WHO reference number: WHO/2019-nCoV/immunization_services/2020.1.This work is available under the CC BY-NC-SA 3.0 IGO license. https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf

[26] WHO. (2020d). OVID-19 and violence against women: What the health sector/system can do. World Health Organization. 7th April 2020: https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf

[27] WHO. (2020e). Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19) Interim guidance 12 February 2020.https://apps.who.int/iris/bitstream/handle/10665/331138/WHO-WPE-GIH-2020.1-eng.pdf