



LETTER TO THE EDITOR

Reply to "terminology and respect in addressing vaccine hesitancy"

Respuesta a "terminología y respeto en el abordaje de la reticencia vacunal"

Dear Editor:

I have read the letter by Jiménez Alés et al. with interest.¹ In it, the authors refer to the term *vacunofobia* (vaccine phobia), which I used in the editorial² published in this journal's August 2025 issue. The authors consider that this expression, far from helping, "hinders the daily work of those of us in primary care who seek to overcome vaccine hesitancy through respect and active listening", and propose "the consistent use of the term *reticencia vacunal* (vaccine hesitancy), not only for its semantic accuracy, but also as a more ethical, empathetic, and effective communication strategy".

I completely agree with the authors on the need for empathetic communication. It is part of my standard practice in the vaccine counseling clinic instituted in November 2014. In June 2017, when I published the results of the study conducted in this clinic,³ I already mentioned that the "anti-vaccine" label should be eliminated, "as most families find it derogatory and stigmatizing".

The term *vacunofobia* (vaccine phobia), which should always appear in quotes or italics, is not recognized by the Real Academia Española. It is not in the dictionary because it is a term I coined for the title of my first book⁴: "¿Eres *vacunofóbico*? Dime, te escucho" (Are you *vaccine-phobic*? Talk to me. I'm listening). In fact, it was my father that came up with it as we enjoyed a fantastic family meal in the *sierra* of Madrid. *Antivacunas* (anti-vaccine) sounded pejorative, while a term indicating a fear of vaccines, accompanied by a sentence inviting discussion and active listening, felt kinder toward the future reader.

In the editorial,² the term *vacunofobia* is used only once: "As if this were not enough, there is the exponential progression of "infoxication" by vaccine-phobic movements and conspiracy theories emerging from the most unexpected

and wealthiest countries in the world. That handful of "enlightened" individuals can cause a lot more harm when their basic reproduction number reaches viral levels."

First of all, the context in which the term is used in the editorial is one describing irrational fear based on conspiracy theories and does not refer to other reasons that may lead to "vaccine hesitancy." I consider the use to be correct, as reason is contrary to conspiracy. There is no room for opening any door to rational intervention, because people who believe that metal objects can stick to the arm after vaccination do not need a pediatrician to advise them, but a psychiatrist to correct their delusion.

Secondly, I allow myself to take literary license to criticize the impunity with which hoaxes and lies about vaccines go viral. These fallacies may even come from seemingly brilliant minds and allow *vaccine phobia* to become endemic.

Thirdly, in all my writings on how to address the challenge of *vaccine hesitancy*, I adopt the very approach suggested by Jiménez Alés et al.

As long as all of us pediatricians understand the necessity of this approach, always allowing for certain literary licenses, we will maintain language that is free of offensive connotations and an empathetic attitude toward our patients' parents, whether we are addressing their doubts, their uncertainties, or even their fears.

Before coming to a close, I would like to thank Jiménez Alés and his colleagues for their concern about this dangerous anti-vaccination trend, against which all pediatricians must stand united.

References

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