



LETTER TO THE EDITOR

Terminology and respect in addressing vaccine hesitancy**Terminología y respeto en el abordaje de la reticencia vacunal**

Dear Editor:

We carefully read the editorial “I’m gonna make him a vaccine he can’t refuse” published in *Anales de Pediatría*.¹ We share the author’s concerns about the reemergence of measles and the need to maintain vaccination coverage above 95%. However, we would like to draw attention to the term “vacunofóbico” (vaccine-phobic), which is used in the editorial to refer to certain social movements opposed to vaccination.

The suffix “-phobia” connotes an irrational or pathological aversion. When applied to people who doubt or refuse vaccines, it conveys a reductionist, even derogatory, connotation that can be counterproductive. Labeling families as “vaccine-phobic” attributes irrationality to them, which hinders dialogue and reinforces polarization. Numerous studies in social sciences and health communication have shown that the use of stigmatizing language reduces trust and the willingness to reconsider a currently held position.²

The World Health Organization and the European Centre for Disease Prevention and Control recommend the term “vaccine hesitancy,” defined as a delay in acceptance or refusal of safe vaccines despite availability of vaccination services. This concept recognizes the complexity of the phenomenon, influenced by factors such as trust, convenience, and complacency.³ In addition, it places families along a dynamic spectrum of attitudes, ranging from full acceptance to absolute rejection, which opens the door to tailored and respectful intervention.

Anti-vaccine activism represents the most extreme position within this spectrum, characterized by organized opposition to vaccines. These activists not only reject vaccines for themselves and their families, but also endeavor to persuade others to do the same. Although anti-vaccine activism is one of the most visible and extreme mani-

festations of vaccine hesitancy, it does not represent its full spectrum. At the opposite end of it, there are people who are reluctant to vaccinate until they are properly informed, and it is a mistake to label their fears as irrational.

In Europe, qualitative research has shown that many reluctant families are not acting irrationally, but rather out of concerns about safety, institutional transparency, or autonomy in decision-making.⁴ In this scenario, the language used by health care providers and scientific publications is crucial: a pejorative term can close the door to dialogue, while a more neutral and accurate term facilitates active listening and builds rapport. Vaccine equity and optimal coverage will not be achieved by appealing to individual guilt or pathologizing fear, but by understanding the social, cultural, and communication-related determinants that shape the decisions of families.

For all of the above reasons, we propose that *Anales de Pediatría*—and the Spanish-language scientific literature as a whole—avoid expressions such as “vacunofóbico” (vaccine-phobic). Far from helping, this term hinders the daily work of those of us in primary care who seek to overcome vaccine hesitancy through respect and active listening. We recommend 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 in the face of one of the greatest challenges in public health today.

References

1. Piñeiro R. Le haré una vacuna que no podrá rechazar. *Anales de Pediatría*. 2025;103, <http://dx.doi.org/10.1016/j.anpedi.2025.503858>.
2. Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing vaccination: putting psychological science into action. *Psychol Sci Public Interest*. 2018;18:149–207, <http://dx.doi.org/10.1177/1529100618760521>.
3. World Health Organization. In: Report of the SAGE Working Group on Vaccine Hesitancy. Geneva: WHO; 2014.
4. Martínez-Diz S, Martínez Romero M, Fernández-Prada M, Cruz Piqueras M, Molina Ruano R, Fernández Sierra MA. Demandas y expectativas de padres y madres que rechazan la vacunación y perspectiva de los profesionales sanitarios sobre la negativa a vacunar. *An Pediatr (Barc)*. 2014;80:3708, <http://dx.doi.org/10.1016/j.anpedi.2013.08.009>.

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