World Health
Organization

World Health Organization Best Practices
for the Naming of New Human Infectious Diseases

May 2015

Objective

The World Health Organization (WHO), in consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), has identified best practices for the naming of new human diseases, with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups.

Given the increasingly rapid and global communication through social media and other electronic means, it is important that an appropriate disease name is assigned by those who first report a new human disease. WHO strongly encourage scientists, national authorities, the national and international media and other stakeholders to follow the best practices set out in this document when naming a human disease. If an inappropriate name is released or used or if a disease remains unnamed, WHO, the agency responsible for global public health events, may issue an interim name for the diseases and recommend its use, so that inappropriate names do not become established.

The name assigned to a new human disease by WHO or other parties following the present best practices may or may not be confirmed by the International Classification of Diseases (ICD[1]) at a later stage. The ICD, managed by WHO and endorsed by its Member States, provides a final standard name for each human disease according to standard guidelines that are also aimed at reducing negative impact from names while balancing science, communication, and policy. Thus, the best practices are not intended to replace or interfere with the existing ICD system, but span the gap between identification of a new human disease event and assigning of a final name by ICD. Further, WHO recognizes that existing international systems and bodies are responsible for taxonomy and nomenclature of pathogens, which are not directly affected by these best practices.

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[1] http://www.who.int/classifications/icd/en/

Scope of disease naming

The present best practices apply to a new disease:

- That is an infection, syndrome, or disease of humans;
- That has never been recognized before in humans;
- That has potential public health impact; and
- Where no disease name is yet established in common usage

Best practices for disease naming

A disease name should consist of a combination of terms listed in Table A, based on the below principles. Terms listed in Table B should be avoided. General principles of use of terms include:

1. **Generic descriptive terms** can be used in any name. Generic terms will be most useful when available information on the disease or syndrome is not sufficiently robust, because these basic characteristics are unlikely to change as additional information become available.
   e.g. *respiratory disease, hepatitis, neurologic syndrome, watery diarrhoea, enteritis*

2. **Specific descriptive terms** should be used whenever the available information is considered sufficiently robust that the vast changes to the epidemiology or clinical picture are unlikely to occur. Plain terms are preferred to highly technical terms.
   e.g. *progressive, juvenile, severe, winter*

3. If the **causative pathogen** is known, it should be used as part of the disease name with additional descriptors. The pathogen should not be directly equated with the disease as a pathogen may cause more than one disease.
   e.g. *novel coronavirus respiratory syndrome*

4. Names should be short (minimum number of characters) and easy to pronounce.
   e.g. *H7N9, rabies, malaria, polio*

5. Given that long names are likely to be shortened into an acronym, potential acronyms should be evaluated to ensure they also comply with these best practices.

6. Names should be as consistent as possible with guidance from the International Classification of Diseases (ICD) Content Model Reference Guide[2].

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[2] http://www.who.int/classifications/icd/revision/Content_Model_Reference_Guide.January_2011.pdf?ua=1, p 4, 8, and 58

Table A

Disease names may include:	Examples of useful terms
Generic descriptive terms (clinical symptoms, physiological processes, and anatomical or pathological references/systems affected)	• Respiratory, neurologic, hemorrhagic • Hepatitis, encephalitis, encephalopathy, diarrhoea, enteritis, immunodeficiency, palsy • Pulmonary, cardiac, gastrointestinal, spongiform • Syndrome, disease, fever, failure, deficiency, insufficiency, infection
Specific descriptive terms:	
Age group, population of patients	juvenile, pediatric, senile, maternal
Time course, epidemiology, origin	Acute, sub-acute, chronic, progressive, transient, contagious, congenital, zoonotic
Severity	Severe[A], mild
Seasonality	Winter, summer, seasonal
Environment	Subterranean, desert, ocean, coastal, river, swamp
Causal pathogen and associated descriptors	• Coronavirus, salmonella/salmonellosis, influenza virus, parasitic • Novel[B], variant, reassortant • Subtype, serotype
Year (+/- month) of first detection or reporting[C]	2014, 3/2014
Arbitrary identifier	Alpha, beta, a, b, I,II,III, 1,2,3

Table B

Disease names may NOT include:	Examples to be avoided
Geographic locations: Cities, countries, regions, continents	Middle East Respiratory Syndrome, Spanish Flu, Rift Valley fever, Lyme disease, Crimean Congo hemorrhagic fever, Japanese encephalitis
People's names	Creutzfeldt-Jakob disease, Chagas disease
Species/class of animal or food	Swine flu, bird flu, monkey pox, equine encephalitis, paralytic shellfish poisoning
Cultural, population, industry or occupational references	Occupational, legionnaires, miners, butchers, cooks, nurses
Terms that incite undue fear	Unknown, death, fatal, epidemic

*Superscripts indicate those terms further described below.