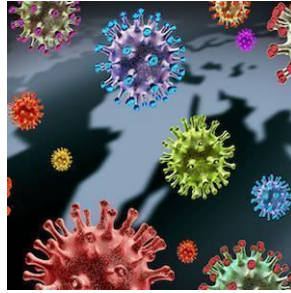


The Dilemma of Using Location-Based Terms for COVID-19 Variants



With the recent surge of COVID-19 cases in India, talks of the “Indian variant” have been circulating over social media. However, this has offended the Indian government who is demanding that references to the Indian variant in media should be removed as it hurts the country's image and is also not scientifically accurate.

While media has not complied with this request so far, the issue itself raises an important question: how should one refer to COVID-19 variants that keep popping up across the world without offending the sensibilities of those nations and without appearing to be racist or xenophobic?

WHO guidelines already warn against naming pathogens after the place they originate as it can stigmatize communities. We've already seen how constant references to the “China virus” ever since COVID-19 started have created significant hatred and attacks on people of East Asian origin. Now, this recent focus on the “Indian variant” is sparking similar hate.

That is precisely why the WHO did not use this term for this particular version of the coronavirus. Instead, the WHO has been referring to the variant in India as B.1.617, which follows the same format as that used for the U.K. variant (B.1.1.7) and the South African variant (B.1.351). However, for most people, it is difficult to remember these official designations. That is why location-based terms of the variants have become more common in media and general conversations among people worldwide.



What do you think should be done? Should location-based terms be used to name variants? Do you really think they incite hatred and/or discrimination? And, if location-specific terms should be avoided, what format should be used, keeping in mind the fact that the official designations by WHO are difficult to remember for most people.

Source: [TIME](https://www.nytimes.com/2021/05/26/health/covid-variants.html)

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