

Style Guide: REPORTING ON PEOPLE WITH HIV AND AIDS

Journalists have a substantial influence on the public's attitudes about HIV and AIDS. The emphasis the media often places on breaking news and reporting from law enforcement officials can give people a skewed view of individuals living with HIV, leading to misperceptions and even discrimination. This style guide notes ways in which newsrooms can present a more accurate picture of people living with HIV or AIDS.

FIRST, ASK THESE THREE QUESTIONS TO ASK WHEN COVERING AN HIV-RELATED STORY

IS HIV RELEVANT TO THE STORY?

If it is not meaningfully linked to the story, there is no need to mention it.

WHAT IS YOUR SOURCE FOR THE HIV DIAGNOSIS?

Don't rely on hearsay. If someone's HIV status is relevant, make sure your source knows with certainty the person's diagnosis.

WHAT IS THE MOST ACCURATE LANGUAGE TO USE?

Avoid using derogatory words, and be as specific as possible when describing someone living with HIV to help prevent stereotypes. Use these terminology guidelines below as your guide.

HIV/AIDS: Avoid this term whenever possible. It can't be avoided when it's in a direct quote or the name of an organization, but its use in regular text implies that the two are the same or interchangeable, and they're not. HIV stands for "human immunodeficiency virus," and it is the virus generally believed to cause AIDS, which stands for "acquired immune deficiency syndrome." Everyone who has AIDS has HIV, but not everyone with HIV develops AIDS. Use whichever is applicable in the context of your story, or if it applies to both, use "HIV and AIDS" or "HIV or AIDS," depending on which is more appropriate.

HIV virus: Do not use—it's redundant. Because HIV stands for "human immunodeficiency virus," "HIV virus" would be "human immunodeficiency virus virus." Also, do not use the term "AIDS virus." AIDS is a syndrome and not a virus. Just say "HIV."

Full-blown AIDS: Do not use. A person either has AIDS or doesn't.

AIDS carrier, AIDS transmission, AIDS infection: Do not use. A person carries, transmits, or is infected with HIV, not AIDS.

AIDS prevention: It is generally better to say "HIV prevention," because, strictly speaking, prevention deals with the virus, not the syndrome.

AIDS test: Do not use, as there is no such thing as an AIDS test. AIDS is defined according to specific medical criteria that identify its symptoms. It is accurate to say HIV test, which, to be exact, is a test to see if a person's body has produced HIV antibodies, which means the virus is present. So the technical term would be HIV antibody test, although, in publications for a nonspecialist audience, HIV test is fine.

HIV exposure/HIV transmission: These are not the same thing. During sexual contact with a person who is HIV-positive, the other partner may be exposed to HIV, but the virus is not transmitted every time someone is exposed to it. This terminology comes up often in stories about laws that penalize HIV-positive people for having sex without telling the other person they have the virus. In many cases, no transmission takes place, but sometimes press coverage makes it sound as though there has been a transmission. Sometimes these laws are even described as "laws that criminalize the transmission of HIV," but in reality, people are often prosecuted under these laws even if no transmission has taken place.

HIV status: There's nothing wrong with this term in and of itself, but make sure you are not using it as a substitute for "HIV-positive." Everyone has an HIV status. For some of us, that's positive; for others, it's negative. "Serostatus" can be used interchangeably with "HIV status." A person can

be seropositive or seronegative.

Antiretroviral therapy: This involves the use of one or more drugs to keep HIV from replicating (reproducing) in the body. It's better to spell it out than to use the abbreviations ARV or ART, which can be confusing. Also, the term highly active antiretroviral therapy, abbreviated HAART, has become redundant and therefore obsolete. Since antiretroviral therapy generally involves multiple drugs, it's highly active by definition.

Bodily fluids that may be responsible for HIV transmission: These are blood, semen, vaginal fluids or secretions, breast milk, amniotic fluid, and pre-ejaculate. It's a good idea to list these for your audience from time to time, rather than just saying "bodily fluids," as there is widespread misunderstanding about which fluids can and can't transmit HIV (such as spit).

Died of AIDS, death from AIDS, etc.: This is inaccurate. AIDS is a syndrome, that is, a group of illnesses resulting from the weakening of a person's immune system. It's better to say a person has died of an AIDS-related illness or complications of AIDS.

Drug cocktail: The use of this term has declined a great deal, which is a good thing because it's imprecise; likewise "combination therapy." If you are writing about the use of multiple drugs to treat HIV infection, it's best to list the drugs involved in the treatment regimen.

Epidemic/pandemic: "Epidemic" is the preferable term because "pandemic," while often used to describe a widespread epidemic, is imprecise. It's better to use "epidemic" and be precise about the scale—national, regional, or global.

High-risk group: Avoid this term, as it implies that risk is contained within a group, therefore stigmatizing that group and making it appear that others are somehow exempt from risk. It's better to say "people who engage in high-risk behaviors." If you have to discuss a group that, for instance, is targeted in an HIV prevention campaign, you could say that group is a "key population vulnerable to HIV." In addition, many physicians correctly say "those who are attracted to those with high-risk behaviors" to de-stigmatize groups (like African-Americans) who have higher incidents of HIV, but make testing and prevention recommendations.

Incidence vs. prevalence: Incidence is the number of new HIV infections that occur during a given year. Prevalence is the number of people living with HIV infection at a given time, such as at the end of a given year. Do not say "incidence rate" or "prevalence rate," as incidence and prevalence are both rates, so to add "rate" is redundant.

Infection vs. contamination: A person is infected with HIV, not contaminated. An inanimate object, such as a used syringe, may be contaminated with HIV. Never use contaminated when referring to an individual with HIV or AIDS.

Injecting drug user: This is preferable to the derogatory and stigmatizing terms “drug addict” or “drug abuser.” It is also preferable to “intravenous drug user,” which may often not be accurate because drugs can be injected subcutaneously or intramuscularly as well.

Men who have sex with men, or MSM: Scientists often use this rather than saying gay men, or gay and bisexual men, as some men who have sex with men do not identify as gay or bisexual. However, many gay and bi men dislike the MSM description. Base your usage on the context of your article. If it’s on a scientific study, it’s probably best to say men who have sex with men, especially if that is the term used by the researchers. If you are writing about an individual, see how he would like to be identified. At HIV Plus, we use “gay and bi men” whenever possible.

People living with HIV: Use this term instead of “people living with HIV and AIDS” or the abbreviation PLWHA, as, again, not everyone with HIV develops AIDS. Also, avoid “AIDS patient” except in a literal medical context (people with the disease are not always in the role of patient, so this is only accurate if you are talking about a person who is in a hospital, for example) and always avoid the terms “AIDS victim” and “AIDS sufferer,” which imply that a person has no control over his or her life and are often inaccurately used to simply describe a person who is living with HIV.

Post-exposure prophylaxis (abbreviated PEP): This involves the administration of antiretroviral drugs after a person has been exposed to HIV, in order to prevent infection. It might be used after someone has had condomless sex with an HIV-positive person or has come into contact, in a health care setting, with a needle used on someone who is positive. It is administered through a doctor or medical facility (including a hospital ER), must begin within 72 hours of exposure, and involves 2-3 antiretroviral medications taken for 28 days.

Pre-exposure prophylaxis (abbreviated PrEP): This involves HIV-negative people taking a drug that will protect them against infection during sex with HIV-positive people. The only drug that the Food and Drug Administration has approved for this use so far is Truvada, which was previously approved as a drug for HIV treatment. As eventually other drugs may be approved for PrEP, we’d caution against using “PrEP” and “Truvada” interchangeably. A person takes Truvada for PrEP. New federal guidelines recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV including gay and bi men who have condomless sex who are not in a mutually monogamous relationship, anyone with an HIV-positive partner, women who HIV-positive partners who wish to become pregnant, and injection drug users.

Prostitution/prostitute: Do not use. For adults, use terms such as “sex work,” “sex worker,” “commercial sex,” or “sale of sexual services.” Don’t say “commercial sex work,” as that’s redundant. For children, the proper term is “commercial sexual exploitation of children,” not “child prostitution.”

Safer sex: Preferable to “safe sex,” as “safe sex” may imply complete safety. Safer sex means choices can be made to reduce or minimize the possibility of HIV transmission.

Serodiscordant couple: This is the most widely-used term to describe a couple in which one partner is HIV-positive and the other is HIV-negative. Many in the LGBT community prefer the term “magnetic couple” to mean the same thing, and some, though fewer, clinicians and academics use the term “serodifferential” as well.

Sexually transmitted infection: This is preferable to “sexually transmitted disease” because a person can have a sexually transmitted infection, abbreviated STI, without symptoms. STIs include HIV in addition to syphilis, gonorrhea, Chlamydia, human papillomavirus, and many others. Also, do not ever use the long-outdated term “venereal disease.”

Sharing of needles or syringes: Usually, these items are not “shared” by injecting drug users; more often, a person would use a discarded needle or syringe that has been contaminated with HIV. So it’s better to say “use of contaminated needles or syringes.”

Terminal illness, fatal illness: Do not use these terms in referring to AIDS, as it is not necessarily so, especially because of advances in treatment. It can be more accurately described as a life-threatening disease. Also, avoid using sensationalistic terms such as “scourge” or “plague” when referring to AIDS. (Also, for context, remember there are hundreds of life-threatening illnesses including ulcers, diabetes, flu, and asthma.)

Treatment as prevention: This is not the same as PrEP. This happens when treatment makes an HIV-positive person’s viral load so low that there is little or no possibility that he or she will transmit the virus to a sexual partner.

Unprotected sex: Do not use. The Centers for Disease Control and Prevention has announced that it will no longer use this term to mean sex without a condom, as protection can come in other forms. Instead, say “sex without a condom,” “condom-free sex,” “condomless sex,” or something similar.

Undetectable viral load: This is literally the level of HIV in a person’s blood. The goal of HIV treatment is to move a person’s viral load down to undetectable levels. A viral load will be declared “undetectable” if it is under 40-75 copies in a sample of blood (the exact number depends on the lab performing the test). There is usually a relationship between viral load and the number of CD4 cells a person with HIV has. Typically, if your viral load is high, your CD4 count will be low—making you more vulnerable to opportunistic infections. When a person’s viral load is so low it is undetectable, they are extremely unlikely to pass HIV. In the first two years of the well-known PARTNERS study no-one with an undetectable viral load transmitted HIV to their partners. Researches behind the on-going study reported that viral load suppression means risk of HIV transmission is at most four percent during anal sex. Many HIV criminal statutes however do not recognize the concept of “undetectable” viral loads, an indication that the laws have not caught up with the scientific and medical advancements around HIV treatment, and several people prosecuted for HIV-related crimes have had undetectable viral loads.

This style guide was developed by the team at HIV Plus magazine. For more info visit HIVPlusMag.com or write editor@hivplusmag.com. Please use, copy, share, reprint these guidelines for anyone reporting on HIV or AIDS. Acknowledgments: Some of this information was drawn from materials produced by the Centers for Disease Control and Prevention, the United Nations Joint Programme on AIDS, AIDS.gov, NAM, UNESCO, and HIVPlusMag.com.





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