

Reporting on HIV and AIDS: A Primer

The Basics: Ask These Questions First

1. Is HIV truly relevant in the news story? If not meaningfully linked, there is no need to mention it.
2. What is your source for the HIV diagnosis? Do not rely on police reports or hearsay. If someone's HIV status is relevant, make sure your source knows with certainty.

Some Important Points

- Language matters. See the [Plus Magazine Reporting on HIV Style Guide](#) and the [NLGJA Style Guide](#) for more information. Watch out for stereotypical or stigmatizing words.
- HIV and AIDS are not interchangeable. Don't use "HIV/AIDS" unless it's in an official name. Otherwise, HIV is enough. All people with AIDS have HIV, but few with HIV have AIDS.
- A person living with HIV is just that, not a "victim" or "patient."
- AIDS is not an inevitable progression of HIV. A person is never "dying of AIDS." The complications of AIDS – the illnesses or comorbidities that take hold with a weakened immune system - can kill if left untreated, AIDS itself does not.
- Avoid "high risk communities," implying that risk is contained within a group — stigmatizing them — while others are somehow exempt. Certain groups in the United States have been harder hit by HIV — gay and bi men, transgender women, Black, Native American, and Latino men and women, young people, those over 50 — for a variety of reasons, many of them tied to disparities in healthcare, poverty, incarceration and limited social networks.
- If germane, it's better to say "people who engage in high-risk behaviors" and be specific about the behavior and risk.
- Advocates no longer say "mother-to-child transmission" to keep the focus on the person, not the transmission, and because in many places this has all but been eliminated.
- Science matters even more. Researchers have found rampant racial bias in the media's coverage of HIV nondisclosure crimes. Even more common are scientific inaccuracies in reporting based on hearsay or police reports from officers unfamiliar with how HIV transmission works. Get the facts about [how HIV is transmitted and how it's not](#) to check your assumptions and dispel myths, including about sex with a person whose viral load is undetectable from treatment.

Best Practices to Keep in Mind

★ HIV isn't merely a health issue. People with HIV do amazing things in the world (from marathons and charity to composing Broadway musicals) and many talk about the positives in being positive. Remember to integrate those with HIV into your non-HIV coverage as well.

★ Ask questions with care. HIV-positive folks are real people, not disease vectors. Be fair, honest and ask respectfully about what you don't know. Ask how they'd like to be identified, including when it comes to HIV status, treatment, gender, orientation or race; don't assume.

★ Stay away from false equivalencies. It's not a true balance to counter information from an HIV researcher, HIV doctor or public health expert with an interview with the leader of an antigay group, religious leader or an AIDS denialist. Don't juxtapose facts with opinions, beliefs or personal values.