

## FREQUENTLY ASKED QUESTIONS ABOUT COVERING HIV/AIDS

### **Is there really a difference between reporting that someone has AIDS or is HIV-positive?**

Yes, there can be a difference. HIV-positive means someone is infected with HIV, the virus that causes AIDS, but it does not necessarily mean they have progressed to an AIDS diagnosis. It is possible an HIV-positive person will not be showing any symptoms. Someone who has an AIDS diagnosis has a severely weakened immune system and typically does show symptoms. Depending on your story, it may be important to be clear about this distinction.

### **Who do I turn to for the most reliable numbers related to the epidemic?**

There is a great deal of confusion, and sometimes controversy, about HIV/AIDS statistics. It can be difficult to find and interpret statistics, since there are so many challenges to conducting disease surveillance. One reason for that is most people with HIV do not know they are infected. Before using any statistics, be absolutely certain you understand what they mean, who collected them, how they were collected and over what period of time. If you find numbers that contradict each other, go back to your sources and ask them to explain the contradiction. UNAIDS is the best place to start for obtaining global and country-level HIV/AIDS data. You may also want to check directly with your country's health agency. There is more information on this in *Understanding and Reporting on HIV/AIDS Data*, and an explanation about how UNAIDS develops HIV/AIDS estimates at [www.kff.org/hivaids/7742.cfm](http://www.kff.org/hivaids/7742.cfm).

### **How important is confidentiality in reporting on HIV/AIDS?**

The identity of a person with HIV/AIDS should not be disclosed without the explicit permission of that person. In many countries a person publicly identified as being HIV-positive or as having AIDS will be shunned and stigmatized and may even face violence—in the home, the community and at work. If a person agrees to be identified, it is a reporter's responsibility to make sure he or she understands the potential consequences of that decision. There is more information on this in *HIV/AIDS Reporting Basics* and *Ethics Guidelines*.

### **What are the common stereotypes that slip into HIV/AIDS reporting?**

People with HIV/AIDS are a diverse population and your reporting should reflect that. The goal, of course, is to be objective and factual. Stay away from making value judgments and from reinforcing the stigma that many people with HIV already face. A common stereotype involves what types of people become infected including the common confusion between "risk group" and "risk behavior"—that is, assuming someone who is in a certain group engages in risky behavior. For example, many men who have sex with men practice safer sex and have a single partner. So, they are not at a significantly greater risk than the general population.

### **What words do I want to be cautious about using in the context of HIV/AIDS?**

It is important to not use words that incorrectly stereotype or stigmatize people with HIV, perpetuate myths about the disease or carry value judgments. Two useful guides on suggested language are: [http://data.unaids.org/pub/MediaAdvisory/2007/20070328\\_unaids\\_terminology\\_guide\\_en.pdf](http://data.unaids.org/pub/MediaAdvisory/2007/20070328_unaids_terminology_guide_en.pdf) and <http://www.ops-oms.org/English/AD/FCH/AI/HIVLANGUAGE.PDF>

Do not use terminology that general audiences cannot easily understand. This is especially important when reporting on medical stories. The goal is to be precise without being so dense your audience will not understand what you are reporting.

**What are the pitfalls when reporting on treatments for HIV/AIDS?**

HIV/AIDS treatment is a complex area and there are many different treatments available for HIV/AIDS—some treat the virus itself, others treat the symptoms and illnesses caused by the virus. However, none is a cure for HIV or AIDS. It is important to be clear about the distinction between a treatment that may cure or prevent an illness *related* to HIV infection with a cure for HIV (or AIDS) *itself*. It also is important not to describe drugs used to slow the growth of the virus as cures. Again, there is no cure for HIV.

**Is it accurate to say that someone died of AIDS?**

AIDS is a syndrome that can be defined by any number of diseases and cancers. There is no singular disease that is called AIDS. When someone who had been diagnosed with AIDS does die, it is technically more accurate to report that he or she died of an AIDS-related illness, of HIV-related causes or due to HIV disease.