

Our terminology guide is grounded in more than 35 years of working with people who are living with HIV and/or AIDS. It was developed as a community resource because there are very few language guides developed for HIV.

The following are preferred ways to use terms related to HIV. This guide includes and is modeled on of GLAAD's HIV & AIDS in the News: A Guide for Reporting in a New Era of Prevention & Treatment as well as information from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC).

HIV

HIV is an acronym for "human immunodeficiency virus." It is the virus which causes AIDS. Do not use "HIV virus," as it is redundant, since HIV stands for "human immunodeficiency virus."

AIDS

AIDS is an acronym for "acquired immune deficiency syndrome." Do not use the term "AIDS virus." AIDS is a syndrome and not a virus.

HIV infection/transmission

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

HIV prevention

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

HIV test

It is accurate to say, "HIV test." Do not use "AIDS test," as there is no such thing. AIDS is defined according to specific medical criteria that identify its symptoms.

HIV status

There's nothing wrong with this term, but do not use it as a substitute for "HIV-positive." Everyone has an HIV status. For some people, that's positive; for others, it's negative. "Serostatus" can be used interchangeably with "HIV status." A person may be seropositive or seronegative. Use "HIV-positive" or "living with HIV" instead of "HIV+."

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. Some clinicians and academics use the term “serodifferential” as well.

Unprotected sex

Do not use. This is confusing and misleading terminology. The CDC no longer uses 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. Scientific research has shown that condomless sex with an HIV-positive person at an undetectable viral level for at least six months could be considered protected sex when referring to zero risk of HIV transmission. However sex without a condom – even with someone who is undetectable – still carries risk for transmission of other sexually transmitted infections.

Barebacking

Do not use. This is a sensationalistic term often used to describe sex without a condom and implies a high risk of HIV transmission. It also includes condomless sex between persons of the same HIV status, or condomless sex that may not otherwise pose a measurable or significant risk of HIV transmission.

Injecting drug user/Injection 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 often may not be accurate because drugs can be injected subcutaneously or intramuscularly as well.

HIV/AIDS

Avoid this term whenever possible. It implies that HIV and AIDS are the same or interchangeable, and they’re not. Everyone who has AIDS has HIV, but not everyone with HIV develops AIDS. Use whichever is applicable in context, or if it applies to both, use “HIV and AIDS” or “HIV or AIDS.” Sometimes it cannot be avoided when it’s in a direct quote or the name of an organization, but do not use in other circumstances.

Full-blown AIDS

Do not use. A person either has an AIDS diagnosis or does not.

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. Frequently, a person who has an AIDS diagnosis dies of a condition that became more acute as a result of the disease rather than the disease itself. It's better to say a person has died of an AIDS-related illness or complications from having AIDS.

Terminal illness, fatal illness, suffering from HIV or AIDS

Do not use these terms when referring to HIV or AIDS, as they are not accurate. Due to advances in treatment, HIV and AIDS can be more accurately described as a life-threatening disease when not treated. Not everyone who is living with HIV experiences negative health outcomes or perceives themselves to be suffering, especially when on treatment. While there are a few extremely isolated cases of people living with HIV having been cured, there is still no widely available cure for the estimated 37.9 million people throughout the world or the 1.1 million people in the United States who are living with HIV.

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 "the general population" is 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."

Clean, Dirty

These are highly stigmatizing terms which should not be used in the context of HIV. Often used to describe drug test results, these terms associate illness symptoms (i.e. positive drug tests) with filth and should be avoided. Preferred terminology: Negative, positive, substance-free. When used in the context of syringes, they should be described as "used" or "potentially contaminated" as opposed to "dirty." In some communities, language around online dating has adopted these terms to replace HIV-positive or HIV-negative.

Undetectable

This is used to describe the level of HIV in a person's blood when the level is so low that it cannot be measured by available technology. The goal of HIV treatment is to move a person's viral load down to undetectable levels. A viral load is undetectable if there is no virus or so little that it cannot be detected. This is usually at the fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL). There is usually a relationship between viral load and the number of CD4 cells in a person with HIV. Typically, if one's viral load is high, the CD4 count will be low - making a person more vulnerable to opportunistic infections. When a person's viral load is under 200 copies, the chance of transmitting HIV sexually does not exist. Indeed, there is no documented case of sexual transmission of HIV from someone known to be undetectable at the time of sexual contact.

Untransmittable

This term is used to describe when a disease is not able to be transmitted via a specific method. The most common use of this term is in relation to Undetectable Equals Untransmittable or U=U. In 2019, the CDC affirmed that U=U is 100% effective in preventing HIV transmission through sexual contact. To date, there is no documented case of sexual transmission of HIV from someone known to be undetectable at the time of sexual contact.

U=U

This is a shorter way of saying Undetectable Equals Untransmittable. In 2019, the CDC affirmed that U=U is 100% effective in preventing HIV transmission through sexual contact. Once an HIV-positive individual has maintained an undetectable viral load for at least six months, the disease cannot be transmitted sexually to partners. To date, there is no documented case of sexual transmission of HIV from someone known to be undetectable at the time of sexual contact.

TasP or Treatment as Prevention

Treatment as Prevention, or TasP, is very similar to U=U. It is a prevention strategy which revolves around getting HIV-positive individuals to a viral load which can't be detected and therefore, is not able to be transmitted to others sexually. This prevention strategy is also used to discuss the general health of HIV-positive people to prevent side-effects associated with uncontrolled HIV or AIDS.

Pre-exposure prophylaxis (PrEP)

This involves HIV-negative people taking a drug that will protect them against infection. As of this writing (January 2020), the Food and Drug Administration (FDA) has approved for this purpose is Truvada® and Descovy® for use as PrEP. Generic versions of medication for PrEP should be on the market soon. Do not use “PrEP” and “Truvada” or any other drug name interchangeably. New federal guidelines recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV, including gay and bisexual men who have condomless sex and are not in a mutually monogamous relationship, anyone with an HIV-positive partner, women who have HIV-positive partners and wish to become pregnant, and injection drug users. The CDC has affirmed that PrEP is 99% effective in preventing HIV transmission through sexual contact and is more effective than using condoms alone.

Post-exposure prophylaxis (PEP)

This involves the administration of antiretroviral drugs after a person may have been exposed to HIV in order to prevent infection. It is administered through a doctor or medical facility (including a hospital emergency room), must begin within 72 hours of exposure, and involves 2-3 antiretroviral medications taken for 28 days. PEP has been shown to be highly effective if started within 72 hours of exposure.