

Oct 2008

# Language and style guide

**napwa** national association of  
people living with HIV/AIDS

## **Introduction**

A lot of things have changed around HIV. We understand it better and fear it less. Antiretroviral therapy is helping it become a manageable disease. But people with HIV continue to experience the sort of stigma and discrimination we endured when it first appeared in the 1980s.

Media stories are still sensationalised. People with HIV are still referred to as 'AIDS patients', 'AIDS victims', 'AIDS carriers' or worse. 'AIDS' is regularly used as an adjective e.g. 'AIDS child' and often to describe those without the condition. These misuses are not only incorrect but insulting. Even well-intentioned and respected organisations produce content on the topic that can best be described as awkward.

It's time we looked at the language we use around HIV. Some of it, such as 'HIV/AIDS', has served its time. 'HIV' alone is adequate as it encompasses all stages of the disease, including AIDS.

NAPWA has produced this guide for those of us writing about HIV in the Australian setting. It incorporates elements from the UNAIDS' *Terminology Guidelines* (March 2007) and the *ASHM style guide* (January 2007).

People may find it difficult to abandon terminology which to date has been both familiar and appropriate. We acknowledge this and join you in the challenge.

Language is a growing thing. So use this *Language and style guide* as just that... a guide.

## **Some fundamentals**

### ***Avoid dramatising***

If you are writing about an individual or individuals, imagine you are describing yourself or someone you know personally. 'He was infected with AIDS in the late 1980s' is not only harsh but incorrect. Nothing can be infected with AIDS because AIDS is not an infectious agent. 'He has been living with HIV since the late 1980s' is accurate and sits more comfortably.

In matters relating to transmission, words such as 'infectious' and 'contagious' should be used with caution as they serve to fuel disinformation. Remind yourself how HIV is transmitted\* and let this guide your communication.

***\*For HIV to be transmitted, a sufficient quantity of the virus needs to pass from the bloodstream of someone with HIV into the bloodstream of someone without the virus. The bodily fluids which can contain HIV in these sufficient quantities are blood, semen, vaginal fluids and breast milk.***

### ***Think about your context***

Who are you talking to? More familiar terms like 'positive people' are very appropriate in some circles but less so in others. Obviously, an email to a work colleague doesn't require the same attention to detail as a headline in a major daily, but it always pays to be careful.

Is it necessary to personalise your statement? '32 people acquired HIV last month' may be concise. 'Last month there were 32 cases of newly acquired HIV' is clearer and easier to digest particularly should you be one of the 32 mentioned.

Overuse any word or term and it starts to lose meaning. Selective use of 'people living with HIV' will enhance its underlying message. Overuse it and risk sounding patronising. There are many other variations and sometimes a simple 'we' will do.

### ***Words are more powerful than letters***

Avoid acronyms unless they refer to an organisation or are familiar to your audience. And always explain them in full at first use (or in each new chapter) with the acronym in brackets after e.g. World Health Organization (WHO). WHO can then be used in the rest of the text.

Abbreviating dynamic principles, like *prevention of mother-to-child transmission* to PMTCT, dilutes rather than empowers the term. Again, it depends on your context and audience, but experiment with other ways of expressing these terms e.g. 'Education campaigns have successfully prevented many cases of mother-to-child transmission' is a more potent message than 'Education campaigns have been successful in PMTCT'.

## ***Appropriate terminology***

### **AVOID**

### **USE**

HIV/AIDS

**HIV** unless specifically referring to AIDS.

Examples include **people living with HIV, HIV prevalence, HIV prevention, HIV testing, HIV disease.**

This also applies when referring collectively to cases of HIV and AIDS e.g. 'There are currently 32 million cases of HIV in the world'.

Use **AIDS diagnosis** when referring to the specific stage of infection i.e. when a recognised opportunistic infection has been diagnosed (Australian guidelines) or use **advanced HIV** or **advanced HIV disease.**

Use 'AIDS' with discretion and limit its use to a global or historical context, as in **AIDS epidemic.** Note: both **AIDS epidemic** and **HIV epidemic** are acceptable.

AIDS is not an adjective. NEVER use 'AIDS victim' (~ sufferer, ~ patient, ~ carrier, ~ woman, ~ baby, etc). The words 'victim', 'carrier' and 'sufferer' are disempowering to the individual/s concerned.

Restrict use of the word 'patient' to the clinical setting and use **patient with HIV-related illness** or **patient with HIV disease.**

There is no 'AIDS test' or 'AIDS virus'.

PLWHA

**People with HIV** or **People living with HIV (PLHIV)**

To avoid repetition in a document, some variations are appropriate e.g. 'For **those living with HIV**, the legislation was a positive step forward' or 'However, **someone with HIV** may find treatments more difficult to access'.

The only appropriate acronym is **PLHIV** and it should be used sparingly and always spelled out on first use.

**HIV positive** (~ *man*, ~ *woman*, ~ *child*, etc) is appropriate when discussing subpopulations or individuals e.g. 'The author is an HIV positive gay man'. Note: a hyphen between 'HIV' and 'positive' is more grammatically correct but not necessary.

Use the shortened versions **HIV+** or **positive** (~ people, ~ heterosexuals, etc) when communicating with an informed audience.

## ***Examples of other appropriate terminology***

### ***AVOID***

### ***USE***

addict	<b>drug user</b>
addiction	<b>dependence</b>
ageing with HIV	<b>older with HIV</b> to describe the subpopulation of people over the age of 50 who are living with HIV unless referring to HIV's impact on the ageing process.
ART	<b>highly active antiretroviral therapy (HAART)</b> or <b>combination antiretroviral therapy (CART)</b> as they more accurately describe current HIV treatment regimens
compliance	<b>adherence</b> is a less dictatorial alternative
developing	<b>resource limited</b> countries, ~ settings, ~ populations, etc
drug abuse	<b>drug use</b>
East Timor	<b>Timor Leste</b> is now current usage
gay men	<b>Men who have sex with men (MSM)</b> unless the individual/s referred to self-identify as gay but <b>Gay and MSM</b> is acceptable.
hepC (~A, ~B)	<b>hepatitis C</b> or <b>hepatitis C virus (HCV)</b>
indigenous	<b>Aboriginal and Torres Strait Islander</b> Use <b>Aboriginal</b> or <b>Torres Strait Islander</b> if the individual/s referred to self-identify as same. Avoid use of the acronym ATSI unless it falls within the title of an organisation
intravenous	<b>injecting</b> unless specifically referring to veins
illicit	<b>recreational</b> drug use
IVDU	<b>injecting drug use (IDU)</b> or <b>people who inject drugs</b>
fight against AIDS	alternatives include <b>response, initiative, action, efforts</b> or <b>program</b> against AIDS
high/er risk groups	<b>key populations at higher risk</b> better reflects the dynamics of the epidemic and consolidates a response
needles	<b>injecting equipment</b> is less ambiguous
prostitute	<b>sex worker</b> is the term preferred by those working in the industry
religious organisation	<b>faith-based organisation</b> is less judgmental and more inclusive
salvage therapy	<b>multiple resistance therapy</b> is a more accurate description
STD	<b>STI</b> (sexually transmitted <b>infection</b> ) is now currently usage

## **General style points**

### **Abbreviations**

**Dr** and **St** require no full point as the last letter of the abbreviation is the last letter of the word however **Prof.** takes a full point as does **Co.**

**E.g.** and **i.e.** (note: full points) are NOT interchangeable. **E.g.** means **for example**, **i.e.** means **that is**

**N.B.** means **note well** but preferable to use the word **Note** followed by a colon **Note:**

### **Acronyms**

Acronyms and abbreviations should be avoided unless referring to an organisation. When used they should be explained in full at first use (or in each new chapter) with the acronym in brackets after e.g. World Health Organization (WHO). WHO can then be used in the rest of the text

Do not use full points after acronyms e.g. **NAPWA** not N.A.P.W.A.

### **Addresses**

Use **Road**, **Street**, **Avenue** in full, not their abbreviations

### **Alphabetisation**

When listing countries, people, etc put in alphabetical order e.g. Afghanistan, Brunei, Cambodia, Fiji unless you are using some other priority then identify that priority

### **Ampersands**

Try not to use **&** in running text and only if space is tight. Preferred use is **and**

### **Apostrophes**

**Its** (no apostrophe) is the possessive of it

**It's** is the short form of it is

Always use when part of name e.g. **St Vincent's Hospital**

Note use of apostrophe in expressions such as **five years' experience** i.e. experience covering five years

No apostrophe is now common usage for general possessives e.g. **members newsletter**, **visitors book**, **drivers licence**

Don't use apostrophe for plurals i.e. **GPs** not GP's, **STIs** not STI's

### **Capitalisation**

In titles use only capital at beginning of heading unless a proper noun e.g. **Recommended HAART regimes, Management strategies for diabetes**

Always use capitals for abbreviations e.g. **HAART** and **HIV** and title case for proper nouns e.g. **Western Blot**

### **Dates**

Always **day month year** e.g. **4 June 2003** (note lack of punctuation). Do not use 4<sup>th</sup> June '03 **1980s** NOT 1980's

**19–23 June 2004**, use en dash not hyphen to divide dates. In running text, however, use words not symbols e.g. from **21 to 30 June**, between **16 and 18 May**....

### **Drug names**

Lower case for generic drugs, e.g. **abacavir**, **famciclovir**

Upper case for brand name e.g. **Zovirax**

Correct spellings of common drug names: **abacavir**, **amprenavir**, **atazanavir**, **didanosine**, **efavirenz**, **emtricitabine**, **enfuvirtide**, **entecavir**, **ganciclovir**, **indinavir**, **interferon**, **lamivudine**, **lopinavir**, **nevirapine**, **pegylated interferon**, **ribavirin**, **ritonavir**, **stavudine**, **tenofovir disoproxil fumarate**, **zidovudine**

### **Drug company names**

**Abbott**

**Bristol-Myers Squibb** (note where hyphen goes)  
**Boehringer Ingelheim** (no hyphen)  
**Gilead**  
**GlaxoSmithKline** (note one word, yet initial capitals)  
**Janssen-Cilag**  
**Merck Sharp & Dohme** (note use of ampersand)  
**Pfizer**  
**Roche**  
**Schering-Plough**  
**Tibotec**

### ***Emphasis***

To emphasise a word or phrase in running text use **bold** or *italics*  
In a flyer or form the word NOT can be capitalised for emphasis

### ***En dash***

Use it to show spans of times, figures and distance e.g. **3–5** July 2006, pages **31–46**  
however use 'from' and 'to' in running text  
Use it to show an association between words that retain their separate identities e.g.  
prevention–treatment nexus, Australia–Indonesia cooperation

### ***Font***

The preferred NAPWA font is **Arial 11 point**

### ***Footnotes***

Use a superscript number. In the **Vancouver system** (see below) a superscript Arabic numeral is allocated to each source when it is referred to for the first time. This numeral then becomes the unique identifier of that source and if the source is referred to again in the text that same number is used (even although it may not be in numerical order, so you may get superscripts that look like 3,14,5 NOTE NO SPACE BETWEEN COMMAS). These superscript numbers are placed BEFORE all punctuation except for full stops

### ***Good writing style***

Avoid jargon, hyperbole, brochure-speak and journalese. Avoid generalities such as 'it is claimed that...' Also avoid over use of 'there is...' and 'there are...' Try to use active tense. Keep sentences short. Avoid dangling participles

### ***Hyphenation***

Use for compound adjectives e.g. **good-quality care, self-styled expert, blood-borne viruses, well-respected epidemiologist, AIDS-related disease, long-term view**  
EXCEPTION: **health care worker, HIV-positive man**  
BUT NOT after an adverb e.g. **highly regarded virologist, frequently asked questions**  
Some compound nouns are also hyphenated – **life-threatening, co-morbidity, ex-partner, non-specific**

### ***Italics***

Italicise the scientific names of plants, animals and bacteria, e.g. ***Pneumocystis carinii pneumonia***  
Italicise Latin, French and other non-English terms that are not in general usage, e.g. ***I gat hope***, but not for those more commonly used e.g. **ad nauseam**  
Italicise the titles of journals, newspapers, books and reports within the text e.g. *Sydney Morning Herald, Positive Living*

### ***Money***

Use **A\$** if any chance of ambiguity. NOT \$A or AUD\$. Otherwise **\$4** (no space between symbol and figure)

## Numbers

Spell out one to ten in full unless followed or preceded by % or \$ or any other unit of measure

Use figures for 11 and over ... so, **three** patients, but **23** nurses

Always spell out a number if it opens a sentence e.g. Twenty nurses attended the course

## Plurals

Don't use apostrophes for plurals e.g. **GPs** NOT GP's, **STIs**, NOT STI's. (See also **Apostrophes**)

## Quotation marks

Use single 'xxx' NOT double "xxx". If a quote within a quote, use double for the internal quote.

## Referencing system

The main features of the **Vancouver system** are:

Quotation marks are NOT used for the titles of journals or articles

Book titles and journal articles are NOT italicised. NO ITALICS are used at all in references

Journal titles are usually abbreviated (Google *Index medicus* or *CASSI* for correct abbreviations of titles)

All authors are listed when there are 6 or fewer; when more than 6, the expression et al. is used

Authors are cited thus: Smith CK, Brown D, Jones E, (NOTE: lack of punctuation)

The following examples illustrate the general principle. Note the use of the punctuation:

Batey RG, Bensoussan A, Fan YY, Bolippo S, Hossain MA. Chinese herbal medicine as an alternative therapy for HIC: A preliminary report of a double blind placebo controlled trial. *J Gastroenterol Hepatol* 1998;(13Mar):244–247

Department of Health and Ageing. *Infection Control Guidelines for the prevention of transmission of infectious disease in the health care setting*. Canberra: Commonwealth of Australia, 2004; 1:10

For more details on the Vancouver system, see *The Style Manual*, pages 215 -218

## Spelling

Use Australian English. When in doubt consult Macquarie Dictionary - available online

[www.macquariedictionary.com.au](http://www.macquariedictionary.com.au)

Use **-ise** NOT **-ize** – e.g. **recognise**, **realise**, **organise**, **minimise**, **analyse**, **organisation**  
EXCEPTION if an organisation has the Z spelling in its name e.g. **World Health**

### **Organization**

**acknowledgment** NOT acknowledgement

**benefited** NOT benefitted

**blood-borne virus**

**bloodstream** (one word)

**breastfeeding** (one word)

**discreet** = prudent, circumspect, tactful

**discrete** = separate, distinct

**earlybird** (one word)

**email** not e-mail

**fax** not facsimile

**focused** not focussed

**fortuitously** = by chance NOT fortunately

**hepatitis C** (note lower case h)

**HCV** (all full caps)

**Internet** (note capital I)

**no one** (two words)

**online** (one word)

**per cent** (two words)

**principal** = chief or foremost. Both noun and adjective. As noun means first in importance

**principle** = (moral) standard, rule or truth, a fundamental, primary or general truth. Noun  
rarely used adjectively  
**program** not programme  
**regimes** and **regimens** are both acceptable to describe combinations of drugs  
**s100** (lower case s)  
**HIV s100 prescribers** (note order of words)  
**T-cell**  
**under way** (two words)

### **Times**

**7.00am, 3.00pm** NOT 24-hour clock and note NO space between number and am or pm

### **Common acronyms and abbreviations** NB: Only national organisations are included

**3TC** = lamivudine  
**Ab** = antibody  
**ABA, ABC** = abacavir sulphate  
**ADC** = AIDS dementia complex  
**AFAO** = Australian Federation of AIDS Organisations  
**Ag** = antigen  
**AIDS** = acquired immune deficiency syndrome  
**AIVL** = Australian Injecting and Illicit Drug Users League  
**AchSHM** = Australasian Chapter of Sexual Health Medicine  
**APV** = amprenavir  
**ARCSHS** = Australian Research Centre in Sex, Health and Society  
**ARV** = antiretroviral  
**ASHM** = Australasian Society for HIV Medicine  
**ATPA** = AIDS Treatment Project Australia  
**AZT** = zidovudine  
**BBV** = blood-borne virus  
**CALD** = culturally and linguistically diverse  
**CD4** = helper T cell which carries the CD4 surface antigen  
**CD8** = killer or cytotoxic T cell which carries the CD8 surface antigen  
**CMV** = cytomegalovirus  
**CNC** = clinical nurse consultant  
**CNS** = central nervous system  
**CXCR** = chemokine receptor  
**d4T** = stavudine  
**DB** = double blind  
**ddl** = didanosine  
**ddC** = zalcitabine  
**DLV** = delavirdine mesylate  
**DNA** = deoxyribonucleic acid  
**DoHA** = Australian Government Department of Health and Ageing  
**EBV** = Epstein-Barr virus  
**EFV** = efavirenz  
**ELISA** = enzyme-linked immunosorbent assay  
**ESPRIT** = Evaluation of Subcutaneous Proleukin in Randomised International Trial  
**FBC** = full blood count  
**GESA** = Gastroenterological Society of Australia  
**GI** = gastrointestinal  
**GLBT** = gay lesbian bisexual transgender  
**GP** = general practitioner  
**Gp120** = glycoprotein on surface of HIV which binds to CD4 receptor  
**HAART** = highly active antiretroviral therapy  
**HASTI** = HIV/AIDS and Sexually Transmissible Infections (subcommittee of MACASHH)  
**HAV** = hepatitis A virus

**HBV** = hepatitis B virus  
**HCV** = hepatitis C virus  
**HFA** = Haemophilia Foundation Australia  
**HIV** = human immunodeficiency virus  
**HPV** = human papilloma virus  
**HSV** = herpes simplex virus  
**IDU** = injecting drug user  
**IDV** = indinavir  
**IFN** = interferon  
**IL** = interleukin  
**IRD** = immune restoration disease  
**KS** = Kaposi's sarcoma  
**LA** = lactic acidosis  
**LMV** = lamivudine  
**LPV/r, LOP/r** = lopinavir and ritonavir  
**MAC** = mycobacterium avium complex  
**MACASHH** = Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis  
**MDMA** = methylenedioxy methamphetamine, 'ecstasy'  
**MSAC** = Medical Services Advisory Committee  
**MSM** = men who have sex with men  
**MTC** = mother-to-child transmission  
**NACCHO** = National Aboriginal Community Controlled Health Organisation  
**NAPWA** = National Association of People Living With HIV/AIDS  
**NCHECR** = National Centre in HIV Epidemiology and Clinical Research  
**NCHSR** = National Centre in HIV Social Research  
**NDARC** = National Drug and Alcohol Research Centre  
**NFV** = nelfinavir mesylate  
**NNRTI** = non-nucleoside reverse transcriptase inhibitor  
**NPEP** = non-occupational post exposure prophylaxis  
**NR** = non-randomised  
**NRTI** = nucleoside/nucleotide analogue reverse transcriptase inhibitor  
**NVP** = nevirapine  
**OATSI** = Office for Aboriginal and Torres Strait Islander Health  
**OB** = optimised background regimen  
**OI** = opportunistic infection  
**P24** = a core HIV protein  
**PATSIN** = Positive Aboriginal and Torres Strait Islander Network  
**PBAC** = Pharmaceutical Benefits Advisory Committee  
**PBPA** = Pharmaceutical Benefits Pricing Authority  
**PBS** = Pharmaceutical Benefits Scheme  
**PCP** = *Pneumocystis jiroveci* pneumonia, previously known as *Pneumocystis carinii* pneumonia  
**PCR** = polymerase chain reaction  
**PEP** = post exposure prophylaxis  
**PI** = protease inhibitor  
**PNG** = Papua New Guinea  
**R** = randomised  
**RNA** = ribonucleic acid  
**RTV** = ritonavir  
**s100** = section 100 of PBS  
**SAS** = Special Access Scheme  
**SQV** = saquinavir  
**STI** = sexually transmitted infection  
**T20** = enfurvitide  
**T-cell** = white blood cell or lymphocyte  
**TGA** = Therapeutic Goods Administration  
**TON** = Treatment Officers Network  
**UNAIDS** = United Nations program on HIV/AIDS  
**VL** = viral load