Editorial guidance

Inclusive writing at ECDC

Use these guidelines to make your language more inclusive and avoid contributing to stigma in public health

November 2026

Summary

Preventing and reducing harm is a basic tenet when working in public health. These guidelines explain why the language we use in our work matters – because it has the potential to 'other', stigmatise, or exclude people, which may ultimately cause unintended harm. It also provides concrete tips and examples for navigating language decisions in our day-to-day work.

Individuals and teams can use these guidelines to become informed about stigmatising language in the context of public health, as well as to support discussions around sensitive language concerns. As language is always evolving and there are no finite solutions to these issues, this document will be updated regularly based on our most recent discussions and work.

If you have any questions or would like to discuss anything that is brought up in this document, please contact the ECDC Editorial Office: editors@ecdc.europa.eu.

Introduction

Language is a living thing that changes over time and across different contexts. The power of language can be deceptive, as words can feel like neutral building blocks to convey ideas – especially words and phrases we are very used to hearing. But while language has incredible potential to help safeguard public health through sharing research and recommendations, it has equal potential to cause unintended harm.

For example, the term GRIDS, which stood for Gay-Related Immunodeficiency Syndrome, illustrates how language can cause harm, particularly in a public health context. Although the terminology changed as we gained a better understanding of the virus we now know as HIV and AIDS, the original term created stigma for the gay community and those who contracted the disease – and was also scientifically inaccurate.

Inclusive language emphasises **respect** and **equality**. It avoids terms that might be biased, exclusive or contribute to stereotypes. It makes our work more accessible and impactful for a wider audience – with different backgrounds, abilities, mother tongues and literacy levels – while reflecting values of **inclusion** and **tolerance**.

Purpose and audience

This editorial guidance on inclusive writing at ECDC provides staff with an understanding of how language can contribute to stigma and uncertainty in public health and offers concrete tips for how we might approach common sensitive language concerns encountered in our day-to-day work.

Most importantly, this guide and related activities serve to foster a culture where language that has the potential to be stigmatising or cause harm is habitually queried and discussed.

This guide is presented and intended for use in English only. Other EU languages may differ in their approaches due to linguistic nuances. This guide will be periodically reviewed and updated to ensure it remains current.

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How to use this guide

This guide is organised in two parts:

- **Section 1. Understanding stigma** explains how stigma shows up in public health and explains how language can contribute to stigma in this context. Staff can review this information to ensure they have a baseline understanding of this concept, which can help to facilitate discussions and decision-making around inclusive language.
- **Section 2. How to avoid stigmatising language** offers concrete tips and examples of how to avoid stigmatising language and choose more inclusive words and phrasings. They are not intended to be prescriptive, but instead to support discussion, critical thinking and decision-making.

It is important to acknowledge that there are no black-and-white or final answers to the concerns addressed in this document. It is also impossible for this guide to cover every issue you may encounter. Many issues will have no obvious way forward; in these instances, the most responsible approach is to use language that is as clear and specific as possible. In this way, clear writing – also referred to as 'plain language' – is closely connected with attempts to use inclusive language.

1. Understanding stigma

Stigma in the context of public health

The way we use language can contribute to stigma – a socially and culturally constructed process that reproduces inequality. When a person or group is stigmatised, they are labelled as different and then devalued.

Stigma in the context of public health is the negative association between a person or group of people who share certain characteristics and a specific disease. It is often fuelled by fear or anxiety, which can be conscious or unconscious.

Stigmatising language can be used accidentally and with no bad intentions due to lack of awareness. Stigma can be associated with historical and religious attitudes and perceptions toward certain groups (e.g. based on race, gender, sexuality, age, disability, socio-economic status, geographical origin, appearance, etc.).

Infectious disease outbreaks are typically accompanied by stigma, which reduces affected individuals' opportunities for physical, social and psychological well-being, contributing to social and health inequalities.

Stigma can also hamper efforts to control disease outbreaks by fuelling fear, decreasing uptake of preventive measures (including vaccination), discouraging health-seeking behaviour (such as seeking testing and treatment), and reducing adherence to care.

How language can contribute to stigma during infectious disease outbreaks

When writing and talking about infectious disease outbreaks we often write about how the outbreak can be controlled and how people can protect themselves from contracting a particular disease. This is crucial in our work. However, the language we use may be stigmatising if not used with care and specificity.

For example:

- We may **describe how to recognise members** of the affected group (e.g. when we talk about certain symptoms such as skin lesions, rashes, etc.), which could lead to people who present with these symptoms being ostracised.
- We may **label an affected group** without sufficiently explaining why, which can encourage stereotypes and stereotype-consistent interpretations of group members' behaviour (e.g. how we sometimes speak about 'gay, bisexual and other men who have sex with men' in the context of sexually transmitted infections).
- We may **highlight the danger that an affected group poses** to the rest of the community, which can imply that these individuals are the source of the danger or are responsible for causing it. This may include recommendations to avoid certain groups and the consequences if one fails to avoid them (e.g. advising travellers to avoid close contact with affected communities where there is a disease outbreak).

2. How to avoid stigmatising language

2.1. Avoid dehumanising language

Working in public health means that we are often talking about people. It is important that we use language that is accurate, respectful and doesn't obscure the fact that we are referring to people. This section highlights ways we can do this: **avoid using abbreviations to describe people, use person-first language, use 'case' mindfully** and **use 'contact' sparingly** when referring to people.

Avoid using abbreviations to describe people

Referring to people as abbreviations can obscure the fact that we are talking about humans. It is better to spell out these phrases in full, whenever possible.

Instead of	Try this	Further explanation
GBMSM	• Gay, bisexual and other men who have sex with men	Spelling out common public health abbreviations is a reminder that we are talking about people.
PLHIV	• People living with HIV	
HCW	• Healthcare workers	
PWID	• People who inject drugs	

Use person-first language

To avoid dehumanising language, describe people as **having** or **experiencing** a condition or circumstance, not **being** a condition or circumstance. This is called 'person-first' language because it puts the person first (e.g. people experiencing homelessness, compared with identity-first language: homeless person). There are times when it might be appropriate to use identity-first language instead, as some people with particular diagnoses prefer this; therefore, it is important to check if this is the case.

Recommendations for talking about people:

- Humanise those you are referring to by using 'people' or 'individuals';
- Only use 'patient' to refer to someone who is receiving healthcare;
- Use the pronoun 'who' when referring to people, not 'that'.

Instead of	Try this	Further explanation
The homeless	• People experiencing homelessness • People who are homeless	Person-first language (e.g. 'people who/with/experiencing, etc.') avoids defining people by their condition or circumstance, which is dehumanising.
HIV-infected people	• People living with HIV • People with an HIV infection • People with HIV	
The disabled, mentally disabled, physically disabled	• People with intellectual/ physical disabilities	
Flu cases	• People with influenza	
Drug users, addicts, intravenous drug user	• People who use drugs • People with a drug addiction • People who inject drugs	

Instead of	Try this	Further explanation
The elderly, the aged	• Older adults • People over the age of XX	Note that it is ideal to define 'older' at first mention: older adults (65 years old and above).
Foreign-born	• People born outside [country] • People born outside the reporting country • People born outside the EU/EEA	Foreign-born can be othering and is also not clear and specific.
Healthy people	• People without [disease or condition] • People without underlying conditions	We should avoid using 'healthy people', as this label is vague and therefore open to interpretation. It can also be perceived as making a value judgment about individuals based on their health.
Infected, infectious, contagious or newly infected person or people	• Person/people with an infection • Person/people who is/are infectious • Person/people who can transmit the disease • Person/people with a new infection	We should not refer to people as 'infected'. Person-centred language is more humanising.
Prisoners/inmates	• People in prison and/or in detention	This is more person-centred and may also include other populations who are detained but who are not prisoners (e.g. immigration detention).
Prostitute	• Sex worker	The label 'sex worker' seeks to reframe providing sexual services as a form of labour, rather than a criminal offense or moral failing.
Sick people	• People with [disease/condition] • People with symptoms	It is important to use person-first language and also to specify what is meant by 'sick' – since that is a very broad and vague term.
Smokers, non-smokers, former smokers	• Person/people who smoke • Person/people who doesn't/do not smoke • Person with a history of smoking	It is important not to define people by a behaviour (e.g. smoking).

Use 'case' mindfully

'Case' is a word that we often use out of habit without thinking critically about what we are trying to say. In our work, we should be mindful that case is used to refer to an **instance** of a disease, not a **person** diagnosed with the disease. Referring to a person as a case can be dehumanising. However, there are certain instances when case may be used to indicate a person meeting the stated case definition; if you need to use case to refer to a person, try to do so sparingly.

Recommendations for using the term 'case':

- When using the word 'case', check if the sentence still makes sense if case is replaced with 'disease' or 'infection'; if so, you are using it correctly. If case can be replaced with the word 'person' it is not being used correctly.

Instead of	Try this	Further explanation
7 000 cases were children	• 7 000 cases of measles were identified/diagnosed in children	These examples used 'case' to describe people, which can be dehumanising. This can be solved by rewording so that 'case' refers to the occurrence, not the person.
A case of measles was reported in Texas. The case is recovering well.	• A case of measles was reported in Texas. The affected individual is recovering well.	
There have been 12 cases of avian influenza in the US. The latest confirmed case was admitted to hospital.	• There have been 12 cases of avian influenza in the US. The latest confirmed case was in an individual admitted to hospital.	

2.2. Be as specific as possible and avoid generalisations

The best way to avoid stigmatising language is to be as specific as possible and avoid vague language or generalisations. Although this applies across all descriptive text, below we have highlighted specific considerations and provided examples related to **population groups**, **geographical areas** and **commonly used terms**.

Be specific when you write about population groups

Using vague terms like 'hard-to-reach', 'marginalised', 'vulnerable' or 'at-risk' to describe groups affected by inequities can be misleading. The exact meanings of these terms are unclear and using them could mask the causal factors and instead imply that these conditions are inherent to the group.

Additionally, referring to a group of people as a 'community' can oversimplify and overlook the diverse identities, experiences and cultural backgrounds within this group.

Recommendations for referring to population groups:

- If a segment of the population is more at risk, **explain why** and **describe the behaviour** linked to this increased risk (rather than leave it up to assumption).
- Instead of using a vague descriptive term like 'high-risk populations', specifically name who you are talking about and how they are affected. For example, with any groups that are 'high risk', **always clarify what they are at a higher risk of and ideally why this is so.**
- Instead of 'community', consider whether 'group' or 'population' can be used and **specify the group or population** being referred to. Note that in some instances – i.e. within the prevention of STIs arena – 'communities' might be the established term.

Instead of this	Try this	Further explanation
Vulnerable groups	• [Name specific groups] vulnerable to more severe forms of the disease… • [Name specific groups] more vulnerable to infection…	Instead of labelling groups as 'vulnerable', which could imply the problem is inherent to the group, it is more accurate to state what they are vulnerable to (infection, severe disease, etc.).
Marginalised communities	• Groups/individuals/populations who are underserved by/with limited access to healthcare due	'Marginalised' is a term that is unclear and vague, and which can include many groups.

Instead of this	Try this	Further explanation
	to... face oppression/stigmatisation... • Groups that are economically marginalised...	It is better to clearly state which groups you are referring to within marginalised communities, or to describe what systematic issue might result in a community being marginalised.
Hard-to-reach communities	• Groups/individuals/populations not adequately reached by healthcare services... • Groups/individuals/populations who experience barriers in accessing healthcare services... • Groups that are underserved by healthcare services... • Those most affected... • Key populations, such as...	If we do not specify which group(s) we mean, we can feed into existing stereotypes and rely on readers' assumptions, which may not be correct. For example, at ECDC, we often say 'hard-to-reach' when we mean a specific population. Instead, we can just specify who we mean.
High-risk populations, at-risk populations, risk groups	• Populations such as [name group(s), e.g. undocumented migrants, people with comorbidities, etc.] are at a higher risk of acquiring the disease due to... • Key populations, such as...	It needs to be clear what populations are being referred to and what they are at a higher risk of, rather than simply labelling people as inherently high risk. Where possible, define what is meant by 'high risk' in concrete terms (e.g. '*populations at substantial risk of HIV acquisition, defined as an HIV incidence greater than three cases per 100 person-years*').
General population	• Populations at a lower/higher risk of acquiring the disease include...	'General population' should be avoided when used in parallel with other population groups. It suggests that the majority of the population are the 'norm' and the minority groups being discussed are the 'outsiders'. This can feel pejorative or discriminatory.
Sub-populations	• Specific populations	'Sub' can suggest lesser. Use specific instead.
Atypical populations	• Populations not typically affected by...	'Atypical' suggests they are populations outside a specific 'norm'.
EU citizens, citizens	• EU residents • EU population • People who live in the EU	'EU citizens' suggests we are only addressing people with citizenship rights in the EU, which is rarely the case with our content.
Foreign-born people	• People born outside the reporting country • People born outside [country]	Foreign-born is not specific and it is not 'person first'.
Men who have sex with men	• Gay, bisexual and other men who have sex with men • Men in this group [after first mention]	Ensure it is clear whether you are talking about the community or the mode of transmission. If you are talking about the community, use 'gay, bisexual and other men who have sex

Instead of this	Try this	Further explanation
		with men' to avoid reducing the community to a sex act, which the use of 'men who have sex with men' could be perceived as doing. To avoid repetition, after first mention you can use 'men in this group' (e.g. 'Gay, bisexual and other men who have sex with men are at higher risk of contracting XX. Vaccination can be offered to men in this group...'). If you are talking about the mode of transmission use 'sex between men'.
Pregnant women, maternal vaccination, vaccinated mother (e.g. child born to a vaccinated mother)	• People who should consider vaccination include those who are pregnant, immunocompromised or over 65 years • Pregnant people • Vaccination during pregnancy • Child born to a vaccinated person	Consider inclusivity when talking about pregnancy, as transgender men, non-binary people, and intersex people can also become pregnant but do not identify as women. You can use 'pregnant' as an adjective – as in the example provided – or use 'pregnant people'.
Migrants	• **Refugees** – any person who meets the eligibility criteria under an applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate or in national legislation. • **Asylum seekers** – a general term for any person who is seeking international protection. • **Undocumented migrants** – individuals who do not fulfil the requirements established by the country of destination to enter, stay or exercise an economic activity. • **Newly arrived migrants** – individuals who have migrated to a host country within the EU/EEA in the past XX years. • **People born outside the reporting country.**	Migrants is a very broad term. It is important to be more specific about what type of migrant you are talking about. These definitions can help guide you.

Be specific when you write about geographical areas

When referring to geographical areas, define the countries you are referring to whenever possible. Some regions may have negative stereotypes associated with them, which could be reinforced if you are not specific. It could also be useful to include a footnote specifying what countries are being referred to if you refer to a larger region.

If you want to highlight a regional pattern but not all countries in the region are involved, it is important to name the countries where the pattern is evident rather than generalising.

Instead of this	Try this	Further explanation
There continue to be high levels of healthcare-associated infections in hospitals in Eastern Europe.	• There continue to be high levels of healthcare-associated infections in hospitals in [name the specific countries]. The majority of these countries are located in Eastern Europe.	Only naming the whole region implies that all the countries in that area are affected, even though this may not be true. It also masks the nuanced differences between individual countries, which can encourage stereotypes and contribute to stigma.
More than 100 confirmed cases have been detected in Africa.	• More than 100 confirmed cases have been detected across four countries in Africa (Burundi, Kenya, Rwanda, Uganda).	Be as specific as possible about which countries you are referring to, to avoid suggesting a whole continent is affected. Lumping together diverse countries in this way can also be discriminatory and 'othering'.

Define commonly used terms that could mean different things to different readers

Some terms are so common in public health that we forget to question what they mean. Unclear terms rely on the reader's interpretation, which not only increases the risk of stigma but also of misinterpretation. If the terms used are not clear to every reader the text is intended for, a simple solution is to define what the term means in the text.

Instead of this	Try this	Further explanation
Bodily fluids	• Bodily fluids responsible for transmission of [pathogen/ disease] include blood, semen or vaginal fluid.	Be specific – different diseases can be spread by different bodily fluids.
Chemsex	• The use of specific psychoactive substances to enhance sexual experiences (referred to as 'chemsex')… • 'Chemsex', the use of specific psychoactive substances to enhance sexual experiences…	For many ECDC output types, not all readers will know exactly what this term refers to. Defining 'chemsex' is much more precise and specific, which also helps readers understand why it is relevant.

Instead of this	Try this	Further explanation
Sexual contact	• Mpox can be passed from one person to another through sexual contact, such as [types of sexual contact].	Sexual contact is vague and can mean different things to different people. Specify the type of sexual contact you mean where possible (e.g. *'contact with infected bodily fluids, particularly blood, semen, pre-seminal fluid and rectal secretions during unprotected sexual contact.'*). For some infections, such as mpox, it may also be important indicate if transmission may occur or has occurred through close physical skin-to-skin contact (possibly in the context of sex), rather than only via contact with infected body fluids.
Heterosexual contact	• Sex between men and women	When referring to the mode of transmission, be specific and refer to sex between men and women. Describe the specific behaviour where relevant (e.g. contact with infected bodily fluids, particularly blood, semen, pre-seminal fluid, vaginal fluid and rectal secretions during unprotected sexual contact).
Men who have sex with men (used to describe the mode of transmission)	• Sex between men	If you are talking about the mode of transmission use sex between men. Describe the specific behaviour where relevant (e.g. contact with infected bodily fluids, particularly blood, semen, pre-seminal fluid and rectal secretions during unprotected sexual contact).

2.3. Avoid language that carries negative connotations or implicit bias

It is important that we regularly question whether language has the potential to cause harm – even for terms or phrases commonly used in public health. Curiosity, critical thinking and an open mind can help us to develop a culture of noticing potentially negative connotations or implicit bias – the attitudes or stereotypes that unconsciously affect our understandings, actions and decisions.

This section addresses how to avoid **outdated medical or public health terms, combative language, unintentionally implying blame** or **reinforcing inequitable power structures.**

Avoid outdated medical or public health terms

Language is always evolving. Terms that are used regularly one day can come to be seen as problematic or even harmful the next. It is important to be open to noticing when terms may be undergoing such shifts and to find new alternatives accordingly.

Instead of this	Try this	Further explanation
Birth defects	• Congenital conditions • Congenital disorders	The word 'defect' should be avoided, as it has negative connotations that imply the person is 'defective' or has something 'wrong' with them. If possible, state the nature of the disability or injury.
Herd immunity	• Population immunity	The expression 'herd immunity' originated from references to animals, which is dehumanising. Using 'population' instead is a reminder that we are talking about people.

Avoid combative language

'Combative language' includes words and phrases like 'target', 'tackle', 'aimed at' or 'trigger'. Such language unnecessarily adds negative connotations of aggression, which can be even more problematic when directed at populations or individuals that already face stigma.

Instead of this	Try this	Further explanation
Target communities for interventions	• Interventions should engage/ prioritise/partner with/serve/ be tailored to [population of focus].	These examples offer alternative wordings you can use instead of combative language.
Target population	• Priority population • Intended audience • Key population	
Tackle issues within the community	• Address issues relevant to [population of focus].	
The intervention is aimed at communities…	• The intervention intends to reach [population of focus].	
Trigger	• Prompt	

Avoid unintentionally implying blame

It is important to be aware that certain phrasings can suggest blame, which can contribute to stigma or stereotyping. Consider that individual behaviour might be affected by issues such as legitimate mistrust of healthcare, structural barriers that limit availability and accessibility of medications, time and resource constraints, or lack of effective communication.

Recommendations to avoid unintentionally implying blame:

- If we say that a certain type of behaviour leads to increased transmission, explain why (e.g. why does using drugs during sex increase the risk of transmission?).
- Avoid saying that a person 'transmitted a disease/infected others' or 'spread a virus', as it implies intentionally passing on the disease, infection or virus and suggests blame.

Instead of this	Try this	Further explanation
Gay, bisexual and other men who have sex with men who have multiple partners are at higher risk of contracting MPXV.	• Gay, bisexual and other men who have sex with men who have multiple sexual partners are at higher risk of contracting MPXV due to the increased prevalence in this group.	Including an explanation of why this population is at higher risk (e.g. *'due to…'*) avoids suggesting that the reason is simply their sexuality – which could contribute to stigma or stereotyping of this group or the practice of having multiple sexual partners.
There are low vaccination rates among illegal immigrants.	• There are lower vaccination rates among undocumented migrants, possibly due to their fear of accessing formal healthcare services because of their immigration status. • There are lower vaccination rates among undocumented migrants. The reasons for this are unknown.	Including an explanation of the reason for low coverage avoids leaving it to (possibly inaccurate) assumptions or contributing to stigma or stereotyping of this group. If we are not sure of the exact reasons why there are lower vaccination rates, we should say that.
The patient, who was infected by a close contact, infected three other close contacts with MPXV.	• The patient contracted the infection from a close contact. In addition, three people close to the patient contracted MPXV from the patient.	When we use 'infected' as a verb (action word), the person is described as taking the action of 'infecting'; this can imply blame or suggest that the infection was transmitted intentionally.
Catch, become infected with	• Contract	'Infected' should not be used in the context of people because it has negative connotations.

Instead of this	Try this	Further explanation
Compliant/non-compliant	• Adherent/non-adherent • People who do/do not complete treatment	'Compliant/non-compliant' characterises the individual as cooperative or uncooperative and regards the person as a passive and submissive recipient of care. 'Adherent/non-adherent' or 'people who do/do not complete treatment' focuses on actions (following/not following a plan). Where possible, mention if there are barriers that prevent people from completing treatment, to underscore that sometimes it is not a simple individual choice (lack of access, cost of medications, etc.).
Mother-to-child transmission	• Vertical transmission	'Mother-to-child' transmission can be perceived as having an accusatory tone that blames the mother for transmitting the virus to her child. 'Vertical transmission' is the more accepted term; however, as it is less clear what this means, it is important to define it whenever possible (e.g. the process by which a baby acquires a pathogen during pregnancy, childbirth or breastfeeding).
Risk activity/behaviour, e.g.: • Using drugs is a risk activity for hepatitis C. • Risk behaviour for HIV include… • Gay, bisexual or other men who have sex with men are at risk of hepatitis C.	• Sharing needles can pass hepatitis C. • Behaviour that increases the risk of transmission include… • Gay, bisexual or other men who have sex with men may be exposed to hepatitis C.	Using 'risk' to describe a behaviour or activity (i.e. 'risk activity/behaviour') can suggest judgement or blame for those who participate in that activity or behaviour.
Unprotected sex	• Sex without a condom, condomless sex • Sex without a condom or other mode of prevention (e.g. PrEP, dental dams, etc.)	'Unprotected sex' can suggest someone is at fault for not using protection. Be specific about what type of unprotected sex you mean or what form of protection you are referring to.
Vaccine hesitancy	• Vaccine acceptance	Focusing on 'acceptance' (rather than 'hesitancy') avoids shaming an individual for having questions about vaccination. 'Acceptance' is understood to exist along a continuum, from full acceptance to outright refusal.

Avoid framing discussions in ways that reinforce inequitable power structures

In inequitable power structures – such as in most contemporary societies – the group that has the most privilege may be referred to as the 'dominant' group and can sometimes be assumed as the 'default' or 'norm', which is discriminatory. Certain terms or phrasings can reinforce inequitable power structures by either lumping together certain groups or positioning them as 'other'.

Recommendations for avoiding reinforcing inequitable power structures:

- When referencing countries or groups that may experience stigma or be treated as 'other', use neutral, context-specific language that does not imply assumptions or judgment, particularly regarding income or status.
- Only mention race, gender or other identities when they are relevant to the issue at hand and explain why they are relevant.
- Avoid hierarchical presentation of social groups (i.e. putting racial minorities or gay men at the end of a list). Be conscious of when list order could suggest hierarchy and use techniques like alphabetising when useful (e.g. for countries).

Instead of this	Try this	Further explanation
Diphtheria is very rare in most European countries. The cutaneous form of the disease is seen mostly in tropical regions and often in poor inner-city inhabitants and alcoholics.	• Diphtheria is very rare in most European countries, as children in this region have been routinely vaccinated against it for many years. The cutaneous form of the disease is most commonly found in warm and humid climates, as well as settings where proper hygiene is inaccessible.	This example explains why diphtheria is rare in Europe. The description of where cutaneous cases are most common describes the settings and barriers that can increase the risk of infection without blaming people or their socio-economic status.
The countries that contributed data were Germany, Spain, France, Italy, Romania, Bulgaria and Latvia.	• The countries that contributed data were Bulgaria, France, Germany, Italy, Latvia, Romania and Spain.	Alphabetising the list of countries ensures that there is no potential of interpreting any kind of hierarchy from the list order.

Resources

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