HASSL, A. and H. ASPÖCK (Hygiene-Inst., Univ. Wien, 1095 Vienna/Austria). Diagnosis of Pneumocystis carinii Infections in Austrian AIDS Patients – Results of a Long-term Study

Since 1986 we keep a part of the Austrian AIDS patients under medical surveillance with the aim to prevent fatal pneumocystosis. Diagnosis of Pneumocystis infection is done by staining parasites in bronchoalveolar lavages or induced sputa by Giemsa and by a direct immunofluorescence staining or, infrequently, by Grocott staining. - In samples of about 47% of all AIDS patients Pneumocystis could be demonstrated, in about 45% of the investigations in both staining methods concurrently. On an average parasite excretion can be demonstrated about 2 month after onset of a therapy, although fatal pneumocystosis could be very effectively prevented by chemoprophylaxis after a laboratory diagnosis of the infection. - Although the investigation of induced sputum is not as sensitive as the investigation of BAL, there are considerable advantages of the former during a surveillance: investigations can be performed in very short intervals and a quantitative observation of the parasite excretion can be done.

**Keywords:** Pneumocystis carinii, Laboratory Diagnosis