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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.

Key words: *Pneumocystis carinii*, Laboratory
Diagnosis