

BORDERNETwork on-site visit Austria

Linz, Wien

3. - 4.3. 2011

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Within the cross-border meeting in January 2011 in Vienna it became apparent that some more motivation of some Austrian doctors might be needed and support from RKI was requested.

The date was set for the beginning of March in order to improve recruitment of sentinel sites and hence data acquisition as soon as possible.

All centers visited were informed on the progress of the sentinel surveillance in Austria and the other participating countries. The first BORDERNETwork telegram with information on the participating sentinel sites in Austria was distributed and discussed with the visited doctors. Also the data of the German sentinel surveillance and the annual meetings of the German sentinel sites were discussed and information given, as STI epidemics and healthcare systems in Austria and Germany seem comparable. The first Cross-Border Exchange Meeting of Austrian and Slovak participants was announced and all visited doctors were invited. Information on the approval of the Ethics Committee from AKH Wien was presented.

Thursday, 3rd March 2011, RE, KH

AKH Linz had already been contacted in the past, however, it was stated that approval of the Ethics Committee decision has to be given before commencement of data acquisition. OÄ Dr Öllinger, Dr Fuchs and another young doctor were available and the methods and goals of the sentinel surveillance were explained. Data collection was explained and issues clarified. Results were presented from the previous sentinel surveillance in Austria in 2005-2007 and data from the German STD-sentinel shown. In AKH Linz, the institute for dermatovenerology is responsible for STI diagnostics and treatment and they will be the cooperating sentinel sites. Twice a week, an outpatient clinic is available for all patients, on all other days' just acute cases with referral. Within AKH Linz, cooperation between the dermatology and surgery institute is planned, where MSM will be screened for HPV and anoscopy will be performed by the surgeons in order to detect AIN.



Dr. Fuchs took over most STI-related tasks from Dr. Schütz, and he is now also performing the weekly STI clinic within the "Gesundheitsamt", the local health office. In Austria, all sexworkers have to be registered and screened on a regular basis. These examinations can be performed within the local health offices. Dr. Fuchs explained that about 2 years ago, 15 sexworkers attended per clinic day, whereas these days, the number has doubled. Most sexworkers they see in Linz are from the Czech Republic or

Hungary. A big problem are however the "Laufhäuser". These are venues, or brothel-like institutions, where women work for a defined (short) period of time, and are then sent to the next city into one

of these venues. Mostly, they only stay at one city for about a week; therefore continuous healthcare provision and receipt of previous lab results is very difficult.

For the sentinel surveillance it was agreed that the contacted doctors will involve their colleagues and discuss a practical plan with their institute's boss, and they will also get approval from the Ethics Committee commission of AKH Linz. As approval of AKH Wien has been given a week before the meeting, positive outcome is hopefully acquired. Help with the application will be provided by AHW and RKI.

AIDS-Hilfe Linz: DDr. Müllner provided a guided tour through the new venue and explained counseling and testing procedures. Most migrant patients attending AIDS-Hilfe Linz are from Africa and Chechnya. In AIDS-Hilfe Linz, syphilis, HIV and hepatitis tests can be provided free of costs to anyone. Anonymity is assured, however sometimes resulting in difficulties in result-provision, as patients cannot be contacted if not returning for results.

Friday, 4th March 2011, RE, KH

Rudolfstiftung: Within the institute for dermatolovenerology, Dr. Wasilewicz is responsible for STI-service provision and will participate in the BORDERNETwork sentinel surveillance. However, she explained that they are having difficulties in filling in the monthly questionnaires, as she cannot provide total numbers of syphilis-tests performed by month. The problem is that every patient gets a syphilis test, except patients who attend with symptoms, like discharge which is very likely due to chlamydia or gonorrhoea. KH suggested to leave that field in the questionnaire blank, and will agree with colleagues at RKI and SPI on how to proceed with these data (for example: total number of patients who attended during one month minus number of patients with chlamydia and gonorrhoea).



The outpatient clinic was very busy and Dr. Wasilewicz explained that normally only patients with referral are seen, however no one with symptoms is sent away. Most patients attending the outpatient department are Austrian nationals. Medical problems like gonococcal resistance were discussed and issues like partner notification in Austria explained. If a pregnant woman is diagnosed with chlamydia, treatment is generally provided for her, as well as for her partner.

Otto Wagner Spital: The outpatient clinic within the infectious disease ward is predominantly consulted by HIV-positive patients, many of them being MSM. Data collection issues particularly regarding patient questionnaires were clarified. Regarding acquisition of monthly accumulated data, Dr. Kosecka-Stehle will have to ask back at the IT unit or the hospital's laboratory, on how to extract these data from their IT system. She was however reassured by RE that in the past, in 2005-2007; her colleague was able to provide these data.



Pilzambulatorium Hietzing: Dr. Heller-Vitouch and Mag. Pitzl showed their outpatient clinic, which represents a very good example of implemented best-practice.



All diagnostic procedures on highest standards were shown and the structure of “Pilzambulatorium” explained. Within Vienna, they have 3 different locations, where “Schlüsselgasse” represents the biggest one.

All specimens for NAAT testing are sent there, whereas culture is performed in each of the clinics. Patients are seen by referral only, and test results are sent to referring doctors who will consecutively inform the patient.



Dr. Heller-Vitouch was invited for presentation on the 6th of May at the Cross-Border Exchange Meeting; however there might be conflicting schedules.