



# Klosterneuburger Couleurprogramm Sommersemester 2024



**Die Klosterneuburger Verbindungen  
Arminia,  
Babenberg,  
Rhaeto-Norica  
und Welfia**

**freuen sich, ihren geschätzten Mitgliedern,  
C/Kartellbrüdern, Kartellschwestern, sowie den  
verehrten Freunden der Verbindungen  
das gemeinsame Couleurprogramm  
des Sommersemesters 2024  
übergeben zu dürfen  
und laden zum Besuch  
der Veranstaltungen herzlich ein!**

**f.d.V.**

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# Die Klosterneuburger Budenabende:



Jeden Dienstag ab 20:00  
Welfenbude

Jeden Mittwoch ab 19:00  
Rhaeto-Noren Bude



Jeden 2. Donnerstag im Monat  
ab 20:00  
Arminenbude

# Rückblick auf das vergangene Semester







# Veranstaltungen im Sommersemester 24

## Abkürzungen:

ad. lib.	ad libitum
off.	offiziell
hoff.	hochoffiziell
int.	intern
A	Arminia
B	Babenberg
R	Rhaeto-Norica
W	Welfia
Z	EKV-Zirkel

## Highlights März



### Führung im Stadtmuseum

18:00 s.t., Stadtmuseum

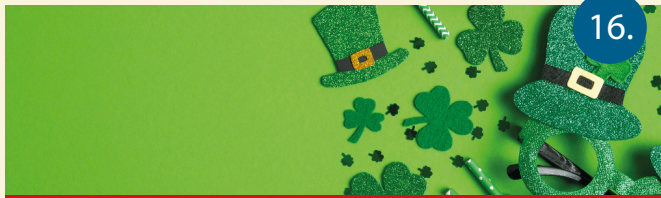
Führung im Stadtmuseum „Das historische Klosterneuburg von A-Z“ mit Mag. Wolfgang Bäck v. Troubadix (Leiter Stadtarchiv u. -museum) Anmeldung bis 28.02.



### Führung durch den Stephansdom

15:00 s.t., Stephansdom

Treffpunkt Stephansplatz 3, 1010 Wien



### St. Patrick's Day Party

19:00 c.t., Welfenbude

Wir freuen uns auf Welfias traditionelle St. Patrick's Day Party. Wir freuen uns auf Guinness vom Fass, irisches Essen und Musik bis in die frühen Morgenstunden!



# März

Fr	1	
Sa	2	<b>W</b> Monty Python Antrittskneipe mit Alp, 20:00 c.t. off., Welfenbude
So	3	<b>A</b> Geburtstagsfrühschoppen, 11:00 s.t., ad.lib., Stift Klosterneuburg
Mo	4	
Di	5	<b>W</b> 1. BC, 20:00 c.t., off., int., Welfenbude <b>B</b> Führung im Stadtmuseum mit anschl. Ausklang, 18:00 s.t., ad.lib., Stadtmuseum
Mi	6	
Do	7	
Fr	8	<b>A</b> Kegeln, Informationen folgen!
Sa	9	<b>Z</b> Führung durch den Stephansdom, 15:00 s.t., ad.lib., Stephansplatz 3, 1010 Wien
So	10	
Mo	11	
Di	12	<b>W</b> Themenbudenabend mit Bbr. Keynes, 20:00 c.t., ad.lib., Welfenbude
Mi	13	
Do	14	<b>A</b> Einkehrabend, 20:00 s.t., off., Arminenbude
Fr	15	
Sa	16	<b>W</b> St. Patrick's Day Party, 19:00 c.t., ad.lib., Welfenbude
So	17	
Mo	18	
Di	19	
Mi	20	
Do	21	<b>R</b> 1. BC, 18:00 s.t., off., int., Rhaeto-Noren Bude
Fr	22	
Sa	23	
So	24	
Mo	25	
Di	26	<b>W B</b> Tischmesse, 20:00 s.t., off., Welfenbude
Mi	27	
Do	28	
Fr	29	
Sa	30	<b>A W B</b> Besuch der Osternachtsmesse, 18:30 s.t., off., Treffpunkt Welfenbude
So	31	

## Highlights April



3.

### Osterfestmesse/kommers

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18:00 s.t., St. Gertrud

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Wir feiern Ostern mit anschließenden gemütlichem Beisammensein.



6.

### Radausflug und Kneipe

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14:00 / 20:00 c.t. Welfenbude

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Die Altherrenschaft Welfiae lädt zu einem gemeinsamen Familienradausflug nach Kritzendorf ein.

Am Abend laden wir herzlich zu einer geselligen Kreuzkneipe mit e.v. Kristall auf die Welfenbude ein.



12.

### Frühlingscora

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19:00 c.t., Arminenbude

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Wir begrüßen den Frühling mit fröhlichen Liedern



19.

### Dr. cer. Kneipe

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20:00 c.t., Arminenbude

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Im Zuge einer Dr.cer Kneipe wollen wir Bbr. Leonidas für seine Verdienste für die Verbindung ehren! Herzliche Einladung zur Promotion zum Dr. Cerevisiae et vini!

# April

Mo	1		
Di	2	<b>W</b>	Themenbudenabend mit Bbr. Graecus & Bbr. DJ, 20:00 c.t., ad.lib., Welfenbude
		<b>B</b>	MC, 19:00 s.t., off. int., Babenbergbude
Mi	3	<b>R</b>	Osterfestmesse/kommers, 18:00 s.t., off., St. Gertrud/ Rhaeto-Noren Bude
Do	4		
Fr	5		
Sa	6	<b>W</b>	Familienradausflug nach KriDo, 14:00 s.t., ad.lib., Treffpunkt Welfenbude Kreuzkneipe mit e.v. Kristall Leoben, 20:00 c.t., off., Welfenbude
So	7	<b>A</b>	Frühschoppen, 11:00 c.t., ad.lib., Arminenbude
Mo	8		
Di	9		
Mi	10		
Do	11		
Fr	12	<b>A</b>	Regionalkneipe, 19:30 c.t., off. Minoritenkeller, Minoritenplatz 1, 3430 Tulln
		<b>B</b>	Frühlingscora, 19:00 c.t., off., Arminenbude
Sa	13	<b>Z</b>	ORF-Führung, 14:45 s.t., ad.lib., Hugo Portisch Gasse 1, 1136 Wien
So	14		
Mo	15		
Di	16		
Mi	17		
Do	18		
Fr	19	<b>A</b>	Dr. cer. Kneipe, 20:00 s.t., off., Arminenbude
Sa	20		
So	21		
Mo	22		
Di	23		
Mi	24	<b>R</b>	Abschiedskneipe 5.JG, 18:00 c.t., off. Rhaeto-Noren Bude
Do	25	<b>A B R W Z</b>	Klosterneuburger Akademie, 20:00 c.t., off., Welfenbude P. Brezinschek: 40 Jahre Finanzmärkte
Fr	26		
Sa	27		
So	28		
Mo	29		
Di	30		

## Highlights Mai



### Stiftungsfest mit e.v. K.ö.St.V. Waldmark Horn

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10 - 12. Mai, Einladung folgt!

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10.5., Begrüssungsabend

11.5., Stiftungsfestkommers mit e.v. K.ö.St.V. Waldmark Horn

12.5., Frühschoppen



### Rätselrallye

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18:00 c.t., Budenhof

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Entdeckt Klosterneuburg bei einer unterhalt-samen Rallye.



### Fronleichnam

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09:00 s.t., Stiftskirche

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Die klosterneuburger Studentenverbindun-gen nehmen, wie jedes Jahr, auch in diesem Semester wieder am Fronleichnamsfest der Stiftskirche teil.

# Mai

Mi	1		
Do	2		
Fr	3		
Sa	4		
So	5	A	Frühschoppen, 11:00 c.t., ad.lib., Stiftscafe Holler
Mo	6		
Di	7		
Mi	8		
Do	9		
Fr	10	R	Gemeinsames Stiftungsfest mit e.v. Waldmark Horn, Einladung folgt!
Sa	11	R	
So	12	R	
Mo	13		
Di	14		
Mi	15		
Do	16	A	Fest-CC, 20:00 s.t., hoff., int., Arminenbude
Fr	17		
Sa	18		Pennälertag des MKV, Eisenstadt
So	19	A R	Infos unter <a href="http://eisenstadt.pt">eisenstadt.pt</a>
Mo	20		
Di	21	W	Themenbudenabend mit Bbr. Aetius, 20:00 c.t., ad.lib., Welfenbude
Mi	22		
Do	23		
Fr	24	B	Rätselrallye mit Ausklang im Budenhof, 18:00 c.t., ad.lib., Babenbergbude
Sa	25		
So	26		
Mo	27		
Di	28		
Mi	29		
Do	30	A B R W Z	Fronleichnam, 09:00 s.t., hoff., Stift Klosterneuburg
Fr	31		

# Highlights Juni

14. 15.



## Gemeinsames Stiftungsfest

Einladung folgt!

23.



## Messbesuch

09:00 s.t., Pfarrkirche Kierling

Geimeinsam werden wir die heilige Messe in Kierling besuchen und anschließend das Pfarrkaffee tatkräftig unterstützen.

26.



## Abschlusskneipe

18:30 s.t., Rhaeto-Noren Bude

Um das Semester mit einem schönen Abschluss zu beenden, laden wir zu unserer Abschlusskneipe auf unserer Bude ein.

29.



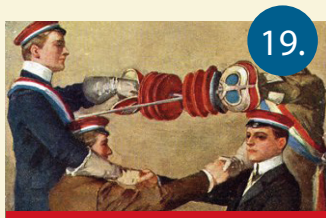
## Grillfest

17:00 c.t., Budenhof

Welfia und Arminia laden zum gemeinsamen Grillfest in den Budenhof ein.

# Juni

Sa	1	
So	2	A Frühschoppen, 11:00 c.t., ad.lib., Arminenbude
Mo	3	
Di	4	W Themenbudenabend mit Bbr. Rollo, 20:00 c.t., ad.lib., Welfenbude
Mi	5	
Do	6	Z Zirkelkonzert, 19:30 c.t., ad.lib., Welfenbude
Fr	7	
Sa	8	
So	9	
Mo	10	
Di	11	W BC, 20:00 c.t., off., int., Welfenbude R WBC, 18:00 s.t., off., int., Rhaeto-Noren Bude
Mi	12	
Do	13	
Fr	14	
Sa	15	A W B Gemeinsames Stiftungsfest, Einladung folgt!
So	16	
Mo	17	
Di	18	
Mi	19	
Do	20	A BC, 20:00 c.t., off., int., Arminenbude
Fr	21	
Sa	22	
So	23	A Messbesuch, 9:00 s.t., off., Pfarrkirche Kierling
Mo	24	
Di	25	
Mi	26	R Abschlusskneipe, 18:30 c.t., off., Rhaeto-Noren Bude
Do	27	
Fr	28	
Sa	29	A W Grillfest, 17:00 c.t., off., Budenhof
So	30	



## Landesvater

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20:00 s.t., Welfenbude

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BESCHREIBUNG



# Juli

Mo 1 **B** WMC/WDC, 19:00 s.t., off., int., Babenbergbude

Di 2

Mi 3

Do 4

Fr 5

Sa 6

**So 7**

Mo 8

Di 9

Mi 10 **W** Landesvater, 20:00 c.t., hoff., int., Welfenbude

Do 11

Fr 12

Sa 13

**So 14**

Mo 15

Di 16

Mi 17

Do 18

Fr 19

Sa 20

**So 21**

Mo 22

Di 23

Mi 24

Do 25

Fr 26

Sa 27

**So 28**

Mo 29

Di 30

Mi 31

## Highlights August

# August

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Do 1

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Fr 2

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Sa 3

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So 4

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Mo 5

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Di 6

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Mi 7

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Do 8

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Fr 9

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Sa 10

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So 11

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Mo 12

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Di 13

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Mi 14

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Do 15

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Fr 16

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Sa 17

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So 18

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Mo 19

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Di 20

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Mi 21

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Do 22

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Fr 23

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Sa 24

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So 25

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Mo 26

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Di 27

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Mi 28

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the 1990s, the incidence of dengue fever has increased in many tropical and subtropical regions, including the Americas, the Pacific Islands, and parts of Africa and Asia [1].

The disease is caused by the dengue virus, which is transmitted by the bite of an infected mosquito. The virus is most common in tropical and subtropical regions, but it has recently spread to new areas, including parts of Europe and the United States. In the United States, dengue fever is most common in the southern states, particularly in Florida, where it is caused by the Aedes triseriatus mosquito. In other parts of the world, dengue fever is caused by the Aedes albopictus mosquito, which is more common in urban areas.

Dengue fever is a self-limiting disease, and most people recover within a few days. However, in some cases, the disease can be severe, leading to complications such as dengue shock syndrome, dengue haemorrhagic fever, and dengue encephalitis. In these cases, the mortality rate can be as high as 20%.

There is no specific treatment for dengue fever, and the disease is usually managed with supportive care, such as fluids and pain relief. However, in some cases, hospitalization may be necessary. The best way to prevent dengue fever is to avoid mosquito bites, which can be done by using insect repellent, wearing long sleeves and pants, and sleeping under a mosquito net.

In this paper, we describe the epidemiology of dengue fever in a community in the United States.

**METHODS**

The study was conducted in a community in the United States, where dengue fever is endemic. The community is located in a tropical region, and the climate is warm and humid, which is ideal for the breeding of mosquitoes.

The study was conducted over a period of 12 months, from January to December. All cases of dengue fever were identified through a combination of clinical diagnosis and laboratory testing. The clinical diagnosis was based on the presence of fever, headache, muscle and joint pain, and a rash. The laboratory testing was performed using a combination of enzyme-linked immunosorbent assay (ELISA) and polymerase chain reaction (PCR).

The ELISA test was used to detect the presence of dengue virus-specific antibodies in the blood. The PCR test was used to detect the presence of dengue virus RNA in the blood. The PCR test is more sensitive than the ELISA test, and it can detect the virus even in the early stages of the disease.

The study was approved by the Institutional Review Board at the University of Florida.

**RESULTS**

Over the 12-month period, a total of 120 cases of dengue fever were identified. The cases were distributed throughout the year, with a peak in the summer months (June, July, and August). The majority of cases (85%) were identified through clinical diagnosis, and the remaining 35% were identified through laboratory testing.

The age distribution of the cases was as follows: 10% were children under 10 years of age, 40% were young adults (10–29 years of age), 30% were middle-aged adults (30–49 years of age), and 20% were older adults (50 years of age and older).

The gender distribution of the cases was as follows: 55% were male and 45% were female. The majority of cases (70%) were identified in the community, and the remaining 30% were identified in other parts of the United States.

The incubation period of the disease was estimated to be approximately 5–10 days. The duration of the illness was typically 3–7 days, with most cases resolving within a week. In some cases, the disease was more severe, leading to complications such as dengue shock syndrome, dengue haemorrhagic fever, and dengue encephalitis.

The mortality rate was low, with only 2 cases resulting in death. Both deaths occurred in older adults, and the deaths were attributed to dengue shock syndrome. The remaining 118 cases recovered fully, with no long-term sequelae.

The study identified several risk factors for dengue fever. The most important risk factor was the presence of a mosquito in the home. Other risk factors included being outdoors during the day, wearing short sleeves and pants, and not using insect repellent.

The study also identified several protective factors for dengue fever. The most important protective factor was the use of insect repellent. Other protective factors included wearing long sleeves and pants, and sleeping under a mosquito net.

The study has several limitations. The first limitation is that the study was conducted in a single community, and the results may not be generalizable to other communities. The second limitation is that the study did not include a control group, so it is difficult to determine the exact risk factors for dengue fever.

Despite these limitations, the study provides valuable information about the epidemiology of dengue fever in a community in the United States. The study shows that dengue fever is a common disease in this community, and it is caused by the Aedes triseriatus mosquito. The study also shows that the disease is most common in the summer months, and it is more likely to occur in people who are outdoors during the day.

The study has several implications for public health. The first implication is that the community should take steps to reduce the mosquito population, such as eliminating standing water and using mosquito traps. The second implication is that people should use insect repellent and wear long sleeves and pants to protect themselves from mosquito bites.

The study also has implications for the medical community. The study shows that dengue fever is a self-limiting disease, and most people recover within a few days. However, in some cases, the disease can be severe, leading to complications such as dengue shock syndrome, dengue haemorrhagic fever, and dengue encephalitis.

The study also has implications for the laboratory community. The study shows that the ELISA test is a useful tool for the diagnosis of dengue fever, but it is less sensitive than the PCR test. The PCR test is more sensitive, and it can detect the virus even in the early stages of the disease.

The study has several strengths. The first strength is that the study was conducted in a community where dengue fever is endemic, so the results are more likely to be generalizable. The second strength is that the study included both clinical diagnosis and laboratory testing, which increases the accuracy of the results.

The study also has several weaknesses. The first weakness is that the study did not include a control group, so it is difficult to determine the exact risk factors for dengue fever. The second weakness is that the study did not include a long-term follow-up, so it is difficult to determine the long-term effects of the disease.

In conclusion, the study provides valuable information about the epidemiology of dengue fever in a community in the United States. The study shows that dengue fever is a common disease in this community, and it is caused by the Aedes triseriatus mosquito. The study also shows that the disease is most common in the summer months, and it is more likely to occur in people who are outdoors during the day.

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