

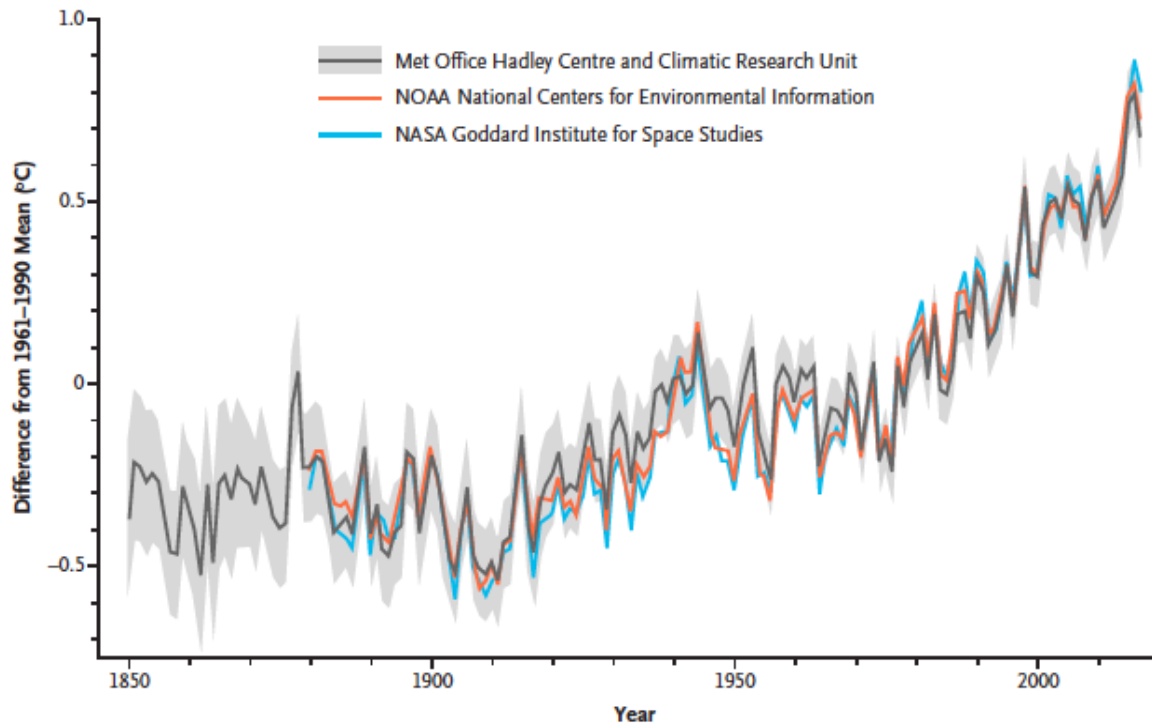


The impact of climate change on infectious diseases

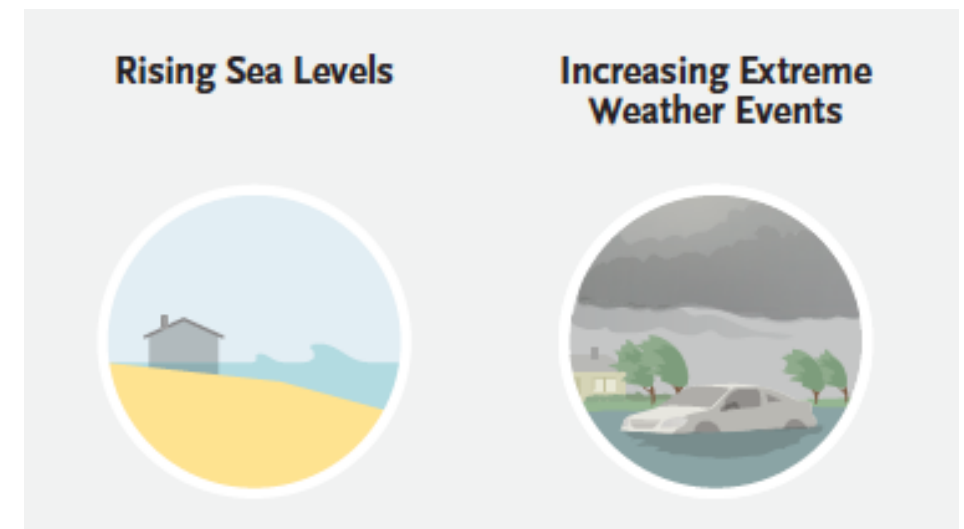
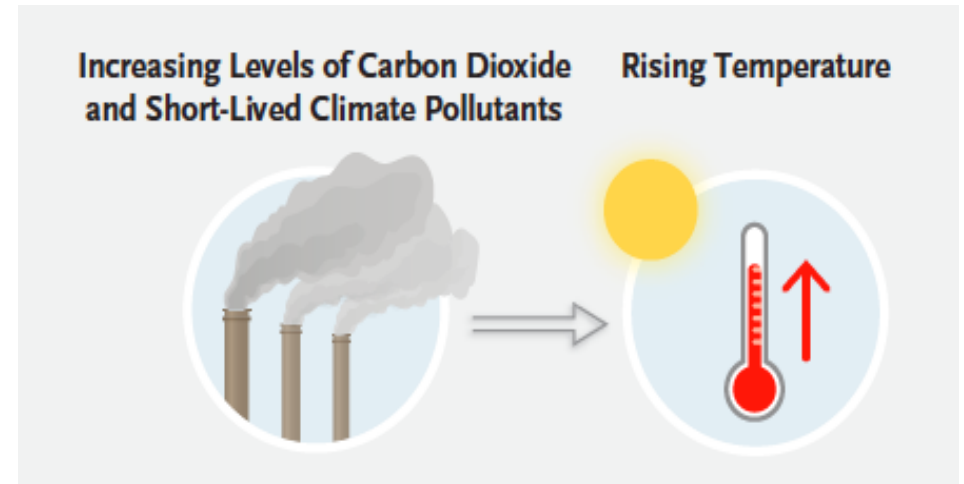
Adriana Hristea, Eliza Militaru, Raluca Pătrașcu

Institutul Național de Boli Infecțioase Prof Dr Matei Balș
Universitatea de Medicină și Farmacie Carol Davila

Climate change



Annual global mean temperature anomalies relative to the means during 1961–1990



Perspective

Climate change and glacier melting: risks for unusual outbreaks?

Ryan Varghese^{1,2,†}, Pal Patel, BTech^{3,†}, Dileep Kumar^{1,4,5,*} and Rohit Sharma^{1,6,*}

Increasing global warming, could awake the viral and bacterial pathogens trapped in glaciers and permafrost in a dormant state.

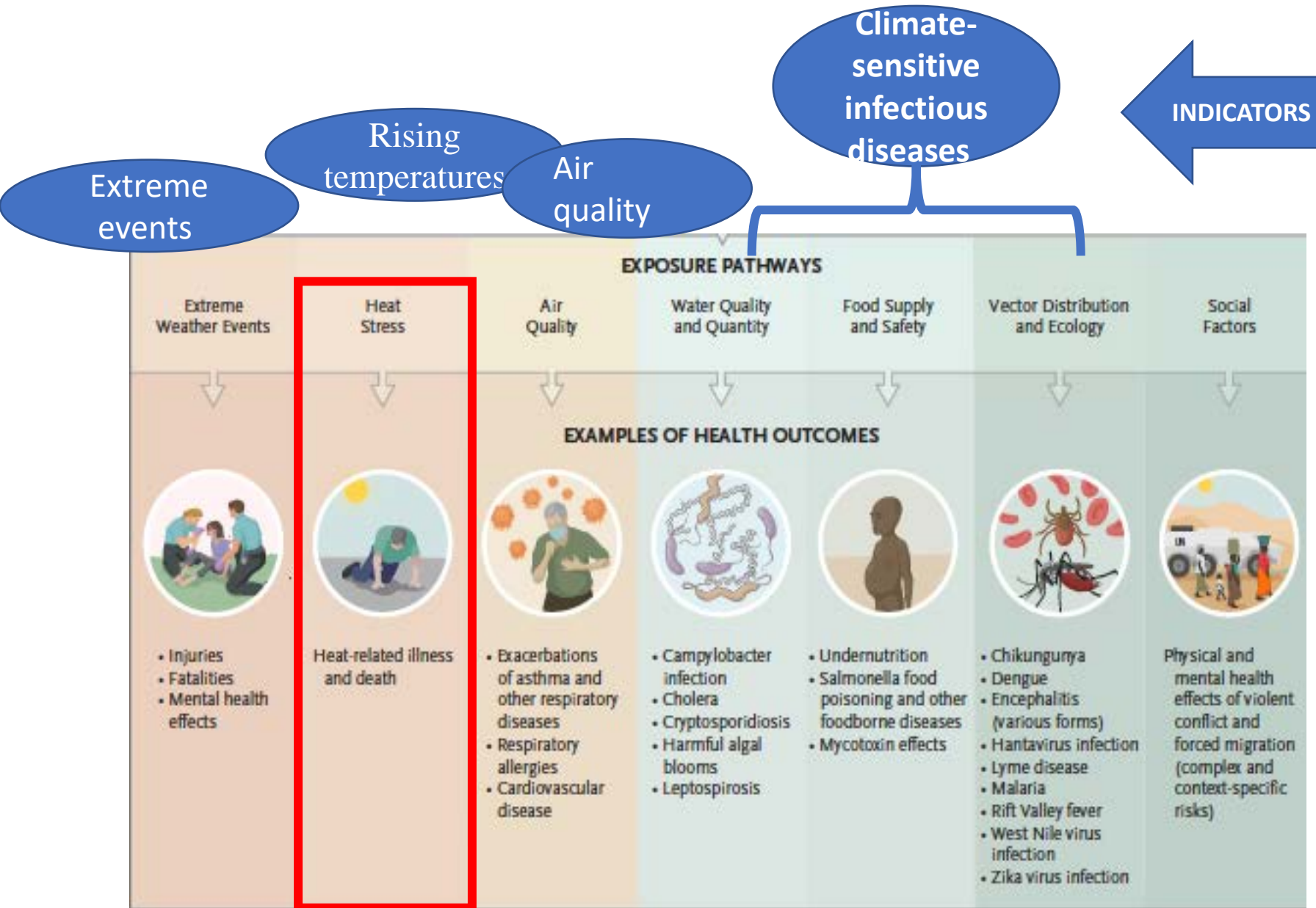
In **2014**, researchers managed to revive a **giant dormant virus** that had been isolated from **Siberian permafrost**, rendering it contagious for the first time in 30.000 years, quoting it as a **‘recipe for disaster’**

In **2021**, another team of scientists sequenced the genetic material of several novel viral species present in samples obtained from the **Tibetan Plateau in China** on the glacier ice. **Of the 33 viruses, 28 were novel and ~15.000 years old.**

The effects of spillovers involving latent viruses, following glacier melting, need to be studied thoroughly.

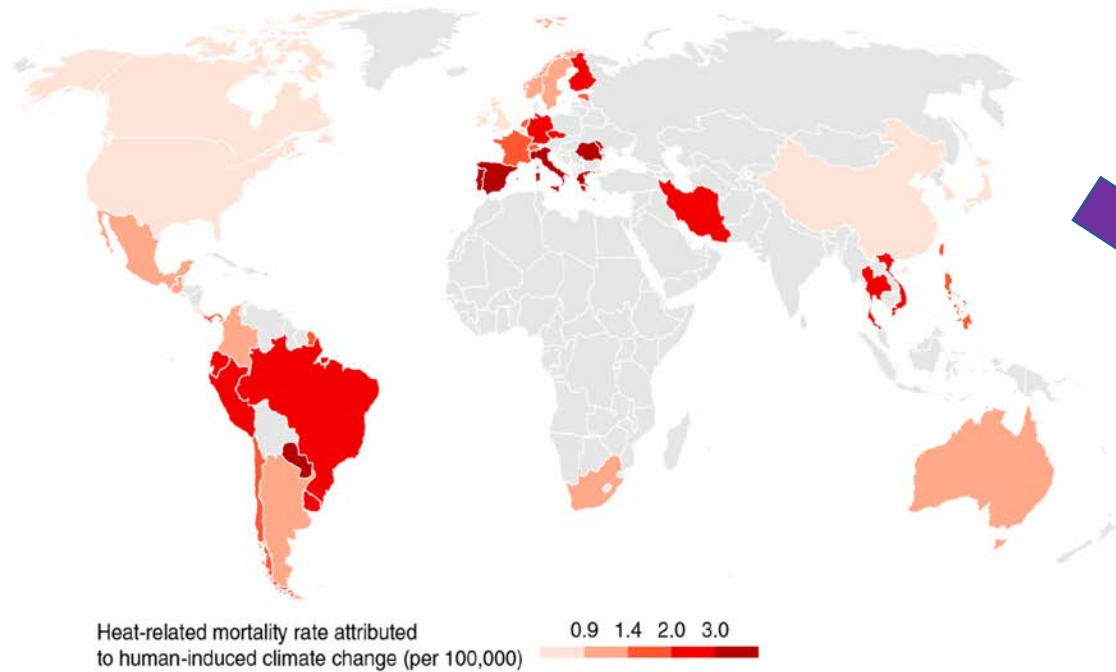
Approximately 58% (218 of the 375) of ID that humanity has ever encountered have been exacerbated by climatic changes.

Major health risks associated with climate change

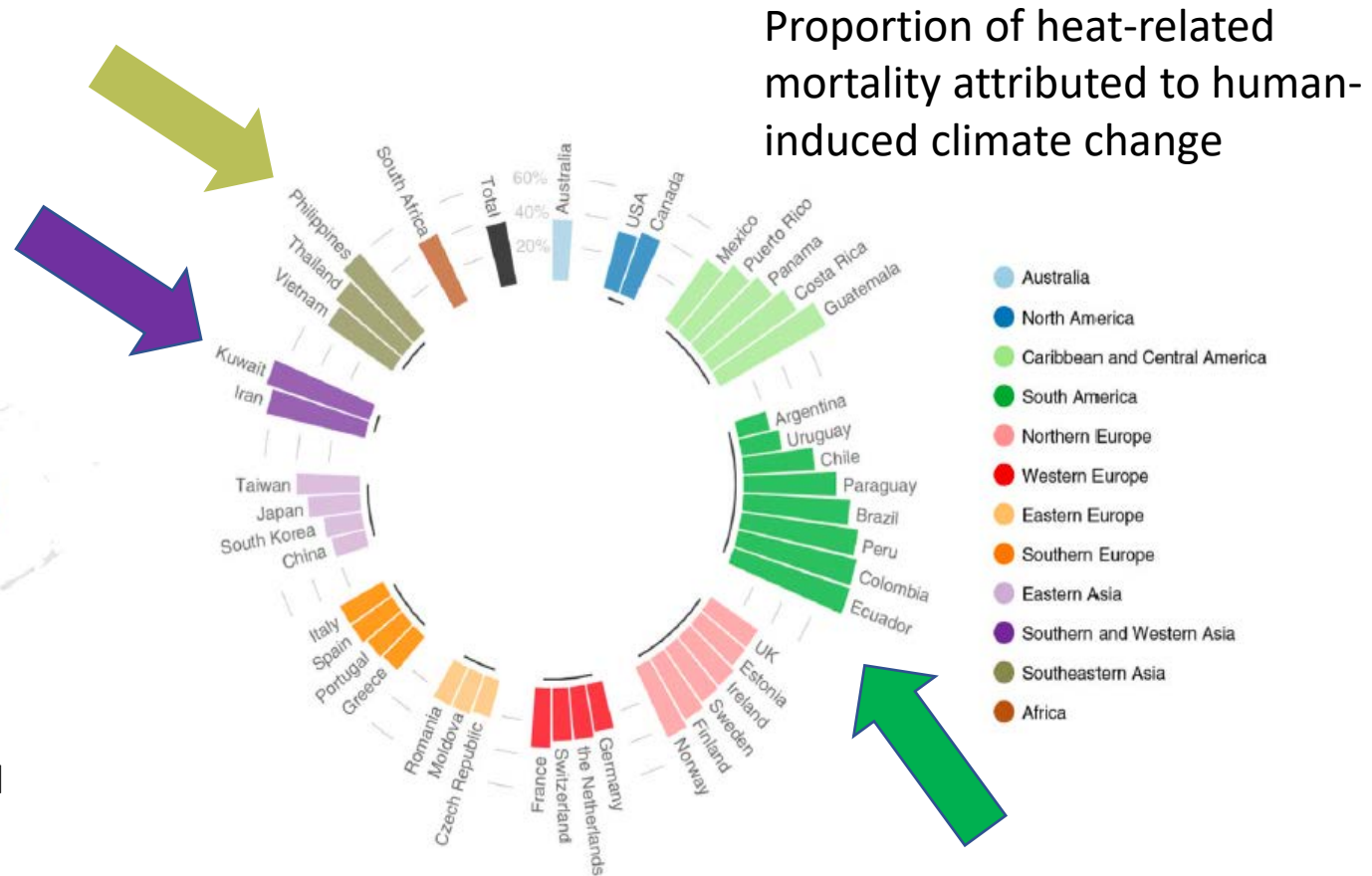


The *Lancet Countdown in Europe* is a collaboration of 44 leading researchers, established to monitor the links between health and climate change in Europe and to support a robust, evidence-informed response to protect human health.

Heat-related deaths attributable to human-induced climate change

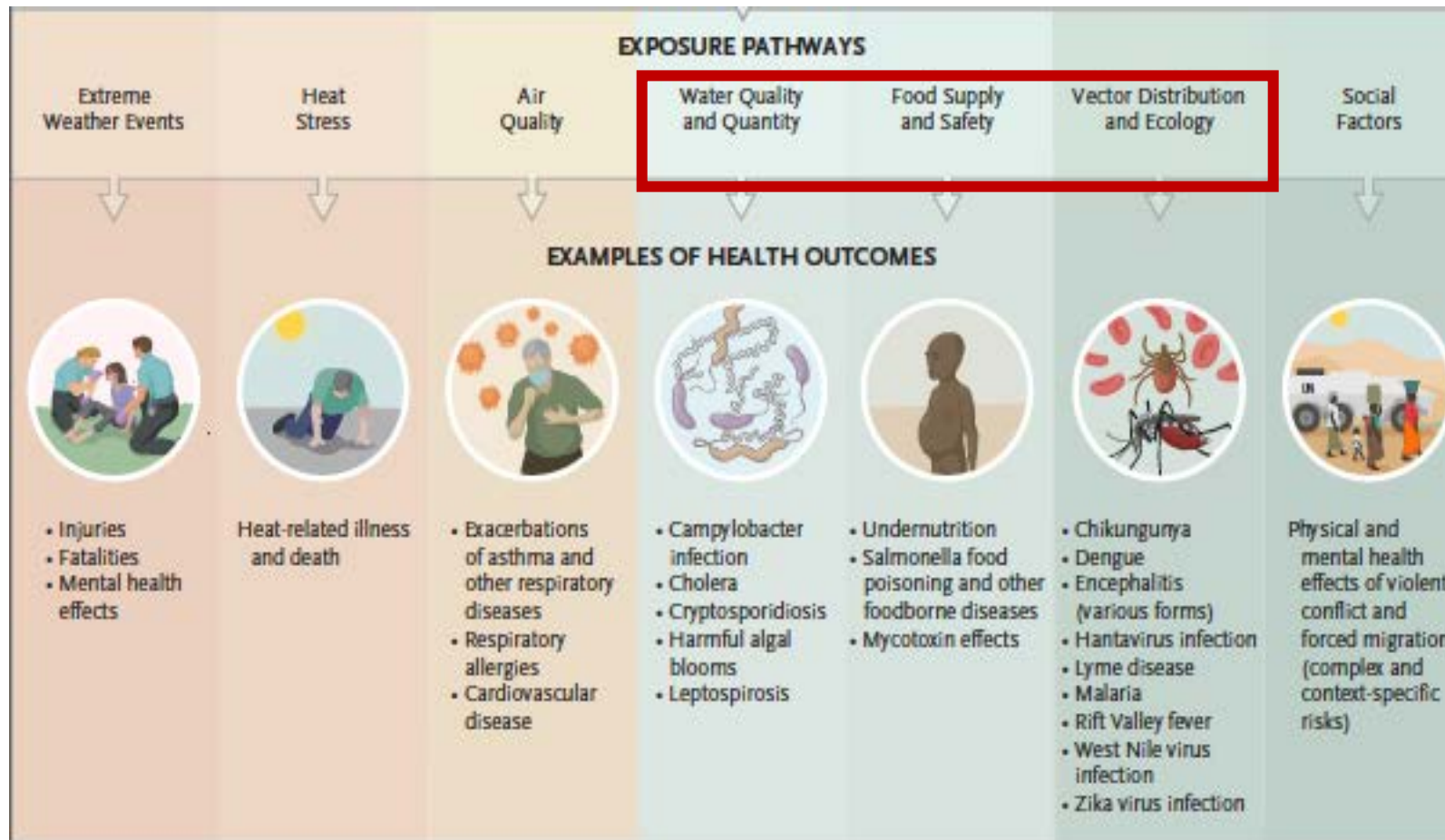


Vulnerability to heat exposure has increased steadily across all European regions, with an increase of 6% from 1990 to 2019. Although northern Europe is the most vulnerable region, the highest relative increase of 9·8% is observed in central Europe

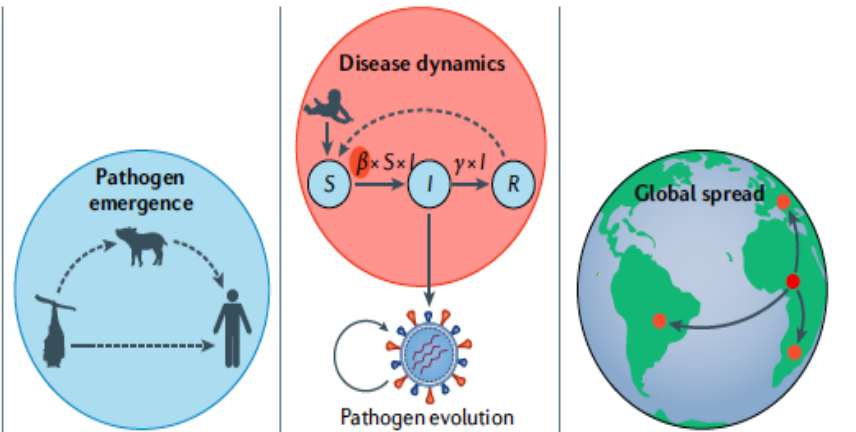


Heat-related mortality and the contribution of human-induced climate change, 1991–2018

Major health risks associated with climate change



Effects of climatic, technological and demographic change on disease emergence, dynamics and spread



Climatic change	Drives range shifts for reservoir species	Affects transmission and susceptibility	Affects the geographical range of vectors
Technological change			
Transportation	Improved global surveillance		Air transit and high-speed rail affect pace and range of spread
Health care		Vaccination affects dynamics	Improved care reduces burden
Demographic change			
Population growth and land use	Increased contact with reservoir species	Population numbers affect evolution, birth rates affect dynamics	Larger population travelling
Urbanization	Depends on species	Density affects contact rate	Urban population more connected
Ageing	Immunosenescence affects spillover risk	Ageing population increases transmission	Possible larger burden

Climate change:

- **Emergence:** drives shifts for reservoirs species
- **Disease dynamics:** affects transmission and susceptibility
- **Global spread:** affects the geographical range of vectors

susceptible (S), infected (I), recovered (R)

B=transmission rate; γ = recovery rate.

Effects of climatic, technological and demographic change on disease emergence, dynamics and spread

	Pathogen emergence	Disease dynamics	Global spread
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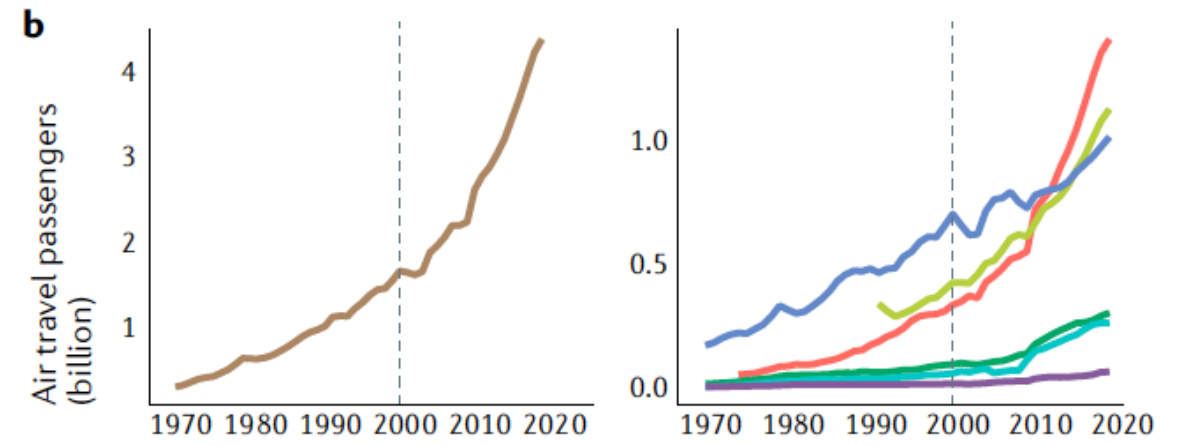
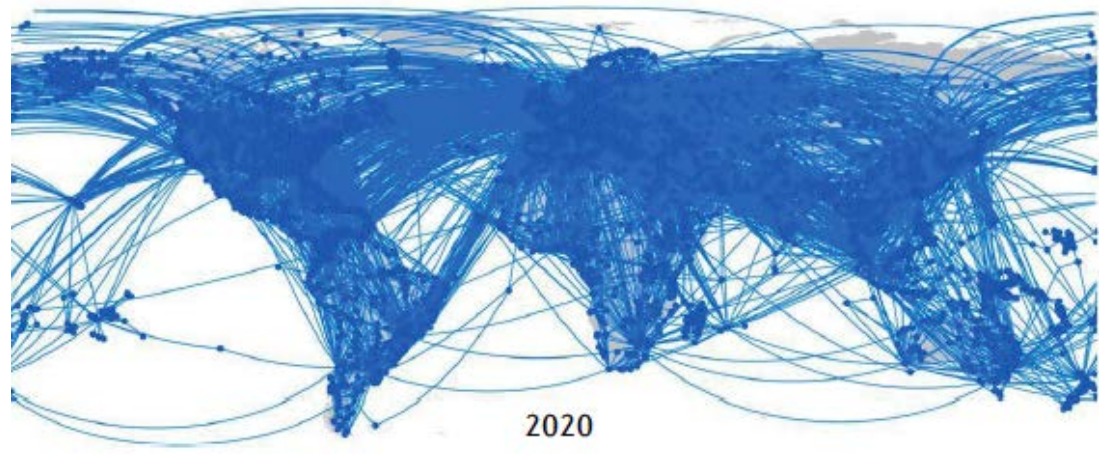
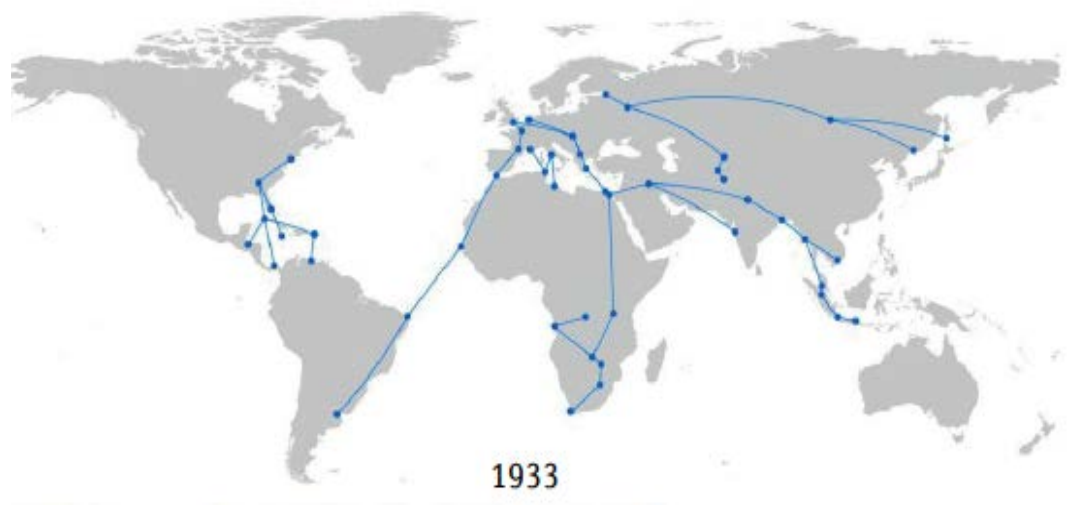
Technological changes:

- **Emergence:** improve global surveillance for emergent pathogens
- **Disease dynamics:** vaccination affects susceptibility
- **Global spread:** air travel

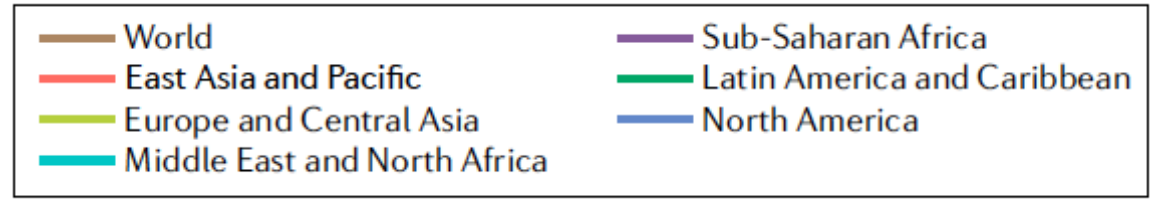
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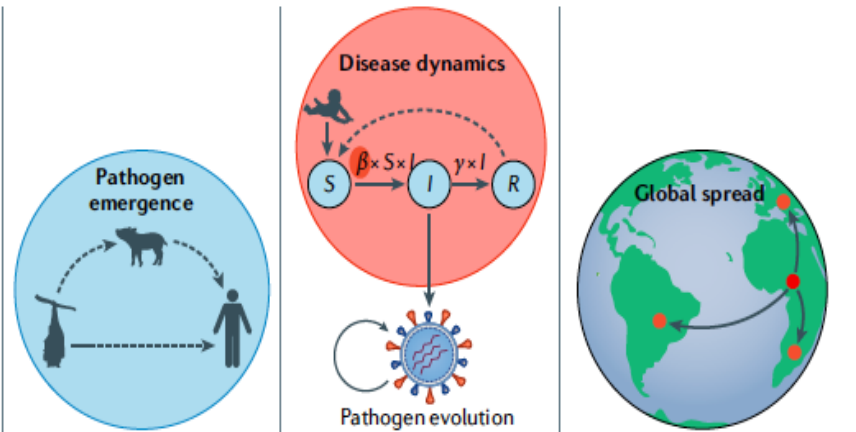
Technological changes: the global international air travel network expanded substantially from 1933 to 2020



Air travel passengers (billions)



Effects of climatic, technological and demographic change on disease emergence, dynamics and spread



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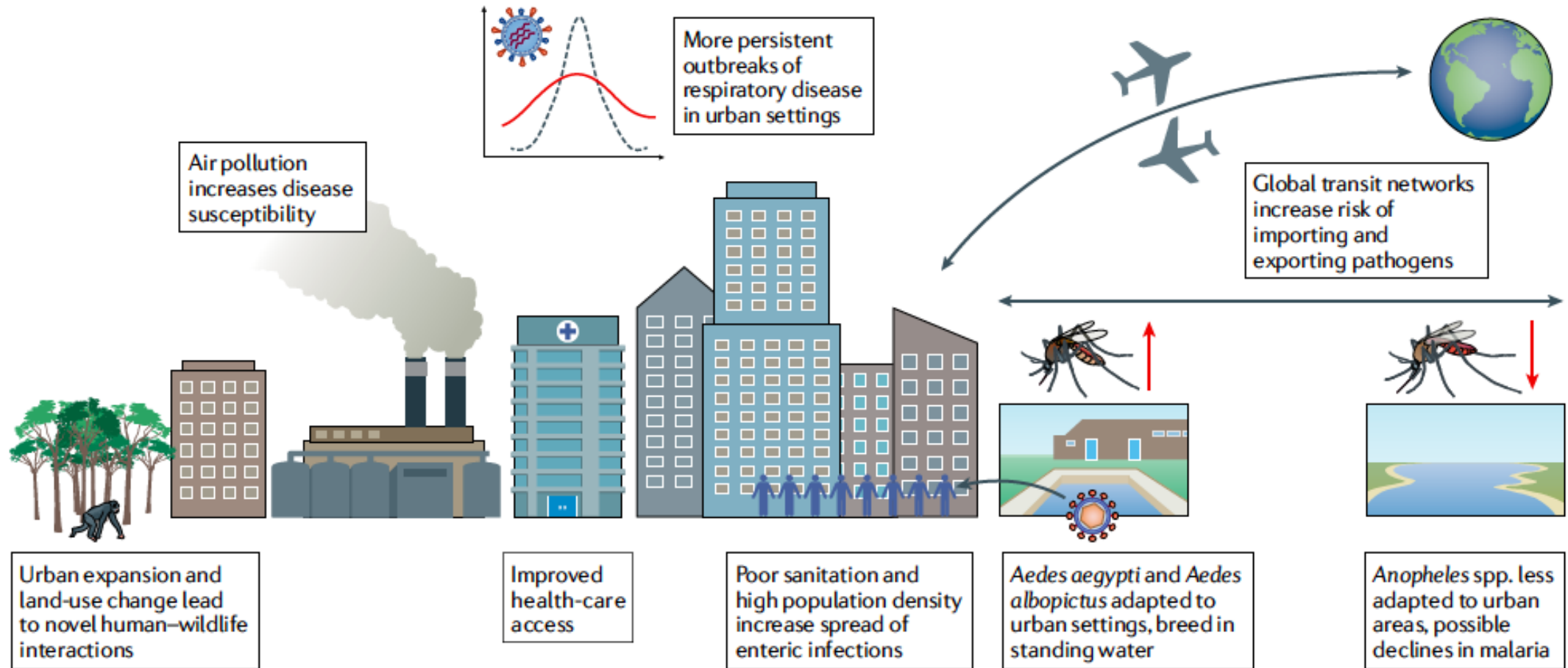
Demographic changes

- **Emergence:** increase contact with reservoir species
- **Disease dynamics:** density increases contact rate, aging increases susceptibility
- **Global spread:** urban population more connected

susceptible (S), infected (I), recovered (R)

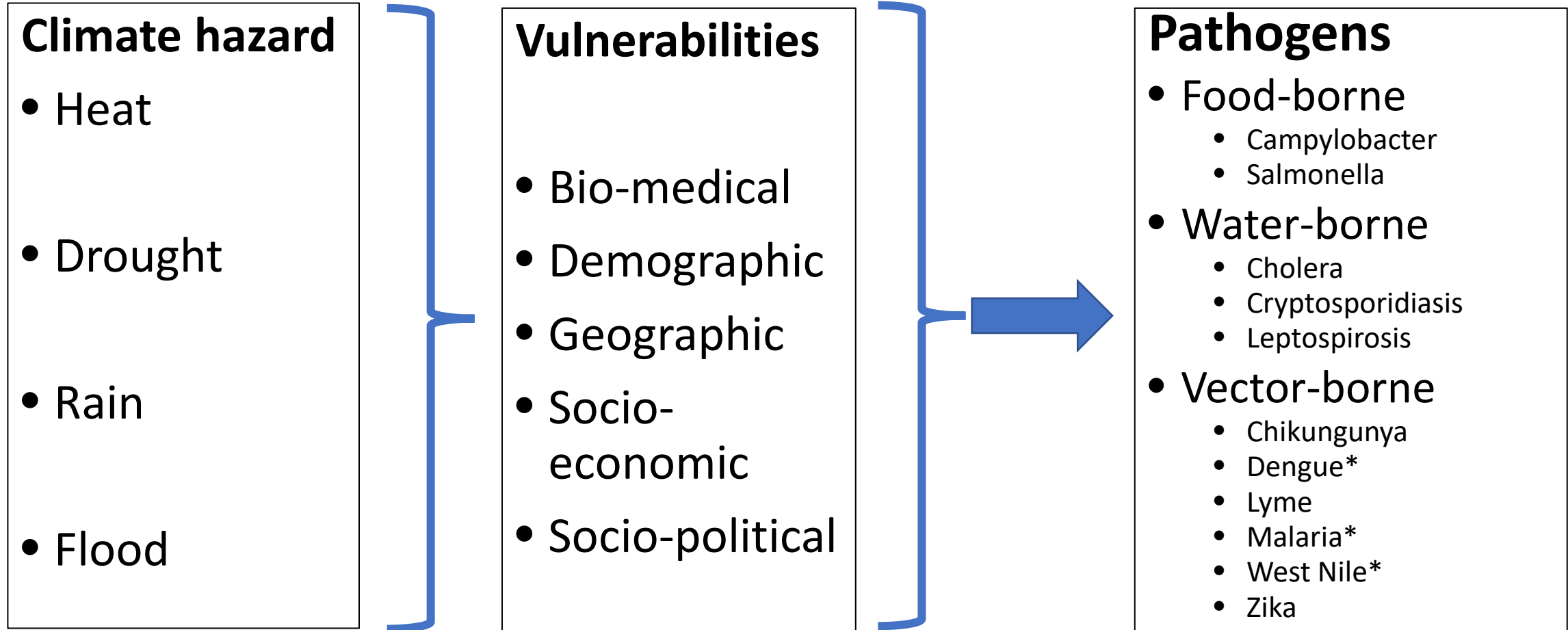
B=transmission rate; γ = recovery rate.

Impacts of urbanization on infectious disease



Interactions between urbanization and infectious disease are complex, with **increased urbanization driving both positive and negative changes to global disease burden.**

Hazard-Vulnerability-Exposure-Disease



Food-borne diseases (FBD)
influenced by climate change

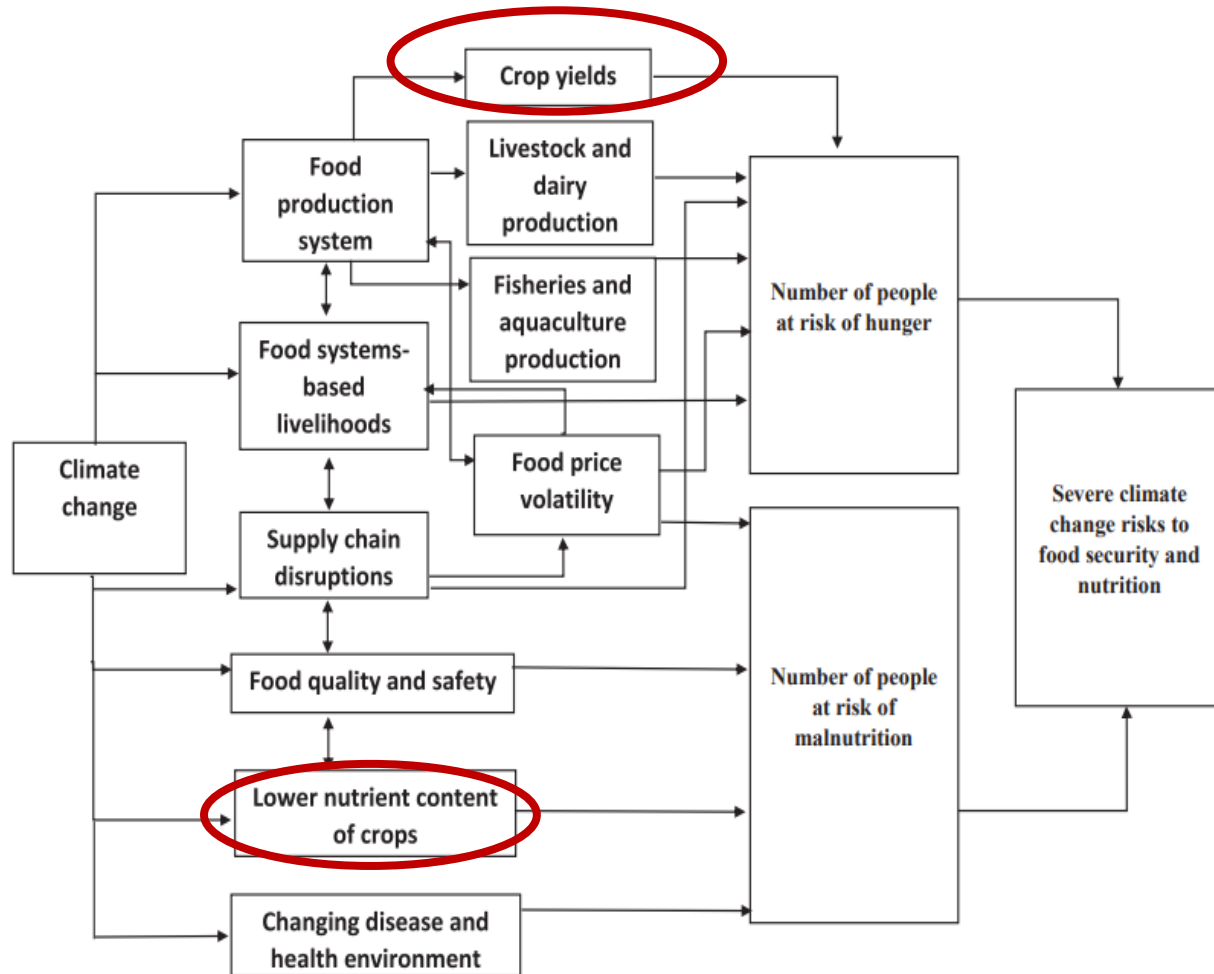
Food-borne disease (FBD)

= caused by contamination of food and occur at any stage of the food production, delivery and consumption chain. They can result from several forms of environmental contamination including pollution in water, soil or air, as well as unsafe food storage and processing.

- **Impact:**

- 1 in 10 people fall ill after eating contaminated food worldwide
 - 125.000 children die each year due to unsafe food
 - US \$ 110 billion lost each year in productivity and medical expenses resulting from unsafe food in low- and middle income countries
-
- Ex:Norovirus, Salmonella, Clostridium perfringens, Campylobacter, E. coli O157:H7, Listeria, Toxoplasma

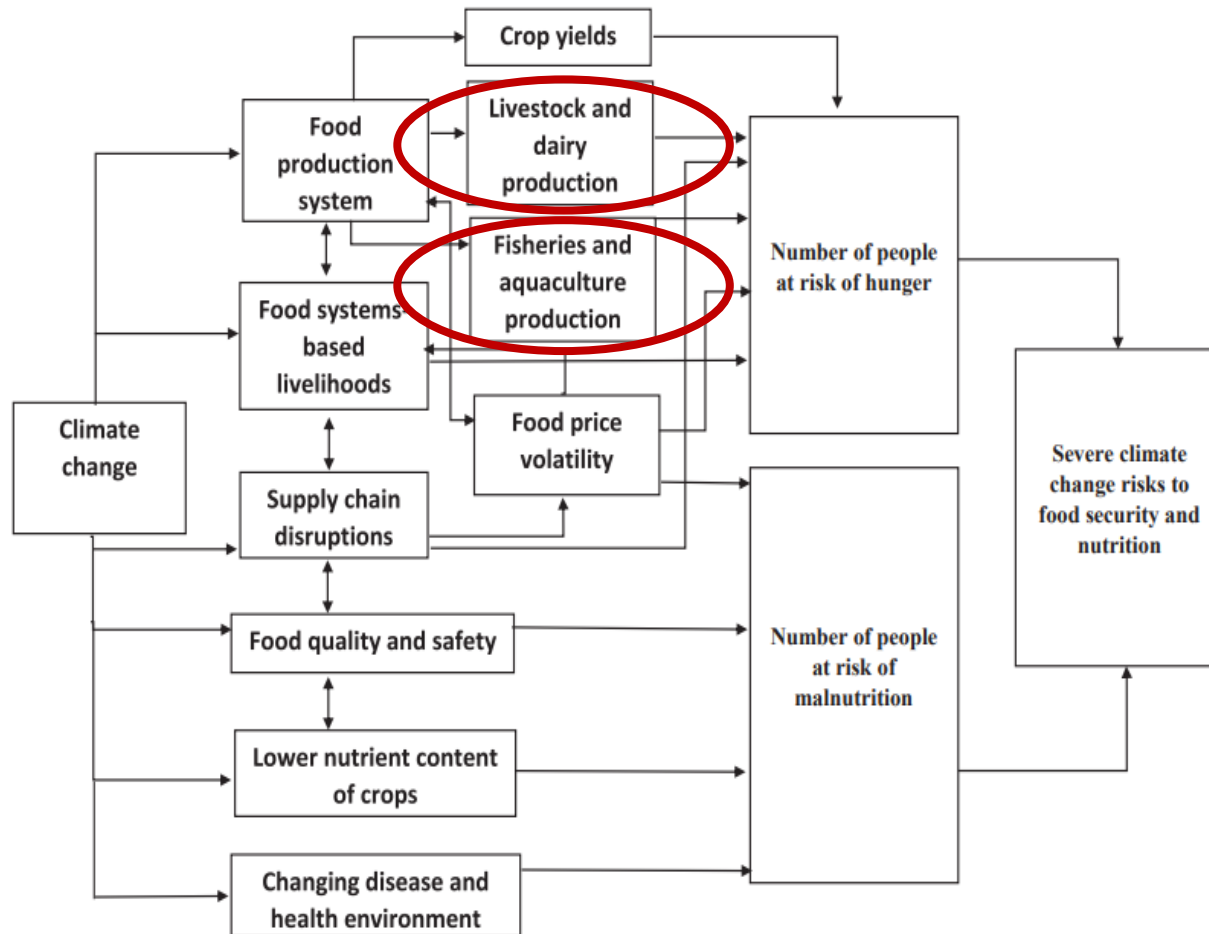
Impacts of climate change on food and nutrition (1)



- **Micronutrients in crops** (e.g., phosphorus, potassium, calcium, sulphur, magnesium, iron, zinc, copper, and manganese) will **decrease** by **5–10 %** with a 3.5 °C warming.
- **Decline in zinc** content -> **150–220 million people** being affected by zinc deficiency
- **Decrease in protein and micronutrient** content in **rice** - > **600 million people** at risk of micronutrient deficiency by 2050.

- Since 1961 the growth of agricultural total factor productivity **slowed down** by **21%**.
- An average negative effect of 5.3% for three staple crops (5.9% for maize, 4.9% for wheat and 4.2% for rice)

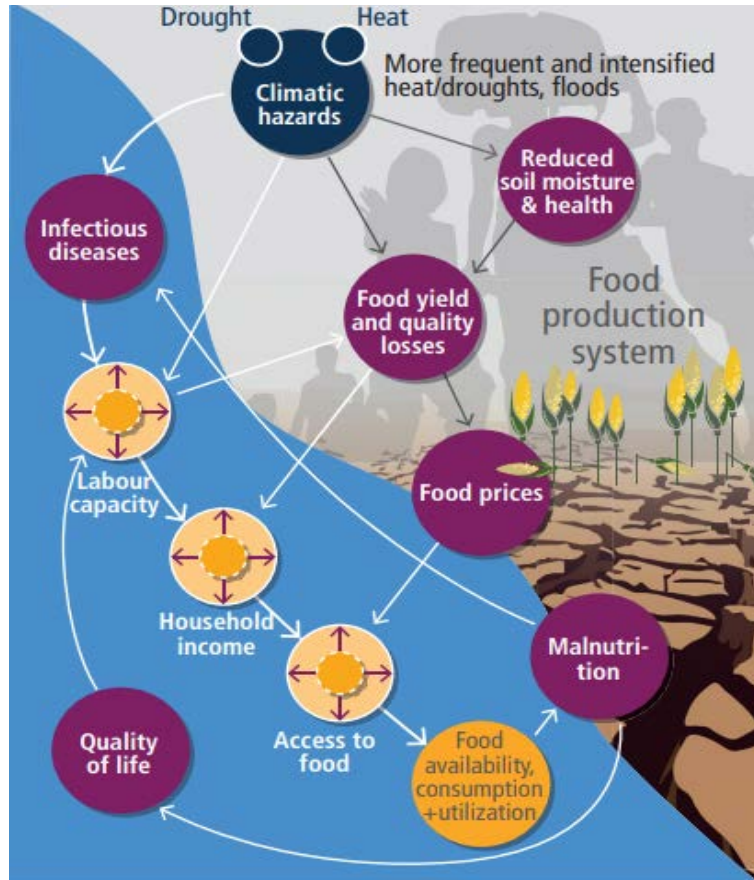
Impacts of climate change on food and nutrition (2)



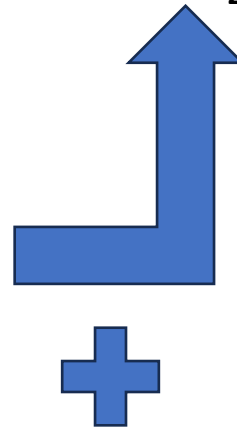
- **Livestock production**
- with **direct impacts** of heat stress on mortality and productivity, and **indirect impacts** on grassland quality, shifts in species distribution and range changes in livestock diseases (eg - range expansion of arthropod vectors that spread the bluetongue virus, increase in the number of cases of anthrax and Rift Valley fever).

- **Aquatic systems**
- 4.1% global loss for several fish populations
- temperature increases, acidification, salt intrusion, oxygen deficiency, floods and droughts will negatively impact production, with reduced fisheries catches between 5.3 and 7 % by 2050.

Impacts of climate change on food and nutrition (3)



- Especially vulnerable groups, such as women, children, low-income households, Indigenous or other minority groups and small-scale producers, who are at higher risk of malnutrition,).
- Additional 1.7 billion people at risk of undernourishment by 2050, 1.3 billion by 2085, and 1.1 billion by 2100.



LIVELIHOOD LOSS

250,000 deaths per year between 2030 and 2050
and

500,000 deaths per year as a consequence of
changes in diet and body weight

The effect of climate change on FBD (1)

Increases in **algal bloom**

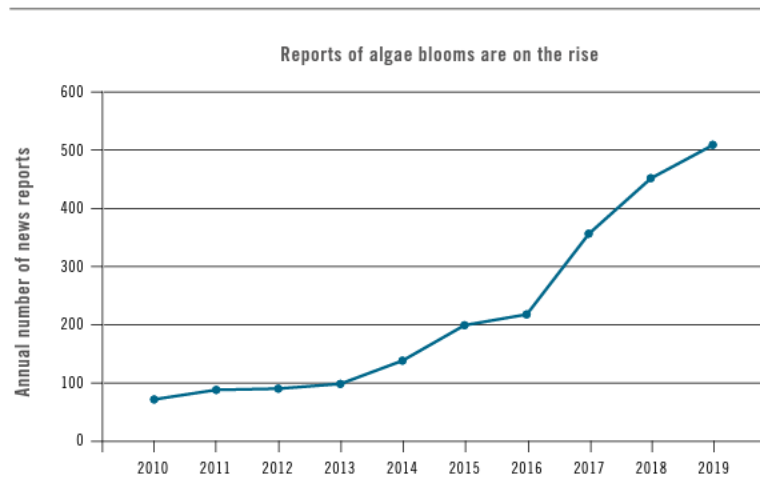


- Deadly for marine animals and damages coastal ecosystems.
- Sargassum blooms adversely affect shore-based activities.
- Increased cases of human shellfish and reef fish poisoning (ciguatera)

Increased bioaccumulation of **heavy metals** such as **mercury, arsenic, lead, chromium**.

- 140 million people in more than 50 countries drink water with levels of As contamination that are far higher than the WHO provisional guideline value of 10 µg/ L
- In the US (2010-2017), water systems contaminated with As, along with disinfection chemicals, significantly enhanced the risk of cancer, contributing to 87 % of the total number of estimated cancer cases.

FIGURE 4. ESTIMATED NUMBER OF ALGAL BLOOMS IN THE UNITED STATES OF AMERICA SINCE 2010, BASED ON DATA COMPILED BY THE ENVIRONMENTAL WORKING GROUP



The effect of climate change on FBD (2)

Increases the risk for **fungal growth** and **mycotoxin formation**

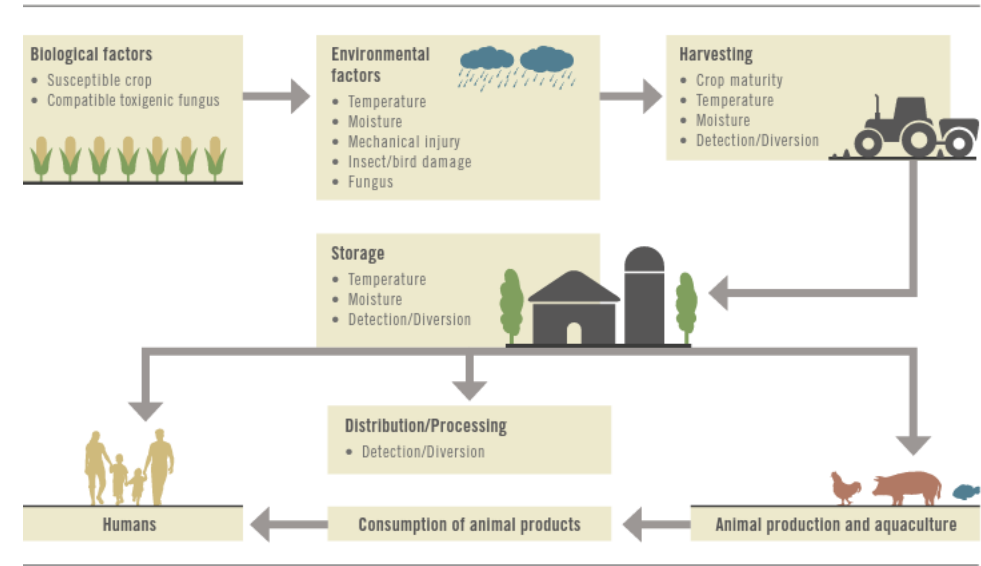


The major toxigenic species found in food and feed:

- Aspergillus**
- Fusarium**
- Penicillium**
- Claviceps**

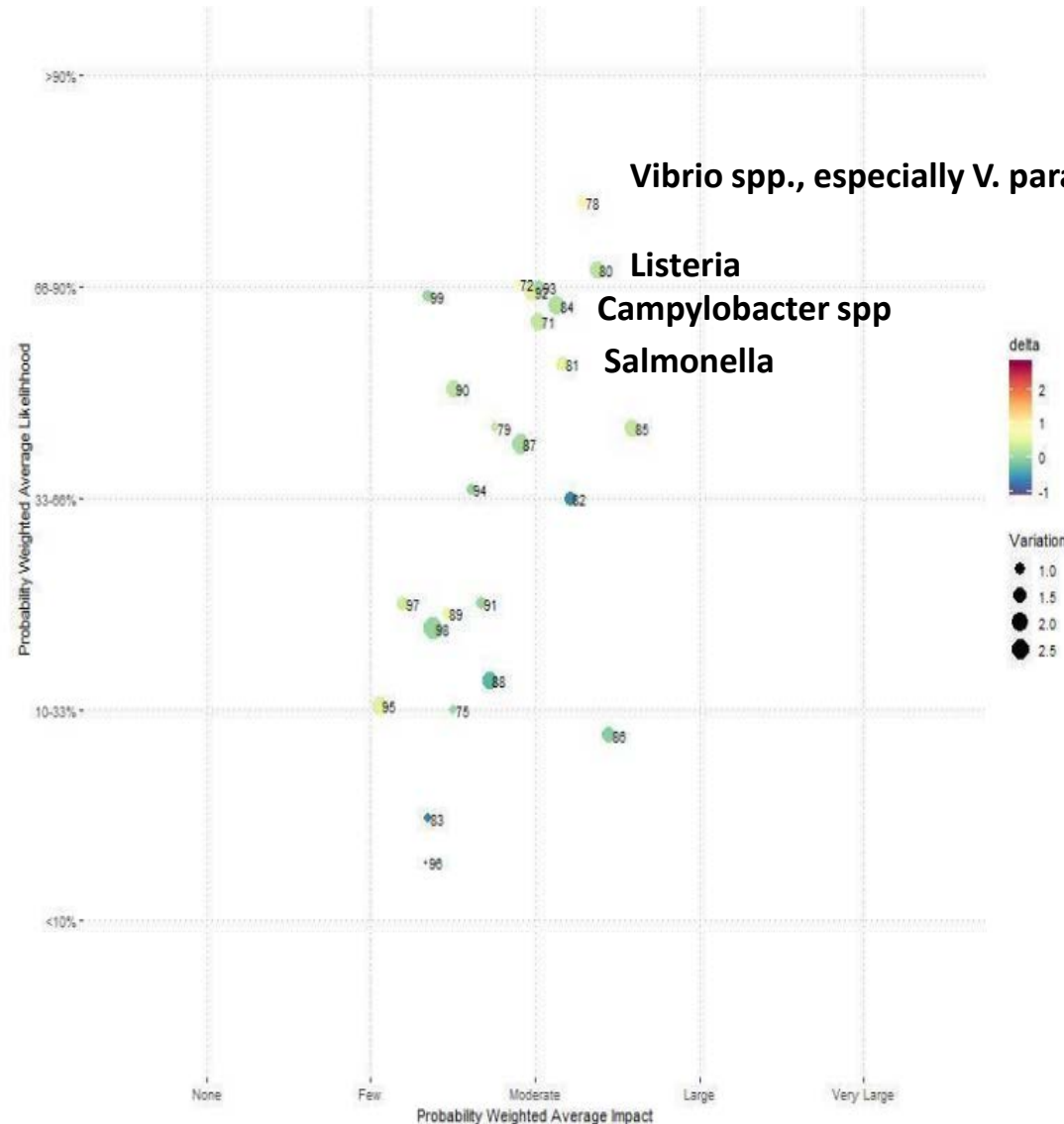
- Carcinogenic**
- Associated with the most global DALYs (636 869) due to liver cancer

Aflatoxins	55%
Ochratoxin A	29%
Fumonisin	61%
Deoxynivalenol	58%
Zearalenone	46%



in cereal grains
report 2006-2016

Future biological hazards to human health



Weighted average values for impact are plotted on the x-axis and those for likelihood on the y-axis. Colours of the circles correspond to delta values and their sizes to variance values.

- ❑ Between 2000 and 2014, the number of **cholera** cases during El Niño events increased by 50 000 in East Africa
- ❑ Peru: *Vibrio parahaemolyticus* was associated with the arrival of El Niño conditions
- ❑ Alaska, US: warmer water temperatures associated with the emergence of outbreaks of *V. parahaemolyticus*
- ❑ Species of *Vibrio spp*: tetrodotoxin, a potent neurotoxin, which can be found in shellfish
- ❑ Increase of 1 °C in the weekly ambient temperatures in resulted in a 5 to 10 percent increase in **salmonellosis** cases
- ❑ US: for every 1 unit increase in extreme temperature events there was an increase of 4.1 percent in risks; 5.6 percent increase in the **salmonellosis** risk was associated with a 1 unit increase in extreme precipitation events

Water-borne diseases (WBD)
influenced by climate change

Water-borne diseases (WBD) – definition

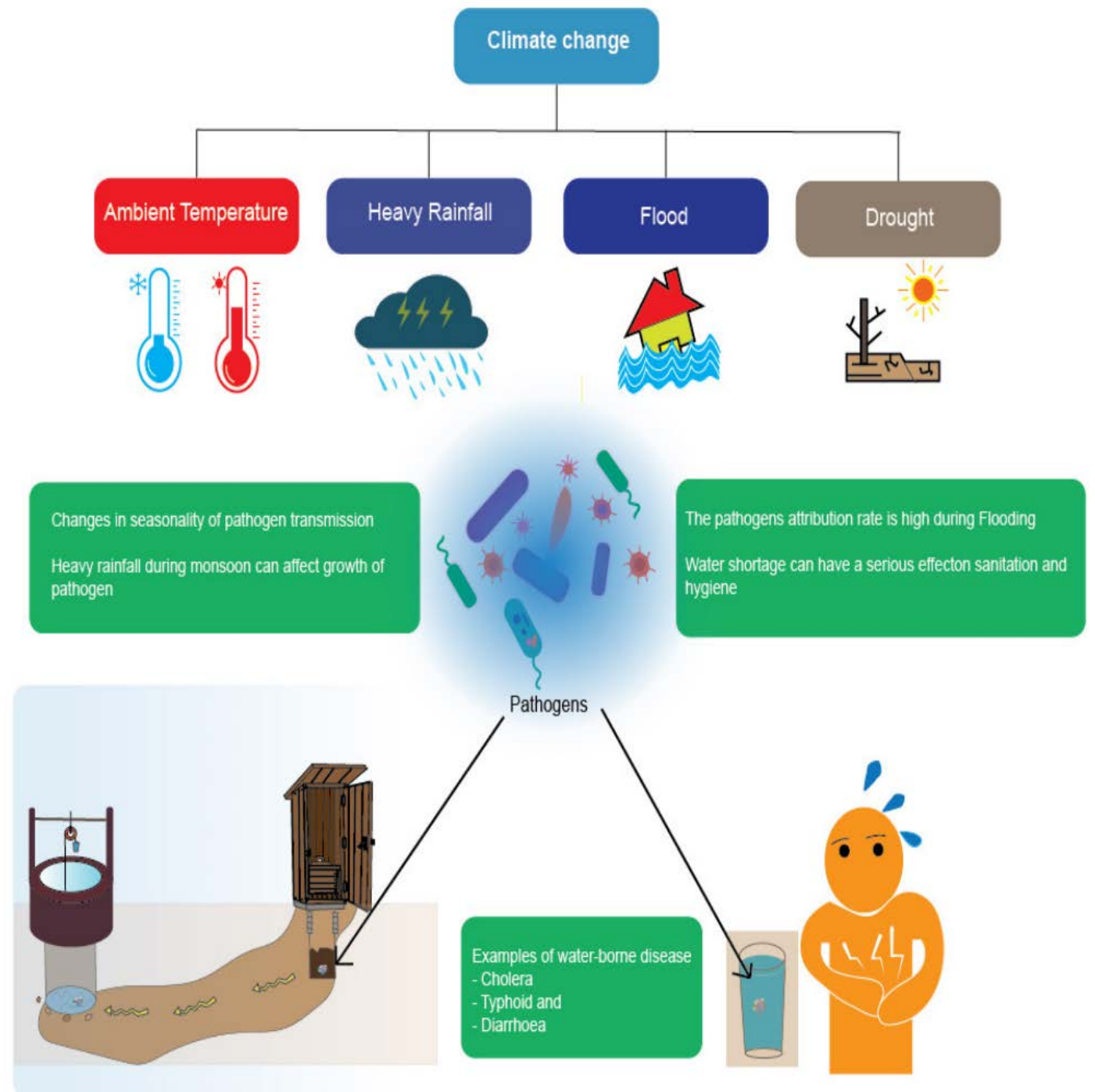
= *diseases that develop mainly in the digestive system of the human body and are mediated by water or water-related foods (such as fish and shellfish), fruits, and vegetables*

- Humans can be exposed by washing, bathing, and/or drinking contaminated water
- Ex: **cholera, salmonellosis, typhoid, hepatitis A and E, diarrhea, leptospirosis, giardiasis, shigellosis, amoebiasis, dracunculiasis, cryptosporidiosis, *Campylobacter* enteritis, and poliomyelitis**

Impacts of climate change on the occurrence of WBD

Vibrio cholerae = **the most common pathogen** linked to extreme climate change processes

The chance of developing *Salmonella* infections increases by **5–10%** with **every 1°C increase in global temperature**



The effect of climate change on WBD

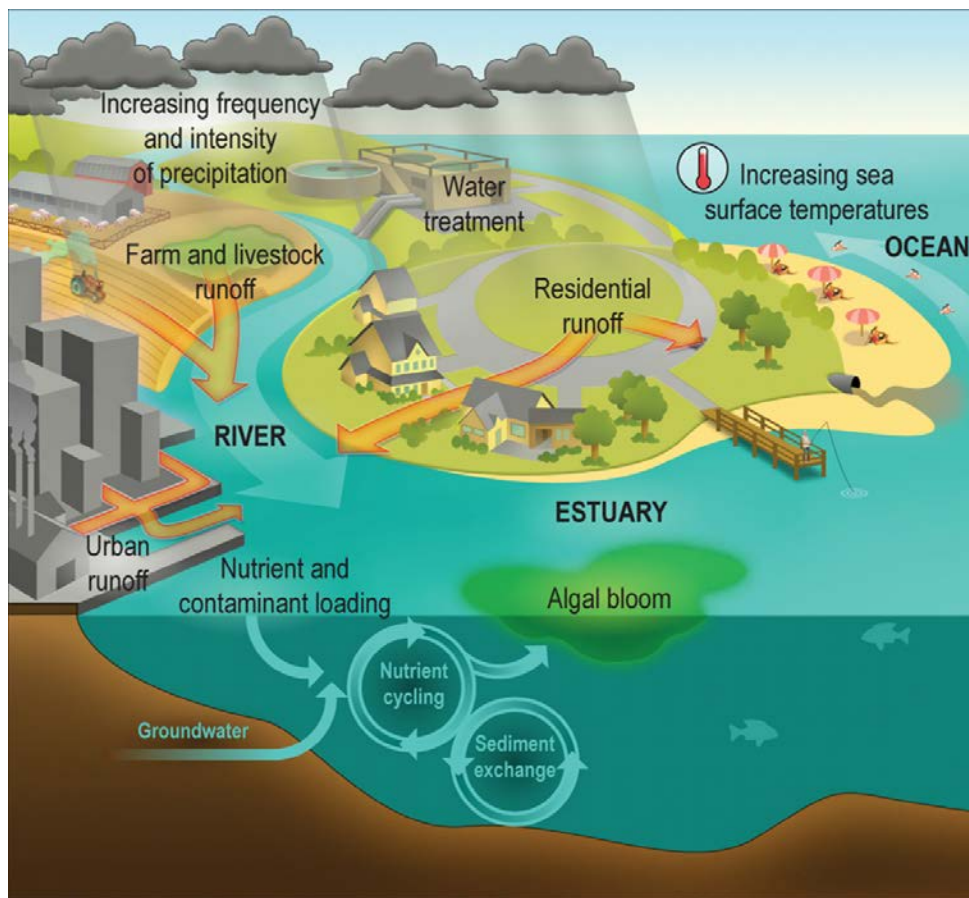
Direct impact

Extreme events

- Floods
- Sea-level rise
- Drought

Fecal-oral pathogens in the environment

Contamination of water



Indirect impact

Climatic factors:

- Temperature
- Humidity

Can alter pathogen survival, replication and virulence

Other issues

- Agriculture
- Water resource management
- Conflicts
- Displacement

The impact of climate change on diarrheal disease is projected to be **higher in Asia and Africa**

Typical extreme climate events and common WBDs in the SE Asian countries (1999–2018)

Country	Extreme Climate Events	Common WBDs	Source of Drinking Water
Brunei	Floods, sea-level rise, heat waves	Diarrhea	Surface water (rivers) and tap water
Myanmar	Floods, cyclones, droughts	Acute diarrhea, cholera, dysentery, typhoid	Surface water (rivers and lakes), and groundwater (tube and dug wells)
Cambodia	Floods, droughts, typhoons	Diarrhea, typhoid	Surface water (rivers), and groundwater (hand-dug wells)
Indonesia	Tropical cyclones, floods, droughts, tsunamis	Diarrhea, cholera, typhoid, leptospirosis	Surface water (rivers) and groundwater
Laos	Floods and droughts	Diarrhea, cholera	Surface water (rivers; the Mekong) and groundwater
Malaysia	Floods, rainfall-induced landslides, and droughts	Cholera, typhoid	Surface water (rivers), tap water, spring water, and groundwater
Philippines	Typhoons, ambient temperatures, heat waves, floods	Cholera, acute bloody diarrhea, typhoid	Surface water (rivers, lakes, and river basins) and groundwater reservoir
Thailand	Sea-level rise, floods, droughts	Cholera, typhoid, paratyphoid	Groundwater and surface water (river basins)
Vietnam	Sea-level rise, floods, droughts	Cholera, dysentery, typhoid, diarrhea	Surface water (rivers; the Red and Mekong rivers) and groundwater

Outbreaks in high-income countries

- **US**

- WBD outbreaks have been increasingly reported during the past 10 years – **primarily** associated with an increasing number of reported ***Legionella* outbreaks**
- Outbreaks caused by **parasites**: *Giardia duodenalis*, *Cryptosporidium*

- **Switzerland**

- *Salmonella*
- *Listeria*
- *Norovirus*
- *Campylobacter*

Campylobacter infections to increase due to climate change in Northern Europe



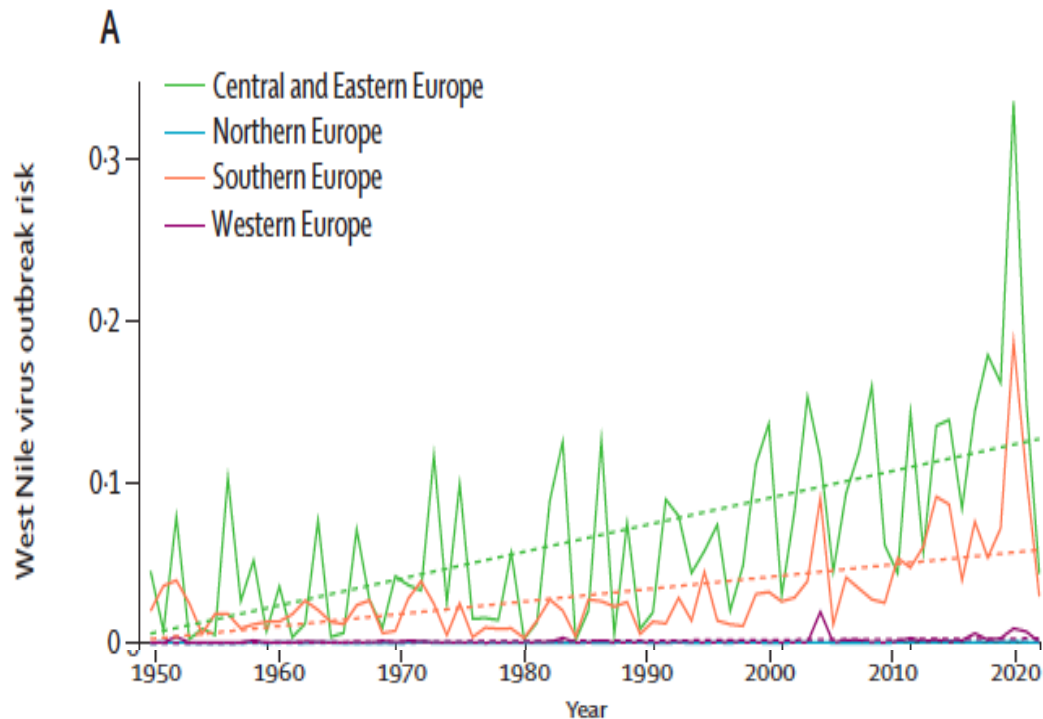
- *Campylobacter* incidence is linked to increases in **temperature** and especially **precipitation in the week before** illness, suggesting a non-food transmission route
- Scandinavia may experience a **doubling** of *Campylobacter* cases by the end of the 2080s, corresponding to around **6,000 excess cases per year caused only by climate change**

Vector-borne diseases (WBD)
influenced by climate change

Vector-borne diseases influenced by climate change

West Nile Virus

West Nile outbreak risk



van Daalen KR et al. Lancet 2022

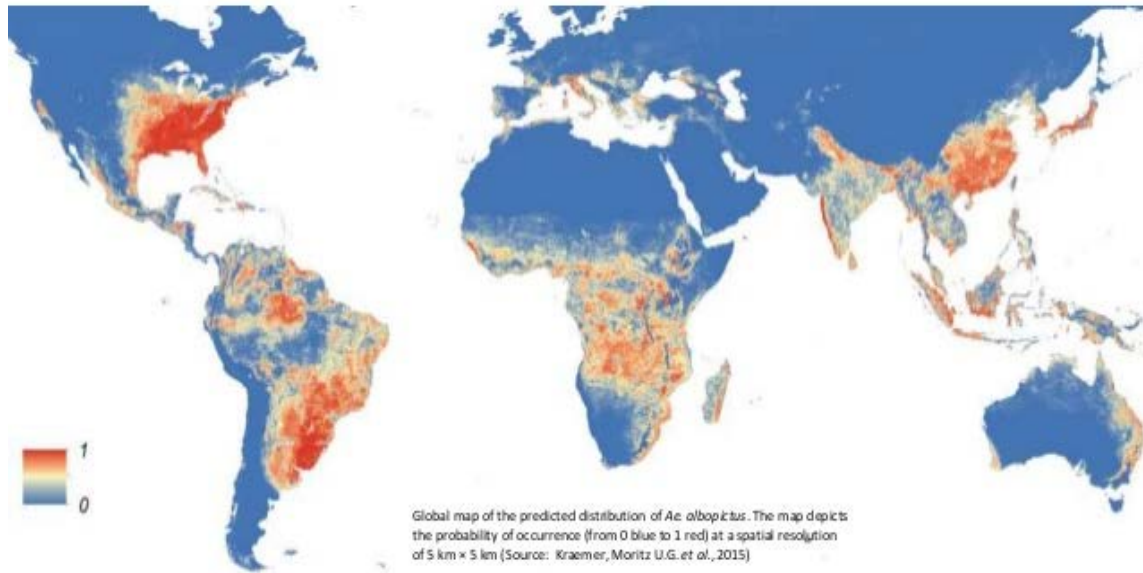
West Nile Virus in Europe

- \uparrow ambient temperature = \uparrow vectorial capacity of the *Culex* mosquito vector, and thus \uparrow outbreak probability.
- European countries have had a large \uparrow in the intensity, frequency, and geographical expansion of WNV outbreaks.
- 2018 outbreak has been the largest yet (11 European, 1584 locally acquired infections)

Aedes albopictus a global challenge: the most invasive mosquito species

Aedes albopictus – a global challenge

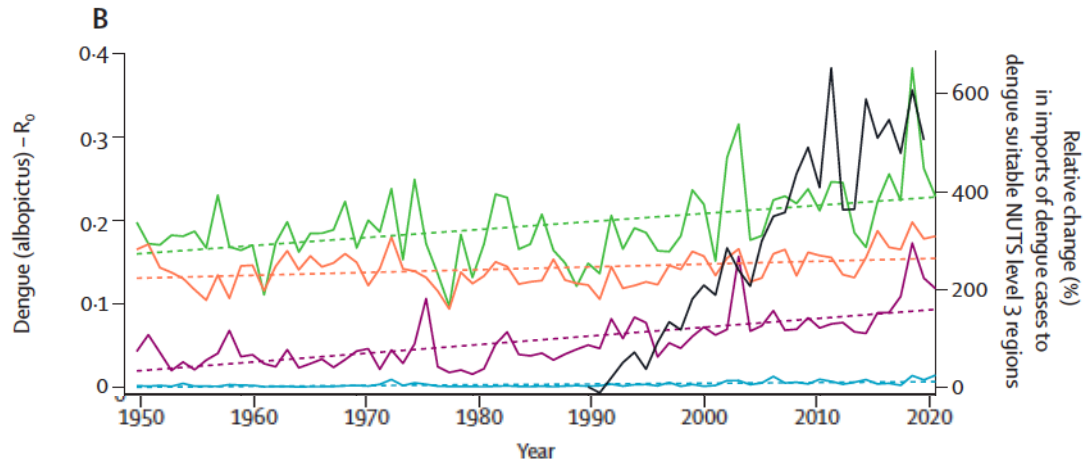
- *A. albopictus* can be currently found in temperate and tropical Asia, most of Pacific Ocean islands, Africa, Northern and Latin America and southern Europe. It is now considered to be the most invasive mosquito species.



Vector-borne diseases influenced by climate change

Dengue Virus

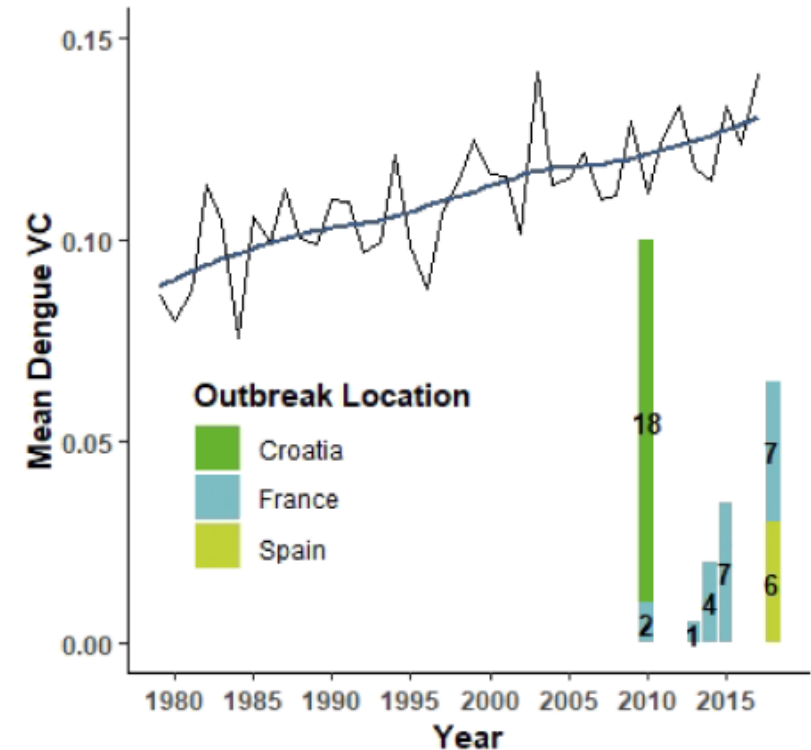
Dengue outbreak risk



The basic reproduction rate (R_0) and length of transmission season for dengue combining information on temperature, rainfall, mosquito abundance, and human population density.

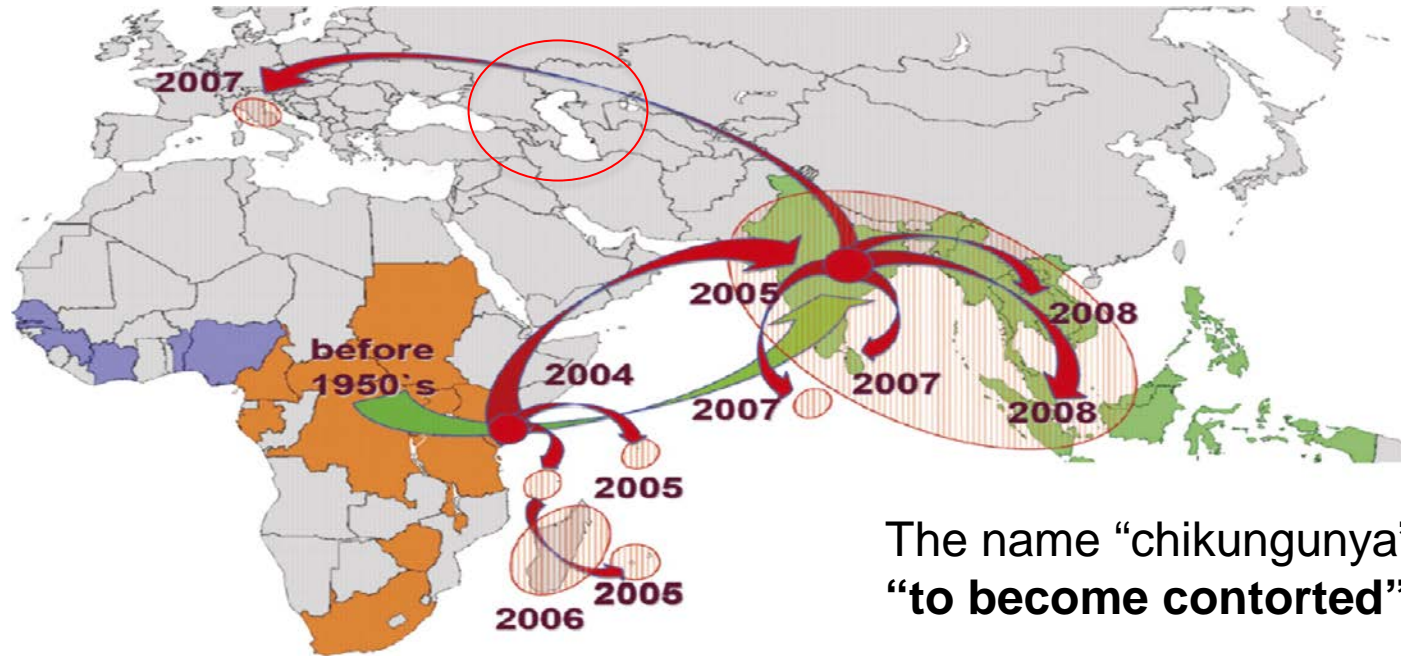
In the period 1986–2020, (R_0) has increased by 17.3% in Europe compared with 1951–1985

Vectorial capacity (VC) of *Aedes albopictus* from 1979-2018 for the European regions that have experienced local autochthonous transmission of dengue



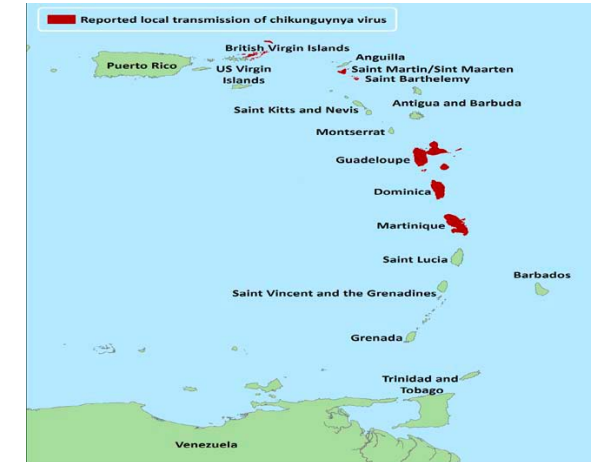
Vector-borne diseases influenced by climate change

Chikungunya Virus (CHIKV)



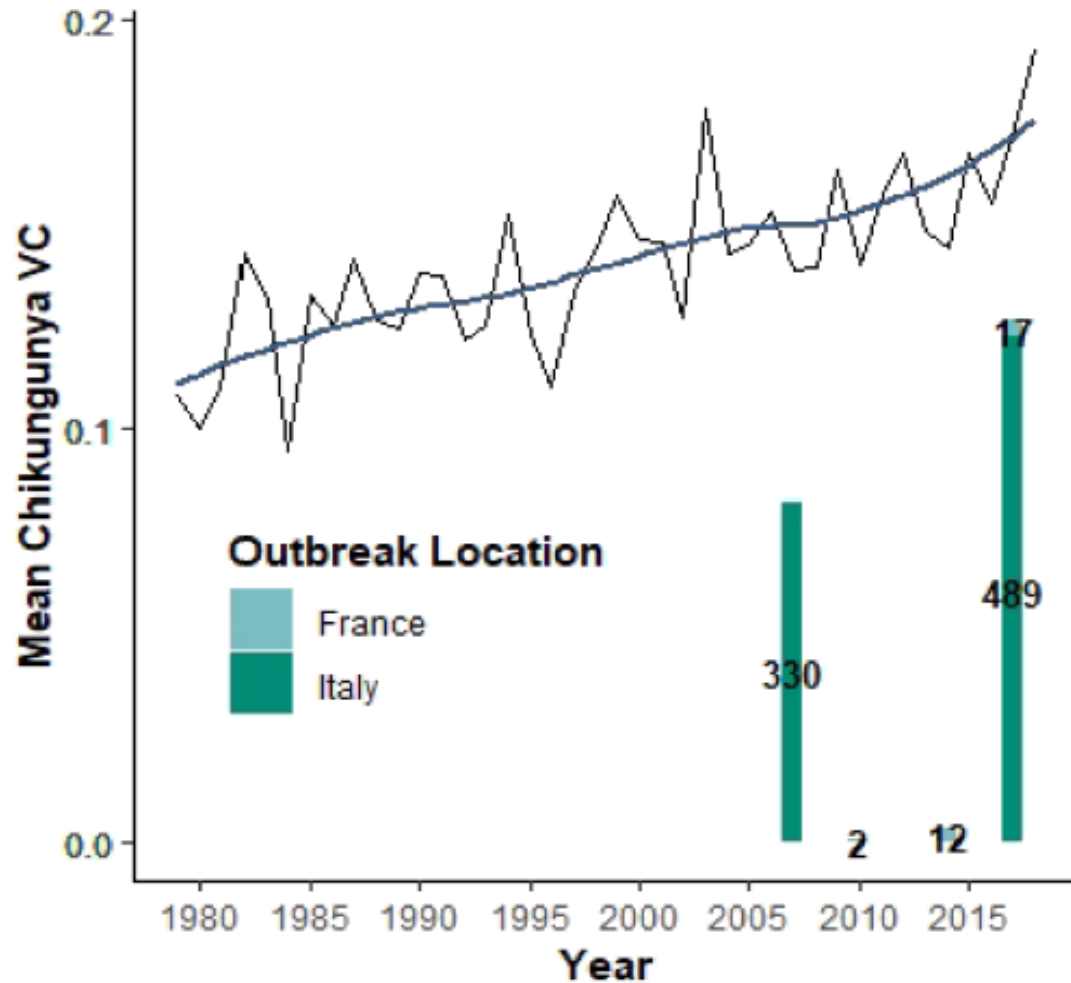
The name “chikungunya” means
“to become contorted”

- First isolated in Tanzania 1952-1953
- Often occurs in large outbreaks with high attack rates
- CHIKV has been a significant public health concern in **Asian and African countries, where most epidemics occurred in the 1960s and 1990s**



Vector-borne diseases influenced by climate change

Chikungunya Virus (2)



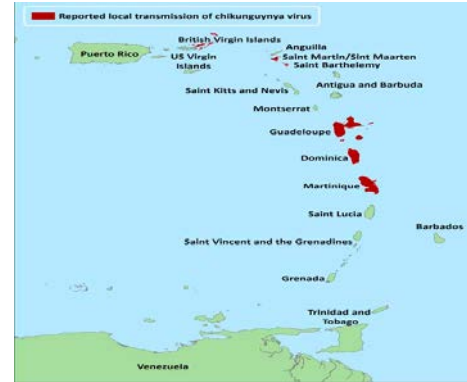
Risk of Chikungunya spreading in EU is high due to travel importation



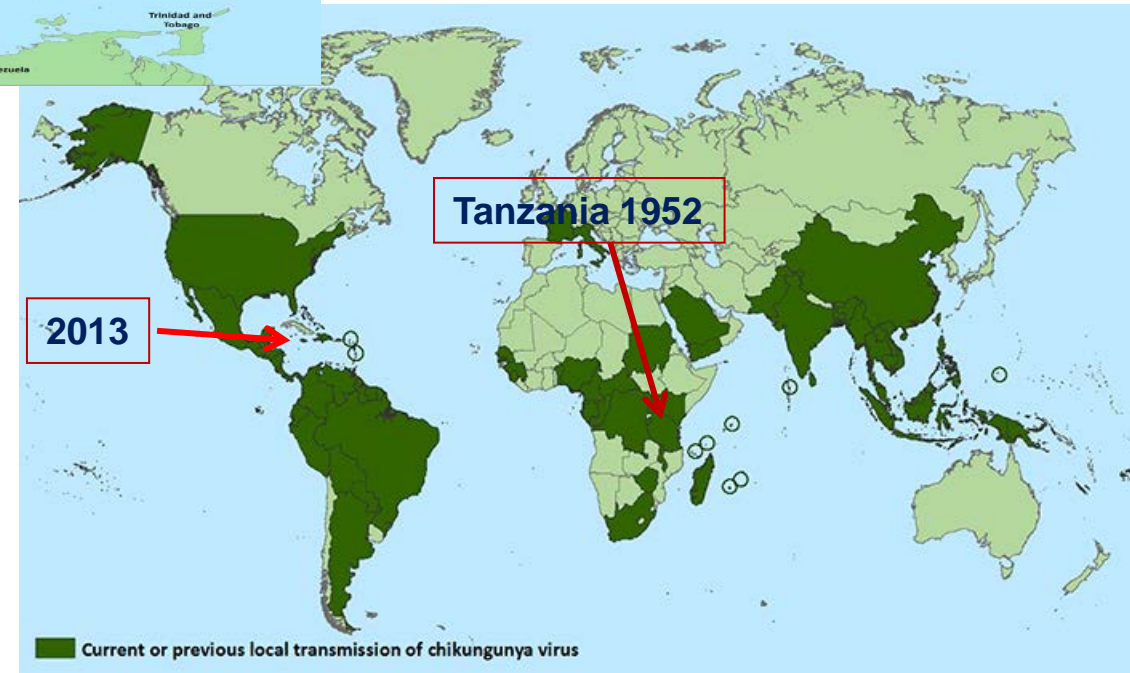
Chikungunya virus infection spread in Americas



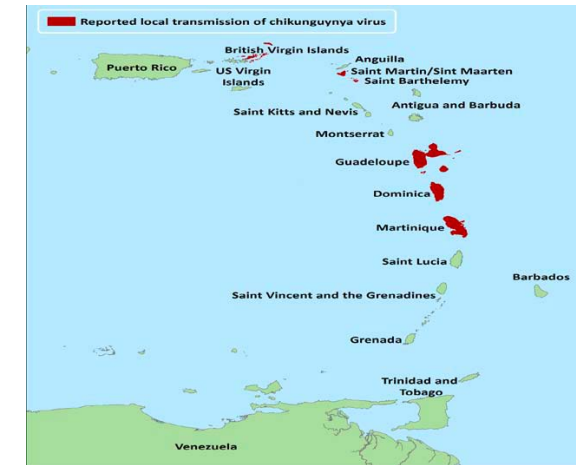
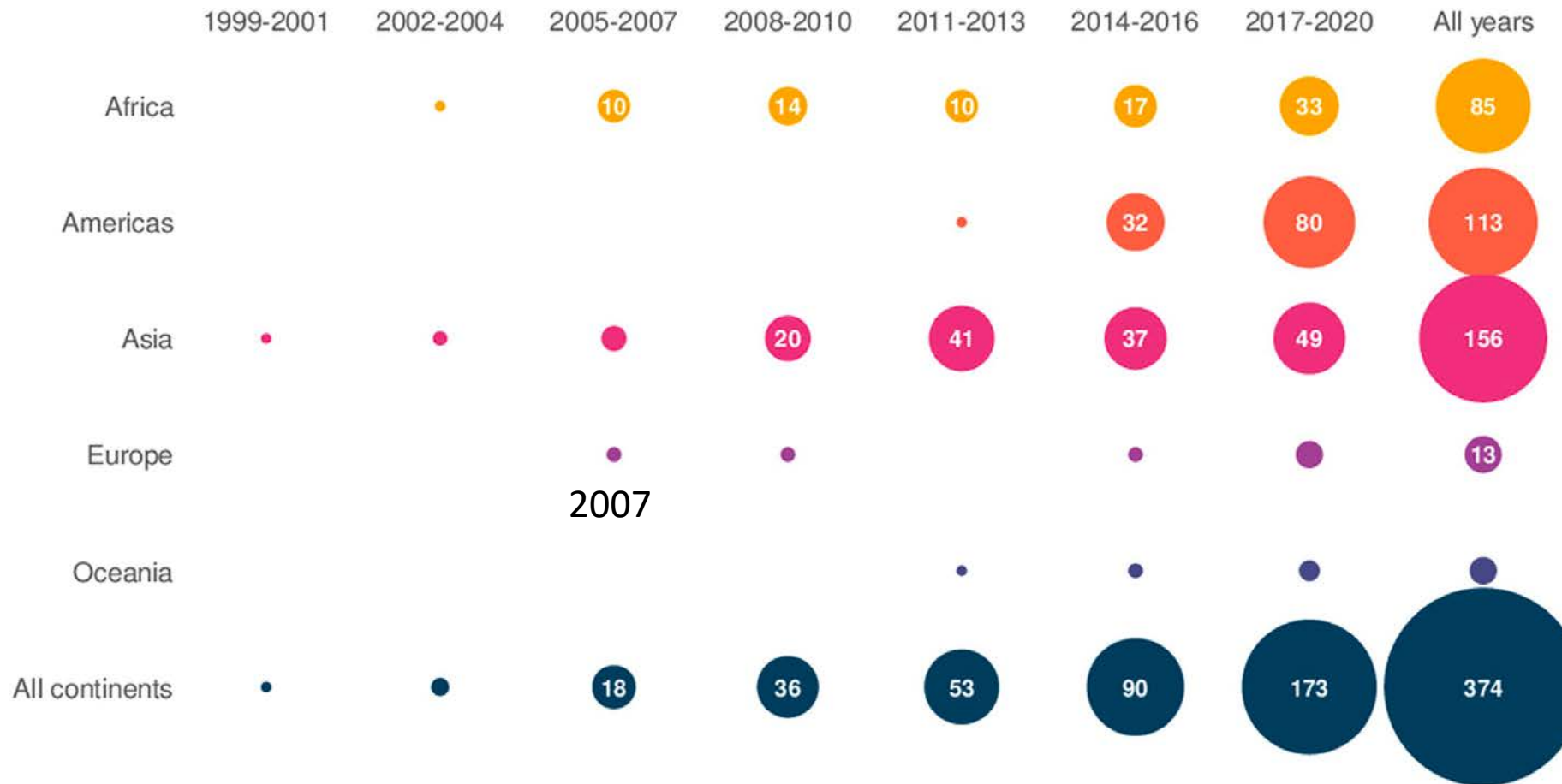
- In 2013, first locally-acquired cases in the Americas reported on islands in the Caribbean



- February 2014:
 - seven Caribbean countries have reported locally-acquired cases
 - >1,000 laboratory-confirmed cases have been reported



The global epidemiology of chikungunya from 1999 to 2020: A systematic literature review to inform the development and introduction of vaccines



Chikungunya Virus (CHIKV) is newly emerging in Middle East, Pacific, American, and European countries

Constant surveillance is imperative in Europe!

All the pre-requisites for autochthonous transmission of both **Dengue** virus and **Chikungunya** virus:

- vectors (*A. albopictus*),
- climatic conditions (present in Europe),
- **viremic returned travellers,**

Conclusions

- By 2080 Scandinavia may experience 6000 excess cases of *Campylobacter* per year caused only by climate change
- A climatic event can trigger cascading risk pathways of causality connected vulnerabilities and result in large-scale waterborne outbreaks
- Western Europe could be facing large outbreaks of WNV irrespective of the future degree of climate change

Conclusions

- Early warning systems can trigger action and response to infectious diseases threat events, thereby reducing the burden of disease
- The use of big data for public health purposes can generate a paradigm shift, toward **active, targeted strategies to predict and prevent epidemics** before they start
- Improvements in public health capacities can help reduce the incidence of cross-border infectious disease threat events