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# Climate Change Will Increase the Vector Capacity of the Aedes aegypti in South America: A Systematic Map

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#### **1. Introduction**

The mosquito *Aedes aegypti* (Diptera: Culicidae) is the vector of several arboviruses that significantly impact the global burden of disease, including dengue (DENV), chikungunya (CHIKV), and Zika (ZIKV). The diseases brought on by these arboviruses have garnered considerable attention in the last few decades. The incidence of the geographical spread of human disease caused by these viruses has increased dramatically within their range, in addition to occurring in new geographical locations (Kraemer et al., 2015). Notable outbreaks include the major ZIKV outbreak in the Americas in 2014 (Chang et al., 2016), the CHIKV outbreak on Réunion Island in 2005 (Borgherini et al., 2007), and a severe DENV outbreak in Rio de Janeiro in 2002 (Nogueira et al., 2005). A troubling concern is the vector's ability to adapt effectively to varying environmental conditions (Mohammed & Chadee, 2011.) Indeed, the mosquito has evolved remarkably quickly into a competent vector. It is thought to have evolved from a zoophilic treehole ancestral mosquito named *Aedes aegypti formosus* in Sub-Saharan Africa (Powell & Tabachnick, 2013; Brown et al., 2014), and was introduced into the New World with the slave trade, from which it immediately spread globally (Brown et al., 2014). As the vector is poikilothermic, it was able to respond rapidly to the changes in the environment and eventually settled into empty natural niches (Mohammed & Chadee, 2011; Powell & Tabachnick, 2013). In time, the *Ae. aegypti's* peridomestic habits and endophagic disposition established it as an opportune vector for emerging tropical diseases (Moncayo et al., 2004).

Currently affecting millions of people globally, these tropical infectious diseases are among the most critical global health concerns. Present efforts to reduce the incidence of these infectious diseases center around vector control, including larvicide application, indoor residual spraying (IRS), and mosquito surveillance (Lippi et al., 2019). Except for yellow fever (YFV), presently, there is no vaccine for the arboviruses that the *Ae. aegypti* mosquito transmits (Kantor, 2018), which impairs efforts to decrease the significant disease burden it imposes. As such, monitoring the current range and predicting changes in the distribution of the vector is a crucial strategy for effective disease control planning (Messina et al., 2015). While a considerable level of interest has been invested in this emerging field of research, it was not clear from an exploratory literature search whether South America is represented at the same levels as the African and Southeast Asian regions. DENV, CHIKV, and lymphatic filariasis, all transmitted by the *Ae. aegypti* mosquito, are classified by the World Health Organization (WHO) as neglected tropical diseases (NTD) (World Health Organization, n.d.). Although the UN did not include NTDs in the Millennium Development Goals (MDGs), they were subsequently included in the Sustainable Development Goals (SDGs) as measurable targets, with the purpose of ending epidemics (Vanderslott, 2019). In South America, the burden of disease from these arboviruses has significantly impeded economic development and represents significant opportunity costs. Therefore, it is imperative that this region not be overlooked (Franco-Paredes et al., 2007).

*1.1. Vectorial Capacity*

A limiting factor in the *Ae. aegypti's* geographic distribution has been its inability to tolerate temperatures below 15°C (Brady et al., 2013); therefore, it has predominantly settled in tropical and subtropical regions (Weaver, 2014). Recent reports predict that global temperatures will increase between 1.4-5.8°C, and in Latin America between 1.0-4.0°C by 2050 (Intergovernmental Panel on Climate Change, 2007). Consequently, a growing concern is how it will impact the vectorial capacity of the mosquito. In addition to range, temperature plays a pivotal role in a variety of characteristics of the *Ae. aegypti*: frequency of blood meals (Scott et al., 2000); sex ratio in larvae (Mohammed & Chadee, 2011); development duration (Farjana et al., 2011); population density (El Moustaid & Johnson, 2019); pathogen transmission (Reinhold et al., 2018); and adult survival rate (Culbert et al., 2019). Thus, it is crucial to examine how increasing temperatures may potentially affect *Ae. aegypti'*s competence as a vector.

The *Ae. aegypti* mosquito transmits arboviruses, or "arthropod-borne viruses," which are predominantly RNA genomes that have a high rate of mutation and thus evolve rapidly. Temperature can impact the rate at which viruses replicate in the mosquito's midgut*,* shortening the extrinsic incubation period (EIP) and reaching the salivary glands at an accelerated rate (Winokur et al., 2020). Additionally, *Ae. aegypti* mosquitoes can transmit DENV, ZIKV, and CHIKV vertically; that is, infected female mosquitoes can pass the viruses on to their progeny (Alonso-Palomares et al., 2019). This ability has contributed to the maintenance of viruses during inter-epidemic periods (Lequime & Lambrechts, 2014).

#### *1.2. Blood Feeding*

Given that the mode of disease transmission in the *Ae. aegypti* mosquito is through bloodfeeding, it is essential to understand what factors affect the frequency of blood meals. The *Ae. aegypti* mosquito is highly anthropophilic; therefore, it feeds predominantly on humans (Liebman et al., 2014) and seldom supplements blood meals with plant sugar (Scott et al., 2000). Attempts to understand which members of the population are more likely to be bitten by the mosquito have remained inconclusive. However, factors that appear to increase the likelihood of bites include larger body size, due to increased heat signature and CO2 production, as well as decreased human movement (Liebman et al., 2014).

Compared to other mosquito species that typically ingest one blood meal per ovarian cycle, the female *Ae. aegypt*i mosquito is unique in that it will ingest multiple blood meals throughout a gonotrophic cycle (Scott et al., 2000). This behavior is known as multiple feeding, and as the number of blood meals increases, the rate of transmission for vectorborne pathogens can potentially exponentially increase as well (Scott & Takken, 2012). There is a negative relationship between body size and multiple feedings; that is, smaller females will require more blood meals to improve their fecundity, thereby increasing their contact with hosts (Farjana & Tuno, 2013). Previous studies have established a negative relationship between temperature and body size due to shortened development time (Mohammed & Chadee, 2011; Tun-lin et al., 2000), suggesting that an increase in temperature would eventually lead to an increase in the frequency of blood meals. Female *Ae. aegypti*  mosquitoes were found to partake in higher instances of blood-feeding between 26°C and 35°C (Reinhold et al., 2018). This is especially disconcerting when considering that as temperatures pass 25°C, the sex ratio in *Ae. aegypti* larvae show significantly more females emerging (Mohammed & Chadee, 2011). An increase in the number of smaller females requiring a higher frequency of blood meals would ostensibly lead to heightened contact with hosts, consequently increasing the likelihood of pathogen transmission. Indeed, increased contact between humans and *Ae. aegypti* populations have been associated with the dramatic rise in the incidence rate of DENV and YFV in recent decades (Monath, 1994).

#### *1.3. Development*

Aside from the previously established negative relationship with body mass, increasing temperatures have further effects on the development of the *Ae. aegypti* mosquito. The eggs of the *Ae. aegypti* have a unique property in that they hatch simultaneously when exposed to water, as opposed to irregularly, as is the case in other species of mosquitoes. This property lends itself well to rapid population growth and will likely aid the *Ae. aegypti* in establishing colonies in new niches. Indeed, data suggests it may be able to find success in areas where the temperature is in the range of 25-35°C (Farjana et al., 2011). The rate at which females lay eggs increases as temperatures rise, leading to a more substantial amount of eggs being laid more frequently (Yang et al., 2009).

The adult mortality rate begins to increase exponentially at 35°C, suggesting that it may be the upper limit for the vector. Similarly, at 25°C, larvae begin to experience higher mortality rates. The probability of surviving from egg to adulthood diminishes past 25°C and vanishes completely upon nearing 40°C (Moustaid & Johnson, 2019).

Mosquitoes use a variety of methods to locate a host, such as thermal and chemical detection, and as such, flight activity is intrinsically linked to their success in blood-feeding. Data suggests that the temperature range in which the female *Ae. aegypti* can fly sustainably is 15-35°C, with the optimal temperature appearing to be around 21°C (Reinhold et al., 2018). Humidity has been shown to have little to no effect on flight performance (Rowley & Graham, 1968). This illustrates a broad spectrum of temperatures in which the female *Ae. aegypti* can fly reliably in pursuit of blood meals. Female *Ae. aegypti* mosquitoes use a specific frequency of wing-beats to attract a mate, and this frequency has likewise been shown to vary with ambient temperature. Notably, there is a linear relationship, with frequency increasing between 8-13Hz for every degree °C and male *Ae. aegypti* were shown to react more favorably to higher frequencies (Villarreal et al., 2017). This implies adaptability to improve the chances of mating during times of abiotic stress in order to increase fitness.

#### *1.4. Spatial Distribution*

The natural niche of the *Aedes aegypti* mosquito has primarily been dictated by its inability to survive below 10°C and above 40°C (Reinhold et al., 2018). This has historically afforded regions outside of that range inherent protection; however, reports suggest that temperate zones formerly outside the endemic range are among the most at risk of being negatively

impacted by climate change (Rohr et al., 2011). In the past century, a 30% increase in CO2 production raised global surface temperatures by 0.5°C (Wigley et al., 1992). Minimum temperatures are increasing disproportionately, and current climate change predictions expect this trend to continue. Such scenarios could increase the epidemic potential in regions previously unburdened by disease (Patz et al., 1998). The *Ae. aegypti* mosquito primarily resides within latitudes 32° N to 32° S, and projection models estimate that that will soon expand to 35° N to 35° S (Alaniz et al., 2018). Current statistical models predict the *Ae. aegypti*  mosquito will be able to establish itself in at least three new countries by 2080, bringing its spatial distribution to 159 countries total (Kraemer et al., 2019). This would potentially put 49% of the global population at risk of arboviral transmission (Kraemer et al., 2019). Given the mosquito's peridomestic preferences and ability to lay eggs in small amounts of water, it will not be much affected by changing precipitation levels or decreased vegetation (Kraemer et al., 2015). Previous studies have established that domestic water storage practices are more significant predictors of mosquito reproduction than rainfall (Southwood et al., 1972).

Presently, an estimated 100 million people are infected annually by the *Ae. aegypti* mosquito (Messina et al., 2019), and this number is predicted to increase to close to a billion by the end of the century (Ryan et al., 2019). The population at risk may be significantly lowered if climate policy, such as the Paris Agreement (UNFCCC), is enforced to limit global warming to below 2°C (Liu-Helmersson et al., 2019). Reducing the emission of greenhouse gases will limit the increase of the *Ae. aegypti's* expansion, and in turn, limit the burden of disease in the areas it inhabits (Kraemer et al., 2019).

#### **2. Methods**

#### *2.1. Search Criteria*

We conducted a systematic search in the PubMed database for articles that assessed the relationship between temperature and the vectorial capacity of the *Aedes aegypti* mosquito. Search parameters specified English or Spanish languages and publication dates between January 1, 1988, and March 30, 2020. We developed the search strategy using the synonymous search terms provided in Appendix 1. Studies that did not include climate change as an element of analysis were excluded. Studies before 1988 were excluded to restrict the results to the current era of climate change, which is defined as the year the Intergovernmental Panel on Climate Change (IPCC) first convened (Huq & Toulmin, 2006). Studies without full-text availability were not excluded. We used Zotero to manage studies and data.

#### *2.2. Study Design*

For this study, we utilized a systematic map approach to assess the current state of research on this topic and followed the recommendations made by the Social Care Institute for Excellence (Bates et al., 2007) as well as the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Moher et al., 2009). The search strategy was not limited by article study design. Studies were only eligible for inclusion if they met the following criteria: the study population was the *Aedes aegypti* mosquito; the effect of climate change on the *Aedes aegypti* was examined; and the outcome was an influence on the mosquito's vectorial capacity.

#### *2.3. Data Extraction*

One reviewer (LM) screened titles and abstracts using DistillerSR, then screened the included full-text articles. One reviewer (LM) subsequently extracted the geographical region and country the study was based in, the study characteristics, then evaluated the quality of the study and recorded the data in a standard form. Only studies that evaluated climate change's potential effect on the *Ae. aegypti* population were used in the analysis, while studies that only focused on temperature outside of the context of climate change were excluded. All articles were grouped according to the region in which the study occurred.

#### **3. Results**

Our initial search in PubMed yielded 1058 articles after the removal of duplicates, and 503 remained after the full-text screening (Figure 1). Only 83 articles met the inclusion criteria and were subsequently included in the analysis (Table 1). [Appendix].



*Figure 1: PRISMA flowchart of studies included in analysis*

Although our inclusion criteria set the publication date to be from 1988 to 2020, most of the included studies were published in late 2000 and on. Fig. 2 illustrates the quantity of included studies per publication year. There was a significant increase in the number of studies published on this topic in 2019.



*Figure 2: Publication dates and quantity of studies included in analysis*

Asia and North America were the regions with the highest number of published articles (n= 23, 28%; n= 15, 18%), followed by Europe (n= 14; 17%). [Figure 3]. In South America, most of the studies were on Brazil or Argentina (n= 2; 20%), but overall only five of thirteen countries in South America were represented in the literature [Figure. 4]. The *Ae. aegypti* mosquito is endemic in thirteen South American countries (Leta et al., 2018), yet no literature was included in the analysis that focused on eight of those countries. This leaves 62% of South America unrepresented. The areas in South America most heavily impacted by the *Ae. aegypti* are Brazil, Colombia, and Venezuela (Torres & Castro, 2006), yet Colombia and Venezuela were not well represented in the literature.



*Figure 3: Spider map of geographical regions represented in included studies*



*Figure 4: Spider map of South American countries represented in included studies*

#### **4. Discussion**

The use of spider maps is an effective tool for summarizing the relative proportions of a measure across multiple dimensions. The spider maps included here illustrate, clearly, that the intellectual production on this important issue is limited. The results of a systematic review of the literature are quickly illuminated through these illustrative methods. As represented in Fig. 3, the literature is produced in only some regions of the world. This is important because climate change is predicted to disproportionately impact developing countries, and thus it is critical to understand how these areas will be affected by this topic (United Nations, 2019). In Fig. 4 we see that though South America suffers a significant burden of disease from this vector, the scientific work on the topic is limited. The spider map can quickly convey the gaps in knowledge and unmet need that faces South America.

With 70% of the global dengue burden affecting Asia, it was not surprising that the area would be well represented in the literature (Bhatt et al., 2013). Conversely, despite *Aedes*borne arboviruses ravaging many areas of Africa, they were poorly represented in the literature (Weetman et al., 2018). This may be due to several factors, including the misclassification of many fevers as malaria in regions where the public health infrastructure lacks resources (Stoler et al., 2013). North America and Europe both had strong representation in the current literature, despite not being under significant threat from the *Aedes aegypti* mosquito yet, compared to the other regions (CDC, 2020). South America was not far ahead of neighboring regions Central America and the Caribbean, which had similar numbers of literature captured, although it should be noted that South America is the subregion most impacted by the *Ae. aegypti* in Latin America and the Caribbean (LAC) (Torres & Castro, 2006).

While under-represented in the literature, it is worthwhile to establish estimates of the impact of these infectious diseases. It is difficult to find statistics on South America alone, as the continent is generally grouped together with the other components of LAC when publishing reports. In 2016, the Americas reported 2.38 million cases of dengue, of which 1.5 million were reported in Brazil alone (WHO, 2020). The economic cost this burden of disease presents on the health care systems in this region is significant. In 2010, the total cost induced by dengue fever alone in South America was approximately USD 1.4 billion (Shepard et al., 2011). The 2009 epidemic in Argentina cost approximately USD 10.7 million (Cafferata et al., 2013). The public healthcare systems in LAC are overburdened and overstressed, in addition to being largely underfunded. With these systems already overwhelmed by ongoing health emergencies due to tuberculosis (TB), DENV, and YFV, an increase in the burden of disease will strain the capabilities of LAC healthcare (Litewka & Heltman, 2020).

Several of the diseases the Aedes aegypti transmits have been classified as NTDs due to their strong correlation with poverty (WHO, 2010); therefore, it is essential to note that poverty is high in LAC, with approximately 30.8% of the population living below the poverty line, and 11.5% living in extreme poverty (ECLAC, 2019). Furthermore, 76.8% of the population falls into low-income to lower-middle-income brackets (ECLAC, 2019). These numbers are comparable in South America, with 23.3% and 6.4% of its population living in poverty and extreme poverty, respectively (CEPAL, 2019). That translates to around 184 million people living in poverty in that region (ECLAC, 2019). While regions such as Africa or Asia also have high instances of poverty, LAC is unique in that it has the highest income inequality in the world (Belizán et al., 2007). The impact of the COVID-19 pandemic on the region is expected to result in the worst recession in a century, leading to further inequality (United Nations, 2020).

The burden of disease in South America is confounded with high poverty rates and the inequality affecting vulnerable populations. In particular, indigenous populations tend to be disproportionately affected by vector-borne infectious diseases that arise during conflict (Hotez et al., 2008). The healthcare systems in LAC are segmented and fractured, which poses a major obstacle in increasing access to healthcare, particularly for those from lower socioeconomic status (Frenk & Gómez-Dantés, 2018). In many LAC countries, healthcare for those living in poverty is provided by a Ministry of Public Health, which is often poorly financed and historically has provided lower quality of care compared to the services provided by the private sector (Cotlear et al., 2014). With the COVID-19 pandemic expected to impact the most disadvantaged populations disproportionately, reform will be necessary to prepare for future crises (Busso & Messina, 2020).

#### **5. Limitations**

This study was limited by restricting the search to a single database and would benefit from an expanded search into multiple databases. In particular, a cursory search into Spanish language databases during the literature review found several studies that were not captured in PubMed. In addition, much of the data was constricted by the grouping of South America into LAC, and searches in Spanish had to be made in order to find the necessary conclusions.

#### **6. Conclusion**

By the end of the century, if nothing is done to limit climate change, it is predicted that close to a billion people annually are at risk of being infected by the *Aedes aegypti* mosquito (Ryan et al., 2019). Much of this will occur in developing countries, impacting agriculture, water availability, increasing the incidence of vector-borne diseases, and damage the GDP (Ravindranath & Sathaye, 2002). With its high rate of poverty and inequality, South America will be especially vulnerable to the expanded range and improved vector capacity of the *Aedes aegypti* mosquito. Compared to regions such as Asia or North America, South America does not appear to be as well represented in the current literature on this topic. It is clear from our results that more research is needed to be conducted on South America in order to fully understand how this region, in particular, will be affected in the coming century.

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# Supplementary appendix

Supplement to: Climate Change Will Increase the Vector Capacity of the Aedes Aegypti in South America

## **Climate Change**

- 1. climate change (MeSh term (Medical Subject Headings)) AND aedes aegypti (key word)
- 2. climate change (MeSH term) AND dengue (MeSH term)
- 3. climate change (MeSH term) AND zika virus (MeSH term)
- 4. climate change (MeSH term) AND chikungunya fever (MeSH term)
- 5. climate change (MeSH term) AND chikungunya virus (MeSH term)
- 6. climate change (MeSH term) AND yellow fever (MeSH term)
- 7. climate change (MeSH term) AND yellow fever virus (MeSH term)

## *Aedes Aegypti*

- 1. aedes aegypti (key word) AND temperature (key word)
- 2. aedes aegypti (key word) AND vector capacity (key word)
- 3. aedes aegypti (key word) AND vector competence (key word) AND temperature (key word)
- 4. aedes aegypti (key word) AND vector competence (key word)
- 5. aedes aegypti (key word) AND spatial distribution (key word)

*Supplementary panel 2*: Details of 81 publications included in systematic map and analysis





![](_page_19_Picture_355.jpeg)

![](_page_20_Picture_325.jpeg)

![](_page_21_Picture_340.jpeg)

![](_page_22_Picture_334.jpeg)

![](_page_23_Picture_348.jpeg)

![](_page_24_Picture_349.jpeg)

![](_page_25_Picture_331.jpeg)

![](_page_26_Picture_304.jpeg)

![](_page_27_Picture_204.jpeg)

*Supplementary panel 3*: List of publications included in systematic map and analysis

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