

Global Climate Change and what History tells us about the Risk of New Pathogens being introduced into the United States



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Opinions, interpretations, conclusions, and recommendations are those of the author and are not necessarily endorsed by the U.S. Army.

“Climate change creates new risks, particularly in the United States, for human exposure to vector-borne diseases.”

taken from: Climate Nexus

Climate Change will:

- Allow for geographic expansion of vector mosquitos

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- Allow for geographic expansion of vector mosquitos
- Allow for the expansion of “Tropical” diseases into North America and Europe

Cause for Alarm?

Zika

Chikungunya

Dengue

Yellow fever

Malaria

Vector-borne pathogens have a long history in the U.S.

What can we learn from it?

Very Recent History

| | |
|-------------|------|
| Zika | 2014 |
| Chikungunya | 2013 |
| West Nile | 1999 |

Recent History

1998

Diseases caused by arthropod-borne pathogens of concern in the U.S.

Diseases caused by arthropod-borne pathogens of concern in the U.S.

St. Louis encephalitis

Eastern equine encephalitis

La Crosse encephalitis

Lyme disease

Rocky Mountain spotted fever

Forgotten History

Diseases caused by
arthropod-borne pathogens
that were once common
in the U.S.

Dengue

Malaria

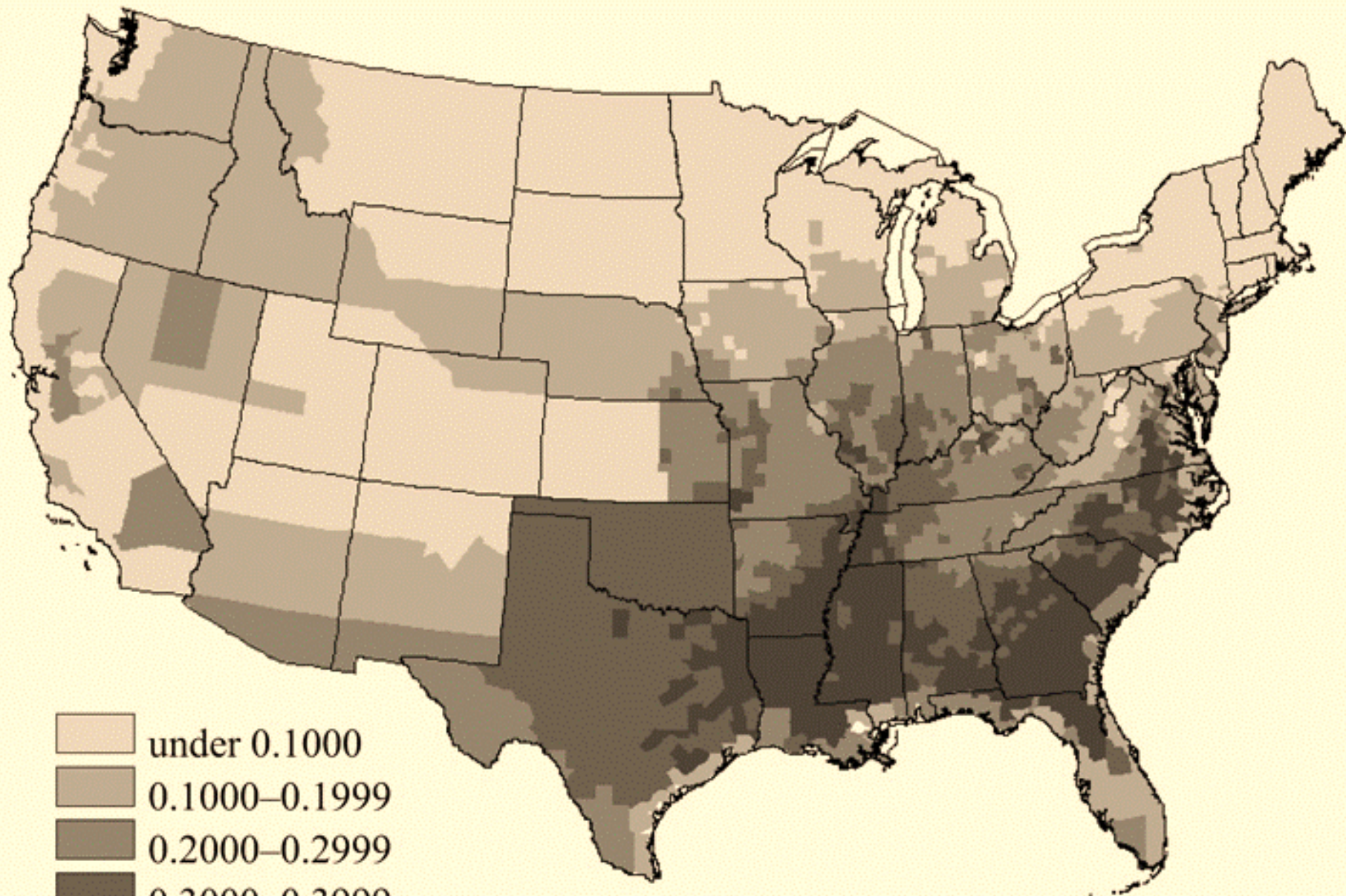
Yellow fever

DENGUE IN THE U.S.

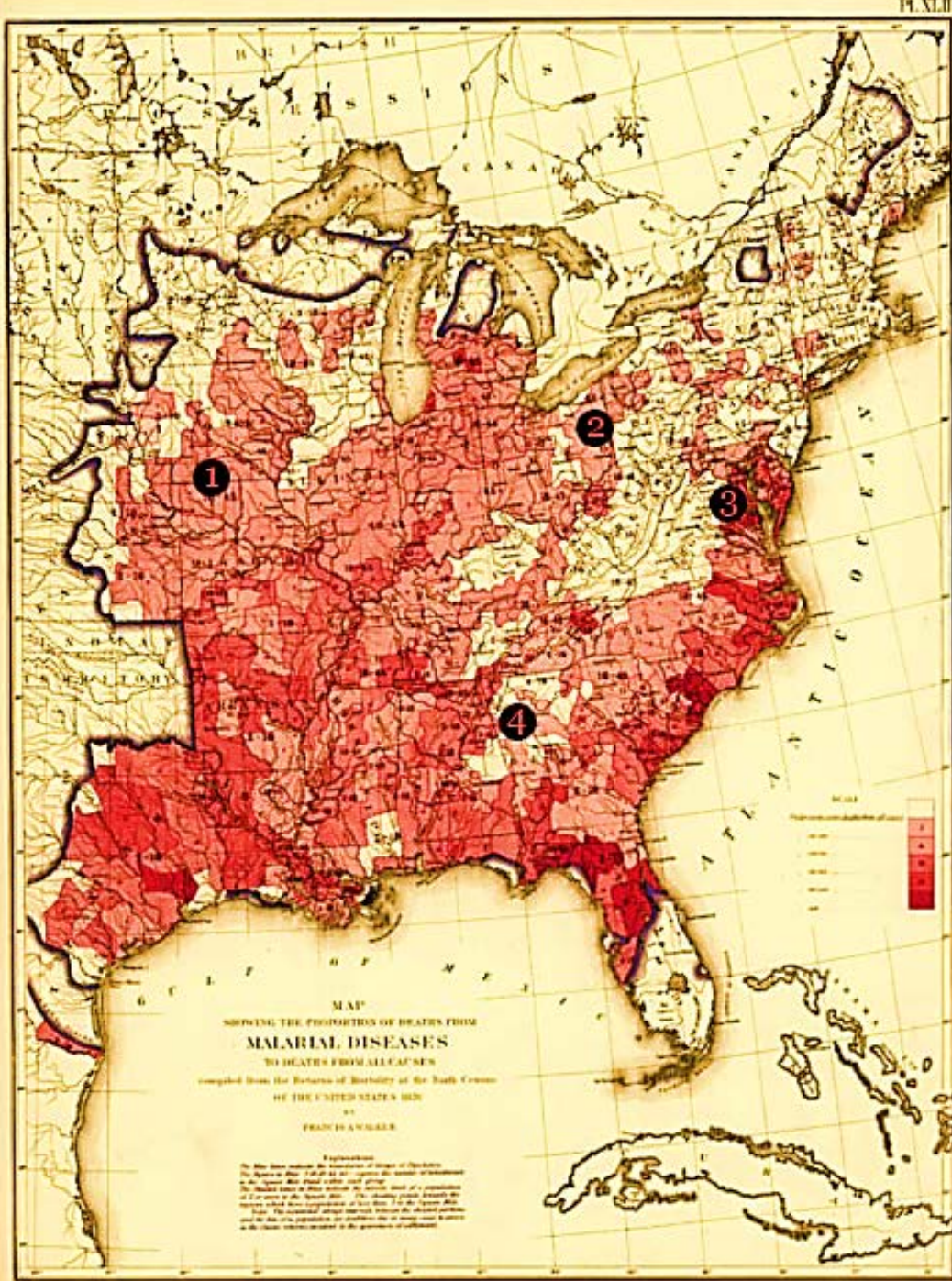
1780 Philadelphia “Bilious fever”

Benjamin Rush and the
first description of a
major dengue outbreak

MALARIA IN THE U.S.



ESTIMATED MALARIA RISK OF U.S. COUNTIES IN THE 1850s
Hong. 2007. *J Econ Hist.* 67: 1001-1035



US Malaria Deaths 1870

Urban, L. 2010. US Malaria Deaths 1870, The Scientist

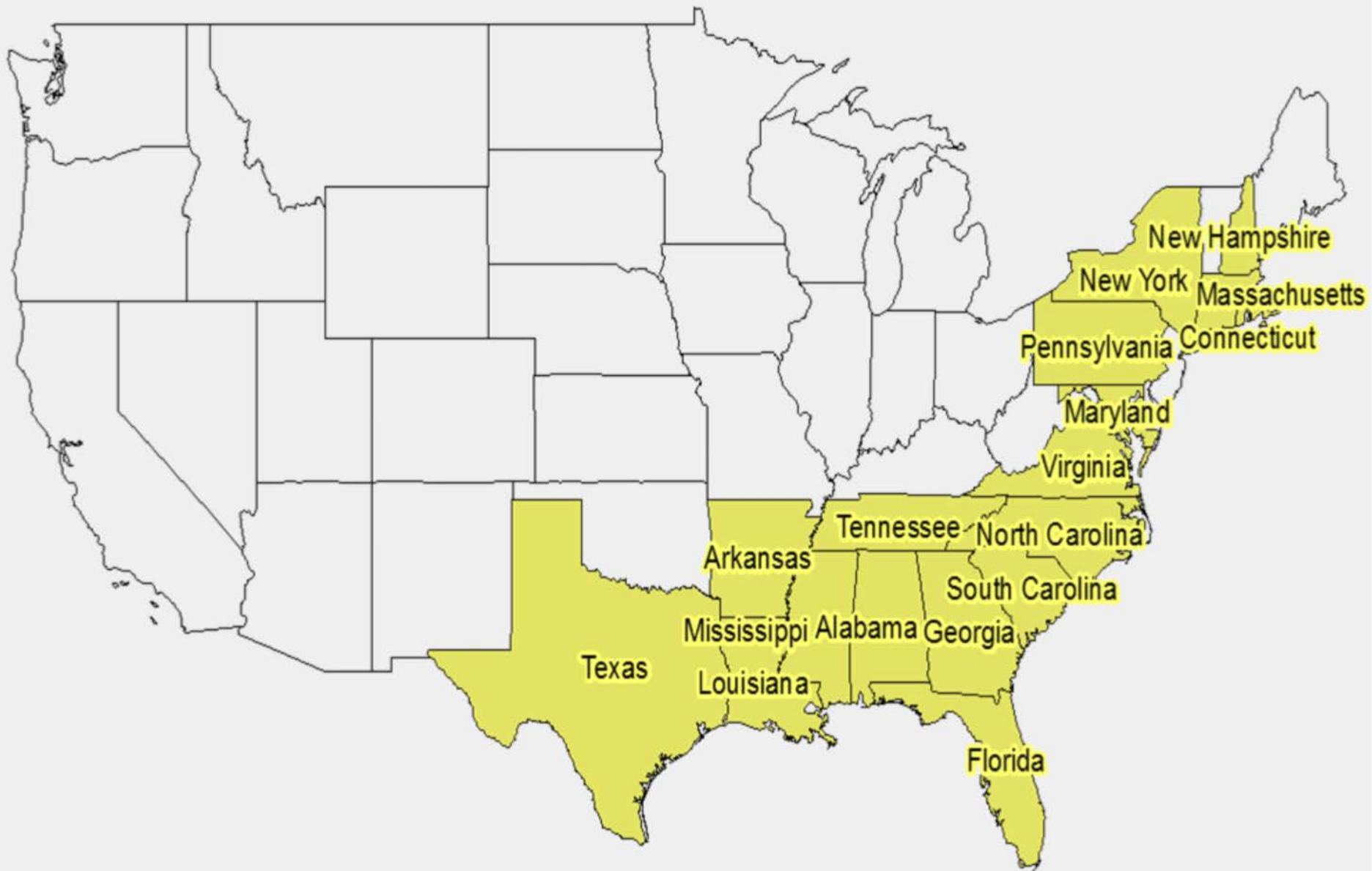
MALARIA CASES IN THE U.S.

During the Civil War
there were 1,316,000
reported cases of malaria
in just the Union troops!

YELLOW FEVER IN THE U.S.

YELLOW FEVER DEATHS IN THE U.S.

| Location | Deaths |
|--------------|----------|
| Boston | 175 |
| New York | 4,809 |
| Philadelphia | 8,164 |
| Baltimore | 3,848 |
| Entire U.S. | >100,000 |



YELLOW FEVER DEATHS IN EUROPE

| Location | Deaths | outbreak year |
|---------------|---------|----------------|
| Barcelona | >20,000 | 1821 |
| Rest of Spain | >40,000 | 1741,1803,1819 |
| Lisbon | >5,000 | 1857 |
| Gibraltar | >7,000 | 1804,1813 |
| Southampton | 10 | 1866 |

Why were these
diseases so common?

and

Why did they
essentially disappear?

WHAT DO

MALARIA

DENGUE

CHIKUNGUNYA

ZIKA

HAVE IN COMMON?

The background is a solid blue color with several faint, light blue technical diagrams. These include circular gauges with scales, some with numbers like 160, 170, 180, 190, 200, 230, 240, 250, and 260. There are also circular arrows indicating rotation and various geometric lines and curves.

ANTHROPONOSES

BASIC TRANSMISSION CYCLE TYPES

ANTHROPONOSIS

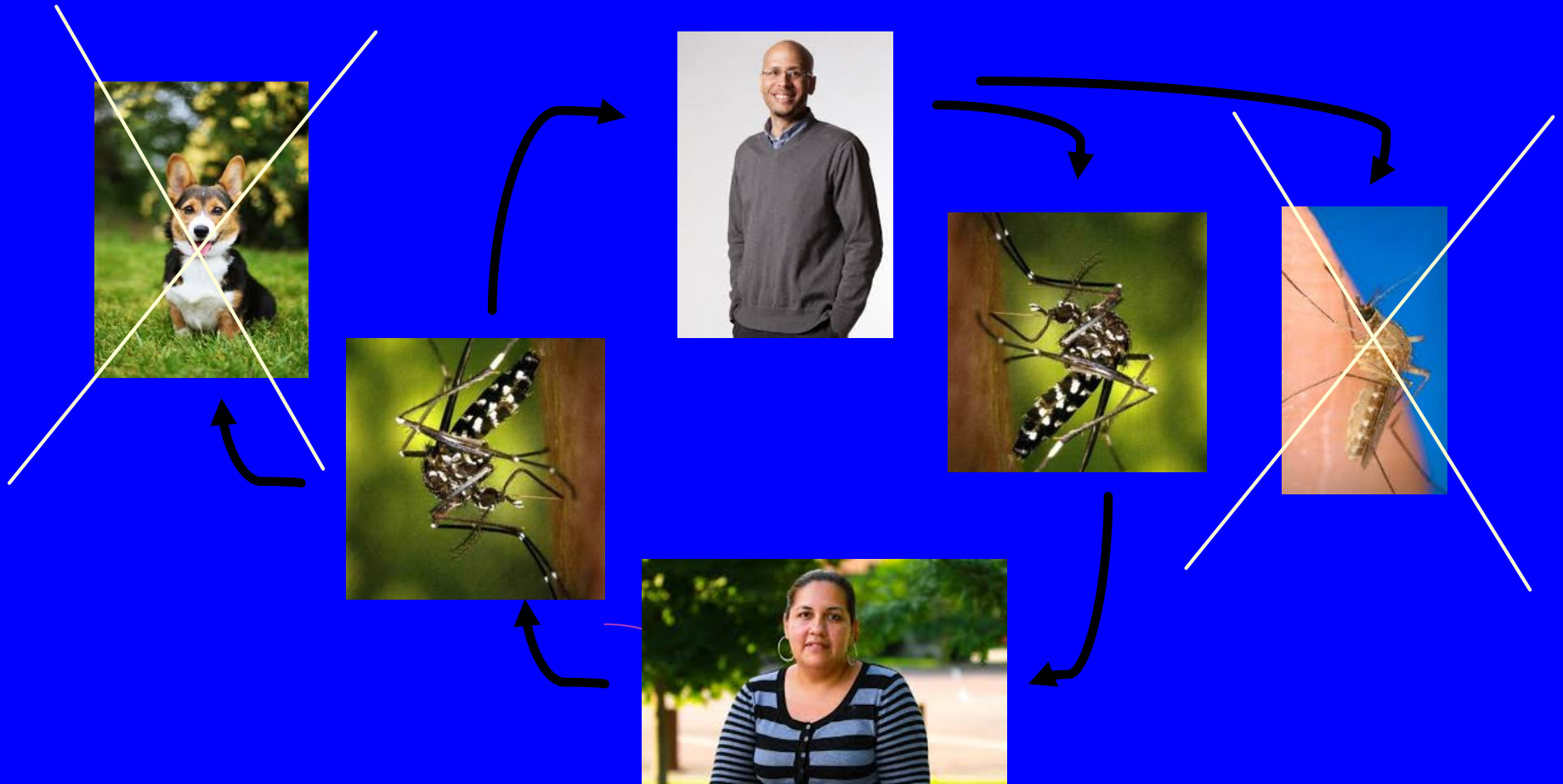
VS

ZOONOSIS

ANTHROPONOSIS

DISEASES WHERE THE
SOURCE IS AN
INFECTIOUS HUMAN

ANTHROPONOSIS



Dengue, chikungunya,
Zika, malaria

ANTHROPONOSIS

MALARIA

DENGUE

CHIKUNGUNYA

WUCHERERIAN FILARIASIS

ZIKA

ANTHROPOONOSIS

REQUIRES HUMANS.

THUS:

- **REDUCTION IN MOSQUITO (VECTOR) POPULATIONS CAN INHIBIT TRANSMISSION**

ANTHROPOONOSIS

REQUIRES HUMANS

THUS:

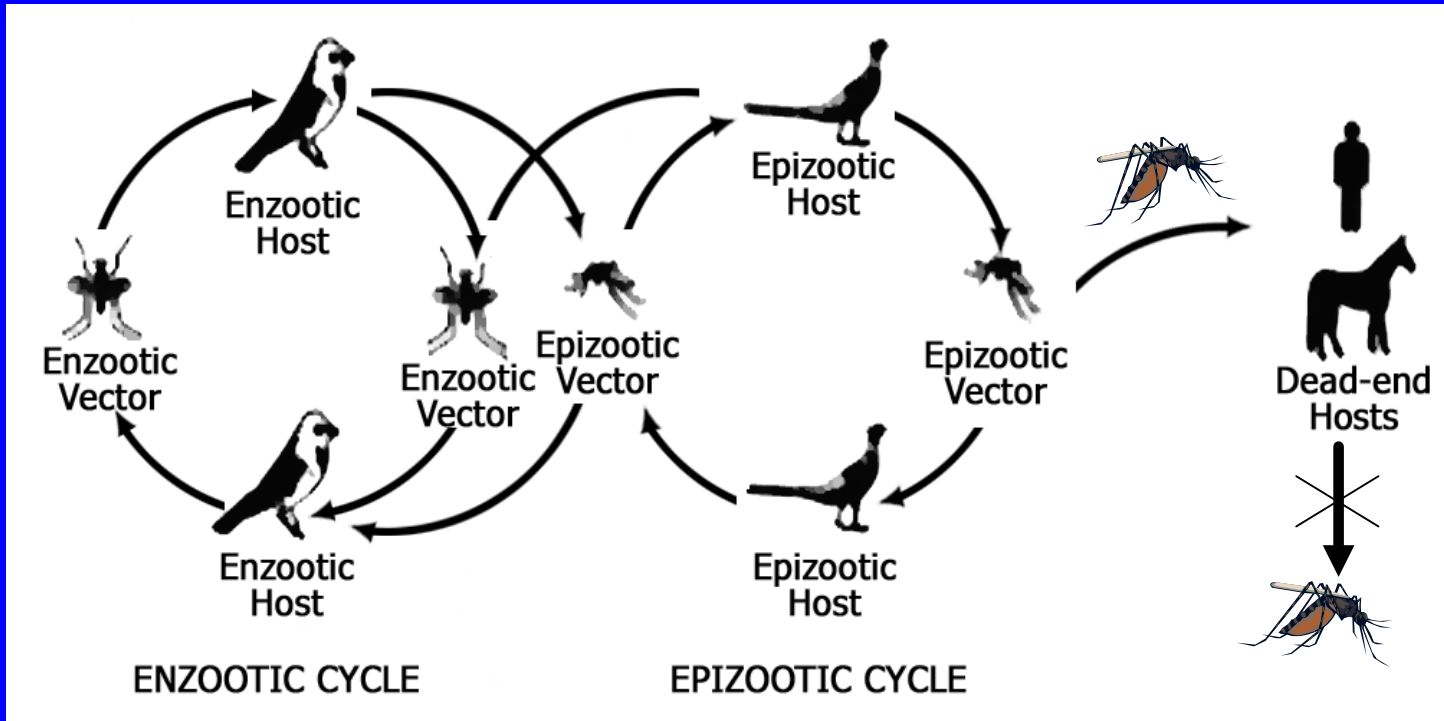
REDUCTION IN MOSQUITO (VECTOR)
POPULATIONS CAN INHIBIT TRANSMISSION

- **REDUCTION IN MOSQUITO-
HUMAN CONTACT CAN
INHIBIT TRANSMISSION**

ZOONOSIS

DISEASES WHERE THE
SOURCE IS AN
INFECTIOUS ANIMAL

ZOOONOSIS



EASTERN EQUINE ENCEPHALITIS

ZOONOSES

WEST NILE (BIRDS)

EASTERN EQUINE ENCEPHALITIS (BIRDS)

ST. LOUIS ENCEPHALITIS (BIRDS)

RIFT VALLEY FEVER (DOMESTIC UNGULATES)

VENEZUELAN EQUINE ENCEPHALITIS (HORSES)

JAPANESE ENCEPHALITIS (BIRDS, PIGS)

LA CROSSE ENCEPHALITIS (SQUIRRELS, CHIPMUNKS)

Back to RECENT HISTORY

CHIKUNGUNYA

2013

Chikungunya cases by year in the U.S.

| Year | Total cases | Local cases | Location |
|------|-------------|-------------|----------|
| 2014 | 2,811 | 12 | FL-12 |
| 2015 | 896 | 1 | TX-1 |
| 2016 | 248 | 0 | |
| 2017 | 114 | 0 | |

CDC: chikungunya

CHIKUNGUNYA

Aedes albopictus

versus

Aedes aegypti

CHIKUNGUNYA

Aedes albopictus

AND THE

A226V MUTATION



Ae. albopictus vs *Ae. aegypti*



| <i>Ae. albopictus</i> | Inf. rate | <i>Ae. aegypti</i> | Inf. rate |
|-----------------------|-----------|--------------------|-----------|
| GENTILLY | 47 | ROCKEFELLER | 15 |
| OAHU | 39 | LAS VIRTUDES | 14 |
| MADAGASCAR | 39 | GENTILLY | 9 |
| SABAH | 38 | FOSTER | 4 |
| SAO PAULO | 32 | DAKAR | 4 |
| OKINAWA | 32 | REX | 2 |
| ZAMA | 28 | THAILAND | 0 |
| POLK | 22 | | |
| HOUSTON | 20 | | |
| TAIWAN | 16 | | |

DENGUE, ZIKA, YELLOW FEVER, AND CHIKUNGUNYA
HAVE ESSENTIALLY THE SAME LIFE CYCLE

Aedes aegypti or *Ae. albopictus*

and

humans



Zika cases by year in the U.S.

| Year | Total cases | Local cases | Location |
|------|-------------|-------------|--------------|
| 2015 | 61 | 0 | |
| 2016 | 5,102 | 224 | FL-218, TX-6 |
| 2017 | 407 | 4 | FL-2, TX-2 |

WHAT IS THE RISK OF A NEW
PATHOGEN BEING IMPORTED
TO THE U.S.?

ANTHROPONOSIS

VS

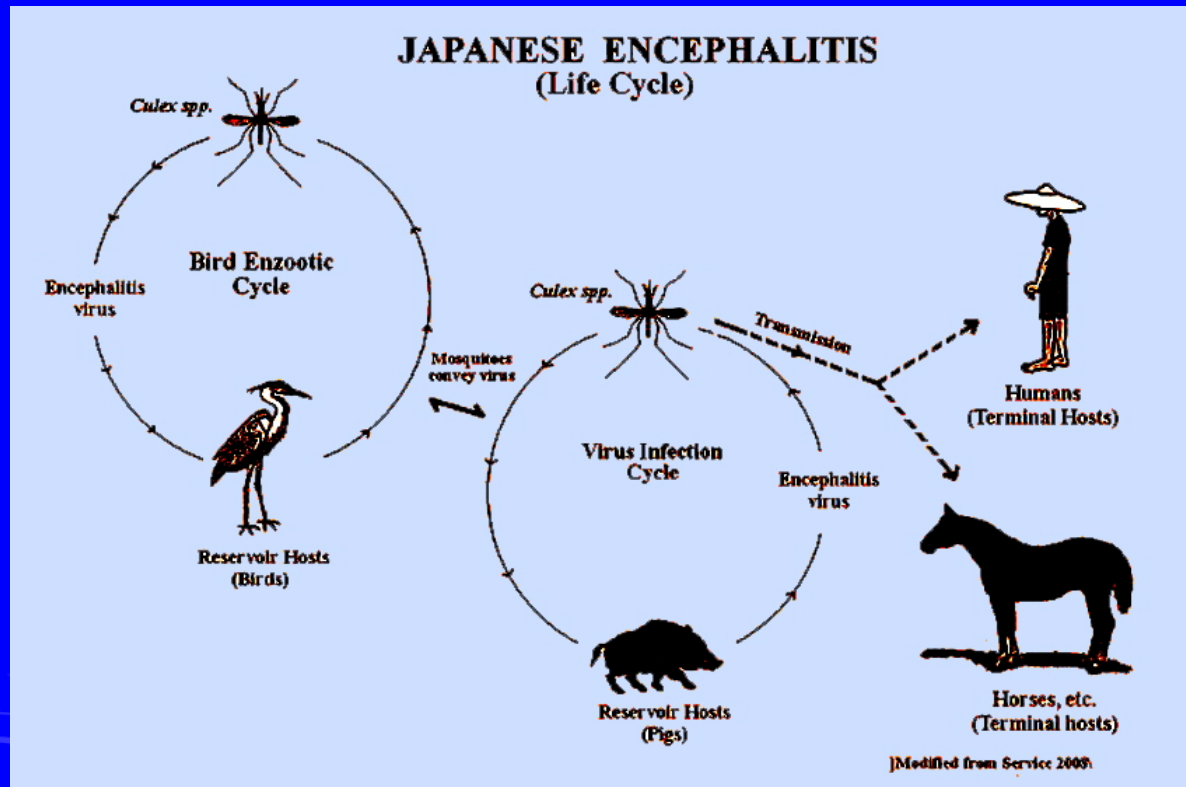
ZOONOSIS

WHICH OTHER VIRUSES
ARE OF
PARTICULAR CONCERN?

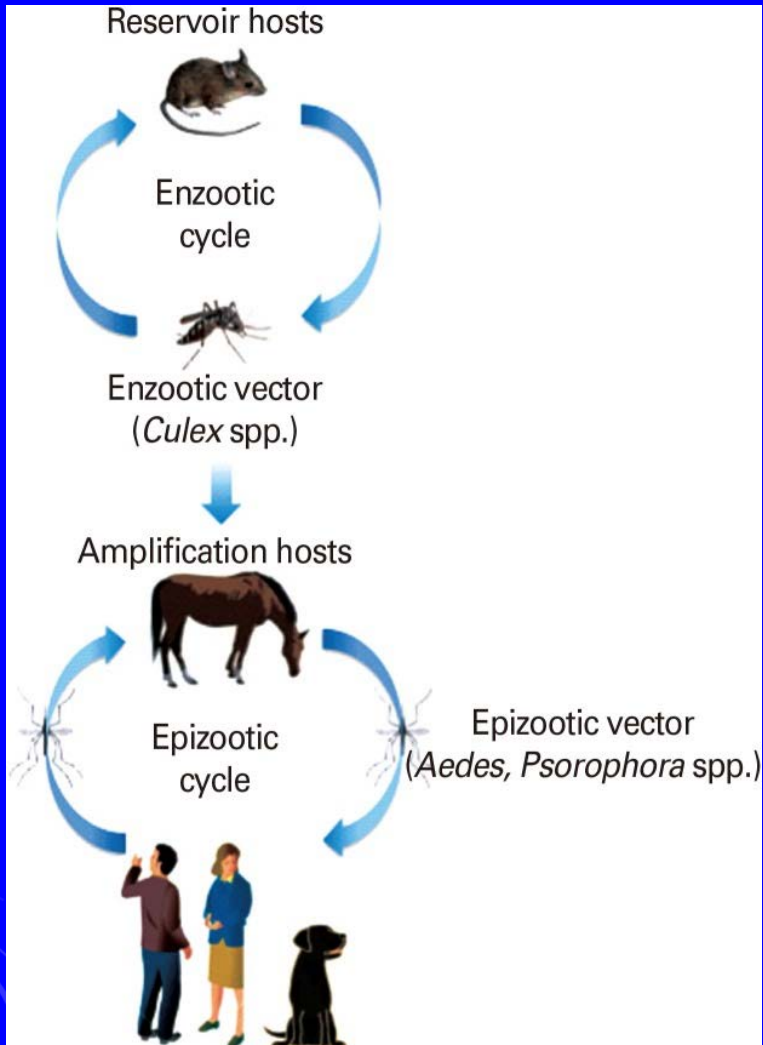
Rift Valley fever




Japanese encephalitis




Venezuelan equine encephalitis



and what needs to
be done?

The background is a solid blue color with several faint, light blue circular patterns. One prominent pattern in the upper right quadrant is a circular scale with numerical markings from 0 to 250 in increments of 10. Other patterns include concentric circles and dashed lines with arrows, suggesting a technical or scientific theme.

Restore and improve our mosquito control programs

The background is a solid blue color. It features several faint, white circular patterns. In the top right corner, there is a large circular scale with numbers from 0 to 200 in increments of 10. There are also smaller circular patterns with arrows indicating a clockwise direction, located in the top left, bottom right, and bottom left corners.

1. Restore and improve our
mosquito control programs

2. Public education

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2. Public education
3. Basic knowledge on which mosquitoes should be prioritized for control

1. Restore and improve our mosquito control programs
2. Public education
3. Basic knowledge on which mosquitoes should be prioritized for control
4. Better diagnostics

QUESTIONS?