



Update on Recent Trends of Vector borne diseases Globally and in Asia Pacific

OIE Regional Workshop on Vector-borne disease
10 September 2018

AUSTRALIAN ANIMAL HEALTH LABORATORY
www.csiro.au



Overview

- Vectors and vector-borne diseases
- Emerging
 - Schmallenberg
- Expanded geographical distribution
 - Bluetongue
 - Zika
- Epizootic
 - Murray Valley Encephalitis
- Challenges

Vectors

- Vectors: mosquitoes, ticks, flies, sandflies, midges, fleas, triatomine bugs, freshwater aquatic snails
- Viruses, bacteria, protozoa, nematodes
- Impacts on human & animal health
 - mortality, morbidity, economic, food security
- Vector borne diseases account for more than 17% of all infectious diseases in people, causing more than 700 000 deaths annually
- One-quarter of the terrestrial vertebrate pathogens of concern to the OIE are vector borne

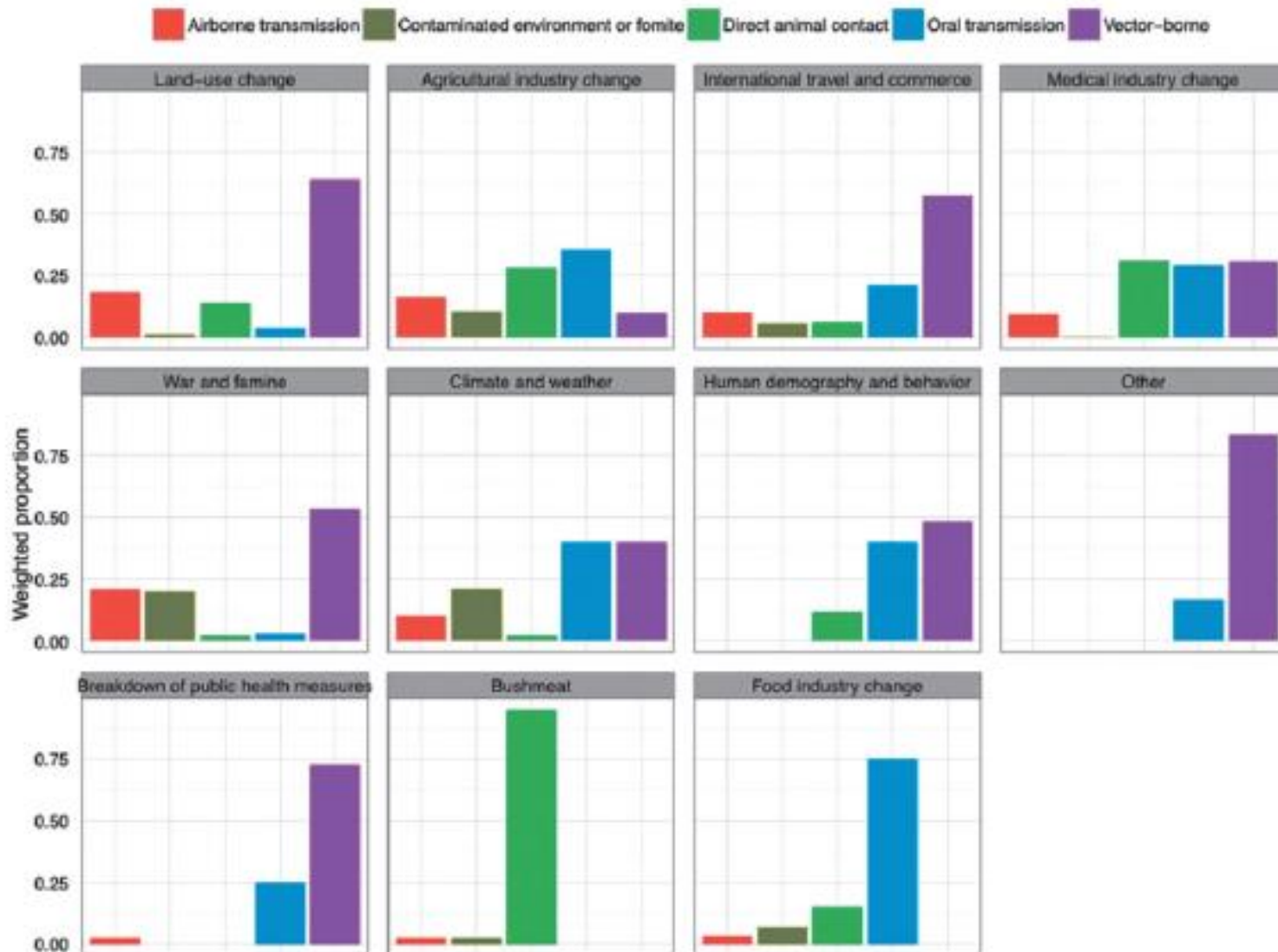
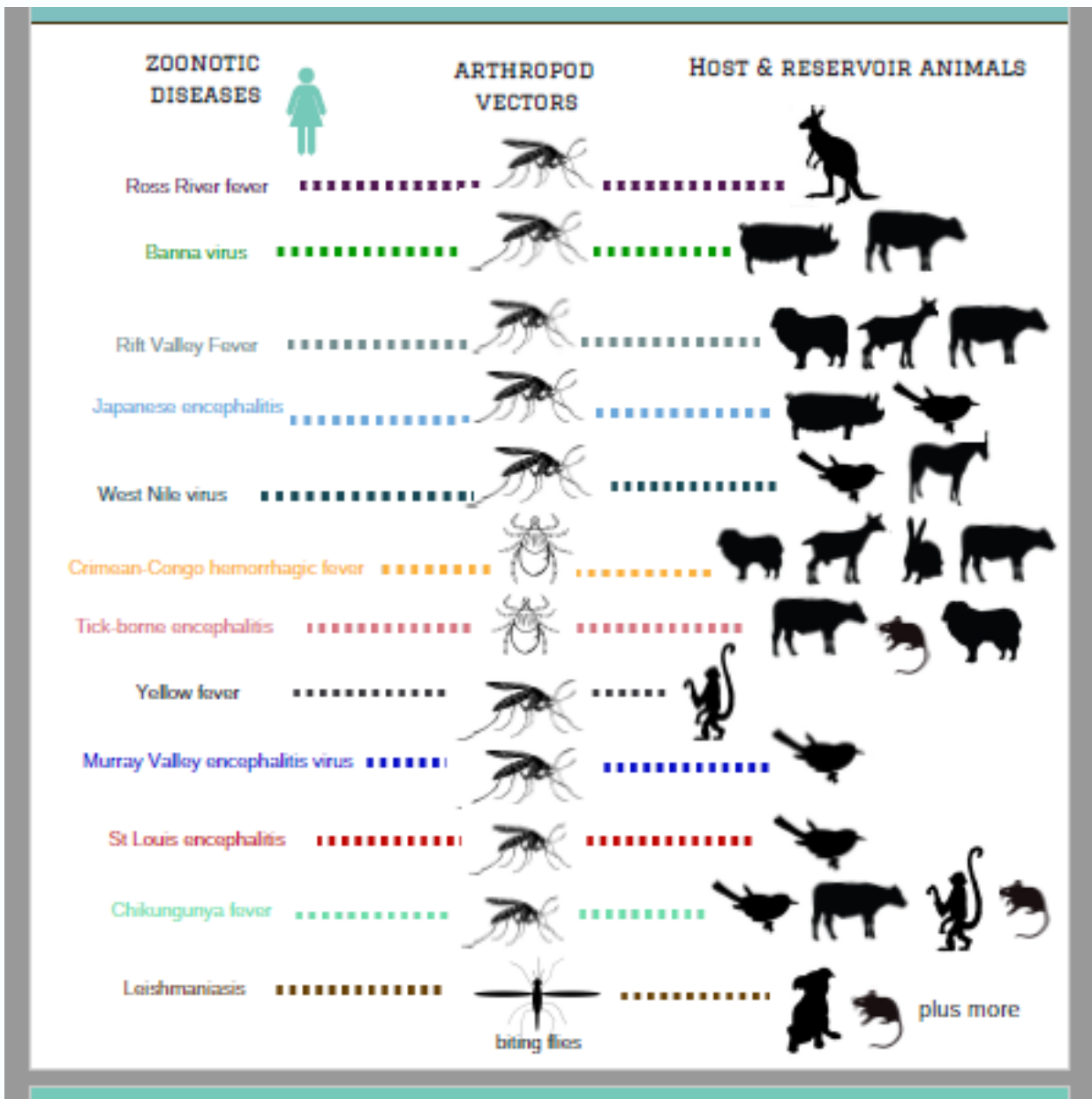


FIG. 2. Scaled number of zoonotic emerging infectious diseases (EID) events ($n = 145$) per transmission route categorized by the primary driver of disease emergence for each pathogen.



From: World Veterinary Association brochure 2015

Emerging Schmallenberg Virus



Background

Emergence of a new bunyavirus

- (1st phase) In summer/ autumn 2011, unidentified disease in dairy cattle reported in North Rhine-Westphalia, Germany and Netherlands
 - Fever, decreased milk production, diarrhoea
- (2nd phase) From early December, first reported in the Netherlands
 - Congenital malformations in newborn lambs
- Metagenomics analysis (454) by FLI (Germany) of 3 bovine blood samples identified a novel ***Orthobunyavirus***
 - Schmallenberg (SBV)
 - Of the 18 serogroups in Orthobunyavirus genus, SBV belongs to the Simbu serogroup (Akabane, Aino, Simbu, Douglas etc)



Clinical features

Adults

- Cattle: mild symptoms (milk drop, fever, diarrhoea), subside within a few days
- Sheep and goats: no symptoms reported
- Viraemia short (1-6 days)



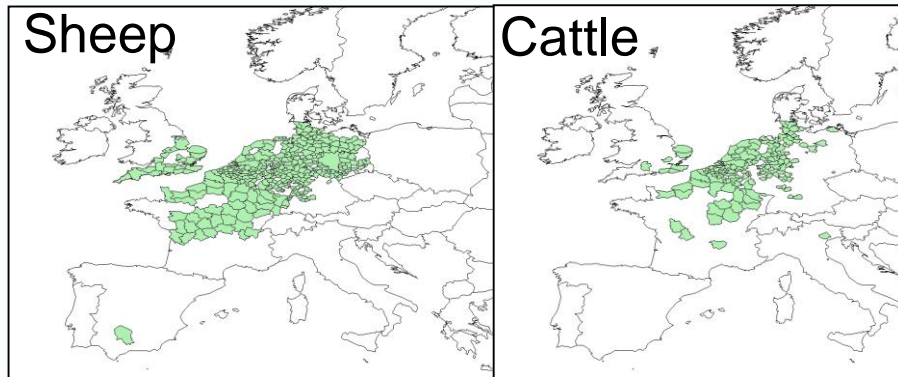
Foetal infection

- Abortion, mummified foetuses, premature or stillbirths, weak offspring, malformed lambs and calves
 - Malformations:
 - Severe arthrogryposis (ankylosis, tendon shortening)
 - Torticollis (twisted neck)
 - Hydrocephalus (accumulation of CSF, absence of brain structures)
- 'arthrogryposis hydranencephaly syndrome (AHS)'

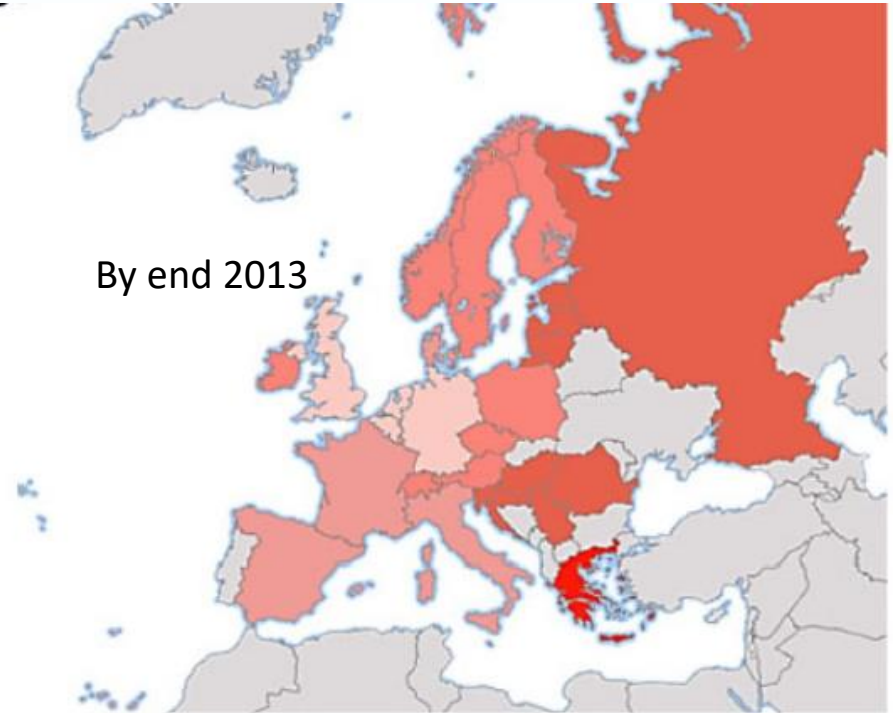


Epidemiology

Geographic range: locations of SBV



European Food Safety Authority 2012 Technical



- Retrospective testing of serum from 2010 – negative for SBV antibodies;
- After first vector season – 70-100% prevalence in Germany, Netherlands, Belgium
- Geographical distribution now assumed to be across Europe

Epidemiology

Transmission

- Consistent with transmission of other Simbu group viruses
 - A number of *Culicoides* species implicated in transmission (varying levels of experimental evidence)
 - Transplacental infection (role in transmission minor)
 - No evidence of mosquito involvement
 - Limited evidence of transovarial transmission
 - No evidence of direct horizontal transmission
-
- Clinical signs, viraemia, seropositives in cattle, sheep, goats
 - A range of other species can be infected



Impact

- Frequency of clinical disease in adults low
- Impact greatest among sheep flocks
- Primarily on animal welfare, production
- Economic impacts (trade restrictions, costs of treatment, vaccination, birthing losses)
- 2012 = completely naïve population: worse case scenario
- Expect cyclical cases as per Akabane in Australia
 - Related to herd immunity, environmental conditions

Expanded Geographical Distribution

Bluetongue

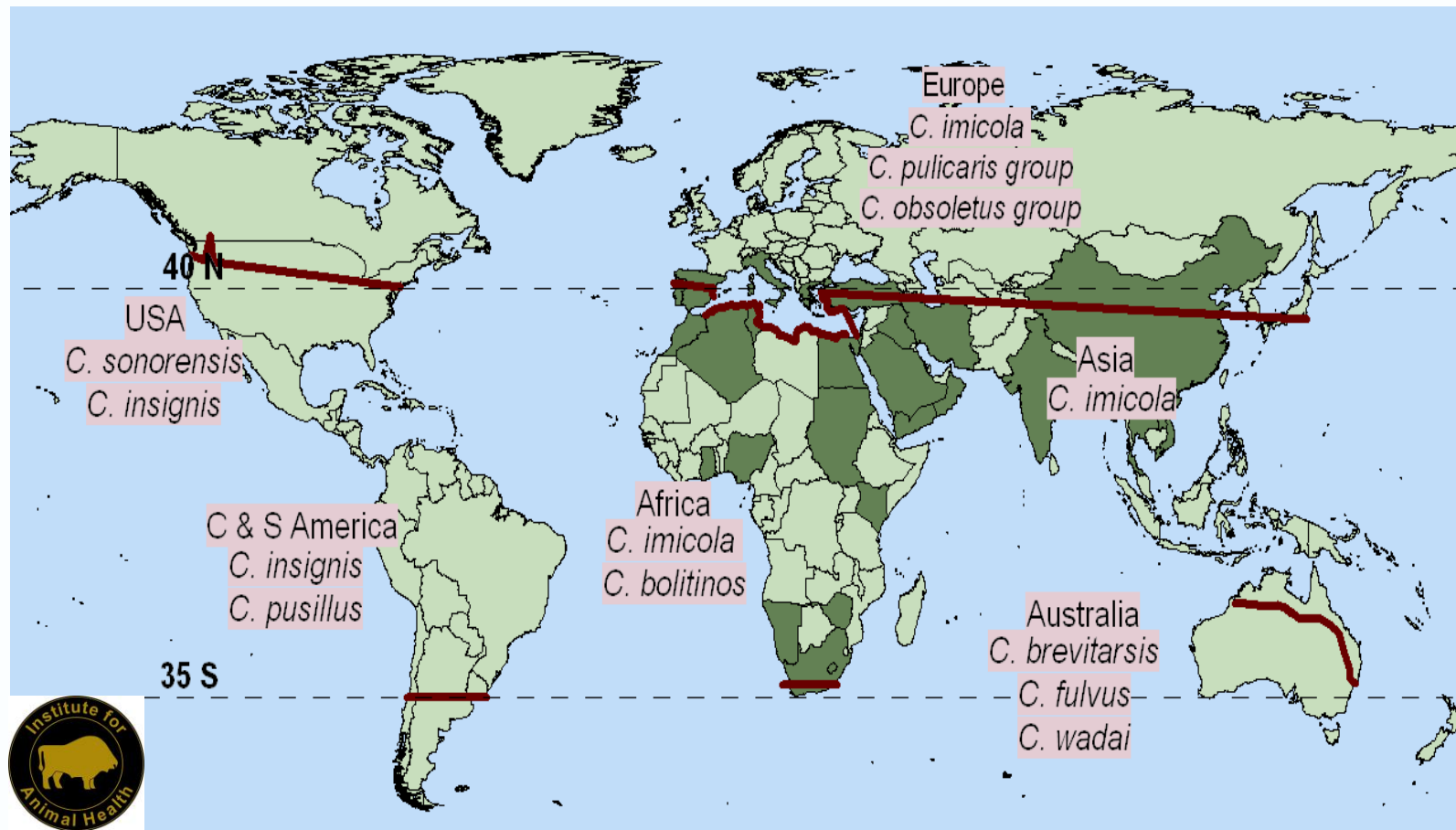
Zika

(West Nile Virus, African Swine
Fever ...)

Global Distribution & Epidemiology

Pre ~ 2000

- Band 40°N and 35°S – tropical, subtropical, temperate



Global Distribution & Epidemiology

Post ~2000

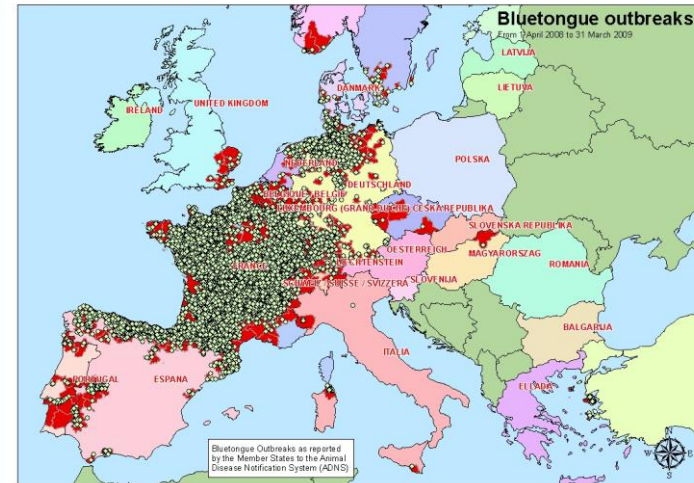
Mediterranean Outbreak 1997-2005

- 6 strains comprising 5 serotypes
- A number of countries infected for the first time
- Increasing range of *C. imicola*



BTV-8 Europe 2006-2008

- Involvement of new vector species (*C. dewulfi*)
- Changed pathogenicity (cattle)
- A jump to an area previously thought not susceptible
- Controlled with vaccination



Global Distribution & Epidemiology

Post ~2000

Industries | Fri Sep 11, 2015 1:38pm EDT

Related: NON-CYCLICAL CONSU

France to vaccinate livestock following bluetongue outbreak

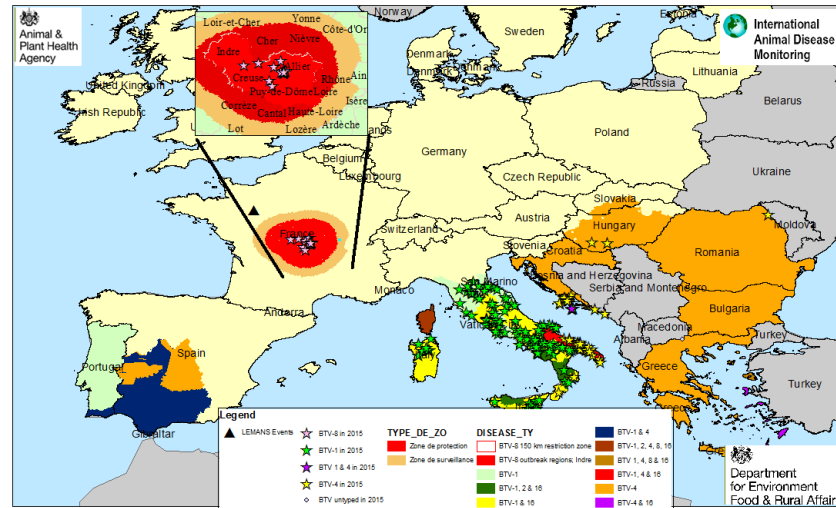
PARIS, SEPT 11



Bluetongue, France

Information received on 11/09/2015 from Dr Loic Evain, Directeur Général ad
Ministère de l'Agriculture, de l'Agroalimentaire et de la Forêt, Paris, France
Summary

Report type	Immediate notification
Date of start of the event	21/08/2015
Date of confirmation of the event	11/09/2015
Report date	11/09/2015
Date submitted to OIE	11/09/2015
Reason for notification	Reoccurrence of a listed disease
Date of previous occurrence	2010
Manifestation of disease	Clinical disease
Causal agent	Bluetongue virus
Serotype	8
Nature of diagnosis	Laboratory (advanced)
This event pertains to	a defined zone within the country



Map Prepared by IDM
Absolute Scale 1:17,500,000

BTV-8 in France, current Restriction Zones* and other BTV outbreaks for 2015

* restriction zones are available on the EC website and not necessarily correctly represented here due to GIS issues

BTV re-detected, France, September 2015; last seen in France in 2010
 Closely related to previous BTV-8 virus
 Low morbidity, but disease seen in both cattle and sheep



Emergence of BTVs in non-endemic areas

- BTV-2 detected in California, 2010; closely related to BTV-2 from Florida
- BTV-6, -11, 14 live attenuated vaccine strains detected in Europe (BTV-14 also in Russia, Poland, Lithuania)
- Complex interplay of environmental & anthropogenic factors
- Local vector population needs to have competence for transmission of the given serotype!
- BTV-25+ - differ in terms of epidemiology, clinical signs...

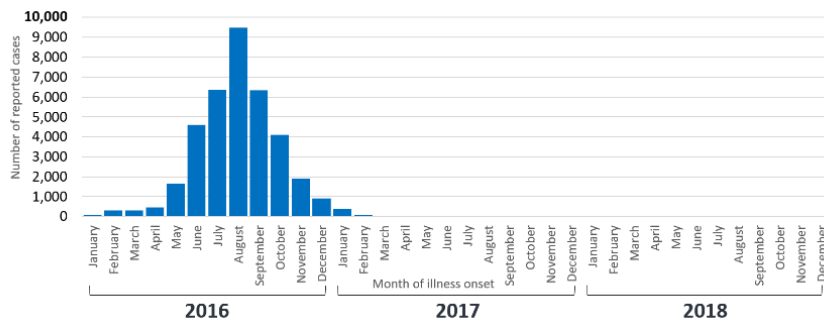
Zika Virus

- First discovered in 1947; named after the Zika Forest in Uganda
- First human cases 1952; since then outbreaks reported in tropical Africa, Southeast Asia, and the Pacific Islands
- Before 2007, 14 cases of Zika had been documented
 - Under-reporting likely as symptoms similar to those of many other diseases, many cases may not have been recognized
- Primary mode of transmission:
 - Vectored by *Aedes aegypti* or *Aedes albopictus*
- Secondary modes of transmission:
 - Vertical, sexual transmission, laboratory exposure

Zika - Timeline

- 2007: first large outbreak on Pacific Island of Yap in the Federated States of Micronesia
- 2013-14 Outbreaks occur in 4 other groups of Pacific islands: French Polynesia, Easter Island, the Cook Islands, and New Caledonia
- Early 2015: range of clinical syndromes in Brazil (early cases not suspected of Zika); >7000 mild cases across 3 months
- Declared an international emergency in February 2016

Figure 2: Laboratory-confirmed symptomatic Zika virus disease cases* with illness onset in 2016–2018, reported to ArboNET by territories – United States (provisional data as of August 1, 2018)



1 January 2015-August 2018:
>42 000 cases in USA &
territories (Source: CDC)

Global status of Zika virus

MAP DATE: 07 October 2016



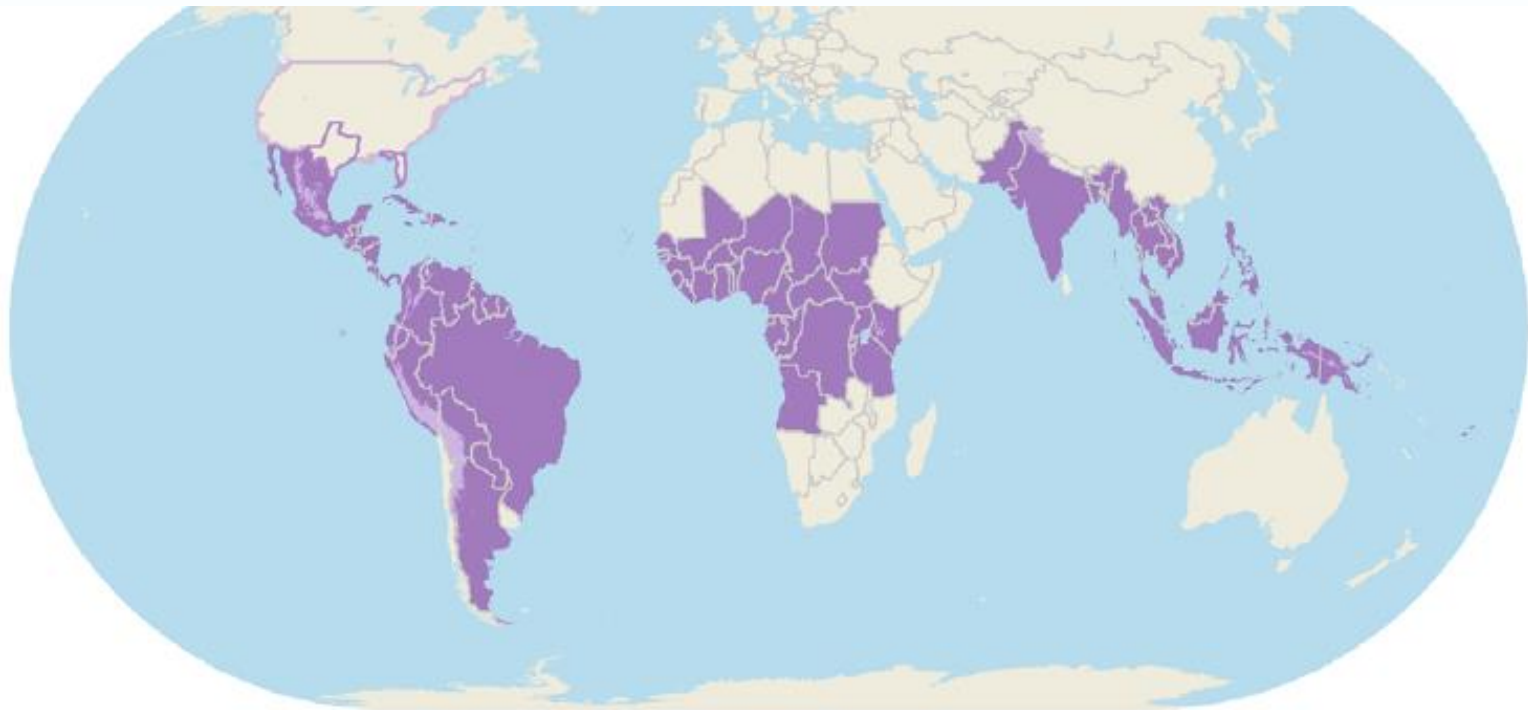
- Countries with a reported outbreak from 2015 onwards
- Countries with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016
- Countries with evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016, or outbreak terminated

- Disputed Areas
- Disputed Borders






The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

World Map – Areas of Zika Risk



International areas and US territories

-  Area with risk of Zika infection (below 6,500 feet)*
-  Area with low likelihood of Zika infection (above 6,500 feet)*
-  Areas with no known risk of Zika infection

United States areas

-  State previously Reporting Zika
-  No Known Zika

Source: CDC

Epizootic

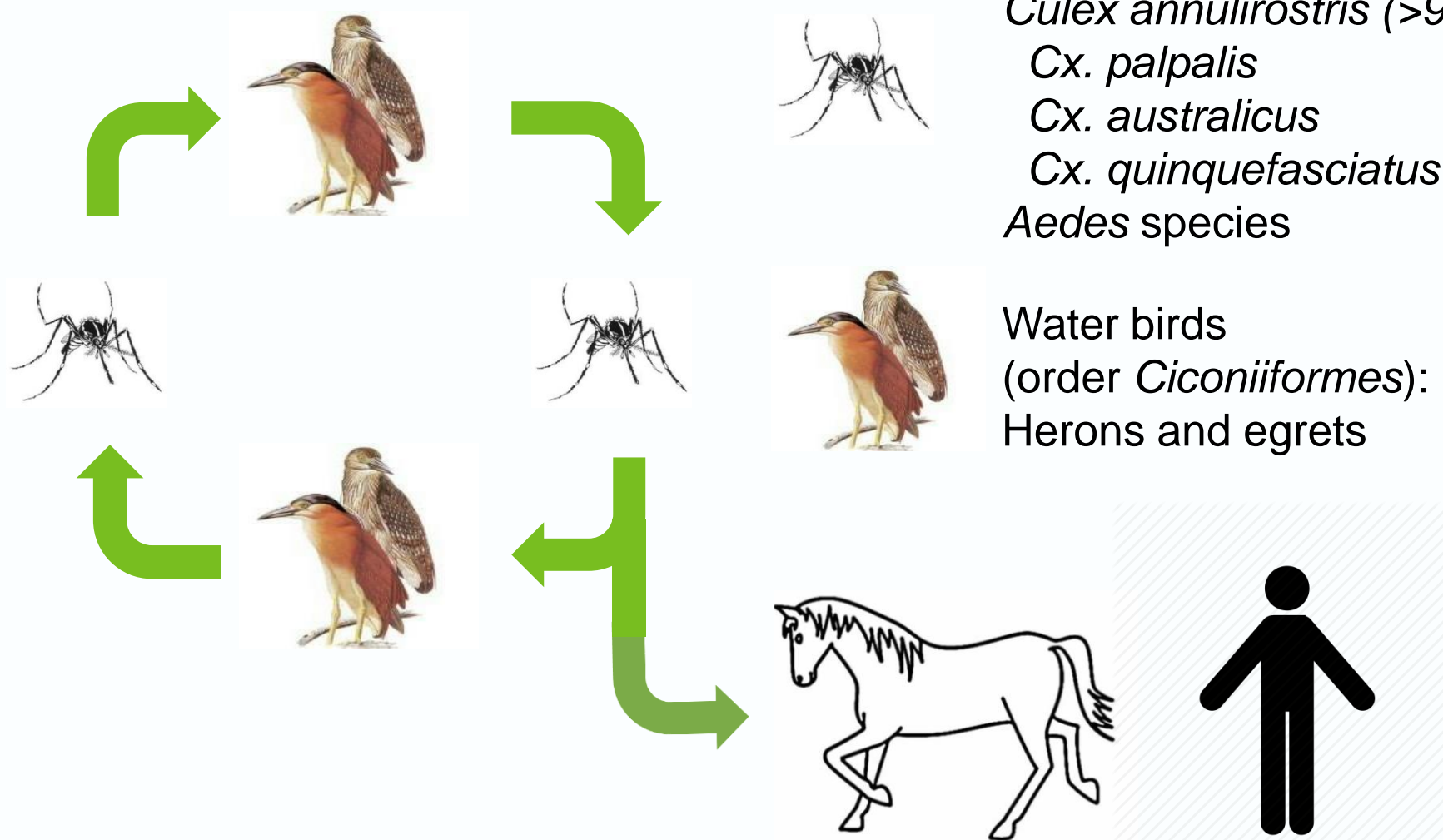
Murray Valley Encephalitis

Murray Valley Encephalitis (MVE)

- Most important cause of vector-borne encephalitis in Australia
 - Humans ~20% case-fatality rate
 - Horses ~10%
- Epidemics in Australia
 - **1917-1925** - Eastern states (281 human cases)
 - **1950-51** – SE states, first isolate from Murray Valley (45 human)
 - **1974** – nationwide, centred in Murray Valley (58 human)
 - **2011** – nationwide (17 human, ~100 equine)
- Sporadic cases between epidemics
- Since 1974, ~130 human MVE cases reported
 - majority in northwestern Australia
- Documented cases in PNG



MVE - Transmission Cycle



Culex annulirostris (>90%)

Cx. palpalis

Cx. australicus

Cx. quinquefasciatus

Aedes species

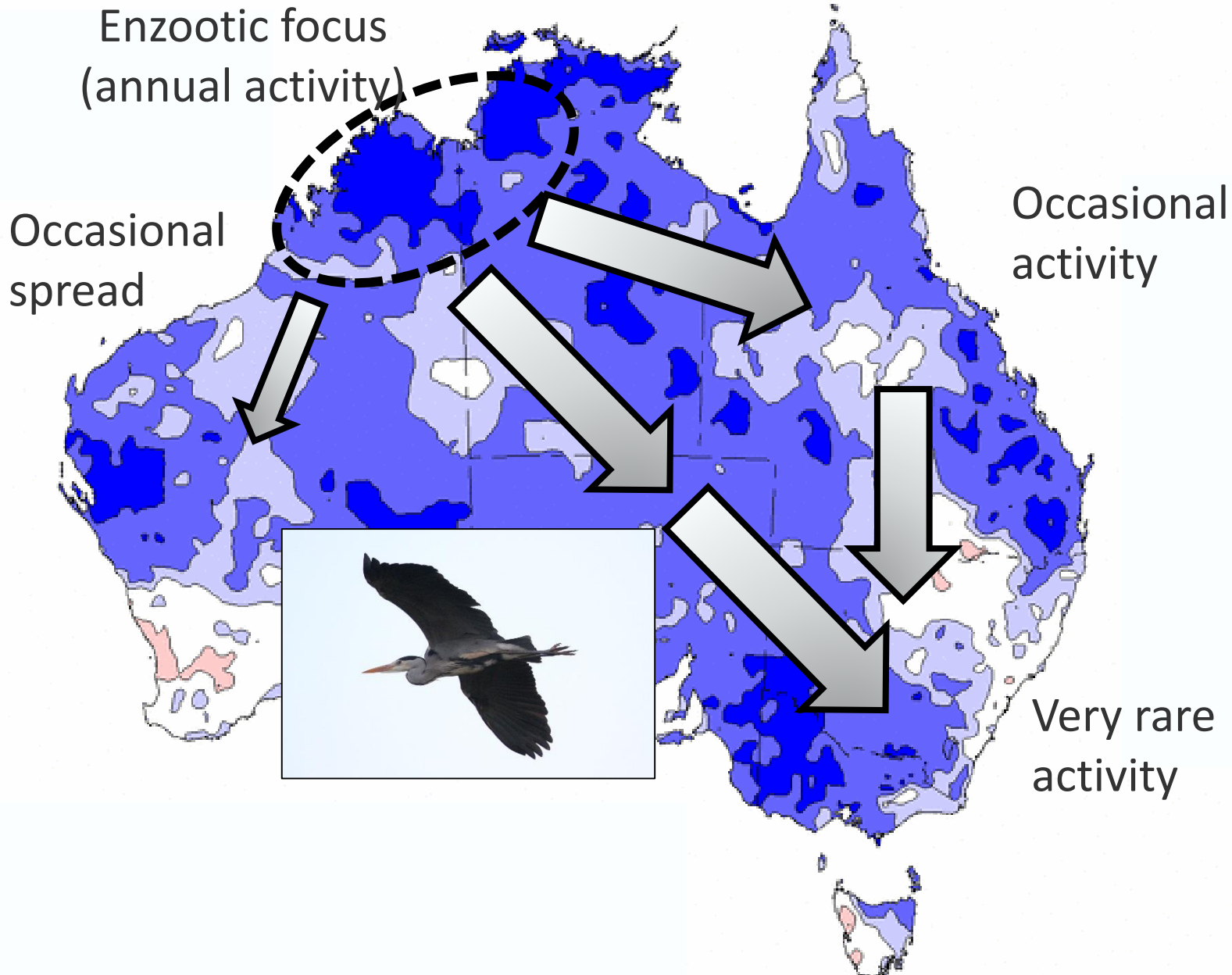
Water birds

(order *Ciconiiformes*):

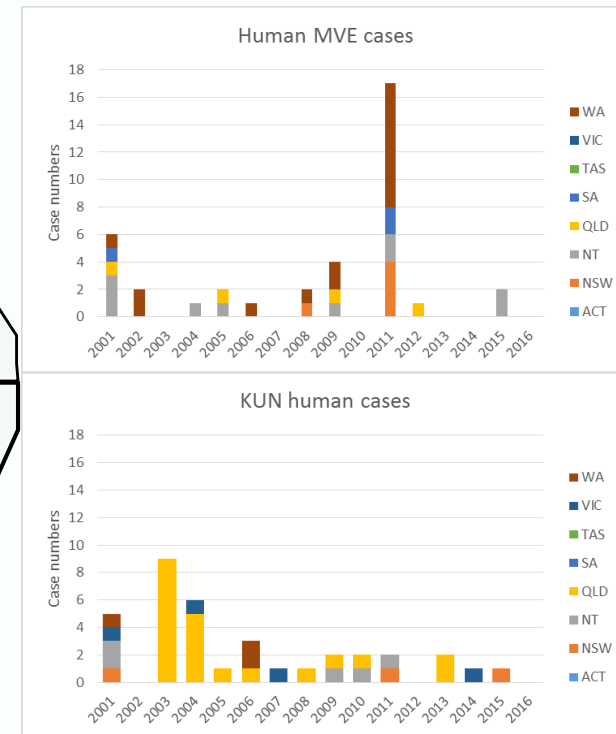
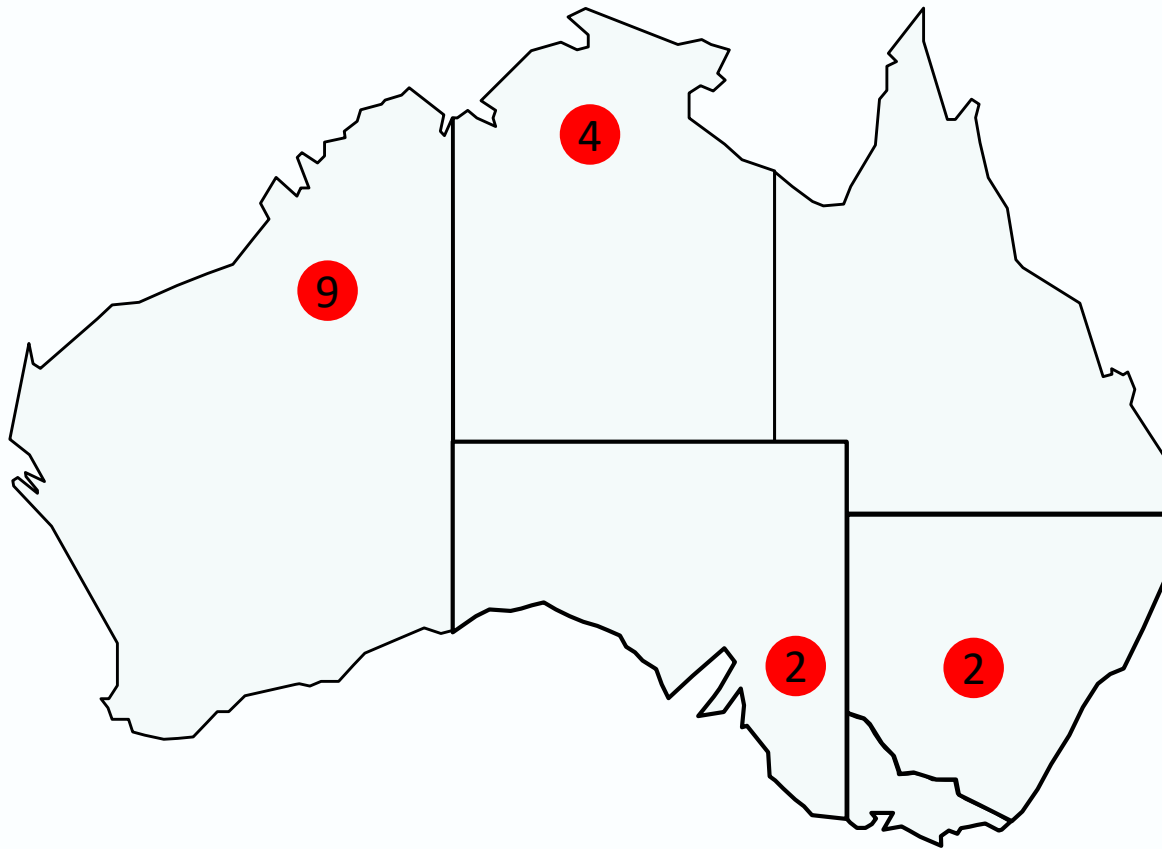
Herons and egrets

Dead-end

MVE - Virus movement



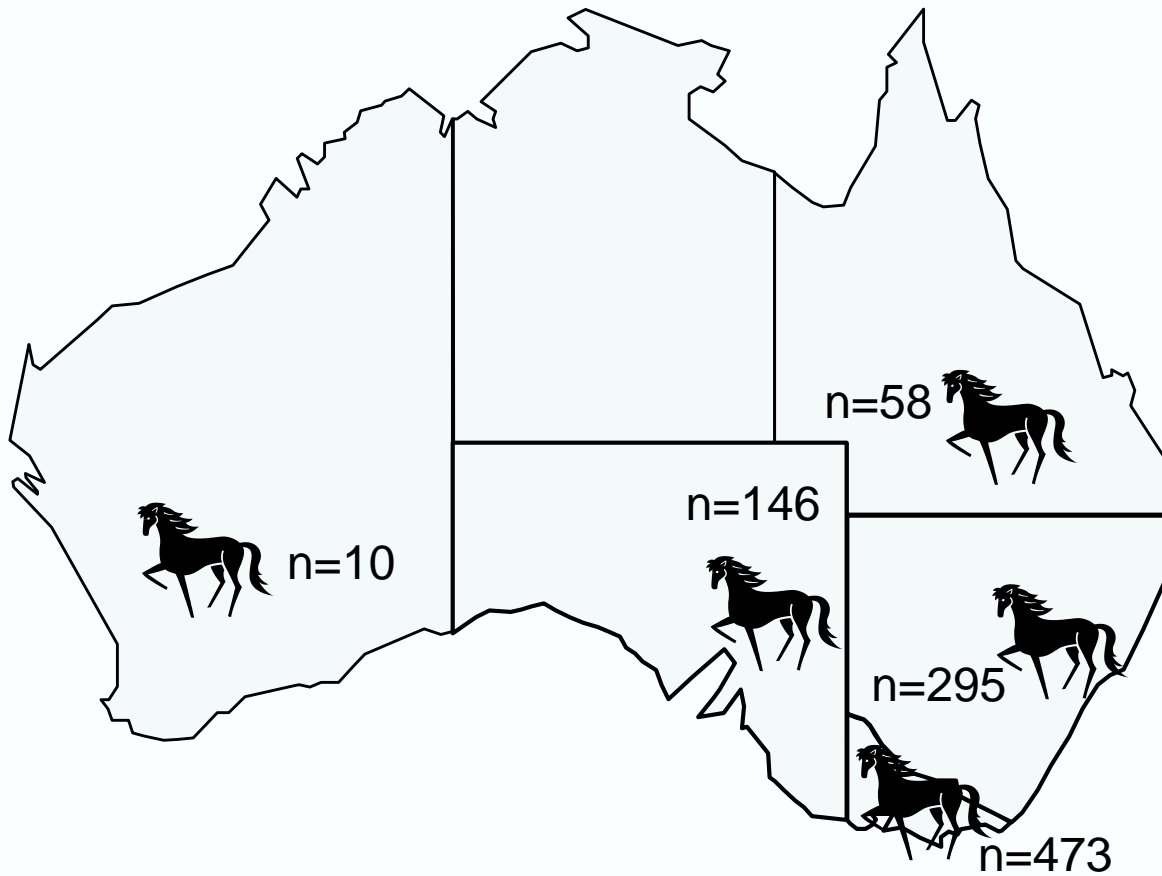
MVEV re-emergence in Southeast Australia, 2011



MVEV/KUNV re-emergence in SE Australia, 2011

982 cases, Jan-Jun
91 deaths (CFR ~5-20%)

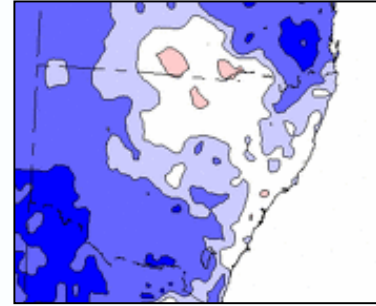
MVEV: ~100 cases
KUNV: ~150 cases
(RRV: ~200 cases)



Factors underlying epizootic of MVEV, 2011

Environmental:

- Heavy rainfall and extensive flooding in Southeast Australia
→ increased mosquito and wild bird populations
- Exceptions: Equine cases in parts of NSW despite below average rainfall and low mosquito populations



Human:

- Low immunity to MVE (non-immune workers and tourists living and travelling in endemic and epidemic areas)

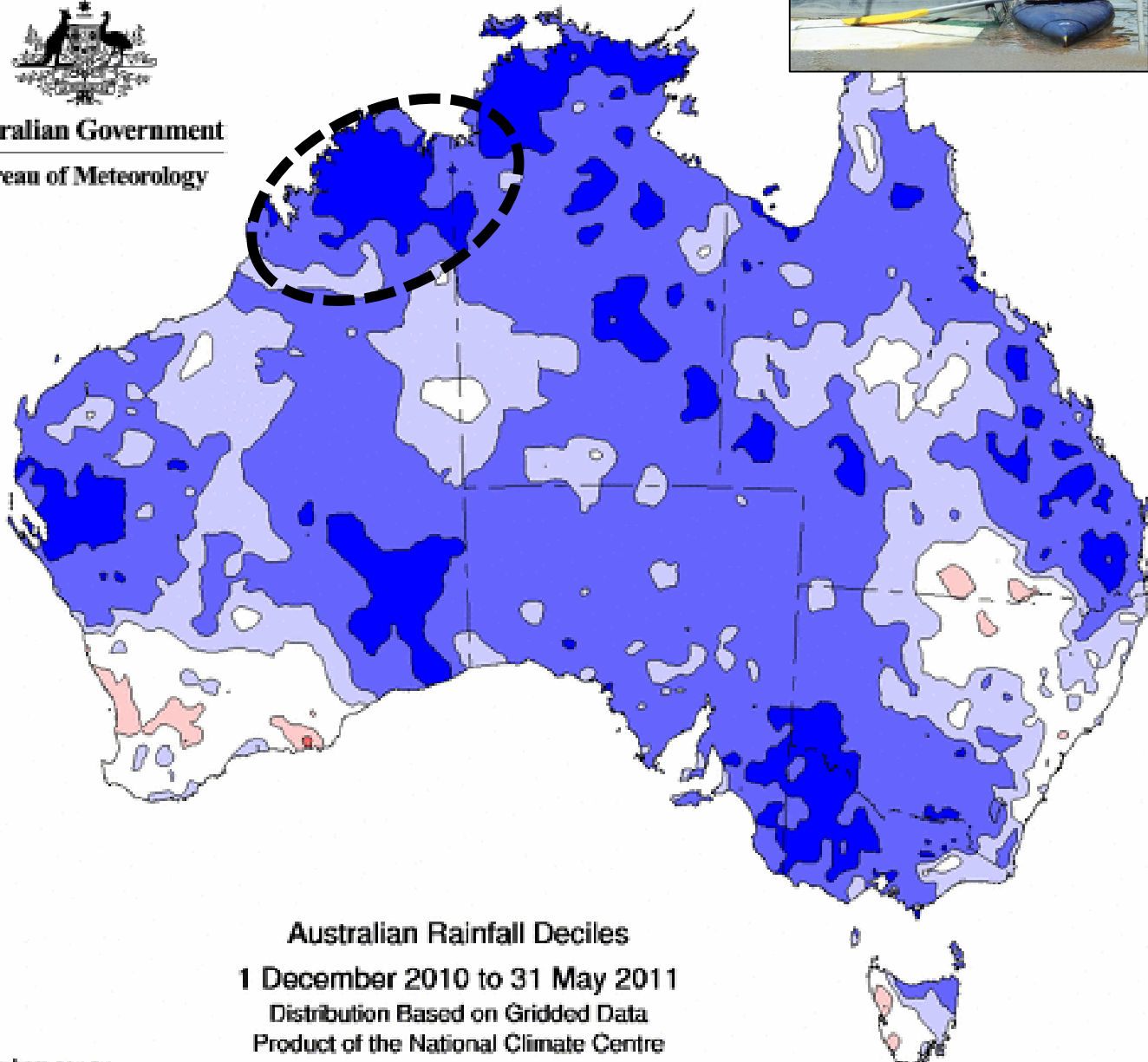
Viral:

- MVEV – sublineage (G1b) associated with SE Australian activity
→ fitter? (Williams *et al.*, 2016 PLoS NTD)

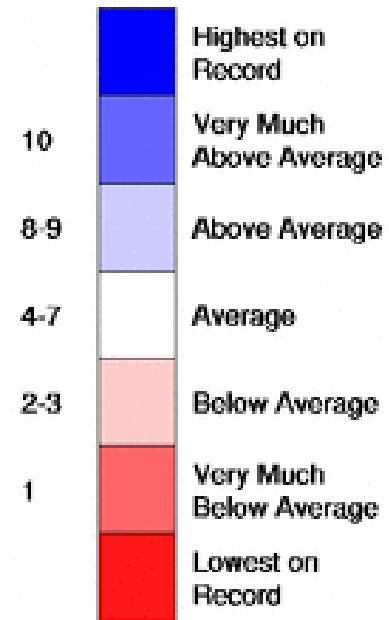
Rainfall Dec 2010 – May 2011



Australian Government
Bureau of Meteorology



Rainfall Decile Ranges



Australian Rainfall Deciles
1 December 2010 to 31 May 2011
Distribution Based on Gridded Data
Product of the National Climate Centre

The complex interplay between host, virus, vector factors driving emergence and vector distribution underscore the importance of regional laboratory based surveillance in both people and animals, in a multi-disciplinary One Health approach (public health, veterinary health, entomologists, sociologists. .)



Thank you

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**With thanks to David Williams
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slides.**