



Vector-Borne diseases epidemiology in the Middle East and GCC

Workshop on: "Towards improved understanding & control of Vector-Borne Diseases in GCC and the Arabian Peninsula 29-30 July 2024 - UAE

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- Key elements of vector borne diseases
- VBD of major concern in the in the Middle East and GCC (BT, LSD, CCH, RVF)

Contents



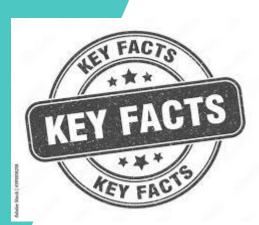
Source: CDC

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Vector-Borne diseases epidemiology

- Vector-borne diseases (VBDs) comprise a diverse group of illnesses caused by various pathogens transmitted by arthropod vectors, including mosquitoes, fleas, ticks, and sand flies.
- VBDs represent a significant threat to both human and animal health, with recent years seeing a troubling increase in their prevalence and spread
- Every year there are about 700,000 human deaths from vector-borne diseases occur worldwide.





Vector-Borne diseases epidemiology

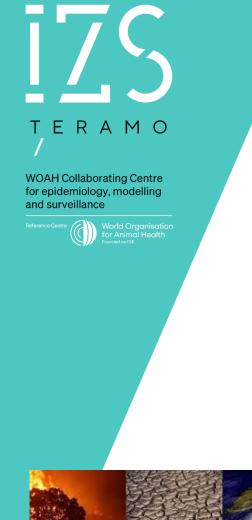
Vectors can transmit infectious diseases either **actively or passively**:

- Biological vectors, such as mosquitoes and ticks may carry pathogens that can multiply within their bodies and be delivered to new hosts, usually by biting.
- Mechanical vectors, such as flies can pick up infectious agents on the outside of their bodies and transmit them through physical contact.



Some vectors are able to move **considerable distances**. Vectors can be introduced to new geographic areas for example by:

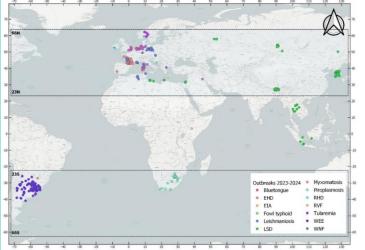
- travel of humans and international trade;
- animal movement, for instance of livestock;
- migratory birds;
- changing agricultural practices;
- or the wind.





- Climatic conditions are modifying the presence and persistence of vectors and consequently the likelihood of VBD introduction and circulation
- the impact of climate change on the epidemiology of VBD is also a growing concern, with changes in vector density, activity periods and geographical distribution being observed
 - The biological and non-biological pathways through which climate change affects VBD transmission are **not fully understood**

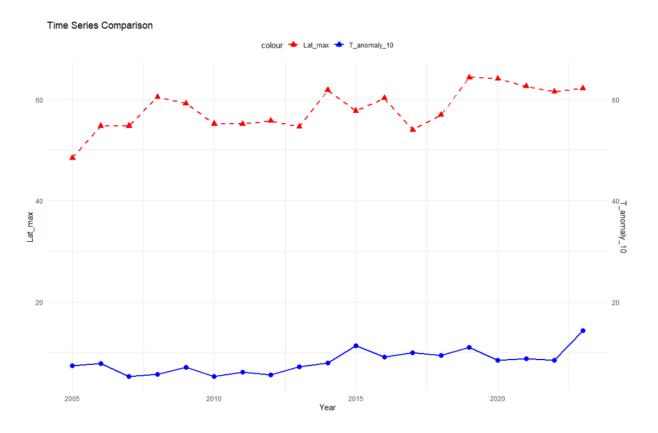




Source: WOAH's report on the "Animal Health Situation Worldwide

- Of the 90 diseases of terrestrial animals currently listed by WOAH, almost a third are vector-borne (entirely or for which vectors play an important role), some of which have shown a significant evolution in 2023 and early 2024
 - It is worth noting that **99% of the VBD** outbreaks reported as exceptional events in 2023 and early 2024 were detected in **temperate regions** (i.e. between 23.5° and 66.5° N/S of the Equator)





Health Situation Worldwide

Figure 18. Time series comparison of the maximum annual latitude at which outbreaks were reported and the global annual anomaly temperature detection for the period 2005–2023. For the comparison, the temperature anomaly values have been multiplied by a factor of 10







Bluetongue is a non-contagious, insect-borne, viral disease of ruminants. Bluetongue virus (BTV) belongs to the genus Orbivirus in the family **Reoviridae**

Bluetongue

- 27 serotypes have been identified, partially correlated each other (in vitro crossreactions and in vivo crossprotection
- **Majority** of infections with bluetongue are **clinically inapparent**. In infected sheep and occasionally other ruminants, more severe disease can occur
- Bluetongue has a strong impact on trade









Vectors of Bluetongue

Several species of Culicoides

- C. imicola (Africa, Mediterranean)
- C. Obsoletus complex (Cyprus, 1977; Bulgaria, 1999; Italy 2002)
- C. Pulicaris complex (Italy)
- C. chiopterus, C. dewulfi (North Europe)
- C. brevitarsis, C. fulvus, C. oxystoma, C. peregrinus (Australia)
- C. variipennis, C. insignis (North America)



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Midges have different reproduction habitats according to their species:

- C. imicola needs moist soil (mud) exposed to sunlight
- C. obsoletus breeds in shadowy areas (woods)









Adult midges may spread:

- ACTIVELY (a few hundred meters)
- **PASSIVELY** carried by wind:
 - Surface winds -> tens of Km
 - High altitude airstreams ->hundreds of Km

Resistance of midges at low temperatures

• C. imicola eggs at temperatures below 6 °C may survive 2 months Larval stage may persist for months

Vectors of Bluetongue

• Adult C. imicola may survive 2 weeks at -1,5 °C

Adults below +12°C are not active

BUT they die only when temperature remains close to 0°C for 1 week



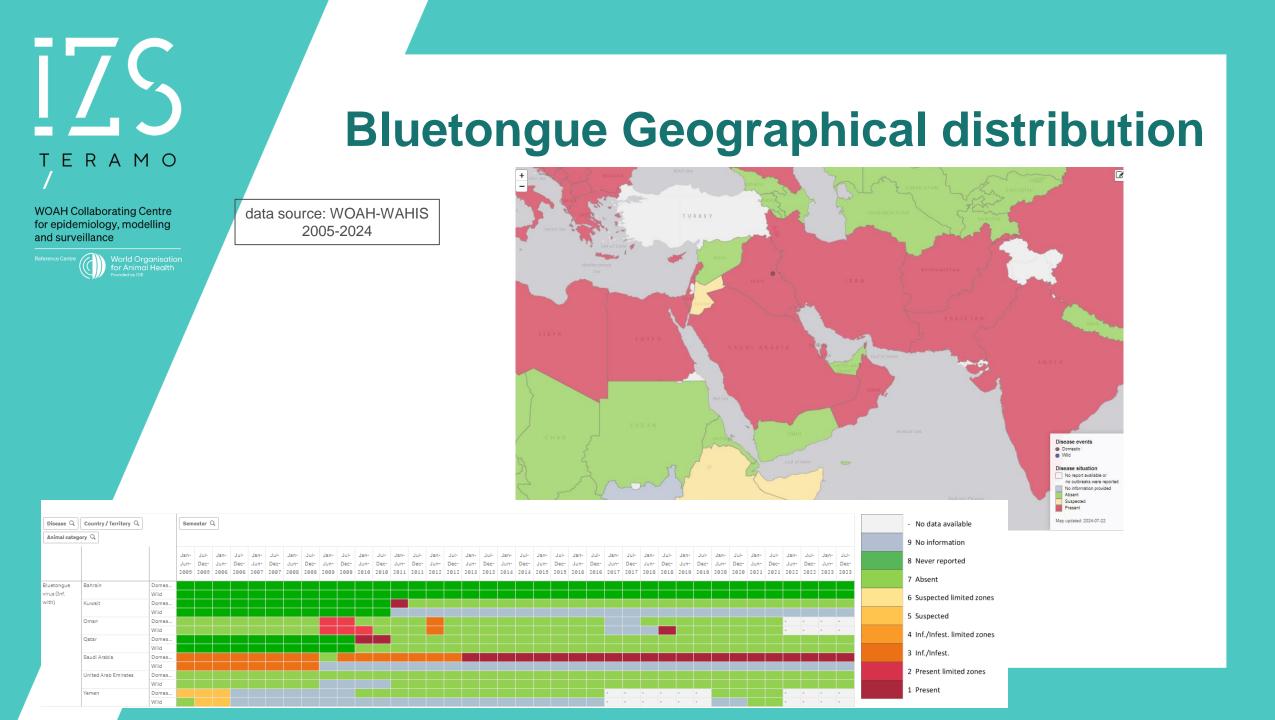


Differential diagnoses Bluetongue

- foot-and-mouth disease,
- vesicular stomatitis,
- peste de petits ruminants,
- malignant catarrhal fever,
- bovine virus diarrhea,
- contagious pustular dermatitis (contagious ecthyma), infectious bovine rhinotracheitis,
- parainfluenza-3 infection, sheep pox, foot rot, actinobacillosis, Oestrus ovis infestation, and plant photosensitization. I

Live attenuated and inactivated vaccines

In cattle and deer, epizootic hemorrhagic disease can also result in similar symptoms.





rence Centre World Organisc for Animal Heal A viral disease of cattle characterised by severe losses,

especially in naive animals.

Family Poxviridae, Subfamily Chordopoxviridae Genus Capripoxvirus.

Symptoms include:

Fever,
Nodules on the skin, mucous membranes and internal organs
Emaciation
Enlarged lymph nodes
Edema of the skin
Sometimes death





Mechanical vectors: Mosquitoes, biting flies and ticks





Risk factor Lumpy skin disease

- The main risk factors of LSD spread are associated with the introduction of the virus through blood-feeding insects at short distance scale and through legal or illegal animal movements at long distance.
- Cattle density, higher temperatures and rainfalls correlated with a higher vector activity should be considered factors able to increase the risk of outbreaks.









Vector- Lumpy skin disease

- It seems that Stomoxys calcitrans (stable fly) is the most competent vector of LSDV, as well as the mosquito species Aedes aegypti.
- By contrast, Culicoides nubeculosus (biting midges), Anopheles stephensi and Culex quinquefasciatus (mosquitoes) are likely to be <u>inefficient</u> vectors of LSDV. It is suggested that horseflies, as Haematopota spp and Tabanus bromiums, could be more effective in transmitting the virus than the stable fly and albeit non-biting flies as Musca domestica and Muscina stabulans could be LSDV carriers.



Vector- Lumpy skin disease

LSDV was isolated from hard ticks as Dermacentor marginatus, Hyalomma asiaticum, Rhipicephalus appendiculatus, R. Boophilus, Amblyomma hebraeum, Hyalomma truncatum. Moreover, intrastadial transmission and transtadial persistence of the virus was demonstrated by Amblyomma hebraeum, R. appendiculatus ticks, which may play an important role in the transmission of LSDV. Moreover, transovarial passage occurred in Rhipicephalus annulatus, and the virus could persist through the winter in A. hebraeum nymphs and R. decoloratus, implying that these ticks might serve as a reservoir.



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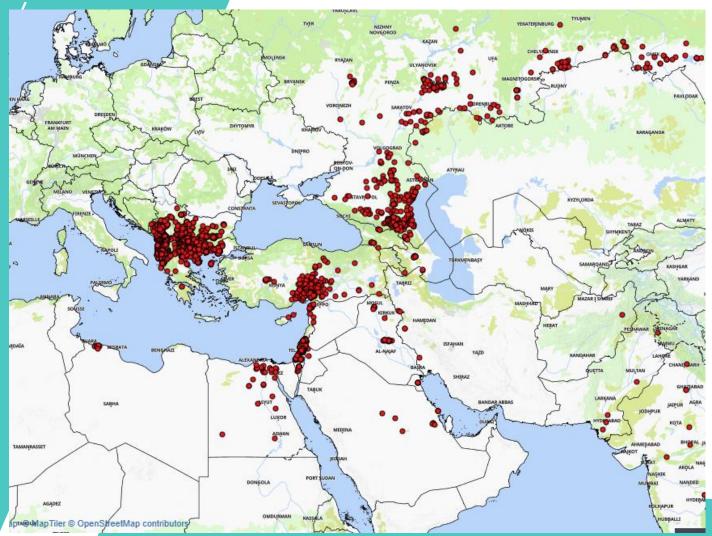
Live attenuated heterologous and homologous vaccines

Lumpy skin disease . Differntial diagnosis

Other differential diagnosis for	Differential diagnosis for mucosal
integumentary lesions	lesions
Dermatophilosis	Foot and mouth disease
(Dermatophilus Congolensis)	
Dermatophytosis	Bluetongue
Photosensitisation	Bovine viral diarrhea
Actinomycosis	Malignant catarrhal fever
Actinobacilosis	Infectious bovine rhinotracheitis
Urticaria	Bovine paopular stomatitis
Tick bites	
Besnoitiosis	
Nocardiasis	
Demodicosis	
Onchocerciasis	
Pseudo-cowpox and cowpox	
Epitheliotrope cutaneous lymphoma and	
cutaneous lymphoma	

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LSD - Historical perspective



1929-1989 in Africa mainly in cattle 1989 Israel

1991-2010 WOAH official report of outbreaks in <u>Kuwait</u> in <u>Lebanon Yemen</u>, <u>United Arab Emirates</u>, <u>Bahrain</u>, Israel in and <u>Oman</u>, in cattle

2012: outbreaks in Turkey, Jordan, Iraq, Palestinian Autonomous Territories, Azerbaijan, Iran and <u>Kuwait</u>

2015 111 outbreaks in Greece; first epidemic in Russia and Saudi Arabia

2015-2021 outbreaks and cases reported in Europe, Georgia, Kazakhstan, Albania, Bulgaria, Montenegro, North Macedonia and Serbia

2021-2023 in the last two years three countries reported the disease for the first time: <u>Afghanistan</u>, Indonesia and <u>Lybia</u>

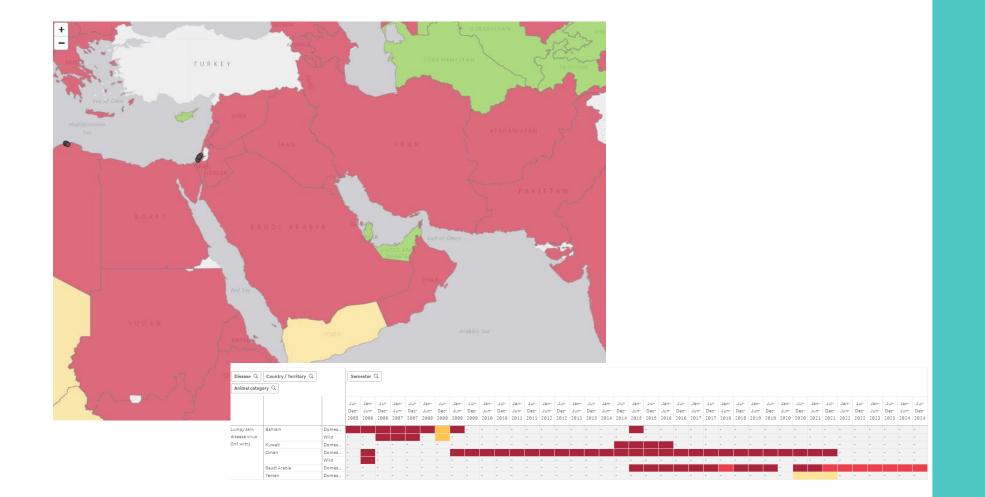
(in the map) **1970-2023** LSD outbreaks (source: FAO Empres-i)





data source: WOAH-WAHIS 2005-2024

Lumpy skin disease







RVF is a mosquito-borne viral disease affecting both domestic and wild ruminants, especially sheep, cattle and goats as well as humans (WOAH, 2019)
Young lambs and goats (kids) mortality rates of 70-100%.
Calves and sheep: mortality rates of 20-70%
Adult animals and humans mortality rates less than 10%

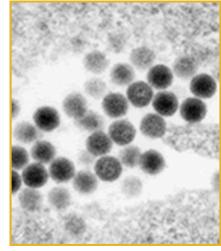
Family Phenuiviridae **Order** Bunyavirales.

Symptoms include:

- •Fever
- Listlessness
- Anorexia
- Disinclination to move
- •Abortions and high morbidity and mortality rates in neonatal animals.
- •"Abortion storm" in sheep

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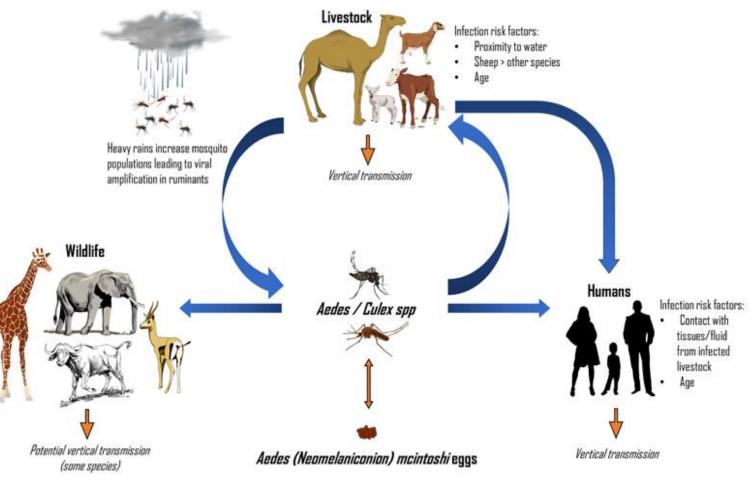
Vectors: primarily by Culex spp. and Aedes spp. mosquitoes



Rift Valley Fever







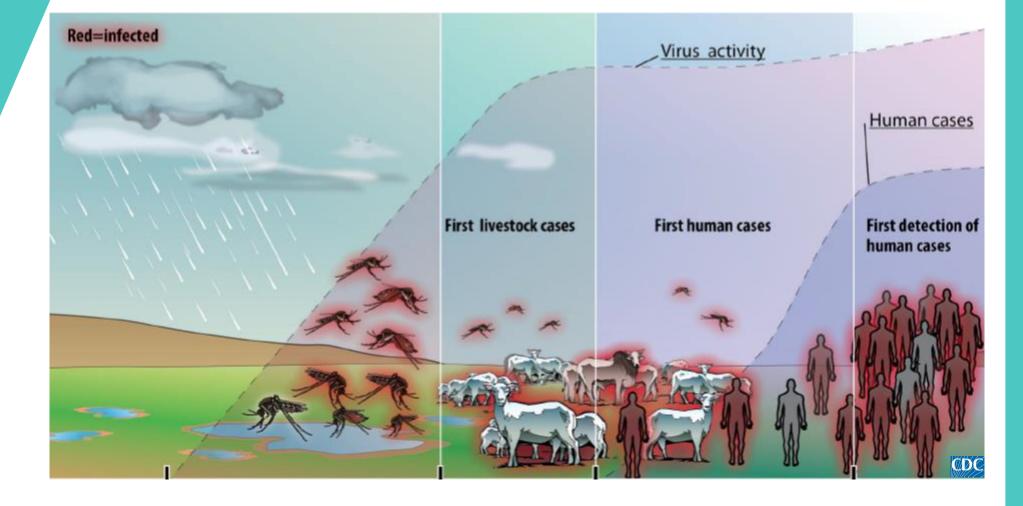
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Wright D. et al., 2019









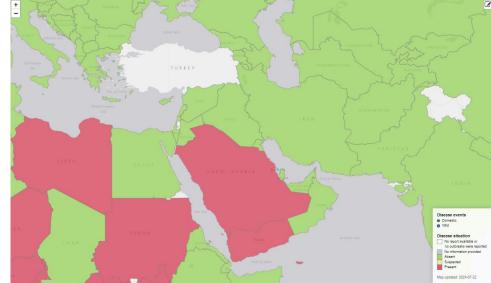
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several veterinary vaccines have been licensed in endemic countries, there are currently no licensed RVF vaccines for human use



RVF cases (animals / humans) 2014-2022



data source: WOAH-WAHIS 2005-2024

Disease riported as present in animals in: Yemen 2005-2006-2007 KSA in 2007-2008-2010-2013-2014





Crimean-Congo haemorrhagic fever

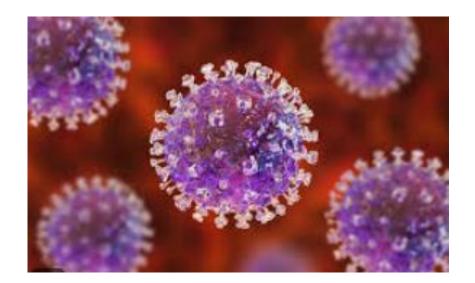
- CCHF is a viral haemorrhagic fever usually transmitted by ticks. It can also be contracted through contact with infected animal blood or tissues during and immediately after slaughter.
- The principal reservoir and vector of CCHF are **ticks** of the **genus Hyalomma**, although other tick genera can be infected with CCHF virus





Crimean-Congo haemorrhagic fever

• The virus circulates in a tick-vertebrate-tick cycle, but can also be transmitted horizontally and vertically within the tick population



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Crimean-Congo haemorrhagic fever

Crimean-Congo Haemorrhagic Fever Transmission

World Health Organization

Small mammals and birds

Reservoir Hyalomma ticks

- In nature, CCHF virus maintains itself in a cycle involving ticks and vertebrate.
- Most animals don't show symptoms.

Primary human infections

80 to 90 % of humans are infected through:

- tick bite or direct contact with blood of infected ticks;
- direct contact with blood/tissues of infected wild animals and livestock.

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Secondary human infections

- Secondary human-to-human transmission occurs through direct contact with the blood, secretions, organs or other body fluids of infected persons.
- High transmission risk when providing direct patient care or handling dead bodies (funerals).



Crimean-Congo haemorrhagic fever

• Viraemia in livestock is short-lived, and of low intensity. These animals play a crucial role in the life cycle of ticks, and in the transmission and amplification of the virus.



As animals do not develop clinical signs, CCHFV infections have no effect on the economic burden regarding livestock animal production



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Crimean-Congo haemorrhagic fever

- Ticks can be easily moved far from their original range thanks to their hosts.
- Migratory birds can carry ticks and related pathogens, promoting the spread along their routes



Figure 2. Bird species and tick specimens collected in Zouala, Morocco, April 2011. A) Iduna opaca, B) Erythropygia galactotes, and C) Phoenicurus phoenicurus birds. D–G) Hyalomma marginatum tick specimens removed from...

Image source:

Palomar AM, Portillo A, Santibáñez P, Mazuelas D, Arizaga J, Crespo A, Gutiérrez Ó, Cuadrado JF, Oteo JA. Crimean-Congo hemorrhagic fever virus in ticks from migratory birds, Morocco. Emerg Infect Dis. 2013 Feb;19(2):260-3. doi: 10.3201/eid1902.121193. PMID: 23347801; PMCID: PMC3559059.

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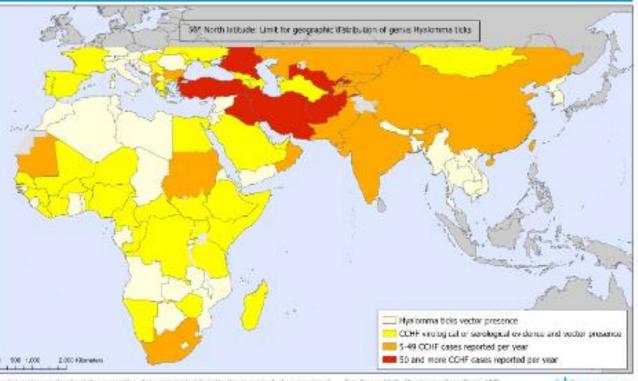


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Crimean-Congo haemorrhagic fever

Geographic distribution of Crimean-Congo Haemorrhagic Fever (2022)



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Data Source: VH-D - Vr21Hammerikag:: Fevers (VHF) Mep Production: Javgeni Sedes, EYE Societariat Mep Creation Base: 01 September 3033





Crimean-Congo haemorrhagic fever

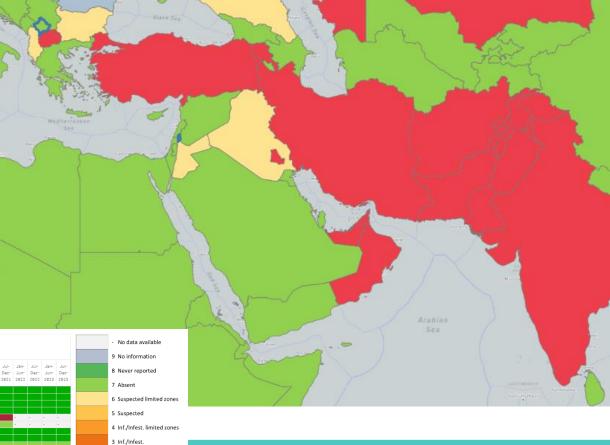
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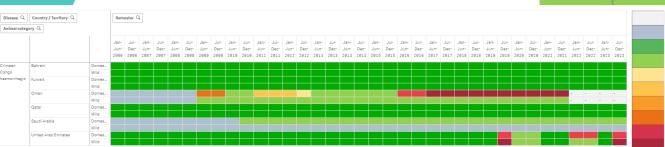
WOAH Collaborating Centre for epidemiology, modelling and surveillance

Reference Centre World Organisation for Animal Health Founded as OIE



data source: WOAH-WAHIS 2005-2024







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Thank you for the attention!