

Viruses Emerging in Australia: The (Likely) Influence of Climate Change

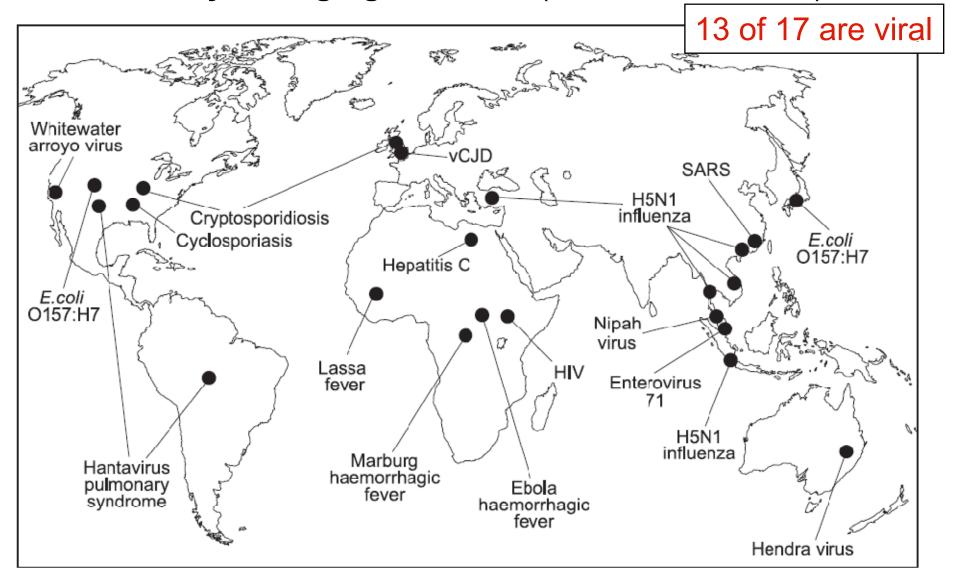
Viruses in May, '10 Katoomba

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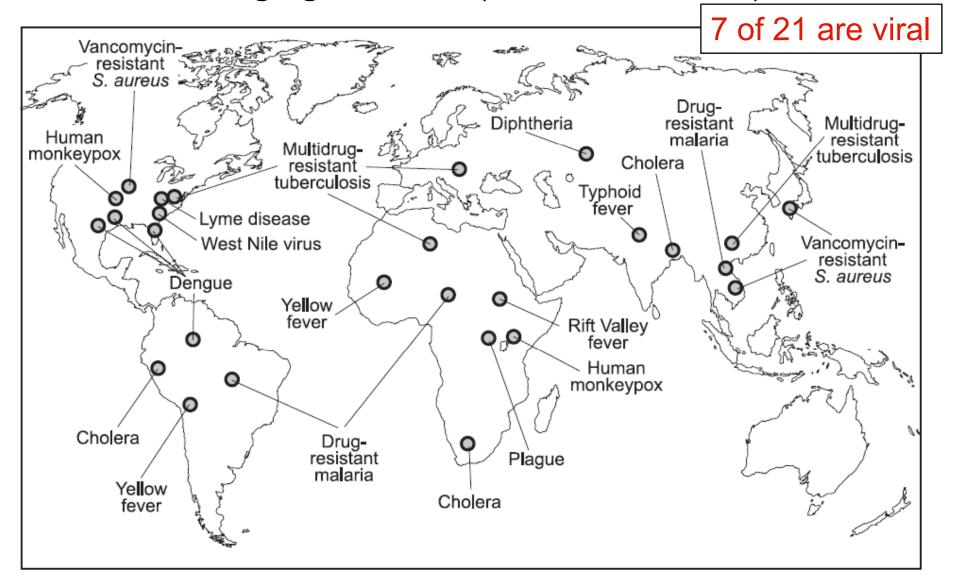


Newly Emerging Diseases (Morens et al, 2004)





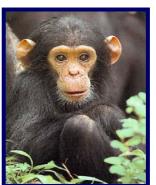
Re-Emerging Diseases (Morens et al, 2004)



ANU Breaches in the species barrier: Selected emerging infections in humans since 1976















Infection	Animal linked to transmission	Year infection first reported
Ebola virus	Bats	1976
HIV-1	Primates	1981
E. coli O157:H7	Cattle	1982
Borrelia burgdo	rferi Rodents	1982
HIV-2	Primate	1986
Hendra virus	Bats	1994
BSE/vCJD	Cattle	1996
Aust ⁿ lyssavirus	Bats	1996
H5N1 influenza	A Chickens	1997
Nipah virus	Bats	1999
SARS coronavir	us Palm civets	2003
Influenza (H1N1)	Swine	2009



Major factors enhancing infectious disease emergence and spread

Population growth, urban density: crowds, contacts

Peri-urban poverty: privation, under-nutrition, poor hygiene

Urbanization: sexual relations, mobility, mixing, etc.

Globalization: distance/speed of travel/trade

Intensified livestock production: BSE/vCJD, Nipah virus, bird 'flu

Live animal food-markets: longer supply lines – SARS, HIV?, etc.

Disrupted ecosystems: dams, deforestation, biodiversity loss – e.g. various new Sth American rural haemorrhagic viral diseases

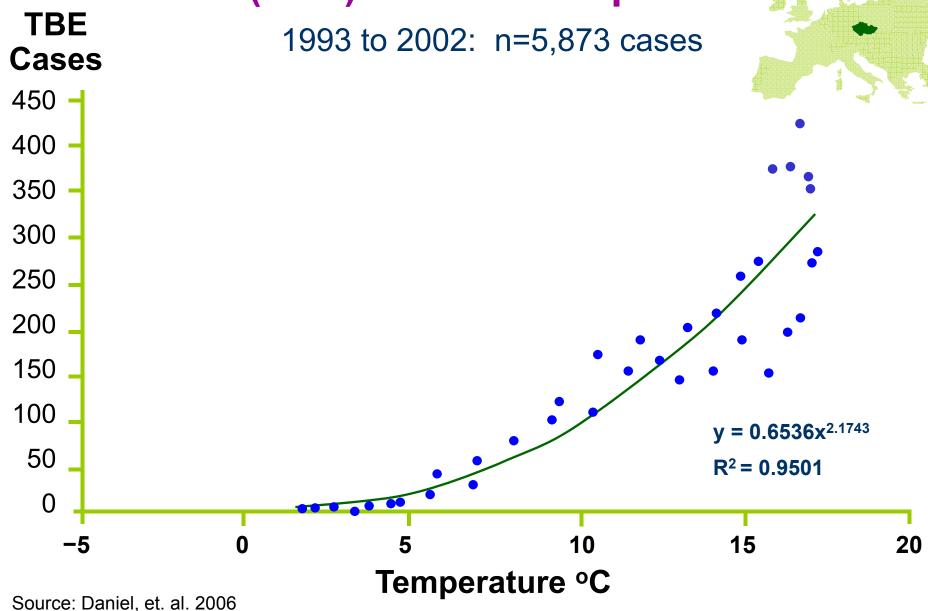
Global climate change

Biomedical exchange of human tissues: transfusion, transplants

Antibiotic use/misuse: humans, livestock production, house-plants

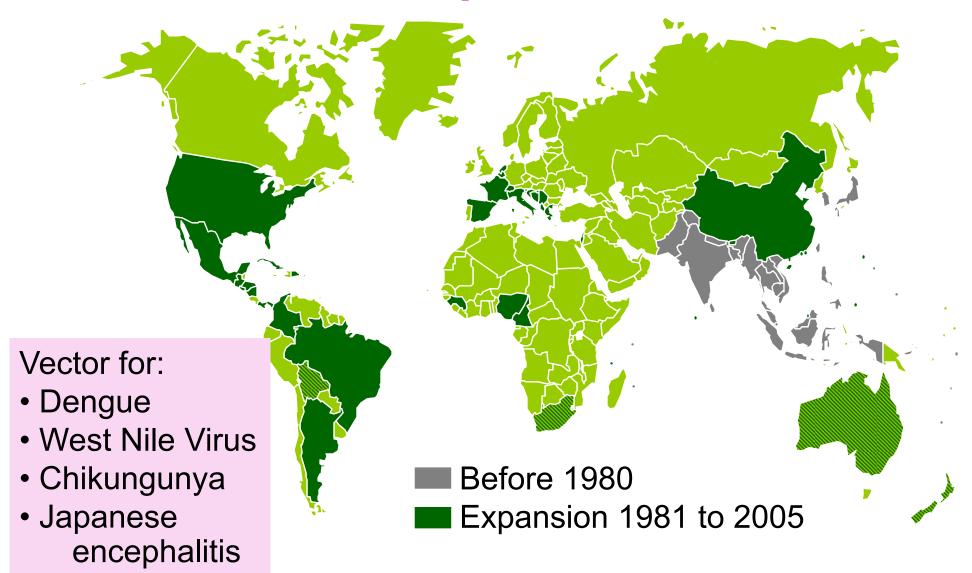
Increased human susceptibility: under-nutrition, population ageing, HIV, IV drug use, etc.

Temperature and tick-borne encephalitis (TBE) in Czech Republic

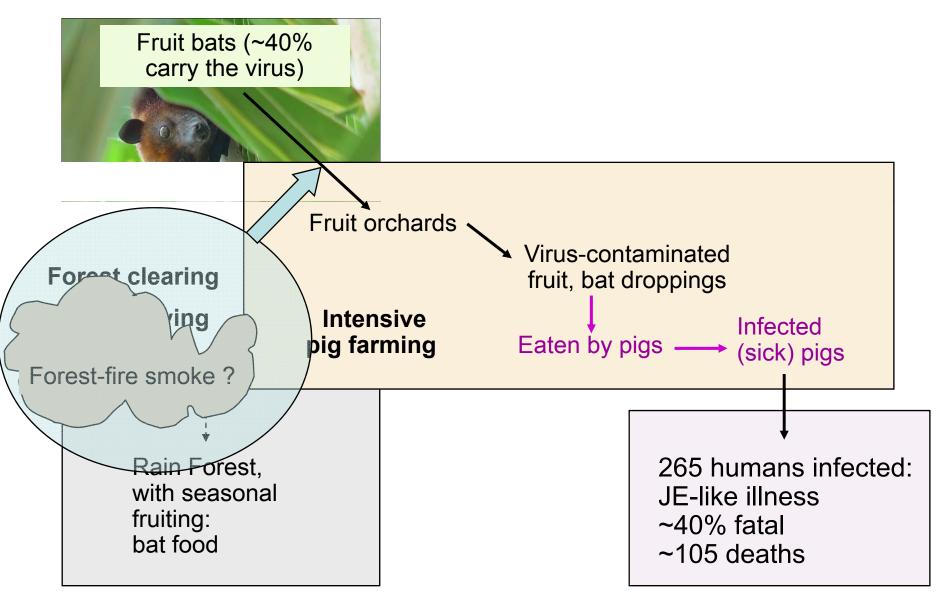


ANU

Geographical distribution of *Aedes albopictus** mosquito

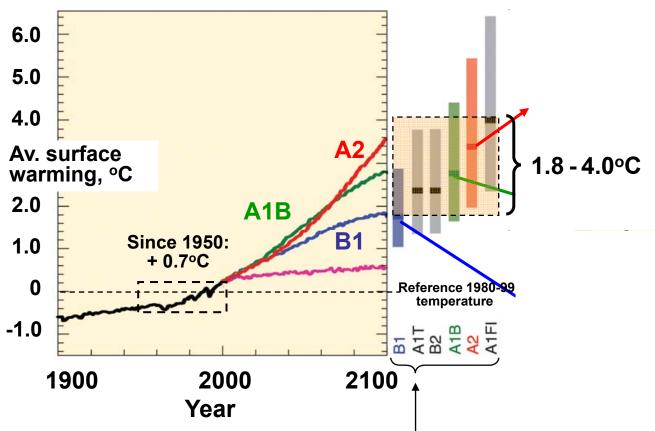


Nipah Virus Disease: Outbreak in Malaysian Pig Farmers, 1997-1999

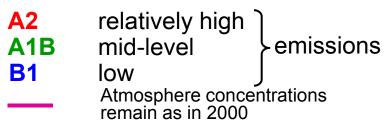


Projected Global Warming: IPCC (2007)

combined results of multiple model runs published by ~20 different modelling groups around world



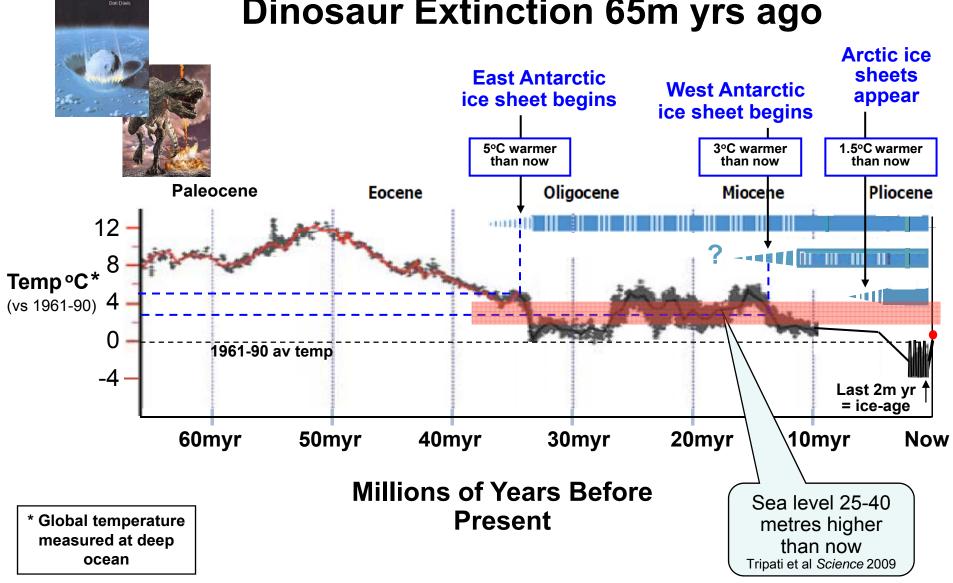
Temperature projections, for 3 (of 6) different emissions projections:



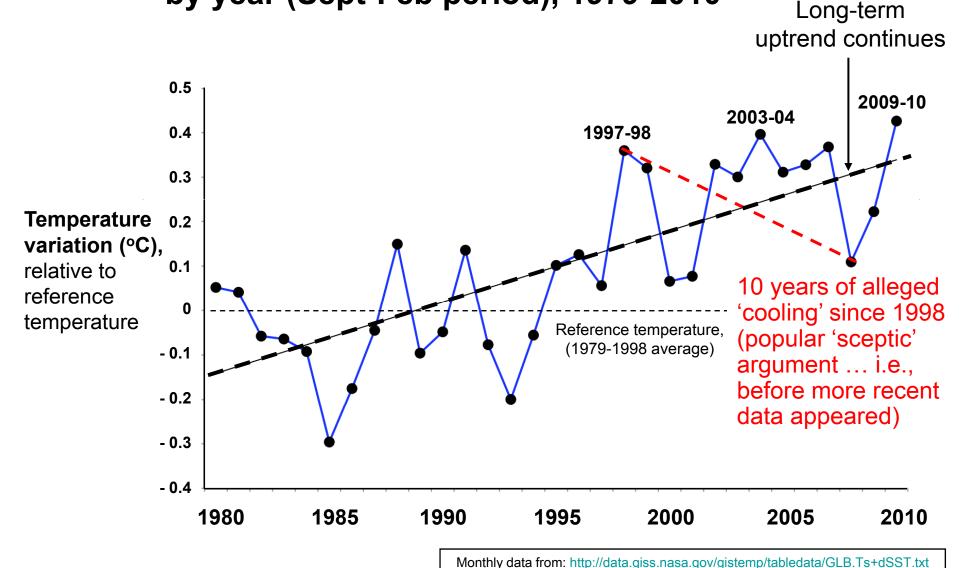
INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE, 2007



Earth's Temperature Chart, since Dinosaur Extinction 65m yrs ago

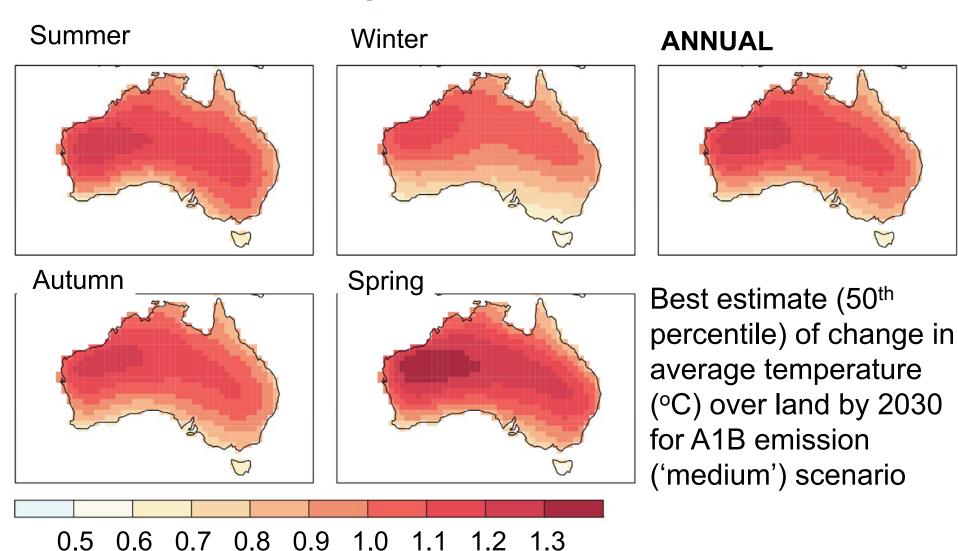


Satellite-based measures of average global temperature (near-surface lower atmosphere), by year (Sept-Feb period), 1979-2010

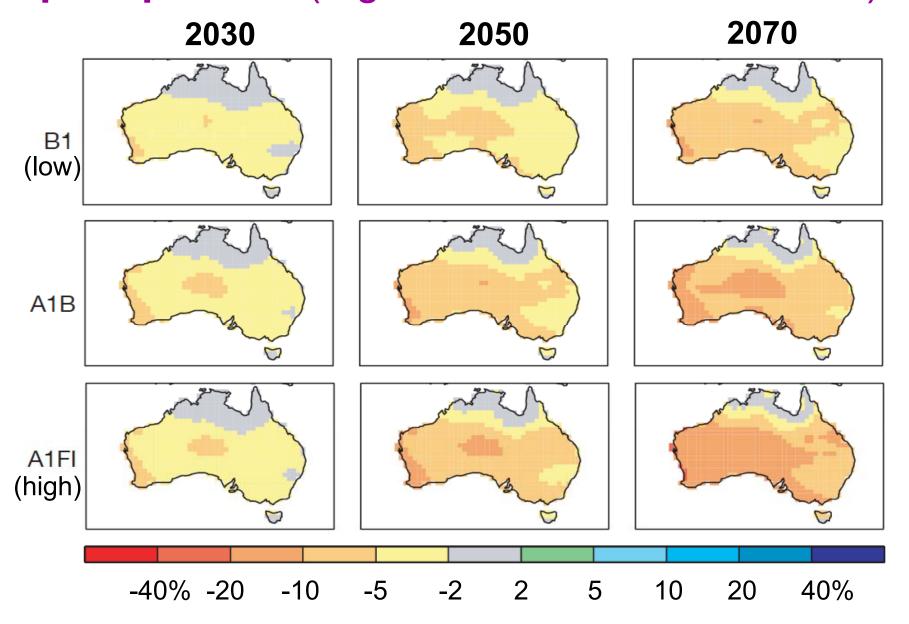


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Aust. Bureau of Meteorology: Projected Temperature Rises to 2030



BoM: Best estimates of annual % change in precipitation (3 global emissions scenarios)





Climate and Infectious Disease

Climatic conditions set the geographic and seasonal boundaries of *potential* transmission.

Other environmental, social and behavioural factors – and public health strategies – determine where/when *actual* transmission occurs.



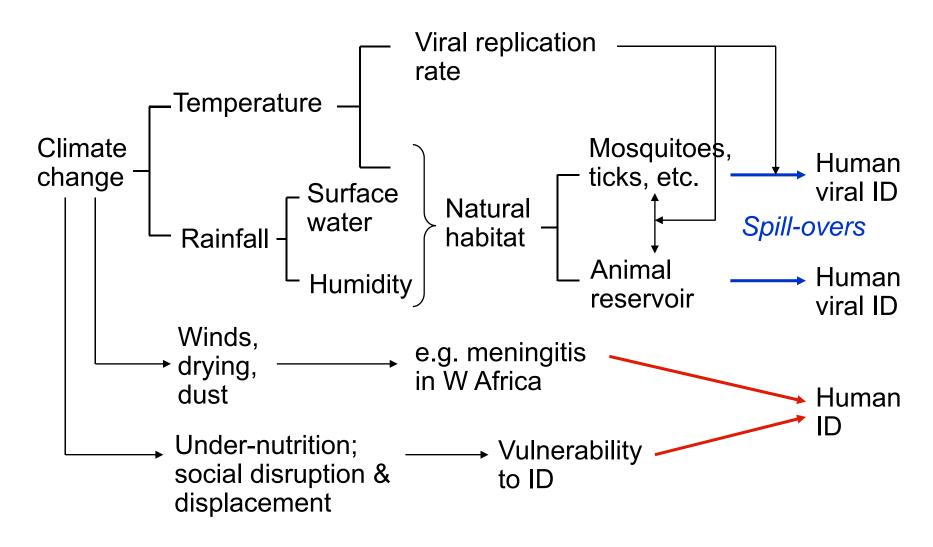
Lyme disease: white-footed mouse and its acorn feed

Zoonoses: Climatic and Seasonal Variations in Vector and Host-Species

- Vector-borne zoonoses mostly maintained by wildlife
 - Humans are <u>incidental</u> to their ecology
- Vectors and animal host species undergo seasonal and inter-annual variations in numbers and activities
 - Vector activity reflects temperature and humidity
 - Host species population size and distribution affected by weather and (climate-related) resource availability
- Pathogen may also be affected by climatic conditions

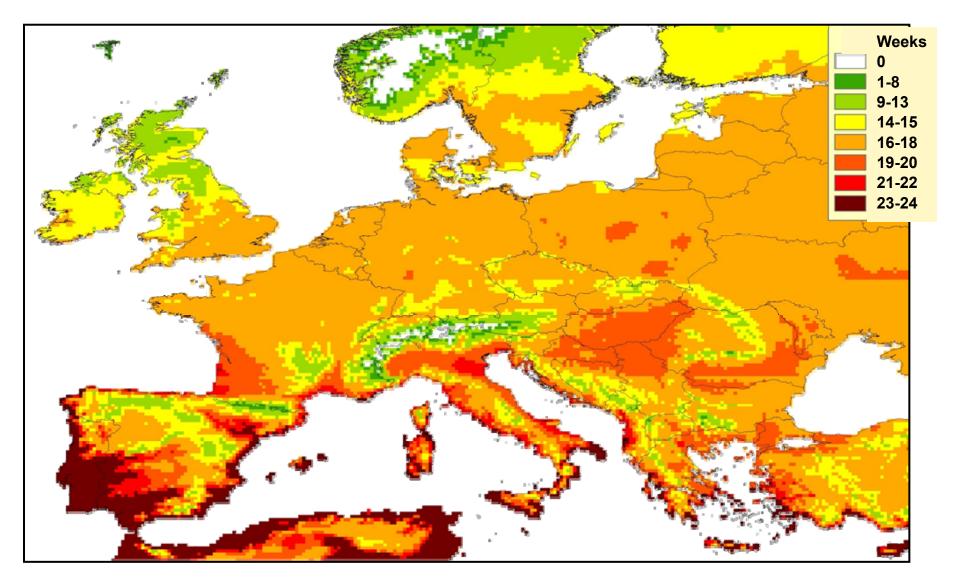


Climatic Influences on Viral Disease Occurrence





Potential weeks of activity of *Aedes albopictus* mosquito in Europe (current): Spring hatching to Autumn diapause



Schaffner F, et al. Development of Aedes albopictus risk maps. ECDC, Stockholm 2008. (Forthcoming.)



Climate Change and Viral Diseases of Interest in Australia

Vector-borne

Human only: Dengue fever, Chikungunya (?)

Zoonotic: Ross River, Barmah Forest, MVE, Kunjin, Japanese encephalitis

Contagious, person-to-person

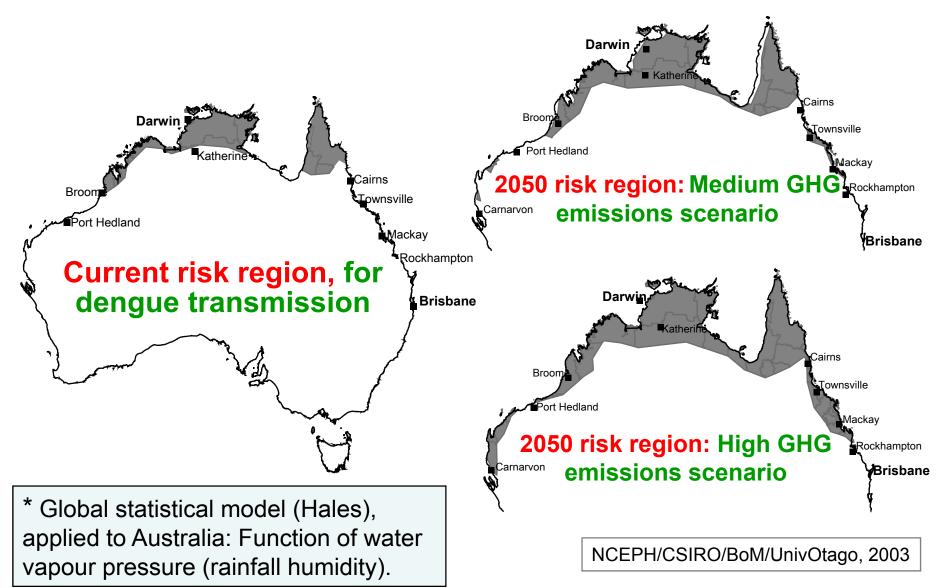
Influenza (emergence and spread of new strains)

Respiratory syncytial virus

?? Changes in contact probabilities and behaviours- hep B, hep C, HPV, HIV

DENGUE FEVER: Estimated geographic region suitable* for *A. aegypti* vector, and hence transmission:

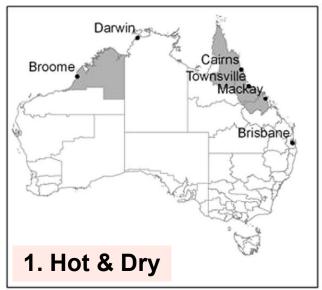
Climate conditions now and in alternative scenarios for 2050

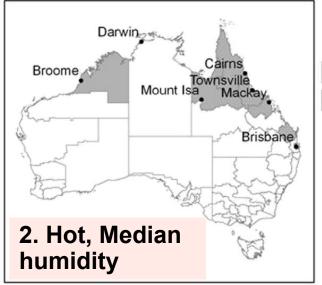


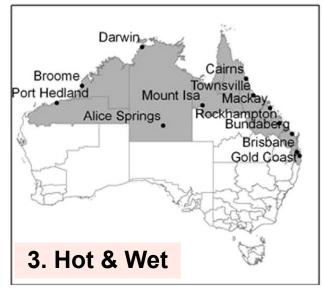


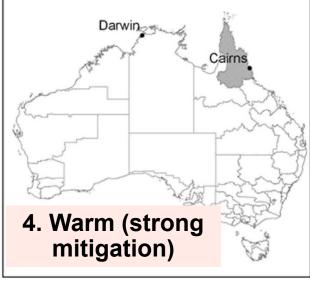
Areas suitable for **dengue transmission** in 2100 under 4 climate change scenarios (grey = ≥50% likelihood of transmission)

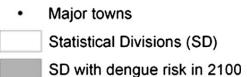
Bambrick et al., 2009, Global HIth Action



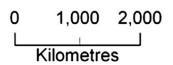




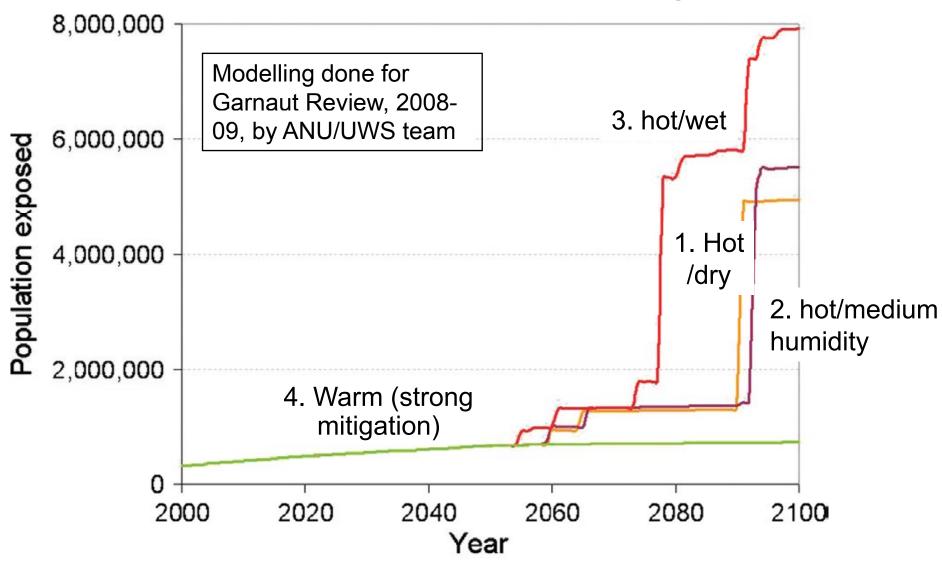


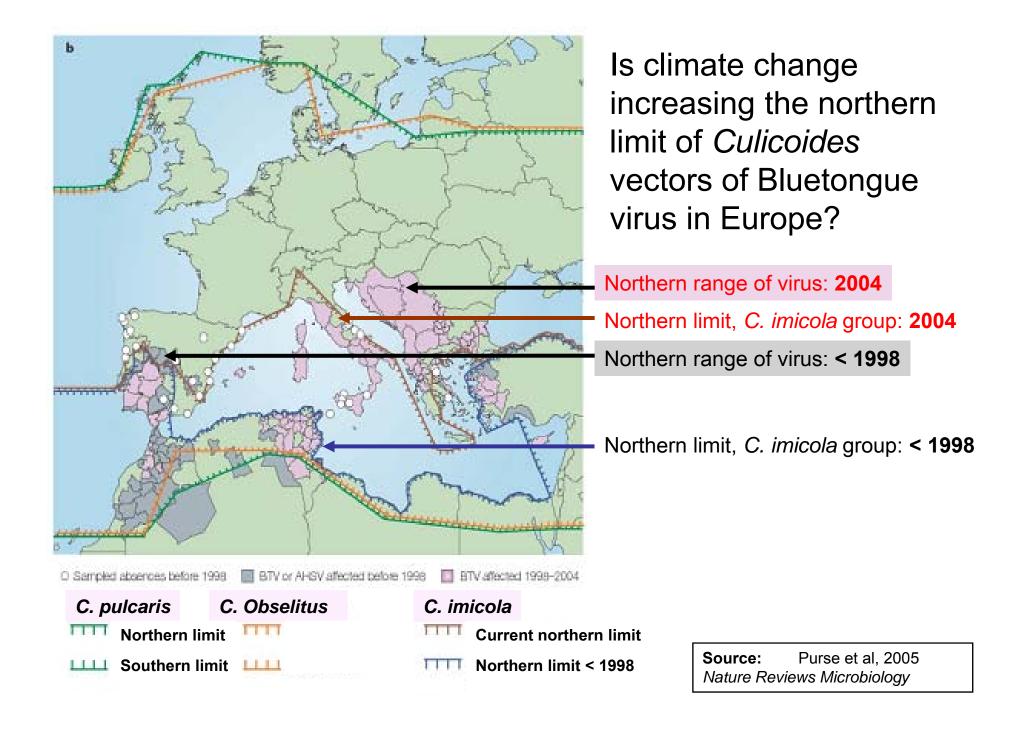


Map-projection of changes to rainfall across Australia to 2100 under 'dry' and 'wet' scenarios.
Based on published literature, then modelled how these changes would affect disease distribution over space and time.



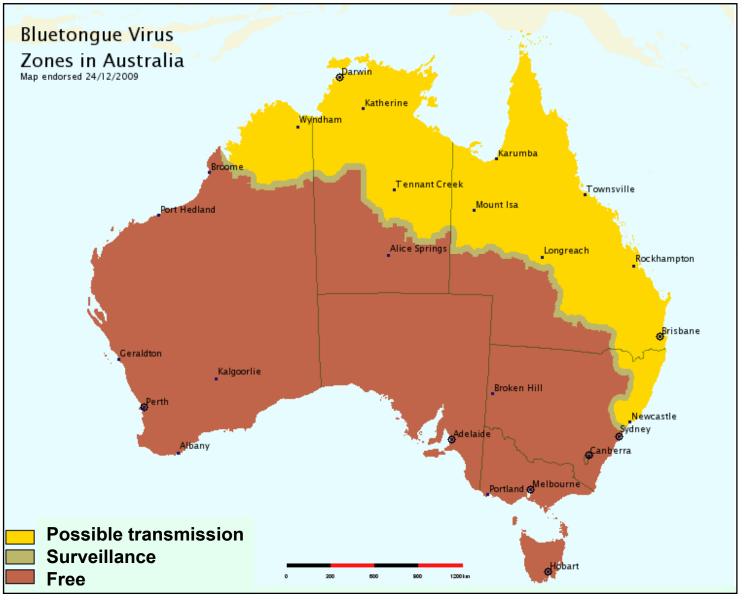
No. of people in regions at high risk (≥50%) of dengue transmission, under four climate change scenarios







Bluetongue Virus Zones in Australia, December 2009



Surveillance data on distribution of bluetongue and culicoides vector from National Arbovirus Monitoring Program, administered by Animal Health Australia



Eric Barron: Beyond Climate Science

Science 2009; 326: 643

Editorial

"Currently, 40 years of intensive climate model development is being coupled to what amounts to a cottage industry of impact sciences.

"The result is that our understanding of how ecosystems, water, human health, agriculture, and energy will respond to climate change advances only slowly."