

Improving Malaria Transmission Risk Models

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Introduction

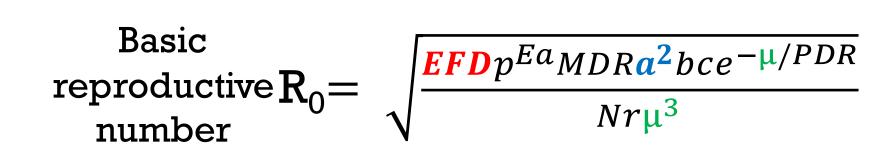
Current malaria transmission risk models predict that the relationship between malaria risk and temperature is both positive and linear. However, **mosquito and parasite traits responsible for malaria transmission display a non-linear trend with increasing temperature**^[1]. This has resulted in an inconsistency with malaria's predicted incidence rates and disease actualization.

Furthermore, this discrepancy can be linked to the lack of quality data across different temperatures for *Anopheles stephensi*. Past studies conducted;

- Used data substitutes (diff. species & pathogens) to generate thermal performance curves^[1].
- Found the largest uncertainty in risk prediction was associated with bite rate (a), fecundity(*EFD*), and daily probability of mortality (μ). [3]

This experiment aims to enhance the data available for *A. stephensi* (an important vector of malaria) across relevant temperatures, and thus, improve the transmission risk model.

The R_0 equation is used to predict the number of resulting cases from a single infection. This experiment aims to improve the precision of the R_0 Equation using temperature-dependent functions for fecundity, mortality, and bite rate.



Methods and Materials

Life Table Study (N = 180)

Fecundity (Eggs per Female per Day)

Mortality (# of dead & when at different temperature treatments)

Bite Rate (# of occurrences mosquito takes a blood meal)



15- Minute Feeding Opportunity



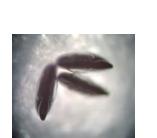


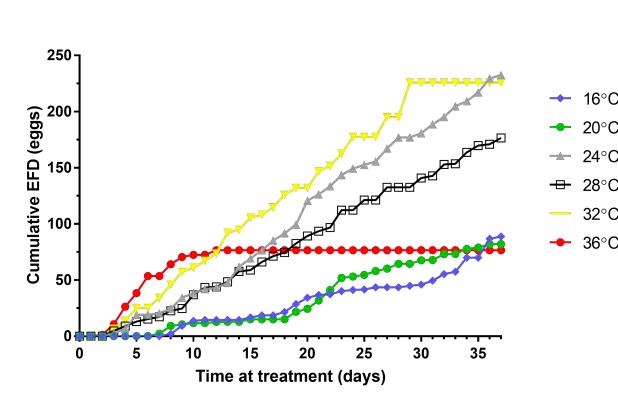


Figure 1. Global Malaria Incidence Rates^[2]

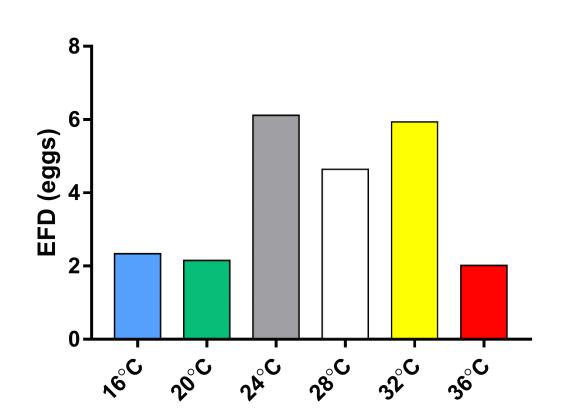
Results

Fecundity Eggs per female per day (EFD)

Mosquitoes at the mid temperatures (24°C, 28°C, and 32°C) had the highest EFD values.



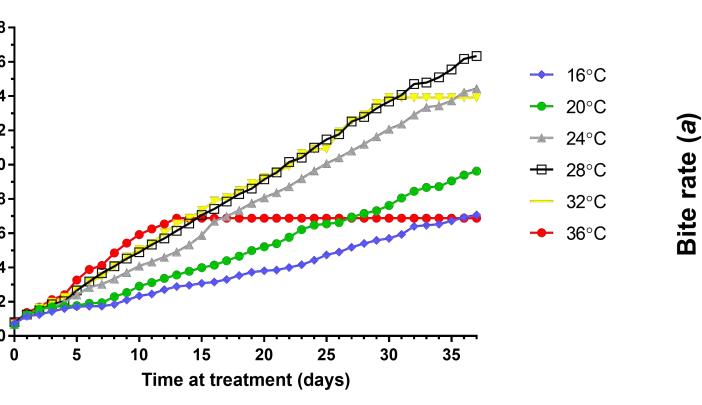
Gross reproductive rate. Calculated as the # of eggs laid on day x divided by the total # mosquitoes alive on day x and compounded daily.



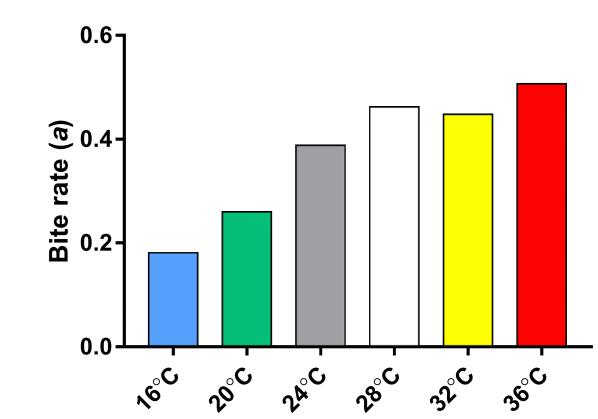
Eggs per female per day. Calculated as the # of eggs laid on day x divided by the total # mosquitoes alive on day x and averaged across all days.

Bite Rate Prop. of bloodmeals taken

Mosquitoes at higher temperatures have higher biting rates than those at lower temperatures.



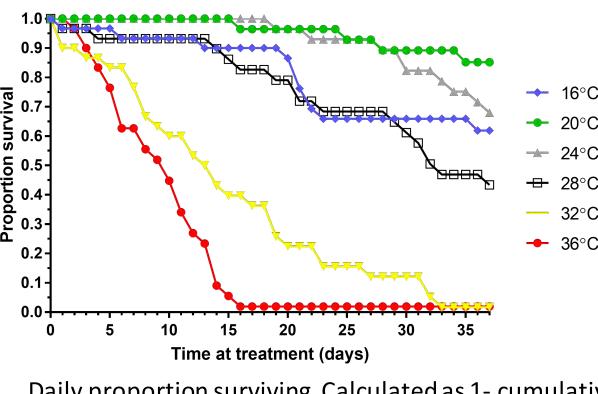
Bite rate. Calculated as the # of mosquitoes that took a blood meal on day x divided by the total # of mosquitoes alive at temp on day x and compounded daily.



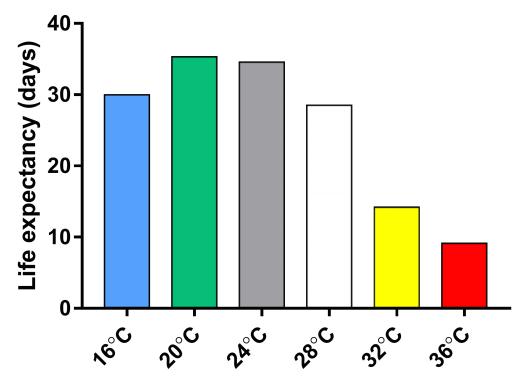
Bite rate. Calculated as the average of the # of feeds for an individual mosquito divided by the # of opportunities that mosquito had to feed.

Mortality Survivorship

Mosquitoes at higher temperatures have higher mortality rates than those at lower temperatures.



Daily proportion surviving. Calculated as 1- cumulative proportion dead. Cumulative proportion dead was calculated as the # mosquitoes dead divided by the total # alive.

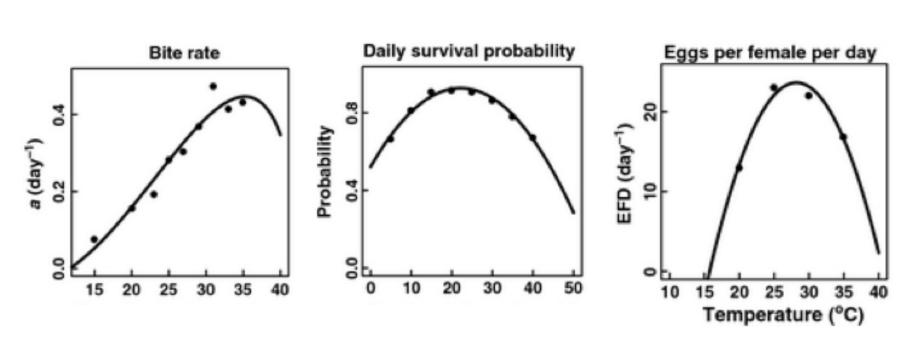


Life expectancy. Calculated as the total area under the daily proportion survival curve.

Discussion

This experiment demonstrates:

- Mortality, fecundity, and bite rate are all interconnected.
- Notably, longevity plummets as temperature increases



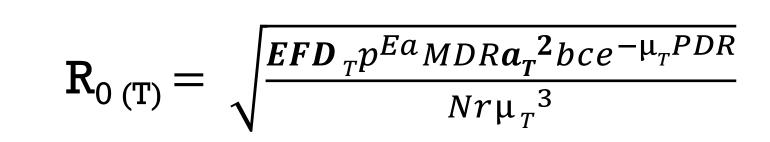
Non-linear rates of measurement (Mordecai et. al, 2013)

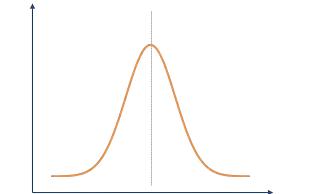
Mortality and bite rate play significant roles in the overall population size of the mosquito vector, because those with decreased longevity have a smaller time span to bite, lay eggs, and reproduce. This alters the density of mosquitoes to humans which is a factor in the transmission risk equation.

Conclusion: This experiment generated a robust data set comprising of important *A. stephensi* life history traits essential for generating improved malaria transmission risk models which incorporate a temperature-dependent mechanistic framework and essentially filling the knowledge gap there once was about *Anopheles spp.* mosquitoes.

Future Directions

1. Generate thermally-dependent function for three traits measured





- 2. Apply model to the 'real' world
 - Better accuracy in determining risk of transmission in malariasusceptible areas.

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References

- 1. Mordecai et. al, 2013
- 2. World Health Organization
- 3. Johnson et. al, 2014



