

ENTOMOMOLOGY BRACH: Overview of Activities

2 February 2004

Department of Health and Human Services (FTEs)

US Public Health Service

Centers for Disease Control and Prevention (~7,800)

National Center for Infectious Diseases (~1,070)

Division of Viral and Rickettsial Diseases

Viral and Rickettsial Zoonoses Br

Division of Vector-Borne Infectious Diseases (~150)

Arbovirus / Dengue / Bact. Zoonoses Br

Division of Parasitic Diseases (~150)

Office of the Director & Data Mngt Activity (35)

Parasitic Diseases Branch (50) + 77 = 127

Malaria Branch (47) + 19 = 66

Entomology Branch (18) + 25 = 43

Entomology Physical Facilities

Five laboratories

- Molecular biology
- Resistance/behavior

-ELISAs

- Chemistry
- WNV

Four insectaries

- ~1,400 sq.ft.
- 12 separate areas
- 2 infected vector areas
- Emergency generator backup
- 24 hr Environmental monitoring
- 24 hr Guard/card key restricted access

WHO Collaborating Centers

- **Malaria Sporozoite ELISAs**
- **Insecticide Resistance in Vectors**
- **Evaluation of Existing and New Insecticides**
- **Morphologic/Molecular Vector ID (proposed)**
- **Evaluation of Anti-malarial Drugs (proposed)**
- **Malaria Control (MB)**
- **Control/Elimination LF in the Americas (PDB)**

DISEASES

ACTIVITIES

Malaria

Intervention: ITNs, drugs

Chagas Disease

Insecticide resistance

Lymphatic Filariasis

Molecular studies

Leishmaniasis

Transgenics/Taxonomy

West Nile Virus

Population genetics

Trachoma

Vector surveillance

Toxoplasmosis & PCP

Vector biology

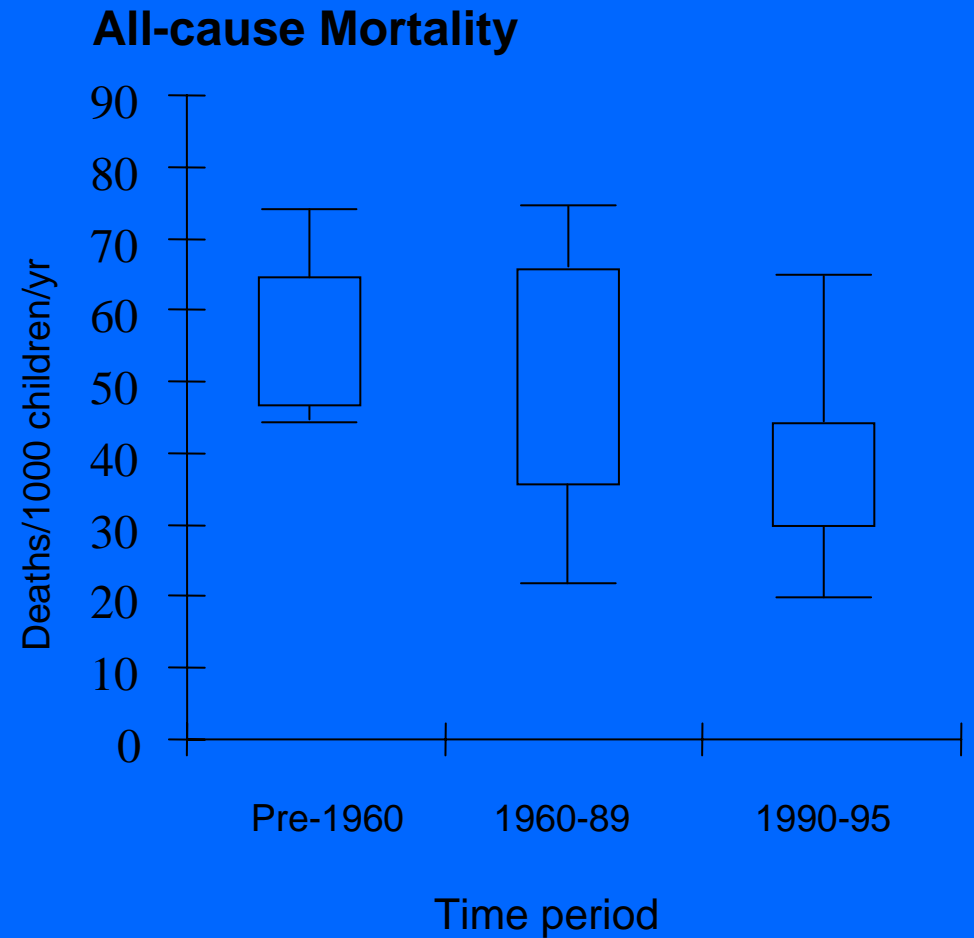
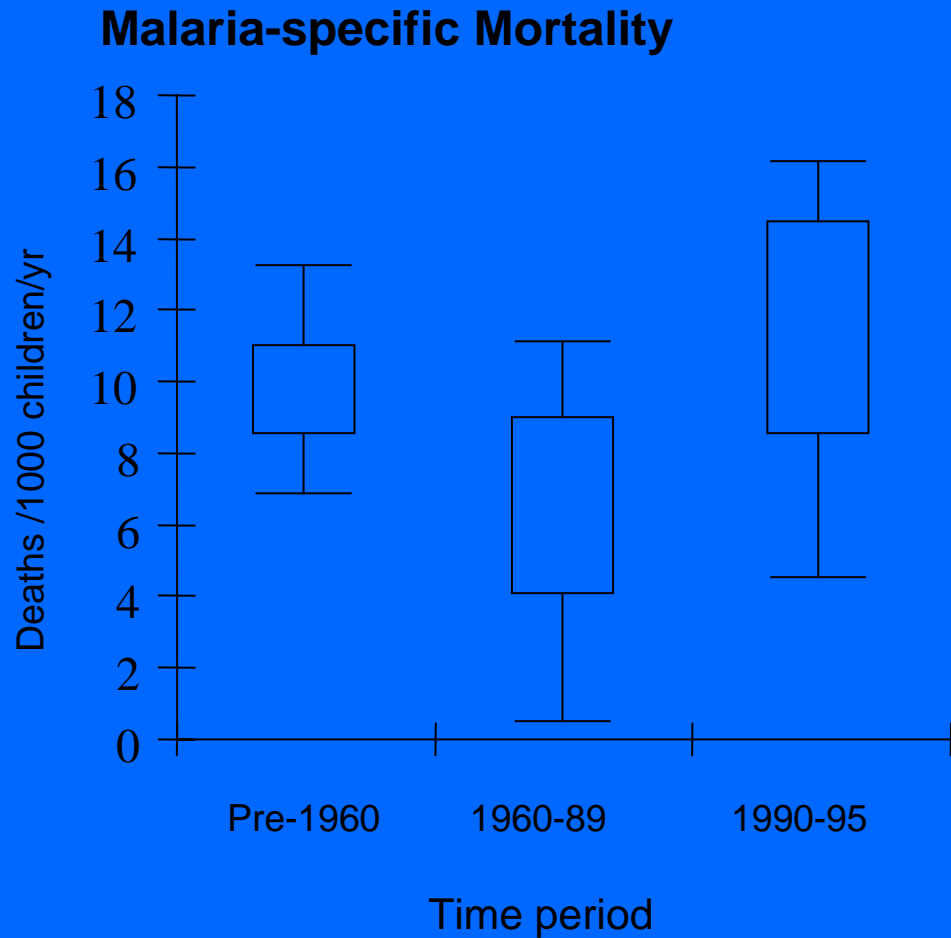
CDC's roots are in malaria AND vector control

(1946) “...CDC opens in the old Office of Malaria Control in War Areas in downtown Atlanta...CDC has a mission to work with state and local health officials in the fight against malaria, still prevalent in several Southern states...”

Malaria: Worldwide

- 300-500 million new infections annually
- >1 million deaths annually, mostly in children in sub-Saharan Africa
- Responsible >1% loss in African GDP
- ~40% world's population at risk & increasing
- ~10,000 travelers from Europe, Japan and NA (~2,000) contract malaria each year
- No vaccine; increasing drug resistant parasites and insecticide resistant vectors limit control

Changing Malaria Mortality, sub-Saharan Africa



(Source: RW Snow, et al., 2001)

Implications of Malaria in Mexico

- Imported cases to US from Mexico
 - 10-30/yr; mostly *P. vivax*; ~2% of imported cases
- ~20 million US travelers to Mexico/yr
- ~2 million visit malarious areas
- 2-week trip → CQ Rx → ~\$134 million/yr
- Visit malarious area - excluded as blood donor 1 yr
 - ~2 million travelers; ~5% would be blood donors
 - Loss of ~100,000 blood donors/yr

Malaria Vectors Worldwide

- Female anopheline mosquitoes
- Only ~20 of 200 *Anopheles* species are important vectors of human malarias
- How are vectors identified?



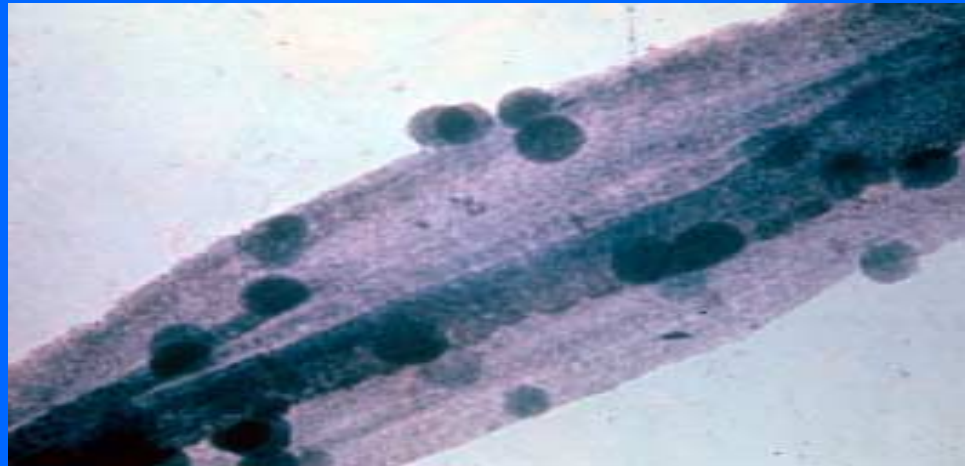
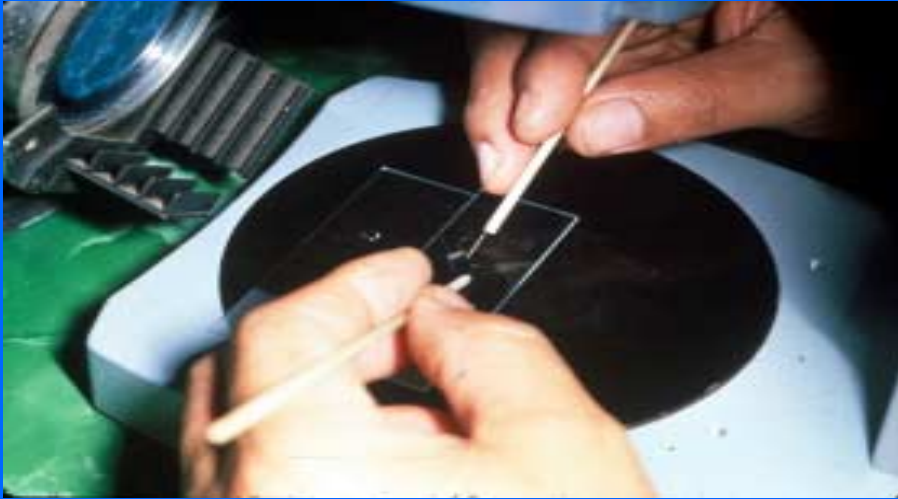
Need Replacement for HLC



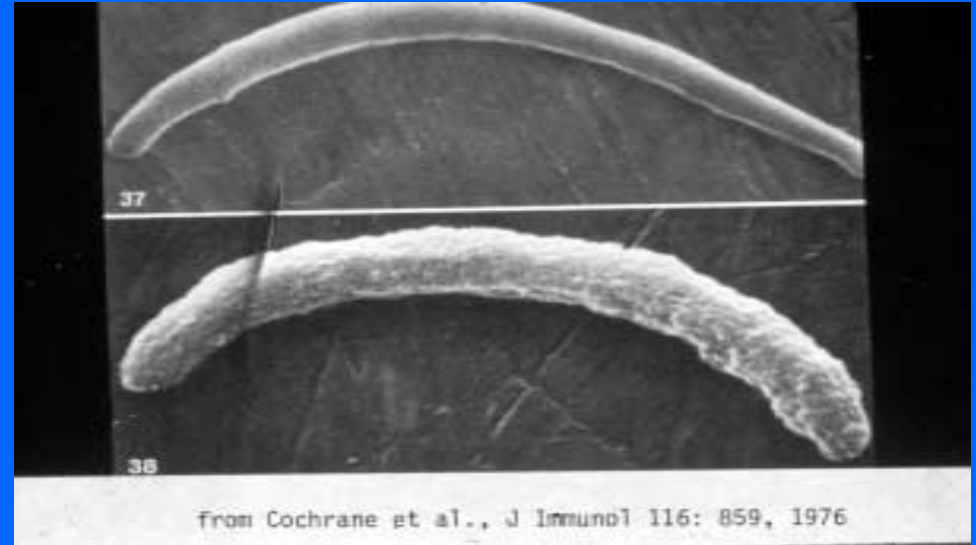
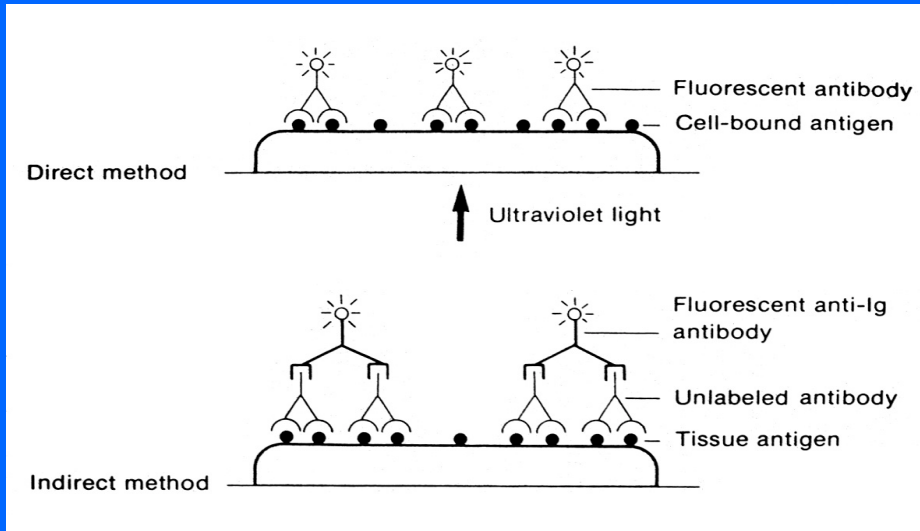
Human landing collections



Vector Incrimination by Dissection

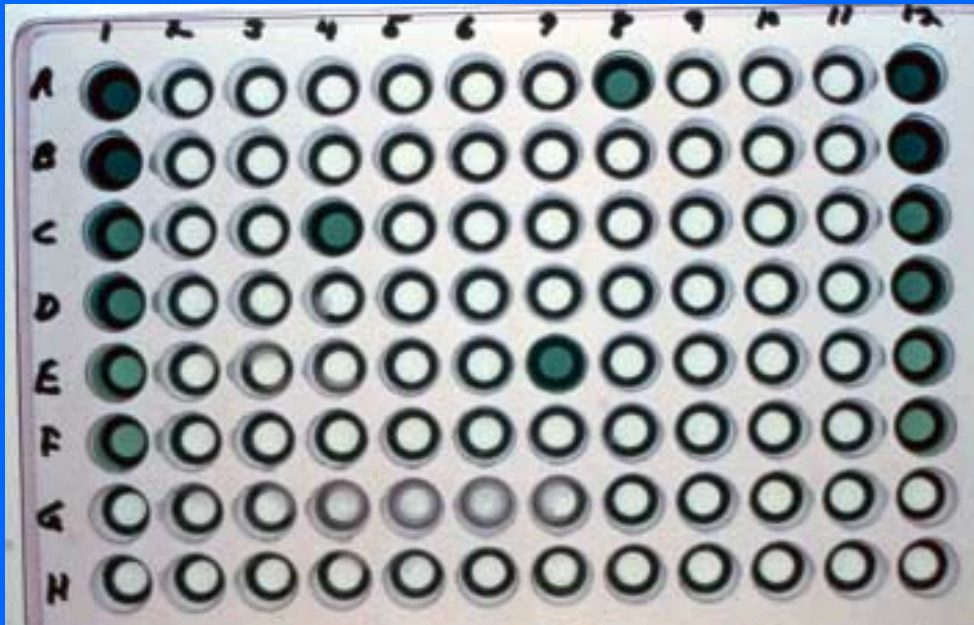
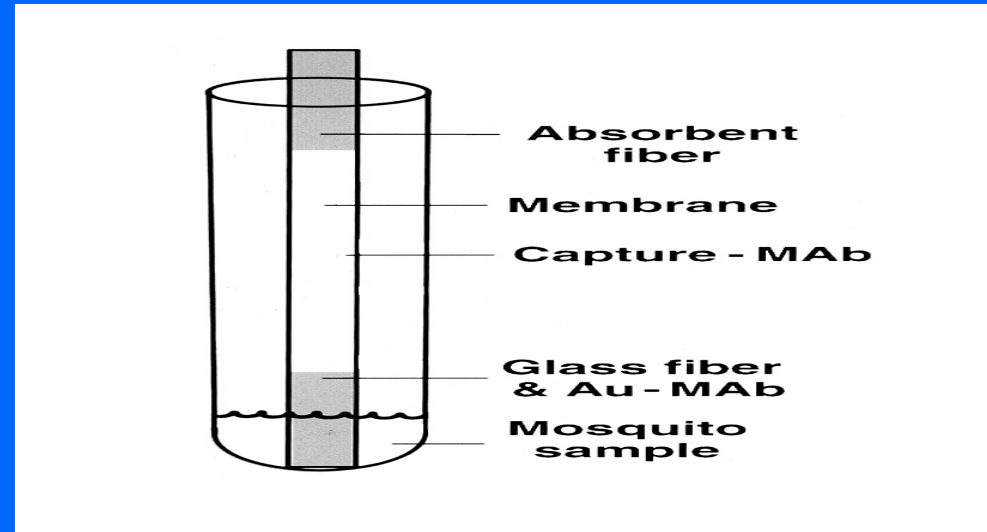


Species ID: IFA & Immunostain



ELISA: >2M

VecTest: >45K

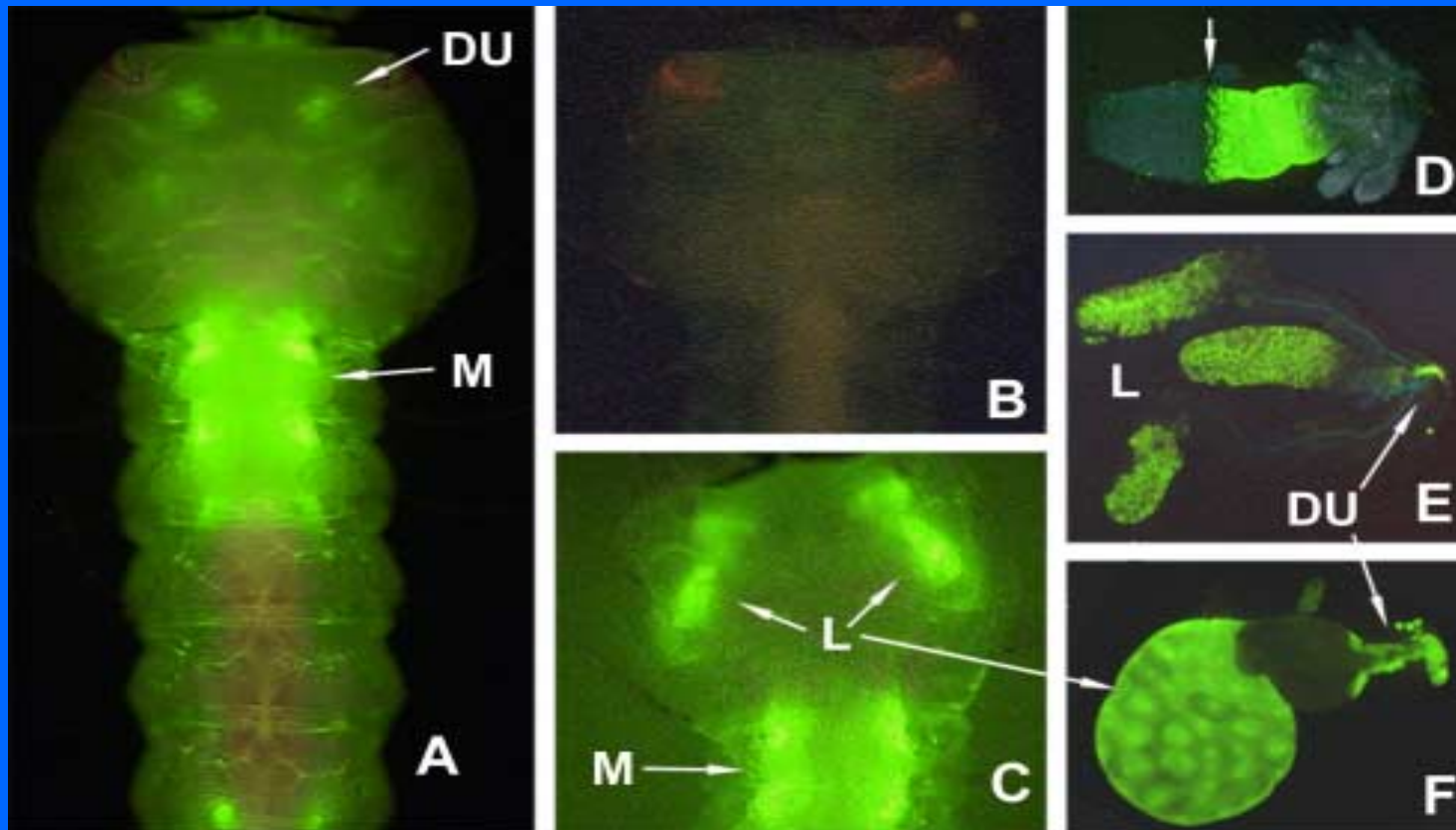


Malaria models: drug and vaccine efficacy testing & sporozoite production



Molecular Studies: Germ line transformation of *A. gambiae* with transposable element expressing GFP

Application: SIT to vector control at the IAEA



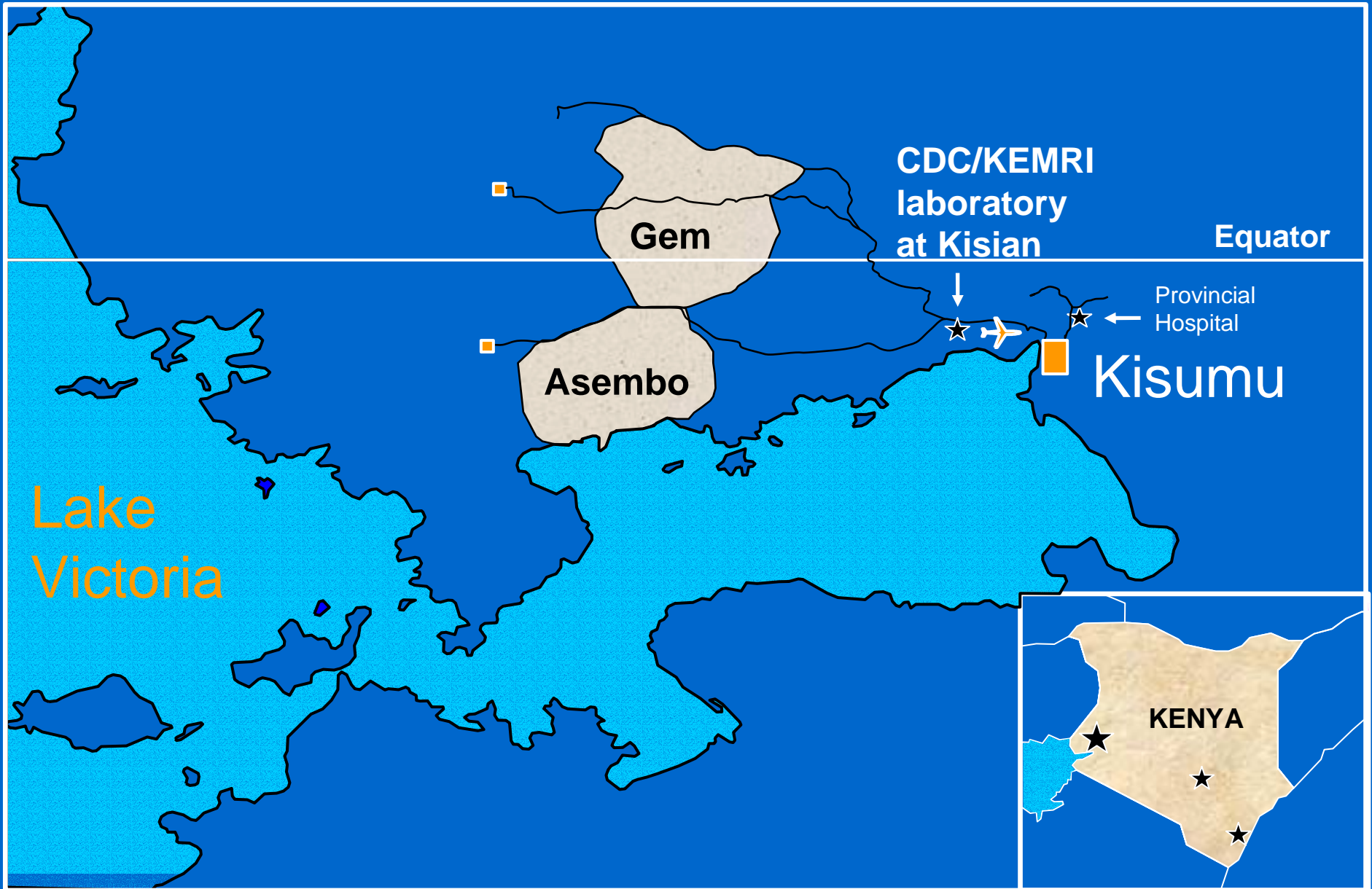


Malaria Research and Reference Reagent Resource (MR4) Center

MR4 Vector Reagents

- Living *Anopheles* stocks (~50 species/strains)
 - *A. gambiae* (~20 + 2 in acquisition)
 - *A. stephensi* (2 + 3 in acquisition)
 - *A. quadrimaculatus* (4) - *A. dirus* (1)
 - *A. albimanus* (3) - *A. freeborni* (1)
 - *A. atroparvus* - *A. farauti* (in acquisition)
- Frozen *Anopheles*
 - Individual specimens and bulk shipments
 - Genomic DNA of wild anophelines

CDC/KEMRI Field Station Western Kenya





21/4/1999

CDC/KEMRI Field Station

Malaria: 4 strategies of Roll Back Malaria

- **Vector control**
 - Evaluation of treated nets, larval ecology
- **Antimalarials/Case management**
 - Drug resistance; Response to SP in HIV+
- **Epidemics**
 - Predictors of highland malaria
- **Pregnancy**
 - Prevention practices, immunology of placental malaria

ITN Distribution



ITN SUMMARY

38% ↓ Parasitemia

47% ↓ Severe anemia

35% ↓ Placental malaria

28% ↓ Low birth weight

ITNs

Mosquitoes

Healthier pregnancies

Healthier children

Improved infant and child survival

95% fewer *An gambiae*

90% reduction in transmission

74% ↓ Malaria attack rate

Median time to 1st infection 4.5 → 10.7 mo

60% ↓ Incidence of severe anemia

Improved infant and child growth

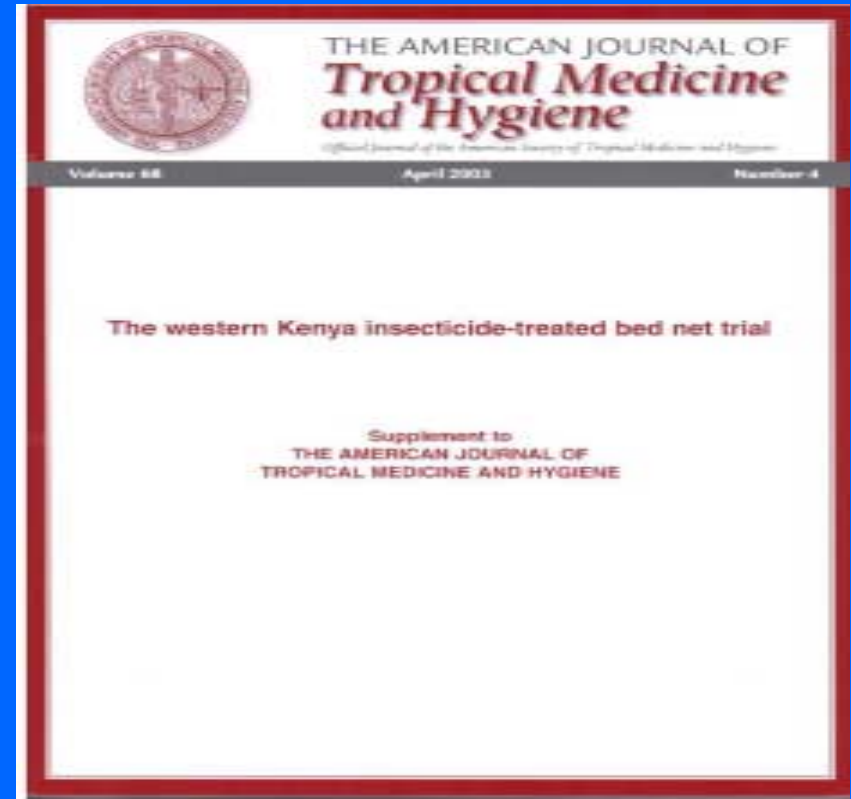
27% ↓ Sick child visits to the clinic

26% ↓ Infant mortality

14% ↓ Child (1-4yr) mortality

ITN Study Summary

- As cost-effective as childhood vaccines
- If ITNs were deployed in malarious Africa, ~400,000 lives would be saved annually



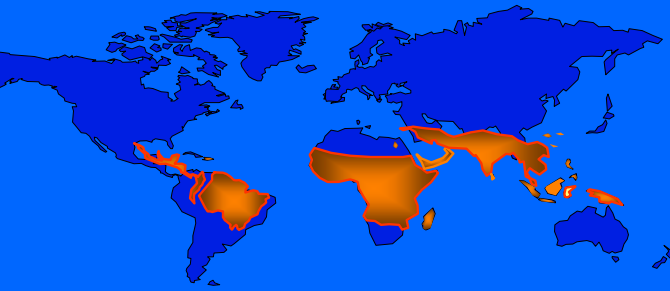
EB Chemistry Activity

- **Insecticide treated bed nets (ITNs)**
 - **Efficacy Evaluations**
 - **New Treatment Methods**
- **Anti-malarial drug analysis**
 - **Resistance vs. compliance**
 - **Pharmacokinetics**
 - **QA of pharmaceuticals**
 - **Counterfeit drug detection**

GC Analysis

ITN Bioassay





Analytical Testing Capability for all Available Anti-Malarial Drugs

Quinoline compounds:

Quinine/ Quinidine

Chloroquine

Amodiaquine

Mefloquine

Halofantrine

Primaquine

Antifol combinations:

Pyrimethamine/ sulfadoxine

Pyrimethamine/ sulfalene

Trimethoprim/ sulfamethoxazole

Biguanides and Biguanide/ sulfa combinations:

Proguanil

Proguanil/ sulfone

Miscellaneous:

Tetracyclines

Clindamycin

Atovaquone (+ Proguanil)

Pyronaridine

Azithromycin

Artemisinins

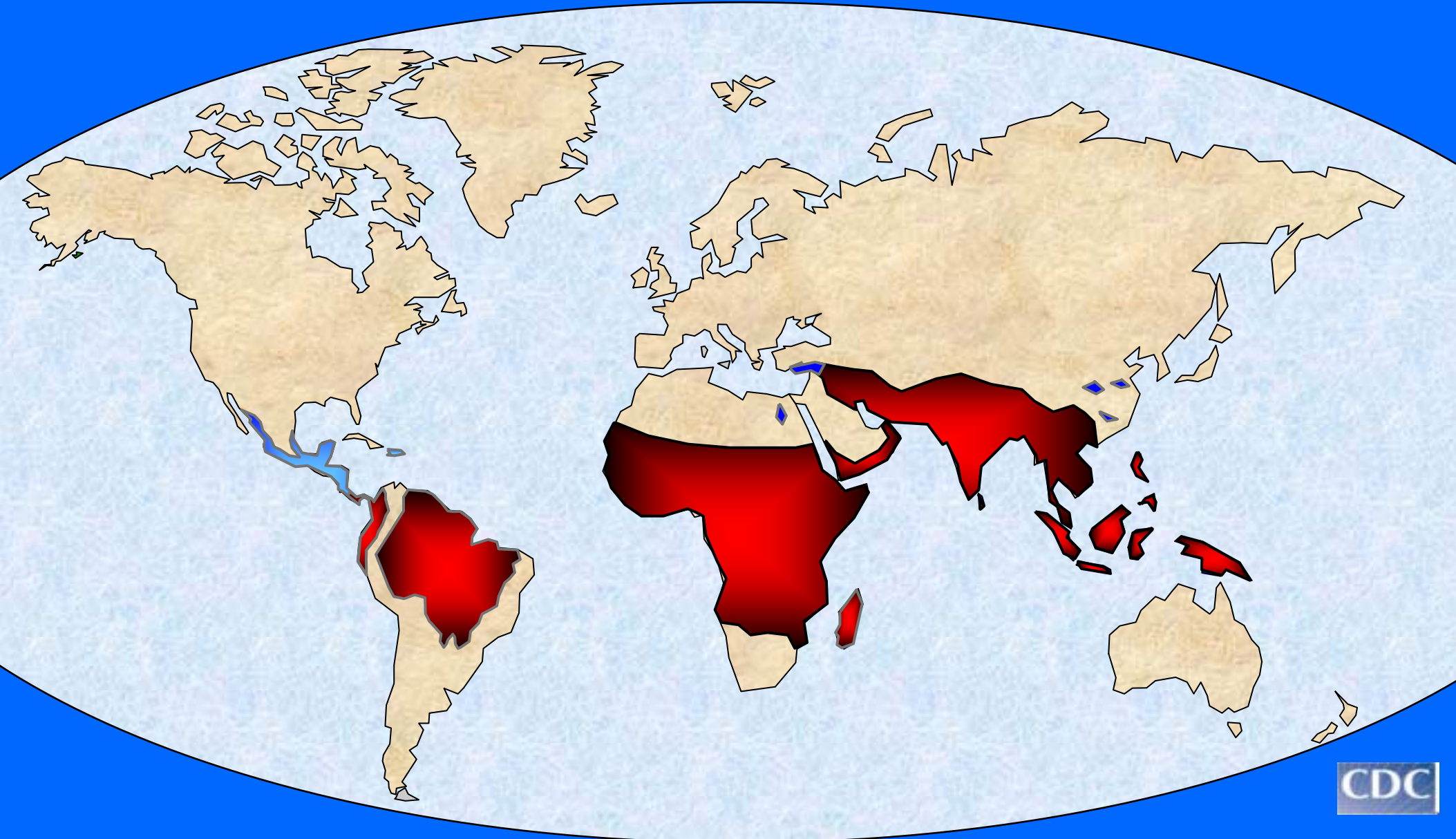
Benflumetol (+ Artemether)



Distribution of Chloroquine Resistant *P. falciparum* circa 1990-2001



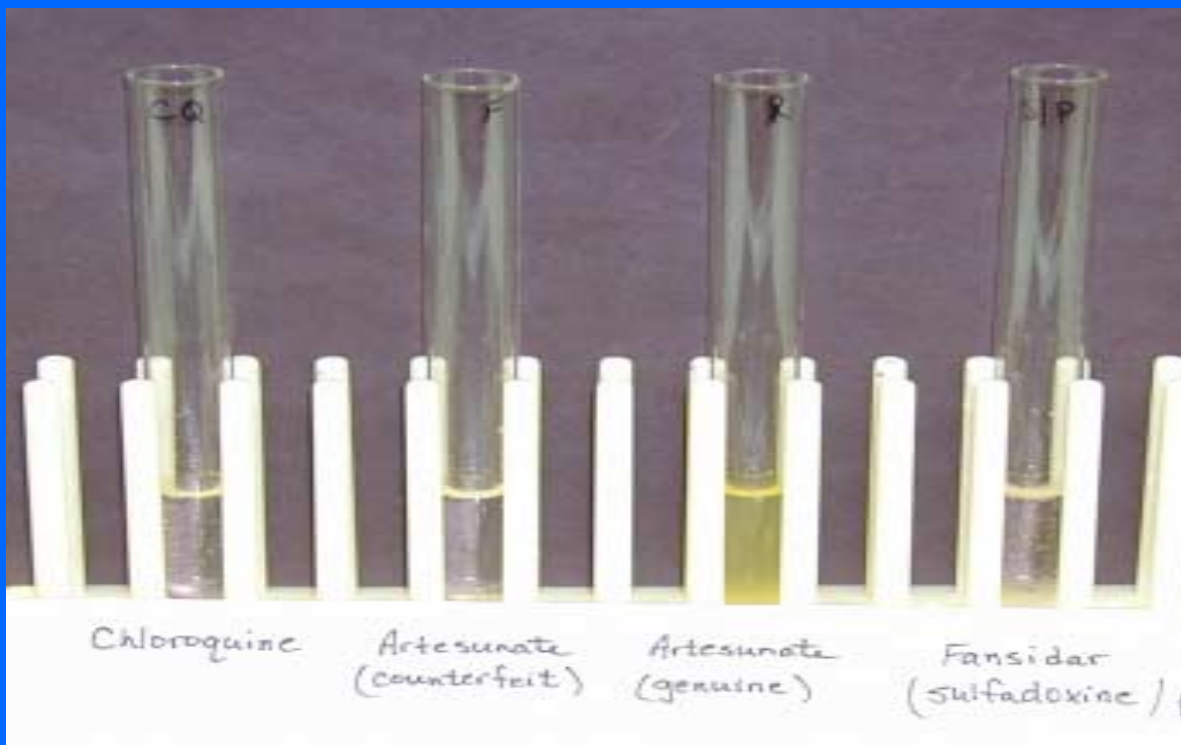
Distribution of Malaria



Malaria Therapy Drug Costs

Chloroquine or SP	\$0.10
Mefloquine	\$2.84
Artemisinin	\$3.70
Malarone	\$35.00





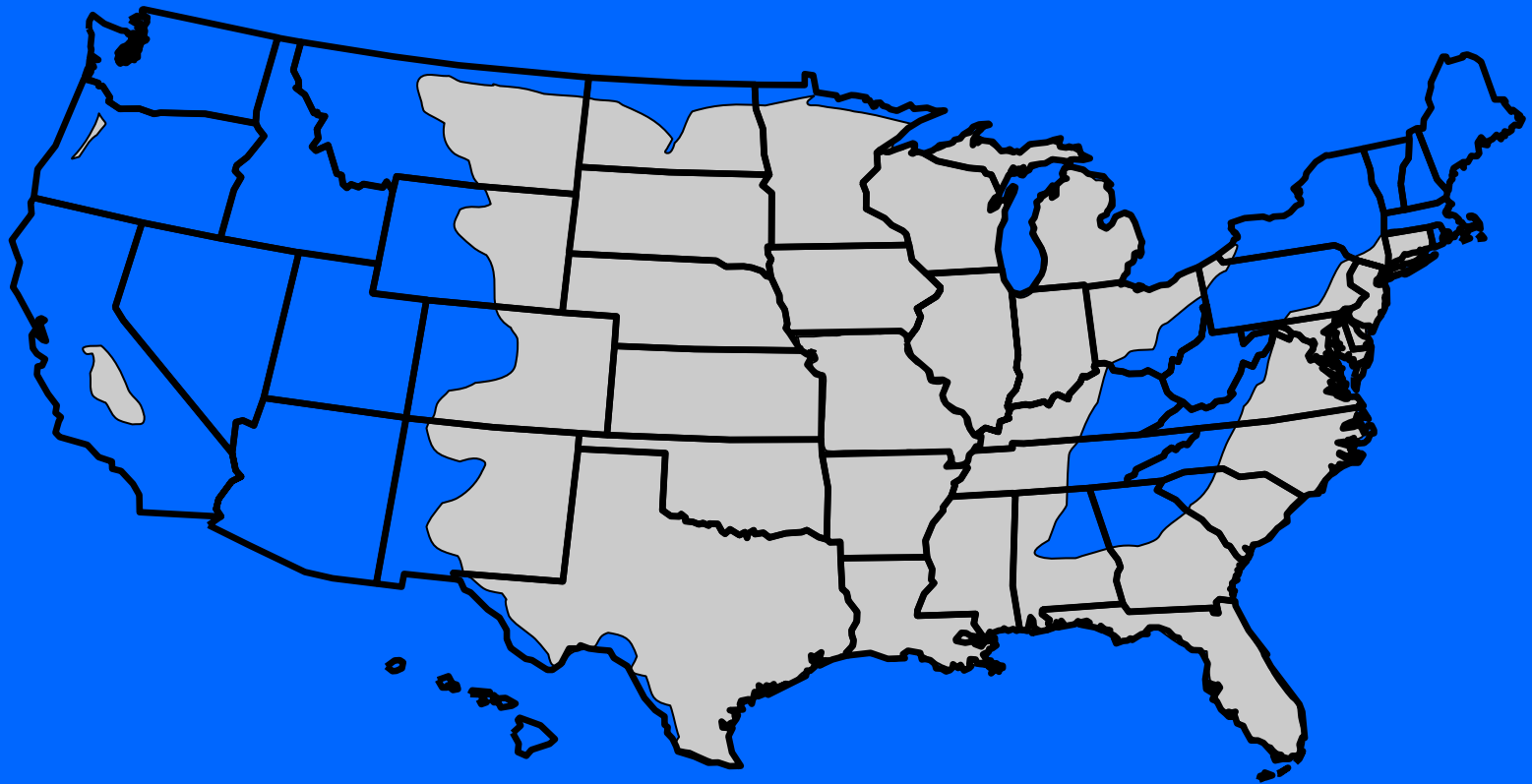
**Assay uses two stable, inexpensive solutions
<10 minutes; >99% of tablet available for use**

**2000-01 Survey: No artesunate in 38% OTC tablets in
Vietnam, Cambodia, Laos, and Myanmar (Burma)**

Malaria in the US

- Most likely brought to the “New World”
 - *P. vivax* and *P. malariae* by European settlers
 - *P. falciparum* by African slaves
- Spread with migration of settlers
- By 1850, well established except
 - New England
 - Mountainous highlands
 - Inland deserts

Endemic Malaria, circa 1882



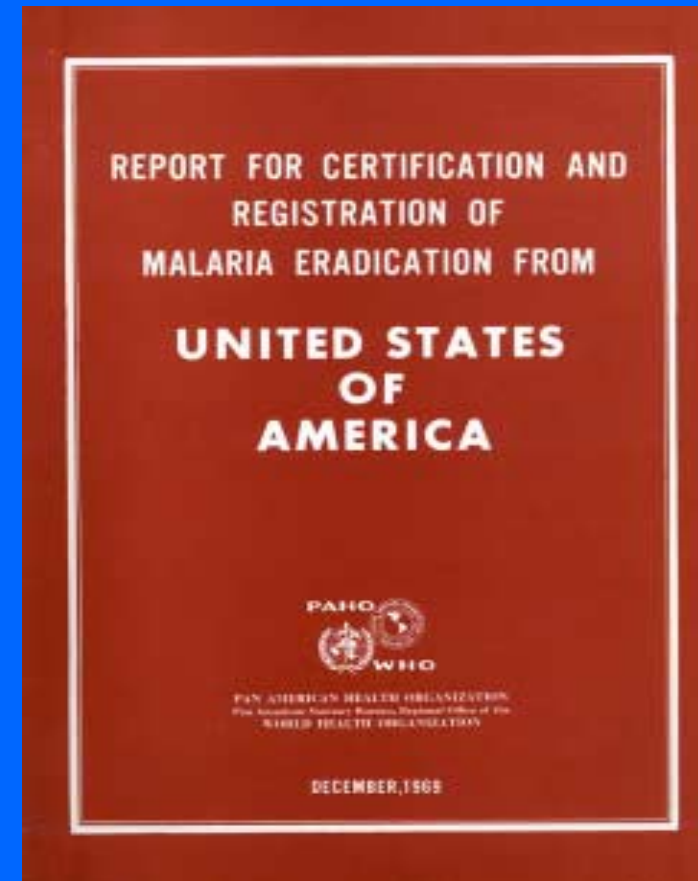
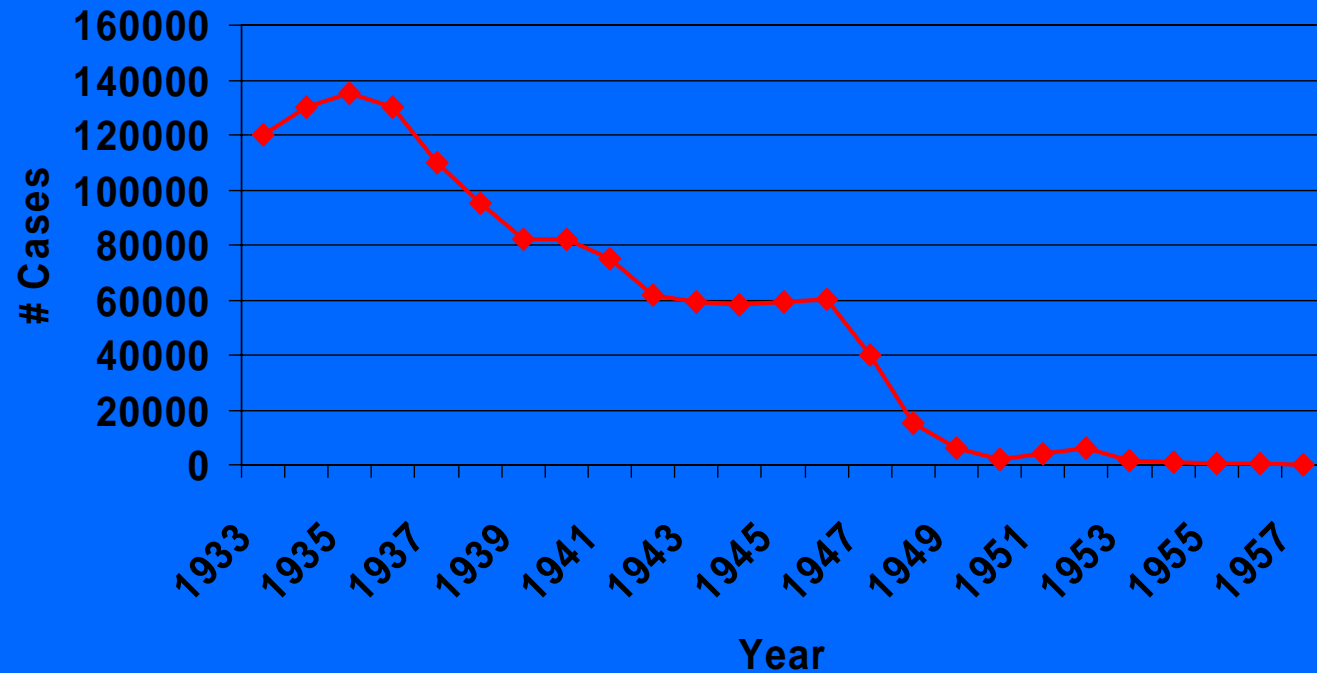
General Regression of Malaria

- Industrialization, rural to urban shift esp. North
- Drainage for agriculture & suburban development
- Access to health care; inexpensive drugs & DDT
- Socio-economic conditions, housing, nutrition



US Malaria Morbidity: 1933-57

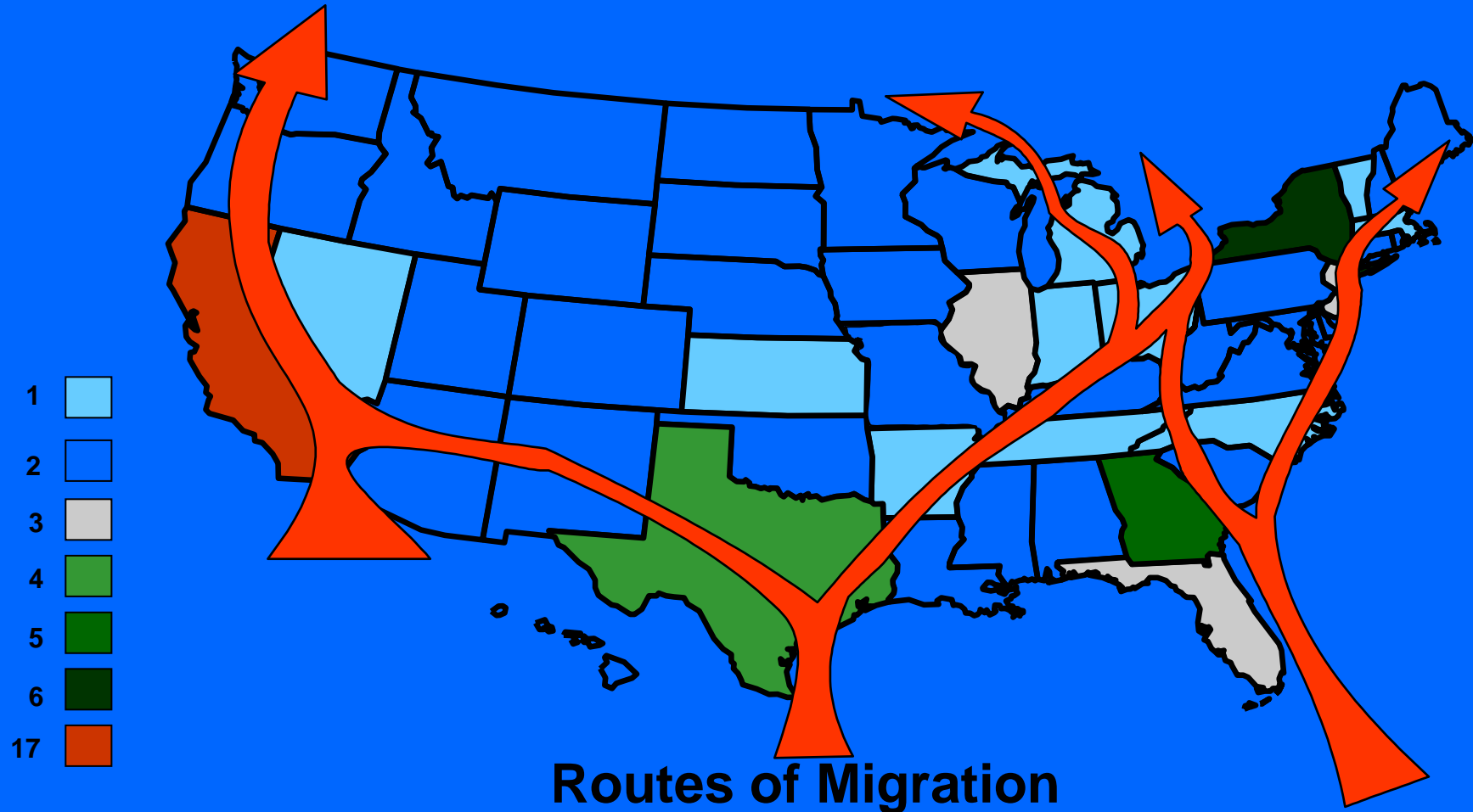
US Eradication: Dec. 1969



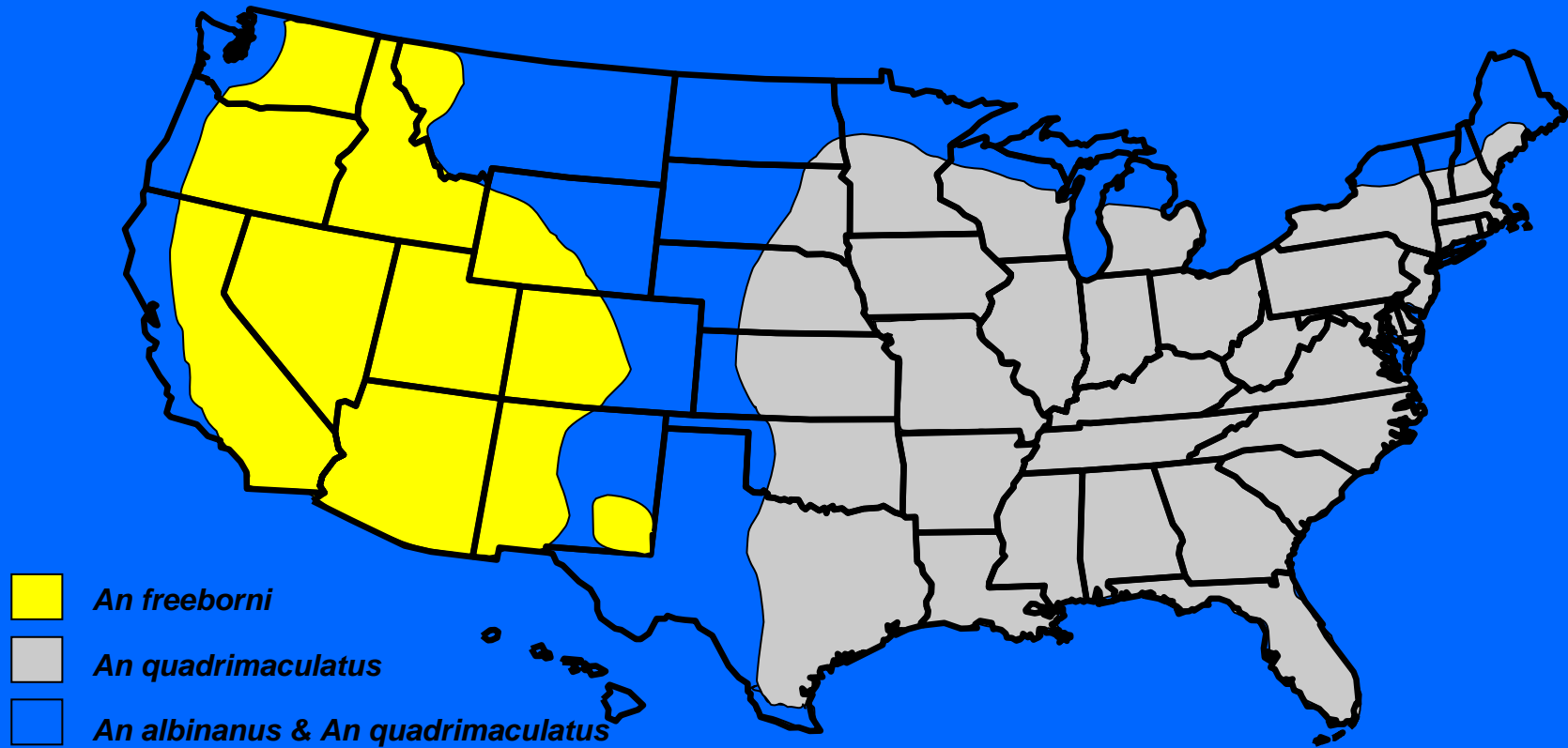
Continued mosquito transmitted malaria in the US because:

- Increased migration of peoples from endemic areas providing parasitic reservoirs.
- Continued presence of competent vectors.
- Conducive weather patterns.

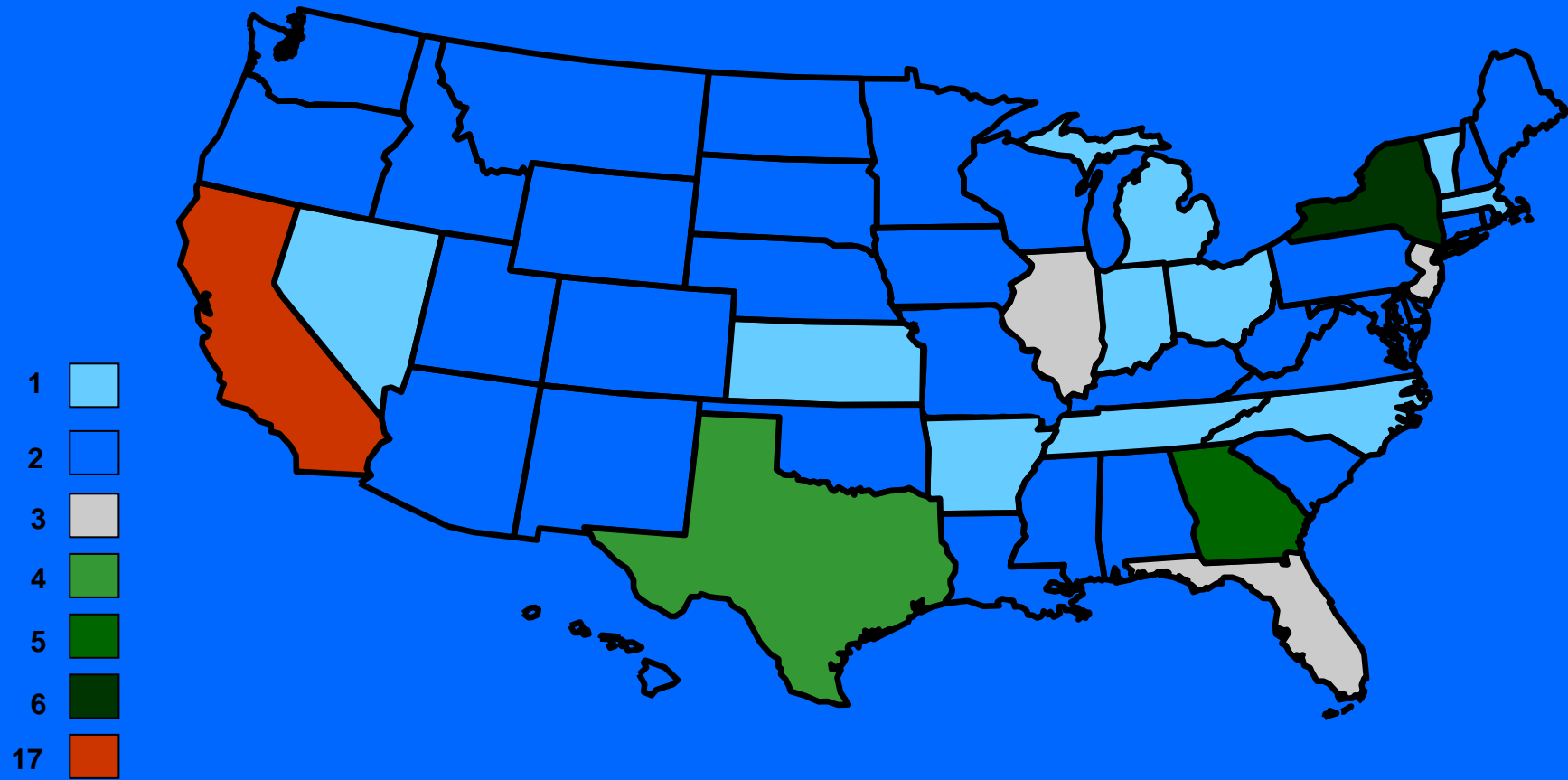
Mosquito-borne Malaria Episodes, 1957-2003



Potential Malaria Vectors in the US



156 cases in 63 separate outbreaks in 56 years



Palm Beach County 2003 Outbreak

- *Plasmodium vivax*; 8 cases
- Active transmission ~ 2 months
- Onset dates of July 12 – Sept 14
- All male, homeless to banker
- Age = 17-45 years (median = 37 years)

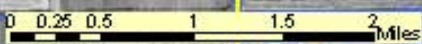
PALM BEACH COUNTY Malaria Events



PALM BEACH COUNTY HEALTH DEPARTMENT
Environmental Health and Engineering

Legend

- Malaria Events
- pbc_major_roads
- PBC_water
- pbc_natural_areas



7th case Residence
Date of Onset 12/19

1st & 2nd case Residence
Date of Onset 17/2018

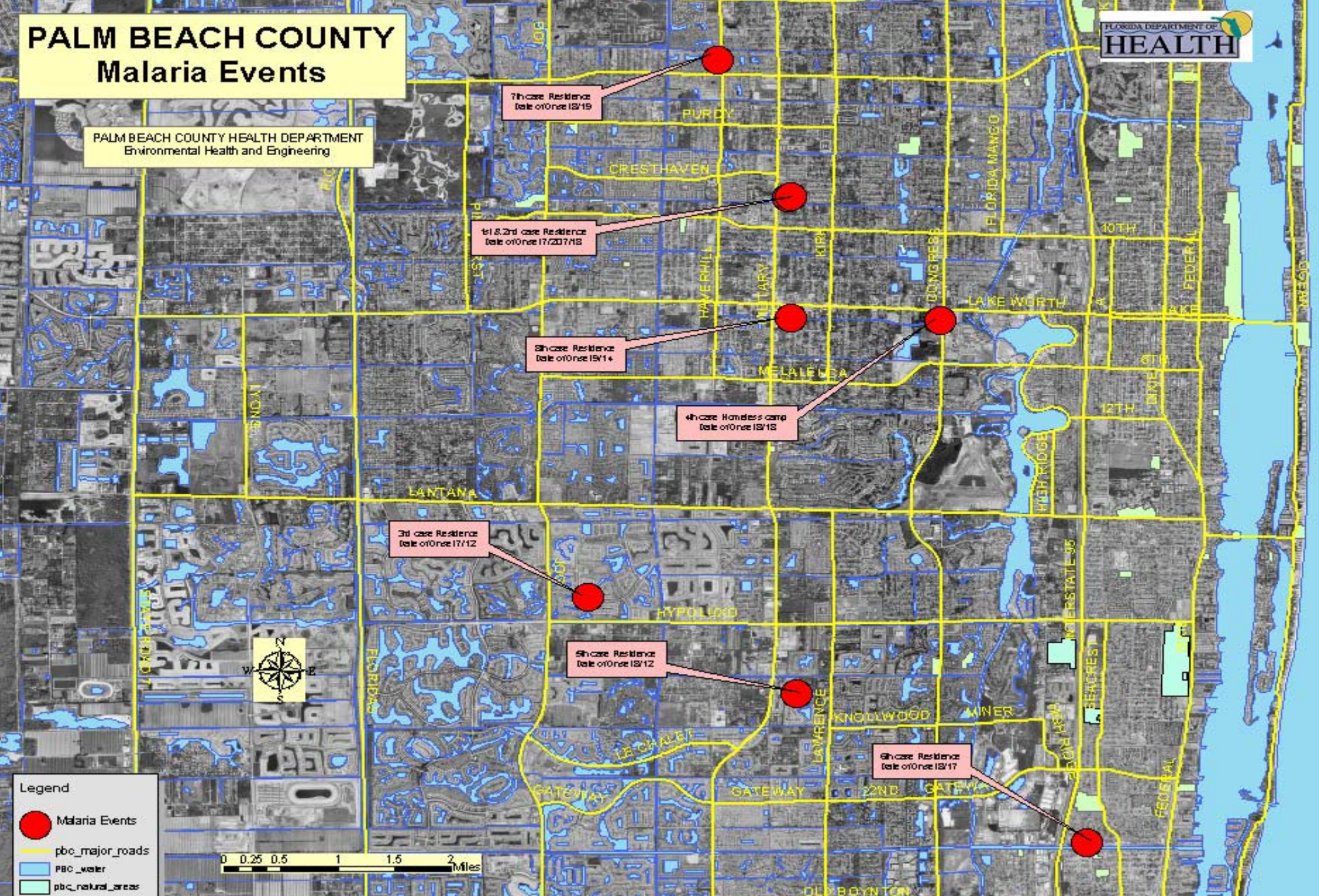
5th case Residence
Date of Onset 15/14

4th case Homeless camp
Date of Onset 12/18

3rd case Residence
Date of Onset 17/12

6th case Residence
Date of Onset 12/12

8th case Residence
Date of Onset 12/17





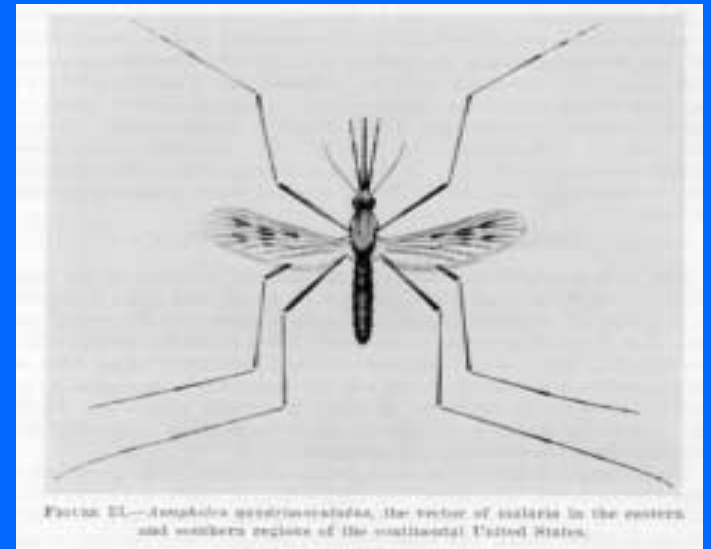


Malaria vectors in the Eastern US

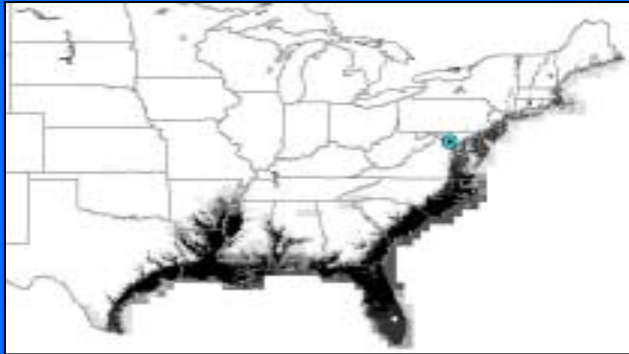
- ***Primary Vector***
 - *Anopheles quadrimaculatus* Group (Faust, 1949)
- **Secondary Vectors**
 - *Anopheles punctipennis* - vector of *P. vivax* in California (Gladney and Turner, 1969)
 - *Anopheles crucians*
- Note: not all species of *Anopheles* are vectors of malaria

An. quadrimaculatus Group

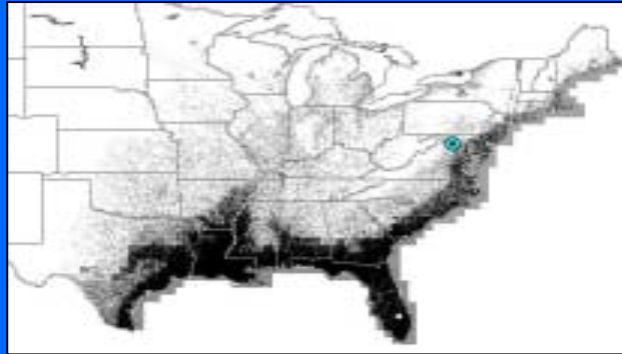
- *Anopheles quadrimaculatus* Say 1824
- *Anopheles smaragdinus* Reinert 1997
- *Anopheles diluvialis* Reinert 1997
- *Anopheles inundatus* Reinert 1997
- *Anopheles maverlius* Reinert 1997



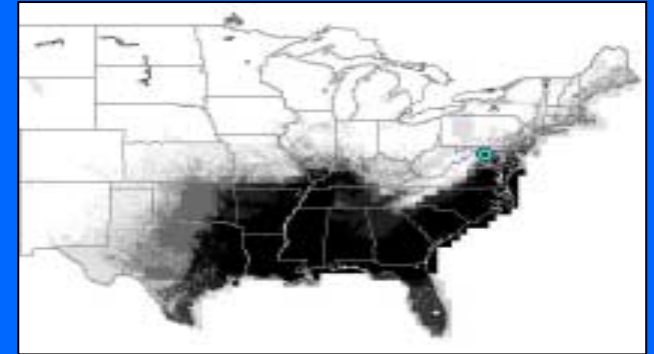
Predicted Distributions



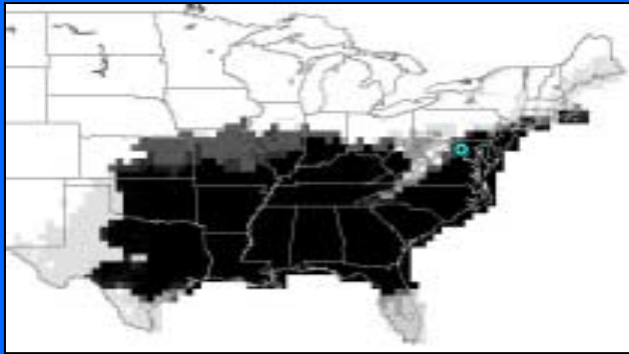
An. diluvialis



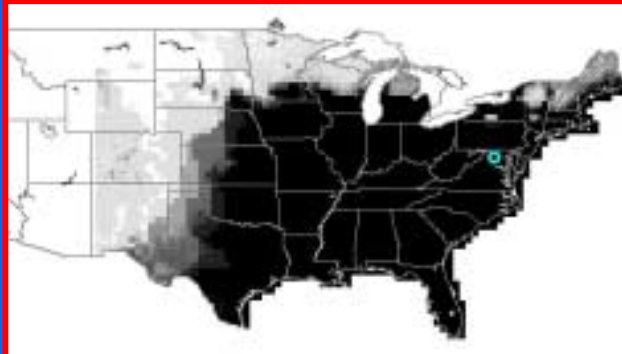
An. inundatus



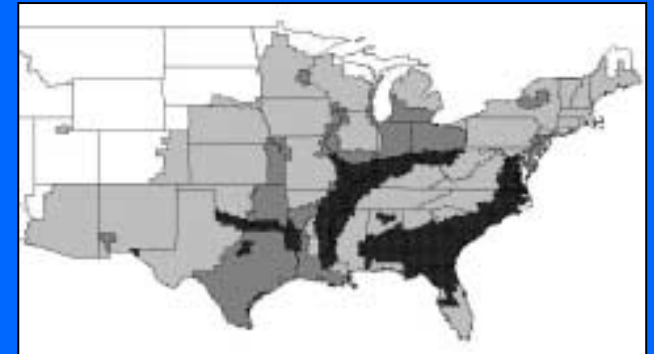
An. maverlius



An. smaragdinus



An. quad. sensu strictu

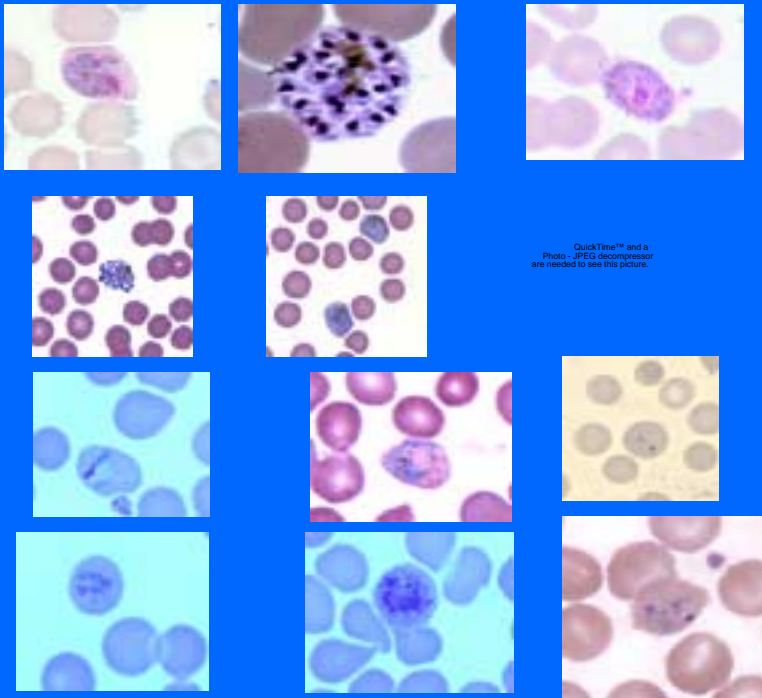


1850 malaria

Laboratory Diagnosis of Malaria

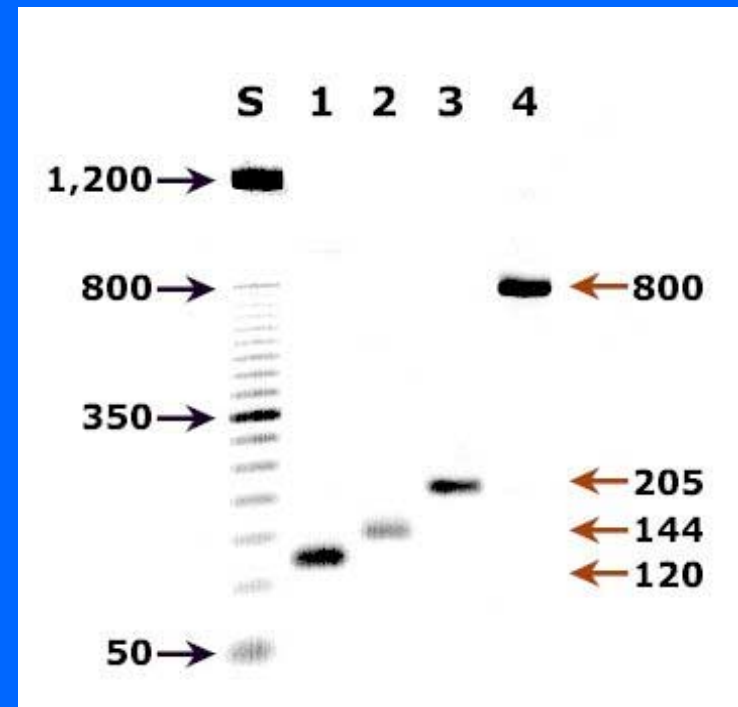
Microscopic Based Diagnosis

Giemsa Stained Morphology



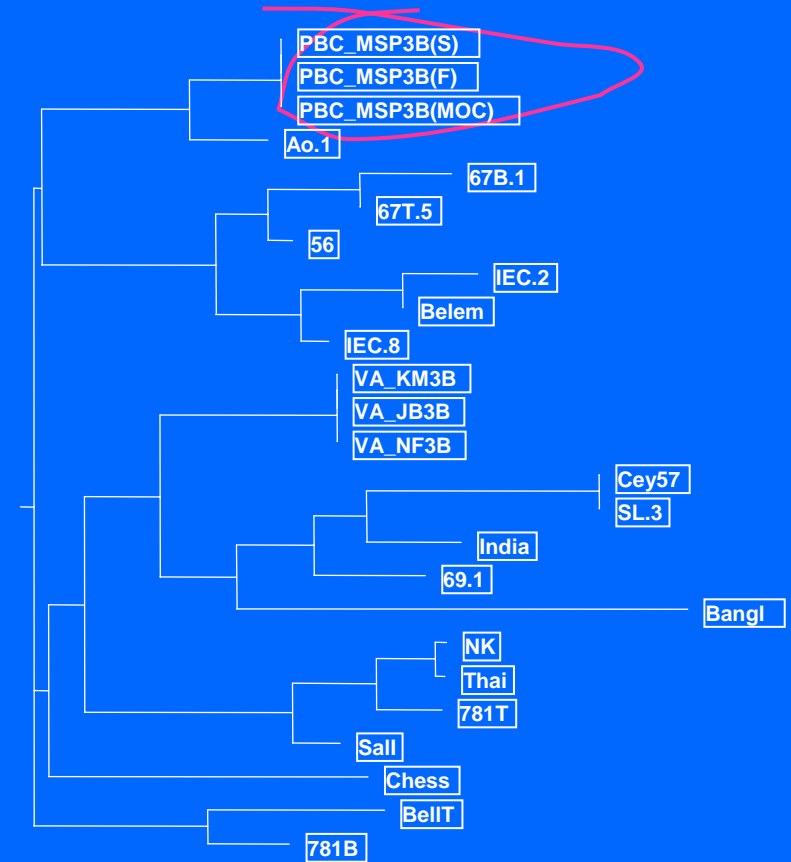
PCR based Diagnosis

rRNA Genes



Multi-locus Genetic Analysis of PBC *P. vivax*

- The MSP-3 α and MSP-3 β genes were 100% identical by sequence or RFLP.
- The CSP gene in all eight isolates contained type I (VK210) repeats and were identical.
- Conclusion: All eight *P. vivax* infections most likely originated from a single source of infection.

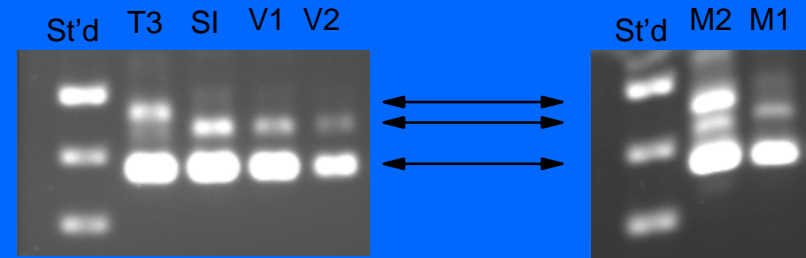


MSP-3 β Phenogram

Origin of the PB County *P. vivax* Infections

- *P. vivax* S-type rRNA genes of New World type isolates have a deletion mutation.
- *P. vivax* ORF 470 gene has a nonsynonymous mutation that changes an isoleucine residue to a valine in New World isolates.

A- & S-type rRNA genes



ORF 470

Virginia_B ORF470	Q F E R T L L I V N E H S Y V V Y L E G C T
Virginia_K ORF470	Q F E R T L L I V N E H S Y V V Y L E G C T
Miami I ORF470	Q F E R T L L I V N E H S Y V V Y L E G C T
Miami II ORF470	Q F E R T L L I V N E H S Y I V Y L E G C T
New World ORF470	Q F E R T L L I V N E H S Y V V Y L E G C T
Old World ORF470	Q F E R T L L I V N E H S Y I V Y L E G C T

*Li J, Collins WE, Wirtz RA, Rathore D, Lal A, McCutchan TF.

Geographic subdivision of the range of the malaria parasite

Plasmodium vivax. Emerg Infect Dis. 2001 7:35-42.

Will the US continue to have malaria transmission?

- Increased imported cases providing parasitic reservoirs?
- Increase in migration of people from endemic areas providing parasitic reservoirs?
- Continued presence of competent vectors?
- Conducive weather patterns?

YES

The best way to prevent infection:

Don't get bitten!!



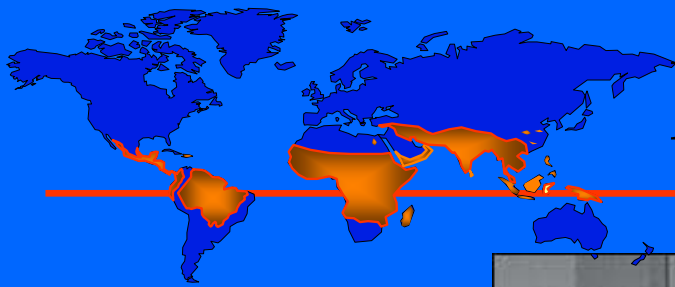
Acknowledgements

Entomology & Malaria Branches

- John MacArthur
- Monica Parise
- Scott Filler
- John Barnwell
- Alexandre Dasilva
- Louise Causer



The Mosquito Net – by John Singer Sargent



Mosquito Dissection Training

