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## Meteorological influences on dengue transmission in Pakistan

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## ABSTRACT

**Objective:** To identify the influences of local and regional climate phenomena on dengue transmission in Lahore District of Pakistan, from 2006 to 2014.**Methods:** Time-series models were applied to analyze associations between reported cases of dengue and climatic parameters. The coherence trend of regional climate phenomena (IOD and ENSO) was evaluated with wavelet analysis.**Results:** The minimum temperature 4 months before the dengue outbreak played the most important role in the Lahore District ( $P = 0.03$ ). A NINO 3.4 index 9 months before the outbreaks exhibited a significant negative effect on dengue transmission ( $P = 0.02$ ). The IOD exhibited a synchronized pattern with dengue outbreak from 2010 to 2012. The ENSO effect (NINO 3.4 index) might have played a more important role after 2012.**Conclusions:** This study provides preliminary results of climate influences on dengue transmission in the Lahore District of Pakistan. An increasing dengue transmission risk accompanied by frequent climate changes should be noted. Integrating the influences of climate variability into disease prevention strategies should be considered by public health authorities.

## 1. Introduction

Dengue fever is one of the most prevalent vector-borne diseases in tropical and sub-tropical regions. Dengue virus (DENV) is mainly transmitted by two species of *Aedes* mosquito: *Aedes aegypti* (*A. aegypti*) as the major vector and *Aedes albopictus* (*A. albopictus*) as the secondary vector [1]. DENV has been classified into four serologically distinct types (DEN-I, DEN-

II, DEN-III, and DEN-IV), which can cause flu-like clinical outcomes, including fever, headache, muscle and joint pain, or retro-orbital pain [2]. Type-specific antibodies can be produced against infection by the same serotype of DENV; however, severe dengue hemorrhagic fever and dengue shock syndrome mediated by an antibody-dependent enhancement mechanism might occur if subsequent infection is caused by different serotypes [3].

The disease burden of dengue has increased dramatically since 1970, and recent estimates indicate 390 million infections annually and approximately 100 million people with clinical symptoms [4]. Dengue fever is dominant in Latin America, South-East Asia, and Pacific Asia; however, countries in South Asia, including Pakistan, India, and Bangladesh, have also reported an increasing number of outbreaks and brought significant impacts on public health [4–6].

The ecological changes in dengue transmission are attributable to multifactorial causes with complicated interactions. *A. aegypti* and *A. albopictus* are well-adapted to urban

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