

Ciguatera and Climate Change: New Evidence for a Blunting of Effect by Population Changes

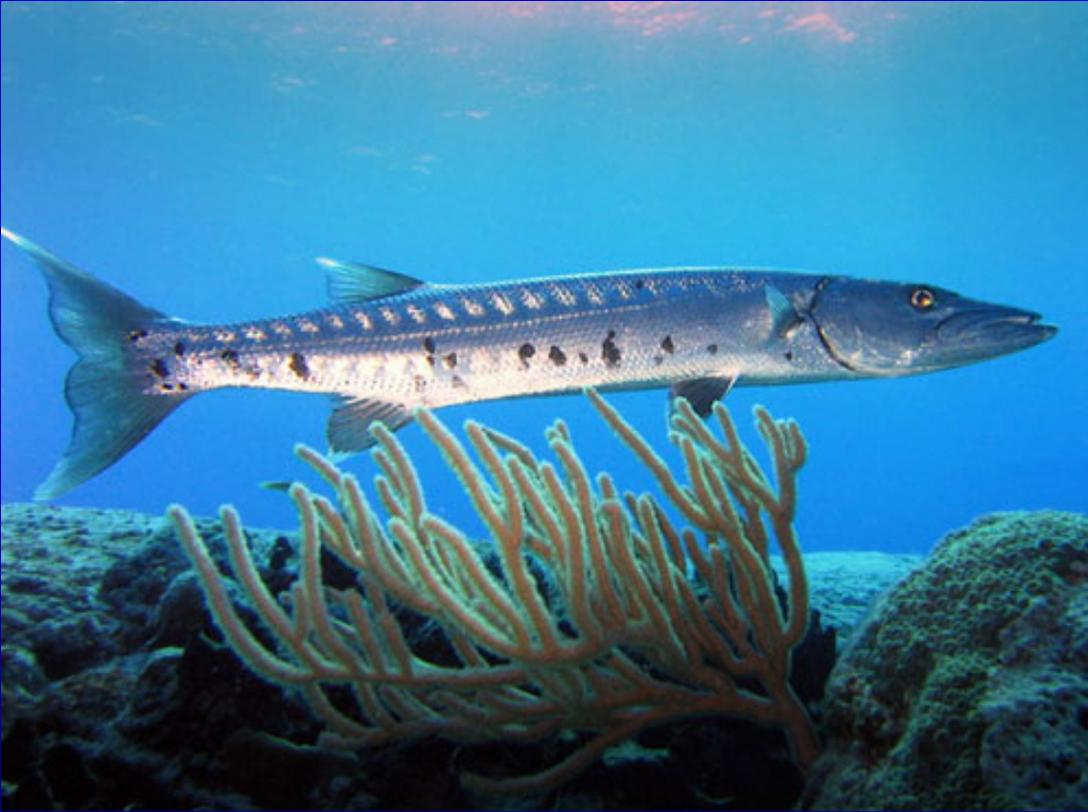
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Study Partners

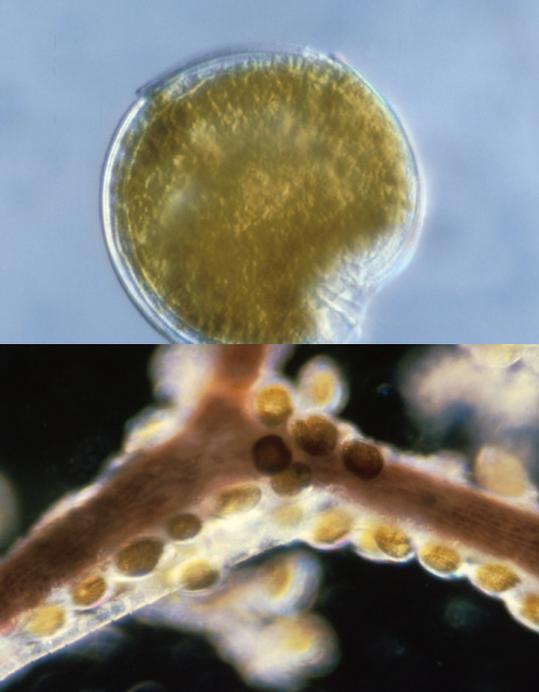
**Centers for Disease Control and Prevention {U01} :
Impact of climate on dinoflagellates and ciguatera fish poisoning**

- **Emerging Pathogens Institute,**
- **J. Glenn Morris**
 - **Elizabeth Radke**
- **Woods Hole Oceanographic Institution**
 - **Don Anderson**
 - **Mindy Richlen**
 - **Katie Pitz**
- **University of the Virgin Islands**
 - **Tyler Smith**
- **University of Maryland School of Medicine**
 - **Lynn Grattan**
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- **UFL Center for Ocean-Atmospheric Prediction Studies, Florida State University**
 - **Vasu Misra**
- **Gulf Coast Seafood Laboratory, Food and Drug Administration**
 - **Alison Robertson**
 - **Robert Dickey**
 - **Steven Plakas**
- **St. Thomas Fishermen's Association**
 - **David Olsen**
- **On island Study Coordinator**
 - **Margaret Abbott**



Ciguatera

- Results from eating tropical reef fish that carry “ciguatoxin”
- Causes clinical syndrome marked initially by GI symptoms, followed by neurologic and cardiac symptoms



herbivorous fish



carnivorous fish



Ciguatera, human illness

gambiertoxins



(precursor compounds)

- **Most frequently reported marine toxin disease in the world, affecting > 50,000 people per year**
- **Major constraint on fisheries in many regions (tourism, recreational economies)**

Ciguatera Fish Poisoning - Fish

- Fish are unaffected by toxin
- Fish look and taste normal
- Toxin is not affected by cooking
- Internal organs more likely to be toxic
- Larger fish more likely to be toxic
 - St. Thomas study: toxicity increased for larger fish in any given species
- May be geographic localization of toxicity
- *No good method currently available for identifying toxic fish*



Ciguatera: Incidence

- **U.S. Virgin Islands:**
7.3 cases/1,000 population/year*
- **Miami:**
0.05 cases/1,000 population/year
- **South Pacific:**
0.97-2.19 cases/1,000 population/year
- **Reunion Island:**
0.08 cases/1,000 population/year

*population-based survey



**Environmental
Studies
(UVI, WHOI)**

**Climate
Studies
(FSU)**

**Toxin Studies
(FDA)**

**Understanding
Ciguatera
And how to
Prevent it**

**Clinical Studies
(Schneider Hosp,
UMB, UF)**

**Epidemiologic
Studies
(UMB, UF)**



Changing Caribbean Climate and Threats to Reefs

OPEN ACCESS Freely available online

PLoS one

Caribbean Corals in Crisis: Record Thermal Stress, Bleaching, and Mortality in 2005

C. Mark Eakin^{1*}, Jessica A. Morgan², Scott F. Heron^{3,4}, Tyler B. Smith⁵, Gang Liu², Lorenzo Alvarez-Filip^{6,7}, Bart Baca⁸, Erich Bartels⁹, Carolina Bastidas¹⁰, Claude Bouchon¹¹, Marilyn Brandt³, Andrew W. Bruckner¹², Lucy Bunkley-Williams¹³, Andrew Cameron¹⁴, Billy D. Causey¹⁵, Mark Chiappone¹⁶, Tyler R. L. Christensen², M. James C. Crabbe¹⁷, Owen Day¹⁸, Elena de la Guardia¹⁹, Guillermo Díaz-Pulido^{20,21}, Daniel DiResta²², Diego L. Gil-Agudelo²³, David S. Gilliam²⁴, Robert N. Ginsburg²⁵, Shannon Gore²⁶, Héctor M. Guzmán²⁷, James C. Hendee²⁸, Edwin A. Hernández-Delgado²⁹, Ellen Husain³⁰, Christopher F. G. Jeffrey³¹, Ross J. Jones³², Eric Jordán-Dahlgren³³, Les S. Kaufman³⁴, David I. Kline^{35,37}, Philip A. Kramer³⁶, Judith C. Lang³⁷, Diego Lirman²⁵, Jennie Mallela^{38,39}, Carrie Manfrino⁴⁰, Jean-Philippe Maréchal⁴¹, Ken Marks³⁷, Jennifer Mihaly⁴², W. Jeff Miller⁴³, Erich M. Mueller⁴⁴, Erinn M. Muller⁴⁵, Carlos A. Orozco Toro⁴⁶, Hazel A. Oxenford⁴⁷, Daniel Ponce-Taylor¹⁶, Norman Quinn⁴⁸, Kim B. Ritchie⁹, Sebastián Rodríguez¹⁰, Alberto Rodríguez Ramírez²³, Sandra Romano⁵, Jameal F. Samhoury⁴⁹, Juan A. Sánchez⁵⁰, George P. Schmahl⁵¹, Burton V. Shank⁵², William J. Skirving³, Sascha C. C. Steiner⁵³, Estrella Villamizar⁵⁴, Sheila M. Walsh⁵⁵, Cory Walter⁹, Ernesto Weil¹³, Ernest H. Williams¹³, Kimberly Woody Roberson³¹, Yusri Yusuf⁵⁶

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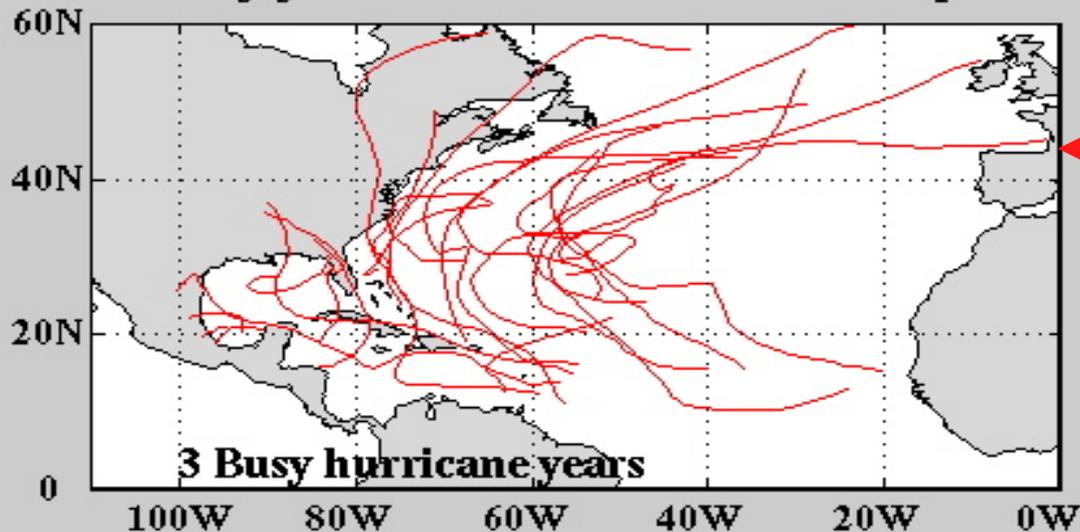
LETTERS

Large contribution of sea surface warming to recent increase in Atlantic hurricane activity

Mark A. Saunders¹ & Adam S. Lea¹

54 Years of Atlantic Hurricanes (1950-2003)

23 Busy-year hurricanes for small warm pools



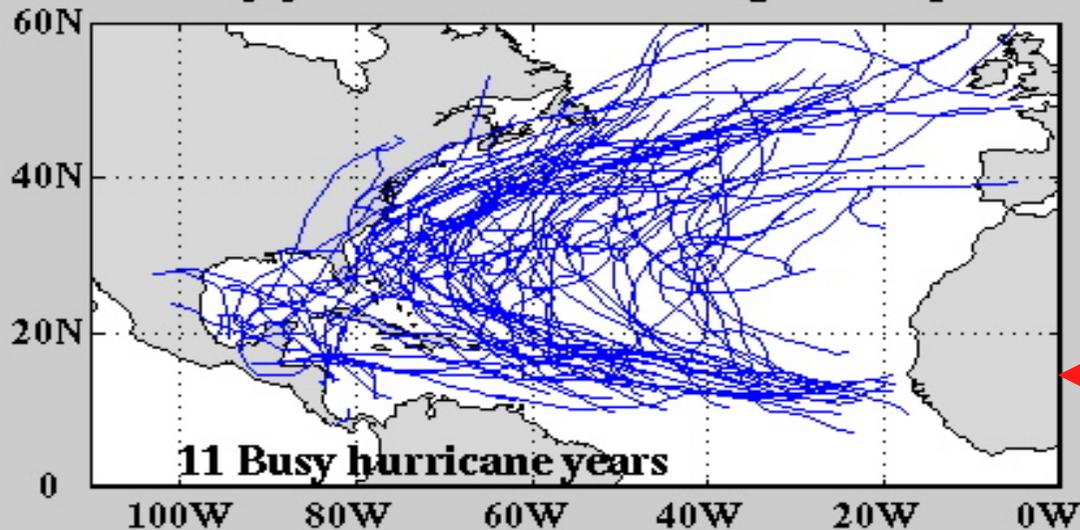
Of the 18 years with small warm pools

3 busy years, 23 storms

Busy hurricane years

= years for which the number of late-season hurricanes fall within the top tercile of all years

82 Busy-year hurricanes for large warm pools

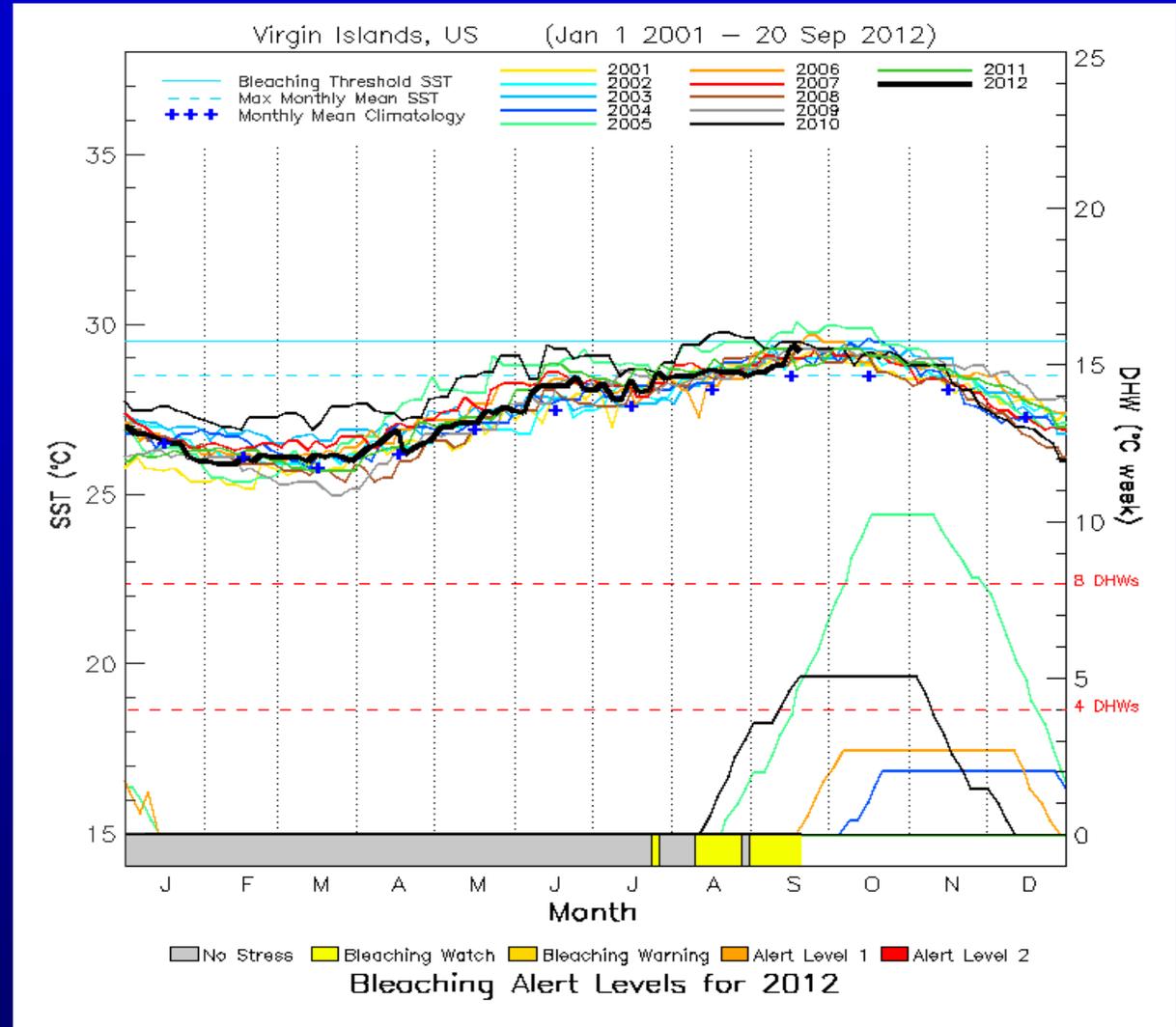


Of the 18 years with large warm pools

11 busy years, 82 storms

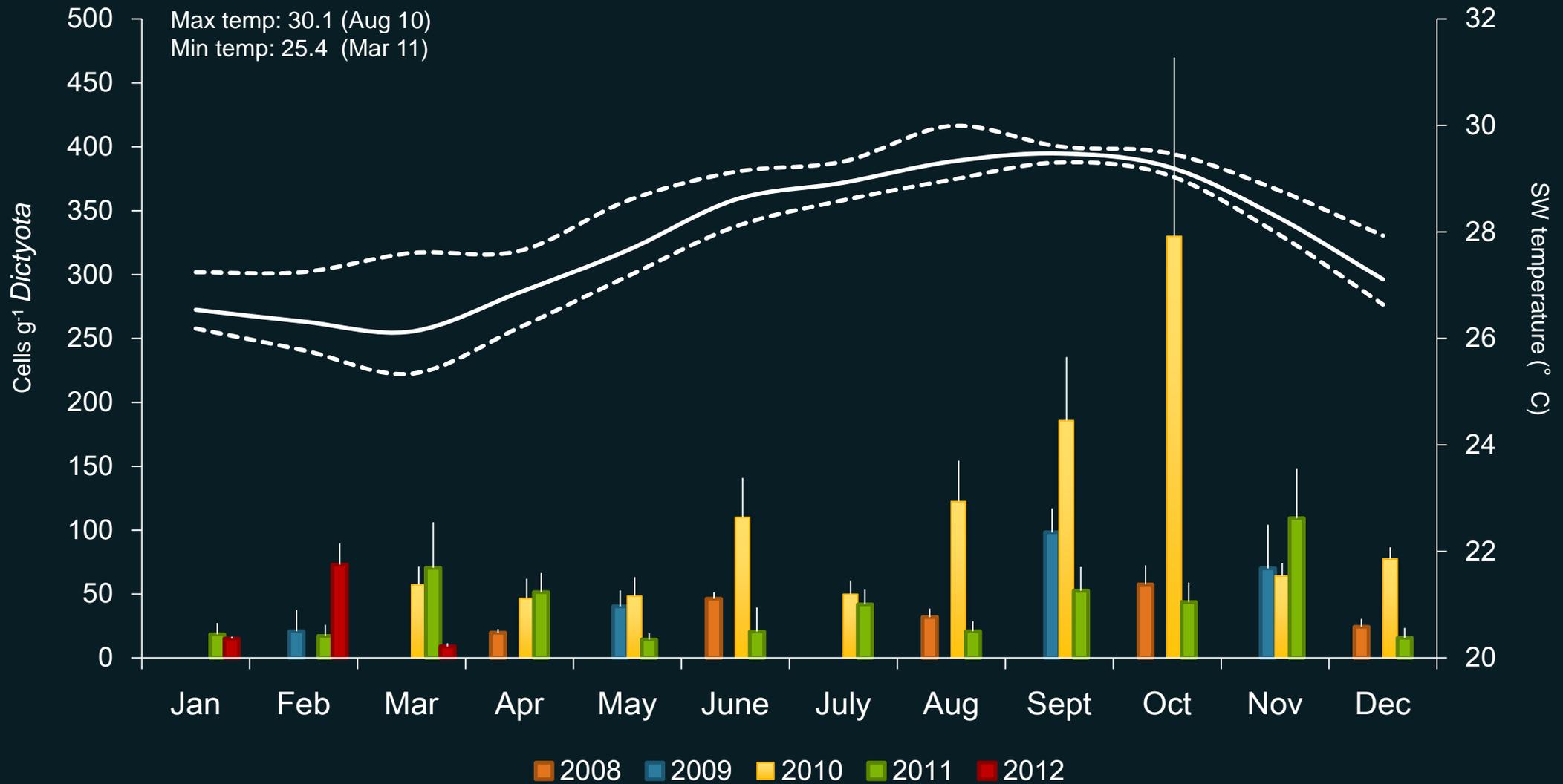
Increasing Sea Surface Temperatures

- Sea surfaces temperature 1°C above the maximum monthly mean can cause mass coral bleaching
- In USVI, every year of the last decade has seen warmer summers than our climate mean



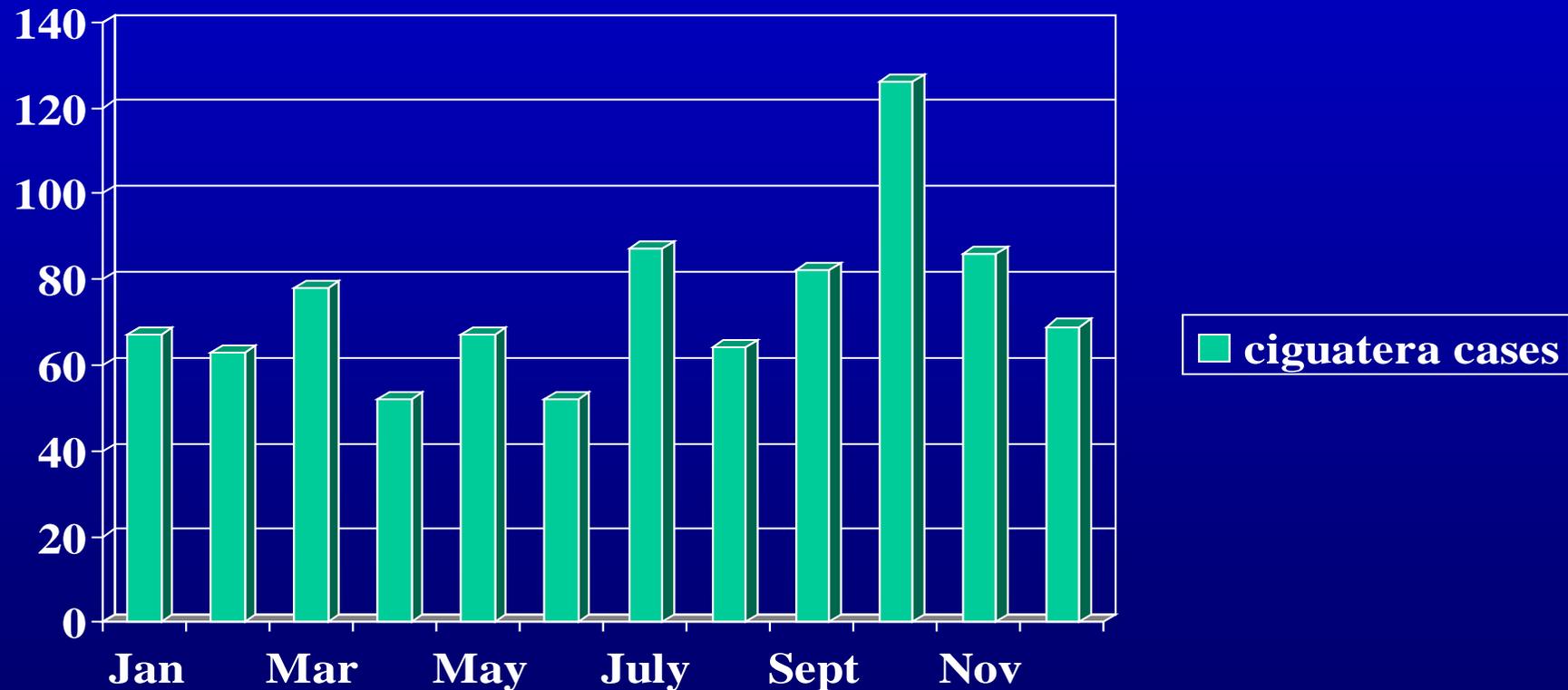


Gambierdiscus spp. abundance, Benner Bay



Gambierdiscus spp. abundance **positively correlated with SW temperature, precipitation**; negatively correlated with wind velocity (Spearman's rank correlation, $p < 0.05$)

Ciguatera Cases, Emergency Department, Schneider Hospital, St. Thomas, by Month, 1995-1999



Background

- **Incidence surveys performed in St. Thomas in 1980**
 - **7 per 1000 (approximately 14 per 1000 among adults)**
 - **In person survey, Morris, et al.**
 - **22% of households affected in a five year period**
 - **Telephone survey, McMillan, et al.**
- **Since this time, seawater temperatures have risen.**
 - **Has been suggested that increasing seawater temperature, in the context of global warming, will lead to an increase in ciguatera incidence**

Research Questions

- **Has ciguatera incidence in St. Thomas changed from 1980 to 2010/2011?**
 - We hypothesized that incidence would have increased due to the rise in seawater temperatures
- **What demographic and behavioral factors are associated with ciguatera illness in St. Thomas?**

Telephone Survey

Two island-wide random digit dial telephone surveys in St. Thomas (November 2010 and October 2011) - Landline and cellular telephones

Eligibility criteria: adult residents of St. Thomas

Telephone Survey Questionnaire

- 1. Demographics**
- 2. Recent fish consumption (frequency, type of fish, how obtained)**
- 3. History of ciguatera episodes in the participant and their household members**
- 4. Ciguatera awareness**

Survey population

- **807 individuals participated in the telephone surveys**
 - 400 in 2011 provided information about ciguatera in the past five years
- **186 (23%) had ever had ciguatera**
 - 339 total episodes
- **43 households (11%, 95% CI=8-14%) had a ciguatera episode in the previous five years**
- **56 (30%, 95% CI=21-39%) visited the emergency department for their most recent ciguatera illness**

Emergency Department Visits

- Medical record review of emergency department at Roy Schneider Hospital
- All available records with discharge diagnosis of ciguatera were identified and reviewed
- Data from pre 1980 were obtained from past research
- Collected annual counts for 1971-79 and 1995-2011, with gaps from 2000-01 and 2006.

Incidence estimates

➤ Telephone survey:

- 12 per 1000 (95% CI=10-21) 2010/2011
- 14 per 1000 in 1970's survey

➤ Emergency department visits:

- - 18 per 1000 in 1970s
- - 6 per 1000 (95% CI=5-8) in 2007-11

Survey Results

- **22% of households were affected in in 1970's over 5 years**
- **11% of households were affected in 2010/2011 over the same time period.**

Population Differences

- **Between 1980 and 2010/2011, we found significant differences in education (higher), age (older), and fish consumption (lower).**
- **Combined risk difference of -2.7 per 1000**

Conclusion

- We observed a *decline* in ciguatera incidence in St. Thomas from 1980 to 2010/2011
- This may be due to a population shift: Higher socioeconomic status, aging and lower fish consumption

Radke et al. (2013) *American Journal of Tropical Medicine and Hygiene*, In Press

Alternatively

- **St. Thomas may have reached an upper temperature threshold that is limiting *Gambierdiscus* growth**
- **A positive association with seawater temperature may exist but the effect of temperature is obscured by other factors (change in toxin profiles, primary dinoflagellate, or fish populations).**
- **Despite the decline in incidence in STX over the past 30 years, Ciguatera remains a major public health problem, affecting about 1% of the US population each year.**

