Effect of irradiation on the survival and susceptibility of female *Anopheles arabiensis* to natural isolates of *Plasmodium falciparum*

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Abstract

Background: The sterile insect technique (SIT) is a vector control strategy relying on the mass release of sterile males into wild vector populations. Current sex separation techniques are not fully efficient and could lead to the release of a small proportion of females. It is therefore important to evaluate the effect of irradiation on the ability of released females to transmit pathogens. This study aimed to assess the effect of irradiation on the survival and competence of *Anopheles arabiensis* females for *Plasmodium falciparum in* laboratory conditions.

Methods: Pupae were irradiated at 95 Gy, a sterilizing dose of gamma-rays from Caesium-137 source, and emerging adult females were challenged with one of 14 natural isolates of *P. falciparum*. Seven days post-bloodmeal (dpbm), irradiated and unirradiated-control females were dissected to assess the presence of oocysts. On 14 dpbm, oocyst rupture in mosquito midguts and sporozoite dissemination in head/thoraces were also examined. Two assays were performed to gauge the effect of irradiation on *An. arabiensis* survival. First, the survivorship of irradiated and unirradiated-control mosquitoes exposed to each parasite isolate was monitored. Second, how parasite infection and irradiation interact to influence mosquito lifespan was also assessed by including a group of uninfected unirradiated mosquitoes.

Results: Overall, irradiation reduced the proportion of infected mosquitoes but this effect was inconsistent among parasite isolates. Second, there was no significant effect of irradiation on the number of developing oocysts. Third, the proportion of ruptured oocysts at 14 dpbm was higher in irradiated- than in control-unirradiated females, suggesting that irradiation might speed up parasite development. Fourth, irradiation had varying effects on female survival with either a negative effect (assay 1) or no effect (assay 2).

Conclusion: Combining these effects into an epidemiological model could help quantifying the net effect of irradiation on malaria transmission in this system. Together, our data indicate that irradiated female *An. arabiensis* could contribute to malaria transmission, and highlight the need for perfect sexing tools which would prevent the release of females as part of SIT programs.

Key words: Sterile Insect Technique (SIT), competence, Direct membrane feeding assay

Introduction

The worldwide annual incidence of malaria declined by 36 % between 2000 and 2015 (Cibulskis *et al.*, 2016). Control measures based on vector management have played an important role in reducing malaria transmission with, for example, the use of long-lasting insecticide-treated nets contributing to an estimated 68 % of the decline in *Plasmodium falciparum* incidence over this period (Bhatt *et al.*, 2015). Since 2015 however, global progress has stalled, and several African countries are currently experiencing an increase in malaria incidence (WHO, 2018). The reasons for these recent increases are unclear but current vector control techniques are showing some limitations. This may include a loss of motivation in tool use (Pulford *et al.*, 2011), and/or vector adaptations such as physiological and behavioral resistance to insecticides (Ranson *et al.*, 2011; Carrasco *et al.*, 2019).

Although improving the use of existing and available tools is essential for malaria control in the near future, there also is an urgent need for the development and implementation of alternative solutions (Feachem *et al.*, 2019). One of them is based on the Sterile Insect Technique (SIT), which aims to control vector populations by releasing sterile males. SIT relies on the massive production of sterile males by irradiation or chemical treatment and introduction into wild insect populations in order to reduce the number of adults in subsequent generations (Knipling, 1955; Knipling *et al.*, 1968; Robinson *et al.*, 2009). With repeated releases, this approach has proven successful in eliminating some agricultural pest species (Dyck, Hendrichs and Robinson, 2005), and has shown promising in suppressing or reducing the density of disease vectors from islands (Vreysen *et al.*, 2000) or from relatively isolated areas such as urban settings (Bellini *et al.*, 2013). More recently, it allowed eliminating two partially isolated populations of *Aedes albopictus* in Guangzhou, China, when used in combination with the incompatible insect technique (Zheng *et al.*, 2019).

In recent years, the joint FAO/IAEA program has spurred renewed interest in the

development of SIT approaches for the control of mosquito-borne diseases (Lees *et al.*, 2015;

Flores and O'Neill, 2018). With regard to malaria, *Anopheles arabiensis* has focused much of

the scientific attention as this species can display localized, narrow range distribution such as

river side (Ageep *et al.*, 2009) or urban areas (Dabiré *et al.*, 2014; Azrag and Mohammed,

2018). Accordingly, the radiation biology of this species has been relatively well studied

(Helinski, Parker and Knols, 2006; Helinski *et al.*, 2008; Helinski and Knols, 2009; Balestrino

et al., 2011; Damiens *et al.*, 2012; Ndo *et al.*, 2014). Besides efficient mass-rearing and optimal

level of irradiation ensuring male sterilization with limited impact on sexual competitiveness,

a perfect separation technique of male and female mosquitoes prior to release is essential

(Mashatola *et al.*, 2018).

To date, the available sexing tools, including pupal size, addition of toxicants to

bloodmeal sources, or development of genetic sexing strains, remain imperfect; and a small

proportion of females can escape sexing before irradiation (Papathanos *et al.*, 2009; Ndo *et al.*,

2014; Dandalo *et al.*, 2017; Mashatola *et al.*, 2018). These females will be irradiated with the

males and can therefore potentially contribute to malaria transmission when released into wild

populations. While efforts to find an effective and operational sex separation technique are

maintained, it is important to evaluate the effect of irradiation on the ability of female anopheles

to transmit *P. falciparum*. Previous work has focused on the influence of irradiation on a large

range of traits including sperm production (Helinski and Knols, 2008, 2009; Damiens, Vreysen

and Gilles, 2013), male competitiveness (Helinski and Knols, 2008, 2009; Yamada *et al.*, 2014),

male and female longevity (Helinski, Parker and Knols, 2006; Dandalo *et al.*, 2017),

insemination rate (Poda *et al*., 2018), oviposition behavior (Poda *et al*., 2018), fertility and

fecundity (Helinski, Parker and Knols, 2006; Poda *et al.*, 2018) but no study has, to our

knowledge, characterized the influence of irradiation on the competence of *An. arabiensis* for

P. falciparum.

Competence, the mosquito ability to ensure parasite development and transmission, is a

combined estimate of parasite infectivity and vector susceptibility to infection. It thus

encompasses both mosquito resistance mechanisms used to fight the infection and parasite

mechanisms used to overcome the vector's defenses (Lefevre *et al.*, 2018). The molecular and

genetic bases of mosquito competence for malaria parasites have been well characterized for a

number of mosquito–parasite associations (Molina-Cruz *et al.*, 2015, 2016) and, there also is a

great diversity of ways in which biotic and abiotic environmental factors (temperature,

mosquito diet, insecticide exposure, microbial gut flora, etc.) can affect mosquito competence

(Lefèvre *et al.*, 2013). As any other environmental factors, radiation has also the potential to

influence the competence of *Anopheles* vectors for *P. falciparum*. For example, *Aedes aegypti*

mosquitoes exposed to a 5000 roentgen dose of X rays-irradiation and infected with a strain of

P. gallinaceum showed a 2.7 fold reduction in oocyst number compared to unirradiated infected

counterparts (Terzian, 1953), thereby suggesting a potential negative effect of irradiation on

mosquito competence for malaria parasites (see also Hahn, Haas and Wilcox, 1950; Ward, Bell

and Schneider, 1960). In contrast, a study on anopheles mosquitoes found that adult gamma-

irradiated *An. quadrimaculatus* displayed increased susceptibility to the nematode *Dirofilaria*

uniformis (Duxbury and Sadun, 1963).

The current study aimed to evaluate the effect of a sterilizing dose of gamma-rays from

Caesium-137 source on mosquito competence using the parasite *P. falciparum*, responsible for

causing the most severe form of human malaria, and the mosquito *An. arabiensis*, a major vector

of *P. falciparum* in Africa. Females of *An. arabiensis* were challenged with sympatric field

isolates of *P. falciparum* (14 distinct isolates in total) using direct membrane feeding assays

and, through a series of experiments, the effects of irradiation on (i) mosquito competence at

two distinct time points over the course of infection (oocyst and sporozoite parasite

developmental stages), (ii) the timing of oocyst rupture and sporozoite dissemination, and (iii)

female survival, were examined.

Methodology

Mosquitoes

Laboratory-reared *An. arabiensis* were obtained from an outbred colony established in

2016 and repeatedly replenished with F1 from wild-caught mosquito females collected in

Dioulassoba, a central urban area of Bobo-Dioulasso, south-western Burkina Faso, and

identified by routine PCR-RFLP (Fanello, Santolamazza and Della Torre, 2002). Mosquitoes

were held in $30 \times 30 \times 30$ cm mesh-covered cages under standard insectary conditions (27 $\pm$

2°C, 70 $\pm$ 5 % relative humidity, 12:12 LD).

Irradiation

Irradiation was performed as described in (Poda *et al.*, 2018). Prior to irradiation, pupae

were transferred from their rearing trays to plastic cups (Ø = 45mm, h = 85mm) at similar

densities. Cups were randomly assigned to one of two treatment groups: irradiation or control-

unirradiated. The pupae density in cups was similar between the two treatment groups and did

not exceed 200 pupae per cup. One cm of water was left at the bottom of each cup to limit

radiation absorbance by water. Pupae were irradiated at a dose of 95.4 $\pm$ 0.9 Gy (mean$\pm$se) in a

Gamma Cell ^{137}Cs self-contained gamma source at a rate of 4Gy/min. In *An. arabiensis* males,

this dose induces a high level of sterility (Helinski, Parker and Knols, 2006; Poda *et al.*, 2018)

while preserving relatively high competitiveness (Helinski, Parker and Knols, 2006). Cups were

placed at the center of the irradiation chamber to maximize dose uniformity within the batch.

A dosimetry system was used to measure the accurate dose received by each batch using a

Gafchromic® HD-V2 film (Ashland, Bridgewater, NJ, USA) placed on the wall of the cups.

After irradiation, the optical density of irradiated films was read at both 458nm and 590nm with

a dose reader (Dosereader4, Radgen, Budapest, Hungary) and compared to a control. The

control group was manipulated in the same way as the irradiated group but was not irradiated.

Pupae were then placed in $30 \times 30 \times 30$ cm mesh-covered cages and kept under standard

insectary conditions ($27 \pm 2°C$, 70 ± 10 % RH, 12:12 LD) for emergence. Female and male

mosquitoes were maintained together on a 5 % glucose solution. Between 3 and 6 days after

emergence, control and irradiated females were transferred to cardboard cups (Ø = 75mm, h =

85mm) at a density of 60 mosquitoes per cup.

165   **Parasite isolates and mosquito experimental infection**

166   Irradiated and control mosquito females were challenged by using blood drawn from

naturally *P. falciparum* gametocyte-infected patients recruited among 5–12-year-old school

children in villages surrounding Bobo-Dioulasso, Burkina Faso, using Direct Membrane

Feeding Assays (DMFA) as previously described (Ouédraogo *et al.*, 2013; Hien *et al.*, 2016).

Briefly, thick blood smears were taken from each volunteer, air-dried, Giemsa-stained, and

examined by microscopy for the presence of *P. falciparum* at the IRSS lab in Bobo-Dioulasso.

Asexual trophozoite parasite stages were counted against 200 leucocytes, while infectious

gametocytes stages were counted against 1000 leukocytes. Children with asexual parasitemia

of > 1,000 parasites per microliter (estimated based on an average of 8000 leucocytes/ml) were

treated in accordance with national guidelines. Asymptomatic *P. falciparum* gametocyte-

positive children were recruited for the study.

177   Gametocyte carrier blood was collected by venipuncture into heparinized tubes. To test

for a possible interaction between the natural blocking immunity of the human host (Gouagna

et al., 2004; Da *et al.*, 2015; Stone *et al.*, 2018) and the irradiation on mosquito infection,

DMFA were performed using either whole donor blood or with replacement of the serum by a

non-immune AB serum (see Additional file 1). Mosquitoes were starved of glucose solution for

12 h prior to the exposure. Three to six day old female mosquitoes, emerged from irradiated or

control pupae, were allowed to feed on this blood for one hour. Non-fed or partially fed females

were removed and discarded, while the remaining fully-engorged mosquitoes were maintained

in a biosafety room under standard insectary conditions (27 ± 2°C, 70 ± 10 % RH, 12:12 LD).

Mosquitoes were provided with a sugar meal consisting in a 5 % glucose solution on cotton

wool following blood-feeding.

Experiment 1: Effects of irradiation on *An. arabiensis* competence for *P.

***falciparum*.**

Competence was characterized by infection prevalence (i.e. the proportion of

mosquitoes that develop infection upon feeding on an infectious bloodmeal) and intensity (i.e.

the average number of parasites among infected mosquitoes). Infection prevalence and intensity

were here gauged at two distinct points in time over the course of infection (Table 1):

(i)   On day 7 post-bloodmeal (dpbm), the midguts of a total of 383 irradiated females and

378 control females fed with blood from one of 8 gametocyte carriers (Table 1) were dissected,

stained with 2 % mercurochrome, and the presence and number of oocysts (immature, non-

transmissible stage of malaria parasites) were recorded using light under the microscopy

($\times$400).

(ii)   On 14 dpbm, the heads and thoraces of a total of 473 irradiated and 489 control females

fed with blood from one of 10 gametocyte carriers (Table 1) were dissected, and the presence

and quantity of sporozoites (mature transmissible stage) were determined using qPCR (see

below).

Experiment 2: Effects of irradiation on *P. falciparum* oocyst rupture in mosquito

midguts and sporozoite dissemination in head/thoraces

On 14 dpbm, 276 irradiated and 243 control mosquito females fed an infectious blood from

one of 6 gametocyte carriers were dissected for the microscopic observation of oocysts in

midguts and the qPCR detection of sporozoites in head/thoraces (Table 1). Oocyst rupture in

mosquito midgut and sporozoite invasion of salivary glands is highly asynchronous: while some

oocysts are intact and keep developing on 14 dpbm, others have already ruptured and released

their sporozoites. To explore possible difference in the timing of sporozoite dissemination in

mosquito salivary glands between irradiated and control females, three traits were measured:

(i) the proportion of infected mosquitoes with ruptured oocysts on 14 dpbm. This is the

number of mosquitoes with at least one ruptured oocyst in their midguts at 14 dpbm

out of the total number of infected mosquitoes (i.e. harboring either intact and/or

ruptured oocysts);

(ii) the proportion of ruptured oocysts at 14 dpbm. This is, for each infected mosquito,

the number of ruptured oocysts out of the total number of oocysts (intact + ruptured);

(iii) the proportion of oocyst-infected mosquitoes with sporozoites in their head and

thorax at 14 dpbm. This is the number of oocyst-infected mosquitoes harboring

sporozoites in their head/thoraces at 14 dpbm out of the total number of infected

mosquitoes (i.e. harboring either intact and/or ruptured oocysts).

Experiment 3: Effects of irradiation on *An. arabiensis* survival

Two assays were performed to gauge the effect of irradiation on *An. arabiensis* survival.

First, as part of the previous experiments, the survivorship of irradiated and unirradiated-control

mosquitoes exposed to each parasite isolate (n = 14 isolates) was monitored from 1 to 7 days

post-treatment (isolates A, C, D and G) or from 1 to 14 dpbm (isolates E, H, I, J, K, L, M, N,

O, P). Every morning at 08:00, dead mosquitoes were removed and counted from each cage.

The remaining alive mosquitoes used for midgut dissection at 7 and/or 14 dpbm (experiment 1)

were considered in the analysis and given a censoring indicator of "0".

Second, to determine how parasite infection and irradiation interact to influence

mosquito longevity, a membrane feeding assay was performed following the same general

procedure as described above except that a group of uninfected control mosquitoes was added,

and that survival was monitored until all the mosquitoes had died. Uninfected control

mosquitoes received heat-treated gametocytic blood to kill the parasite gametocytes as

previously described (Sangare *et al.*, 2013; Hien *et al.*, 2016; Nguyen *et al.*, 2017). For each

group (irradiated-parasite exposed, irradiated-parasite unexposed, control-parasite exposed and

control-parasite unexposed), between 40 and 60 females were placed in one of two $20 \times 20 \times$

20 cm cages to avoid possible cage effect on mosquito survival. Females were fed a 2.5 %

glucose solution every other day and provided water-soaked cottons ad libitum. Dead

mosquitoes were counted from each cage (n = 8 cages) every morning at 8:00 and individually

stored at -20°C to determine their infection status using qPCR (see below).

***Plasmodium falciparum* DNA extraction and qPCR**

P. falciparum genomic DNA was extracted from head-thorax mosquitoes by grinding

tissues with a micro pestle in an extraction buffer (0.1 M Tris HCl, pH 8.0, 0.01 M EDTA, 1.4

M NaCl, 2 % cetylltrimethyl ammonium bromide). The mixture was incubated at 65°C for ten

min. Total DNA was extracted with chloroform, precipitated in isopropanol, washed in 70 %

ethanol, and resuspended in sterile water (Morlais *et al.*, 2004). Parasite detection was carried

out by qPCR, using *P. falciparum* mitochondrial DNA specific primers 5' -

TTACATCAGGAATGTTTTGC-3' and qPCR-PfR 5' -ATATTGGGATCTCCTGCAAAT-3'

(Boissière *et al.*, 2013).

     Statistical analyses

All statistical analyses were performed in R (version 3.6.1). Logistic regression by

generalized mixed linear models (GLMM, binomial errors, logit link; lme4 package) were used

to test the effect of irradiation on (i) the prevalence of oocysts and sporozoites (experiment 1),

(ii) the proportion of infected mosquitoes with ruptured oocysts (experiment 2), (iii) the

proportion of ruptured oocysts (experiment 2), (iv) the proportion of oocyst-infected

mosquitoes with sporozoites in their head and thorax (experiment 2). A GLMM with zero

truncated negative binomial errors (glmmTMB package) was used to test the effect of

irradiation on the oocyst intensity (experiment 1). A GLMM with Gaussian distribution (lme4

package) was used to test the effect of irradiation on the sporozoite intensity (Ct: mean number

of amplification cycle during qPCR, experiment 1). For each GLMM, the full model included

irradiation treatment (irradiated vs. unirradiated-control) and gametocytemia (the mean number

of gametocytes in parasite isolates) as fixed effects and parasite isolate as a random effect. The

effect of irradiation on mosquito survivorship (survival assay 1) was analyzed using a Cox's

proportional hazard regression mixed model (coxme package) with censoring and with parasite

isolate set as a random factor. The effect of irradiation and infection on mosquito survivorship

(survival assay 2) was analyzed using Cox's proportional hazard regression mixed model

without censoring and with cage identity set as a random factor. Model simplification used

stepwise removal of terms, followed by likelihood ratio tests (LRT). Term removals that

significantly reduced explanatory power ($P < 0.05$) were retained in the minimal adequate

model.

Ethical considerations

The selection of parasite isolate was made from asymptomatic gametocyte carriers

recruited among 5-12 year old children in the villages of the medical district of Dandé and

Soumousso according to the protocol approved respectively by the Centre Muraz and IRSS

ethics committees: A003-2012/CE-CM and 2017-003/MESRSI/CNRST/IRSS/CEIRES. Prior

to inclusion, informed consent was obtained from parents or legal guardian. The protocol was

in line with the 2002 Helsinki Declaration on Ethical Principles for Medical Research Involving

Human Subjects.

Results

Experiment 1: Effects of irradiation on *An. arabiensis* competence for *P. falciparum*

Oocyst prevalence and intensity at day 7 post-bloodmeal

Irradiation reduced the proportion of infected mosquitoes by 16.8 % (180 infected

control mosquitoes/378 = 47.6%; and 152 infected irradiated mosquitoes / 383 = 39.6%; *LRT*

$X^2_1 = 5.2$; P = 0.02; Figure 1A). Although no significant effect of gametocytemia on oocyst

prevalence was found (*LRT X^2_1* = 0.2; P = 0.65), there was an interaction between irradiation

and gametocytemia (*LRT X^2_1* = 19.5; P<0.001). In particular, while irradiation reduced

mosquito infection rate of parasite isolates C, D, G, I, it had no effect on A, E and even slightly

increased the infection rate of isolates H and J (Figure 1A).

The mean number of developing oocysts in infected females (i.e. intensity) was not

significantly affected by irradiation (*LRT X^2_1* = 0.0017; P = 0.97, Figure 1B). Gametocytemia

had no effect on intensity (*LRT X^2_1* = 0.54; P = 0.46, Figure 1B). There was a significant

interaction between gametocytemia and treatment (LRT X_2^1 = 9.58, P = 0.002, Figure 1B) such

that irradiation either decreased (isolates A, G, H), increased (C, D) or had no effect (E, I, J) on

oocyst intensity.

Sporozoite prevalence and intensity at day 14 post-bloodmeal

The proportion of mosquitoes with disseminated sporozoites in their head/thorax was

similar between irradiated and control females (control: 248/489 = 50.7 ± 4 %; irradiated:

257/473 = 54.3 ± 5 %, *LRT X$^2_1$* = 2.56, P = 0.11; Figure 1C). There was no effect of

gametocytemia on sporozoite prevalence (*LRT X$^2_1$* = 0.12, P = 0.73, Figure 1C), and a

marginally non-significant interaction between irradiation and gametocytemia (*LRT X$^2_1$* = 3.5,

P = 0.06, Figure 1C).

The mean number of amplification cycle during qPCR (the lower the Ct, the higher the

sporozoite intensity) did not vary with irradiation (mean Ct irradiated = 25.57 ± 0.32 (n = 257),

mean Ct control = 26.02 ± 0.33 (n = 248), *LRT X$^2_1$* = 0.55, P = 0.46, Figure 1D). Gametocytemia

had a significant effect on sporozoite intensity (*LRT X$^2_1$* = 7.7, P = 0.006), with higher

gametocyte density in blood leading to an increase in sporozoite density in mosquito head and

thoraces. Finally, there was no interaction between irradiation and gametocytemia on sporozoite

intensity (*LRT X$^2_1$* = 0.04, P = 0.85).

Experiment 2: Effects of irradiation on *P. falciparum* oocyst rupture in mosquito guts

and sporozoite dissemination in head/thoraces

Uninfected mosquitoes were excluded from the analysis and the parasite oocyst rupture

in mosquito guts and sporozoite dissemination to head/thoraces were compared between

irradiated and control infected individuals (N irradiated = 144/276 (52 %), N control = 124/243

(51 %)). Among these infected mosquitoes, the proportion of individuals with at least one

ruptured oocyst in their midgut at 14 dpbm was higher in irradiated females than in control

counterparts (*LRT X$^2_1$* = 5.8, P = 0.016, Figure 2A). In particular, 86 % (124/144) of irradiated

infected mosquitoes had at least one ruptured oocyst in their midguts, while only 75 % (93/124)

of control infected females exhibited ruptured oocysts. This result suggests that the release of

sporozoites from oocysts happened earlier in irradiated than in control females.

In addition, the proportion of ruptured oocysts was higher in irradiated mosquitoes

(irradiated: 1509 ruptured oocysts out of a total of 1817 counted oocysts (83 %), controls: 1443

ruptured oocysts out of a total of 2068 counted oocysts (69.8 %), *LRT X$^2_1$* = 85, P < 0.001,

Figure 2B), further suggesting that irradiation speeded up oocyst maturation and sporozoite

release.

Finally, the proportion of oocyst-infected mosquitoes with disseminated sporozoites in

their head/thorax was not affected by irradiation treatment (*LRT X$^2_1$* = 2, P = 0.12, Figure 2C).

There was no main effect of gametocytemia on the proportion of oocyst-infected mosquitoes

with disseminated sporozoites in their head/thorax (*LRT X$^2_1$* = 1.65, P = 0.2). There was a

significant interaction between gametocytemia and treatment (*LRT X$^2_1$* = 4.6, P = 0.03), with

irradiation either decreasing (isolates M), or increasing (K, N, O, P) the proportion of oocyst-

infected mosquitoes with disseminated sporozoites.

Experiment 3: Effects of irradiation on *An. arabiensis* survival

In the first assay, the survival of females exposed to one of 14 parasite isolates was

monitored from 1 to 7 dpbm or from 1 to 14 dpbm (Table1). The overall survival rate from 1

to 7 dpbm (isolates A, C, D, G) was very high, with only 3.9 % of mosquitoes (13 / 333) that

died between 1 to 7 dpbm, and there was no survival difference between irradiated and control

non-irradiated mosquitoes (LRT X$^2_1$ = 1, P = 0.31, Figure 3A). However, from 1 to 14 dpbm

(isolates E, H, I, J, K, L, M, N, O, P), irradiated mosquitoes died at a higher rate than control

mosquitoes (mortality rate irradiated: 21.25 % (187 / 880), control: 11.71 % (94/803), LRT X$^2_1$

= 22.3, P < 0.001, Figure 3B).

In the second assay, the survival of irradiated mosquitoes exposed to parasites (n = 55),

irradiated unexposed (n = 49), unirradiated exposed (n = 52) and unirradiated unexposed (n =

45) females was monitored from 1 to 35 dpbm, when the last mosquito died. The DNA of

parasite-exposed dead mosquitoes was extracted to detect the presence of *P. falciparum* using

qPCR. Mosquitoes (irradiated or non-irradiated) which remained uninfected upon parasite

exposure were excluded from the analysis to focus on the effect of infection and irradiation on

mosquito survival. In this second assay using smaller number of mosquitoes (Table 1), there

was no effect of irradiation on mosquito survival (LRT X^2_1 = 0.04, P = 0.84, Figure 3C).

Infection did not significantly reduce mosquito survival (LRT X^2_1 = 0.05, P = 0.82, Figure 3C).

Finally, there was a marginally significant interaction between irradiation and infection (LRT

X^2_1 = 4, P = 0.045, Figure 3C), such that irradiation resulted in an increased lifespan in infected

mosquitoes but caused a reduced lifespan in uninfected mosquitoes.

Discussion

Our data shows that irradiation had contrasting effects on critical parameters affecting

the capacity of *An. arabiensis* to transmit *P. falciparum*, including mosquito competence, the

parasite development time and survival. First, irradiation reduced the proportion of mosquitoes

harboring parasite oocysts upon ingestion of bloodmeals from gametocyte carriers. Second,

irradiation increased both the proportion of mosquitoes with ruptured oocysts and the

proportion of ruptured oocysts in mosquito guts at 14 dpbm. Third, irradiation either decreased

(survival assay 1) or had no effect (assay 2) on the lifespan of *An. arabiensis* females. While

reduced mosquito competence and survival would limit *An. arabiensis* vectorial capacity,

shorter parasite development time would tend to increase it. Combining these effects into an

epidemiological model could help quantifying the net effect of irradiation on malaria

transmission in this system.

Although irradiated females displayed reduced oocyst infection rate compared to non-

irradiated individuals, the parasite development was not fully suppressed. If released into the

wild, irradiated females will therefore likely contribute to malaria transmission, provided that

irradiation does not impair the host-seeking and -feeding behaviors of these females. Our results

therefore highlight the need for perfect sexing tools which would prevent the release of females

as part of SIT programs.

The precise mechanisms behind irradiation-mediated reduction of *Plasmodium*

infection are not yet clear but interferences with mosquito immunity, microbiota and/or parasite

infectivity mechanisms are likely. Although it is well-known that irradiation causes DNA

damages, oxidative stress, and changes in gene expression including immune genes

(Zhikrevetskaya *et al.*, 2015), its impact on insect host-pathogen interactions remain generally

unclear (Morley, 2012). While a study found that irradiated *Tephritidae* flies displayed

damaged midgut and peritrophic membrane resulting in decreased bacterial growth (Lauzon

and Potter, 2012), irradiated *Spodoptera* butterflies showed increased susceptibility to a

nucleopolyhedrosis virus (Sayed and El-Helaly, 2018). Similarly, in mosquito-malaria parasites

associations, X-ray irradiation caused increased *Ae. aegypti* resistance to *P. gallinaceum*

(Terzian, 1953; Ward, Bell and Schneider, 1960), while gamma-ray irradiation enhanced the

development of *Dirofilaria uniformis* in *Anopheles quadrimaculatus* (Duxbury and Sadun,

1963). Together, the few existing studies on this topic suggest that the observed changes in

infection level are mediated mostly through radiation damage to the insect midgut rather than

through altered immune response such as hemocyte production (Jafri, 1965; Christensen, Huff

and Li, 1990; Morley, 2012). In addition, the effects of irradiation on infection seem to be dose-

dependent. For example, at a dose of 1000 r of x-ray, the competence of *Ae. aegypti to P.*

gallinaceum decreased by only 1.15 times compared to unirradiated-control mosquitoes; while

at doses between 5,000 and 40,000 r, competence decreased by a factor of 2.75 to 4 (Terzian,

1953). Further investigations are required to determine whether the decreased susceptibility of

irradiated *An. arabiensis* to *P. falciparum* oocysts is also dose-dependent.

In this study, the effect of irradiation on mosquito infection strongly varied among

parasite isolates (Figure 1). Why irradiation reduced *An. arabiensis* competence for some

parasite isolates and not others is unclear. We first postulated that the natural blocking immunity

of the human host could play a role. To test this possibility, the natural serum of isolates K to P

was replaced by naive AB serum (Gouagna *et al.*, 2004; Da *et al.*, 2015; Stone *et al.*, 2018)

(Additional file 1). Similar to assays using unchanged natural serum (isolates A to J), assays

with serum replacement showed either increased (L, N, O, and P) or decreased (K and M)

infection in irradiated mosquitoes (Additional file 1: Figure S2). Because the characterization

of vector competence for oocyst and sporozoite stages partly relied on different gametocyte

carriers (Table 1), such isolate-dependent effect of irradiation could also explain why, on

average, the sporozoite infection rate of irradiated individuals was not significantly lower than

that of unirradiated-control individuals (Figure 1C). Here, we used wild parasite isolates from

a geographic area characterized by an important genetic diversity (Somé *et al.*, 2018).

Accordingly, some parasite clones might perform well in irradiated mosquitoes while others

would be more infective to non-irradiated mosquitoes. Future genotyping studies of the parasite

population used to perform the experimental infections of irradiated mosquitoes would be

required to explore this possibility.

Our results suggest an earlier sporozoite invasion of salivary glands among irradiated

females. This is supported by the higher proportion of infected mosquitoes with ruptured

oocysts (Figure 2A), the higher proportion of ruptured oocysts (Figure 2B), and the higher

proportion (although not significant) of infected mosquitoes with sporozoites at 14 dpbm

(Figure 2C). Gamma-irradiation might speed up *Plasmodium* development within anopheles

vectors. Shorter parasite's Extrinsic Incubation Period (EIP) following insect host irradiation

was previously described in *Trypanosoma spp* – infected tsetse flies (Moloo, 1982). In this

system, the parasite migration to the haemocoel occurred earlier in irradiated than in

unirradiated-control flies, possibly because of changes in the ultrastructural organization of the

insect gut (Stiles *et al.*, 1989). Exploring the temporal dynamics of *P. falciparum* development

using mosquitoes dissected at different time points during the course of infection would provide

more detailed and robust information. The number of mosquitoes in our experiments was

insufficient to perform such temporal monitoring of the EIP and future experiments are required

to confirm our observations made at 14 dpbm.

The effects of irradiation on the survival of *An. arabiensis* females were inconsistent. In

our first assay, the monitoring of 165 irradiated and 168 unirradiated-control females from 1 to

7 dpbm following the ingestion of a gametocyte-infected bloodmeal revealed no effect of

irradiation. Within this period, mosquito survival was very high with only 8 deaths in the

unirradiated-control group and 5 in the irradiated group. However, when the monitoring

expanded to 14 dpbm on much bigger sample size (880 irradiated and 803 unirradiated-control

females), the irradiated group recorded twice as many deaths as the unirradiated-control group

(21.25 % vs 11.71 %). Finally, no significant influence of irradiation was observed as part of

the second survival assay in which 26 infected-irradiated, 49 uninfected-irradiated, 14 infected-

unirradiated and 45 uninfected-unirradiated mosquitoes were monitored until all individuals

had died. Unlike the first assay in which mosquitoes were maintained on a 5 % glucose solution

ad libitum, mosquitoes received a 2.5 % glucose solution every other day in this second assay.

This was supposed to induce nutritional stress in mosquitoes and help to better detect possible

effects of radiation on survival (Roux *et al.*, 2015; Poda *et al.*, 2018). Inconsistent effects of

irradiation on the survival of mosquito females were previously observed, with some studies

reporting either lifespan reduction (Terzian, 1953; Brelsfoard, St Clair and Dobson, 2009), no

effect (Darrow, 1968; Wakid *et al.*, 1976; Brelsfoard, St Clair and Dobson, 2009; Dandalo *et*

al., 2017) or even increase (Brelsfoard, St Clair and Dobson, 2009). For example, in the

mosquito *Ae. polynesiensis*, irradiation of females <24 hrs post-pupation at 20 Gy and 40 Gy

induced a significant lifespan reduction compared to non-irradiated females, while irradiation

at 30 Gy had no effect and irradiation at 40 Gy of females > 24 hrs post-pupation boosted female

lifespan. If confirmed in field conditions, the irradiation-mediated reduction of mosquito

lifespan observed from 1 to 14 dpbm would not be strong enough to prevent the completion of

Plasmodium incubation period and hence the contribution of these females to malaria

transmission (Brelsfoard, St Clair and Dobson, 2009).

Conclusion

Our data indicate that irradiation of female *An. arabiensis* can reduce competence and

survival, but not to the point of preventing malaria transmission. Irradiated females therefore

remain potential vectors and further studies are required to develop fully effective sexing tools

to prevent possible releases of irradiated females into the wild. Until we find such sexing tools,

it will be important to expand our knowledge on the radiation biology of female mosquito

vectors.

Abbreviations

470   dpbm: days post-bloodmeal, SIT: Sterile Insect Technique, L:D: Light Dark, qPCR: Real-time

471   Polymerase Chain Reaction. DMFA: Direct Membrane Feeding Assay

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Availability of data and materials

The raw datasets are available from the corresponding author

Authors' contributions

EG, TL, KRD conceived and designed the study. EG and TL drafted the manuscript. EG and

TL analysed the data. EG, SP, FdSDH conducted the experiments. JBR provided access to

irradiation facilities. OR, TL, JG, JB and KRD supervised the study. All authors read, revised

and approved the final manuscript.

Ethics approval and consent to participate

The protocol was approved by the Centre Muraz and IRSS ethics committees: A003-2012/CE-

CM and 2017-003/MESRSI/CNRST/IRSS/CEIRES. Prior to inclusion, informed consent was

obtained from the parents or legal guardian of the volunteers.

Consent for publication

NA

Competing interests

We declare that no competing interests existed for the authors or the institutes before, during

and after preparing and submitting this paper for review.

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Table 1: Summary description of the experiments.

Experiment	Time point	Parasites isolates (gam/µl)	Measured traits	Total sample size (N total) Mean ± se (median) [range] number of mosquitoes for each parasite isolate	
				irradiated	unirradiated-control
Experiment 1: Effects of irradiation on *An. arabiensis* competence for *P. falciparum*	7 dpbm	A (64), C (160), D (88), E (32), G (48), H (56), I (48), J (32)	**Oocyst prevalence**: the number of mosquitoes harboring at least one oocyst in their midguts out of the total number of dissected mosquitoes	N total = 383 47.875 ± 4.9 (50) [21-71]	N total = 378 47.25 ± 4.9 (51) [23-66]
			Oocyst intensity: the mean number of oocysts in infected mosquitoes	N total = 180 19 ± 2.7 (19.5) [5-31]	N total = 152 22.5 ± 3.22 (20) [13-37]
	14 dpbm	E (32), H (56), I (48), J (32), K (72), L (168), M (32), N (136), O (96), P(96)	**Sporozoite prevalence**: the number of mosquito head/thorax detected positive to *P. falciparum* using qPCR out of the total number of dissected head/thoraces	N total = 473 47.3 ± 3.7 (50) [17-55]	N total = 489 48.9 ± 4.35 (48.5) [27-78]
			Sporozoite intensity: The mean number of amplification cycle during qPCR (the lower the Ct, the higher the sporozoite intensity)	N total = 257 25.7 ± 2.7 (26) [9-38]	N total = 248 24.8 ± 4.7 (23.5) [7-59]
Experiment 2: Effects of irradiation on *P. falciparum* oocyst rupture in mosquito guts and sporozoite dissemination in head/thoraces	14 dpbm	K (72), L (168), M (32), N (136), O (96), P (96)	**Proportion of infected mosquitoes with ruptured oocysts**: the number of mosquitoes with at least one ruptured oocyst out of the total number of infected mosquitoes (i.e. harboring either intact and/or ruptured oocysts)	N total = 276 24 ± 5 (23) [12-44]	N total = 243 20.7 ± 4 (18.5) [9-37]
			Proportion of ruptured oocysts: the number of ruptured oocysts out of the total number of oocysts (intact + ruptured)		
			Proportion of oocyst-infected mosquitoes with sporozoites in their head and thorax: the number of oocyst-infected mosquitoes harboring sporozoites in their head/thoraces out of the total number of infected mosquitoes		
Experiment 3: Effects of irradiation on *An. arabiensis* survival	1-7 dpbm	A (64), C (160), D (88), G (48)	From 1 to 7 dpbm, the number and time of death was recorded among mosquitoes exposed to the infectious blood-meal	N total = 165 41.25 ± 11 (35.5) [22-72]	N total = 168 42 ± 8.7 (41.5) [24-61]
	1-14 dpbm	E (32), H (56), I (48), J (32), K (72), L (168), M (32), N (136), O (96), P(96)	From 1 to 14 dpbm, the number and time of death was recorded among mosquitoes exposed to the infectious blood-meal	N total = 880 88 ± 9.9 (85.5) [31-146]	N total = 803 80.3 ± 11.9 (62.5) [41-137]
	1-35 dpbm	J (32)	From 1 dpbm until all mosquitoes had died (35 dpbm), the number and time of death was recorded among both infected mosquitoes and uninfected control mosquitoes	infected = 26 uninfected = 49	infected = 14 uninfected = 45

    Figure legend

    Figure 1: Effect of irradiation on the competence of *Anopheles arabiensis* for natural

    isolates of *P. falciparum*. (A) Oocyst prevalence (± 95 % CI) on day 7 post-bloodmeal (dpbm)**,**

    expressed as the number of mosquito females harboring at least one oocyst in their midguts out

    of the total number of dissected females, for each treatment (white bars: unirradiated-control

    mosquitoes, grey bars: irradiated mosquitoes) and for 8 parasite isolates. (B) Infection intensity

    (± se) at 7 dpbm, expressed as the mean number of developing oocysts in the guts of infected

    females, for each treatment and 8 parasite isolates. (C) Sporozoite prevalence (± 95 % CI) at 14

    dpbm**,** expressed as the number of mosquito head/thoraces detected positive to *Plasmodium*

    falciparum using qPCR out of the total number of dissected head/thoraces, for each treatment

    and for 10 parasite isolates. (D) Sporozoite intensity at 14 dpbm, expressed as the mean number

    (± se) of amplification cycle during qPCR (the lower the Ct, the higher the sporozoite intensity)

    for each treatment and for 10 parasite isolates. * denotes statistically significant difference (P

    value: $0.01 < * < 0.05$); NS: not significant.

    Figure 2: Effect of irradiation on *P. falciparum* oocyst rupture in mosquito guts and

    sporozoite dissemination in head/thoraces on day 14 post-bloodmeal (dpbm). (A)

    Proportion of infected mosquitoes with ruptured oocysts (± 95 % CI), expressed as the number

    of mosquitoes with at least one ruptured oocyst out of the total number of infected mosquitoes

    (i.e. harboring either intact and/or ruptured oocysts) at 14 dpbm for each treatment (white bars:

    unirradiated-control mosquitoes, grey bars: irradiated mosquitoes) and for 6 parasite isolates.

    (B) Proportion of ruptured oocysts (± 95% CI), expressed as the number of ruptured oocysts

    out of the total number of oocysts (intact + ruptured) at 14 dpbm for each treatment and 6

    parasite isolates. (C) Proportion of oocyst-infected mosquitoes with sporozoites in their head

and thorax (± 95% CI), expressed as the number of oocyst-infected mosquitoes harboring

sporozoites in their head/thoraces out of the total number of infected mosquitoes at 14 dpbm,

for each treatment and for 6 parasite isolates. * denotes statistically significant difference (P

value: 0.01< * < 0.05; 0 < *** < 0.001); NS: not significant.

Figure 3: Effect of irradiation on the survival of *Anopheles arabiensis*. (A) Survivorship of

malaria-exposed mosquitoes from 1 to 7 dpbm for each treatment (grey line: unirradiated-

control, black line: irradiated) using 4 parasite isolates. (B) Survivorship of malaria-infected

mosquitoes from 1 to 14 dpbm for each treatment using 10 parasite isolates. (C). Survivorship

of both malaria-infected (solid lines) and uninfected unirradiated (dahes lines) mosquitoes from

1 to 35 dpbm for each treatment (grey: unirradiated-control, black: irradiated) using 1 parasite

isolate.

733   FIGURE 1

742   FIGURE 2

751   FIGURE 3