

# 1 Fine-scale spatial patterns of wildlife 2 disease are common and understudied

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## 9 **Abstract**

10 All pathogens are heterogeneous in space, yet little is known about the prevalence and scale  
11 of this spatial variation, particularly in wild animal systems. To address this question, we  
12 conducted a broad literature search to identify datasets involving diseases of wild mammals  
13 in spatially distributed contexts. Across 31 such final datasets featuring 89 replicates and 71  
14 host-parasite combinations, only 51% had previously been used to test spatial hypotheses. We  
15 analysed these datasets for spatial dependence within a standardised modelling framework  
16 using Bayesian linear models. We detected spatial autocorrelation in 44/89 model replicates  
17 (54%) across 21/31 datasets (68%), spread across parasites of all groups and transmission  
18 modes. Surprisingly, although larger sampling areas more easily detected spatial patterns,  
19 even some very small study areas (under 0.01km<sup>2</sup>) exhibited substantial spatial heterogeneity.  
20 Parasites of all transmission modes had easily detectable spatial patterns, implying that  
21 structured contact networks and susceptibility effects are likely as important in spatially  
22 structuring disease as are environmental drivers of transmission efficiency. Our findings  
23 imply that fine-scale spatial patterns of infection often manifest in wild animal systems,  
24 whether or not the aim of the study is to examine environmentally varying processes. Given  
25 the widespread nature of these findings, studies should more frequently record and analyse  
26 spatial data, facilitating development and testing of spatial hypotheses in disease ecology.

27

## 28 Introduction

29 The maintenance and spread of pathogens are inherently spatially structured processes (Cross  
30 *et al.* 2005; Pullan *et al.* 2012; Kirby *et al.* 2017). Many pathogens are transmitted from one  
31 host individual to another via direct contact, which requires a degree of spatiotemporal  
32 overlap (Manlove *et al.* 2018), so that diseases are spatiotemporally staggered in waves of  
33 transmission across the population. Other pathogens transmit through persistence in the  
34 environment or depend upon arthropod vectors, so that exposure depends heavily on spatially  
35 varying abiotic conditions (Patz *et al.* 2000; Altizer *et al.* 2006; Jamison *et al.* 2015).  
36 Furthermore, host immunity and susceptibility can be affected by environmentally varying  
37 factors, with knock-on impacts on pathogen burden and transmission (Becker *et al.* 2018,  
38 2020). All these and other processes will create spatial patterns of infection, which hold  
39 important ramifications for epidemiological dynamics and disease control efforts (Cross *et al.*  
40 2005; Plowright *et al.* 2019; Becker *et al.* 2020). Yet, many epidemiological studies examine  
41 coarse spatial scales or assume that spatial patterns will be negligible compared to other  
42 hypothesized drivers. As such, it is unclear how often disease is spatially structured in wild  
43 systems, at what range this variation can manifest, and how host and parasite traits might  
44 alter the manifestation of spatial variation.

45  
46 For logistical reasons, many studies of infectious disease in wild systems focus on either  
47 single populations or address between-population differences. However, recent work suggests  
48 that spatial patterns of infection may manifest at surprisingly fine spatial scales, within  
49 kilometres or even metres (Brooker *et al.* 2006; Wood *et al.* 2007; Abolins *et al.* 2018;  
50 Albery *et al.* 2019). Because wildlife disease studies often use a limited number of discrete  
51 sampling locations rather than distributing their sampling locations continuously or randomly  
52 in space (Plowright *et al.* 2019), the lower bound for the range at which spatial effects can act  
53 has yet to be established. Identifying the range of spatial dependence in wildlife disease  
54 systems is important for many reasons, including designing sampling regimes (Nusser *et al.*  
55 2008; Vidal-Martínez *et al.* 2010; Plowright *et al.* 2019), building mechanistic models of  
56 pathogen evolution over space (Best *et al.* 2011; Débarre *et al.* 2014), examining how disease  
57 risk responds to anthropogenic activities such as urbanisation (Saito & Sonoda 2017), and  
58 directing public health and conservation schemes (Brooker *et al.* 2006; Gilbertson *et al.*  
59 2016). Perhaps most importantly, identifying the range of spatial dependence can help to  
60 examine how pathogens spread over landscapes and to determine transmission mechanisms

61 (Reynolds 1988). For example, spatial dependence in infection across large scales can  
62 suggest the influence of major climatic correlates, whereas spatial dependence only between  
63 nearby locations can suggest a highly localized infection process (Pullan *et al.* 2012). In  
64 human disease systems, such work has shown that neighbouring districts of Thailand have  
65 more similar human malaria incidence, suggesting local similarities in abiotic conditions or  
66 vector control programs that could limit mosquito survival (Zhou *et al.* 2005). Similar  
67 analyses of wildlife disease could help pinpoint transmission routes and guide disease control  
68 effort. Lastly, the scale of spatial dependence also has implications for more general  
69 theoretical understandings of infectious disease. Most notably, links between biodiversity and  
70 vector-borne diseases (i.e., “dilution effects”) are dependent on the spatial scale of sampling  
71 (Cohen *et al.* 2016; Rohr *et al.* 2020), and several rodent systems have also identified  
72 contrasting spatial trends for zoonotic diseases dependent on sampling scale (Luis *et al.* 2018;  
73 Morand *et al.* 2019).

74

75 Because the range of spatial variation in infection depends on environmental gradients across  
76 the host population, traits of hosts and parasites are also likely to determine the contexts  
77 under which spatial dependence will occur. For example, parasites that persist for longer in  
78 the environment are likely to experience stronger influences of environmental gradients than  
79 directly transmitted counterparts (Satterfield *et al.* 2017). Similarly, large, mobile species,  
80 such as large carnivores or nomadic bats, may more efficiently disseminate pathogens  
81 through the environment, reducing their spatial autocorrelation (Peel *et al.* 2013; Gilbertson  
82 *et al.* 2016). However, the relative contribution of host and parasite traits to shaping spatial  
83 variation in infection remains unknown. The range of spatial dependence is most commonly  
84 identified using spatial autocorrelation models (e.g. (Brooker *et al.* 2006; Wood *et al.* 2007;  
85 Gilbertson *et al.* 2016; Albery *et al.* 2019; Becker *et al.* 2019) or analyses that quantify the  
86 spatial buffer regions in which environmental variables are best-correlated with disease (e.g.  
87 (Saito & Sonoda 2017). Unfortunately, these approaches are almost always reactive and  
88 occur on a case-by-case basis. To establish general factors influencing the scale of spatial  
89 dependence in wildlife disease, multiple host-parasite systems must be analysed using  
90 comparable techniques. As well as revealing fundamental drivers of spatial heterogeneity,  
91 identifying general rules could facilitate development of predictive models for spatial  
92 structuring in host-pathogen systems with relatively poorly understood epidemiology  
93 (Gilbertson *et al.* 2016). Researchers could then predict how within- and between-population

94 processes will differ *a priori* before using empirical methods such as long-term studies at  
95 multiple scales (e.g. (Luis *et al.* 2018; Morand *et al.* 2019).

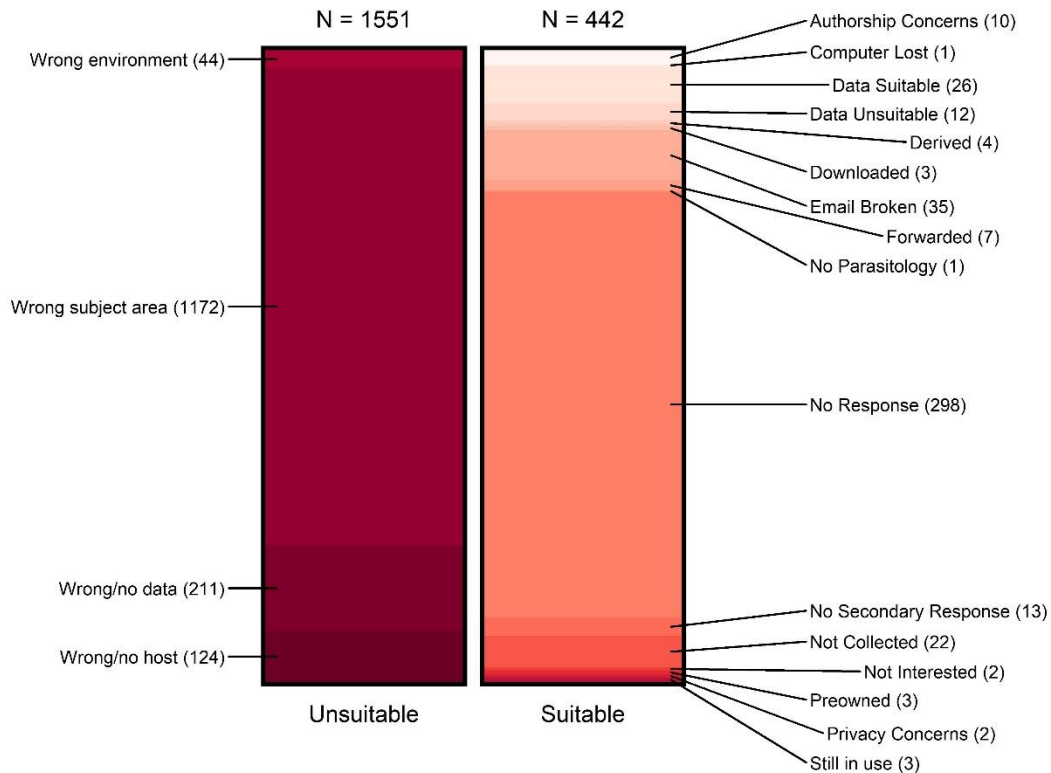
96

97 Prescriptive rules for examining geographic variation in wildlife disease are thin on the  
98 ground and hard to generalise. For example, where studies seek to quantify the impact of  
99 environmental drivers on parasitism, larger study extents may allow sampling the widest  
100 range of different environmental factors and thus increasing spatial variation (Cohen *et al.*  
101 2016; Becker *et al.* 2020). Part of this methodological vacuum emerges from analytical  
102 complexity. A recent systematic review of ecoimmunology uncovered a surprising lack of  
103 spatial methods, with most studies fitting discrete fixed or random effects to control for  
104 spatial autocorrelation rather than directly examining continuous patterns in space or using  
105 spatially explicit statistics (Becker *et al.* 2020). Although the statistical competence of  
106 ecologists is high and increasing, particularly with regards to areas like movement ecology  
107 and network analysis (Jacoby & Freeman 2016; Dougherty *et al.* 2018; Webber & Vander  
108 Wal 2019), little empirical framework exists for establishing the presence or range of spatial  
109 variation in wildlife disease. Establishing general factors shaping spatial variation across  
110 wildlife disease systems could substantially improve mechanistic understandings of pathogen  
111 transmission, spatial sampling designs, and control efforts.

112

113 Here, we conducted a systematic synthesis of spatially distributed wildlife disease datasets  
114 across a range of different host and parasite taxa, geographic contexts, and sampling regimes.  
115 We analysed these datasets individually using a standardised modelling procedure,  
116 identifying how generalised host-, parasite-, and sampling-level factors affect the range and  
117 strength of spatial dependence. Specifically, we expected that studies would be most  
118 vulnerable to strong spatial effects in larger study areas, with greater sampling efforts, and  
119 when parasites exhibit indirect transmission mechanisms with extended environmental stages.  
120 We aimed to provide important general estimates for predicting the range of spatial  
121 autocorrelation from a wide range of different host-parasite systems, to inform sampling  
122 regimes, to be fitted in mechanistic models of movement and disease transmission, and to  
123 provide parameter estimates for host-pathogen systems with unknown spatial properties.

124



125

126 Figure 1: The outcomes of our literature search, expressed as proportions. Different outcomes  
127 have different (alphabetically assigned) fill colours. Numbers in brackets correspond to  
128 absolute numbers of results. The numbers at the top represent overall sample sizes for the  
129 studies deemed “suitable” and “unsuitable” based on their abstracts.

## 130 Methods

### 131 Data collection

132 To collect data we carried out a systematic literature search, emailed authors to request data,  
133 and searched data repositories for publicly available datasets (Figure 1). Our literature search  
134 used Web of Science to identify potential datasets with the following terms: “(parasit\* OR  
135 infect\* OR disease) AND (wild OR natural) AND (mammal)”. We restricted the search to  
136 mammals to increase the generalisability of our findings within this group of animals, and  
137 because of their importance for human and livestock health (Han *et al.* 2016). Our search  
138 returned 1993 total studies.

139 We first screened studies based on their abstracts (SIFig), excluding studies of captive  
140 animals, review papers, meta-analyses (N=1172); publications without parasite data (N=81);

141 studies without hosts (i.e., only sampling parasites in the environment; N=43) and studies of  
142 non-mammals (N=84). Because our downstream analyses relied upon a standard spatial  
143 modeling procedure, we also excluded studies with few samples (N<35), very low prevalence  
144 (<10%), or very high prevalence (>90%), owing to likely failure in model convergence  
145 (N=130).

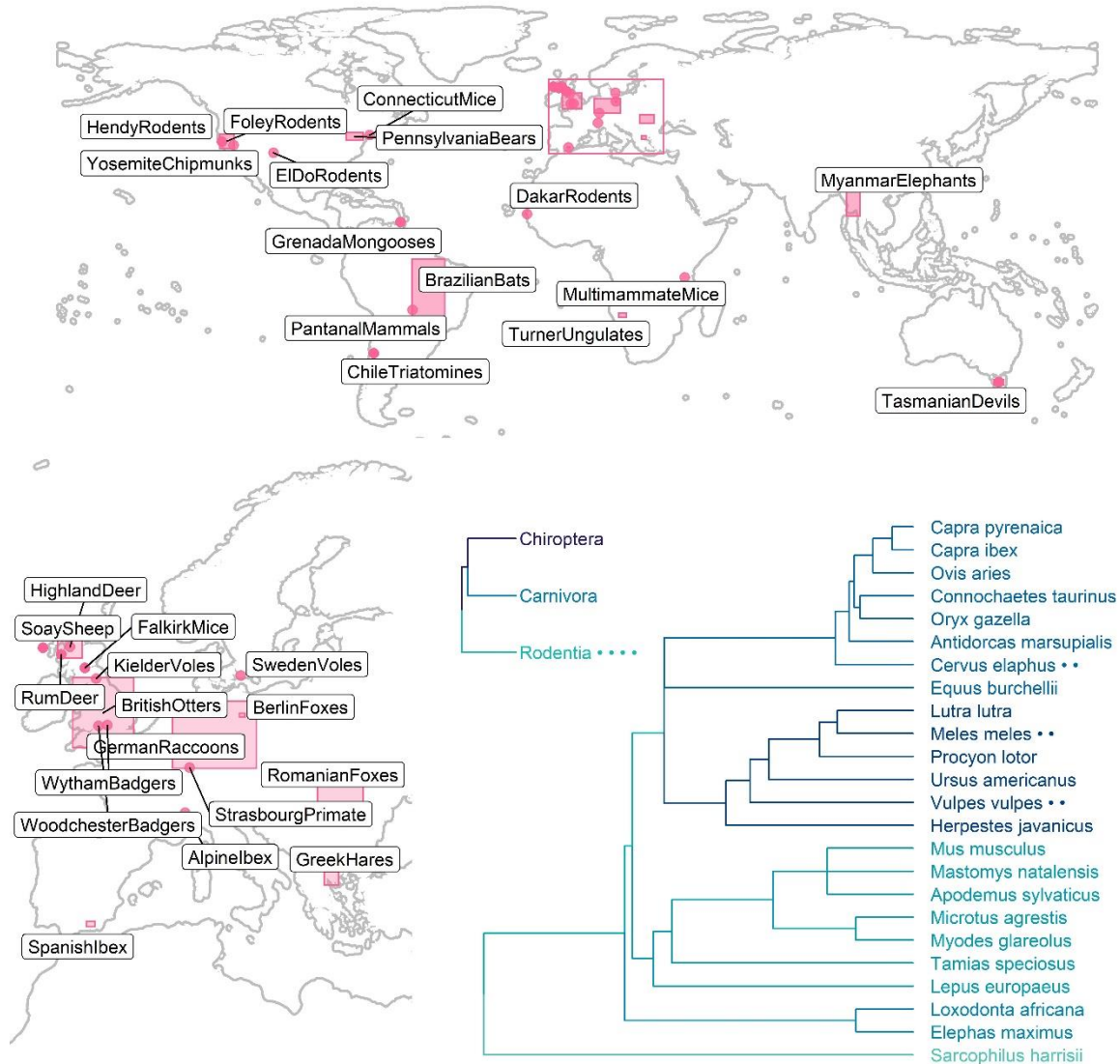
146 Of the remaining 442 studies, only three studies had suitable downloadable datasets, and  
147 another four included binary infection data in map figures, from which we derived  
148 approximate spatial locations and associated infection status (i.e., “heads up digitisation”,  
149 HUD). For all 442 studies, we contacted corresponding authors using a standardized email  
150 template in September-December 2019 to request data. For 55 studies, we could not access  
151 the paper or find the corresponding authors, 35 email addresses failed (i.e., the address was  
152 incorrectly listed or no longer valid), and 298 did not receive a response.

153 We classified the remaining 157 studies for which we received a response into the following  
154 (Figure 1): System not suitable: the system was poorly suited to our questions (e.g., migratory  
155 host population; N=12). No parasitology: the system did not include disease measures (N=1).  
156 No spatial data collected: no sources of spatial data (grid references, GPS locations) were  
157 collected and associated with individuals or samples (N=22). Privacy concerns: 2 researchers  
158 were unable to share the data because they were collected on private land. 26 researchers  
159 kindly sent us their datasets. Data not suitable: once data were inspected, the genre of spatial  
160 data was found to be unsuitable (e.g. too few spatial replicates), or it was deemed unlikely  
161 that models would run (e.g., points very unevenly distributed, sample sizes too low; N=12).  
162 Data suitable (N=36).

163 We also searched the Dryad data repository ([dryad.org](https://www.dryad.org)) using the same search terms,  
164 revealing 43 datasets. Only one dataset concerned disease in wild mammals and included  
165 bivariate coordinates in the archived data (Tasmanian Devils, *Sarcophilus harrisii*; Lazenby  
166 et al., 2018). Finally, we supplemented our search with three pre-owned datasets that were  
167 also present in the literature search.

168

169 Within the datasets, each replicate was defined as a unique host-parasite-locality  
170 combination. Of the 36 wildlife disease datasets that we obtained, we excluded 10 spatial  
171 replicates with under 100 samples, to ensure convergence of our standardized spatial models  
172 (see below).



173

174 Figure 2: The geographic and taxonomic distribution of our spatial disease datasets. Our data  
 175 were evenly spread across the earth, although with a notable cluster in Western Europe (see  
 176 inset map in pink rectangle). Sampling areas greater than 5000 km<sup>2</sup> are displayed as  
 177 rectangles; smaller sample areas are represented by dots. Study system names correspond to  
 178 the names in Table 1. The datasets also included a wide range of different mammal orders  
 179 and families. The inset phylogeny represents order-level summaries for studies that were not  
 180 carried out at the species level. Dots next to species' names in the phylogenies denote that  
 181 multiple datasets included samples from that species. Different colours correspond to  
 182 different taxonomic groups used for meta-analysis: ungulates, carnivores, glires, elephants  
 183 (Proboscidea), and carnivorous marsupials (Dasyuromorphia).

184

185 We concluded data collection with 31 datasets, including 89 spatial replicates, 72 parasites,  
 186 and 90 host species (Figure 2). 67 replicates were species-level; the rest were conducted on  
 187 selections of species in the same order (e.g., rodent trapping). The datasets were distributed

188 across all four continents (Figure 2), and included 7 different mammalian orders (TreeFig).  
189 The parasites were similarly diverse, including viruses (N=6), bacteria (N=10), helminths  
190 (N=25), arthropods (N=14), and one transmissible cancer (N=8). Infection measures included  
191 counts of parasites or immune markers (N=30), binary assessment of infection status using  
192 observation or seropositivity (N=52), and one study used parasite-associated mortality as a  
193 proxy (Myanmar elephants, *Elephas maximus* (Lynsdale *et al.* 2017)). Study systems  
194 included, for example: rodent trapping studies examining flea burdens and their associated  
195 pathogens (e.g. rodents trapped in the Arizona hills (Kosoy *et al.* 2017) and chipmunks in  
196 Yosemite National Park (Hammond *et al.* 2019)); long-term studies with parasite data  
197 collected over the course of several decades (e.g. the Soay sheep of St Kilda, the Isle of Rum  
198 red deer, and the badgers of Wytham Wood); and studies examining seropositivity of  
199 mammals across a geographic range to identify endemic areas (e.g. British otters infected  
200 with *Toxoplasma gondii* (Smallbone *et al.* 2017)). See Table 1 for a description of each study  
201 system and the associated references and researchers that provided us with the data. The area  
202 of the study systems varied widely, from 0.02 to 10<sup>6</sup> km<sup>2</sup> (Figure 3A). Generally, although  
203 we principally aimed to quantify fine-scale, within-population spatial effects, we also  
204 included several studies employing continuous or semi-continuous sampling at national and  
205 county levels, to investigate whether the methods we used would operate well at these scales  
206 and to establish an upper bound for sampling effects.



Study system	Country	Location	Species	Host order	N	Parasites	Samples	Sampling method	Tested spatial?	Contributors	Example Reference
<b>AlpineIbex</b>	Italy	Gran Paradiso National Park	<i>Capra ibex</i>	Ungulates	4	Helminths; <i>Nematodirus</i> ; <i>Marshallagia</i> ; Coccidia	145	Census	N	Alice Brambilla;	(Brambilla <i>et al.</i> 2015)
<b>BerlinFoxes</b>	Germany	Berlin	<i>Vulpes vulpes</i>	Carnivora	1	Canine distemper virus	762	Opportunistic	Y	Downloaded	(Gras <i>et al.</i> 2018)
<b>BrazilianBats</b>	Brazil		5+	Chiroptera	1	<i>Bartonella</i>	162	Noninvasive	Y	Keyla deSousa; Marcos Andre	
<b>BritishOtters</b>	UK		<i>Lutra lutra</i>	Carnivora	1	<i>Toxoplasma gondii</i>	583	Opportunistic	Y	Derived	(Smallbone <i>et al.</i> 2017)
<b>ConnecticutMice</b>	USA	Connecticut	<i>Peromyscus leucopus</i>	Glires	1	Ticks	105	Trapping	N	Danielle Tufts; Maria Diuk-Wasser	(Tufts & Diuk-Wasser 2018)
<b>ChileTriatomines</b>	Chile		5+	Glires	4	Trypanosomes	230	Trapping	Y	Antonella Bacigalupo	(Ihle-Soto <i>et al.</i> 2019)
<b>DakarRodents</b>	Senegal	Dakar	<i>Mus musculus</i>	Glires	1	<i>Toxoplasma gondii</i>	424	Trapping	N	Lokman Galal	(Galal <i>et al.</i> 2019)
<b>ELDoRodents</b>	USA	El Dorado	5+	Glires	2	Fleas; <i>Bartonella</i>	1612	Trapping	Y	Michael Kosoy	(Kosoy <i>et al.</i> 2017)
<b>FalkirkMice</b>	Scotland	Callendar Park	<i>Apodemus sylvaticus</i>	Glires	8	<i>Heligmosomoides polygyrus</i> ; <i>Eimeria</i> ; <i>Capillaria</i> ; Ticks; Mites; Fleas	596	Trapping	N	Amy Sweeny; Amy Pedersen	(Sweeny <i>et al.</i> 2019)
<b>FoleyRodents</b>	United States	California	5+	Glires	3	<i>Anaplasma</i> ; <i>Borrelia</i> ; Ectoparasites	948	Trapping	N	Janet Foley	(Foley <i>et al.</i> 2016)
<b>GermanRaccoons</b>	Germany		<i>Procyon lotor</i>	Carnivora	1	<i>Toxoplasma gondii</i>	458	Opportunistic	Y	Mike Heddergott	(Heddergott <i>et al.</i> 2017)
<b>GreekHares</b>	Greece		<i>Lepus europaeus</i>	Glires	1	European brown hare syndrome virus	209	Hunted	Y	Derived	(Sokal <i>et al.</i> 2018)
<b>GrenadaMongoose</b>	Grenada		<i>Herpestes javanicus</i>	Carnivora	2	Rabies; <i>Salmonella</i>	157	Trapping	Y	Ulrike Ziegler; Bruno Chomel; David Jaffe	(Jaffe <i>et al.</i> 2018)
<b>HendyRodents</b>	USA	California	<i>Neotoma fuscipes</i> ; <i>Peromyscus maniculatus</i> ; <i>Tamias ochrogenys</i>	Glires	3	Ticks; Aphag; <i>Borrelia</i>	451	Trapping	N	Janet Foley	Unpublished
<b>HighlandDeer</b>	Scotland	Highlands	<i>Cervus elaphus</i>	Ungulates	1	<i>Fasciola hepatica</i>	103	Hunted	Y	Andrew French	(French <i>et al.</i> 2019)
<b>KielderVoles</b>	England	Kielder Woods, Liverpool	<i>Microtus agrestis</i>	Glires	9	Cowpoxvirus; <i>Anaplasma</i> ; <i>Babesia</i>	3020	Trapping	N	Mike Begon; Sandra Telfer	(Davis <i>et al.</i> 2015)
<b>MultimammateMice</b>	Tanzania	Morogoro	<i>Mastomys natalensis</i>	Glires	1	MORV	5547	Trapping	Y	Lucinda Kirkpatrick	(Berkvens <i>et al.</i> 2019)
<b>MyanmarElephants</b>	Myanmar		<i>Elephas maximus</i>	Proboscidea	1	Parasite-associated mortality	1626	Opportunistic	N	Carly Lynsdale; Virpi Lummaa	(Lynsdale <i>et al.</i> 2017)

<b>PantanalMammals</b>	Brazil	Pantanal Wetlands	<i>Cerdocyon thous</i>	Carnivora	1	<i>Hepatozoon</i>	115	Trapping	N	Marcos Andre; Keyla de Sousa	(de Sousa <i>et al.</i> 2017)
<b>PennsylvaniaBears</b>	USA	Pennsylvania	<i>Ursus americanus</i>	Carnivora	1	<i>Toxoplasma gondii</i>	173	Hunted	N	Jitender Dubey; Justin Brown	(Dubey <i>et al.</i> 2016)
<b>RomanianFoxes</b>	Romania		<i>Vulpes vulpes</i>	Carnivora	1	Fleas	268	Opportunistic	Y	Janet Foley; Andrei Mihalca	(Foley <i>et al.</i> 2017)
<b>RumDeer</b>	Scotland	Isle of Rum	<i>Cervus elaphus</i>	Ungulates	8	Strongyles; <i>Nematodirus</i> ; <i>Capillaria</i> ; Coccidia; <i>Moniezia</i> ; <i>Fasciola hepatica</i> ; <i>Dictyocaulus</i> ; <i>Elaphostrongylus cervi</i>	2068	Census	N	Greg Albery; Josephine Pemberton; Daniel Nussey	(Albery <i>et al.</i> 2019)
<b>SoaySheep</b>	Scotland	Isle of St. Kilda	<i>Ovis aries</i>	Ungulates	6	Strongyles; <i>Strongyloides</i> ; Coccidia; <i>Nematodirus</i> ; <i>Capillaria</i> ; Keds	7197	Census	N	Josephine Pemberton; Daniel Nussey	(Hayward <i>et al.</i> 2014)
<b>SpanishIbex</b>	Spain	Sierra Nevada	<i>Capra ibex</i>	Ungulates	1	Mange	746	Hunted	Y	Joao Carvalho; José Granados	(Carvalho <i>et al.</i> 2015)
<b>StrasbourgPrimate</b>	France	Strasbourg Primatology Centre	5+	Carnivora	1	Taeniids	103	Noninvasive	N	Valentin Greigert	(Greigert <i>et al.</i> 2019)
<b>SwedenVoles</b>	Sweden	Revinge	<i>Myodes glareolus</i>	Glires	1	<i>Borrelia</i>	1999	Trapping	N	Lars Raberg	(Råberg <i>et al.</i> 2017)
<b>TasmanianDevils</b>	Tasmania		<i>Sarcophilus harrisii</i>	Dasyuromorphia	7	Devil facial tumour disease	822	Trapping	Y	Downloaded	(Lazenby <i>et al.</i> 2018)
<b>TurnerUngulates</b>	Namibia	Etosha National Park	<i>Loxodonta africana</i> ; <i>Oryx gazella</i> ; <i>Connochaetes taurinus</i> ; <i>Antidorcas marsupialis</i> ; <i>Equus quagga</i>	Proboscidea; Ungulates; Artiodactyla; Proboscidea	10	Strongyles; <i>Eimeria melis</i> ; <i>Strongyloides</i> sp.	1132	Census	Y	Wendy Turner; Wayne Getz	(Turner <i>et al.</i> 2010)
<b>WoodchesterBadgers</b>	England	Woodchester Park, Gloucestershire	<i>Meles meles</i>	Carnivora	1	Bovine Tuberculosis	3319	Trapping	N	Matthew Silk; David Hodgson; Dez Delahay	(Rozins <i>et al.</i> 2018)
<b>WythamBadgers</b>	England	Wytham Wood	<i>Meles meles</i>	Carnivora	4	Fleas; Lice; Ticks; <i>Eimeria melis</i>	7220	Trapping	Y	Chris Newman; Christina Buesching; David MacDonald	(Newman <i>et al.</i> 2001)
<b>YosemiteChipmunks</b>	USA	Yosemite National Park, California	<i>Tamias speciosus</i>	Glires	1	Fleas	1126	Trapping	Y	Tali Hammond	(Hammond <i>et al.</i> 2019)

209 Table 1: Summary table depicting the study systems used in the meta-analysis, including  
210 names, locations, host species, and sampling traits. The column “Tested spatial” denotes  
211 whether or not one of the study’s stated aims was to investigate spatial or geographic  
212 variation, e.g. in environmental drivers. The column “N” refers to the number of spatial  
213 replicates and INLA models associated with the study system. For a similar table giving  
214 information on the INLA model replicates themselves, including host and parasite traits, see  
215 Table SII.

## 216 **Statistical Analysis**

### 217 **Data standardisation**

218 Data were manipulated and analysed using R version (R Development Core Team 2011). All  
219 code is available at [github.com/gfalbery/libra](https://github.com/gfalbery/libra). Our data cleaning procedure aimed to  
220 minimise the probability of false positives and to restrict the data pool to a continuous spatial  
221 distribution of samples. All spatial coordinates were converted to the scale of kilometres or  
222 metres to allow comparison across systems. We removed spatial outliers and parasite count  
223 outliers; if parasite counts were very overdispersed and/or highly zero-inflated they were  
224 analysed as binomial (0/1) infection data rather than negative binomial. Categories with low  
225 replication (generally <10 samples) were removed. We removed specific classes that  
226 exhibited very low prevalence: e.g., adult Soay sheep and red deer had a very low prevalence  
227 of *Nematodirus* sp., which is primarily a parasite of young ungulates (Hoberg *et al.* 2001);  
228 hence only lambs/calves were analysed. Individual identity was fitted as a random effect if  
229 the dataset involved repeat measurements of the same individuals.

230

### 231 **INLA Models**

232 We based our analysis on a framework previously used in a study of spatial patterns of  
233 disease in wild red deer (Albery *et al.* 2019). Integrated Nested Laplace Approximation  
234 (INLA) models were fitted to each spatial dataset using the `inla` package. INLA is a  
235 deterministic Bayesian algorithm that allows fitting of a Stochastic Partial Differentiation  
236 Equation (SPDE) random effect to quantify and control for patterns of the response variable  
237 in space. This relies on detection of spatial autocorrelation, where samples closer in space are  
238 more similar than those further apart (Tobler 1970; Kirby *et al.* 2017). The model estimates  
239 how much variance is accounted for by autocorrelation, and models with and without the  
240 parameter can be compared to assess how it affects the fit of the model (Lindgren & Rue  
241 2015; Zuur *et al.* 2017). The model also provides a “range” parameter, which estimates the

242 distance at which samples are autocorrelated. We took this parameter to represent a  
243 combination of sampling, transmission, and immune processes determining the scale of  
244 spatial variation in the focal population.

245

246 We first fitted a “base” model with disease burden (Gaussian or negative binomial) or  
247 presence/absence (binary) as a response variable and with any fixed and random covariates  
248 (SITable). To simplify our analyses, covariates usually included only temporal variables  
249 (month, year, both as categorical variables), age category, and sex. We then fitted a model  
250 featuring an SPDE random effect, with a penalised complexity prior (Fuglstad *et al.* 2019).  
251 We compared the base model with the SPDE model, identifying whether the latter had a  
252 lower Deviance Information Criterion (DIC), indicating improved model fit. We took a  
253 change in DIC ( $\Delta$ DIC) of 2 to distinguish between the two models and calculated the DIC  
254 weight for the base and SPDE model, giving a proportion (0-1) that can be conceptualised as  
255 the confidence that the spatial model was the best-fitting (Wagenmakers & Farrell 2004). We  
256 also extracted the INLA range parameters. In total, we fitted INLA models to 89 host-locale-  
257 parasite combinations across 31 study systems.

258

## 259 Meta-analysis of INLA models

260 To identify factors driving general trends of spatial variation, we conducted a meta-analysis  
261 treating each unique parasite-system-site combination as a replicate, including parasite-, host-  
262 , and sampling-level traits as fixed effects. We constructed hierarchical models using the  
263 `metafor` package. Generally, meta-analyses typically focus on synthesizing effect sizes and  
264 their variances across multiple systems (e.g. Sánchez *et al.* 2018). However, as generalised  
265 spatial variation does not have a directional effect, we instead analysed measures of model fit,  
266 predictive capacity, and the autocorrelation range, which is bounded at 0 and infinity. To give  
267 a coarse measure of model predictive capacity that was easily standardised across all models,  
268 we calculated the Spearman’s Rank correlation between the observed and predicted values  
269 for the model, using only the SPDE effect to predict (henceforth referred to as  $R^2$ ). The  
270 measures of model fit give an impression of the detectability and importance of spatial  
271 patterns, while comparisons of the range estimate across systems will inform whether  
272 different host and parasite traits cause spatial patterns to vary more sharply in space. We used  
273 the *escalc* function to derive logit-transformed proportions ( $R^2$ ) and sampling variances for  
274 DIC weight and the INLA range (using the point estimate and 95% confidence interval).

275 Our hierarchical models included each replicate nested within study as a random effect to  
276 account for within- and between-study heterogeneity (Konstantopoulos 2011). We also  
277 included a random effect for host family, for which the covariance structure used the  
278 phylogenetic correlation matrix (Nakagawa & Santos 2012); we obtained our phylogeny from  
279 the Open Tree of Life with the *rotl* and *ape* packages (Paradis *et al.* 2004; Michonneau *et al.*  
280 2016). All models used the ``rma.mv`` function and weighting by sampling variance. We first  
281 assessed heterogeneity in each of our three response variables by fitting a random-effects  
282 model (REM; intercept only). We used restricted maximum likelihood to obtain unbiased  
283 estimates of the variance components, from which we derived  $I^2$  to quantify the contribution  
284 of true heterogeneity to the total variance in each INLA model output (Senior *et al.* 2016).  
285 We used Cochran's  $Q$  to test if such heterogeneity was greater than expected by sampling  
286 error alone (Borenstein *et al.* 2009).

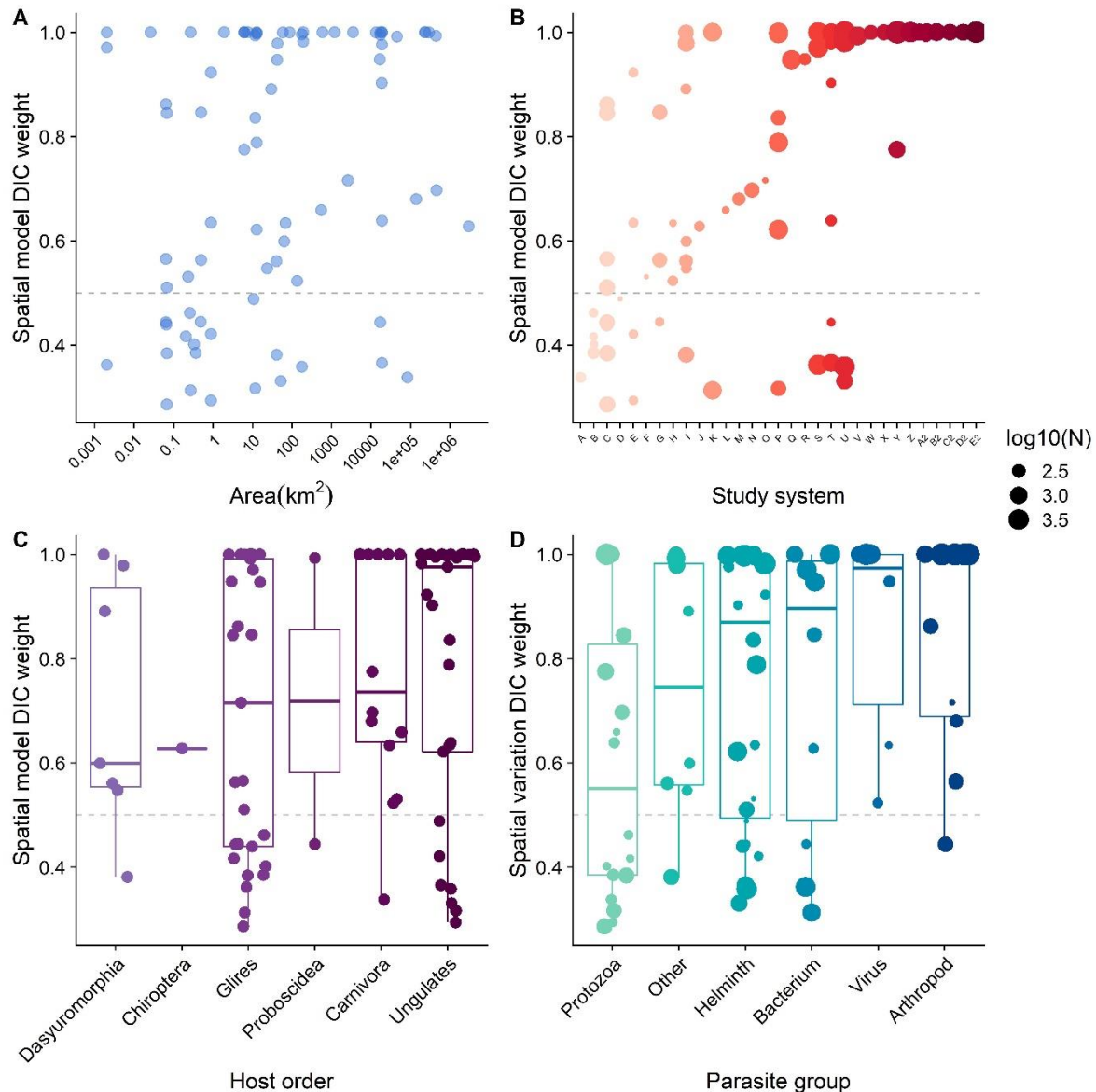
287 We next used mixed-effects models (MEMs) to test how sampling-, host-, and parasite-level  
288 factors affected our INLA model outputs. Sampling variables included: Number of samples;  
289 Sampling area (total rectangular extent between the furthest points on the X- and Y-  
290 coordinates, in km<sup>2</sup>); Sampling method (3 levels: trapping, censusing, and  
291 necropsy/convenience sampling); Spatial encoding method (4 levels: GPS; trapping grid;  
292 locality; Easting/Northing); Spatial hypothesis testing (binary – i.e., did the study aim to  
293 quantify spatial variation in some way?). We interpreted this latter variable as a combination  
294 of study design and publication bias, where studies that are intended to pick up spatial  
295 variation are both more likely to identify spatial patterns because of their sampling design,  
296 and then more likely to be published if they do. Parasite traits included Transmission mode (4  
297 levels: direct; faecal-oral; vector-borne; environmentally transmitted) and Taxon (8 levels:  
298 arthropod, nematode, trematode, cestode, protozoan, bacterium, virus, other). Host traits  
299 included: Home Range size (in km<sup>2</sup>; log-transformed); Body Mass (in grams; log-  
300 transformed); Host order (5 levels: Carnivora, Chiroptera, Ungulates, Glires, Proboscidea).  
301 There was only one lagomorph, so rodents and lagomorphs were lumped together into the  
302 “glires” clade. The same was true of odd-toed ungulates (Perissodactyla), so they were  
303 lumped with Artiodactyla into an “ungulates” clade. For species for which a phenotypic  
304 measure (e.g. body mass) was unavailable, we used the value for the closest relative for  
305 which the data were available, according to a mammalian supertree (Fritz *et al.* 2009).

306 To identify important drivers among these many correlated drivers, we conducted a model  
307 addition process using Akaike Information Criterion corrected for sample size (AICc) to

308 determine model fit. Each of our meta-analytical explanatory variables was added in turn, and  
309 the best-fitting variable (i.e., the one that most decreased AICc) was kept for the following  
310 round. This process was repeated with the remaining variables, until no variables decreased  
311 model fit by more than 2 AICc. We report the final model, with the minimal number of  
312 variables that improved model fit.

### 313 Spatiotemporal INLA models

314 Finally, we constructed spatiotemporal INLA models to assess the consistency of spatial  
315 hotspots from year to year, and to investigate evidence of ephemeral waves of transmission  
316 across the study systems. Of our 89 replicates, 44 replicates had more than one year of  
317 sampling, with more than 100 spatial points per year, facilitating fitting spatiotemporal  
318 models. For these replicates, we first reran the original models with the reduced dataset that  
319 only included years with more than 100 replicates. We then fitted a spatiotemporal model  
320 with a different field for each year, with no autocorrelation between the fields. Improved  
321 model fit for this model would imply that the spatial distribution of the parasite varied  
322 notably from year to year. Second, we fitted a similar spatiotemporal model with an  
323 “exchangeable” autocorrelation specification between years. This model format allows  
324 correlation between spatial fields, but without enforcing a time sequence: that is, all fields  
325 were correlated by the same parameter (“Rho”) regardless of how far apart in time they were.  
326 The Rho parameter, which is bounded between -1 and 1, was then interpreted to give an  
327 impression of the spatiotemporal consistency of the parasite distribution. Parasites with high  
328 rho coefficients had very similar hotspots from year to year, while those with low coefficients  
329 did not.



330

331 Figure 3: The spatial autocorrelation term (SPDE) improved models across host-parasite  
332 systems and sampling regimes. The Y axis displays the degree of confidence that the spatial  
333 autocorrelation term improved model fit (Deviance Information Criterion weight), where  
334 models at the top of the figure fitted better than those at the bottom. A: larger study areas  
335 more often revealed spatial patterns. B: most of our 31 study systems exhibited at least one  
336 spatially structured host-parasite combination. Study systems have been assigned arbitrary  
337 letters to anonymise them, and are arranged in order of increasing DIC weight. C: multiple  
338 mammalian host taxa exhibited spatial effects. D: multiple parasite taxa exhibited spatial  
339 effects. The points in panels C and D are sized according to the number of samples in the  
340 replicate. None of the terms displayed here had significant effects in our meta-analysis.

341

342

343

## 344 Results

345 Our literature review revealed that very few studies take and archive continuous, within-  
346 population spatial data. Only 3/496 studies (0.6%) had such data ready to download, and 4  
347 further studies had maps of samples from which we could easily digitise sufficient data.  
348 When we emailed the corresponding authors of the studies we identified, 22/157 responders  
349 (14.01%) indicated that they had not collected any within-population spatial data as part of  
350 their study (Figure 1). After navigating a number of other obstacles to data sharing, followed  
351 by initial data triage, 26 authors kindly offered to provide us with spatial data, resulting in 36  
352 total viable datasets when supplemented with 3 pre-owned datasets. Of these 36 datasets,  
353 only 31 had at least one replicate with >100 samples.

354

355 Most authors that responded were happy to share data, and the vast majority of studies for  
356 which we did not receive data were due to a lack of response or secondary response (Figure  
357 1). 15 authors responded but declined to share data due to privacy concerns, ongoing data  
358 usage, or authorship concerns. Comparing this to the 22 responders that had not collected  
359 spatial data and the >300 that did not respond, it appears that the main reason researchers do  
360 not share spatial data, either in open data repositories or when requested, is that they did not  
361 collect it. Notably, studies that investigated spatial variation tended to be larger than those  
362 that did not (Figure S11), implying that larger study areas motivate researchers to more often  
363 consider spatial variation in their analyses.

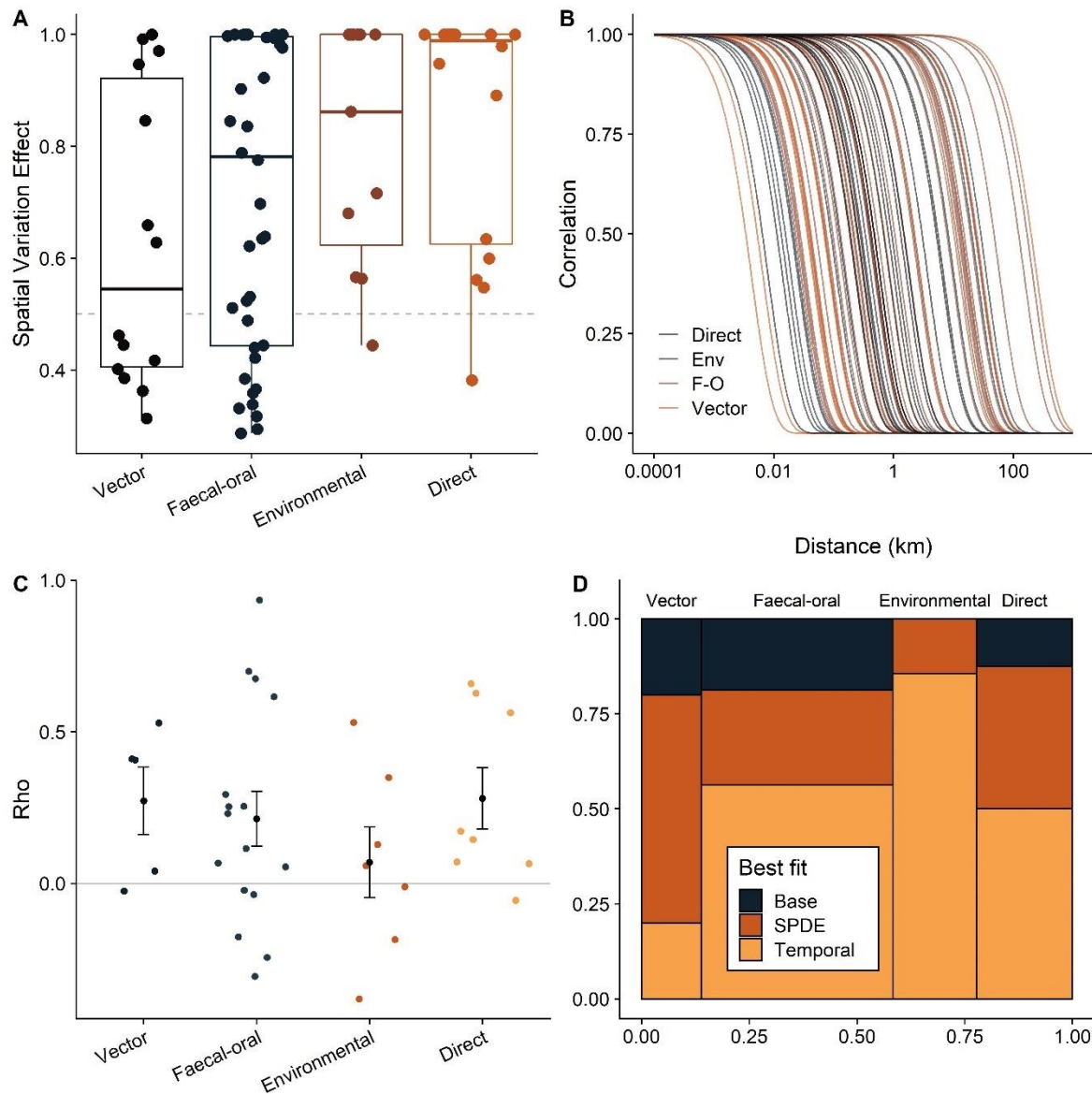
364

365 Our INLA models applied across datasets consistently revealed strong spatial patterns of  
366 disease (Figure 3-4). The mean DIC change across all study systems was -14.5 (median -3.3),  
367 and the spatial model fit better than the base model for 65/89 models (73%; DIC weight>0.5).  
368 Using a conventional change of  $2\Delta\text{DIC}$  as a cutoff for improved model fit, 54% of models  
369 across 21 study systems displayed detectable spatial patterns (Figure 3). Although most study  
370 systems were spatially structured, our meta-analyses revealed that few host-, parasite-, or  
371 sampling factors were predictive of spatial effects. The best-fitting model for DIC weight  
372 included only the study duration (years), revealing that long-term studies were slightly more  
373 likely to uncover spatial effects ( $\Delta\text{AIC}=3.38$ ; for all other variables  $\Delta\text{AIC}<1.56$ ). The INLA  
374 range parameter increased with study area ( $\Delta\text{AIC}=74.44$ ) but was not affected by any other  
375 variables ( $\Delta\text{AIC}<0.09$ ). There was no variation accounted for by host or parasite taxon, or



376 host size or ranging behaviour. Most notably, there was no variation in spatial range across  
377 transmission ranges (Figure 4A-B).

378



379

380 Figure 4: Parasites of diverse transmission modes exhibit spatial autocorrelation effects. We  
381 display A) spatial model DIC weight, with points representing the outcome of each replicate  
382 INLA model. Boxplots represent range, interquartile range, and median for parasites of each  
383 transmission mode. B) INLA autocorrelation ranges; each line represents the autocorrelation  
384 decay of a different replicate INLA model. C) Temporal autocorrelation (Rho) component  
385 demonstrating inter-annual correlations between spatial fields. Points represent a different  
386 replicate INLA model; black dots represent means, and error bars represent standard errors.  
387 D) Mosaic plot displaying the proportions of best-fitting models according to DIC changes,  
388 across our spatiotemporal replicates.

389

390 Spatiotemporal models examining a subset of multi-year studies consistently improved model  
391 fit over static equivalents. The best-fitting model for many examined replicates was a  
392 spatiotemporal model, but the findings did not differ notably across transmission modes  
393 (Figure 4D). Rho (temporal autocorrelation of the spatial field) estimates for these models  
394 were moderate, and did not vary notably across transmission modes (Figure 4C). Most  
395 (36/44, 82%) had 95% credibility intervals that overlapped with zero, and 8 (18%) were  
396 significantly positive.

## 397 **Discussion**

398 We uncovered strong, pervasive spatial variation across an expansive diversity of mammal-  
399 parasite systems. By collating datasets covering many different hosts, parasites, and study  
400 systems, our results indicate that spatial variation manifests regularly and unpredictably in  
401 disease ecology, whether or not the study in question aims to quantify spatial variation or  
402 environmental drivers. Contrary to expectations, spatial heterogeneity was equally common  
403 and short-ranged for all transmission modes, implying that spatially structured contact  
404 networks are at least as important in driving spatial heterogeneity as are environmental  
405 drivers of susceptibility and transmission efficiency (Albery *et al.*, in revision). We impress  
406 that our sample represents a vanishingly small proportion of spatially distributed disease  
407 studies, and is unlikely to be a random sample, being only 31 of over 1000 studies in our  
408 search alone. Our findings therefore best represent a proof-of-principle that disease ecology  
409 studies are commonly spatially structured, and that these cryptic patterns should be more  
410 commonly investigated, for all kinds of hosts and parasites. We recommend that wild animal  
411 studies in disease ecology more regularly collect and share data on spatial behaviours and  
412 sampling locations where possible, regardless of host, parasite, or sampling regime.

413  
414 Our methodology differed from that used in many other studies by investigating generalised  
415 spatial dependence rather than by quantifying specific environmental drivers which might  
416 drive this dependence. The only similar study that we know of (Gilbertson *et al.* 2016) used  
417 48 parasite-locality replicates of cougar (*Puma concolor*) and bobcat (*Lynx rufus*) populations  
418 and found little evidence of spatial autocorrelation in parasite infection. In contrast to their  
419 approach, we used a wide set of different hosts, and our replicates all had between 100 and  
420 10,000 samples (Table 1), whereas only a few of their replicates had >100 samples, and none  
421 had >200 (Gilbertson *et al.* 2016). Additionally, they used Mantel tests, which do not account

422 for fixed covariates, while the INLA analyses we employed are more suited to controlling for  
423 this variation. As such, we interpret our contrasting findings to represent a difference in the  
424 power of our analyses, and the absence of large carnivores from our dataset. Owing to its  
425 generality, similar methodology could be used in a range of ecological contexts as a useful  
426 hypothesis-generating exercise: after uncovering strong spatial structuring, researchers could  
427 follow up on this finding by investigating possible biotic or abiotic drivers. We hope that  
428 more disease ecology studies in wild animals will make use of similar methodology to bolster  
429 our understanding of disease dynamics in wild settings.

430

431 Surprisingly, neither larger study systems nor those that had previously been used to study  
432 spatial hypotheses were more likely to exhibit detectable spatial patterns. Some very small  
433 spatial replicates exhibited strong spatial effects, and the smallest area demonstrating a strong  
434 spatial trend was  $0.002\text{km}^2$  (Figure 3). Similarly, some very large, well-sampled areas  
435 showed no detectable spatial patterns: anti-*Toxoplasma gondii* antibodies in almost 200  
436 Pennsylvania black bears (*Ursus americanus*) did not (Dubey *et al.* 2016), while prevalence  
437 of *T. gondii* exhibited very strong spatial patterns in otters (*Lutra lutra*) across the United  
438 Kingdom (Smallbone *et al.* 2017), and in house mice (*Mus musculus*) within the Senegalese  
439 city of Dakar (Galal *et al.* 2019). However, larger study extents unsurprisingly exhibited  
440 more long-range spatial autocorrelation effects. These areas inevitably contain within them a  
441 multitude of smaller spatial effects and gradients, so that the findings of a specific study will  
442 depend critically on the spatial sampling scale it employs (Pullan *et al.* 2012; Cohen *et al.*  
443 2016; Luis *et al.* 2018; Morand *et al.* 2019). Notably, the studies that did attempt to quantify  
444 spatial variation tended to have substantially larger spatial extent than those that did not  
445 (Figure S11); this may represent a perception bias, where researchers operating in larger study  
446 areas tend to anticipate spatial variation as being more important to account for – or, *vice*  
447 *versa*, researchers asking spatial questions tend to sample across a wider range to incorporate  
448 as much testable variation as possible (Becker *et al.* 2019). The finding that larger study  
449 systems do not tend to more commonly exhibit detectable spatial patterns in disease  
450 demonstrates that this perception bias is perhaps unwarranted, and researchers at all scales  
451 should be able to incorporate spatial components and hypotheses about infection processes.

452

453 Despite the ubiquity and unpredictability of spatial effects, we discovered a very low  
454 frequency of spatial data collection and sharing. Across our extremely broad literature search  
455 which identified over 1000 potentially relevant studies, only 3 studies had suitable bivariate

456 spatial data readily available for download, 4 had them in published maps, and 26 had access  
457 to (and provided) within-population spatial data of some sort when we requested it (Figure 1).  
458 The responses that we received indicated that alongside concerns about privacy and the desire  
459 to control the data associated with one's study system, the main reason for not sharing spatial  
460 data was that the data were not collected in the first place.

461

462 Privacy is an issue of considerable ethical concern in epidemiology (Kirby *et al.* 2017).  
463 Sharing spatial data risks connecting individuals with their disease status, which is  
464 particularly unwelcome in the case of stigmatised diseases such as HIV/AIDS; indeed,  
465 although we did not examine human diseases, several of the researchers we contacted opted  
466 not to share data because they were concerned that their results could be traced to specific  
467 households or individuals. Researchers may overcome this issue by jittering points, or by  
468 masking the actual GPS locations, replacing them with relative locations which are the same  
469 distance away (Kirby *et al.* 2017). Unfortunately, the first option will reduce precision and  
470 the latter precludes investigation of specific geographic hypotheses, but this is a small price  
471 to pay in the cases where data are potentially sensitive.

472

473 Location data may evade collection in some contexts where GPS signals are hard to receive,  
474 precluding spatial data collection and investigation of spatial questions. GPS instruments that  
475 function in remote environments can be expensive, and for studies that do not explicitly aim  
476 to identify spatial patterns this may seem an unnecessary expenditure. However, smartphones  
477 that can receive GPS data are now widely available and can be used in all but the most  
478 remote locations. As many researchers carry the means to collect spatial data in their pocket  
479 on a daily basis, it might take little alteration to collection protocols to include location data  
480 in many cases. Future studies should capitalise on the increasing availability of spatial  
481 telemetry and biologging technology, and associated analytical capacity (Long *et al.* 2014;  
482 Kays *et al.* 2015; Williams *et al.* 2020) to more frequently record, analyse, and share spatial  
483 data in disease ecology (Kirby *et al.* 2017; Albery *et al.* 2019). This practice and the  
484 associated calls to "let go of your data" (Noy & Noy 2020) will facilitate testing of related  
485 hypotheses.

486

487 We foresee a range of potential uses for our curated dataset and others like it. Although we  
488 quantified some ecological and sampling-level drivers here, the dataset was still relatively  
489 small, and subject to covarying factors: for example, most analyses of nematode infection

490 were conducted on even-toed ungulates, so that it was difficult to disentangle their  
491 implications for spatial variation. Future data collection and kind contributions from  
492 researchers may allow us to bolster this dataset to include a greater number of replicates,  
493 increasing the power and diversity of our analyses, bringing predictive models of spatial  
494 variation within our grasp. Further analysis on this dataset could investigate a number of  
495 disease drivers such as population density or environmental heterogeneity, informing how  
496 they drive spatial patterns of infection within and across systems. Similar methodology could  
497 be applied to other animal groups such as birds and reptiles, whose nest and burrow locations  
498 offer ideal spatial context (e.g. Wood *et al.*, 2007), or to marine mammals that are regularly  
499 subject to behavioural censuses and disease surveillance (e.g. (Leu *et al.* 2020). Finally,  
500 immunity is often quantified alongside parasite burden and prevalence, and it would be  
501 interesting to see whether spatial variation in immunity manifests on the same scale, and  
502 whether it predicts disease risk (Becker *et al.* 2020).

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