

1 **TITLE:** Temperature impacts on dengue incidence are nonlinear and mediated by climatic and  
2 socioeconomic factors

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4 **RUNNING TITLE:** Nonlinear temperature impacts on dengue

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26 literature review. DK, MLC and MJH conducted analyses. DK wrote the first draft of the  
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28  
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31  
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## ABSTRACT

Temperature can influence mosquito-borne diseases like dengue. These effects are expected to vary geographically and over time in both magnitude and direction and may interact with other environmental variables, making it difficult to anticipate changes in response to climate change. Here, we investigate global variation in temperature–dengue relationship by analyzing published correlations between temperature and dengue and matching them with remotely sensed climatic and socioeconomic data. We found that the correlation between temperature and dengue was most positive at intermediate (near 24°C) temperatures, as predicted from the thermal biology of the mosquito and virus. Positive temperature–dengue associations were strongest when temperature variation and population density were high and decreased with infection burden and rainfall mean and variation, suggesting alternative limiting factors on transmission. Our results show that while climate effects on diseases are context-dependent they are also predictable from the thermal biology of transmission and its environmental and social mediators.

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## INTRODUCTION

69           Some infectious diseases are sensitive to changes in temperature (Lafferty 2009; Rohr *et*  
70 *al.* 2011; Altizer *et al.* 2013; Lafferty & Mordecai 2016). This is most likely for pathogens  
71 transmitted from ectothermic hosts or vectors and/or temperature-sensitive infectious stages in  
72 the environment (Molnár *et al.* 2017). The dynamics and distributions of many diseases are  
73 predicted to alter with climate change (IPCC AR6 WG2 report 2022), with effects on human  
74 illness (Zhou *et al.* 2004), food security (Chakraborty & Newton 2011), and wildlife  
75 conservation (Cohen *et al.* 2019). Accurately predicting the effects of temperature change on  
76 infectious diseases requires understanding the impact of nonlinearity and the other factors that  
77 mediate the impact of temperature on disease systems.

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79           Temperature can increase or decrease biological rates and processes related to disease  
80 transmission depending on the context; this type of nonlinearity makes predicting changes in  
81 infectious disease with climate change difficult. The functional traits of organisms that contribute  
82 to disease transmission—such as rates of development, activity, and fecundity and probabilities  
83 of survival and reproduction—typically have hump-shaped responses to temperature, increasing  
84 from zero at a critical thermal minimum up to an optimal temperature then declining to zero at a  
85 critical thermal maximum (i.e., thermal performance curves; Angilletta 2009; Dell *et al.* 2011;  
86 Amarasekare & Savage 2012; Mordecai *et al.* 2019). As a result, population and community-  
87 level processes, including population dynamics (Savage *et al.* 2004), disease transmission  
88 (Molnár *et al.* 2013), and trophic interactions (O'Connor *et al.* 2011; Dell *et al.* 2014), also tend  
89 to respond nonlinearly to temperature, integrating influences of temperature on multiple life  
90 stages and organisms. Thus, the observed effects of temperature on ecological processes can

91 appear idiosyncratic, changing in direction and magnitude and becoming more or less apparent  
92 under differing circumstances, belying general predictions for how ecosystems respond to  
93 climate change (Hoos & Harley 2021).

94  
95 To understand this apparent context-dependence in how temperature affects disease  
96 transmission, it may be beneficial to consider the temperature–disease relationships at a more  
97 local scale. Rather than considering a full nonlinear response of disease transmission across a  
98 large temperature range, we can instead consider the rate of change in disease with respect to  
99 temperature—which may vary across ecological settings—to link locally-determined  
100 relationships across places and times. For example, we may expect that local temperature–  
101 disease relationships will be weak at the cold end of a thermal performance curve describing  
102 disease transmission or incidence versus temperature, strongly positive where the slope of the  
103 curve is highest, and zero or weak at the optimal temperature of the curve. Whether temperature  
104 increases, decreases, or has no effect on disease transmission is therefore predicted to depend on  
105 the local average temperature and its range.

106  
107 In addition to the direct effects of temperature on disease transmission, other climatic and  
108 non-climatic factors may mediate local temperature effects. For example, factors such as rainfall,  
109 drought, snow, humidity, or local variability in temperature may interact with or modify the  
110 impacts of mean temperature on disease. In particular, because body temperature and water  
111 regulation are tightly linked organismal processes, rainfall and temperature often jointly  
112 determine habitat availability and organismal performance (Rozen-Rechels *et al.* 2019), as has  
113 been shown for juvenile Ixodid ticks when seeking hosts (Berger *et al.* 2014; Leal *et al.* 2020).

114 Local temperature variability can also play a mediating role via nonlinear averaging, in which  
115 organismal performance, and resulting population and community processes at realized  
116 temperatures, differ from what would be predicted at constant mean temperatures (Paaijmans *et*  
117 *al.* 2009, 2010; Bernhardt *et al.* 2018). Notably, more variable temperature tends to rescue  
118 disease transmission when it is cold and impair transmission when it is warm. Beyond climatic  
119 effects, socioeconomic and anthropogenic factors impact ecological systems through processes  
120 such as land conversion, wildlife trade and consumption, and the introduction of invasive  
121 species, which drive shifts in biodiversity, resource availability, and species distributions (Mack  
122 *et al.* 2000; Krkošek *et al.* 2007; Hendershot *et al.* 2020; Glidden *et al.* 2021). For diseases, these  
123 and other socioeconomic factors such as vector control, hygiene, and healthcare can alter the  
124 suitability of a location for disease transmission and opportunities for contacts among hosts  
125 and/or vectors. Effects of temperature on disease are most detectable when conditions are  
126 otherwise suitable for transmission, and may be dampened when other key requirements like host  
127 and vector presence and contact are not met.

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129 The net effects of nonlinearity and other factors mediating temperature impacts on  
130 disease will have consequences for human health, especially for vector-borne diseases. In  
131 particular, dengue is a climate-sensitive, tropical and subtropical disease caused by a flavivirus  
132 (DENV) primarily transmitted by female *Aedes aegypti* mosquitoes; it causes 100-400 million  
133 cases every year (WHO 2021) and cases have been increasing dramatically both regionally and  
134 globally over the last three decades (Stanaway *et al.* 2016). Notably, since mosquitoes and the  
135 parasites they harbor are ectotherms, temperature can influence multiple stages of the mosquito  
136 life cycle and transmission cycle, affecting the distribution and dynamics of disease (Liu-

137 Helmersson *et al.* 2014; Morin *et al.* 2015; Wesolowski *et al.* 2015; Mordecai *et al.* 2017).  
138 Previous research has used a combination of experiments and mathematical modeling to first  
139 isolate the effects of temperature on different mosquito and pathogen traits (e.g., DENV  
140 development rate within the mosquito, mosquito lifespan and fecundity) and then combine these  
141 processes to understand how potential transmission rates vary across temperature (Lambrechts *et*  
142 *al.* 2011; Liu-Helmersson *et al.* 2014; Wesolowski *et al.* 2015; Huber *et al.* 2018; Caldwell *et al.*  
143 2021). This has provided specific predictions for how temperature affects dengue transmission in  
144 the field: small increases in temperature should increase transmission up to the optimal  
145 temperature of 29°C, after which increases in temperature should decrease transmission  
146 (Mordecai *et al.* 2017). The greatest relative increase in transmission per degree increase in  
147 temperature is expected to occur near 25°C (i.e., the temperature at which the slope of the  
148 transmission versus temperature curve is steepest). Although some empirical support for these  
149 predictions exists at broad spatial scales in the field (e.g., Wesolowski *et al.* 2015; Mordecai *et*  
150 *al.* 2017; Peña-García *et al.* 2017; Caldwell *et al.* 2021), recognition of the importance of  
151 nonlinear effects of temperature on transmission, especially at local scales, remains limited.

152

153         Here, we consider dengue as a case study to examine correlations between temperature  
154 and disease transmission. Previous work has reported both positive and negative relationships  
155 between temperature and dengue outbreaks (Caldwell *et al.* 2021). We hypothesized that  
156 nonlinear effects of temperature, mediated by other climatic and non-climatic factors, might  
157 explain apparent differences in the inferred effects of temperature on dengue transmission. We  
158 searched the literature to test whether dengue transmission—measured as empirical  
159 correlations—changes nonlinearly with average study temperature and peaks near 25°C, the

160 temperature where the slope of the transmission versus temperature curve was suggested to be  
161 greatest in a previously published trait-based mathematical model (Mordecai *et al.* 2017). We  
162 also test our predictions that the strength of correlations increase positively with temperature  
163 variation since it should be easier to detect effects of temperature when it is more variable, and  
164 either increase or decrease with precipitation mean and variability depending on whether local  
165 vector abundance is rain- or drought-driven (Lowe *et al.* 2021). Finally, we test whether  
166 correlations decrease or become more negative with infection burden in the area due to depletion  
167 of susceptible hosts, increase with population density due to larger epidemic potential, and either  
168 decrease or become more negative with income (measured as per-capita gross domestic product;  
169 GDP), which reduces outbreak potential and dampens the effects of suitable temperatures.

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## 171 **METHODS**

### 172 **Overview**

173 To test our predictions, we synthesized published evidence of temperature–dengue  
174 relationships using a systematic literature review. We compiled reported correlations between  
175 temperature and dengue from previously published studies. We did not consistently have access  
176 to the underlying temperature and dengue data used in the original studies that would have  
177 allowed for a reanalysis of the raw data across locations. Instead, we paired each reported  
178 correlation with climate reanalysis data and data on factors such as wealth and human density.  
179 This means that while we did not have the underlying data used to estimate correlations in each  
180 study, we did have estimates of the average temperature, average variability in temperature and  
181 precipitation, population density, and other socioeconomic and climatic factors in each focal  
182 study area and time period.

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184           We used this database to answer two questions: 1) Does average study temperature  
185 impact temperature–dengue relationships? and 2) How do other climatic and socioeconomic  
186 factors explain variation in temperature–dengue relationships? Below, we detail the database  
187 construction as well as the two separate analyses used to answer these questions.

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189

### **Database construction**

190           We downloaded abstracts and study metadata (N = 454) from Web of Science on January  
191 28, 2021 (accessed through the University of British Columbia library), using the search term TS  
192 = (("Aedes" OR "dengue") AND ("temperature" OR "climat\*") AND ("disease\*") AND  
193 ("model\*") AND ("incidence" or "prevalence" or "case\*" or "notification\*")). We then  
194 systematically conducted several rounds of scoring to exclude studies with irrelevant or missing  
195 information. First, we read each abstract and scored it as included or excluded based on the  
196 mention of factors such as measured climatic variables and measured disease burden, incidence,  
197 or prevalence. Studies were excluded if the abstract mentioned forecasting or simulations only.  
198 In total, 189 of 454 abstracts were accepted. Next, we read each study with an accepted abstract,  
199 and scored the study as either included or excluded based on the presence of effect sizes or  
200 correlations comparing the effects of measured temperature metrics and measured disease  
201 metrics. We excluded a study if only forecasting or simulation models were presented. For this  
202 step, 95 of 189 papers with accepted abstracts were accepted.

203

204           We initially planned to collect data from studies that reported either a correlation between  
205 temperature and dengue or a coefficient estimating the effect of temperature on dengue from a



206 regression analysis. However, our systematic literature review revealed that most of the studies  
207 using regressions incorporated different covariates into their models, ranging from accounting  
208 for no covariates to accounting for the effects of multiple temperature metrics, precipitation,  
209 GDP, and others. We conducted simulations that illustrated how these different underlying  
210 models can lead to significantly different estimates of the effects of temperature on dengue  
211 despite the temperature and dengue data remaining identical across models (Supporting  
212 Information), making comparisons across regression models unreliable for the purposes of our  
213 study. Instead, we focused all subsequent analyses on reported correlations between temperature  
214 and dengue as these models do not include any covariates, resulting in 358 reported correlations  
215 from 38 studies (Table S1).

216

217 We included methodological information (hereafter referred to as study factors) for each  
218 correlation, such as the location of the study, dates and length of the study, the types of  
219 temperature (e.g., minimum weekly temperature, mean daily temperature) and disease metrics  
220 (e.g., cases, incidence) used in the analysis, the type of correlation (Pearson, Spearman, or cross-  
221 correlation), and the temporal lag of the effect of temperature. We also complemented our  
222 database with data (hereafter referred to as extracted predictors) obtained from several other  
223 sources. We used Google Earth Engine (Gorelick *et al.* 2017) to extract information on  
224 population density and climate over the period of each study. Population density was obtained  
225 from the Global Human Settlement Population Grid (JRC 2015), using the year closest to the  
226 median year of each study period. Average daily mean air temperature, standard deviation in  
227 daily mean air temperature, mean daily precipitation, and standard deviation in daily  
228 precipitation were obtained from ERA5 (C3S 2017) and calculated over each full study period.

229 Study locations on the scale of a single city or smaller were specified using a 5 kilometer buffer  
230 around point coordinates, while larger areas were mapped using shapefiles obtained from the  
231 Database of Global Administrative Areas (GADM 2021). To reflect the climatic and population  
232 factors most relevant to where people live (and thus where dengue cases occur), we weighted  
233 these measures over space by population density. The estimated infection burden of dengue at  
234 the country level (in the year 2010) was extracted from Bhatt *et al.* (2013) as a proxy for the  
235 degree of population immunity or susceptibility. Country level population size in 2010 and GDP  
236 per capita (adjusted for purchasing price parity in the year 2015) were obtained from the World  
237 Bank (2022). Estimated dengue incidence in 2010 was calculated as estimated burden /  
238 population size (see Supporting Information for more detail).

239

#### 240 **Does average study temperature impact temperature–dengue effects?**

241 To test for a relationship across studies between mean study temperature (calculated as  
242 mean average daily temperature across the study period) and observed correlation between  
243 temperature and dengue within that study, we fit a series of linear mixed effects models using  
244 reported correlations as response variables. Prior to fitting these models, we limited the dataset to  
245 exclude observations that were generated using lags  $> 4$  months (our estimate of the maximum  
246 biologically relevant window on which temperature could directly affect dengue transmission),  
247 and included only one observation per location and temperature metric per study to avoid having  
248 multiple observations estimated across different lags. For example, if a study reported five  
249 correlation values between minimum monthly temperature and dengue for a specific location  
250 using lags of 0, 1, 2, 3, and 4 months, we would only select the observation closest to the

251 midpoint of 2 months. This resulted in 78 correlation observations from 37 studies (one of the 38  
252 studies used only lags > 4 months).

253

254 We aimed to test whether the measured relationship between temperature and dengue  
255 depended on the average temperature during the study, as well as whether ecological theory  
256 based on a lab-parameterized, trait-based model of dengue transmission across temperature  
257 (Mordecai *et al.* 2017) could accurately predict how correlations vary across mean temperature.  
258 Specifically, we fit a null model and four alternative mixed-effects models in R (R Core Team  
259 2021) using maximum likelihood with the *lmer* function (Bates *et al.* 2015). The null model  
260 included only a random effect for study ID, the basic model included the study ID random effect  
261 and an additional fixed effect for the type of temperature metric used in the study (minimum,  
262 mean, or maximum temperature), and the final three models included the previously described  
263 effects and additionally a fixed effect for either a linear effect of average temperature, a quadratic  
264 effect of average temperature, or for the derivative of the transmission curve from Mordecai *et*  
265 *al.* (2017) evaluated at the mean study temperature. The purpose of including this final model  
266 was to compare the observed relationship based on reported correlations to the a priori  
267 theoretical relationship that first motivated us to look for a concave-down pattern in correlations  
268 between 20°C and 29°C. However, we note that the derivative of model-predicted dengue basic  
269 reproduction number ( $R_0$ ) represents a mathematical quantity that is distinct from a correlation  
270 between temperature and dengue. Therefore, while we suspected that these two values may  
271 follow the same qualitative patterns across temperature, they are not mathematically equivalent  
272 because  $R_0$  does not predict incidence directly (Smith *et al.* 2007).

273

274 We compared the five models using AIC (R Core Team 2021) and extracted  
275 Nagelkerke's pseudo- $R^2$  values using the MuMIn package (Bartoń 2020). We did not incorporate  
276 error around reported correlation estimates because this information was not available, though  
277 we repeated the analyses described here while weighting estimates by the square root of their  
278 sample size, a method used in meta-analyses when error estimates are unavailable (Hargreaves *et*  
279 *al.* 2020).

280

### 281 **How do other climatic and socioeconomic factors explain variation in temperature–dengue** 282 **effects?**

283 Next, we aimed to test how additional climatic factors such as precipitation and  
284 socioeconomic factors such as country-level GDP impacted the observed effects of temperature  
285 on dengue. As described in the Introduction, we predicted that temperature–dengue correlations  
286 would be more positive with higher temperature variation and population density, lower with  
287 higher infection burden and GDP, and modified (either positively or negatively) by precipitation  
288 mean and variability. While we originally intended to estimate how each of these extracted  
289 predictors separately mediates the effects of temperature, this was not possible due to the high  
290 collinearity between predictors (Fig. S2). We therefore conducted a two-step analysis, collapsing  
291 the variance from all predictors with a principal component analysis (PCA) and evaluating the  
292 PCA components along with study factors in linear regression models.

293

294 The PCA incorporated seven extracted predictors: log-transformed country-level GDP,  
295 country-level infection incidence, and five metrics calculated by study: log-transformed  
296 population density, mean precipitation, standard deviation of precipitation, standard deviation of

297 temperature, and marginal temperature suitability (the derivative of the Mordecai *et al.* [2017]  
298 dengue transmission curve evaluated at the mean study temperature, as described above). We  
299 sampled the unique sets of these extracted predictors, then used the *principal* function from the  
300 *psych* package (Revelle 2021) to load the seven predictors across four principal components that  
301 were rotated using Varimax rotation. While traditional PCA typically rotates axes to explain the  
302 maximal amount of variation using the first component, Varimax rotation maximizes the sum of  
303 the variances of the squared loadings, allowing for better interpretability of which predictors are  
304 more strongly associated with which components.

305

306 We fit regressions using the full dataset of correlations (n=358) as response variables.

307 Predictors included the four rotated components from the PCA analysis, as well as study factors  
308 to help control for variation introduced by different study methods: the temperature metric used  
309 in the study (minimum, mean, or maximum), the disease metric used in the study (incidence or  
310 cases), the temporal scale of the study (daily, weekly, monthly, or annual), and the type of  
311 correlation used in the study (Pearson, Spearman's, or cross-correlation). We also included a  
312 term for a spline (dimension of the basis = 3) for the effect of temporal lag in months on the  
313 effect of temperature on dengue. We did not include interactions between these predictors. We fit  
314 the regressions using the *gam* function in the *mgcv* package (Wood 2011) due to the inclusion of  
315 the spline term for lags. We did not want studies that provided relatively more observations  
316 (either because they estimated effects across multiple lags, multiple temperature metrics, or  
317 multiple locations) to be overrepresented in our regression. We therefore bootstrapped 10,000  
318 times, each time first sampling studies (n=38) with replacement and then sampling one  
319 observation within that study, until we generated a dataset equal in size to the original (n=358) to

320 reduce overrepresentation of studies with many data points. We extracted the mean and 0.025  
321 and 0.975 quantiles for each predictor coefficient estimate across the 10,000 bootstraps.

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323

## RESULTS

324 We obtained 358 reported correlations between temperature and dengue from 38 studies,  
325 ranging from 1981 to 2017 and spanning seven global health regions (Southeast Asia, East Asia,  
326 South Asia, Central Latin America, Tropical Latin America, Oceania and Caribbean; Moran *et*  
327 *al.* 2012)(Fig. 1a-b). The estimates were variable with 19% negative and 81% positive (Fig. 1c).

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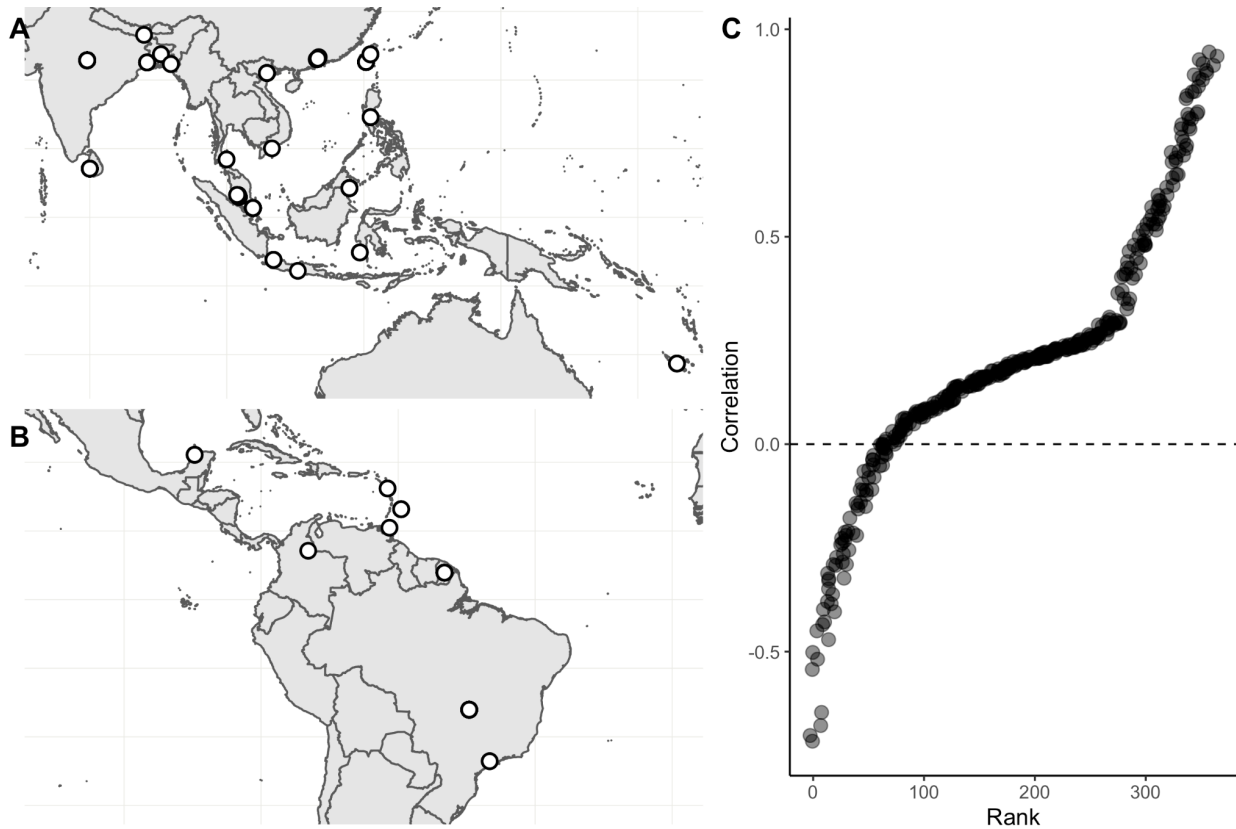
329 Supporting predictions, we found that the best model included a nonlinear (quadratic)  
330 effect of mean study temperature on reported correlations ( $\Delta\text{AIC}$  from null model = 10.3;  
331 pseudo- $R^2 = 0.209$ ). The quadratic model estimates that reported correlations peak at mean study  
332 temperatures of 24.2°C (95% CI: 23.5–24.9°C; Fig. 2). The second-best model included the  
333 nonlinear effect of mean study temperature calculated from the derivative of the Mordecai *et al.*  
334 (2017) transmission curve, which peaks at 25.3°C ( $\Delta\text{AIC} = 8.0$ ; pseudo- $R^2 = 0.165$ ), suggesting  
335 that ecological models based on vector and parasite biology can help predict how correlations  
336 vary across average temperatures. The model incorporating a linear effect of mean study  
337 temperature ( $\Delta\text{AIC} = 5.0$ ; pseudo- $R^2 = 0.132$ ) did not perform better than the basic model that  
338 did not include any effect of mean study temperature ( $\Delta\text{AIC} = 5.9$ ; pseudo- $R^2 = 0.119$ ).  
339 Repeating these analyses while weighting by the square root of the study sample size produced  
340 qualitatively similar results (Supporting Information).

341

342 We then examined the factors beyond mean temperature that mediated the observed  
343 relationship between temperature and dengue. Using PCA to decompose correlated climatic and  
344 socioeconomic predictors into fewer, uncorrelated rotated components (RCs) meant that we were  
345 not able to estimate the specific effect of each predictor on reported relationships between  
346 temperature and dengue. However, this method was useful for identifying RCs that have  
347 significant effects on our response, which we can then interpret as the underlying predictors  
348 associated with each component having a positive or negative effect on the response.

349  
350 Several RCs had a significant effect on reported correlations (Fig. 3), generally  
351 supporting our hypotheses. Infection burden (RC1) had negative effects on reported correlations,  
352 while temperature variation (RC1) and marginal temperature suitability (i.e., the derivative of the  
353 predicted transmission curve; RC3) had positive effects. We did not have a directional prediction  
354 for the effects of mean precipitation (RC2) and precipitation variation (RC2), but found that they  
355 had negative effects. Higher population density was associated with two different rotated  
356 components, and exhibited a significant, positive effect associated with RC1 and a non-  
357 significant, positive effect when combined with lower GDP (RC4). Several study factors also  
358 had significant effects on reported correlations: most notably, we found that studies that used a  
359 metric of minimum or mean temperature reported more positive correlations between  
360 temperature and dengue than those studies that used a metric of maximum temperature (Figs. S3-  
361 S4).

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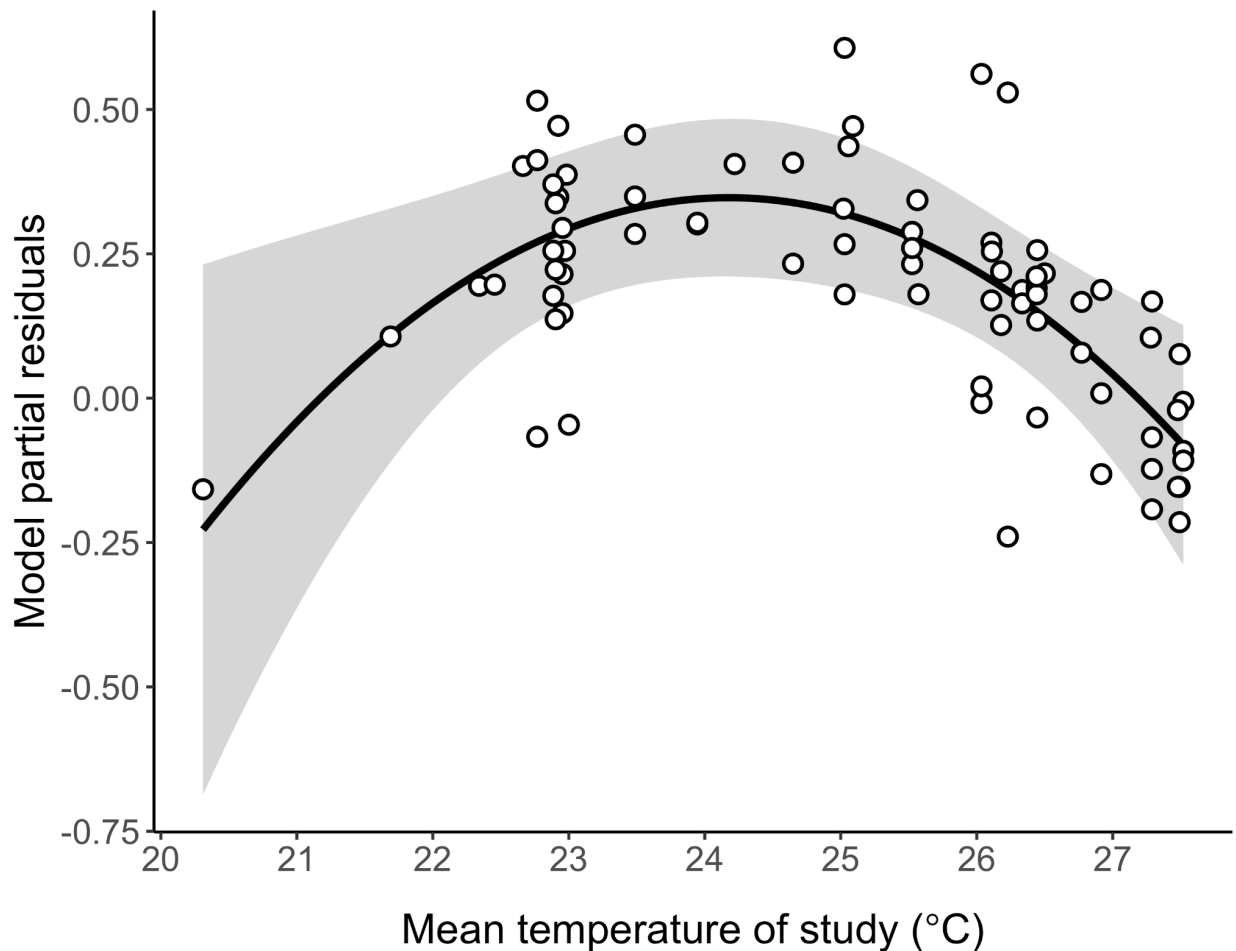


368  
369 **Figure 1. Reported correlations between temperature and dengue range from negative to**  
370 **positive.** a) Locations of observations in the global health regions of Southeast Asia, East Asia,  
371 South Asia, and Oceania; b) Locations of observations in the global health regions of Central  
372 Latin America, Tropical Latin America, and Caribbean; c) Jittered rank-order plot of 358  
373 reported correlations between temperature and dengue.

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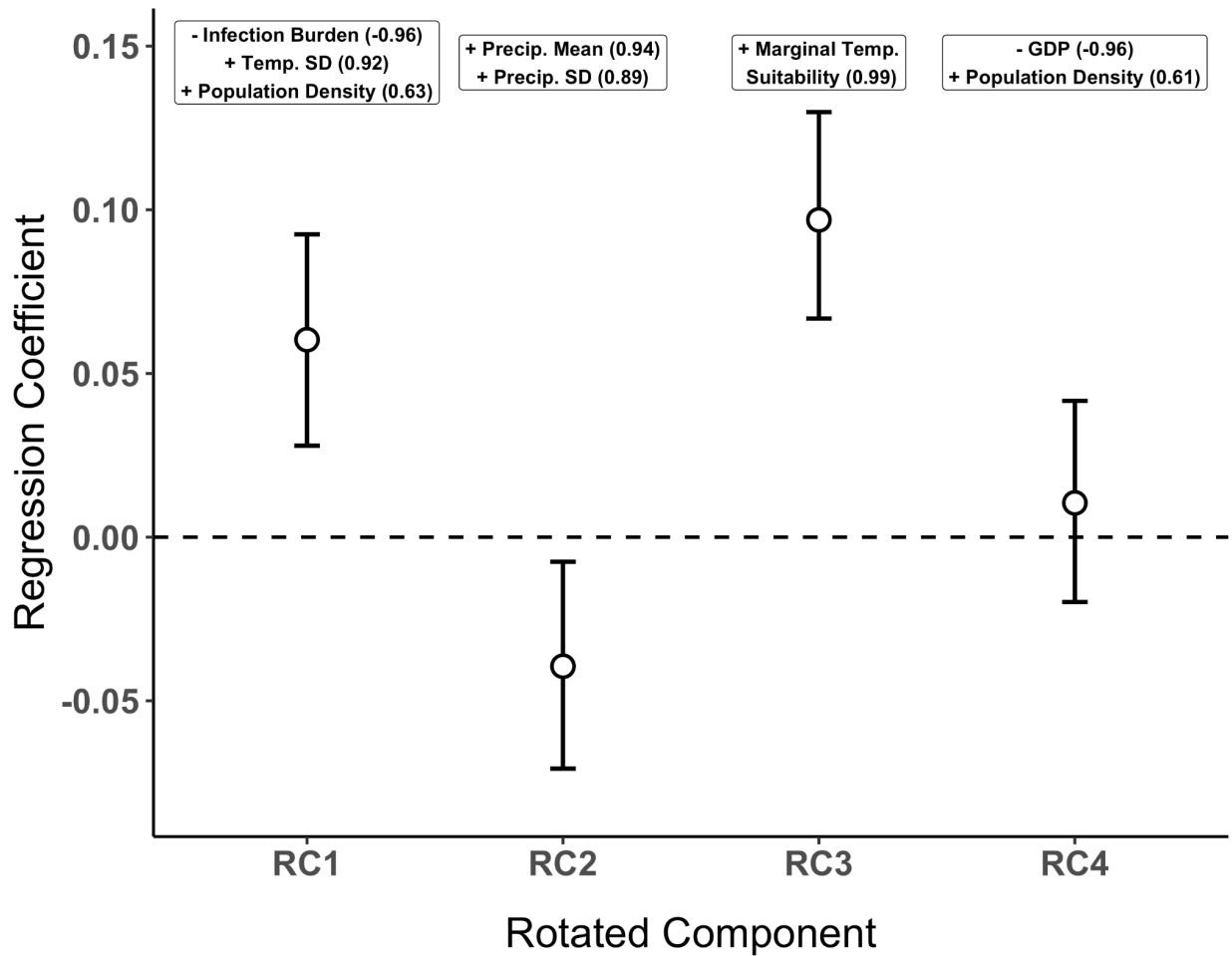
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**Figure 2. Nonlinear effects of temperature on the correlation between temperature and dengue, controlling for study factors.** Quadratic model partial residuals (points) and fitted predictions (black line) with 95% confidence intervals (shaded region) for the relationship between mean study temperature and reported correlations between temperature and dengue. Partial residuals and fitted predictions are from the mixed effects model with a quadratic effect of mean study temperature (black line), which was significantly better than alternative models that included a linear effect or no effect of mean study temperature ( $\Delta AIC$  from null model = 10.3; pseudo- $R^2 = 0.209$ ). Partial residuals are calculated as model errors plus the model-estimated relationship between temperature and dengue. Confidence intervals generated using the *effects* package in R (Fox and Weisberg 2019). Figure S1 shows the same fitted model plotted over raw correlation data.

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**Figure 3. Infection burden, temperature variability, population density, precipitation, and predicted temperature suitability affect the strength of temperature – dengue correlations.** Mean and 95% confidence intervals of regression coefficients for four rotated components (RC) across 10,000 bootstrap runs. Annotated text above each component lists the climatic and/or socioeconomic factors most strongly associated with that component (standardized loading > |0.6|), with +/- symbols representing the sign of the association and the numbers in parentheses representing the loading (where 1 and -1 represent the strongest positive and negative associations, respectively). The sign of each association (in boxes) combined with the signs of each respective regression coefficient (points) yields the direction of the effect of each predictor on correlations (e.g., infection burden (RC1), mean precipitation (RC2) and precipitation variation (RC2) all have significant, negative effects).

426

## DISCUSSION

427

Our examination of reported correlations between temperature and dengue support

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predictions that the effects of temperature on many ecological processes are nonlinear with small

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or negative effects expected at low and high temperatures, and large positive effects expected in

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some intermediate temperature range. Specifically, studies that occurred at relatively cool or

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warm average temperatures reported lower correlations than those that occurred at temperatures

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near the intermediate range, where transmission is expected to be most sensitive to temperature

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(24°C). Our results illustrate that locations differ in their underlying vulnerability to warming-

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induced disease outbreaks, and that this variability in vulnerability can be explained by

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nonlinearity and average temperatures, as well as other climatic and socioeconomic factors such

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as precipitation and disease burden.

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The average temperature at which a study occurred had a significant quadratic

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relationship with the correlation between temperature and dengue, with a peak at 24.2°C (95%

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CI: 23.5–24.9°C; Fig. 2). This is close to but slightly cooler than the prediction from the

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derivative of the trait-based, dengue transmission curve that is informed by laboratory studies on

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the vector *Aedes aegypti* (25.3°C; Mordecai *et al.* 2017). Both the flexible quadratic temperature

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model and the *a priori* marginal temperature suitability model (the derivative of the Mordecai *et*

444

*al.* [2017] model) were significantly better than the simpler models that assumed the correlation

445

between temperature and dengue was constant or linear across average temperature. Further, in a

446

PCA that controlled for multiple climatic and non-climatic factors, the component that was

447

highly associated with the *a priori* marginal temperature suitability model had significant

448

positive effects on correlations (Fig. 3). These results build on observations that reported

449 temperature effects on dengue varied across average temperatures or climates (Fan *et al.* 2015;  
450 Li *et al.* 2020; Caldwell *et al.* 2021) by quantitatively testing whether effects vary nonlinearly as  
451 predicted by ecological theory. Additionally, our database and analyses differed both by using  
452 reported correlations rather than coefficients from regression models, as well as by using  
453 standardized remotely sensed temperature data across studies rather than using average  
454 temperatures reported by each original study. Overall, our results suggest that ecological theory  
455 can be used to predict how relationships between temperature and disease vary with average  
456 temperature, an often underappreciated facet of the impact of climate change on infectious  
457 disease.

458

459 In addition to temperature having a direct nonlinear impact on dengue across average  
460 study temperatures, we found that several other climatic factors mediated these effects. Mean  
461 precipitation and variation in precipitation each had significant negative effects (via their  
462 association with RC2) on reported correlations between temperature and dengue (Fig. 3).  
463 Precipitation could modulate the temperature–dengue relationship through several alternative  
464 mechanisms, though our approach does not allow us to differentiate between them. When  
465 temperature is not strongly limiting to transmission but immature vector habitat is inconsistently  
466 available, precipitation may be the main limiting factor, obscuring the relationship between  
467 temperature and dengue. Alternatively, both temperature and precipitation may be limiting in  
468 some settings, such that even when suitable temperatures occur there is insufficient vector habitat  
469 to promote transmission. Finally, correlations between temperature and rainfall regimes (e.g.,  
470 seasonality) may obscure the causal relationships between each variable and dengue. While  
471 precipitation may not mediate temperature effects in all ecological or disease systems, it could

472 play a key mediating role in systems with animals that require pools of water for habitat or  
473 breeding (e.g., other mosquito-borne diseases; Paull *et al.* 2017), in waterborne-disease systems  
474 such as cholera, and in plant systems in which rainfall has been shown to impact disease levels  
475 (McElrone *et al.* 2010; Eastburn *et al.* 2011).

476

477 In contrast to precipitation, average temperature variability during a study had significant  
478 positive effects (via its association with RC1) on the correlation between temperature and  
479 dengue, potentially because it is easier to detect correlations when temperature fluctuates over a  
480 wider range. Additionally, nonlinear averaging can cause more positive effects of temperature  
481 variation on dengue at ranges where the temperature–transmission relationship is concave-up  
482 than concave-down (Lambrechts *et al.* 2011). Consideration of temperature variability should  
483 become more important with climate change, as large changes in temperature variability and in  
484 the frequency, magnitude, and duration of temperature extremes are expected in many regions  
485 but their impacts on ecological processes have received relatively little attention (Easterling *et al.*  
486 2000; Smith 2011; Thompson *et al.* 2013; Turner *et al.* 2020; Ma *et al.* 2021). Together these  
487 results provide an important biological insight: effects of temperature on ecological processes  
488 can be exacerbated or masked by other aspects of climate suitability, including rainfall and  
489 variation in temperature.

490

491 Immunological and other non-climatic factors also affected local relationships between  
492 temperature and dengue. As predicted, we observed a strong negative effect of infection burden  
493 (as estimated for the year 2010; Bhatt *et al.* 2013), in which locations with higher levels of  
494 dengue reported weaker or more negative correlations between temperature and dengue. One

495 possible explanation for this is that populations with historically high dengue burden have  
496 proportionally high levels of immunity and partial immunity (Gubler 1998), thereby leaving  
497 fewer people susceptible to infection when temperature conditions become more optimal. One  
498 potential caveat when interpreting these effects is that the Bhatt *et al.* model (2013) used  
499 additional data inputs beyond dengue cases—including temperature suitability—to estimate  
500 country-level infection burden, meaning that estimated dengue burden is not completely  
501 independent from temperature. Our predictions that population density would increase  
502 temperature effects due to larger epidemic potential, while higher GDP would decrease  
503 temperature effects due to higher income leading to better health infrastructure and disease  
504 mitigation were generally supported (Fig. 3).

505

506         Because of the thermal physiology of organisms, we expect many ecological systems and  
507 processes to be nonlinearly dependent on temperature, and these temperature effects are likely to  
508 be mediated by other ecological and socioeconomic factors. Dengue provides a relatively well-  
509 studied example for detecting these nonlinear and mediated effects, which may not be possible  
510 for more data-limited ecological systems. Primary studies that investigate nonlinear effects of  
511 temperature on ecological processes explicitly, and the mediators of these effects, are critical for  
512 more generally anticipating the impact of climate change on ecological systems.

513

514         Many ecological systems are dominated by physiological processes that respond  
515 nonlinearly to temperature (Brown *et al.* 2004; Dell *et al.* 2011), making them prone to climate  
516 change impacts that vary in magnitude and direction across ecological settings. Recognizing this  
517 nonlinearity as a fundamental driver of context-dependent responses is a critical conceptual gap

518 in many ecological studies of climate change. This can help to resolve inconsistent correlations  
519 with temperature found between different field locations, as has been found with withering  
520 syndrome in abalone (Ben-Horin *et al.* 2013) and sea star wasting disease (Eisenlord *et al.* 2016;  
521 Menge *et al.* 2016; Harvell *et al.* 2019), as well as in other ecological contexts beyond disease  
522 (Leonard 2000). At the same time, the magnitude of nonlinear effects of temperature depends on  
523 a range of environmental, anthropogenic, and biogeographic factors, including climatic variation  
524 in rainfall, temperature, humidity, and extreme events, human-driven changes in habitat structure  
525 and species composition, and evolutionary history. Together, these factors mediate ecological  
526 effects of temperature by affecting body condition, behavior, species interactions, and  
527 evolutionary processes (Huey & Kingsolver 2019). Research that combines a mechanistic  
528 understanding of the nonlinear impacts of temperature on ecological processes with explicit  
529 consideration of important modifiers of temperature responses—through either comparative  
530 approaches like that taken here or experimental approaches that manipulate multiple drivers  
531 directly (e.g., Zhu *et al.* 2016)—can help to capture realistic variation in the effects of climate  
532 change across settings.

533

534

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