1	Mycobacterium ulcerans in Mosquitoes and March flies captured from endemic
2	areas of Northern Queensland, Australia
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22 Abstract:

23 Mycobacterium ulcerans is the causative agent of Buruli ulcer (BU). This nontuberculous 24 mycobacterial infection has been reported in over 33 countries worldwide. In Australia, the majority of cases of BU have been recorded in coastal Victoria and the Mossman-Daintree 25 26 areas of north Queensland. Mosquitoes have been postulated as a vector of M. ulcerans in 27 Victoria, however the specific mode of transmission of this disease is still far from being well 28 understood. In the current study, we trapped and analysed 16,900 (allocated to 845 pools) 29 mosquitoes and 296 March flies from the endemic areas of north Queensland to examine for 30 the presence of *M. ulcerans* DNA by polymerase chain reaction. Seven of 845 pools of 31 mosquitoes were positive on screening using the IS2404 PCR target but only one pool was 32 positive for presence of *M. ulcerans* after confirmatory testing. None of the March fly samples 33 were positive for the presence of M. ulcerans. M. ulcerans was detected on proboscises of 34 deliberately exposed mosquitoes.

35 Author Summary:

36 The causative agent of Buruli ulcer is Mycobacterium ulcerans. This destructive skin disease 37 is characterized by extensive and painless necrosis of skin and underlying tissues usually on 38 extremities of body due to production of toxin named mycolactone. The disease is prevalent in 39 Africa and coastal Australia. The exact mode of transmission and potential environmental 40 reservoir for the pathogen still remain obscure. Aquatic and biting insects have been identified 41 as important niche in transmission and maintenance of pathogen in the environment. In this 42 study we screened mosquitoes and march flies captured from endemic areas of northern 43 Oueensland for the presence of *M. ulcerans*. In addition, we conducted artificial blood feeding 44 experiment to identify the role of mosquitoes in transmission of this pathogen. We found one 45 pool of mosquito out of 845 pools positive for *M. ulcerans* and none of the March fly samples

46	were positive. This could indicate a low burden of the bacteria in the environment coinciding
47	with a comparatively low number of human cases of M. ulcerans infection seen during the
48	trapping period of the study. Evidence to support mechanical transmission via mosquito
49	proboscises was found.
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55 Introduction:

56 Buruli ulcer (BU), also known regionally as Daintree ulcer in north Queensland, Australia or 57 Bairnsdale ulcer in Victoria, Australia, is an emerging disease of skin and underlying tissue, 58 with a potential to lead to permanent disability, particularly if treatment is inadequate or 59 delayed. The causative agent of this disease, M. ulcerans secretes a polyketide exotoxin, 60 mycolactone, the production of which requires expression of a series of contiguous genes on 61 the large pMUM001 plasmid. This exotoxin is the main virulence determinant of the bacteria 62 (1). The outbreaks of BU have been consistently linked with wetland or coastal regions (2). 63 Environmental samples such as water, aquatic plants, soil at endemic areas has been found 64 PCR-positive for *M. ulcerans* DNA (3, 4). Insects such as mosquitoes and aquatic bugs has 65 been proposed as a vital ecological niche for the maintenance of pathogen in environment (5, 6). The detection of *M. ulcerans* DNA in insects does not prove their ability to transmit *M*. 66

67 *ulcerans* but could indicate potential to act as either biological or mechanical vector. A study 68 conducted by Marsollier and his colleagues provided evidence of the presence of *M. ulcerans* 69 in the salivary gland of wild caught Naucoridae (aquatic bug). They successfully isolated the 70 pathogen by culture from the salivary glands of aquatic bugs and suggested aquatic insects as 71 having an important ecological niche in the maintenance of the organism in the environment. 72 They were also able to demonstrate transmission to mice in a laboratory environment (6). 73 Similarly, a study conducted by Wallace *et al.* provided evidence of the ability of mosquitoes 74 to act as a mechanical vector of *M. ulcerans* (7). Studies conducted in endemic areas of Africa 75 suggest that conducting farming activities close to rivers (8) and swimming in rivers located in 76 endemic areas (9) are risk factors for exposure to *M. ulcerans*.

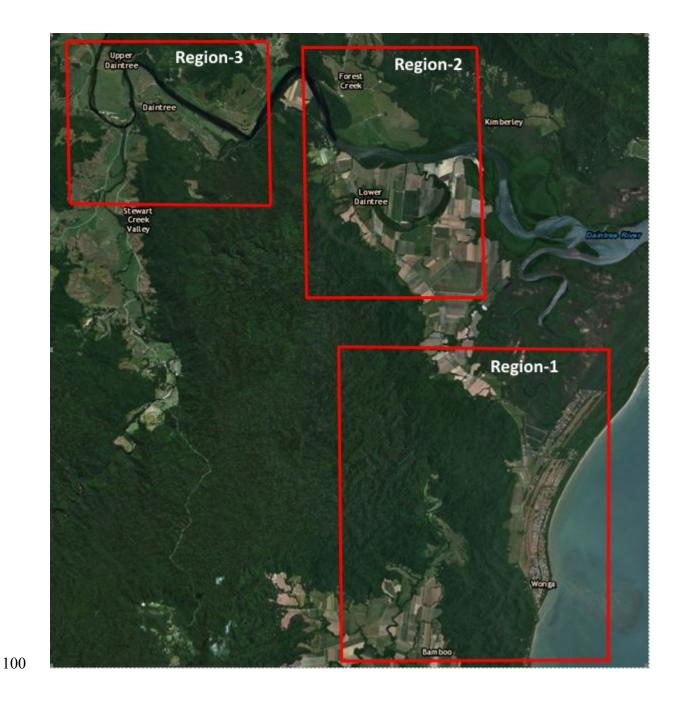
77 In Australia, foci of BU infection have been found in tropical Far North Queensland (10, 11), 78 the Capricorn Coast region of central Queensland (10), the Northern Territory (12) and 79 temperate coastal Victoria (5). Victorian researchers detected the presence of *M. ulcerans* in 80 five different species of mosquito during a BU outbreak in an endemic area of Victoria, 81 Australia. They demonstrated the absence of *M. ulcerans* in a neighbouring area, where BU 82 did not occur (5). Together, the evidence was proposed to support a link with mosquitoes in 83 the ecology of BU in Victoria (5, 13). More recently, there was a report of the presence M. 84 *ulcerans* in a single mosquito out of two pools collected in the BU endemic region of north 85 Queensland. The isolated detection of *M. ulcerans* in a tropical endemic region in Australia 86 highlighted a need to examine a larger sample size to gauge the significance of the role of 87 mosquito in ecology of BU in Northern Queensland (14). An additional hypothesis put forward 88 by the local population (including people with a history of BU) was that March flies 89 (Tabanidae) might have a role in transmission (Villager *et al*, unpublished manuscript). We 90 therefore aimed, in this study to capture and screen mosquitoes and March flies for the presence 91 of M. ulcerans DNA in the BU endemic area of Northern Queensland. In addition, we

92 conducted a mosquito artificial blood feeding experiment to demonstrate an in vitro basis for
93 mechanical transmission of *M. ulcerans* by blood fed mosquitoes.

94 Material and Methodology:

95 Selection of the study site was based on GIS mapping of human cases of BU in Northern

- 96 Queensland (15). We divided the endemic area of northern Queensland into three regions:
- 97 Region-1: extending from Miallo to lower Daintree including Wonga/Wonga Beach area,
- 98 Region-2: Forest Creek area and Region-3: Upper Daintree area for ease of sampling and
- 99 analysis (Fig. 1).



101	Fig. 1: BU endemic areas of Northern Queensland, Australia and Mosquito trapping
102	regions. This figure was created using base layer obtained from
103	https://landsatlook.usgs.gov/

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105 **Trapping of Mosquitoes:**

106 Mosquitoes were captured using a model 512 "CDC miniature light trap" (John W. Hock 107 Company, Gainesville Florida USA) baited with 1 kg of dry ice as the source of CO₂. This 108 trap is the most reliable, efficient and portable device for trapping mosquitoes and sand flies 109 (16). This trap consists of an electric light and fan just over the collection container and is 110 operated by a 12V battery. A two liter insulated container was used to hold dry ice and a pipe 111 was attached to release CO₂ over the trap to attract mosquitoes (Fig. 2). Thirty overnight 112 trapping sessions were conducted starting from September 2016 through to February 2018, 113 with at least 4 CDC traps placed within a 1 kilometer radius of each-other. Of the 30 trapping 114 sessions, 14 were conducted at eight different sites within region-1, nine at six different sites 115 within region-2 and seven at five different sites of region-3 (Fig. 1). Traps were placed at 116 different sites after obtaining permission to access properties from the owners and selection of 117 sites were based on history of BU cases in humans in nearby households. Geographical 118 Information System (GIS) coordinates of each trap was recorded. On each occasion, traps were 119 set before dusk and checked for mosquitoes after dawn the next morning. After each occasion 120 of trapping, catches were transported to the Mosquito Research Facility, Australian Institute of 121 Tropical Health and Medicine (AITHM), James Cook University, Cairns, Australia where they 122 were counted, sorted and pooled by genus, with each pool containing ≤ 20 mosquitoes of same 123 genus and collected from the same site.



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Fig. 2. CDC miniature light trap baited with dry ice

126 **Trapping of March Flies:**

Several attempts were made to trap march flies from endemic areas with an investigator wearing dark clothes to attract them, or with the use of an insect net sprayed with insecticide. These attempts occurred from February 2016 through September 2016. The yield from these attempts were very low. A request was made to residents of region-1 through the local State School to collect march flies. This effort was successful and large numbers of March flies of genus *Tabanus* were collected by the local community. The addresses of properties from which March flies were collected were recorded. Sampling of March flies was restricted to region-1.

134 Screening of Mosquitoes and March Flies for MU DNA by PCR:

135 DNA was extracted from each pools of ≤ 20 mosquitoes of the same genus by using the 136 FastPrep Instrument (MP Biomedicals, Solon, OH, USA) as per manufacturer's instruction with FastDNA Kit (MP Biomedicals). Using the same instrument, DNA from individual 137 138 March fly was extracted with FastDNA Spin Kit (MP Biomedicals). Extracted DNA was stored 139 at -20 °C. The extracted DNA samples were screened for the presence of *M. ulcerans* DNA by 140 using a semi-quantitative real-time PCR adapted from a method for the detection of *M. ulcerans* 141 DNA from environmental samples (17). To rule-out the possibility of contamination, three 142 negative controls (double deionized water, MilliQ) and three positive controls (purified M. 143 ulcerans DNA obtained from Victorian Infectious Disease Reference Laboratory) were used 144 during RT-PCR assay run. All of the extracted DNA samples were initially screened for the M. 145 *ulcerans* insertion sequence element IS 2404. Samples positive for IS 2404 were re-analyzed 146 by a second real-time PCR for the detection of two additional regions in the genome of M. 147 ulcerans: IS 2606 and ketoreductase B domain (KR). This screening process has been validated 148 by Fyfe *et al.* to differentiate *M. ulcerans* from other mycolactone producing mycobacteria 149 (MPM) (17). They suggested that the difference in real-time PCR cycle thresholds (Ct) between 150 IS 2606 and IS 2404 (Δ Ct [IS 2606 – IS 2404]) allows for the differentiation of *M. ulcerans* 151 from other MPM that contain IS 2404 but which have fewer copy numbers of IS 2606. The 152 detection of all three targets (IS 2404, IS 2606 and KR) with an expected ΔCt values (< 7) 153 confirms the presence of *M. ulcerans* DNA in the sample. (17, 18).

154 Mosquito artificial blood feeding experiment:

An isolate of *M. ulcerans* obtained from the Mycobacterium Reference Laboratory at the Royal
Brisbane Hospital was used for this experiment. *M. ulcerans* was confirmed via PCR analysis.
Our laboratory was not equipped with facilities to safely conduct transmission experiments, so

isolates of *M. ulcerans* were subjected to UV light to kill the pathogen. To confirm the sterilty of the isolates, an aliquot was sub-cultured onto Lowenstein-Jensen (LJ) slants and liquid Middlebrook 7H9 media supplemented with 10% oleic acid-albumin-dextrose enrichment (OADC). Inoculated media was kept at 31°C in 25cm2 tissue culture flasks and observed for 8 weeks for growth. No growth was observed confirming the absence of live bacteria. The killed isolates were subjected to RT-PCR targeting IS 2404, IS 2606 and KR as described above. RT-PCR analysis confirmed the presence of *M. ulcerans* DNA.

165 We used an artificial blood feeding method (simple membrane method) described by Finlayson 166 et al. with some modification in this study (Finlayson, Saingamsook, & Somboon, 2015). This 167 procedure is a simple and affordable alternative for direct host feeding (DHF). The method 168 involves pouring warmed defibrinated sheep blood (Applied Biological Products Management-169 Australia) into the indented base on the underside of a plastic container and then covering it 170 with a stretched collagen membrane secured by a rubber band. The container is then turned up, 171 filled with warm water and covered by a lid. The feeder is then placed on the mesh side of the 172 cage, allowing the mosquitoes to pierce the collagen membrane to access the blood.

173 The experiment was conducted using wild type *Aedes aegypti* hatched and reared in the same 174 batch, sorted as pupae into four cages containing 30 female mosquitoes in each. One out of 175 four cages was used as control (Cage-D) where only defibrinated sheep blood was used as feed 176 and in remaining three cages (Cage-A, B and C) defibrinated sheep blood mixed with killed M. 177 ulcerans isolates were used. All four cages were exposed to blood for 2 hours. Fully blood fed 178 mosquitoes from each cage were aspirated separately and knocked down by freezing. Pool of 179 mosquitoes from cage A, and B were dissected separating the head, abdomen and legs of each 180 insects by sterile fine forceps to avoid contamination during dissections. DNA from the head, 181 abdomen and legs (pooled separately) from the mosquitoes from cage A and B and whole

- 182 mosquitoes from cage C and D were extracted using FastPrep Instrument (MP Biomedicals,
- 183 Solon, OH, USA) as per manufacturer's instruction with FastDNA Kit (MP Biomedicals). All
- the extracted DNA were initially screened for IS 2404 and IS 2404-positive samples were re-
- analyzed for IS 2606 and KR with RT-PCR assay as described above.

186 **Results:**

187 Screening of Mosquitoes:

188 A total of 16,900 mosquitoes were captured over the course of the study from 30 occasions of 189 trapping at three different regions of northern Queensland. Total mosquitoes captured from

region-1, region-2 and region-3 were 7880, 5100, and 3920, respectively. The majority of

- 191 captured mosquitos belonged to the Verrallina genus (specifically Verrallina lineata) 82%,
- 192 followed by *Coquillettida* (9%) and *Mansonia* (3%). The remaining 6% consisting seven other
- 193 genera that were classified as "other" for screening. See figure 3 below.

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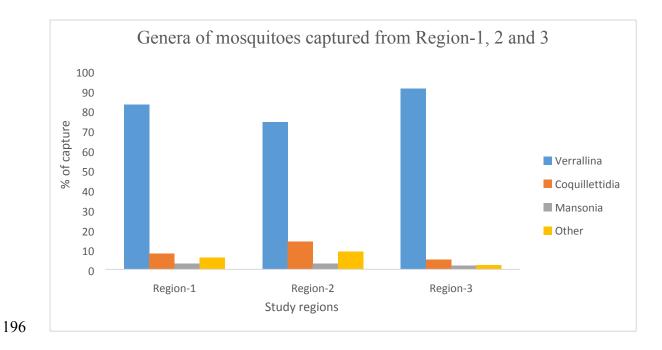


Fig. 3. Genera of mosquitoes captured from three different regions: Region-1 comprising
83% of Verrallina sp., 8% of Coquillettida sp., 3% of Mansonia sp. and 6% of
others; Region-2 comprising 74% of Verrallina sp., 14% of Coquillettida sp., 3%
of Mansonia sp. and 9% of others and Region-3 comprising 91% of Verrallina
sp., 5% of Coquillettida sp., 2% of Mansonia sp. and 2% of others of total catches.

202 Of total 16,900 mosquitoes screened (845 pools), seven pools were positive for IS 2404. Three 203 of those seven pools were Verrallina sp. from region-1, two pools were Coquillettida sp. one 204 each from capture region-1 and 3 and the remaining two pools were *Mansonia sp.* from region-205 1. Of the seven pools positive for IS 2404, one pool was positive for *M. ulcerans* using the 206 confirmatory PCR assays. This single positive pool of mosquitoes was comprised of genus Verrallina sp. and linked to region-1. Thirty pools of mosquitoes which were negative for IS 207 208 2404 were tested for IS 2606 and KR. None of them were positive for these probes signifying 209 the dependent nature of existence of IS 2606 and KR with IS 2404. Similar findings were 210 reported during the Victorian outbreak (5).

211 Screening of March flies:

DNA extracts of 296 March flies were screened for IS 2404. None of the samples were positive
for this probe. Twenty-four randomly selected IS 2404 negative samples were tested for IS
2606 and KR and none were positive.

215 Mosquito artificial blood feeding experiment:

There were a total of seven samples: 2 pools of heads, 2 pools of abdomens, 2 pools of legs (from cage A and B) and 1 pool of whole mosquitoes (Cage C). DNA extracted from pools of heads and abdomens of mosquitoes from cage A and B and the pool of whole mosquitoes from Cage C were positive for IS-2404. Confirmatory assays targeting IS 2606 and KR revealed that three samples: DNA extract from the heads of mosquitoes from cage A and B and the pool of mosquitoes from cage C were positive for *M. ulcerans* DNA. Controls (a pool of mosquitoes from cage D) were negative for all three targets: IS 2404, IS 2606 and KR.

223 **Discussion:**

224 Mosquitos serve as important biological vectors for a variety of pathogens. The movement of 225 pathogens from the gastro-intestinal tract after ingestion to the salivary glands for subsequent 226 transmission is well documented for many diseases. However, this phenomenon has not been 227 demonstrated for *M. ulcerans*. A study conducted by Wallace and colleagues (2010) provided 228 evidence on the maintenance of *M. ulcerans* throughout larval development without further 229 passage of the organisms into pupa or adult mosquitoes (19). They concluded that mosquitoes 230 were an unlikely biological vector of *M. ulcerans*. Wallace *et al* (2017) subsequently provided 231 evidence of mechanical transmission of *M. ulcerans* via anthropogenic skin puncture or 232 mosquito bites (7). Detection of *M. ulcerans* from pools of head of mosquitoes in our mosquito 233 artificial blood feeding experiments indicate a potential for mosquitoes act as an agent for

mechanical transmission of *M. ulcerans*. However, our mosquito artificial blood feeding experiment had some limitations. We were not able to conduct experiments to verify whether *M. ulcerans* positive mosquitoes transmit pathogen to healthy animal or not. Only proboscises of mosquitoes were in direct contact with blood containing *M. ulcerans* DNA. *M. ulcerans* was only detected from the abdomen of mosquitoes using the IS2404 target. This might have been due to insufficient amount of DNA to identify IS 2606 and KR.

For mechanical transmission, insect vectors such as mosquitoes must acquire the pathogen either from the environment or an infected host. For this to occur efficiently, the organism must be abundantly present in the environment. A survey in Victoria, Australia has confirmed a strong correlation between mosquitoes found to test positive for carrying *M. ulcerans* and the number of human cases of BU occurring (5). The group found a significantly higher number of mosquitoes screened positive for *M. ulcerans* during an intense outbreak of BU in endemic areas, in comparison to areas with a lower incidence of human cases.

247 The number of human cases of BU has decreased in Northern Queensland, Australia since the largest recorded outbreak in 2011 (> 60 cases). The majority of the cases during the 2011 248 249 outbreak were from Wonga and the Wonga beach area, referred as region-1 in the study by 250 Steffen and Freeborn (2018) (20). Out of 394 pools collected, only one from region-1 was 251 positive for *M. ulcerans* in this study. Interestingly, mosquitoes of this positive pool were 252 trapped in the backyard of a property in Wonga Beach area (region-1) where two human cases 253 of BU were confirmed in 2017. All other pools of mosquitoes and march flies collected from 254 that properties negative for *M. ulcerans*.

In a separate study conducted in Northern Queensland, Australia, one pool of mosquitoes was found positive for *M. ulcerans* out of two pools collected in total (14). However, it must be

noted that this study was conducted soon after 2011 which raises the possibility that sampling
should occur as close as possible in time to when transmission is thought to be occurring.

259 *M. ulcerans* is an environmental pathogen and detection of *M. ulcerans* positive mosquitoes 260 may only be an indicator for the presence of the organism in the environment. A significant 261 decrease in human cases of BU in Northern Queensland in recent years could be due to a lower 262 load of bacteria in the environment. This may explain the low detection of *M. ulcerans* positive 263 mosquitoes and March fly populations in the study sites. However, the detection of *M. ulcerans* 264 even in a single pool of mosquitoes from the endemic areas of Northern Queensland is 265 significant, as it corroborates findings in Victoria where five different species of mosquitoes 266 captured from BU-endemic regions during human outbreaks were positive for *M. ulcerans*.

267 Our detection of *M. ulcerans* in mosquitoes in Northern Queensland does support the earlier 268 report from Victoria in Australia (5). The Victorian study provides evidence for high detection 269 rates of *M. ulcerans* positive mosquitoes if captured during peak times of outbreaks. Our study 270 found that it is less likely to find *M. ulcerans* positive mosquitoes if they are trapped from areas 271 where human incidence of BU is currently low. We hypothesize that mosquitoes and perhaps 272 other biting insects, such as March flies may have a significant role in the ecology and 273 transmission of *M. ulcerans* in endemic areas during outbreaks and that the level of detection 274 of *M. ulcerans* positive mosquitoes in the environment could be an indicator for disease 275 outbreaks.

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284 **References:**

George KM, Chatterjee D, Gunawardana G, Welty D, Hayman J, Lee R, et al.
 Mycolactone: a polyketide toxin from Mycobacterium ulcerans required for virulence. Science.
 1999;283(5403):854-7.

Williamson HR, Benbow ME, Nguyen KD, Beachboard DC, Kimbirauskas RK,
 McIntosh MD, et al. Distribution of Mycobacterium ulcerans in buruli ulcer endemic and non endemic aquatic sites in Ghana. PLoS Negl Trop Dis. 2008;2(3):e205.

3. Fyfe JA, Lavender CJ, Handasyde KA, Legione AR, O'Brien CR, Stinear TP, et al. A
major role for mammals in the ecology of Mycobacterium ulcerans. PLoS neglected tropical
diseases. 2010;4(8):e791.

4. Vandelannoote K, Durnez L, Amissah D, Gryseels S, Dodoo A, Yeboah S, et al.
Application of real-time PCR in Ghana, a Buruli ulcer-endemic country, confirms the presence
of Mycobacterium ulcerans in the environment. FEMS microbiology letters. 2010;304(2):1914.

Johnson PD, Azuolas J, Lavender CJ, Wishart E, Stinear TP, Hayman JA, et al.
Mycobacterium ulcerans in mosquitoes captured during outbreak of Buruli ulcer, southeastern
Australia. Emerging infectious diseases. 2007;13(11):1653-60.

301 6. Marsollier L, Robert R, Aubry J, Saint Andre JP, Kouakou H, Legras P, et al. Aquatic
302 insects as a vector for Mycobacterium ulcerans. Applied and environmental microbiology.
303 2002;68(9):4623-8.

304 7. Wallace JR, Mangas KM, Porter JL, Marcsisin R, Pidot SJ, Howden B, et al.
305 Mycobacterium ulcerans low infectious dose and mechanical transmission support insect bites
306 and puncturing injuries in the spread of Buruli ulcer. PLoS Negl Trop Dis.
307 2017;11(4):e0005553.

Marston BJ, Diallo MO, Horsburgh CR, Jr., Diomande I, Saki MZ, Kanga JM, et al.
 Emergence of Buruli ulcer disease in the Daloa region of Cote d'Ivoire. The American journal
 of tropical medicine and hygiene. 1995;52(3):219-24.

Aiga H, Amano T, Cairncross S, Adomako J, Nanas OK, Coleman S. Assessing waterrelated risk factors for Buruli ulcer: a case-control study in Ghana. The American journal of
tropical medicine and hygiene. 2004;71(4):387-92.

Francis G, Whitby M, Woods M. Mycobacterium ulcerans infection: a rediscovered
focus in the Capricorn Coast region of central Queensland. The Medical journal of Australia.
2006;185(3):179-80.

317 11. Steffen CM, Smith M, McBride WJ. Mycobacterium ulcerans infection in North
318 Queensland: the 'Daintree ulcer'. ANZ journal of surgery. 2010;80(10):732-6.

Radford AJ. Mycobacterium ulcerans in Australia. Australian and New Zealand journal
 of medicine. 1975;5(2):162-9.

321 13. Quek TY, Athan E, Henry MJ, Pasco JA, Redden-Hoare J, Hughes A, et al. Risk factors
 322 for Mycobacterium ulcerans infection, southeastern Australia. Emerging infectious diseases.
 323 2007;13(11):1661-6.

Roltgen K, Pluschke G, Johnson PDR, Fyfe J. Mycobacterium ulcerans DNA in
Bandicoot Excreta in Buruli Ulcer-Endemic Area, Northern Queensland, Australia. Emerging
infectious diseases. 2017;23(12):2042-5.

327 15. Steffen CM, Freeborn H. Mycobacterium ulcerans in the Daintree 2009–2015 and the
 328 mini-epidemic of 2011. ANZ J Surg. 2018;88(4):E289-E93.

Sriwichai P, Karl S, Samung Y, Sumruayphol S, Kiattibutr K, Payakkapol A, et al.
Evaluation of CDC light traps for mosquito surveillance in a malaria endemic area on the ThaiMyanmar border. Parasites & vectors. 2015;8:636.

Fyfe JA, Lavender CJ, Johnson PD, Globan M, Sievers A, Azuolas J, et al.
 Development and application of two multiplex real-time PCR assays for the detection of
 Mycobacterium ulcerans in clinical and environmental samples. Applied and environmental

335 microbiology. 2007;73(15):4733-40.

Maman I, Tchacondo T, Kere AB, Beissner M, Badziklou K, Tedihou E, et al.
Molecular detection of Mycobacterium ulcerans in the environment and its relationship with

Buruli ulcer occurrence in Zio and Yoto districts of maritime region in Togo. PLoS Negl Trop
Dis. 2018;12(5):e0006455.

Wallace JR, Gordon MC, Hartsell L, Mosi L, Benbow ME, Merritt RW, et al.
Interaction of Mycobacterium ulcerans with mosquito species: implications for transmission
and trophic relationships. Appl Environ Microbiol. 2010;76(18):6215-22.

343 20. Steffen CM, Freeborn H. Mycobacterium ulcerans in the Daintree 2009–2015 and the
 344 mini-epidemic of 2011. ANZ journal of surgery. 2018;88(4):E289-E93.

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