# 1 Original Manuscript

- 2 Title: Is vectorial transmission of *Trypanosoma cruzi* an efficient route to
- 3 support high infection rates in sylvatic hosts?
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#### 20 Abstract

21 Chagas disease is caused by the parasite Trypanosoma cruzi and it is transmitted to 22 humans by the triatomine bug *Rhodnius prolixus*. The main insect vector in the Andean 23 countries presents sylvatic and domestic cycles involving humans, insects and 24 reservoirs (e.g small mammals). It is commonly assumed that vectorial transmission is 25 the main route for parasite spread between hosts. Recent studies have reported high 26 percentages (21-80%) of infected opossums (Didelphis marsupialis) in the sylvatic 27 cycle, raising the question of whether such a high proportion of infected could be only 28 maintained by vectorial transmission, a seemingly inefficient pathway. To address this 29 question, we formulated a mathematical model that describes the sylvatic transmission 30 dynamics considering vectors and hosts and parametrized with field data. Our results 31 show that vectorial transmission it is not sufficient to explain such high percentages of 32 infected host-mammals reported in the literature. Here we propose oral transmission 33 as an alternate route of transmission that may increase the number of infected 34 individuals found in field studies. 35

#### 37 Introduction

38 The transmission of the parasite Trypanosoma cruzi, etiological agent of Chagas 39 disease, involves several pathways and results in 6 million infected people in Latin 40 America [1]. Human infections are caused by multiple routes, the main suggested 41 mechanism is vectorial transmission that occurs when triatomine insects feed on host 42 blood (Sylvatic mammals and humand after a short period, the vector defecates 43 releasing large amounts of parasites in the skin close to the wound allowing the 44 parasite to reach the bloodstream [2-4]. Vertical transmission occurs in humans from 45 an infected mother to a child; however, the ability of the parasite to cross the placenta 46 of sylvatic reservoirs has not been fully demonstrated yet. Oral transmission has been 47 proved to cause more aggressive clinical symptoms in humans and to have a high 48 mortality rate (8-35% compared to 5-10% by vectorial transmission) only two weeks 49 post infection [5]. In sylvatic mammals, oral transmission has been reported when 50 mammals feed on *Rhodnius prolixus* infected with *T. cruzi* were ingested [6]. Recent 51 studies in central Brazil have demonstrated that both vertical and oral transmission are 52 not a rare event in this biological system. In fact, a recent study in the Pantanal Region 53 of Brazil, have demonstrated that both the vertical an oral transmission are likely to 54 occur, depending on the encounter possibilities of the mammals and vectors [7].

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56 In sylvatic mammals, particularly of the family Didelphidae, it has also been suggested 57 that spraying from anal glands could be playing an important role in the transmission 58 of T. cruzi. Opossums, mainly of the species D. marsupialis, have been proposed not 59 only as a reservoir but also as a *T. cruzi* vector, since the parasite can multiply 60 extracellularly in the anal glands of the animal [8-9]. This variety of transmission 61 mechanisms and their relative importance in human infection compared to reservoir 62 infection, suggests that parasites have different transmission cycles in the 63 environment, sylvatic or domestic, that can be connected or isolated depending on the 64 feeding behaviour of insect vectors.

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When insect vectors breed and feed inside the houses, a domestic cycle is occurring, involving human and domestic mammals as reservoirs [4,10]. On the other hand, the sylvatic cycle involves triatomine bugs living in the wild feeding on sylvatic mammals such as opossums and rodents that act as reservoirs. The connection between the two cycles occurs when insects migrate from the sylvatic to the domestic habitat attracted by light sources and domestic species presence combined with the increase in the number of domestic animals like dogs [11-14]. It must be considered that the ecological

interactions and encounters between vectors and reservoirs depend on the faunal
 composition, which is directly related with the landscape structure [15].

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76 The domestic and peri domestic cycle has been the focus of many reports [12, 16-17] 77 and control programs [4, 18-20], probably because is the easiest one to intervene and 78 involves humans directly. However, understanding the sylvatic cycle is crucial because 79 it is the source of infected insects that ultimately invade the houses. Furthermore, 80 control programs in Colombia that used pyrethroid insecticides, that succeeded in 81 countries like Chile and Uruguay in eliminating insects from houses [21], have shown 82 limited effectiveness in Colombia due to a strong re-infestation phenomenon that 83 occurs weeks after the application of the insecticide [22]. In addition, vector prevention 84 and control activities have not been very efficient in endemic areas due to the lack of 85 knowledge about the biological characteristics of the vector populations present in 86 each region, leading to uncertainty about the most appropriate control measures in 87 each transmission scenario [23]. Thus, we investigate in more detail the sylvatic cycle 88 dynamics for the Colombian endemic department of Casanare a territory of high 89 interest involving both Chagas disease transmission cycles and high T. cruzi natural 90 infection in R. prolixus [24-27].

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92 In rural areas of Colombia, particularly in the Orinoco region where the Casanare 93 department is located, R. prolixus is considered the main vector of T. cruzi 94 transmission. Its main habitat are palm trees, particularly the species Attalea 95 butyracea, in a landscape where houses are scarce and well spread. This palm tree 96 species is widely distributed and establishes a large faunistic reserve, where 97 mammalian reservoirs are typically found in the crowns [23]. In this natural habitat, 98 where triatomines and mammals coexist and interact, the vectorial pathway of parasite 99 transmission between them has been demonstrated by many studies [2]. Few authors 100 had documented the existence of both oral and congenital pathways [28-29]. This 101 raises the difficulty of knowing whether vector transmission is acting as a sole route. 102 or if multiple transmission modes act simultaneously.

103

Regardless of the transmission route, the question of how severe is the infection in sylvatic reservoirs has appeared repeatedly and several studies have reported the proportion of different infected mammals. This is important because high levels of reservoirs infection suggest higher probabilities for human infection. For example, bats can play an important role in transmission scenarios, because their high mobility allows the parasite to migrate between the sylvatic and domestic habitat. Studies carried out

110 in Casanare in different bat species reported infection indexes of T. cruzi from 6.5% to 111 51% [26, 30]. Moreover, Didelphis marsupialis has been considered one of the main 112 reservoirs of the parasite and previous studies suggest infection rates ranging from 5 113 to 90% [31-32]. More recent studies have reported 80% and 89% infected mammals 114 in an area with similar ecological characteristics to the department of Casanare [33-115 34. Finally, the results from our studies showed an infection rate of 21% in D. 116 marsupialis. Hypothetically if vectorial transmission is acting alone, host reservoirs will 117 become infected only if after a blood meal the insect defecates on the skin and then 118 the parasites find their way into the bloodstream, and insects would become infected 119 if they suck blood from an infected mammal. This poses the question of whether 120 vectorial transmission is sufficient to sustain more than 21% of infected hosts in a 121 population, as reported before.

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123 Several mathematical models of Chagas disease have been proposed in the last two 124 decades to study its epidemiology and more recently its ecology. Among the first 125 models we can find general analysis of vector and host dynamics [35], the 126 incorporation of acute and chronic stages [36] or models accounting for congenital 127 transmission [37], spatially explicit models [38], age-structure models [39], and 128 stochastic models [40]. On the ecological side, more recent models have investigated 129 the role of dogs [41] and synantropic animals in human infection [42], and the sylvatic 130 cycle dynamics in different habitats varying in their host communities [43]. However, 131 none of these models has evaluated if the assumed mechanisms of transmission could 132 explain the sylvatic host infection that is observed in the wild.

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Here we investigate if vectorial transmission per se is capable to maintain the transmission observed in the data by using a mathematical modeling approach. By exploring the model, we will address if the well-known vectorial transmission is enough to support the high infection rates among sylvatic reservoirs and, if so, to propose entomological control strategies that would be adequate to reduce the risk of infection to humans.

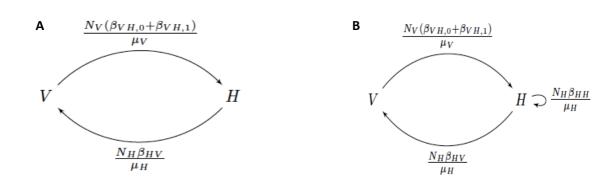
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# 141 Methods and Results

We formulate different epidemiological models to recreate the sylvatic transmission cycle and establish the interactions between vectors and reservoirs. In the model, we consider hosts (*H*) and vectors (*V*) to represent the population of *D. marsupialis* and *R. prolixus* respectively, and the model was set to represent the dynamics in the region

146 of Casanare, Colombia composed by large palm plantations. The results are 147 normalized per palm as a study unit. The total number of hosts,  $N_H$ , is divided into 148 susceptible  $(S_H)$  and infected class  $(I_H)$ . Similarly, the total population of vectors  $N_V$ , is 149 divided into susceptible  $(S_V)$  and infected  $(I_V)$ . Our first model depicted in figure 1A, the 150 vectors become infected at a rate ( $\beta_{HV}$ ) that reflects the transmission of the parasite 151 from an infected host to a susceptible vector due to biting. Then the host become 152 infected at a rate ( $\beta_{VH,0}$ ) that reflects the transmission of the parasite from an infected 153 vector to a susceptible host due to biting. Likewise,  $(\beta_{VH, 1})$  is the transmission rate by 154 ingestion (consumption or predation) of the infected vector by the reservoir. In this way 155  $\beta_{HV}$ ,  $\beta_{VH,0}$ , and  $\beta_{VH,1}$  consider triatomine – host contact rate by the probability of 156 infection from the one to the other. The second model, in figure 1B, considers the 157 same routes of transmission as the previous model and includes a new rate reflecting 158 the possibility of susceptible host acquiring the parasite from an infected host ( $\beta_{HH}$ ). 159

160



162 Figure 1. A) Shows the Vector-host model. Vector-host model with transmission163 between hosts

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165 The two models are summarized by the equations:

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$$167 \qquad \frac{dS_V}{dt} = \mu_V N_V - \beta_{HV} I_H S_V - \mu_V S_V$$

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$$169 \quad \frac{dI_V}{dt} = \beta_{HV}I_HS_V - \mu_VI_V$$

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171 
$$\frac{dS_H}{dt} = \mu_H N_H - (\beta_{VH,0} + \beta_{VH,1}) I_V S_H - \mu_H S_H$$

173 
$$\frac{dI_H}{dt} = \{(\beta_{VH,0} + \beta_{VH,1})I_V + \beta_{HH}I_H\}S_H - \mu_HI_H$$

174 175

176 Where the model with no transmission between hosts (Figure 1A) is obtained by 177 making  $\beta_{HH} = 0$ . Having no vital dynamics,  $N_V = S_V + I_V$  and  $N_H = S_H + I_H$  are 178 constant, the equations collapse into:

$$180 \qquad \frac{dI_V}{dt} = \beta_{HV}I_H(N_V - I_V) - \mu_V I_V$$

181

182 
$$\frac{dI_H}{dt} = \{(\beta_{VH,0} + \beta_{VH,1})I_V + \beta_{HH}I_H\}(N_H - I_H) - \mu_HI_H$$

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184 The Next Generation Matrix (*G*) for this model is:

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186 
$$G = \begin{bmatrix} 0 & \frac{N_V \beta_{HV}}{\mu_H} \\ \frac{N_H (\beta_{VH,0} + \beta_{VH,1})}{\mu_V} & \frac{N_H \beta_{HH}}{\mu_H} \end{bmatrix}$$

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# 189 And the adjacency matrix (S(G)) is then:

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- 191  $S(G) = \begin{bmatrix} 0 & 1\\ 1 & \epsilon \end{bmatrix}$
- 192

193 Where  $\epsilon = 1$  or  $\epsilon = 0$ , depending whether there is transmission between hosts. The 194 spectral radius  $\rho$  of S(G) is either 1 if  $\epsilon = 0$ , or  $(1 + \sqrt{5})/2$  if  $\epsilon = 1$ . Now if  $\mu(G)$  is the 195 *critical virulence* [44] of our epidemiological system and  $R_0$  its basic reproductive 196 number: 197

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200 Therefore, with no transmission between hosts

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 $\mu(G) \leq R_0 \leq \rho \, \mu(G)$ 

202 
$$R_0 = \mu(G) = \sqrt{\frac{N_V N_H \beta_{HV} (\beta_{VH,0} + \beta_{VH,1})}{N_V \mu_H}}$$

And with it

$$\mu(G) \le R_0 \le \frac{1 + \sqrt{5}}{2} \mu(G) \simeq 1.618 \, \mu(G)$$

Where

207 
$$\mu(G) = \max\left\{\sqrt{\frac{N_V N_H \beta_{HV} (\beta_{VH,0} + \beta_{VH,1})}{\mu_V \mu_H}}, \frac{N_H \beta_{HH}}{\mu_H}\right\}$$

In order to have an endemic equilibrium, where the parasite invaded the ecosystem, it is necessary to have  $R_0 > 1$ . In the first model (Figure 1A), in this equilibrium, if it exists, the number of infected hosts corresponds to:

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$$I_{H}^{*} = \frac{N_{V}N_{H}\beta_{HV}(\beta_{VH,0} + \beta_{VH,1}) - \mu_{V}\mu_{H}}{\beta_{HV}\{N_{V}(\beta_{VH,0} + \beta_{VH,1}) + \mu_{H}\}}$$

215 
$$I_{H}^{*} = N_{H} \left(1 - \frac{1}{R_{0}^{2}}\right) \left(\frac{N_{V}(\beta_{VH,0} + \beta_{VH,1})}{N_{V}(\beta_{VH,0} + \beta_{VH,1}) + \mu_{V}}\right)$$

217 
$$I_H^* \le N_H \left(1 - \frac{1}{R_0^2}\right)$$

In the second model (Figure 1B), we know that the parasite will not invade the ecosystem if

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$$\mu(G) < \frac{2}{1+\sqrt{5}} = \frac{\sqrt{5-1}}{2} \simeq 0.618$$

For the numerical exploration of the model we used parameters from the literature. To determine their maximum values for transmission coefficients, which are the most uncertain parameters, we combined expert knowledge, field and lab measures from several sources (Table I). Death rate parameters were estimated based on the average of the life expectancy (1/life expectancy) from literature reports.

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Finally, to relax the assumption of the transmission following the mass action law an alternate way to model the transmission would be incorporate saturation effects in the transmission. The most common way to include the effects of saturation in a biological model is to consider an analogous to the Michaelis-Menten equation in the definition of both transmission coefficients. Here, we redefined the transmission rates in our model to include saturation in the following manner:

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$$\beta_{HV} = \frac{b_{HV}N_H}{a_{HV}N_H}; \ \beta_{VH} = \frac{b_{VH}N_V}{a_{VH}N_V}$$

where *b* is the maximum transmission coefficient and *a* reflects the number of hosts necessary to reach the saturation level (when  $N_H = a$ , the transmission coefficient takes the value of *b*/2). However, even if we consider a more realistic interaction between reservoirs and vectors the model could predicts reproductive numbers higher than 1 for some combinations of the transmission coefficients and does not explain the high levels of infection found in the field studies.

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Table I. Parameters used in the mathematical model of the sylvatic cycle of Chagasdisease.

Terminology	Definition	Value	References
N <sub>V</sub>	Total number of vectors <sup>a</sup>	9.6/palm	[26]
$N_H$	Total number of hosts <sup>a</sup>	1.5/100ha	[26]
$eta_{HV}^{*}$	Max transmission rate of vector by contact with infected host <sup>b</sup>	1	[55]
$eta_{{\scriptscriptstyle V}{\scriptscriptstyle H},0}^{*}$	Max transmission rate of host due to an infected vector (biting) <sup>ab</sup>	1 x 10 <sup>-2</sup>	[45]

$\beta_{VH,1}^{*}$	Transmission rate of host due to an infected vector (oral) <sup>ab</sup>	1 x 10 <sup>-1</sup>	[45]
β <sub>ΗΗ</sub> *	Transmission rate of host by contact with infected host <sup>b</sup>	1 x 10 <sup>-1</sup>	[55]
$\mu_V$	Death rate for vectors <sup>a</sup>	1.7/year	[46]
$\mu_H$	Death rate for host <sup>a</sup>	0.666/year	[47,48,49]

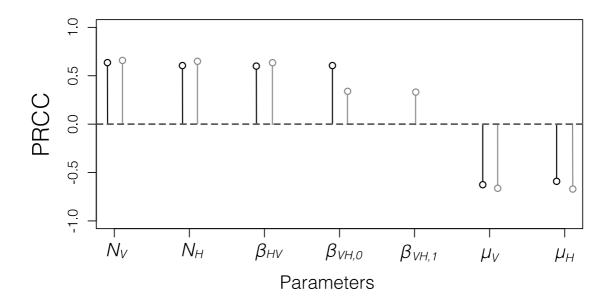
\* Transmission rates are reported to the nearest order of magnitude.

<sup>a</sup> Parameter was calculated using literature reports.

<sup>b</sup> Parameter was calculated using expert knowledge.

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253 A sensitivity analysis for global reproductive number R0 was performed using the Latin 254 Hypercube method (LH) to estimate each parameter contribution. Negative Partial 255 Rank Correlation Coefficients (PRCC) indicate a decrease in R0 and PRCC positive 256 values indicate an increment in R0. Thus, increases in N<sub>v</sub>, N<sub>H</sub>,  $\beta_{Hv}$ ,  $\beta_{VH,0}$ , and  $\beta_{VH,1}$ 257 produce a rise in R0 (Fig. 2). The positive effect (PRCC) of these parameters ranges 258 between 0.61 and 0.65 for the model without oral transmission and when it is included, 259 the contribution of vector-host transmission rates ( $\beta_{VH.0}$ ,  $\beta_{VH.1}$ ) is shared by both 260 parameters ( $\beta_{VH,0}$  PRCC = -0.30 and  $\beta_{VH,1}$  PRCC = -0.33). On the other hand, vector 261 and host death rates have significant effect on lowering R0 (model without oral 262 transmission  $\mu_{V}$  PRCC = -0.61 and  $\mu_{H}$  PRCC = -0.58, including oral transmission  $\mu_{V}$ 263 PRCC = -0.61 and  $\mu_{H}$  PRCC = - 0.58).

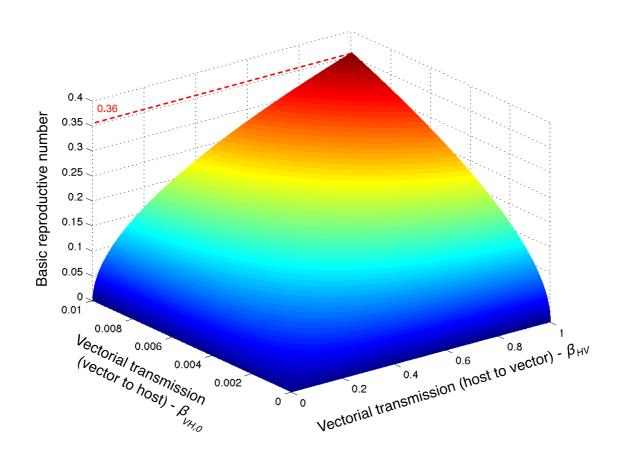


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**Figure. 2.** Latin Hypercube Sampling for the global reproductive number R0. PRCC: Partial Rank Correlation Coefficient. Black colored circles correspond to the model without oral transmission and gray to the model including oral transmission. For information about each parameter's explanation see Table 1. Note that parameters related to host-vector (and vice versa) infection rates and populations (N<sub>v</sub>, N<sub>H</sub>,  $\beta_{Hv}$ ,  $\beta_{VH,0}$ , and  $\beta_{VH,1}$ ) have a positive contribution to R0. On the contrary, vector and host death rates ( $\mu_v$  and  $\mu_H$ ) have a negative effect in R0.

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273 Plugging the parameter values into the maximum critical virulence equation  $\mu(G)$  and 274 considering the maximum probability value in each transmission rate ( $\beta$ ) we got that  $\mu$ 275 (G) max is between 0.3584 and 0.0224. Since none of these values are greater than 276 0.618, an endemic infection with the parasite cannot occur, interestingly this indicates 277 that another route of transmission, apart from the vector route, is needed to explain high percentages of host infection rates. Figure 3 show a numerical exploration of the 278 279 model considering parameter ranges for  $\beta_{HV}$  and  $\beta_{VH,0}$ , here is evident that for every 280 combination of parameters a model that just incorporates vectorial transmission is not 281 capable to exhibit an R0 bigger than one.



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Figure 3. R0 values depicted in z depending on  $\beta_{HV}$  (here in x) and  $\beta_{VH,0}$  (here in y) we used for the analyses the palm as the study unit. In this case the max R0 is lower than 0.4.

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In addition, Figure 4 shows values of R0 resulted from simulations of the model with a range of values of the oral transmission parameter  $\beta_{VH,1}$  assuming that  $\beta_{HV}$  and  $\beta_{VH,0}$ are at the maximum value found in figure 2, we found that  $\beta_{VH,1}$  has to be 0.07 or bigger in order to reach and  $R_0$  above 1 (Figure 4).

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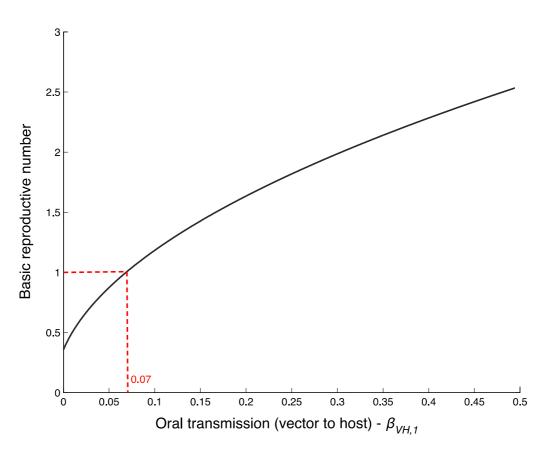




Figure 4. The x axis represents n  $\beta_{VH,1}$  values range and their corresponding Ro. We assume maximum values for  $\beta_{HV}$  (1) and  $\beta_{VH,0}$  (0.01). In this case,  $\beta_{VH,1}$  must be larger than 0.07, for Ro to have a value above 1.

299

#### 300 Discussion

301 To the date, studies that investigate in detail the dynamics of the sylvatic cycle of T. 302 cruzi transmission are still rare. Nonetheless, it has been shown for the endemic region 303 of Casanare a stable sylvatic transmission, where R. prolixus individuals were captured 304 in palm trees (A. butyracea) [25-27]. These studies have reported infections rates in 305 mammals ranging from (21-89%) [26, 34, 50, 51]. This is remarkable fact, given that 306 vectorial route has been considered inefficient since the parasite faces great 307 challenges to infiltrate the host bloodstream via vectorial route [52], thus this route its 308 unable to explain the observed reservoir prevalence reported in the literature.

309

*T. cruzi* vectorial transmission has been suggested to be among one the most inefficient ways for parasites to infect susceptible hosts, although the number of infected hosts it is high on the field fluctuating between 40 to 90% [31-33]. Our results from model simulations only considering vectorial transmission show that the basic

reproductive number  $R_0$  is always less than 1. This implies that an additional transmission route is needed to guarantee an endemic state (R0>1). Although, there are no reports in the literature for natural occurring populations where the transmission of the parasite is not supported due to low transmission rates. Perhaps for other vector populations, like *Triatoma dimidiata*, this could be the case and it would be interesting to verify it in the field.

320

321 One of our main goals with this study was to establish if vectorial transmission per se 322 was able to explain the high-reported levels of infected hosts. Our results demonstrate 323 that even if we simulate the system at their maximal critical virulence  $\mu(G)$  over the 324 highest possible value combinations of transmission rates the system never reaches 325 high number of infected hosts. The incorporation of a new route of transmission, such 326 as the oral transmission, let the system reach the high proportion of infected hosts 327 reported in field studies [47,52-54]. However, these high proportion of infected host 328 could also be obtained with higher levels of transmission rates, in particular increasing 329 the transmission rate from vectors to host  $\beta_{VH}$ , even though we believe that the high 330 values needed are outside of the biological range we have no report to compare to and 331 thus this is mainly speculative.

332

333 Results from our sensitivity analysis suggest there is no single variable or parameter 334 that by itself explains the dynamics in the systems. Instead, we were able to identify a 335 subset of factors that together help to explain the temporal variation in the system. 336 First, in the absence of oral transmission the dynamics is explained by the transmission 337 rate and the population size and the incorporation of the oral transmission add a 338 significant positive effect that help to reach a higher number of infected hosts. In 339 addition, it is important to note that the direction of change in the fraction of infected 340 hosts after a change in the parameter is given by the sign of its condition number: a 341 same direction change (e.g. increase parameter-increase  $i_H$ ) is a positive condition 342 number, while an opposite direction change (e.g. increase parameter-decrease  $i_{H}$ ) 343 produces negative condition numbers. Using the parameter values in table 1, we found 344 that for increasing growth rates increases the fraction of infected hosts. However, the 345 effect of changing  $N_V$  is an order of magnitude lower than changing  $N_H$  in the same 346 proportion (same relative change). For death rates, we have an opposite-direction 347 effect as it was expected, meaning that if we have more vector or host, the contact 348 between both would be lower accordingly to the mass action law, so the net flow of 349 individuals from susceptible to infected populations would be lower. Again, we saw that

vectors have an effect almost an order of magnitude higher than the hosts. Thus, we
 could expect that these parameters become an interesting target for disease control
 initiatives.

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354 Importantly, our model is implemented using the palm as spatial unit; the choice is 355 based in its fundamental role in the ecology of both vector and host populations. A 356 mathematical model with a different spatial resolution (i.e. a village) faces the 357 challenge of vector and host mobility. In addition, a temporal model often assumes 358 complete mixing in the spatial component and that is an important aspect to study any 359 host – vector disease model. Here restricting the model to the palm for the analysis 360 simplify and constrain the model results. Extrapolating our results to villages with 361 multiple palms has to be done carefully because hosts often visit multiple palms and 362 insects could move also between palms and houses. We believe that our results 363 should apply to higher levels of aggregation such as villages with high and 364 homogeneous palms density with easy access between palms to guaranteed 365 population mixing. However, including the palm distribution in the model implies a 366 different theoretical approach that although is an important hypothesis it is out of the 367 scope of this paper.

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369 From a biological perspective, the ability of the model to capture important disease 370 dynamics is what makes it useful for testing potential control strategies and studying 371 T. cruzi transmission in sylvatic host species different from D. marsupialis. For 372 example, if we increase death rate of vectors and simultaneously decrease the 373 transmission rates to a point where they cancel out is possible to eradicate the disease. 374 This is an important result, because control strategies often target one parameter at a 375 time (i.e. increase vector mortality - house spraying, decrease contact rates - improve 376 house materials), but it seems more reasonable to intervene all of them at the same 377 time taking care in shifting the disease balance from endemic to temporal. In fact, it 378 has been proposed that using a particular control method does not exclude using 379 another one [10]. One way to achieve this at the household level is to combine 380 spraying, which increases insect mortality, with presence of non-reservoirs peri-381 domestic species, such as chickens, providing another vector feeding. However, there 382 is potential negative effect because the latter could increase vector carrying capacity. 383 In addition to the previous analysis the model could be used to further refine the range 384 of unknown parameters. For example, the transmission rates,  $\beta_{HV}$  and  $\beta_{VH}$ , are difficult 385 to estimate, however if one has reports of the densities for host and vectors, proportion 386 of infected host and vectors, and a good estimate of death rates, then it is easy to

calculate the transmission rates. This technique could be implemented combining
fieldwork and the mathematical expressions to make the model adequate to a certain
region, and thus a useful disease control tool.

390

## 391 Conclusions

In Latin America, the transmission dynamics of Chagas disease vary significantly between regions and the Orinoco epidemiological scenario involves a unique mixture of factors that requires interdisciplinary approaches. Computational models, along with biological knowledge, are a great tool to test hypotheses and forecast epidemic events, becoming great allies in understanding transmission mechanisms and designing control strategies.

398

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# 403 **References**

404	1	World Health Organization 2015. Chagas disease in Latin America: an
	1.	
405		epidemiological update based on 2010 estimates. Weekly epidemiological
406		record Relevé épidémiologique hebdomadaire No. 6, 90: 33-40.
407	2.	Catala S, Crocco LB, Morales GF 1997. Trypanosoma cruzi transmission risk
408		index (TcTRI): an entomological indicator of Chagas disease vectorial
409		transmission to humans. Acta Trop 68: 285-295.
410	3.	Rassi AJ RA, Marin-Neto JÁ 2010. Chagas disease. Seminar. Lancet 375:
411		1338-1402.
412	4.	Coura JR, Junqueira AC, Fernandes O, Valente SA, Miles MA 2002.
413		Emerging Chagas disease in Amazonian Brazil. Trends Parasitol 18: 171-
414		176.
415	5.	Sanchez LV, Ramírez JD 2012. Congenital and oral transmission of American
416		trypanosomiasis: an overview of physiopathogenic aspects. <i>Parasitology</i> 139:
417		1-13.
418	6.	Thomas ME, Rasweiler IV JJ, D'Alessandro A 2007. Experimental
419		transmission of the parasitic flagellates Trypanosoma cruzi and Trypanosoma

420		rangeli between triatomine bugs or mice and captive neotropical bats. Mem
421		Inst Oswaldo Cruz 102: 559-565.
422	7.	Herrera HM, Rocha FL, Lisboa CV, Rademaker V, Mourao GM, Jansen AM
423		2011. Food web connections and the transmission cycles of Trypanosoma
424		cruzi and Trypanosoma evansi (Kinetoplastida, Trypanosomatidae) in the
425		Pantanal Region, Brazil. : 380-387.
426	8.	Jansen A, Santos de Pinho A, Varella LC, Cupolillo E, Mangia RH, Fernandes
427		O 1999. The Sylvatic Cycle of Trypanosoma cruzi: a Still Unsolved Puzzle.
428		Mem Inst Oswaldo Cruz 94: 203-204.
429	9.	Jansen A, Carreira J, Deane M 1988. Infection of a mammal by monogenetic
430		insect Trypanosomatids (Kinetoplastida, Trypanosomatidae). Mem Inst
431		Oswaldo Cruz 81: 271-272.
432	10	. Guhl F 2009. Enfermedad de Chagas: Realidad y perspectivas. <i>Biomedica</i>
433		20: 228-234.
434	11	. Cohen JE, Gurtler RE 2001. Modeling household transmission of American
435		trypanosomiasis. Science 293: 694-698.
436	12	. Fitzpatrick S, Feliciangeli MD, Sanchez-Martin MJ, Monteiro FA, Miles MA
437		2008. Molecular genetics reveal that silvatic Rhodnius prolixus do colonise
438		rural houses. <i>PLoS Negl Trop Dis 2</i> : e210.
439	13	. Sanchez-Martin MJ, Feliciangeli MD, Campbell-Lendrum D, Davies CR 2006.
440		Could the Chagas disease elimination programme in Venezuela be
441		compromised by reinvasion of houses by sylvatic Rhodnius prolixus bug
442		populations? Trop Med Int Health 11: 1585-1593.
443	14	. Minoli SA, Lazzari CR 2006. Take-off activity and orientation of triatomines
444		(Heteroptera: Reduviidae) in relation to the presence of artificial lights. Acta
445		<i>Trop</i> 97: 324-330.
446	15	. Jansen AM, Xavier SCC, Roque ALR 2015. The multiple and complex and
447		changeable scenarios of the Trypanosoma cruzi transmission cycle in the
448		sylvatic environment. Acta Trop 151: 1-15.
449	16	. Miles MA, Feliciangeli MD, de Arias AR 2003. Science, medicine, and the
450		future - American trypanosomiasis (Chagas' disease) and the role of
451		molecular epidemiology in guiding control strategies. Brit Med J 326: 1444-
452		1448.
453	17	. Feliciangeli MD, Dujardin JP, Bastrenta B, Mazzarri M, Villegas J, Flores M,
454		Muñoz M 2002. Is Rhodnius robustus (Hemiptera: Reduviidae) responsible
455		for Chagas disease transmission in Western Cenezuela? Trop Med Int Health
456		7: 280-287.

457	18. Dias JCP 2007. Southern Cone Initiative for the elimination of domestic
458	populations of <i>Triatoma infestans</i> and the interruption of transfusional Chagas
459	disease. Historical aspects, present situation, and perspectives. <i>Mem Inst</i>
460	Oswaldo Cruz 102: 11-18.
461	19. Dias JCP, Silveira AC, Schofield CJ 2002. The impact of Chagas disease
461	control in Latin America - A review. <i>Mem Inst Oswaldo Cruz</i> 97: 603-612.
402 463	
403 464	20. Campbell-Lendrum DH, Angulo VM, Esteban L, Tarazona Z, Parra GJ
	Restrepo M, Restrepo BN, Guhl F, Pinto N, Aguilera G, Wilkinson P, Davies
465	CR 2007. House-level risk factors for triatomine infestation in Colombia. Int J
466	Epidemiol 36: 866-872.
467	21. WHO/TDR UW 1999. Chile and Brazil to be certified free of transmission of
468	Chagas disease. TDR News.
469	22. Guhl F 1998. Estado actual del control de la enfermedad de Chagas en
470	Colombia. In: Guhl F JCE, editor. Curso-taller control de tripanosomiasis
471	americana y leishmaniasis: aspectos biológicos, genéticos y moleculares.
472	Bogotá: Corcas Editores. pp. 47-81.
473	23. Guhl F, Pinto N, Aguilera G 2009. Sylvatic triatominae: a new challenge in
474	vector control transmission. <i>Mem Inst Oswaldo Cruz 104</i> : 71-75.
475	24. Guhl F, Aguilera G, Pinto N, Vergara D 2007. Actualización de la distribución
476	geográfica y ecoepidemiología de la fauna de triatominos (Reduviidae:
477	Triatominae) en Colombia. <i>Biomédica 27</i> (Supl. 1): 143-62.
478	25. Angulo V, Esteban L, Luna KP 2012. Attalea butyracea próximas a las
479	viviendas como posible fuente de infestación domiciliaria por Rhodnius prolixus
480	(Hemiptera: Reduviidae) en los Llanos Orientales de Colombia. Biomédica
481	32(2).
482	26. Rendón LM, Guhl F, Cordovez JM, Erazo D 2015. New scenarios of
483	Trypanosoma cruzi transmission in the Orinoco region of Colombia. Mem Inst
484	Oswaldo Cruz 110(3): 283-288.
485	27. Urbano P, Poveda C, Molina J 2015. Effect of the physiognomy of Attalea
486	butyracea (Arecoideae) on population density and age distribution of Rhodnius
487	prolixus (Triatominae). Parasit Vectors 8: 199.
488	28. Benchimol Barbosa PR 2006. The oral transmission of Chagas' disease: an
489	acute form of infection responsible for regional outbreaks. Int J Cardiol 112:
490	132-133.
491	29. Brutus L, Schneider D, Postigo J, Romero M, Santalla J, Chippaux JP 2008.
492	Congenital Chagas disease: diagnostic and clinical aspects in an area without
493	vectorial transmission, Bermejo, Bolivia. Acta Trop 106: 195-199.

494	30. Ramirez et al. 2014
495	31. Fernandes O, Mangia RH, Lisboa CV, Pinho AP, Morel CM, Zingales B,
496	Campbell DA, Jansen AM 1999. The complexity of the sylvatic cycle of
497	Trypanosoma cruzi in Rio de Janeiro state (Brazil) revealed by the non-
498	transcribed spacer of the mini-exon gene. Parasitology 118 (Pt 2): 161-166.
499	32. Grisard EC, Carvalho-Pinto CJ, Scholz AF, Toma HK, Schlemper BR Jr,
500	Steindel M 2000. Trypanosoma cruzi infection in Didelphis marsupialis in
501	Santa Catarina and Arvoredo Islands, southern Brazil. Mem Inst Oswaldo
502	<i>Cruz</i> 95: 795-800.
503	33. Sanchez JL CJ, Vallejo GA, Lozano LE, Jaramillo JC, Guhl F 2000.
504	Diagnóstico molecular de Trypanosoma cruzi en reservorios y humanos en
505	un área endémica del departamento del Tolima. Curso-Taller Internacional:
506	"Biología, Epidemiología y Control de la Tripanosomiansis Americana y
507	Leshmaniasis": Mayo 29 Junio 23, pp. 63-68.
508	34. Pinto N MD, Herrera C, Vallejo G, Naranjo JM, Guhl F 2005. Comprobación
509	del ciclo selvatico de <i>Rhodnius prolixus</i> en reductos de <i>Attalea Butyracea</i> en
510	el departamento de Casanare. Biomédica 25: 159.
511	35. Velasco-Hernandez JX 1991. An epidemiological model for the dynamics of
512	Chagas' disease. <i>Biosystems</i> 26: 127-134.
513	36. Das P, Mukherjee D 2006. Qualitative study of a model of Chagas' disease.
514	Math Comput Model 43: 413-422.
515	37. Raimundo SM, Massad E, Yang HM 2010. Modelling congenital transmission
516	of Chagas' disease. <i>Biosystems</i> 99: 215-222.
517	38. Slimi R, El Yacoubi S, Dumonteil E, Gourbiere S 2009. A cellular automata
518	model for Chagas disease. Appl Math Model 33: 1072-1085.
519	39. Inaba H, Sekine H 2004. A mathematical model for Chagas disease with
520	infection-age-dependent infectivity. Math Biosci 190: 39-69.
521	40. Castañera MB, Aparicio JP, Gurtler RE 2003. A stage-structured stochastic
522	model of the population dynamics of <i>Triatoma infestans</i> , the main vector of
523	Chagas disease. <i>Ecol Model 162</i> : 33-53.
524	41. Fabrizio et al. 2016
525	42. Petersen et al. 2015
526 527 528 529	43. Erazo, D., & Cordovez, J. (2016). Modeling the effects of palm-house proximity on the theoretical risk of Chagas disease transmission in a rural locality of the Orinoco basin, Colombia. Parasites & Vectors, 9(1), 592. <u>https://doi.org/10.1186/s13071-016-1884-8</u>

530	44.	Cordovez JM and Sanabria C 2014. Environmental Changes Can Produce
531		Shifts in Chagas Disease Infection Risk. <i>Environmental Health Insights</i> 8(S2):
532		43-48 doi: 10.4137/EHI.S16002.
533	45.	Rabinovich J, Solarz ND, Gürtler R, Wisnivesky-Colli C 1990. Probability of
534		transmission of Chagas disease by Triatoma infestans (Hemiptera:
535		Reduviidae) in an endemic area of Santiago del Estero, Argentina. Bull World
536		Heal Organ 68: 737-746.
537	46.	Chaves LF, Hernandez MJ, Revilla TA, Rodriguez DJ, Rabinovich JE 2004.
538		Mortality profiles of Rhodnius prolixus (Heteroptera: reduviidae), vector of
539		Chagas disease. Acta Trop 92(2): 119-125.
540	47.	Schweigmann NJ, Pietrokovsky S, Bottazzi V, Conti O, Bujas MA,
541		Wisnivesky-Colli C 1999. Prevalence of Trypanosoma cruzi infection in
542		opossum ( <i>Didelphis albiventris</i> ) in Santiago del Estero, Argentina. <i>Rev</i>
543		Panam Salud Publica 6: 371-377.
544	48.	Reyes AA 2009. Fauna mammalia asociada a los focos de leishmaniasis
545		neotropical. Situación en Venezuela. Boletín de Malariología y Salud
546		Ambiental 1: 35-52.
547	49.	Telford S, Tonn R 1982. Dinámica de Trypanosoma cruzi en poblacionesde
548		un reservorio primario, <i>Didelphis marsupialis</i> en los llanos altos de
549		Venezuela. Bol Oficina Sanit Panam 93: 341-364.
550	50.	Freire-de-Lima L, da Fonseca LM, da Silva VA, da Costa KM, Morrot A,
551		Freire-de-Lima CG, Previato JO, Mendonça-Previato L. Modulation of Cell
552		Sialoglycophenotype: A Stylish Mechanism Adopted by Trypanosoma cruzi to
553		Ensure Its Persistence in the Infected Host. Front Microbiol. 2016 May
554		11;7:698. doi: 10.3389/fmicb.2016.00698. PMID: 27242722; PMCID:
555		PMC4862976.
556	51.	Pinho A., Cupolillo E., Mangia R., Fernandes O. & Jansen A. M.
557		(2000). Trypanosoma cruzi in the sylvatic environment: distinct transmission
558		cycles involving two sympatric marsupials. Trans. R. Soc. Trop. Med.
559		<i>Hyg.</i> <b>94:</b> 509-514.
560	52.	Deane M., Lenzi H. & Jansen A. (1986). Double development cycle
561		of Trypanosoma cruzi in the opossum. Parasitol. Today. 2: 146-147.
562	53.	Conti O, Schweigmann NJ, Pietrokovsky S, Bottazzi V, Wisnivesky-Colli C.
563		Search for Trypanosoma cruzi in the anal glands of wild Didelphis
564		albiventris from Santiago del Estero, Argentina. Mem Inst Oswaldo Cruz
565		1995; 90(6):687

566	54. Jansen AM, Madeira FB, Deane MP. Trypanosoma cruzi infection in the
567	opossum Didelphis marsupialis: absence of neonatal transmission and
568	protection by maternal antibodies in experimental infections. Mem Inst
569	Oswaldo Cruz 1994;89:4145.
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#### 574 Figure legends

575 Figure 1. A) Shows the Vector-host model. Vector-host model with transmission 576 between hosts

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**Figure. 2.** Latin Hypercube Sampling for the global reproductive number R0. PRCC: Partial Rank Correlation Coefficient. Black colored circles correspond to the model without oral transmission and gray to the model including oral transmission. For information about each parameter's explanation see Table 1. Note that parameters related to host-vector (and vice versa) infection rates and populations (N<sub>v</sub>, N<sub>H</sub>,  $\beta_{Hv}$ ,  $\beta_{VH,0}$ , and  $\beta_{VH,1}$ ) have a positive contribution to R0. On the contrary, vector and host death rates ( $\mu_V$  and  $\mu_H$ ) have a negative effect in R0.

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**Figure 3.** R0 values depicted in z depending on  $\beta_{HV}$  (here in x) and  $\beta_{VH,0}$  (here in y) we used for the analyses the palm as the study unit. In this case the max R0 is lower than 0.4.

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**Figure 4.** The x axis represents n  $\beta_{VH,1}$  values range and their corresponding Ro. We assume maximum values for  $\beta_{HV}$  (1) and  $\beta_{VH,0}$  (0.01). In this case,  $\beta_{VH,1}$  must be larger than 0.07, for Ro to have a value above 1.

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## 595 Tables

- 596 **Table I.** Parameters used in the mathematical model of the sylvatic cycle of Chagas
- 597 disease.