

1 ***Anopheles stephensi* as an emerging malaria vector in the Horn of Africa with high**
2 **susceptibility to Ethiopian *Plasmodium vivax* and *Plasmodium falciparum* isolates**

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30 **Summary of the article:** *An. stephensi*, a metropolitan malaria vector that recently expanded

31 to the Horn of African, was highly susceptible to local *P. falciparum* and *P. vivax* isolates

32 from Ethiopia and may increase malariogenic potential of rapidly expanding urban settings in

33 Africa.

34 **Running title:** *An. stephensi* is an emerging vector in Africa

35 **Keywords:** *An. stephensi*, urban, vector competence, membrane feeding, emerging,

36 outbreak, transmission

37

38 **Abstract**

39 *Anopheles stephensi*, an efficient Asian malaria vector, recently spread into the Horn of
40 Africa and may increase malaria receptivity in African urban areas. We assessed occurrence,
41 genetic complexity, blood meal source and infection status of *An. stephensi* in Awash Sebat
42 Kilo town, Ethiopia. We used membrane feeding assays to assess competence of local *An.*
43 *stephensi* to *P. vivax* and *P. falciparum* isolates from clinical patients. 75.3% of the examined
44 waterbodies were infested with *An. stephensi* developmental stages that were
45 genetically closely related to isolates from Djibouti and Pakistan. Both *P. vivax* and *P.*
46 *falciparum* were detected in wild-caught adult *An. stephensi*. Local *An. stephensi* was more
47 receptive to *P. vivax* compared to a colony of *An. arabiensis*. We conclude that *An.*
48 *stephensi* is an established vector in this part of Ethiopia, highly permissive for local *P.*
49 *vivax* and *P. falciparum* isolates and presents an important new challenge for malaria
50 control.

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52

53

54 **Background**

55 With expanded global malaria control efforts there have been two decades of substantial
56 declines in malaria cases and deaths. These successes were mainly attributable to wide-scale
57 deployment of vector control tools and availability of efficacious treatment [1]. Control
58 programs in Africa traditionally focus on rural settings, which is where most infections occur
59 [2] although malaria transmission is also a health concern in some urban settings [3, 4].
60 In 2015, 38% of Africans were living in urban settings; the number of Africans residing in
61 urban areas is expected to double in the coming 25 years [5]. Urban settings can be sinks of
62 malaria transmission primarily associated with importation of malaria from (rural) areas of
63 intense transmission due to movement of people at the urban-rural interface [6]. With the
64 adaptation of existing vectors to urban environments [7] and emerging vectors such as
65 *Anopheles stephensi* in urban areas [8], malaria transmission in urban settings is becoming
66 more likely. Urban areas can thereby form foci of active malaria transmission [9]. *An.*
67 *stephensi* is an efficient vector for both *Plasmodium vivax* and *P. falciparum* in Asia and is
68 the dominant malaria vector in India and the Persian Gulf [10]. *An. stephensi* predominantly
69 breeds in urban settings with a preference for human-made water storage containers [11].
70 Recent reports indicate that *An. stephensi* is spreading in the Horn of Africa (Djibouti [13],
71 Ethiopia [14] and the Republic of Sudan [15]). *An. stephensi* emergence has been
72 epidemiologically linked to an unusual resurgence in local malaria cases in Djibouti city [16].
73 A recent technical consultative meeting convened at the World Health Organization (WHO)
74 identified that there is potential for spread of *An. stephensi* across Africa and urged for more
75 data on its distribution to allow monitoring of potential spread of *An. stephensi* from the
76 currently affected areas and on the vector's susceptibility to local *Plasmodium* isolates [15].
77

78 In the present study, we examined the abundance of *An. stephensi* in an urban setting in
79 Ethiopia, characterized its aquatic habitats, biting and resting behavior, and, for the first time,
80 examined its competence to transmit local *P. vivax* and *P. falciparum* isolates.

81

82 **Methods**

83 **Description of study site**

84 This study was conducted in Awash Sebat Kilo town (916 meters above sea level;
85 8°58'59.99" N 40°10'0.01" E), on the main transportation corridor from Addis Ababa (220km
86 southeast) to Djibouti (Figure 1). The town has an estimated total population of 24,700 [17];
87 the semi-arid climate is dominated by a major rainy season (July-August) and short
88 intermittent rains (April/May) and an average temperature of 25.8°C (17.3°C-33.6°C) [18].
89 The Awash River Valley is the most irrigated area in the country with extensive river-fed
90 agriculture. Malaria transmission is perennial in the area surrounding the town with annual
91 parasite incidence of 536 per 1000 population in 2019 (five-year trend summarized in
92 supplemental notes). Entomological surveys conducted in 2018 detected the occurrence of
93 *An. stephensi* in Awash Sebat Kilo town [19].

94 **Characterization of aquatic habitat, resting, feeding and biting behavior**

95 Aquatic sites were examined for the presence of *Anopheles* developmental stages by standard
96 dipping (10x) for 5 consecutive days. Developmental stages were separated from culicines in
97 the field and transported to Adama malaria center for rearing to adults. The resting, feeding
98 and host-seeking behavior of *An. stephensi* was assessed using five conventional
99 entomological sampling techniques: i) Centers for Disease Control (CDC) miniature light
100 traps (Johns W. Hocks Company model 512) catches, ii) human landing catches (HLC), iii)
101 pyrethrum spray sheet collection (PSC), iv) aspiration from animal shelters, and v) cattle-
102 baited traps (Supplemental notes). Adult mosquitoes were identified morphologically using
103 standard identification keys [20]. Fully fed mosquitoes identified as *An. stephensi* were kept
104 in paper cups at Adama laboratory in ambient conditions and allowed to lay eggs on filter
105 papers soaked in water on a cotton roll for egg ridge counts (Supplemental notes).

106

107 **Mosquito rearing and membrane feeding assay**

108 *An. stephensi* were reared from larvae/pupae (from aquatic site examinations) to adult at
109 ambient temperature ($26\pm 3^{\circ}\text{C}$) and relative humidity ($70\pm 10\%$) and fed with fish food
110 (Cichlid Sticks; King British Fish Food, Tetra). *An. arabiensis*, the principal malaria vector
111 of Ethiopia, from an established colony were reared under identical conditions and
112 maintained with 10% sucrose solution. Following informed consent, patients who presented
113 to the Adama malaria clinic with microscopy confirmed *P. vivax* and *P. falciparum* mono-
114 and mixed-species infections were asked to donate venous blood sample (5mL) in lithium
115 Heparin tubes (BD Vacutainer®). Asexual parasite and gametocyte densities were quantified
116 by two expert microscopists on thick blood films prepared from finger prick blood samples,
117 screening against 1000 leukocytes. Thin blood films were examined to identify *Plasmodium*
118 species.

119 Four-to-seven day old adult *An. stephensi* and *An. arabiensis* were starved for 3 (*An.*
120 *stephensi*) or 12 hours (*An. arabiensis*) before feeding. One hundred and twenty mosquitoes
121 of each species, 40 in each of 3 paper cups, were fed fresh patient blood through membrane
122 in the dark for exactly 25 minutes (Supplemental notes). Fully fed mosquitoes were
123 maintained under the same laboratory conditions with 10% sucrose solution for 7 days post
124 feeding before being dissected for oocyst detection and for 12 days for sporozoite detection.

125 **Molecular detection of parasites and blood meal sources and targeted sequencing of**
126 **morphologically identified *An. stephensi* mosquitoes**

127 *Plasmodium* infection status of individual wild-caught morphologically-confirmed adult *An.*
128 *stephensi* mosquitoes was assessed using nested polymerase chain reaction (nPCR) targeting
129 the small 18S subunit [21] using genomic DNA extracted from homogenate of mosquito's

130 head-thorax and abdomen separately [22], indicating sporozoite and oocyst-stage infections,
131 respectively. Multiplex PCR that targets the mitochondrial cytochrome b gene and produces
132 species-specific fragments of varying sizes was used to assess blood meal sources of
133 individual mosquitoes [23]. For confirmation of morphologically identified *An. stephensi*,
134 DNA was extracted from whole mosquito bodies using the DNeasy Blood and Tissue kit
135 (Qiagen, UK). PCR was performed for each individual mosquito, targeting the nuclear
136 internal transcribed spacer 2 region (ITS2) and the mitochondrial cytochrome oxidase
137 subunit 1 gene (COI) [24]. Following PCR clean-up (Source BioScience Plc, Nottingham,
138 UK), chain termination sequencing was performed to generate unambiguous consensus
139 sequences for each sample (Supplemental notes). Sequences were assembled manually in
140 BioEdit v7.2.5 [25] to create unambiguous consensus sequences for each sample. Consensus
141 sequence alignments per gene were generated in ClustalW and used to perform nucleotide
142 BLAST (NCBI) database queries [26]. *An. stephensi* ITS2 and COI sequences, from across
143 the vector's geographic range, were downloaded from GenBank for phylogenetic analysis in
144 MEGA X [27]. Additional outgroup ITS2 sequences were retrieved for *An. maculatus*, *An.*
145 *maculipalpis*, *An. sawadwongporni* and *An. willmori*. Alternate maximum-likelihood (ML)
146 phylogenies were constructed using the Jukes-Cantor (ITS2; final tree $lnL=-916.913$) or
147 Tamura-Nei (COI; final tree $lnL=-732.248$) models, following appropriate nucleotide
148 substitution model selection in MEGA X. Bootstrap support for clade topologies was
149 estimated following the generation of 1000 pseudoreplicate datasets.

150 **Statistical analysis**

151 Analyses were performed in STATA version 13 (StataCorp., TX, USA) and GraphPad Prism
152 5.3 (GraphPad Software Inc., CA, USA). Feeding efficiency (proportion of fully fed
153 mosquitoes) was compared in matched experiments using the Wilcoxon matched-pairs

154 signed-ranks test. Logistic regression was performed to compare infection status between *An.*
155 *arabiensis* and *An. stephensi* using individual mosquito data and a fixed effect for each
156 human participant to account for correlations between mosquito observations from the same
157 donor. Bland-Altman plots were generated for differences in infectivity between mosquito
158 sources with Pitman's test of difference in variance.
159

160 **Results**

161 **Most of the potential aquatic habitats were infested with *An. stephensi* developmental**
162 **stages**

163 Eighty-five water bodies within Awash Sebat Kilo town were assessed for *An. stephensi*
164 larvae and pupae. All of these water reservoirs were human-made (Figure 2; Supplemental
165 notes). *An. stephensi* larvae were detected in 75.3% (64/85) of sites (Table 1; Supplemental
166 notes); of which the final aquatic developmental stage (pupae) were detected in 37.5%
167 (24/64) of the waterbodies. Larvae were more commonly found in permanent (85.4%, 41/48)
168 compared to temporary containers (63.9%, 23/36; $P=0.022$). The most common water body
169 co-inhabitants were *Aedes aegypti* (39.1%, 25/64) and culicine mosquitoes (23.4%, 15/64). A
170 total of 49,393 immature *Anopheles* larvae and pupae were collected in 20 visits for rearing;
171 of which 45,316 (91.7%) emerged to adults. Morphological identification of 1,672 female
172 *Anopheles* confirmed that all were *An. stephensi*.

173 **Adult mosquitoes rest mainly in animal shelters and feed also on humans and are**
174 **infected with *Plasmodium***

175 A total of 89 adult female *Anopheles* mosquitoes, the majority of which were blood fed (72),
176 were collected in two monthly rounds (6 days each) of entomological surveillance (August
177 and September 2019) with a median of 10 *Anopheles* mosquitoes per productive trapping
178 night (range 1-22). The majority (80.9%, 72/89) were morphologically identified as *An.*
179 *stephensi*; the remainder were *An. gambiae* (n=16) and *An. pharoensis* (n=1). Most of the *An.*
180 *stephensi* mosquitoes were collected from animal shelters (91.7%, 66/72); the remainder
181 (8.3%, 6/72) were collected outdoors using HLC (Supplemental note). Almost half (43.8%,
182 7/16) of the *An. gambiae* were caught by CDC light traps, but no *An. stephensi* mosquitoes
183 were caught by this method. Of the adult caught *An. stephensi*, for two non-blood-fed

184 mosquitoes the abdomen was positive for *P. vivax* (2.2%, 2/89) indicating oocyst level
185 infection and one blood-fed mosquito collected from an animal shelter was positive for *P.*
186 *falciparum* (1.1%, 1/89). From blood meal analysis the majority of adult *An. stephensi* had
187 fed on animals (52.8%, 38/72); such as goat (n=23), cow (n=7) and dog (n=5) with a non-
188 negligible number of them feeding on humans (12.5%, 9/72) (Supplemental notes). A quarter
189 of them (23.4%, 11/47) fed on multiple sources including humans.

190 ***An. stephensi* are highly susceptible to infection with Ethiopian *Plasmodium* isolates**

191 A total of 47 paired membrane feeding experiments were conducted using blood from
192 patients with microscopy confirmed *P. vivax* (n=36), *P. falciparum* (n=7) and mixed *P. vivax*
193 and *P. falciparum* (n=4) infections (Table 2). The majority of patients were female (73.8%,
194 31/42) with a median age of 27 years (IQR, 19-38). Gametocytes were detected by
195 microscopy in the majority of *P. vivax* mono-species infected patients (73.5%, 25/34) but
196 fewer in patients with *P. falciparum* (14.3%, 1/7) and mixed species infections (25.0%, 1/4;
197 only *P. vivax* gametocytes). A total of 4,088 female *An. stephensi* raised from field collected
198 larvae/pupae were fed alongside age-matched 6,130 colony derived *An. arabiensis*. The
199 proportion of blood fed mosquitoes was generally higher for *An. arabiensis* (median, 80.5%;
200 IQR, 72.5-85.0) compared to *An. stephensi* (median, 53.5%; IQR, 44.0-68.0; $P < 0.001$;
201 Figure 3A).

202 For each blood feeding experiment, an average of 24 (range, 10-33) *An. stephensi* and 28
203 (range, 19-32) *An. arabiensis* mosquitoes were dissected for oocysts on day 7 post feeding.
204 Overall, 72.2% (26/36) *P. vivax*, 14.3% (1/7) *P. falciparum* and 50.0% (2/4) mixed species
205 infected patients infected at least one *An. arabiensis* and one *An. stephensi* mosquito. A very
206 strong association was observed between the proportions of the two mosquito species
207 infected with *P. vivax* ($\rho = 0.82$, $P < 0.001$; Figure 3B) with a statistically significant higher

208 proportion of infected mosquitoes for *An. stephensi* (median, 75.1%; IQR, 60.0-85.9)
209 compared to *An. arabiensis* (median, 58.4%; IQR, 40.0-85.6; $P<0.042$). Allowing for the
210 number of dissected mosquitoes for each set of paired feeding experiments results in higher
211 odds of infectivity to an individual mosquito for *An. stephensi* (Odds Ratio [OR], 1.99; 95%
212 CI, 1.52-2.59; $P<0.001$) (Figure 3C).

213 Oocyst intensity per infected midgut was higher for *An. stephensi* (median, 17; IQR, 6-33)
214 than *An. arabiensis* (median, 13; IQR, 4-30; $P<0.001$; Figure 4A). Oocyst intensity
215 associated positively with oocyst prevalence for both *An. stephensi* ($\rho=0.553$, $P<0.001$) and
216 *An. arabiensis* ($\rho=0.576$, $P<0.001$) mosquitoes (Figure 4B). To further determine
217 competence for transmission, random subsets of blood-fed mosquitoes from six paired feeds
218 were kept until day 12 post feeding for sporozoite quantitation in salivary glands. Sporozoites
219 were detected in both mosquito species and higher sporozoite loads were detected for
220 mosquitoes from batches where oocyst prevalence and intensity were higher (Supplemental
221 notes). Among paired feedings, after accounting for number of examined salivary glands, the
222 odds of detection of sporozoites was substantially higher in *An. stephensi* (OR, 4.6; 95% CI,
223 2.2-9.9; $P<0.001$) compared to *An. arabiensis*.

224 **Sequencing confirms Ethiopian *An. stephensi* mosquitoes are closely related to *An.***
225 ***stephensi* from Djibouti and Pakistan**

226 DNA extracted from 99 mosquitoes representing all larval habitats was used for
227 determination ITS2 and COI sequences. Of these, 76 were successfully amplified and
228 sequenced for ITS2 while 45 were successfully amplified and sequenced for COI. All of
229 sequences were confirmed to be *An. stephensi*. The ITS2 phylogeny was constructed from a
230 consensus alignment of 301bp, containing 124 variable sites; the COI phylogeny was
231 constructed from a consensus alignment of 465bp, containing 17 variable sites. The ITS2 tree

232 indicated that *An. stephensi* from Ethiopia form a well-supported monophyletic clade
233 (bootstrap value of 100%) with all other *An. stephensi* sequences from across the Arabian
234 Peninsula and South-East Asia (Figure 5). The COI tree was more resolute, suggesting *An.*
235 *stephensi* from Ethiopia were most closely related to mosquitoes from Djibouti (64%) and
236 Pakistan (54%). Four haplotypes using COI and two genotypes using ITS2 were detected.
237

238 **Discussion**

239 In this study, we examined the abundance, behavior and vector competence of *An. stephensi*
240 in an Ethiopian town, Awash Sebat Kilo. *An. stephensi* was the dominant vector, larvae being
241 present in the majority of examined human-made water bodies. The detection of *Plasmodium*
242 developmental stages in adult *An. stephensi* demonstrates its receptivity to local parasites.
243 This was further demonstrated by mosquito feeding assays where *An. stephensi* more
244 frequently became infected and infectious when feeding on blood of *P. vivax* patients
245 compared to an insectary adapted colony of *An. arabiensis*. These data demonstrate the
246 widescale presence of a novel efficient vector in this urban area in Ethiopia.
247 Originally reported in India, *An. stephensi* has expanded westward from the Persian Gulf,
248 documented in farms and within the capital city of Kuwait in 1981 [28] and subsequently in
249 the Riyadh region of Saudi Arabia in 2007 [29]. More recently, it spread into the Horn of
250 Africa where it was reported in Djibouti city in 2013 [13] and Ethiopia in 2016 [14]. The
251 recent emergence in the Republic of Sudan [15] and more widespread sites in Ethiopia [19]
252 in 2019 suggests the species has the potential to become a widespread African malaria
253 vector. Our data demonstrate that *An. stephensi* is firmly established in an urban setting in
254 Ethiopia located on the main transportation corridor from Djibouti to Addis Ababa. The
255 detection of four haplotypes using COI and two genotypes using ITS2 suggests the
256 independent arrival of different populations or heterogeneity arising after the importation of
257 the mosquito species. Our findings further corroborate recent suggestions that *An. stephensi*
258 in Ethiopia is closely related to populations from Pakistan [14]. Regardless of its origin, it is
259 evident from our data that the mosquito is abundantly present; of the 85 water bodies
260 examined, 64 were infested with developmental stages of *An. stephensi* even in the driest
261 months of the year (May/June), further indicating how well-suited the mosquito is to local

262 weather conditions and the availability of human-made water storage containers. The number
263 of larvae/pupae we detected (~50,000 in twenty rounds of sampling) and the development to
264 adulthood (>90%) is an alarming confirmation of adaptation in this setting.

265 Uniquely, we directly determined the vector competence of wild-caught *An. stephensi* to
266 naturally circulating *Plasmodium* parasites from malaria patients via membrane feeding in
267 comparison to an established and membrane-adapted colony of *An. arabiensis* [31]. Our
268 mosquito feeding experiments predominantly included *P. vivax* clinical cases who are highly
269 infective [31, 32], and allow a sensitive comparison of mosquito species. Although the
270 membrane adapted colony of *An. arabiensis* had high feeding rates, mosquito infection rates
271 were statistically significantly higher for *An. stephensi* than for *An. arabiensis*. Our detection
272 of salivary gland sporozoites establishes that sporogonic development of local *P. vivax* can
273 be completed by *An. stephensi*. We recruited fewer clinical *P. falciparum* cases who, in line
274 with other findings, were less likely to infect mosquitoes compared to *P. vivax* patients [31].
275 Despite a modest number of observations, our findings demonstrate that also local *P.*
276 *falciparum* isolates are capable of infecting *An. stephensi*. This *ex vivo* evidence of
277 susceptibility to local *Plasmodium* isolates is further supported by the detection of adult
278 mosquitoes infected with *P. falciparum* and *P. vivax*. This is, to our knowledge, the first
279 direct evidence of infected *An. stephensi* in Ethiopia.

280 The spread of *An. stephensi* can be linked with movement of goods and people [13] and the
281 favorable conditions created by rapid social development and urbanization [33] that is
282 accompanied by increased availability of aquatic habitats in the form of water storage tanks.
283 Rapidly expanding urbanization often leads to informal settlements with poor housing and
284 sanitation [34]. Although housing conditions are improving in Africa, particularly in urban
285 settings, there are still major gaps such as poor estimates of combined water, sanitation and

286 hygiene coverage [35]. Establishment and potential spread of *An. stephensi* in the Horn of
287 Africa poses considerable health risks of increased receptivity and local transmission of
288 malaria in the increasing urban African settings requiring realignment of malaria control
289 programs. Its frequent presence in human-made aquatic habitats [37] indicates that a simple
290 bifurcation between urban and rural settings may be misleading and is context dependent.
291 Additionally, urban populations are also at increased risk of *Aedes*-borne diseases, which are
292 increasing in incidence in Africa [38-41]. We regularly detected developmental stages of
293 both *An. stephensi* and *Aedes* in the same water body [42]. Outbreaks of chikungunya [43],
294 dengue [44], and yellow fever [45] were recently reported from Ethiopia within the same
295 geographic setting. The WHO recommends the use of integrated vector management [46] –
296 an adaptive and evidence-based approach to vector control which utilizes vector control
297 interventions from within and outside the health sector that may include larval source
298 management of both *An. stephensi* and *Aedes* vectors. Our findings support that larval source
299 management may be considered to prevent further spread of *An. stephensi* and *Aedes*-borne
300 disease outbreaks in African towns and cities and beyond their territories [47]. Further
301 investigation is required to understand how *An. stephensi* respond to the existing and novel
302 insecticides and vector control strategies.

303

304 **Declarations**

305 **Ethics approval and consent to participate:** The study protocol was reviewed and
306 approved by the Institutional Ethical Review Board of the Akilu Lemma Institute of
307 Pathobiology of Addis Ababa University (Ref.No. ALIPB IRB/025/2011/2019), the Oromia
308 Regional Health Bureau (Ref. No BEFO/MBTFH/1331), and AHRI/ALERT Ethics Review
309 Committee (Ref.No.AF-10-015.1, PO07/19). All participants provided written informed
310 consent; parent/legal guardians for participants younger than 18 years. Those collecting
311 human landing collections also provided written informed consent and were monitored for 3
312 weeks following collections and treated if any malaria symptoms occurred.

313 **Consent for publication:** It was clearly indicated on the information sheet provided to the
314 study participants that data generated from the study will be anonymously communicated to
315 the wider scientific community in the form of peer-reviewed scientific publication.

316 **Availability of data and materials:** Data used to make the major conclusions of the study
317 will be available together with this article and detailed data can be provided up on request.

318 **Competing interests:** All authors declare that they don't have competing interests.

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325 **Authors' contributions:** Conceived the study: HT, PM, SC, MM, MB, SI, CD, EG, TB,
326 FGT; participated in guiding the field activities: PM, DD, SC, MM, MB, SI, JHK, AW, CD,
327 EG, TB, FGT; collected the developmental stages (larvae and pupae): TA, EE; reared adult

328 mosquitoes, collected blood samples, run feeding experiments, dissected mosquitoes: TA,
329 EE, WC, SWB, DAM, EH, SKT, TT, AG, TT, TE, GY, SK, GS, SAS; conducted laboratory
330 works: TA, HT, EE, LAM, WC, TW, SWB, KL, RH, CLJ, DAM, EH, SKT, TT, AG, TT,
331 TE, FGT; analyzed data: TA, LAM, LMK, KS, TSC, SI, CD, EG, TB, FGT; drafted the
332 manuscript: TA, HT, EE, LAM, TW, CLJ, CD, EG, TB, FGT; critically commented on the
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343

344 **References**

- 345 1. O'Meara WP, Mangeni JN, Steketee R, Greenwood B. Changes in the burden of
346 malaria in sub-Saharan Africa. *The Lancet Infectious Diseases* **2010**; 10(8): 545-55.
- 347 2. Fillinger U, Lindsay SW. Larval source management for malaria control in Africa:
348 myths and reality. *Malar J* **2011**; 10(1): 353.
- 349 3. Wilson ML, Krogstad DJ, Arinaitwe E, et al. Urban Malaria: Understanding its
350 Epidemiology, Ecology, and Transmission across Seven Diverse ICEMR Network
351 Sites. *Am J Trop Med Hyg* **2015**; 93(3 Suppl): 110-23.
- 352 4. Dash AP, Valecha N, Anvikar AR, Kumar A. Malaria in India: challenges and
353 opportunities. *J Biosci* **2008**; 33(4): 583-92.
- 354 5. The World Bank. Productive, Livable Cities Will Open Africa's Doors to the World.
355 Available at: [https://www.worldbank.org/en/region/afr/publication/africa-cities-](https://www.worldbank.org/en/region/afr/publication/africa-cities-opening-doors-world)
356 [opening-doors-world](https://www.worldbank.org/en/region/afr/publication/africa-cities-opening-doors-world). Accessed 08 November.
- 357 6. Molina Gomez K, Caicedo MA, Gaitan A, et al. Characterizing the malaria rural-to-
358 urban transmission interface: The importance of reactive case detection. *PLoS Negl*
359 *Trop Dis* **2017**; 11(7): e0005780.
- 360 7. Azrag RS, Mohammed BH. *Anopheles arabiensis* in Sudan: a noticeable tolerance to
361 urban polluted larval habitats associated with resistance to Temephos. *Malar J* **2018**;
362 17(1): 204.
- 363 8. Seyfarth M, Khaireh BA, Abdi AA, Bouh SM, Faulde MK. Five years following first
364 detection of *Anopheles stephensi* (Diptera: Culicidae) in Djibouti, Horn of Africa:
365 populations established-malaria emerging. *Parasitol Res* **2019**; 118(3): 725-32.

- 366 9. Chaparro PE, Molina K, Alzate A, Padilla J, Arevalo-Herrera M, Herrera S. Urban
367 malaria transmission in a non-endemic area in the Andean region of Colombia. Mem
368 Inst Oswaldo Cruz **2017**; 112(12): 797-804.
- 369 10. Sinka ME, Bangs MJ, Manguin S, et al. The dominant *Anopheles* vectors of human
370 malaria in the Asia-Pacific region: occurrence data, distribution maps and bionomic
371 précis. Parasites & vectors **2011**; 4: 89-.
- 372 11. Surendran S, Sivabalakrishnan K, Sivasingham A, et al. Anthropogenic Factors
373 Driving Recent Range Expansion of the Malaria Vector *Anopheles stephensi*. Front.
374 Public Health **2019**; 7: 53.
- 375 12. Surendran SN, Sivabalakrishnan K, Sivasingham A, et al. Anthropogenic Factors
376 Driving Recent Range Expansion of the Malaria Vector *Anopheles stephensi*.
377 Frontiers in Public Health **2019**; 7(53).
- 378 13. Faulde MK, Rueda LM, Khaireh BA. First record of the Asian malaria vector
379 *Anopheles stephensi* and its possible role in the resurgence of malaria in Djibouti,
380 Horn of Africa. Acta Trop **2014**; 139: 39-43.
- 381 14. Carter TE, Yared S, Gebresilassie A, et al. First detection of *Anopheles stephensi*
382 Liston, 1901 (Diptera: culicidae) in Ethiopia using molecular and morphological
383 approaches. Acta Trop **2018**; 188: 180-6.
- 384 15. World Health Organization. Vector alert: *Anopheles stephensi* invasion and spread
385 Available at: [https://www.who.int/publications-detail/vector-alert-anopheles-](https://www.who.int/publications-detail/vector-alert-anopheles-stephensi-invasion-and-spread)
386 [stephensi-invasion-and-spread](https://www.who.int/publications-detail/vector-alert-anopheles-stephensi-invasion-and-spread). Accessed 08 November.
- 387 16. Seyfarth M, Khaireh BA, Abdi AA, Bouh SM, Faulde MK. Five years following first
388 detection of *Anopheles stephensi* (Diptera: Culicidae) in Djibouti, Horn of Africa:
389 populations established—malaria emerging Parasitology Research **2019**.

- 390 17. City Population. The population of the regions of Ethiopia. Available at:
391 <http://www.citypopulation.de/Ethiopia.html>. Accessed 08 November.
- 392 18. Climate data. Climate: Ethiopia. Available at: [https://en.climate-](https://en.climate-data.org/africa/ethiopia-249/)
393 [data.org/africa/ethiopia-249/](https://en.climate-data.org/africa/ethiopia-249/). Accessed 08 November.
- 394 19. Balkew M, Mumba P, Dengela D, et al. Geographical distribution of *Anopheles*
395 *stephensi* in eastern Ethiopia. *bioRxiv* **2019**: 802587.
- 396 20. Gillies MT, Coetee M. The supplement to the anophelinae of Africa south of the
397 sahara(Afrotropical Region). South African Institute for Medical Research **1987**;
398 (55).
- 399 21. Snounou G, Viriyakosol S, Zhu XP, et al. High sensitivity of detection of human
400 malaria parasites by the use of nested polymerase chain reaction. *Mol Biochem*
401 *Parasitol* **1993**; 61(2): 315-20.
- 402 22. Schriefer ME, Sacchi JB, Jr., Wirtz RA, Azad AF. Detection of polymerase chain
403 reaction-amplified malarial DNA in infected blood and individual mosquitoes. *Exp*
404 *Parasitol* **1991**; 73(3): 311-6.
- 405 23. Kent RJ, Norris DE. Identification of mammalian blood meals in mosquitoes by a
406 multiplexed polymerase chain reaction targeting cytochrome B. *Am J Trop Med Hyg*
407 **2005**; 73(2): 336-42.
- 408 24. Folmer O, Black M, Hoeh W, Lutz R, Vrijenhoek R. DNA primers for amplification
409 of mitochondrial cytochrome c oxidase subunit I from diverse metazoan
410 invertebrates. *Mol Mar Biol Biotechnol* **1994**; 3(5): 294-9.
- 411 25. Hall TA. BioEdit: a user-friendly biological sequence alignment editor and analysis
412 program for Windows 95/98/NT. In: *Nucleic acids symposium series*: [London]:
413 Information Retrieval Ltd., c1979-c2000., 1999:95-8.

- 414 26. Altschul SF, Gish W, Miller W, Myers EW, Lipman DJ. Basic local alignment search
415 tool. *J Mol Biol* **1990**; 215(3): 403-10.
- 416 27. Kumar S, Stecher G, Li M, Knyaz C, Tamura K. MEGA X: Molecular Evolutionary
417 Genetics Analysis across Computing Platforms. *Mol Biol Evol* **2018**; 35(6): 1547-9.
- 418 28. Salit A, Zakaria M, Balba M, Zaghoul T. The mosquito fauna of Kuwait.
419 *JOURNAL-UNIVERSITY OF KUWAIT SCIENCE* **1994**; 21: 77-.
- 420 29. Al-Ghamdi K, Alikhan M, Mahyoub J, Afifi Z. Studies on identification and
421 population dynamics of anopheline mosquitoes from Jeddah province of Saudi
422 Arabia. *Biosci Biotechnol Res Commun* **2008**; 1: 19-24.
- 423 30. Subbarao SK, Vasantha K, Adak T, Sharma VP, Curtis CF. Egg-float ridge number in
424 *Anopheles stephensi*: ecological variation and genetic analysis. *Med Vet Entomol*
425 **1987**; 1(3): 265-71.
- 426 31. Tadesse FG, Slater HC, Chali W, et al. The Relative Contribution of Symptomatic
427 and Asymptomatic *Plasmodium vivax* and *Plasmodium falciparum* Infections to the
428 Infectious Reservoir in a Low-Endemic Setting in Ethiopia. *Clin Infect Dis* **2018**;
429 66(12): 1883-91.
- 430 32. Kiattibutr K, Roobsoong W, Sriwichai P, et al. Infectivity of symptomatic and
431 asymptomatic *Plasmodium vivax* infections to a Southeast Asian vector, *Anopheles*
432 *dirus*. *Int J Parasitol* **2017**; 47(2-3): 163-70.
- 433 33. Alahmed AM. Mosquito fauna (Diptera: Culicidae) of the Eastern Region of Saudi
434 Arabia and their seasonal abundance. *Journal of King Saud University-Science* **2012**;
435 24(1): 55-62.

- 436 34. Ferreira Goncalves MJ, Alecrim WD. Non-planned urbanization as a contributing
437 factor for malaria incidence in Manaus-Amazonas, Brazil. *Revista de salud publica*
438 (Bogota, Colombia) **2004**; 6(2): 156-66.
- 439 35. Roche R, Bain R, Cumming O. A long way to go - Estimates of combined water,
440 sanitation and hygiene coverage for 25 sub-Saharan African countries. *PLoS One*
441 **2017**; 12(2): e0171783.
- 442 36. Takken W, Lindsay S. Increased Threat of Urban Malaria from *Anopheles stephensi*
443 Mosquitoes, Africa. *Emerg Infect Dis* **2019**; 25(7): 1431-3.
- 444 37. Surendran SN, Sivabalakrishnan K, Gajapathy K, et al. Genotype and biotype of
445 invasive *Anopheles stephensi* in Mannar Island of Sri Lanka. *Parasit Vectors* **2018**;
446 11(1): 3.
- 447 38. Lilay A, Asamene N, Bekele A, et al. Reemergence of yellow fever in Ethiopia after
448 50 years, 2013: epidemiological and entomological investigations. *BMC Infectious*
449 *Diseases* **2017**; 17(1): 343.
- 450 39. Ferede G, Tiruneh M, Abate E, et al. A serologic study of dengue in northwest
451 Ethiopia: Suggesting preventive and control measures. *PLoS neglected tropical*
452 *diseases* **2018**; 12(5): e0006430.
- 453 40. Gutu MA, Bekele A, Seid Y, et al. Another dengue fever outbreak in eastern Ethiopia
454 – an emerging public health threat (Under Review).
- 455 41. Daniel E, Eshetu N, Techalew S, et al. Sero-positivity of dengue virus and its
456 associated factors among febrile patients in Arbaminch districts, Southern Ethiopia
457 (Under Review).

- 458 42. Thomas S, Ravishankaran S, Justin JA, et al. Overhead tank is the potential breeding
459 habitat of *Anopheles stephensi* in an urban transmission setting of Chennai, India.
460 *Malar J* **2016**; 15(1): 274.
- 461 43. Mengesha Tsegaye M, Tayachew A, Belay D, Alemu A, Beyene B. A35 The first
462 laboratory confirmation of chikungunya outbreak in Ethiopia. *Virus Evolution* **2019**;
463 5(Supplement_1): vez002. 34.
- 464 44. Degife LH, Worku Y, Belay D, Bekele A, Hailemariam Z. Factors associated with
465 dengue fever outbreak in Dire Dawa administration city, October, 2015, Ethiopia -
466 case control study. *BMC Public Health* **2019**; 19(1): 650.
- 467 45. Lilay A, Asamene N, Bekele A, et al. Reemergence of yellow fever in Ethiopia after
468 50 years, 2013: epidemiological and entomological investigations. *BMC Infect Dis*
469 **2017**; 17(1): 343.
- 470 46. World Health Organization. A toolkit for integrated vector management in sub-
471 Saharan Africa. Available at:
472 https://www.who.int/neglected_diseases/resources/9789241549653/en/. Accessed 16
473 December.
- 474 47. Donnelly MJ, McCall PJ, Lengeler C, et al. Malaria and urbanization in sub-Saharan
475 Africa. *Malar J* **2005**; 4(1): 12.
476
477

478 **Table 1. Characteristics of the aquatic habitats surveyed**

Characteristics		Habitat s	Larvae detected	Pupae detected
Localities within the town (Kebeles)	Sebat Killo	60	73.3% (44/60)	43.2% (19/44)
	Lemlefan	17	70.6% (12/17)	0% (0/12)
	Alalamo	8	100.0% (8/8)	62.5% (5/8)
Water body type	Permanent	48	85.4% (41/48)	41.5% (17/41)
	Temporary	37	62.2% (23/37)	30.4% (7/23)
Shade status	Fully shaded	22	63.6% (14/22)	42.9% (6/14)
	Partially shaded	24	99.7% (22/24)	31.8% (7/22)
	Not shaded	39	71.8% (28/39)	39.3% (11/28)
Usage	in use	71	76.1% (54/71)	37.0% (20/54)
	not in use	14	71.4% (10/14)	40.0% (4/10)
Container material	Fiber jar/tyre	23	43.5% (10/23)	40.0% (4/10)
	Metal (steel tanks/drum/barrel)	17	94.1% (16/17)	31.3% (5/16)
	Cemented/Ceramic	45	84.4% (38/45)	39.5% (15/38)
Cleanliness	Clean water	56	80.4% (45/56)	37.8% (17/45)
	Turbid water	28	67.9% (19/28)	36.8% (7/19)

479

480

481 **Table 2. Membrane feeding assays: characteristics of malaria patients and mosquito**
 482 **feeding outcomes.**

	<i>P. vivax</i>	<i>P. falciparum</i>	Mixed species
N	36	7	4
Parasites/μL, median (IQR)	7783 (3603-13440)	2431 (867-8756)	4516 (1589-10563)
Gametocyte positivity, % (n/N)	73.5 (25/34)	14.3 (1/7)	25.0 (1/4)
Infectious feeds, % (n/N)	72.2 (26/36)	14.3 (1/7)	50.0 (2/4)
Infected <i>An. stephensi</i>, % (n/N)	52.5 (446/849)	2.2 (4/180)	34.6 (36/104)
Infected <i>An. arabiensis</i>, % (n/N)	45.2 (452/1000)	9.0 (18/200)	36.9 (45/122)
Oocyst per infected <i>An. arabiensis</i> midgut, median (IQR)	15 (5-35)	NA	3 (2-5)
Oocyst per infected <i>An. stephensi</i> midgut, median (IQR)	20 (7-35)	NA	3 (2-8)

483 Parasite and gametocyte densities were determined by microscopy; IQR, Interquartile range;

484 NA, not available.

485

486 **Figure legends:**

487 **Figure 1. Map of study site, *An. stephensi* aquatic habitats and adult mosquito resting**

488 **sites.** Indicated are the map of Ethiopia with regional boundaries and study site (starred) (A)

489 and an aerial view of Awash town (B) with larvae/pupae (red dots) and adult mosquito

490 collection sites (blue dots).

491 **Figure 2. *An. stephensi* larval habitats.** Images are of waterbodies that were infested with

492 developmental stages of *An. stephensi*, namely water reservoirs made of bricks or cemented

493 tanks (A – B), custom-made metal containers (C and D), barrels (E – F) or plastic containers

494 (G – H). The median volume of the aquatic containers was 4m³ (IQR, 1.0 – 15.6) and ranged

495 from 0.06m³ to 360m³. The majority of the containers were uncovered and were in use for

496 household (32) and construction purposes (34). The material from which the different types

497 of reservoirs were made of included cement (n=45), plastic (n=9), fiber (n=14) and steel

498 (n=17).

499 **Figure 3. Comparison of feeding efficiency and infection rates for *An. stephensi* and *An.***

500 ***arabiensis* in paired feeding experiments.** The percentage of fully fed mosquitoes for *An.*

501 *arabiensis* (red circles) and *An. stephensi* (green circles) (A). The percentage infected

502 mosquitoes for the two mosquito sources (*An. stephensi* on the Y-axis and *An. arabiensis* on

503 the X-axis) (B). The Bland-Altman plot (difference plots) for mosquito infection rates in

504 different mosquito species (C). Symbols indicate the difference in infection rate in *An.*

505 *stephensi* versus *An. arabiensis* (Y-axis) in relation to average infection rate in these two

506 species (X-axis). Positive values (57.1%; 16/28) indicate a higher infection rate in *An.*

507 *stephensi*; dotted lines indicate the 95% limits of agreement. There was no evidence that

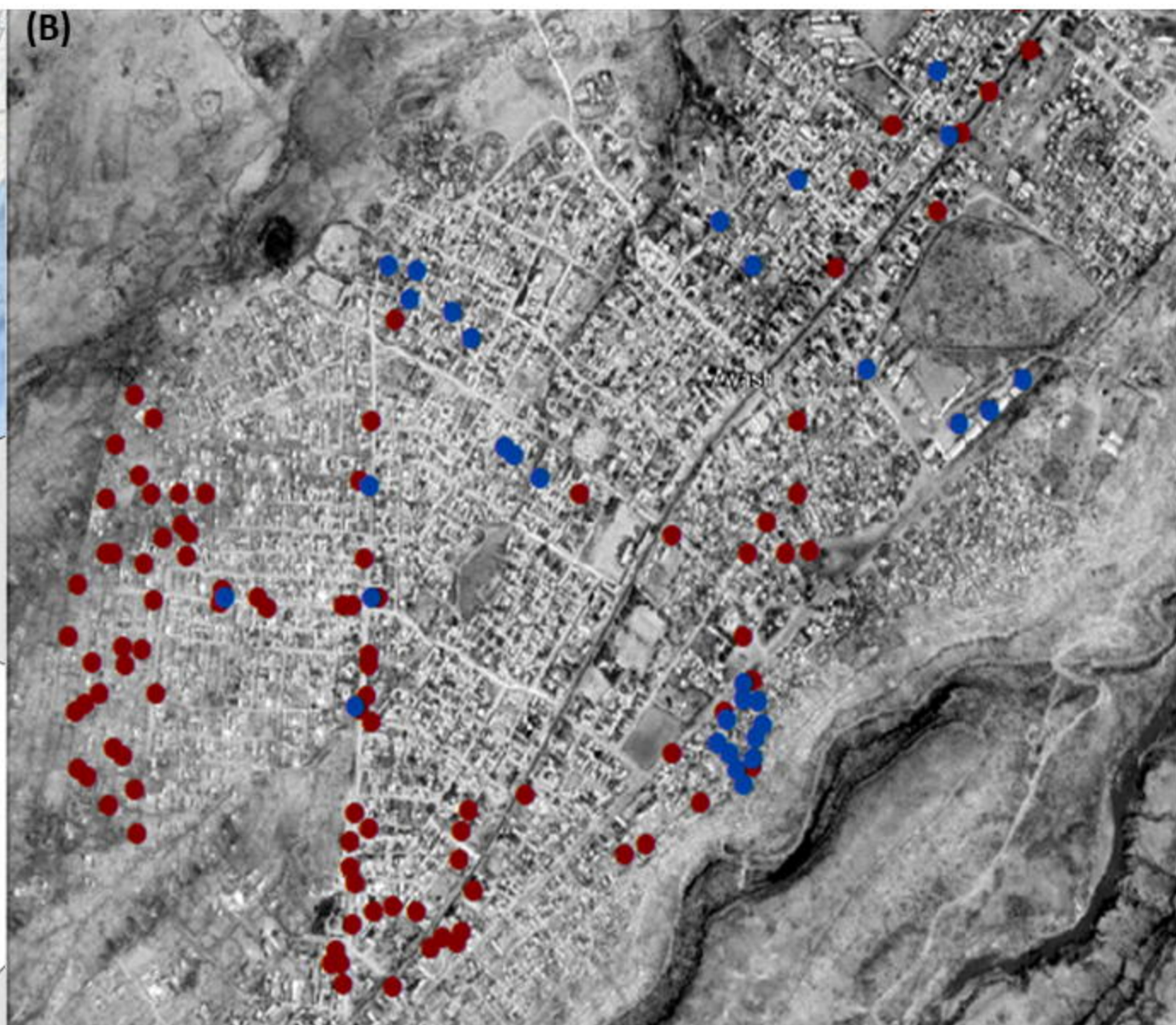
508 correlation coefficient between the paired differences and means differed significantly from

509 zero (Pitman's Test of difference in variance, $r=0.026$, $P=0.864$).

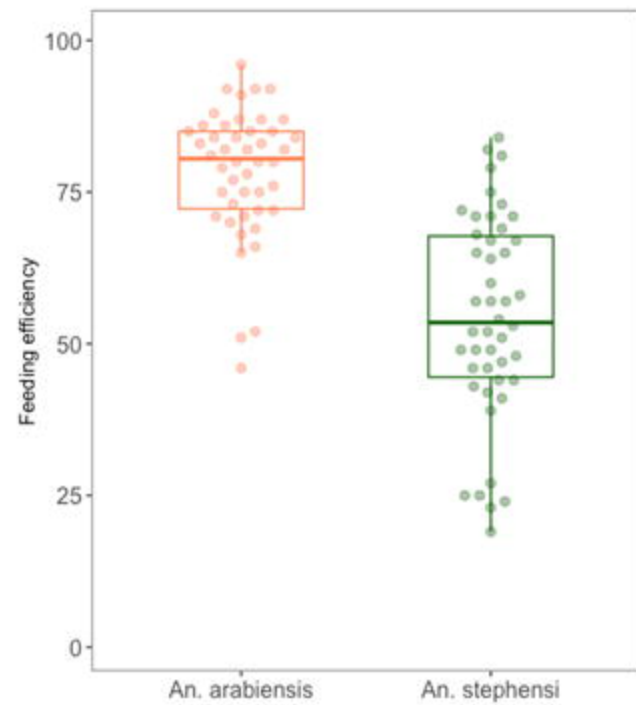
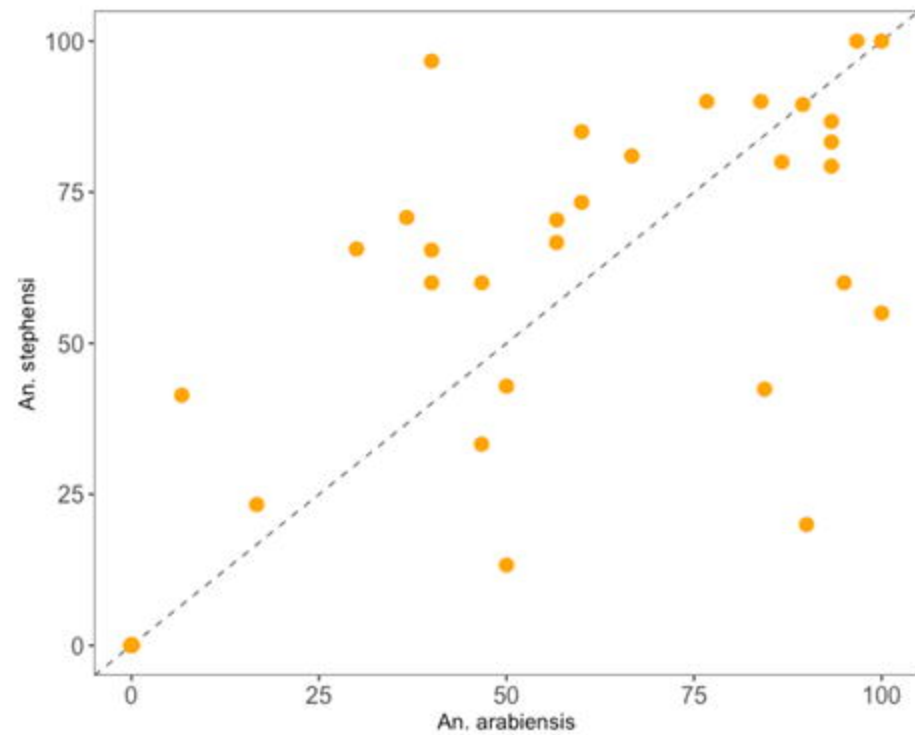
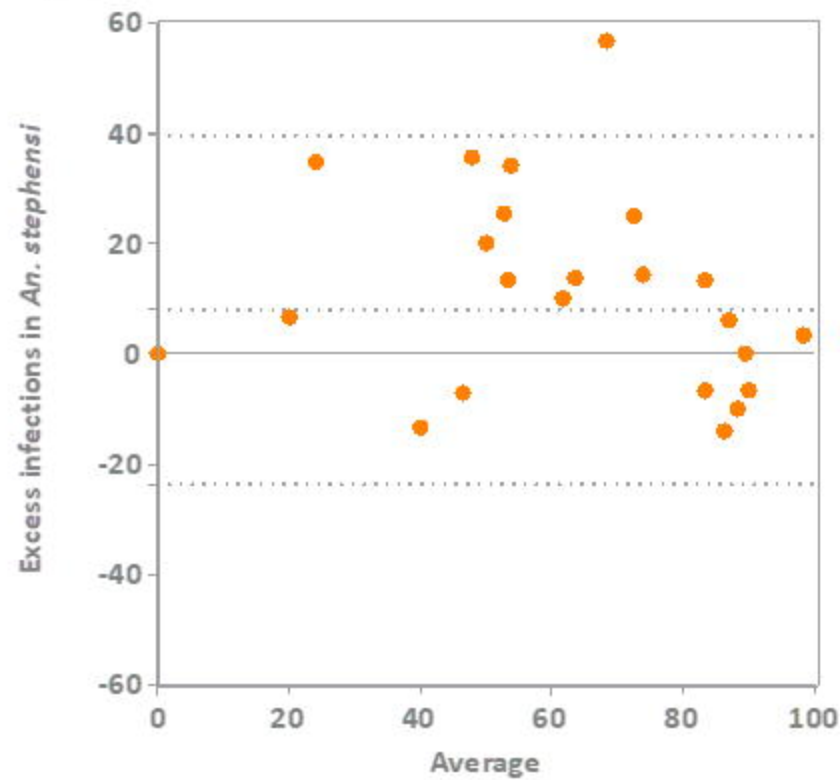
510 **Figure 4. Comparison of oocyst intensity and prevalence for *An. stephensi* and *An.***
511 ***arabiensis* in paired feeding experiments.** Oocyst intensity (number of oocysts per
512 dissected midgut) for individual mosquitoes of each of the two species (A). The violin plot
513 presents the estimated kernel density, the median is indicated with horizontal lines, the
514 interquartile range by the box and upper and lower-adjacent values by the spikes. In panel B,
515 oocyst prevalence (proportion of midguts with detectable oocyst) (Y-axis) is indicated in
516 association with Log₁₀ transformed oocyst intensity (X-axis) for *An. stephensi* (green dots)
517 and *An. arabiensis* (orange dots). Data are presented for 24 feeding experiments where 723
518 *An. arabiensis* and 643 *An. stephensi* were dissected.

519 **Figure 5. Maximum-likelihood phylogenies of ITS2 (left) and COI (right).** Maximum-
520 likelihood topologies were constructed using representative reference sequences with
521 published geographical data downloaded from GenBank. Within the Ethiopian population,
522 due to the presence of a hyper-variable microsatellite region, ITS2 sequences (A) were
523 trimmed to create a consensus alignment of 289bp; one polymorphic site separated samples
524 into two genotypes (indicated with filled asterisk together with the previously reported
525 genotype, MH650999, Carter, et al. [14] in unfilled asterisk). COI sequences (B) were
526 assembled into a consensus alignment of 687bp; a total of four variable sites were identified,
527 corresponding to four haplotypes (indicated with filled asterisk together with the previously
528 reported genotype, MH651000, Carter, et al. [14], unfilled asterisk). Nucleotide sequences
529 for ITS2 and COI were deposited in GenBank under the following accession numbers:
530 Ethiopia Genotype1, MN826065; Ethiopia Genotype2, MN826066; Ethiopia Haplotype1,
531 MN826067; Ethiopia Haplotype2, MN826068; Ethiopia Haplotype3, MN826069; and
532 Ethiopia Haplotype4, MN826070.

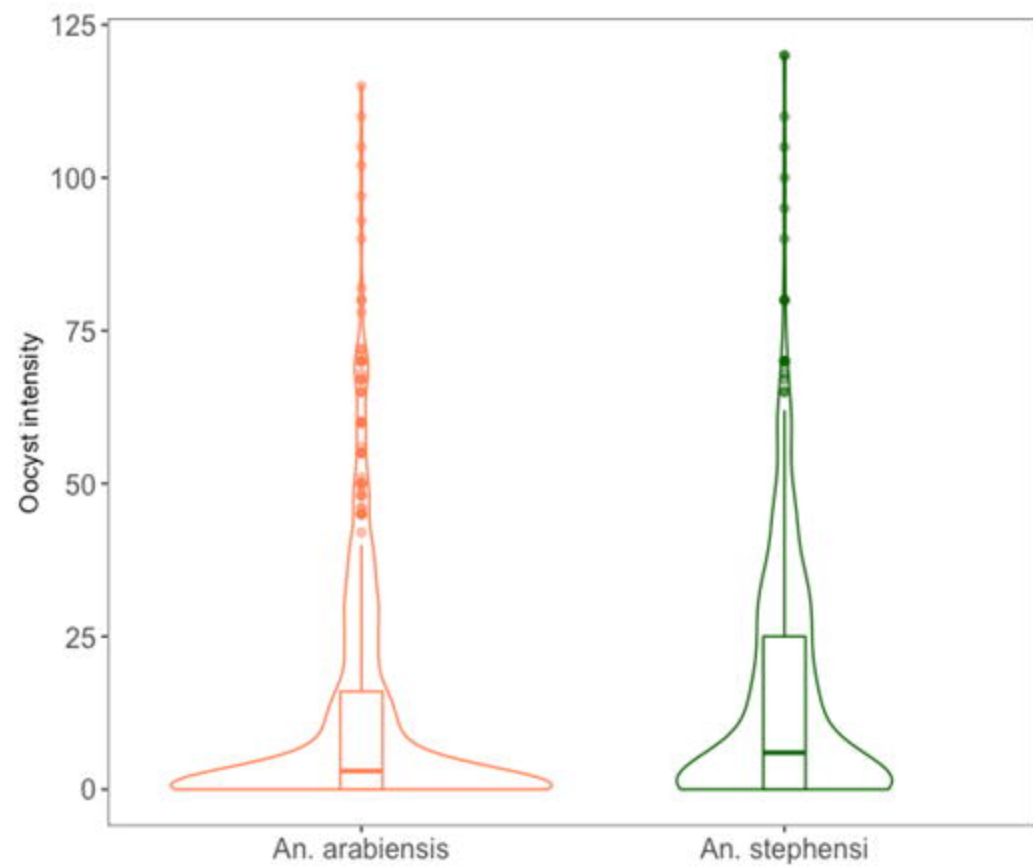
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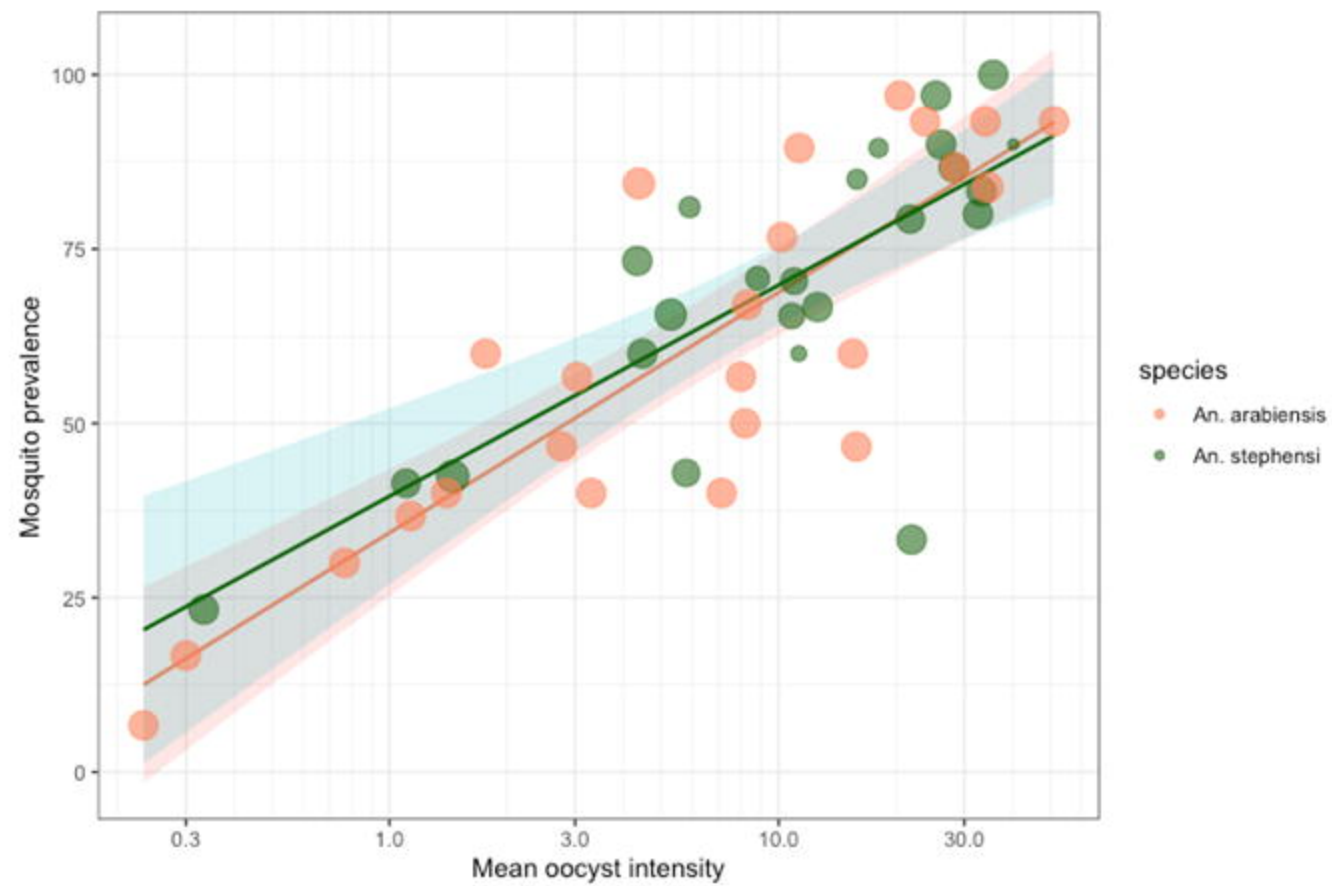


(A)**(B)****(C)**

(A)



(B)



(A)

Anopheles Stephansi Ethiopia Genotype 1 ★
 KM052589 AnStephensi Saudi Arabia
 KF933379 AnStephensi Djibouti
 AY702484 AnStephensi Iran
 EU359661 AnStephensi India
 AY702482 AnStephensi Iran
 44 Anopheles Stephansi Ethiopia Genotype 2 ★
 FJ526599 AnStephensi United Arab Emirates
 MH650999 AnStephensi Ethiopia ☆
 FJ154840 AnStephensi China
 100 FJ011430 AnStephensi China
 EU346652 AnStephensi Iraq
 DQ662409 AnStephensi Iran
 AY842526 AnStephensi Iran
 EU346653 AnStephensi Iraq
 63 AY842520 AnStephensi Iran
 100 KJ522817 AnMaculipalpis Kenya
 JN994142 AnMaculipalpis Zambia
 KR014835 AnMaculipalpis Zambia
 54 JQ446420 AnSawadwongporni India
 JQ446412 AnWillmori India
 JQ446411 AnWillmori India
 100 EU882061 AnWillmori Buhtan
 JF323947 AnMaculatus Tibet
 AF512552 AnWillmori China

0.050

(B)

MF975724 Sri Lanka
 MF975723 Sri Lanka
 MF975725 Sri Lanka
 MF975726 Sri Lanka
 MF975727 Sri Lanka
 MF975728 Sri Lanka
 MK170098 United Arab Emirates
 KX467337 India
 MH538704 India
 KT382827 Pakistan
 KJ528895 Saudi Arabia
 KF406681 Pakistan
 KF406680 Pakistan
 GU908046 South Africa
 58 FJ210894 Iran
 FJ210893 Iran
 AF425844 South Africa
 Ethiopia Haplotype 3 ★
 64 KF933378 Djibouti
 MF975731 Sri Lanka
 MH538703 India
 60 MF975730 Sri Lanka
 MF975729 Sri Lanka
 KF406682 Pakistan
 Ethiopia Haplotype 1 ★
 Ethiopia Haplotype 2 ☆
 54 KF406694 Pakistan
 MH651000 Ethiopia ★
 MF975722 Sri Lanka
 Ethiopia Haplotype 4 ★
 KJ528889 Saudi Arabia
 KJ528894 Saudi Arabia
 99 KJ528893 Saudi Arabia
 KJ528888 Saudi Arabia
 KJ528890 Saudi Arabia
 53 KJ528891 Saudi Arabia
 KJ528887 Saudi Arabia
 KJ528892 Saudi Arabia

0.0020