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## BACKGROUND

Japanese encephalitis (JE) is a vector-borne zoonosis and the leading cause of human acute encephalitis in Asia. Its epidemiological cycle is usually described as involving wild birds as reservoirs and pigs as amplifying hosts and *Culex spp* mosquitoes as vectors. JE is endemic in Cambodia, where it circulates in areas with low pig densities, and could be maintained in a multi-host system composed of pigs, but also poultry as competent hosts, and dogs, cattle and humans as non-competent hosts.

- Capacity of the epidemiological system to be invaded by JEV and sustain virus transmission in villages ( $R_0$ )?
- Quantification of human exposure in Kandal villages?
- How host community composition affects  $R_0$  and human exposure?
- Could dog JE seroprevalence be used as an indicator of human exposure to JEV?



## MATERIALS AND METHODS

Model calibration

Indicators estimation

$R_0$   
Probability of human exposure  
Incidence rate of human infections  
Average age at infection

Village/Multi-hosts system composition can impact indicators

$foi_h$   $foi_v$

$foi$ : force of infection  
 $v$ : vector  
 $h$ : host

Kandal village

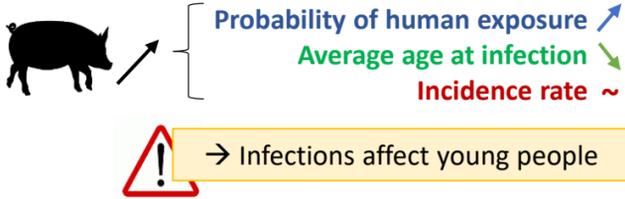
Dogs as a proxy for human exposure? :  
Dog seroprevalence X Probability of human exposure

## RESULTS

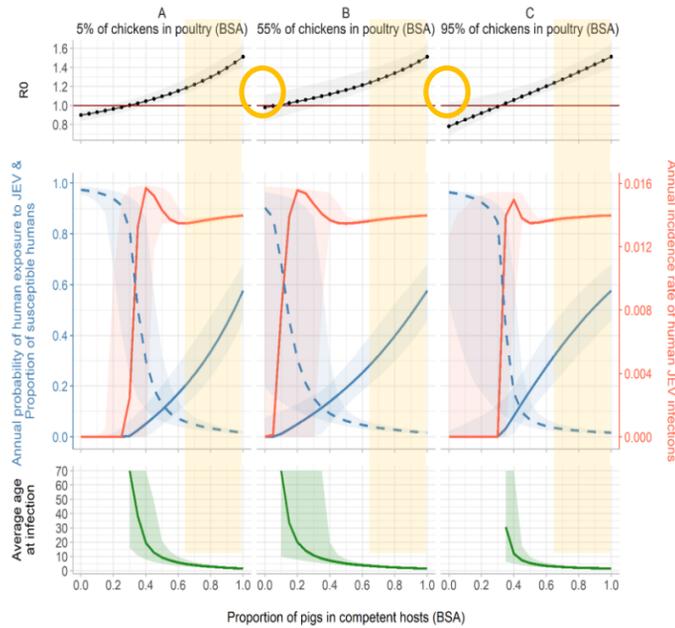
In a traditional village of Kandal province:

$R_0$	1.1-1.4
Exposure probability	9-47 %
Incidence	24-56 people/village/year
Age at infection	2-11 years old

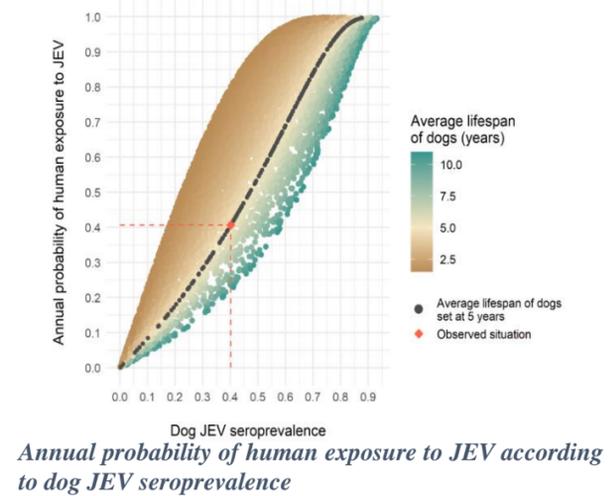
$R_0$  principally influenced by proportion of pigs in the system  
Scenario B, 0 pigs :  $IC_{95\%} R_0$  includes 1 !



Village/multi-host system composition modification:



Dog seroprevalence as a proxy for human exposure?



## DISCUSSION, PERSPECTIVES

\*1<sup>st</sup> JEV model calibrated on field data in Cambodia that suggest a quantification of human exposure

\*Poultry potential reservoir of JEV

\*Estimated incidence of infection in Kandal: 14 infections for 1000 habitants / year

\*Clinical cases incidence? : 1/500 to 1/250 of infections would be symptomatic (hospital based data)

→ 3/100 000 to 6/100 000 clinical cases / years in Kandal

Average age at infection low → severe cases → intensify vaccination of children in Cambodia

