

Climate Change and One Health

Update Course in Clinical Tropical Medicine & Travelers' Health 2025
November 9, 2025

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Outline of the Talk

- What is One Health?
- Example: Antimicrobial resistant bacteria (AMR)
 - How do animals contribute to AMR?
 - Why does animal AMR matter to humans?
 - How does climate change fit into all of this?
 - How could this affect the U.S.?






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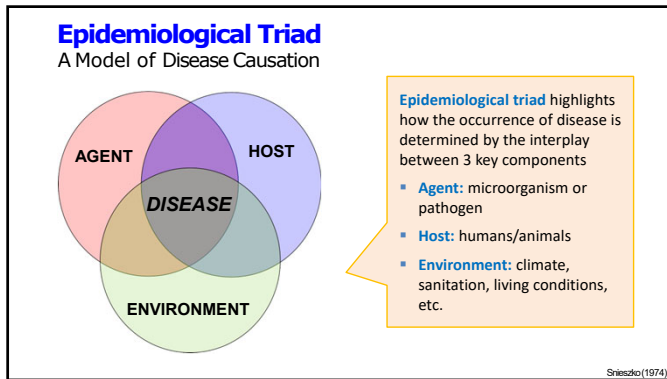
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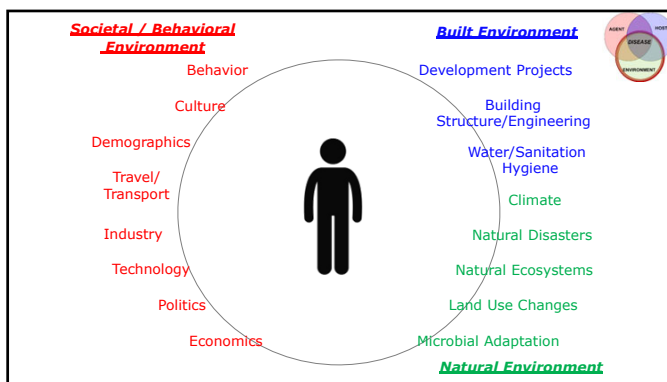


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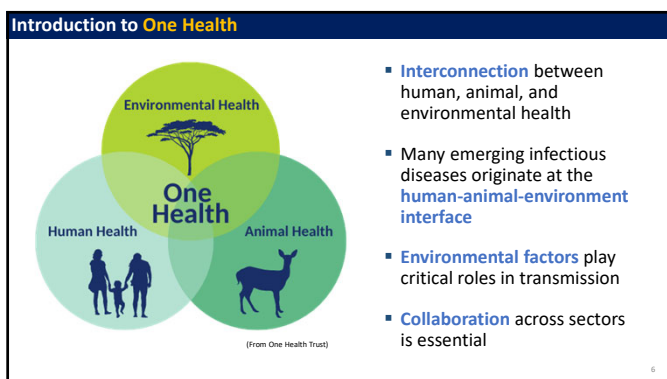
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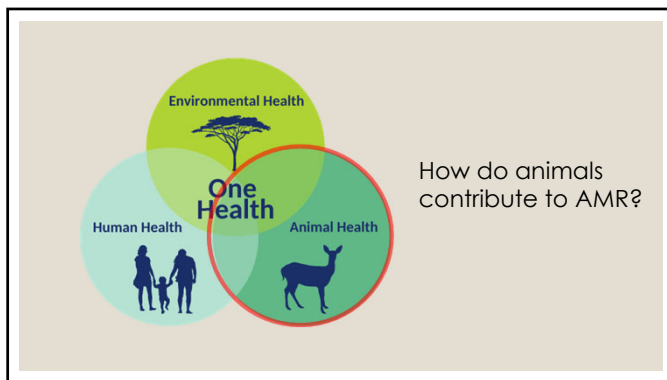
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What is the Link Between **Animals** and **AMR**?

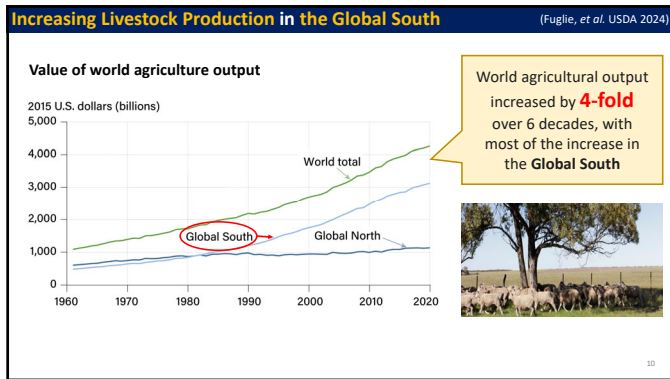
(Van Boeckel, et al. Science 2017)

- **73%** of all antimicrobials sold on Earth are used in animals raised for food
 - Growing due to increasing demand for meat
- **Mass medication** of animals with antimicrobials critical to human medicine
 - 3rd-generation cephalosporins
 - fluoroquinolones
- Long-term use in animal feed for **growth promotion**
 - Colistin
 - Tetracyclines
 - Macrolides

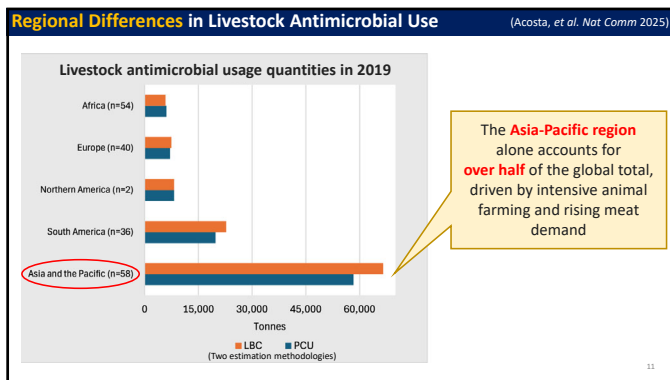


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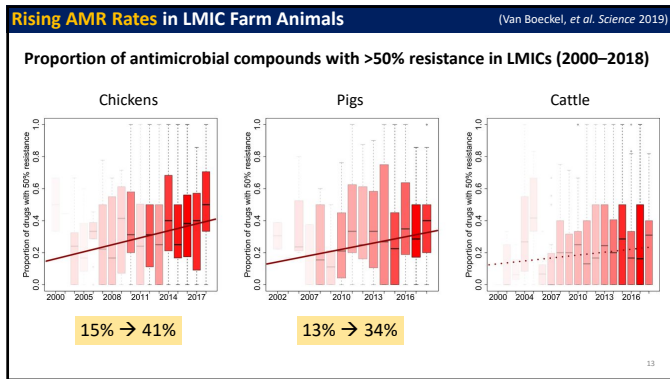
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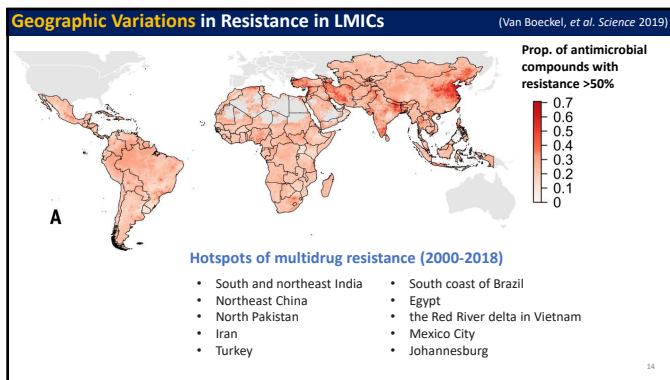
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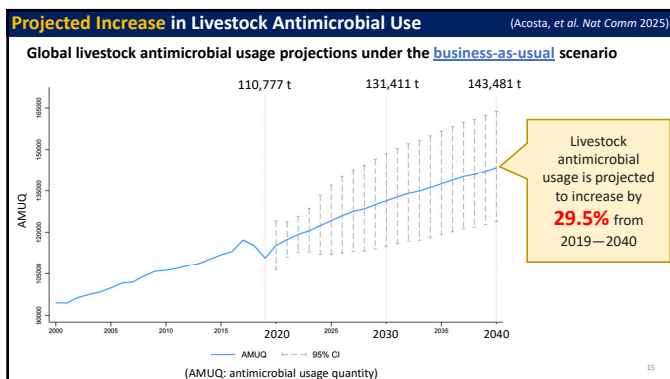
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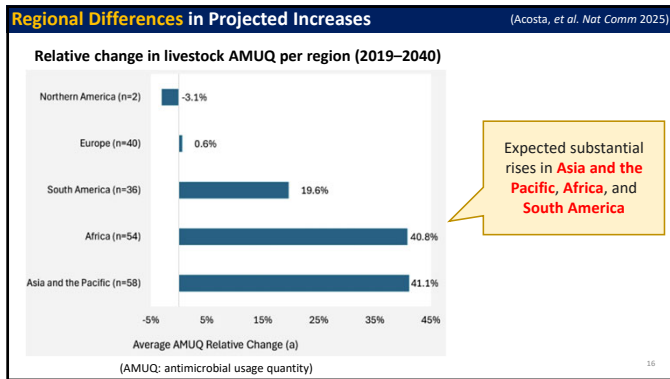
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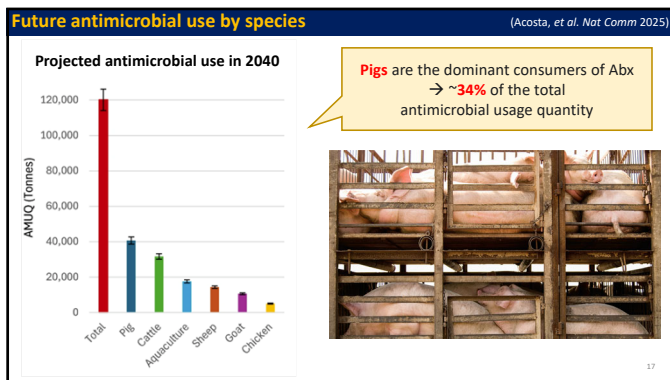
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Global effort to reduce antibiotic use in the agri-food system

79th United Nations General Assembly

- Committed to a **significant reduction** in global antimicrobial use in the agrifood system by **2030**

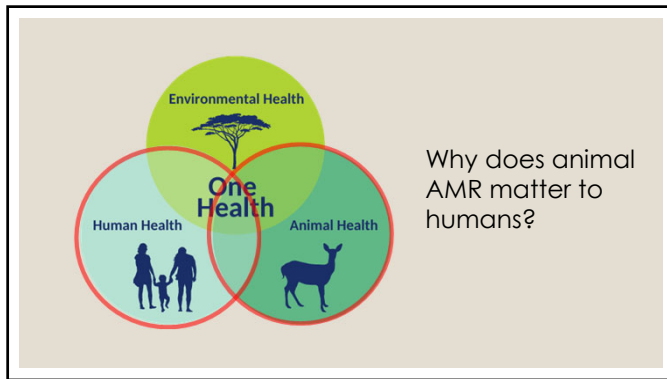
Muscat Ministerial Manifesto

- 47 countries have pledged to **decrease** antimicrobial use in agrifood systems by at least **30-50% by 2030**
- Preserve** critically important antimicrobials for human medicine
- End** the use of medically important antimicrobials for **growth promotion** in animal

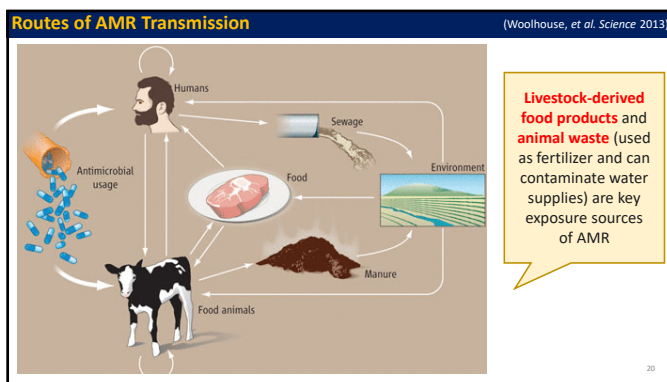
UN General Assembly High-Level Meeting on antimicrobial resistance 2024

المؤتمر الوزاري الثالث لمقاومة مضادات الميكروبات
Third Global High-Level Ministerial Conference on Antimicrobial Resistance

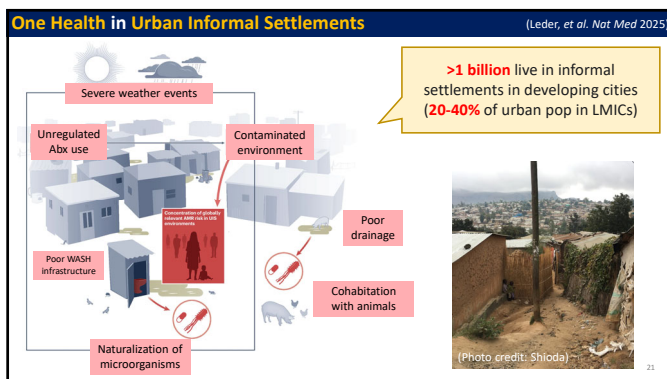
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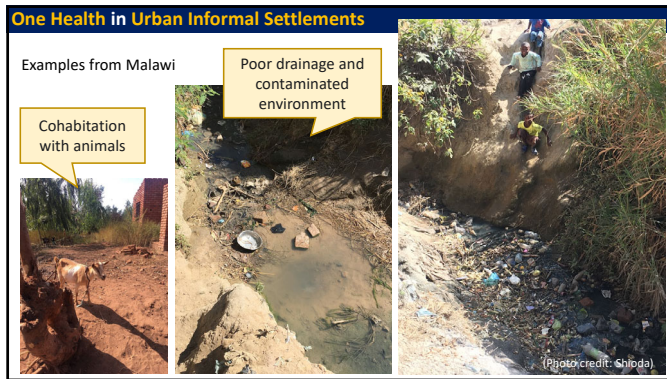
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Contamination at informal wet markets

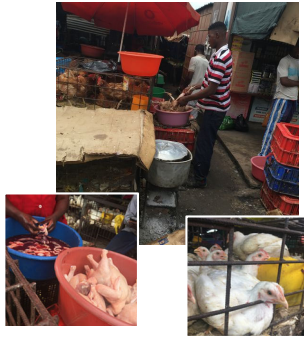
(Lamar, et al. EHP 2023; Olson et al. mSystems 2025)

Chicken meat contamination at informal wet market in Maputo

- 100% with *C. jejuni/coli*
- 17% with *Salmonella* spp.

Chicken meat contained high-risk antimicrobial resistance genes (ARGs)

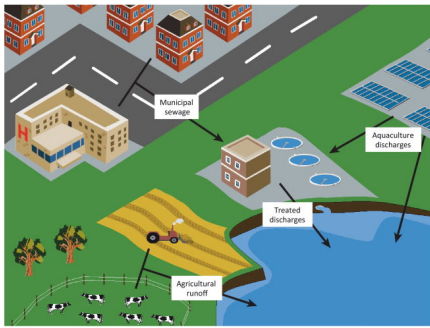
Open-air, live markets are a **critical juncture** in the spread of pathogenic bacteria and ARGs in a community



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Antimicrobial Resistance Genes in Aquatic Environments

(Marti, et al. Trends Microb. 2014)

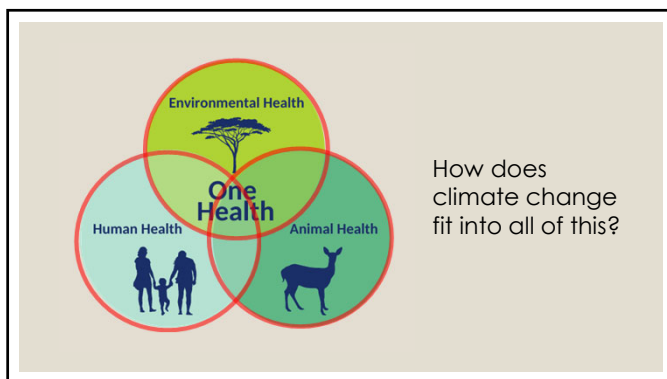


Anthropogenic activities disseminate ARGs in aquatic environments

- Aquaculture
- Municipal sewage
- Hospital wastewater
- Agricultural runoff

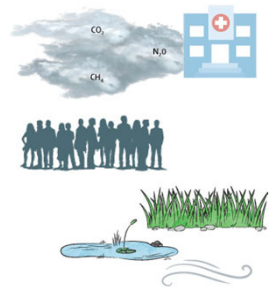
↓
Ideal settings for the **horizontal exchange** of mobile genetic elements

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Climate Change Drives AMR (van Bavel, et al. Lancet PH. 2024)



Climate change driving AMR


Climate change can:

- Modify **pathogen** habitat, distribution, evolution, and transmission
- Affect **practices and Abx use** in agriculture, aquaculture, and food production systems
- Alter **entire ecosystems**
 - Emergence/spread of ARGs
 - Thawing permafrost

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How Does Climate Change Play a Role? (van Bavel, et al. Lancet PH. 2024)



Harmful synergies

Climate change and AMR drive the re-emergence and expansion of IDs together


- Increasing water temp. and salinity gradients due to sea level rise
→ Vibrio-associated diseases with high levels of AMR
- Warmer temperature and climate variability (as well as land use change, inadequate prevention, drug resistance, socioeconomic status, health policy, etc.)
→ Re-emergence of malaria above particular latitudes (e.g., in the east African highlands)

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AMR Increases with Local Temperature (MacFadden, et al. Nat Climate Change. 2018)

Antibiotic resistance for *E. coli*



Increase in temperature of 10 °C was associated with an increase in AMR

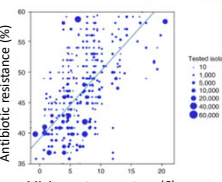
- 4.2% for *Escherichia coli*
- 2.2% for *Klebsiella pneumoniae*
- 2.7% for *Staphylococcus aureus*

(*Adjusted for confounders)

Potential mechanisms

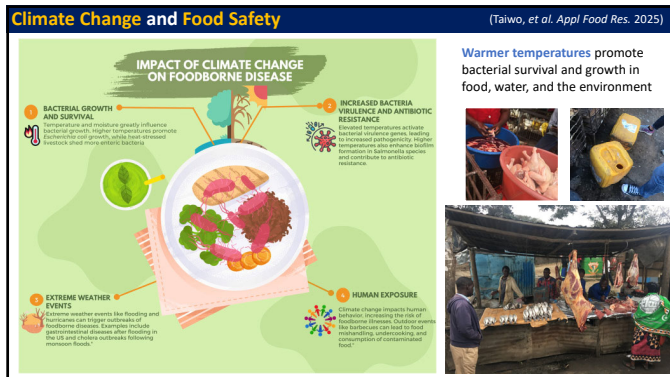
Higher temperature leads to:

- ↑ Horizontal gene transfer
- ↑ Bacterial growth in humans, animals, and the environment
- ↑ Carriage/transmission of resistant strains
- ↑ Transmission from food, agriculture, and environmental sources

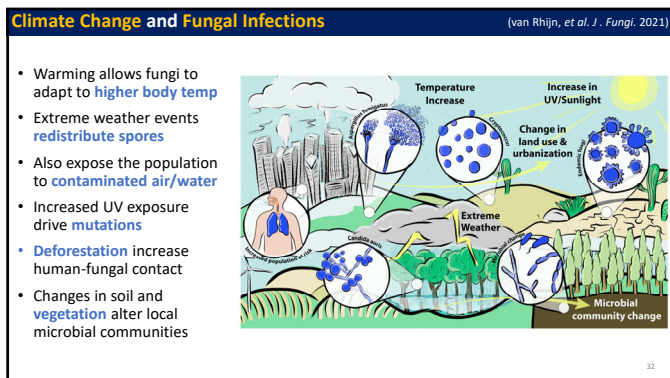


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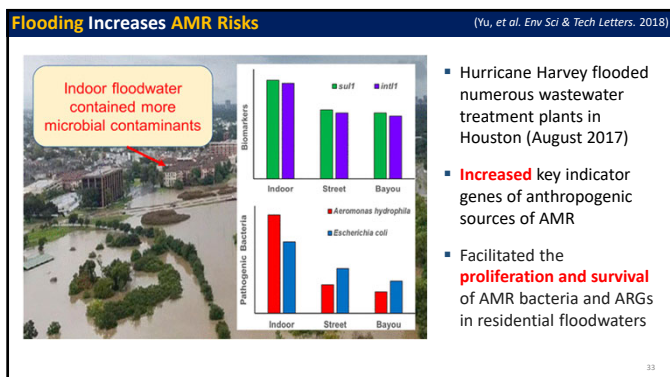
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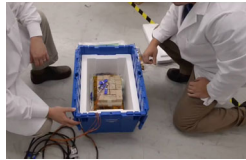
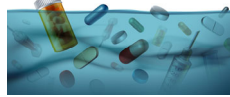
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Impact of Climate Change on Medicine

(Kaplan, et al. One Health 2025)

Climate change can:

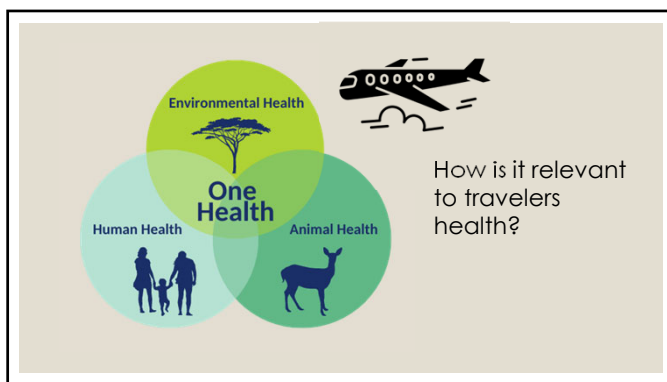
- Alter **environmental degradation** of medicines
- Degrade the **quality** of medicine
 - Heat-susceptible drugs



Use of antimicrobials with sub-therapeutic levels of active pharmaceutical ingredient can create **selection pressure** that drives resistance

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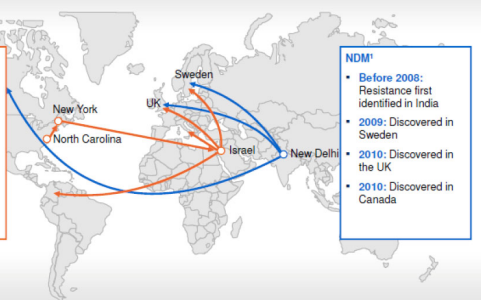


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International Travel Facilitates Spread of AMR

Movement of two strains of Carbapenem-resistant *Klebsiella pneumoniae*
2000 - 2008

- KPC**
- 2000: First found in North Carolina
 - 2003: Isolates spread rapidly through New York
 - 2005: Found to be widespread throughout Israel
 - After 2005: Spreads to Italy, Colombia and Sweden



- NDM¹**
- Before 2008: Resistance first identified in India
 - 2009: Discovered in Sweden
 - 2010: Discovered in the UK
 - 2010: Discovered in Canada


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Resistant Bacteria Travel with Humans (Ruppe E et al. Clin Infect Dis 2015)

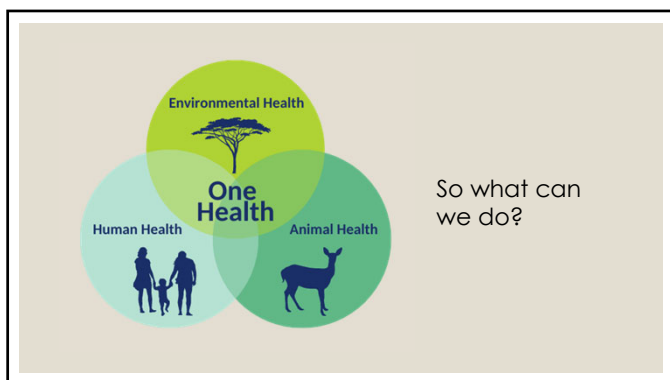
Study in Paris from 2012–2013

- 574 people who traveled to **high-risk countries** provided pre- and post-travel specimens
- 51% acquired **multidrug-resistant Enterobacteriaceae (MDR-E)**
- Most common after travel to:
 - South Asia (72%)
 - Sub-Saharan Africa (48%)
 - Latin America (31%)




Travel to tropical regions should be considered a **risk factor of MDR-E carriage** during the first 3 months after return, but not beyond

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One Health Solutions for AMR in an Era of Climate Change



- Biotechnological, public health, One Health, and nanotechnological advancements
 - Climate change adaptation/mitigation
 - Surveillance of AMR
 - Management of drug-resistant diseases
- Resilient farming

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Toward Solutions at the Human–Animal–Environment Interface

Policy Action

- Strengthen **regulation** of antimicrobial use in livestock and aquaculture
- Invest in AMR and One Health **surveillance** systems, especially in LMICs
- Support climate-resilient **infrastructure** for food safety and WASH

Research and Innovation

- Advance **interdisciplinary studies** on climate–AMR–health intersections
- Improve **diagnostics and alternatives** to antibiotics in animal production
- Monitor ARGs** in environmental reservoirs and informal food systems

Capacity Building

- Train local stakeholders in AMR **stewardship** and risk **communication**
- Foster **collaboration** between animal, environmental, and human health sectors
- Promote **climate-smart farming** and sustainable food systems

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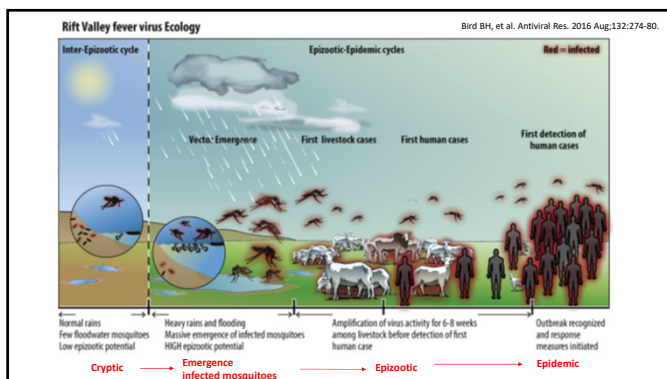
Example 2: Vector-borne diseases

- Rift Valley Fever virus prediction**

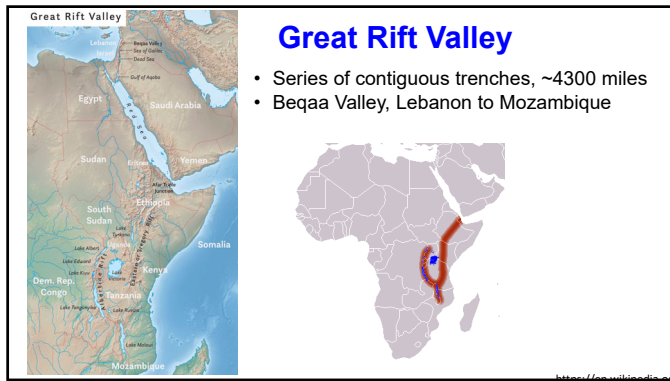


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Rift Valley Fever symptoms

Humans


- Mild disease (ILI)
- Ocular disease
- Meningoencephalitis
- Hemorrhagic disease
- Death
- Asymptomatic infection

Ruminants


- Abortion
- Death
- Asymptomatic infection



(FAO)



(SwissTPH, ILRI, FAO)



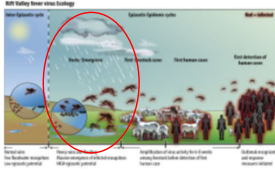
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RVF Forecasting

RVF outbreaks in endemic areas since 1950s

- Associated with cyclical patterns of El Niño/Southern Oscillation (**ENSO**)
- → Resulting in **elevated and widespread rainfall** across RVF endemic Africa



The diagram illustrates the RVF transmission cycle. It shows a cycle between ruminants and mosquitoes. Ruminants are infected by mosquitoes, and mosquitoes are infected by ruminants. The cycle is influenced by environmental factors like rainfall and temperature. A red circle highlights the 'Ruminant' and 'Mosquito' components of the cycle.

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Climate Variability: El Niño and La Niña

El Niño

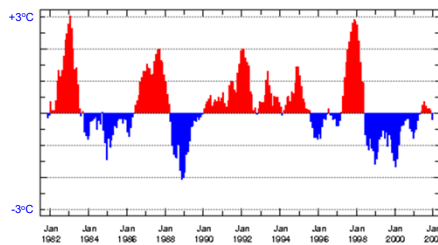
- Refers to **warmer** than normal sea surface temperatures (SST) across much of equatorial eastern & central Pacific
 - Time between El Niño events is irregular but tend to recur every 3-7 years
 - Usually last a year, up to two years

La Niña

- Refers to **cooler** than normal SST across much of equatorial eastern & central Pacific

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Nino 3.4 Sea Surface Temperature Index



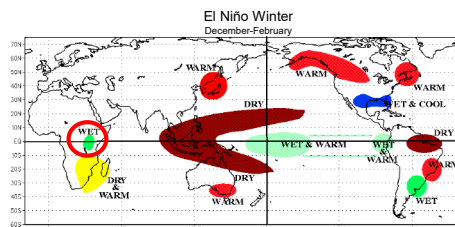
El Niño or La Niña Event

identified when 5-month running-average of NINO 3.4 Index exceeds $+0.4^{\circ}\text{C}$ for El Niño; or -0.4°C for La Niña for ≥ 6 consecutive months

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RVF Forecasting

RVF outbreaks since 1950s associated with cyclical patterns of **ENSO** resulting in elevated and widespread **rainfall** across **RVF endemic Africa**



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Flooding North Eastern Province, Kenya at onset of RVF epidemic, December 2006



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Prediction and Assessment of RVF Activity in East and Southern Africa 2006–2008

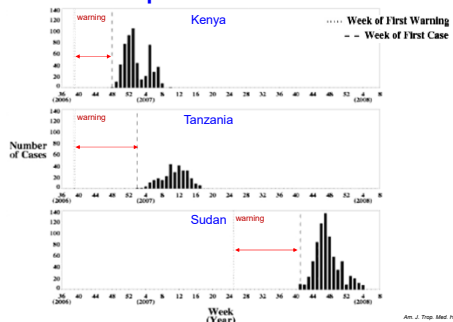
Satellite measurements of:

1. Global and regional elevated **sea surface temperatures**
2. Elevated **rainfall**
3. Satellite **derived-normalized difference vegetation index**

Together used to predicted, with **2–4 months lead times**, areas where human and animal RVF outbreaks were expected and occurred in the Horn of Africa, Sudan, and Southern Africa between September 2006 to March 2008

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Timing of First RVF Early Warning Alert and First Reported Human Case



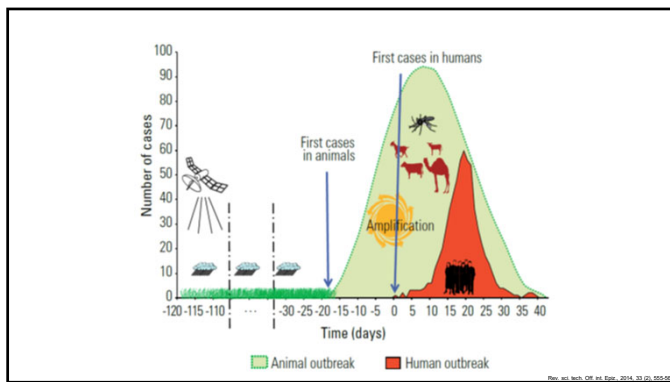
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RVF Forecasting

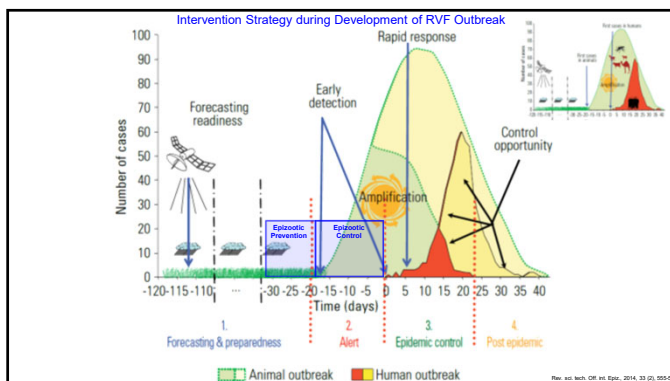
Prediction of outbreaks with enough lag time allows **preventive measures** to be taken:

- **Control of mosquito larvae**, particularly in flooded or soon to be flooded wetlands
- **Vaccination** of at risk livestock
- **Vaccination should be halted when epizootic commences!!!**
Problems with needle reuse and multiple dose vials have facilitated spread among livestock and increased risk to human populations

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24/7
OPEN SOURCE
EVENT BASED OUTBREAK
SURVEILLANCE
Launching April 24, 2025

The Biothreats Emergence, Analysis and Communications Network (BEACON) is an open-source informal surveillance program designed to revolutionize global biothreats surveillance and response. Leveraging advanced artificial intelligence (AI), large language models (LLMs) and a network of globally based experts, BEACON rapidly collects, analyzes, and disseminates information on emerging infectious diseases affecting humans, animals, and the environment.

BEACON
Biothreats Emergence, Analysis and Communications Network

ceid
Center for Emerging Infectious Diseases

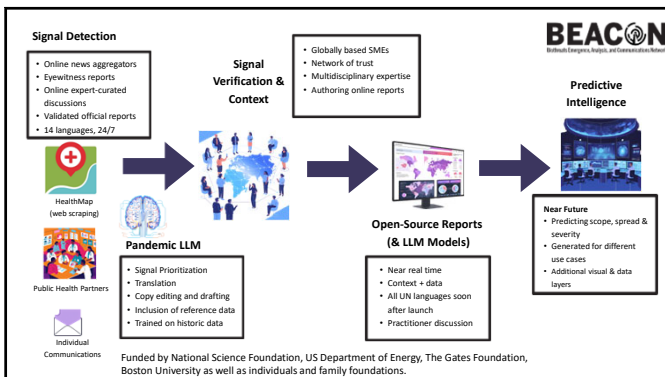
Technical partnerships:

- WHO Hub for Pandemic & Epidemiological Intelligence
- Coalition for Epidemic Preparedness Innovation
- World Organization for Animal Health
- UN Food & Agriculture Organization

- ONE HEALTH FOCUSED
- OPEN SOURCE
- POWERED BY AI/LLM
- VERIFIED BY GLOBALLY BASED EXPERTS
- INDEPENDENT, TRANSPARENT

Based at Boston University's Center on Emerging Infectious Diseases (CEID) and operated in partnership with the Hariri Institute for Computing and Data Sciences at Boston University and HealthMap at Boston Children's Hospital

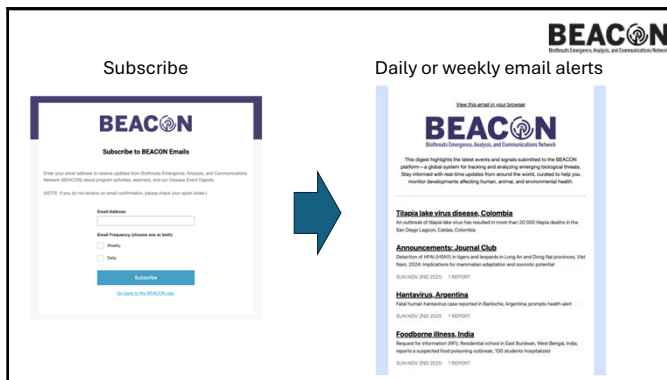
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Thank you so much!

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