

## RESEARCH ARTICLE

# Zika virus transmission by Brazilian *Aedes aegypti* and *Aedes albopictus* is virus dose and temperature-dependent

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## Abstract

### Background

Zika virus (ZIKV) emerged in the Pacific Ocean and subsequently caused a dramatic Pan-American epidemic after its first appearance in the Northeast region of Brazil in 2015. The virus is transmitted by *Aedes* mosquitoes. We evaluated the role of temperature and infectious doses of ZIKV in vector competence of Brazilian populations of *Ae. aegypti* and *Ae. albopictus*.

### Methodology/Principal findings

Two *Ae. aegypti* (Rio de Janeiro and Natal) and two *Ae. albopictus* (Rio de Janeiro and Manaus) populations were orally challenged with five viral doses ( $10^2$  to  $10^6$  PFU / ml) of a ZIKV strain (Asian genotype) isolated in Northeastern Brazil, and incubated for 14 and 21 days in temperatures mimicking the spring-summer (28°C) and winter-autumn (22°C) mean values in Brazil. Detection of viral particles in the body, head and saliva samples was done by plaque assays in cell culture for determining the infection, dissemination and transmission rates, respectively. Compared with 28°C, at 22°C, transmission rates were significantly lower for both *Ae. aegypti* populations, and *Ae. albopictus* were not able to transmit the virus. *Ae. albopictus* showed low transmission rates even when challenged with the highest viral dose, while both *Ae. aegypti* populations presented higher of infection, dissemination and transmission rates than *Ae. albopictus*. *Ae. aegypti* showed higher transmission efficiency when taking virus doses of  $10^5$  and  $10^6$  PFU/mL following incubation at 28°C; both *Ae. aegypti* and *Ae. albopictus* were unable to transmit ZIKV with virus doses of  $10^2$  and  $10^3$  PFU/mL, regardless the incubation temperature.

### Conclusions/Significance

The ingested viral dose and incubation temperature were significant predictors of the proportion of mosquito's biting becoming infectious. *Ae. aegypti* and *Ae. albopictus* have the ability to transmit ZIKV when incubated at 28°C. However Brazilian populations of *Ae.*

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**Citation:** Chouin-Carneiro T, David MR, de Bruycker Nogueira F, dos Santos FB, Lourenço-de-Oliveira R (2020) Zika virus transmission by Brazilian *Aedes aegypti* and *Aedes albopictus* is virus dose and temperature-dependent. PLoS Negl Trop Dis 14(9): e0008527. <https://doi.org/10.1371/journal.pntd.0008527>

**Editor:** Marcus Vinícius Guimarães Lacerda, Fundacao Oswaldo Cruz, BRAZIL

**Received:** September 26, 2019

**Accepted:** June 26, 2020

**Published:** September 8, 2020

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**Data Availability Statement:** All relevant data are within the manuscript.

**Funding:** This study was supported by Fundação de Amparo a Pesquisa do Estado do Rio de Janeiro FAPERJ to FBS grant number E-26/202.003/2016, to RLO grant numbers E-26/102.351/2013 and E-26/201.335/2016, Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) grant number 302462/2018-0 to FBS, to RLO grant number 309577/2013-6, CAPES-COFECUB to RLO

grant number 799/14, National Institute of Health (NIH) to RLO grant number 1U01 AI115595-01, Financiadora de Estudos e Projetos (FINEP) to RLO grant number 04.16.0058.02, the European Union's Horizon 2020 Research and Innovation Programme under ZIKAlliance to RLO grant number 734548, TCC was supported by fellowships from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) and CNPq. The funders had no role in the study design, data collection, analysis and decision to publish or preparation of the manuscript.

**Competing interests:** The authors have declared that no competing interests exist.

*aegypti* exhibit a much higher transmission potential for ZIKV than *Ae. albopictus* regardless the combination of infection dose and incubation temperature.

## Author summary

Zika virus is an arbovirus that has become endemic in Brazilian territory and in tropical and subtropical countries of the Americas since 2015. The virus is transmitted by *Aedes* mosquitoes. *Aedes aegypti* and *Aedes albopictus* are widespread in Brazil. To evaluate the influence of temperature and the effect of the infectious dose of ZIKV in vector competence, Brazilian populations of *Ae. aegypti* and *Ae. albopictus* were orally exposed to different infectious doses, distributed from  $10^2$  to  $10^6$  PFU / ml and incubated at 22°C and 28°C. We experimentally demonstrated that both populations of *Ae. aegypti* and *Ae. albopictus* have the ability to transmit ZIKV when incubated at 28°C, however the infectious dose strongly influenced the proportion of mosquitoes that were able to transmit the virus. *Ae. albopictus* populations showed low transmission rates when challenged with the highest viral dose, while *Ae. aegypti* populations are more susceptible, presenting high rates of infection, dissemination and transmission. When incubated at 22°C, *Ae. albopictus* populations were not able to transmit the virus. Combined, the results indicate that Brazilian populations of *Ae. aegypti* exhibit a much higher transmission potential for ZIKV than *Ae. albopictus*.

## Introduction

Zika virus (ZIKV) has recently emerged as a global public health emergency of international concern. ZIKV belongs to the *Flavivirus* genus, which also includes other important human pathogens such as dengue fever (DENV), yellow fever (YFV), West Nile (WNV), Japanese encephalitis (JEV), and tick borne encephalitis viruses (TBEV) [1]. The viral genome of ZIKV consists of an enveloped non-segmented, single-stranded, positive-sense RNA, which encodes three structural proteins (C, PrM, and E) and seven non-structural proteins (NS1, NS2A, NS2B, NS3, NS4A, NS4B, NS5) [2].

ZIKV was first identified in the Zika forest in Uganda in 1947 from monkeys, and later in humans in 1952 [3]. After its first isolation, ZIKV was sporadically detected in Africa and Asia, however the first major outbreak was reported in Yap Island, Micronesia in 2007 [4, 5]. More recently, Zika outbreaks were reported in French Polynesia and other Pacific islands in 2013–2014 [6–8], reaching Latin America in 2013–2015 [9–11]. Zika fever was believed to cause only a mild and self-limiting illness. However, it has emerged as a new public health threat since the outbreak in French Polynesia [12] and the explosive epidemic in Brazil in 2015, when ZIKV infection was responsible for an increase in severe congenital malformations (microcephaly) and neurological complications, mainly Guillain Barré Syndrome (GBS) [13–17]. In Brazil, the virus was detected for the first time in symptomatic patients in March 2015, in the cities of Camaçari, Bahia and in Natal, Rio Grande do Norte [9], both located in northeastern Brazil. By December 2015, all regions of the country had already reported autochthonous transmission, and estimates were that Zika suspected cases ranged from 440,000 to 1,300,000 [18]. ZIKV strains are grouped into two major genotypes: African and Asian [19]; genetic analysis has revealed that the Asian genotype has been responsible for the current global expansion of the virus [5, 20, 21].

ZIKV is transmitted to humans primarily through the bite of an infected *Aedes* (*Stg.*) species mosquito, mainly *Ae. aegypti* and possibly by *Ae. albopictus* [22]. Both are exotic species in the Americas [22, 23] and took advantage of trade development to spread throughout the tropics from their native area: *Ae. aegypti* from Africa and *Ae. albopictus* from Southeast Asia. The vector transmission occurs according to the following steps: a female mosquito may become infected after taking a blood meal on a viremic individual with subsequent virus replication in the epithelium of its midgut, from where the virus may disseminate or not to secondary tissues, including the salivary glands, and finally the viral particles are available in the saliva if the insect is permissive. Then a subsequent injection of infectious saliva into a human host during a bloodmeal the transmission is achieved.

Specific factors, including the mosquito and viral genetics, combined to external influences, particularly temperature, determine vector competence (VC) [24, 25]. VC is defined as the intrinsic permissiveness of a vector to infection, replication, and transmission of an agent such as a virus [26, 27].

Here, we investigated vector competence of *Ae. aegypti* and *Ae. albopictus* populations orally exposed to different infectious doses of ZIKV and incubated at two distinct temperatures aiming to better understand factors underlying a successful human-mosquito-human ZIKV transmission in Brazil.

## Materials and methods

### Ethical considerations

Mosquito-rearing protocols were approved by the Institutional Ethical Committee on Animal Use (CEUA-IOC license LW-34/14) at the Oswaldo Cruz Institute, Oswaldo Cruz Foundation. No specific permits were required to collect mosquitoes in the districts in Manaus, Natal and Rio de Janeiro.

### Mosquito populations

Four populations of Brazilian *Aedes* mosquitoes were used: (i) *Ae. aegypti* from Urca (AA-URC; F1 generation), Rio de Janeiro, coastal Southeast region; (ii) *Ae. aegypti* (AA) from Natal (AA-NAT; F1 generation), Rio Grande do Norte, coastal Northeast region; (iii) *Ae. albopictus* from Urca (AB-URC; F1 generation), Rio de Janeiro; (iv) *Ae. albopictus* from Manaus (AB-MAN; F1 generation), Amazonas, North region. The laboratory F1 mosquitoes generations were obtained from field collected eggs with ovitraps [28] settled around dwellings. After hatching, larvae were split by 150–200 individuals per pan, fed with 1 yeast tablet (LevLife, São Paulo, Brazil) renewed every 3–4 days and dissolved in 1 liter of dechlorinated tap water. Emerging adults were kept in cages at  $28^{\circ}\text{C}\pm 1^{\circ}\text{C}$  with 12:12h light-darkcycle, 80% relative humidity, and were supplied with a 10% sucrose solution.

### Viral strain

Mosquitoes were challenged with ZIKV strain of the American lineage (BRPE243/2015; GenBank KX197192), previously isolated from a patient's blood in Pernambuco, located in the Northeast region of Brazil, during the 2015 outbreak [29]). Viral titers were quantified via plaque-forming assay prior to experimental infection. ZIKV stock was produced in Vero cells (amplification step <5) maintained with Earle's 199 medium (Sigma Aldrich, St. Louis, MO, USA) supplemented with 5% fetal bovine serum (FBS), under an atmosphere containing 5%  $\text{CO}_2$ , and incubated at  $37^{\circ}\text{C}$ . Viral titers were quantified via plaque-forming assay in Vero cells prior to experimental infection. ZIKV was initially amplified to a viral concentration of  $10^6$

PFU/mL and later passed through a ten-fold serial dilution, producing five different viral doses, from  $10^2$  to  $10^6$  PFU/mL.

### Experimental ZIKV infection

Female mosquitoes at five to seven days post-emergence were isolated in feeding boxes and starved for 24 h. They were fed using an artificial feeding apparatus (Hemotek, Great Harwood, UK) with a mixture containing two parts washed erythrocytes and one part viral suspension supplemented with adenosine triphosphate (ATP) at a final concentration of 5mM. In the experimental design, for each population, 3–4 boxes of 60 mosquitoes each, per challenge dose, were exposed to the infectious blood meal, containing a total of 5 different virus doses:  $10^2$ ,  $10^3$ ,  $10^4$ ,  $10^5$  and  $10^6$  PFU/mL. After the infectious blood meal, only fully engorged females were transferred into new containers. Half of the exposed mosquitoes were incubated at two constant incubation temperatures 28°C and 22°C, and kept at 80% of humidity under a 12:12h light-dark cycle with free access to a 10% sucrose solution.

### Mosquito infection, dissemination, and transmission potential

Mosquitoes were randomly picked at 14 and 21 days post-infection (dpi). For each population, batches of 30 mosquitoes were analyzed to estimate VC parameters. Head and body (thorax and abdomen) were individually ground in 300  $\mu$ L of medium supplemented with 4% fetal bovine serum (FBS) and centrifuged at 10,000 g for 5 min at 4°C before titration. Saliva was collected from individual mosquitoes as described previously [30]. Briefly, legs and wings of each mosquito were removed followed by insertion of the proboscis into a 20  $\mu$ L tip containing 5  $\mu$ L FBS for 45 min. The FBS containing saliva was expelled into 45  $\mu$ L serum free media, and stored at -80°C, further analysis.

Samples of body and head homogenates and saliva were serially diluted and inoculated onto monolayers of Vero cells in 96-well plates. After 1 h incubation of homogenates at 37°C, 150  $\mu$ L of 2.4% CMC (carboxymethyl cellulose) in Earle's 199 medium was added per well. Cells were incubated for 7 days at 37°C then fixed with a crystal violet solution (0.2% in 10% formaldehyde and 20% ethanol). Presence of viral particles was assessed by the detection of cytopathic effect on the cells.

Infection rate (IR) was measured as the percentage of mosquitoes with infected body (thorax and abdomen) among the total number of mosquitoes analyzed. Disseminated infection rate (DIR) was estimated as the percentage of mosquitoes with infected heads (i.e., the virus had successfully crossed the midgut barrier to reach the mosquito hemocele) among the previously detected infected mosquitoes (i.e; abdomen/thorax positive). Transmission rate (TR) represents the percentage of mosquitoes with infectious saliva among mosquitoes with disseminated infection. Transmission efficiency (TE) was calculated as the overall proportion of females with infectious saliva among the total number of mosquitoes engorged with the infectious meal.

### Statistical analysis

Statistical analysis was conducted in R environment [31]. First, overall IR, DR, TR and TE (i.e. regardless incubation temperature, virus dose and dpi) for *Ae. aegypti* and *Ae. albopictus* were compared using Pearson's Chi-squared Test for Count Data. Backward stepwise logistic regression analysis was performed to identify significant effects of mosquito population, virus titer ( $10^2$  to  $10^6$  PFU/ml), incubation temperature (22 or 28°C), days post infection (14 or 21 dpi) (independent variables) and their interactions on mosquito infection (dependent variable). The influence of the same variables on virus dissemination in those mosquitoes with

infected bodies (i.e. dissemination) and the presence of ZIKV in the saliva of mosquitoes with disseminated infection (i.e. transmission) and in the total of tested specimens (i.e. transmission efficacy) were analyzed following the same procedure. The strength of association between each independent variable and ZIKV infection/dissemination/transmission was expressed by the Odds Ratio (OR) with a 95% confidence interval (95% CI).

## Results

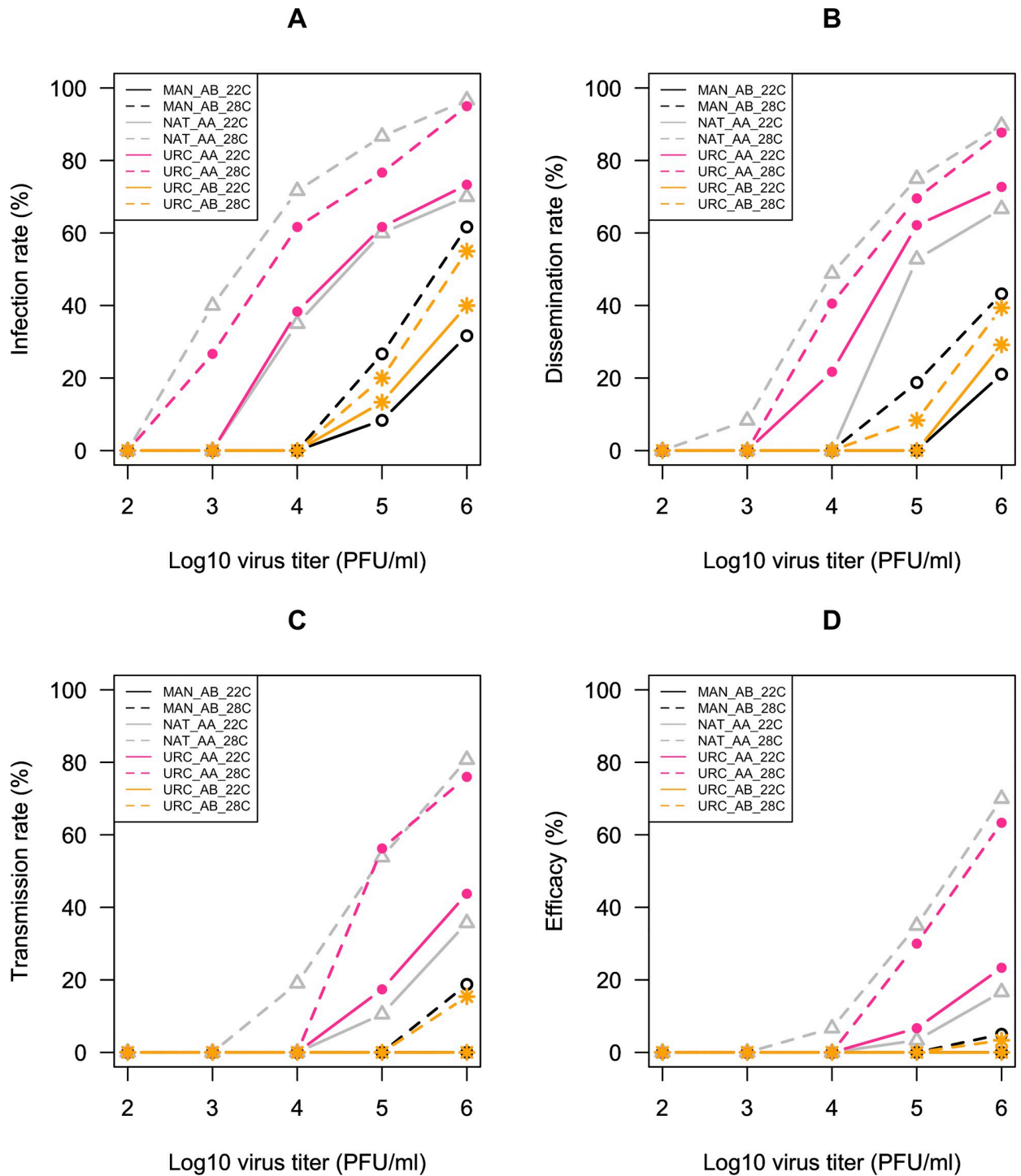
To evaluate the effect of different components in *Aedes* vector competence, two *Aedes aegypti* populations (referred to as URC\_AA and NAT\_AA) and two *Aedes albopictus* populations (referred to as URC\_AB and MAN\_AB) from Brazil were exposed to a ZIKV infectious blood meal (titers ranging from  $10^2$  to  $10^6$  PFU/ml) and incubated at 22°C or 28°C. Mosquito's body (for infection rate, IR), head (for dissemination infection rate, DR) and saliva (for transmission rate and transmission efficacy, TR and TE, respectively) were examined at 14 and 21 dpi. Since these time points exhibited low or no differences in ZIKV-positivity rates for IR, DR, TR and TE, 14 and 21 dpi data were combined in tables and graphic representations (Fig 1A–1D) to facilitate results interpretation. Raw data can be found in S1 Table.

ZIKV infection patterns were remarkable distinct between mosquito species, with overall IR, DR, TR and TE (i.e. regardless incubation temperature, virus titer and dpi) significantly higher for *Ae. aegypti* than for *Ae. albopictus* (Pearson's Chi-squared Test for Count Data for IR:  $\chi^2 = 295.27$ ,  $df = 1$ ,  $p$ -value  $< 0.01$ ; DR:  $\chi^2 = 44.15$ ,  $df = 1$ ,  $p$ -value  $< 0.01$ ; TR:  $\chi^2 = 19.75$ ,  $df = 1$ ,  $p$ -value  $< 0.01$ ; TE:  $\chi^2 = 19.75$ ,  $df = 1$ ,  $p$ -value  $< 0.01$ ) (Fig 1A–1D). Therefore, we chose to fit logistic models separately for *Ae. aegypti* and *Ae. albopictus*. Interactions between independent variables were not considered in the logistic regression analysis for *Ae. aegypti* TR and TE due to complete separation, as mosquitoes exhibiting virus in the saliva became relatively infrequent when data is divided in many subgroups. It was not possible to fit logistic regression models to *Ae. albopictus* TR and TE since only five specimens were found with positive saliva.

### ZIKV infection, dissemination and transmission in *Ae. aegypti*

We first analyzed the effects of mosquito population, virus titer, incubation temperature and dpi, as well as interactions among all factors, on *Ae. aegypti* ZIKV infection. The virus titer significantly impacted the ZIKV infection (logistic regression OR = 2.40, OR 95% CI: 1.19–4.87,  $z = 2.43$ ,  $p$ -value = 0.01), with no positive mosquito feed with  $10^2$  PFU/ml of virus for both populations. At  $10^3$  PFU/ml, infection was only detected when mosquitoes were incubated at 28°C. The highest IRs were reported at  $10^6$  PFU/ml of ZIKV: 96.7 and 95% for NAT\_AA and URC\_AA populations, respectively (Fig 1A, Table 1). We also found a significant correlation between IR and temperature (logistic regression OR for 28°C = 7.20, OR 95% CI: 4.48–11.59,  $z = 8.14$ ,  $p$ -value  $< 0.01$ ). For NAT\_AA, IRs ranged from 35% ( $10^4$  PFU/ml) to 70% ( $10^6$  PFU/ml) at 22°C and from 40% ( $10^3$  PFU/ml) to 96.7% ( $10^6$  PFU/ml) at 28°C. Regarding URC\_AA, IRs ranged from 38.3% ( $10^4$  PFU/ml) to 73.3% ( $10^6$  PFU/ml) at 22°C and from 26.7% ( $10^3$  PFU/ml) to 95% ( $10^6$  PFU/ml) at 28°C (Fig 1A, Table 1). The variable population was included in the final logistic regression model, but no significant difference was detected: NAT\_AA and URC\_AA exhibited similar IRs (46 and 43.3% regardless virus titer, temperature and dpi, respectively; S2A Table). In the same way, no statistically significant differences were detected between 14 and 21 dpi, with a slight increase in the IR from 41.7 to 47.7%, respectively (S2A Table). Finally, the IR was significantly associated with the interaction between population and temperature (logistic regression OR population:temperature = 0.52; OR 95% CI: 0.27–0.97;  $z = -2.04$ ,  $p$ -value = 0.04). This suggests that *Ae. aegypti* populations might vary in their response





**Fig 1.** Viral infection (A), dissemination (B) and transmission (C,D) after challenge *Aedes aegypti* and *Aedes albopictus* from Brazil with five different virus dose of ZIKV, from  $10^2$  to  $10^6$  PFU/mL, and incubated at 22°C and 28°C.

<https://doi.org/10.1371/journal.pntd.0008527.g001>

to different incubation conditions: at 22°C, IR for NAT\_AA and URC\_AA were very similar regardless virus titers in the infectious blood meal, while, at 28°C, IR for NAT\_AA were always higher than URC\_AA, except when fed with  $10^6$  PFU/ml of ZIKV (Fig 1A, Table 1).

**Table 1. *Aedes aegypti* infection, dissemination, transmission and transmission efficacy according to mosquito population, ZIKV titer and incubation temperature.**

Population	Virus titer (PFU/ml) *	Incubation T°C	Infection rate, %	Dissemination rate, %	Transmission rate, %	Transmission efficacy, %
NAT_AA	10 <sup>4</sup>	22°C	35 (21/60)	0 (0/21)	-	0 (0/60)
	10 <sup>5</sup>		60 (36/60)	52.78 (19/36)	10.53 (2/19)	3.33 (2/60)
	10 <sup>6</sup>		70 (42/60)	66.67 (28/42)	35.71 (10/28)	16.67 (10/60)
	10 <sup>3</sup>	28°C	40 (24/60)	8.33 (2/24)	0 (0/2)	0 (0/60)
	10 <sup>4</sup>		71.67 (43/60)	48.84 (21/43)	19.05 (4/21)	6.67 (4/60)
	10 <sup>5</sup>		86.67 (52/60)	75 (39/52)	53.85 (21/52)	35 (21/60)
URC_AA	10 <sup>4</sup>	22°C	38.33 (23/60)	21.74 (5/23)	0 (0/5)	0 (0/60)
	10 <sup>5</sup>		61.67 (37/60)	62.16 (23/37)	17.39 (4/23)	6.67 (4/60)
	10 <sup>6</sup>		73.33 (44/60)	72.73 (32/44)	43.75 (14/32)	23.33 (14/60)
	10 <sup>3</sup>	28°C	26.67 (16/60)	0 (0/16)	-	0 (0/60)
	10 <sup>4</sup>		61.67 (37/60)	40.54 (15/37)	0 (0/15)	0 (0/60)
	10 <sup>5</sup>		76.67 (46/60)	69.57 (32/46)	56.25 (18/32)	30 (18/60)
	10 <sup>6</sup>		95 (57/60)	80.72 (50/57)	76 (38/57)	63.33 (38/60)

14 and 21 dpi data were combined since they exhibited low or no differences in ZIKV-positivity rates.

\* Virus titer data showing no ZIKV infected mosquitoes was omitted. Raw complete data can be found in [S1 Table](#).

<https://doi.org/10.1371/journal.pntd.0008527.t001>

After, we analyzed the effects of the same variables on the probability of infected *Ae. aegypti* mosquitoes presenting disseminated ZIKV infection. Virus titer in the infectious meal and temperature were significantly correlated with the DR (logistic regression OR for virus titer = 3.84; OR 95% CI: 2.99–4.93;  $z = 10.52$ ,  $p$ -value < 0.01; OR for 28°C = 4.47; OR 95% CI: 2.44–8.20;  $z = 4.84$ ,  $p$ -value < 0.01). When taking 10<sup>3</sup>PFU/ml of ZIKV, viral dissemination was registered only for NAT\_AA population incubated at 28°C. From 10<sup>4</sup> PFU/ml onwards, DR was always higher at 28°C and increased with virus titer for both populations, reaching up to 89.6% for NAT\_AA ([Fig 1B](#), [Table 1](#)). Although populations exhibited similar overall DRs (58.3 and 60.4% for NAT\_AA and URC\_AA, respectively, disregarding the different incubation temperatures and virus titers in the infectious meal, [S2B Table](#)), they behaved differently when maintained at 22 or 28°C (logistic regression OR population:temperature = 0.43; OR 95% CI: 0.19–0.98;  $z = -1.10$ ,  $p$ -value = 0.045). DRs for URC\_AA samples were more homogeneous between 22 and 28°C than the NAT\_AA samples under the same incubation conditions ([Fig 1B](#), [Table 1](#)). The dpi (14 and 21 days) did not influence dissemination.

Considering the TR, the variables "virus titer" and "temperature" were included in the final logistic regression model, both being significant (logistic regression OR for 28°C = 6.15; OR 95% CI: 3.45–10.95;  $z = 6.17$ ,  $p$ -value < 0.01). Overall, TRs were similar for NAT\_AA and URC\_AA populations (49.1 and 47.1%, respectively) and 14 and 21 dpi (46.4 and 49.4%, respectively) ([S2C Table](#)). ZIKV transmission was possible from the ingestion of blood holding at least 10<sup>5</sup> PFU/ml of virus particles at both incubation temperatures, except for the NAT\_AA incubated at 28°C, which exhibited saliva-positive mosquitoes that had taken meals containing from 10<sup>4</sup> PFU/ml of ZIKV onwards. At 22°C, TR ranged from 10.5% (NAT\_AA at 10<sup>5</sup> PFU/ml of ZIKV) and 43.7% (URC\_AA at 10<sup>6</sup> PFU/ml of ZIKV), while it was between 19% (NAT\_AA at 10<sup>4</sup> PFU/ml of ZIKV) and 80.8% (NAT\_AA at 10<sup>6</sup> PFU/ml of ZIKV) at 28°C ([Fig 1C](#), [Table 1](#)). Epidemiologically, the percentage of mosquitoes that are able to deliver infectious virus in their saliva among all specimens exposed to an infectious blood meal (i.e. the vector competence) is the most important phenotype and can be adequately measured by the TE. We found a significant association between TE and virus titer, temperature and dpi for

*Ae. aegypti* (logistic regression OR for virus titer = 6.97, OR 95% CI: 5.02–9.69,  $z = 11.576$ ;  $p$ -value < 0.01; OR for 28°C = 15.27, OR 95% CI: 7.27–32.07,  $z = 7.20$ ;  $p$ -value < 0.01; OR for 21dpi = 1.09, OR 95% CI: 1.02–1.16,  $z = 2.57$ ;  $p$ -value = 0.01). There was a remarkable increase in ZIKV saliva-positive mosquitoes with virus titer in the infectious meal, i.e. from 6.7% (NAT\_AA, 28°C) at  $10^4$  PFU/ml to 70% (NAT\_AA, 28°C) at  $10^6$  PFU/ml of virus. TE was also higher for both *Ae. aegypti* populations incubated at 28°C than at 22°C at all virus titers (Fig 1D, Table 1). Finally, we registered a slightly increase in the TE with the time post infection, as 10.8% of *Ae. aegypti* were saliva-positive for ZIKV after 14 dpi against 14.7% at 21 dpi (combining populations, incubation temperatures and virus doses, S2D Table).

### ZIKV infection, dissemination and transmission in *Ae. albopictus*

We analyzed the effects of mosquito population, virus titer, incubation temperature and dpi, as well as interactions among all factors, on *Ae. albopictus* ZIKV IR. Among all tested variables, virus titer in the infectious meal (logistic regression OR = 7.61; OR 95% CI: 5.42–10.67,  $z = 11.74$ ,  $p$ -value < 0.01) and incubation temperature were those significantly impacting IR (OR = 4.21; OR 95% CI: 2.04–7.04,  $z = 11.74$ ,  $p$ -value < 0.01). *Ae. albopictus* only became infected when taking  $10^5$  and  $10^6$  PFU/ml of ZIKV regardless the incubation temperature (S3A Table). At 22°C, IRs ranged from 8.3% (MAN\_AB,  $10^5$  PFU/ml) to 40% (URC\_AB,  $10^6$  PFU/ml), while at 28°C they varied between 20% (URC\_AB,  $10^5$  PFU/ml) and 61.7% (MAN\_AB,  $10^6$  PFU/ml) (Fig 1A, Table 2). Virus titer and temperature also significantly impacted ZIKV dissemination (logistic regression OR for virus titer = 5.52, OR 95% CI: 1.81–16.80,  $z = 3.01$ ,  $p$ -value < 0.01; OR for 28°C = 2.34, OR 95% CI: 1.05–5.24,  $z = 2.07$ ,  $p$ -value = 0.04) (S3B Table). At 22°C, dissemination was only possible at  $10^6$  PFU/ml of virus with DRs between 21.2 and 29.2% for MAN\_AB and URC\_AB, respectively. At 28°C, *Ae. albopictus* DRs were 8.3 and 39.4% (URC\_AB) and 18.7 and 43.2% (MAN\_AB) at  $10^5$  and  $10^6$  PFU/ml, respectively (Fig 1B, Table 2). Regarding transmission, ZIKV was detected in the saliva of five *Ae. albopictus* females, three from the MAN\_AB and two from the URC\_AB, all of them at  $10^6$  PFU/ml of virus at 28°C. Under these conditions, TR and TE were 15.4 and 3.3%, respectively, for the MAN\_AB and 18.7 and 5%, respectively, for the URC\_AB (Fig 1C and 1D, Tables 2 and S3C and S3D).

### Discussion

In this study, we provide evidence that the transmission potential of ZIKV by *Aedes aegypti* and *Aedes albopictus* depends on a complex interaction between mosquito vector population,

**Table 2. *Aedes albopictus* infection, dissemination, transmission and transmission efficacy according to mosquito population, ZIKV titer and incubation temperature.**

Population	Virus titer (PFU/ml) <sup>a</sup>	Incubation T°C	Infection rate, %	Dissemination rate, %	Transmission rate, %	Transmission efficacy, %
URC_AB	$10^5$	22°C	13.33 (8/60)	0 (0/8)	-	0 (0/60)
	$10^6$		40 (24/60)	29.17 (7/24)	0 (0/7)	0 (0/60)
	$10^5$	28°C	20 (12/60)	8.33 (1/12)	0 (0/1)	0 (0/60)
	$10^6$		55 (33/60)	39.39 (13/33)	15.38 (2/13)	3.33 (2/60)
MAN_AB	$10^5$	22°C	8.33 (5/60)	0 (0/5)	-	0 (0/60)
	$10^6$		31.67 (19/60)	21.25 (4/19)	0 (0/4)	0 (0/60)
	$10^5$	28°C	26.67 (16/60)	18.75 (3/16)	0 (0/3)	0 (0/60)
	$10^6$		61.67 (37/60)	43.24 (16/37)	18.75 (3/16)	5 (3/60)

14 and 21 dpi data were combined since they exhibited low or no differences in ZIKV-positivity rates. \* Virus titer data showing no ZIKV infected mosquitoes was omitted. Raw complete data can be found in S1 Table.

<https://doi.org/10.1371/journal.pntd.0008527.t002>



temperature and viral infectious dose in the blood meal. Generally high viral doses are used in experimental studies, which probably do not occur in nature, as ZIKV blood viremia has been shown to be on average lower than observed in other arbovirus systems [5, 32]. Understanding mosquito infectivity at different viremia levels is important in assessing the role of virus titer capable of successfully sustaining human-to-mosquito ZIKV transmission. In addition, further investigations of genetic and environmental contributions are needed, such as the interactions between mosquito population, viral strain and temperature on the viral transmission potential, which is still poorly explored for ZIKV.

Our results indicated that the viremia in the blood meal had an effect on probability of *Aedes* mosquitoes becoming infected, disseminating infection and subsequently expectorating viral particles. Comparatively, at a temperature of 28°C, the lowest dose of virus in artificial blood meals required for viral infection and dissemination in *Ae. albopictus* was 10<sup>5</sup> PFU/mL. However, in *Ae. aegypti*, smaller virus doses were required for virus infection: 10<sup>3</sup> PFU/mL for Natal population and 10<sup>4</sup> PFU/mL for Rio de Janeiro population, while for the virus dissemination was necessary a virus titer of 10<sup>4</sup> PFU/mL for both populations. It is worth noting that *Ae. aegypti* population from Natal when challenged with the different virus doses showed higher IR, DIR and TR when compared to the *Ae. aegypti* population from Rio de Janeiro, at both temperatures. Maybe, this outcome is due to a close interaction between the vector population and the viral genotype, both originating from Northeastern Brazil. These variations demonstrate the importance of considering genetic variation of populations when assessing vector competence.

Roundy *et al* 2017 [33] revealed variation in vector competence of *Ae. aegypti* from Salvador/Brazil when orally exposed to ZIKV strain from Mexico (Asian genotype) with different virus doses (10<sup>4</sup>, 10<sup>5</sup> e 10<sup>6</sup> FFU/mL) at 27 ± 1°C. According to these authors, high infection and dissemination only occurred after the challenged *Aedes* population from Salvador took artificial blood meals with a concentration of 10<sup>6</sup> FFU/mL and showed no dissemination with a concentration of 10<sup>4</sup> FFU/mL at 14 dpi. Ciota *et al* 2017 [34] suggested that the minimum infective dose of ZIKV to *Aedes* is 10<sup>4.2</sup> PFU/mL at 27°C, while infection was detected in the two *Ae. aegypti* populations we orally challenged with 10<sup>2</sup> and 10<sup>3</sup> PFU/mL and incubated at a temperature of only 1°C less (27°C). Our findings show that rates of infection and dissemination in *Ae. aegypti* were significantly reduced when artificial blood meal titers were less than 10<sup>4</sup> PFU/mL.

*Ae. aegypti* and *Ae. albopictus* were unable to transmit ZIKV with a virus doses of 10<sup>2</sup> and 10<sup>3</sup> PFU/mL despite the incubation temperature (22°C and 28°C). *Ae. aegypti* showed higher TE when taking a virus doses of 10<sup>5</sup> and 10<sup>6</sup> PFU/mL at 28°C, while both *Ae. albopictus* populations presented a null transmission efficiency of the ZIKV incubated at 22°C and significantly low TE even at 28°C, even taking a blood containing the highest viral titers, such as 10<sup>5</sup> and 10<sup>6</sup> PFU/mL. Azar *et al.*, 2017 [35] showed that vector competence in *Ae. albopictus* is potentially dependent on geographic origin of both the mosquito population and the viral strain. An *Ae. albopictus* population from Salvador, northeast Brazil, tested by these authors shed no virus into saliva in 14 days of extrinsic incubation at 27 ± 1°C even when orally exposed to high titers (6 or 7 log<sub>10</sub> FFU/mL) of two American strains of ZIKV.

The statistical differences in infection and transmission rates among these species suggest the presence of a midgut barrier to dissemination and, more significantly, a strong salivary gland barrier in *Ae. albopictus*. Overcoming such barriers occurred only after the challenged *Ae. albopictus* population took artificial blood meals with a concentration of 10<sup>5</sup> PFU/mL at 28°C.

However, it is important to mention that despite the limited vector capacity showed by *Ae. albopictus*, at least for the ZIKV strain circulating in Brazil, adaptive mutations may occur over

time leading to an increase in ZIKV transmission efficiency, as described for CHIKV [36]. This finding highlights the need to consider the complex interplay between genetic and environmental variabilities for better understanding of pathogen-host interactions.

We also show that the effects of variation in virus dose on vector competence is strongly driven by temperature. In other arbovirus systems, studies have already demonstrated that temperature may alter interactions between the virus genotype and the mosquito genotype, affecting significantly the vector competence [37–44]. Interestingly, we found that the relationship between IR, DIR and TR changed depending on the temperature of incubation. For ZIKV, we demonstrated that *Ae. aegypti* and *Ae. albopictus* populations from Brazil presented higher TRs at 28°C than at 22°C with the same virus doses, indicating that virus transmission was significantly determined by incubation temperature. According to Tesla *et al.* 2018 low temperatures restrict midgut escape and dissemination, resulting in a lower proportion of the mosquito population that become infectious. Warmer temperatures, on the other hand, were very permissive for ZIKV infection with ZIKV transmission optimized at a mean temperature of approximately 29°C. Daily temperature fluctuations that occur under natural environmental conditions have been shown to influence the vector competence in dengue viruses [45]. Although the effect of temperature on vector competence has been assessed using constant temperatures, our results indicate that seasonal temperature variation in Brazil would likely affect ZIKV replication within *Aedes* populations.

Notably, *Aedes aegypti* populations used in this study efficiently transmitted ZIKV after orally challenged with a virus dose of  $10^6$  PFU/mL and incubated at 28°C, showing high rates of infection, dissemination and transmission, according with Fernandes *et al.* 2016 that described high vector competence in several Brazilian populations of *Ae. aegypti* strains challenged with three strains of ZIKV also isolated in Brazil [46, 47]. There is a strong evidence that vector competence can vary across mosquito populations due the specific combination of mosquito and ZIKV, dengue and chikungunya virus genotypes [24, 25, 33, 39, 48–50]. We hypothesized that higher transmission rates could be due to the fact that we paired ZIKV belong to the American lineage that was previously isolated from human from the city of Recife, northeast Brazil [29] and *Aedes aegypti* and *Aedes albopictus* population collected in the same country.

In conclusion, we experimentally demonstrated that the tested Brazilian populations of *Ae. aegypti* exhibit a higher transmission potential for ZIKV than *Ae. albopictus*, but the virus dose and temperature were significant predictors of the proportion of mosquito whose bites became infectious. Combined, our results indirectly reinforce the main role of *Ae. aegypti* in ZIKV transmission in Brazil.

## Supporting information

**S1 Table. Infection, dissemination, transmission and transmission efficacy for *Aedes aegypti* and *Aedes albopictus* according to mosquito population, ZIKV dose, incubation temperature and days post infection.**

(DOC)

**S2 Table.** Backward stepwise logistic regression analysis to evaluate the influence of mosquito population, incubation temperature, virus titer and days post infection on *Aedes aegypti* ZIKV infection (A), dissemination (B), transmission (C) and transmission efficacy (D) rates.

(DOC)

**S3 Table.** Backward stepwise logistic regression analysis to evaluate the influence of mosquito population, incubation temperature, virus titer and days post infection on *Aedes albopictus*

ZIKV infection (A), dissemination (B), transmission (C) and transmission efficacy (D) rates. (DOC)

## Acknowledgments

We are grateful to all staff at Laboratório de Mosquitos Transmissores de Hematozoários for technical support. We also thank Luiz Paulo de Brito Oliveira and Stéphanie Silva Campos for their assistance in the experiments. To Dr Jeffrey Powell for English editing. The CNPq, CAPES, FAPERJ and FIOCRUZ supported this study. TCC is a CAPES fellowship recipient.

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## References

1. Weaver SC, Barrett AD. Transmission cycles, host range, evolution and emergence of arboviral disease. *Nat Rev Microbiol*. 2004; 2(10):789–801. <https://doi.org/10.1038/nrmicro1006> PMID: 15378043
2. Song BH, Yun SI, Woolley M, Lee YM. Zika virus: History, epidemiology, transmission, and clinical presentation. *J Neuroimmunol*. 2017; 308:50–64. <https://doi.org/10.1016/j.jneuroim.2017.03.001> PMID: 28285789
3. Dick GW, Kitchen SF, Haddock AJ. Zika virus. I. Isolations and serological specificity. *Trans R Soc Trop Med Hyg*. 1952; 46(5):509–20. [https://doi.org/10.1016/0035-9203\(52\)90042-4](https://doi.org/10.1016/0035-9203(52)90042-4) PMID: 12995440
4. Duffy MR, Chen TH, Hancock WT, Powers AM, Kool JL, Lanciotti RS, et al. Zika virus outbreak on Yap Island, Federated States of Micronesia. *The New England journal of medicine*. 2009; 360(24):2536–43. <https://doi.org/10.1056/NEJMoa0805715> PMID: 19516034
5. Lanciotti RS, Kosoy OL, Laven JJ, Velez JO, Lambert AJ, Johnson AJ, et al. Genetic and serologic properties of Zika virus associated with an epidemic, Yap State, Micronesia, 2007. *Emerging Infectious Diseases*. 2008; 14(8):1232–9. <https://doi.org/10.3201/eid1408.080287> PMID: 18680646
6. Dupont-Rouzeyrol M, O'Connor O, Calvez E, Daures M, John M, Grangeon JP, et al. Co-infection with Zika and dengue viruses in 2 patients, New Caledonia, 2014. *Emerging Infectious Diseases*. 2015; 21(2):381–2. <https://doi.org/10.3201/eid2102.141553> PMID: 25625687
7. Tognarelli J, Ulloa S, Villagra E, Lagos J, Aguayo C, Fasce R, et al. A report on the outbreak of Zika virus on Easter Island, South Pacific, 2014. *Arch Virol*. 2016; 161(3):665–8. <https://doi.org/10.1007/s00705-015-2695-5> PMID: 26611910
8. Musso D, Nilles EJ, Cao-Lormeau VM. Rapid spread of emerging Zika virus in the Pacific area. *Clin Microbiol Infect*. 2014; 20(10):O595–6. <https://doi.org/10.1111/1469-0691.12707> PMID: 24909208

9. Zanoluca C, Melo VC, Mosimann AL, Santos GI, Santos CN, Luz K. First report of autochthonous transmission of Zika virus in Brazil. *Mem Inst Oswaldo Cruz*. 2015; 110(4):569–72. <https://doi.org/10.1590/0074-02760150192> PMID: 26061233
10. Campos GS, Bandeira AC, Sardi SI. Zika Virus Outbreak, Bahia, Brazil. *Emerg Infect Dis*. 2015; 21(10):1885–6. <https://doi.org/10.3201/eid2110.150847> PMID: 26401719
11. Faria NR, Azevedo R, Kraemer MUG, Souza R, Cunha MS, Hill SC, et al. Zika virus in the Americas: Early epidemiological and genetic findings. *Science*. 2016; 352(6283):345–9. <https://doi.org/10.1126/science.aaf5036> PMID: 27013429
12. Cao-Lormeau VM, Roche C, Teissier A, Robin E, Berry AL, Mallet HP, et al. Zika virus, French polynesia, South pacific, 2013. *Emerg Infect Dis*. 2014; 20(6):1085–6. <https://doi.org/10.3201/eid2006.140138> PMID: 24856001
13. Oehler E, Watrin L, Larre P, Leparc-Goffart I, Lastere S, Valour F, et al. Zika virus infection complicated by Guillain-Barre syndrome—case report, French Polynesia, December 2013. *Euro Surveill*. 2014; 19(9).
14. Musso D, Gubler DJ. Zika Virus. *Clin Microbiol Rev*. 2016; 29(3):487–524. <https://doi.org/10.1128/CMR.00072-15> PMID: 27029595
15. Cao-Lormeau VM, Blake A, Mons S, Lastere S, Roche C, Vanhomwegen J, et al. Guillain-Barre Syndrome outbreak associated with Zika virus infection in French Polynesia: a case-control study. *Lancet*. 2016; 387(10027):1531–9. [https://doi.org/10.1016/S0140-6736\(16\)00562-6](https://doi.org/10.1016/S0140-6736(16)00562-6) PMID: 26948433
16. Malta JM, Vargas A, Leite PL, Percio J, Coelho GE, Ferraro AH, et al. Guillain-Barre syndrome and other neurological manifestations possibly related to Zika virus infection in municipalities from Bahia, Brazil, 2015. *Epidemiol Serv Saude*. 2017; 26(1):9–18. <https://doi.org/10.5123/S1679-49742017000100002> PMID: 28226004
17. Calvet G, Aguiar RS, Melo ASO, Sampaio SA, de Filippis I, Fabri A, et al. Detection and sequencing of Zika virus from amniotic fluid of fetuses with microcephaly in Brazil: a case study. *Lancet Infect Dis*. 2016; 16(6):653–60. [https://doi.org/10.1016/S1473-3099\(16\)00095-5](https://doi.org/10.1016/S1473-3099(16)00095-5) PMID: 26897108
18. Hennessey M, Fischer M, Staples JE. Zika Virus Spreads to New Areas—Region of the Americas, May 2015–January 2016. *MMWR Morbidity and mortality weekly report*. 2016; 65(3):55–8. <https://doi.org/10.15585/mmwr.mm6503e1> PMID: 26820163
19. Lanciotti RS, Lambert AJ, Holodniy M, Saavedra S, Signor Ldel C. Phylogeny of Zika Virus in Western Hemisphere, 2015. *Emerg Infect Dis*. 2016; 22(5):933–5. <https://doi.org/10.3201/eid2205.160065> PMID: 27088323
20. Faye O, Freire CC, Iamarino A, Faye O, de Oliveira JV, Diallo M, et al. Molecular evolution of Zika virus during its emergence in the 20(th) century. *PLoS Negl Trop Dis*. 2014; 8(1):e2636. <https://doi.org/10.1371/journal.pntd.0002636> PMID: 24421913
21. Haddow AD, Schuh AJ, Yasuda CY, Kasper MR, Heang V, Huy R, et al. Genetic characterization of Zika virus strains: geographic expansion of the Asian lineage. *PLoS Negl Trop Dis*. 2012; 6(2):e1477. <https://doi.org/10.1371/journal.pntd.0001477> PMID: 22389730
22. Boyer S, Calvez E, Chouin-Carneiro T, Diallo D, Failloux AB. An overview of mosquito vectors of Zika virus. *Microbes Infect*. 2018; 20(11–12):646–60. <https://doi.org/10.1016/j.micinf.2018.01.006> PMID: 29481868
23. Kraemer MU, Sinka ME, Duda KA, Mylne AQ, Shearer FM, Barker CM, et al. The global distribution of the arbovirus vectors *Aedes aegypti* and *Ae. albopictus*. *Elife*. 2015; 4:e08347. <https://doi.org/10.7554/eLife.08347> PMID: 26126267
24. Lambrechts L, Chevillon C, Albright RG, Thaisomboonsuk B, Richardson JH, Jarman RG, et al. Genetic specificity and potential for local adaptation between dengue viruses and mosquito vectors. *BMC Evol Biol*. 2009; 9:160. <https://doi.org/10.1186/1471-2148-9-160> PMID: 19589156
25. Lambrechts L. Quantitative genetics of *Aedes aegypti* vector competence for dengue viruses: towards a new paradigm? *Trends Parasitol*. 2011; 27(3):111–4. <https://doi.org/10.1016/j.pt.2010.12.001> PMID: 21215699
26. Hardy JL, Houk E. J., Kramer L. D. & Reeves W. C. Intrinsic factors affecting vector competence of mosquitoes for arboviruses. *Annual Review of Entomology*1983. <https://doi.org/10.1146/annurev.en.28.010183.001305> PMID: 6131642
27. Woodring J. L. HS, Beaty B. J. Natural cycles of vector-borne pathogens. Beaty B. J. MWC, editor. University Press of Colorado, Niwot, Colo1996.
28. Fay RW, Eliason DA. A preferred oviposition site as a surveillance method for *Aedes aegypti*. *Mosquito News*. 1966; 26(4):531–5.

29. Donald CL, Brennan B, Cumberworth SL, Rezelj VV, Clark JJ, Cordeiro MT, et al. Full Genome Sequence and sfRNA Interferon Antagonist Activity of Zika Virus from Recife, Brazil. *PLoS Negl Trop Dis*. 2016; 10(10):e0005048. <https://doi.org/10.1371/journal.pntd.0005048> PMID: 27706161
30. Dubrulle M, Mousson L, Moutailler S, Vazeille M, Failloux AB. Chikungunya virus and Aedes mosquitoes: saliva is infectious as soon as two days after oral infection. *PLoS One*. 2009; 4(6):e5895. <https://doi.org/10.1371/journal.pone.0005895> PMID: 19521520
31. R Core Team (2017). R: A language and environment for statistical computing. R Foundation for Statistical Computing V, Austria. URL <https://www.R-project.org>.
32. Waggoner JJ, Gresh L, Vargas MJ, Ballesteros G, Tellez Y, Soda KJ, et al. Viremia and Clinical Presentation in Nicaraguan Patients Infected With Zika Virus, Chikungunya Virus, and Dengue Virus. *Clin Infect Dis*. 2016; 63(12):1584–90. <https://doi.org/10.1093/cid/ciw589> PMID: 27578819
33. Roundy CM, Azar SR, Rossi SL, Huang JH, Leal G, Yun R, et al. Variation in Aedes aegypti Mosquito Competence for Zika Virus Transmission. *Emerg Infect Dis*. 2017; 23(4):625–32. <https://doi.org/10.3201/eid2304.161484> PMID: 28287375
34. Ciota AT, Bialosuknia SM, Zink SD, Brecher M, Ehrbar DJ, Morrissette MN, et al. Effects of Zika virus strain and aedes mosquito species on vector competence. *Emerging Infectious Diseases*. 2017; 23(7):1110. <https://doi.org/10.3201/eid2307.161633> PMID: 28430564
35. Azar SR, Roundy CM, Rossi SL, Huang JH, Leal G, Yun R, et al. Differential Vector Competency of Aedes albopictus Populations from the Americas for Zika Virus. *Am J Trop Med Hyg*. 2017; 97(2):330–9. <https://doi.org/10.4269/ajtmh.16-0969> PMID: 28829735
36. Tsetsarkin KA, McGee CE, Volk SM, Vanlandingham DL, Weaver SC, Higgs S. Epistatic roles of E2 glycoprotein mutations in adaption of chikungunya virus to Aedes albopictus and Ae. aegypti mosquitoes. *PLoS One*. 2009; 4(8):e6835. <https://doi.org/10.1371/journal.pone.0006835> PMID: 19718263
37. Guerbois M, Fernandez-Salas I, Azar SR, Danis-Lozano R, Alpuche-Aranda CM, Leal G, et al. Outbreak of Zika Virus Infection, Chiapas State, Mexico, 2015, and First Confirmed Transmission by Aedes aegypti Mosquitoes in the Americas. *J Infect Dis*. 2016; 214(9):1349–56. <https://doi.org/10.1093/infdis/jiw302> PMID: 27436433
38. Goic B, Stapleford KA, Frangeul L, Doucet AJ, Gausson V, Blanc H, et al. Virus-derived DNA drives mosquito vector tolerance to arboviral infection. *Nat Commun*. 2016; 7:12410. <https://doi.org/10.1038/ncomms12410> PMID: 27580708
39. Zouache K, Fontaine A, Vega-Rua A, Mousson L, Thiberge JM, Lourenco-De-Oliveira R, et al. Three-way interactions between mosquito population, viral strain and temperature underlying chikungunya virus transmission potential. *Proc Biol Sci*. 2014;281(1792).
40. Tsai CH, Chen TH, Lin C, Shu PY, Su CL, Teng HJ. The impact of temperature and Wolbachia infection on vector competence of potential dengue vectors Aedes aegypti and Aedes albopictus in the transmission of dengue virus serotype 1 in southern Taiwan. *Parasit Vectors*. 2017; 10(1):551. <https://doi.org/10.1186/s13071-017-2493-x> PMID: 29116011
41. Mbaika S, Lutomiah J, Chepkorir E, Mulwa F, Khayeka-Wandabwa C, Tigoi C, et al. Vector competence of Aedes aegypti in transmitting Chikungunya virus: effects and implications of extrinsic incubation temperature on dissemination and infection rates. *Virol J*. 2016; 13:114. <https://doi.org/10.1186/s12985-016-0566-7> PMID: 27357190
42. Liu Z, Zhang Z, Lai Z, Zhou T, Jia Z, Gu J, et al. Temperature Increase Enhances Aedes albopictus Competence to Transmit Dengue Virus. *Front Microbiol*. 2017; 8:2337. <https://doi.org/10.3389/fmicb.2017.02337> PMID: 29250045
43. Ciota AT, Chin PA, Ehrbar DJ, Micieli MV, Fonseca DM, Kramer LD. Differential Effects of Temperature and Mosquito Genetics Determine Transmissibility of Arboviruses by Aedes aegypti in Argentina. *Am J Trop Med Hyg*. 2018; 99(2):417–24. <https://doi.org/10.4269/ajtmh.18-0097> PMID: 29869610
44. Tesla B, Demakovsky LR, Mordecai EA, Ryan SJ, Bonds MH, Ngonghala CN, et al. Temperature drives Zika virus transmission: evidence from empirical and mathematical models. *Proc Biol Sci*. 2018; 285(1884).
45. Lambrechts L, Paaijmans KP, Fansiri T, Carrington LB, Kramer LD, Thomas MB, et al. Impact of daily temperature fluctuations on dengue virus transmission by Aedes aegypti. *Proc Natl Acad Sci U S A*. 2011; 108(18):7460–5. <https://doi.org/10.1073/pnas.1101377108> PMID: 21502510
46. Fernandes RS, Campos SS, Ferreira-de-Brito A, Miranda RM, Barbosa da Silva KA, Castro MG, et al. Culex quinquefasciatus from Rio de Janeiro Is Not Competent to Transmit the Local Zika Virus. *PLoS Negl Trop Dis*. 2016; 10(9):e0004993. <https://doi.org/10.1371/journal.pntd.0004993> PMID: 27598421
47. Fernandes RS, Campos SS, Ribeiro PS, Raphael LM, Bonaldo MC, Lourenco-de-Oliveira R. Culex quinquefasciatus from areas with the highest incidence of microcephaly associated with Zika virus infections in the Northeast Region of Brazil are refractory to the virus. *Mem Inst Oswaldo Cruz*. 2017; 112(8):577–9. <https://doi.org/10.1590/0074-02760170145> PMID: 28767975



48. Tabachnick WJ. Nature, nurture and evolution of intra-species variation in mosquito arbovirus transmission competence. *Int J Environ Res Public Health*. 2013; 10(1):249–77. <https://doi.org/10.3390/ijerph10010249> PMID: 23343982
49. Chouin-Carneiro T, Vega-Rua A, Vazeille M, Yebakima A, Girod R, Goindin D, et al. Differential Susceptibilities of *Aedes aegypti* and *Aedes albopictus* from the Americas to Zika Virus. *PLOS Neglected Tropical Diseases*. 2016; 10(3):e0004543. <https://doi.org/10.1371/journal.pntd.0004543> PMID: 26938868
50. Vega-Rua A, Lourenco-de-Oliveira R, Mousson L, Vazeille M, Fuchs S, Yebakima A, et al. Chikungunya virus transmission potential by local *Aedes* mosquitoes in the Americas and Europe. *PLoS Negl Trop Dis*. 2015; 9(5):e0003780. <https://doi.org/10.1371/journal.pntd.0003780> PMID: 25993633