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Resistance of Aedes aegypti (Diptera: Culicidae) populations to deltamethrin, permethrin and temephos in Cambodia

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Abstract:	Dengue fever is a major public health concern, including 185,000 annual cases in Cambodia. Aedes aegypti is the primary vector for dengue transmission and is targeted with insecticide treatments. This study characterized the insecticide resistance status of Ae. aegypti from rural and urban locations. The susceptibility to temephos, permethrin and deltamethrin of Ae. aegypti was evaluated in accordance with WHO instructions. All the field populations showed lower mortality rate to temephos compared to the sensitive strain with Resistance Ratio 50 (RR50) varying from 3.3 to 33.78 and RR90 from 4.2 to 47 compared to the sensitive strain, demonstrating a generalized resistance of larvae to the temephos in Cambodia. Ae. aegypti adult populations were highly resistant to permethrin regardless of province or rural/urban classification with an average mortality of 0.02%. Seven of the eight field populations showed resistance to deltamethrin. These results are alarming for dengue vector control, as widespread resistance may compromise the entomological impact of larval control operations. Innovative vector control tools are needed to replace ineffective pesticides in Cambodia.
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Resistance of *Aedes aegypti* (Diptera: Culicidae) populations to deltamethrin, permethrin and temephos in Cambodia.

3 Abstract.

Dengue fever is a major public health concern, including 185,000 annual cases in Cambodia. Aedes aegypti is the primary vector for dengue transmission and is targeted with insecticide treatments. This study characterized the insecticide resistance status of Ae. aegypti from rural and urban locations. The susceptibility to temephos, permethrin and deltamethrin of Ae. aegypti was evaluated in accordance with WHO instructions. All the field populations showed lower mortality rate to temphos compared to the sensitive strain with Resistance Ratio 50 (RR50) varying from 3.3 to 33.78 and RR90 from 4.2 to 47 compared to the sensitive strain, demonstrating a generalized resistance of larvae to the temephos in Cambodia. Ae. aegypti adult populations were highly resistant to permethrin regardless of province or rural/urban classification with an average mortality of 0.02%. Seven of the eight field populations showed resistance to deltamethrin. These results are alarming for dengue vector control, as widespread resistance may compromise the entomological impact of larval control operations. Innovative vector control tools are needed to replace ineffective pesticides in Cambodia. **Keywords.** Aedes aegypti; Cambodia; insecticide; mosquito; resistance; vector control.

17 Introduction

Dengue fever is a major public health concern, with estimates of 400 million cases every year in urban, suburban and rural tropical areas.¹ In Cambodia, around 185,000 cases are estimated annually.² The primary vector for dengue transmission is Aedes aegypti which favors environments where water storage is abundant and solid waste disposal is deficient.³ As Ae. aegypti is implicated in the transmission of arboviruses such as Zika, Chikungunya and Yellow fever⁴, vector control strategies that target Ae. aegypti populations may have an major public health impact. Many insecticides have been used in order to control Ae. aegypti populations, but little information exists on the susceptibility of Cambodian populations to the most commonly used insecticides. As early as 1955, DDT residual spray was used in the first malaria eradication pilot in Snuol district⁵. DDT was again used in public health programs targeting malaria and dengue in urban and rural areas and at UNHCR refugee camps along the Cambodia-Thailand border from 1981 to 1987, after which it was no longer imported⁶. Pyrethroids, particularly permethrin and deltamethrin, were introduced to Cambodia in the late 1980s and 2000 for the control of malaria (impregnation of bednets) and dengue (thermal fogging and ULV sprays), respectively⁶. Since 1992, Temephos has been imported with roughly 200 tons per year used mainly for larval control of dengue vectors⁶. In 1966, Mouchet and Chastel showed total susceptibility of Ae. aegypti to DDT, fenthion, malathion and diazinon insecticides, but observed resistance to dieldrin and gamma HCH⁷. More recently, *Ae. aegypti* resistance to temephos was also investigated during two field studies in Cambodia⁸. The resistance pattern and future of temephos is

increasingly important as this larvicide has been the main dengue control strategy used by National
 Dengue Control Program (NDCP) for more than 20 years and for biannual larvicide campaigns since
 2001^{3,6}.

Using the WHO diagnostic dose (0.02mg/L), the Phnom Penh population tested in 2001 was found to be
resistant to temephos, while Kampong Cham population was still susceptible. More recently, among
seven *Ae. aegypti* populations, six were found to be resistant to temephos with mortality ranging from
11.02% up to 88.62% at the WHO diagnostic concentration (To Setha, Pers. Comm.). While it seems clear
that that temephos resistance among *Ae. aegypti* populations has increased over time in Cambodia, the
patterns between rural and urban areas are as delineated.

While pyrethroid and organophosphate insecticides are used in the national malaria and dengue control programs, significant use of insecticides (including larvicides, repellents, space sprays, treated materials and coils) at home and in the private sector results in unquantifiable use of insecticides. Coupled with the lack of information on adult resistance status in Cambodia and long-term usage of space spraying by pest control companies and public health authorities, the need for characterizing the susceptibility of Ae. aegypti to pyrethroids is urgent. This study aims to characterize the insecticide resistance status for immature and adult stages of Ae. aegypti collected from rural and urban Cambodian environment. Eight field populations were tested using WHO test procedures against the most commonly used insecticides in Cambodia which include temephos (for immature stages) and deltamethrin/permethrin (for adult stages).

55 Material and Methods

56 Mosquito collection

Four different geographical areas in Cambodia were selected for field sample collections (Phnom Penh,
Kampong Cham, Battambang and Siem Reap). Two urban villages and two rural villages were selected as
collection points within each village. Villages were selected by NDCP according to geographical
representation, dengue incidence and recent use of temephos (within the previous two years)
(Supplementary File 1). Twenty five households were randomly selected within each village and all

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62	containers were inspected for larvae and pupae using direct pipetting for small containers and sweep
63	net method for large containers ⁹ . Collected larvae/pupae were pooled by location (rural/urban) in each
64	province and transported to an insectary.
65	Larvae and pupae were reared in standard conditions (temperature: 28 \pm 1 $^{\circ}$ C; relative humidity: 75 \pm
66	25%; photoperiod: 12 hours day/night) in 24.8 x 19.7 x 3.8 cm standard white plastic larval tray
67	containing 2 liters of purified water and fed with half a teaspoon of grounded fish food daily until adult
68	emergence. Adult Aedes were separated from other species by direct aspiration and each population
69	was separated by location (total of 8 populations from 4 Provinces).
70	For both larvae and adults assays, a USDA reference susceptible strain ¹⁰ was used as positive and
71	negative control with water and ethanol in plastic beakers.
72	Rearing of F1 larvae for testing
73	Adult Aedes mosquitos from parental generations were reared at standard conditions and fed with 10%
74	sucrose solution. All populations were also provided with lab reared mice for blood meal once every
75	three days for 3-4 hours. Eggs from the F1 generation were collected on white filter paper and placed
76	inside black plastic cups. Eggs were dried and stored in envelops and later sent to the laboratory. F1
77	eggs were immersed in water according to assay needs for testing procedures and larvae were reared as
78	previously described.
79	<u>Ae. aegypti larval bioassays</u>
80	In accordance with WHO instructions ¹¹ , late third instar larvae of F1 generation were used for
81	determining the resistance of mosquito larvae to temephos.
82	Temephos (Sigma, Pestanal analytical grade, 250 mg) was diluted in ethanol to produce a stock solution
83	of 1000 mg/L. The main stock solution was diluted into several working concentrations better suited for

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84	testing. All solutions were stored in glass bottles and labeled accordingly. To obtain each of these
85	concentrations the adequate volume of temephos was pipetted from stock solutions, adding the
86	remaining amount of solution with ethanol into each beaker containing 99 ml of water. Four replicates
87	were used for every concentration, and each replicate consists of 25 larvae.
88	Six temephos concentrations (0.2, 0.05, 0.03, 0.02, 0.01, 0.004 mg/L) were used to determine Lethal
89	Concentration (LC) 50/95 (e.g. the necessary concentrations needed to kill 50%/95% of mosquito
90	larvae). Resistance ratios (RR50 and RR95) were calculated dividing LC ₅₀ and LC ₉₅ rates from Ae. aegypti
91	field populations by the LC_{50} and LC_{90} rates of the USDA susceptible strain.
92	<u>Ae. aegypti adult bioassays</u>
93	Insecticide resistance screening for adult mosquitos was conducted using the WHO tube assay ¹¹ . Two
94	synthetic pyrethroids; permethrin and deltamethrin, at diagnostic concentrations appropriate for Aedes
95	mosquitoes were used. WHO tube kit and impregnated permethrin (0.25%), deltamethrin (0.03%) and
96	piperonyl butoxide for synergist assay (PBO 4%) papers were obtained from Vector Control Research
97	Unit at the University of Science, Penang, Malaysia. Diagnostic and synergist concentrations were
98	chosen following WHO recommendations ¹¹ .
99	For this bioassay, each tested population used four tubes containing Permethrin (0.25%), four tubes
100	containing deltamethrin (0.03%), and four control tubes containing silicone oil paper. Twenty-five adults
101	at least 3 days old and non-blood fed female mosquitoes were introduced into each tube lined with
102	untreated paper (holding tube) for 60 minutes. Mosquitoes were then transferred into the exposure
103	tube and exposed to impregnated paper for 60 minutes. Mosquito Knock Down (KD) was measured at
104	the end of the exposure, after which mosquitoes were transferred back to the tube without insecticide.
105	Mortality was counted at the end of a 24 hours period and the resistance status was interpreted
106	according to the WHO protocol.

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2 3 4	107	Insecticide-synergist assay using piperonyl butoxide (PBO) was conducted to measure the effect of pre-
5 6	108	exposure to a synergist on the expression of insecticide resistance. Adult Aedes were pre-exposed to this
7 8 9	109	synergist for one hour before exposure to insecticide. KD and mortality were recorded the same way as
9 10 11	110	standard tests.
12 13 14	111	Data management and statistical analysis
15 16	112	Knock down and mortality were registered at 1 hour and 24 hours post-exposure respectively. RRs for
17 18 19	113	larvae and adult mosquitos were calculated by dividing the average mortality found in each field
20 21	114	population by the mortality obtained with the USDA susceptible reference strain.
22 23 24	115	For larvae results, LC50 and LC90 were obtained by plotting the mortality using log probit analysis.
25 26 27	116	Statistical analysis (ANOVA and mean comparison) were completed to compare the mortality of adults
28 29	117	to permethrin and deltamethrin with or without the use of PBO. Graphs and data analysis were done
30 31	118	with R software ¹² .
32 33 34	119	with R software ¹² . Results Larval bioassays
35 36 37	120	Larval bioassays
38 39 40	121	The overall bioassay results for larvae are presented in Table 1. The highest LC50 and LC90 values were
41 42	122	obtained with Battambang urban populations (LC $_{50}$ =0.125 \pm 0.004 mg/L and LC $_{90}$ = 0.221 \pm 0.008 mg/L) and
43 44	123	Kampong Cham (Table 1). Phnom Penh and Siem Reap, the LC_{50} and LC_{90} were lowest with LC_{50} values
45 46 47	124	comprised between 0.012 mg/L (Siem Reap rural) and 0.020 mg/L (Phnom Penh rural).
48 49 50	125	The RR for urban and rural populations of Siem Reap and Phnom Penh provinces were mostly above the
51 52	126	threshold which is defined as a resistant population with RR \ge 5. RR values of Kampong Cham and
53 54	127	Battambang urban and rural populations were two and nine-fold higher than the threshold, respectively.
55 56 57	128	While these results may be linked to the continued distribution of temephos and consequent exposure
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of populations to this chemical, it is of great concern that 2 out of 4 populations in these two provinces
registered RRs twice as high as the defined resistance threshold (Kampong Cham Rural, RR=13.0;
Battambang rural, RR=11.2) and one registered a RR 6 times higher than the defined threshold
(Battambang urban, RR=33.6).
Higher lethal doses (LC₅₀ or LC₉₀) are needed to kill *Ae. aegypti* larvae from Battambang and Kampong
Cham populations as depicted on the four mortality curves on the right side of the graph compared to
Siem Reap and Phnom Penh populations (Figure 1). Lastly all the field populations showed higher
mortality curve patterns compared to the sensitive strain over a range of concentrations (Figure 1).
<u>Adult bioassays</u>

138Results showed a very high level of resistance to permethrin regardless of province or rural/urban139classification (Figure 2; Supplementary File 2). The average mortality to permethrin at the WHO140diagnostic dose is $2.22\% \pm 0.02$ for all the populations. While all populations showed resistance to141permethrin, six of the eight populations showed no mortality to permethrin at all. The additional two142Kampong Cham populations had 1.1% and 3.9% of mortality. Adult bioassays showed a significant143difference in mortality to permethrin depending on the population and the presence of PBO (F=3.35;144df=8; p=0.003), particularly a significant increase in mortality from 1.1% to 18.6% in rural population145from Kampong Cham province (Supplementary File 2).

Seven of the eight field populations had a percentage below 90% of mortality due to deltamethrin,
meaning that these populations are resistant. The average mortality of *Ae. aegypti* populations from
Phnom Penh and Siem Reap provinces ranged between 4.0% and 8.3% only. A significant difference in
mortality to deltamethrin among the five highest mortality populations (>52%) tested were observed in
the presence of PBO (F=7.20; *df*=8; *p*<0.0001).

5 151 Discussion

152 <u>Resistance to temephos: implications for public health</u>

Observed Ae. aegypti resistance to temephos is consistent with a recent study where 6 of 7 populations showed similar resistance in Cambodia (To Setha, pers. comm.). The RR50 range of the 8 populations to temephos between 3.8 and 33.6 reflects the intensity of insecticide control. In Thailand, despite mosquito resistance to deltamethrin and permethrin, temephos is still an effective insecticide to control Ae. aegypti larvae¹³. On the basis of data showing temephos resistance in Phnom Penh over 17 years⁸, a review of prevention and control strategies should be conducted and highlight the effects of reliance on a single method of control (e.g. high levels of temephos use in Cambodia¹⁴ may compromise the entomological impact of larval control operations).

Bacillus thuringiensis var. israelensis (Bti) was tested with success in 2005 around Phnom Penh¹⁵. A new Bti strain AM65-52 was tested in 2016 against Ae. aegypti field population from Kandal province that was resistant to temephos. Results showed a reduction in the number of pupae over 13 weeks, with an average 70% reduction during the 8 first weeks¹⁶. The use of the *Poecilia reticulate* (guppy) fish to control Aedes populations in water storage was tested in 2008 and after one year a 79% reduction in Aedes larvae in community was observed with a presence of guppies in only 57% of the containers¹⁷. In 2008, a new formulation of pyriproxifen was tested in water containers against Ae. aegypti in Phum Thmei near Phnom Penh¹⁸. The study identified an inhibition of adult emergence in treated jars reaching 90% for 20 weeks, and remaining above 80% until the end of the study (34 weeks). In Kampong Cham Province in 2008 water jars were covered with LLIN Permanet 2.0 (insecticide = deltamethrin) without significant reductions in mosquitoes¹⁷, possibly explained by the strong resistance to delamethrin that we observed in Ae. aegypti adults. A large-scale randomized trial comparing guppy and COMBI (Communication for Behavioural Impact) in Kampong Cham showed 92.5 % reduction in larval-positive containers and 76%-88% coverage with guppies after one year. A recently completed cluster randomized control trial showed that an integrated vector management approach using guppy fish

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(*Poecilia reticulata*), a new slow release pyriproxyfen matrix (Sumilarv[®] 2MR), and community
 engagement through a clear Community for Behavioral Impact (COMBI) strategy reduced indoor adult
 density roughly 50% as compared to the control arm¹⁹. All of these methods focused on key containers,

179 especially water cement jars that produced approximately 95% of *Ae. aegypti* larvae and pupae⁹ and

180 should be considered in Cambodia as a cost-effective replacement of temephos.

181 <u>Resistance to permethrin but susceptible to deltamethrin</u>

Ae. aegypti deltamethrin-resistant populations have been described in different countries in Asia²⁰, Latin
 America²¹, Africa²², Oceania²³, and the Caribbean²⁴. In our study, Aedes aegypti populations were either
 totally resistant to deltamethrin (with two populations exhibiting zero mortality) or had tolerance
 patterns. Recently, the same pattern was observed in Thailand where Ae. aegypti F1 females were
 susceptible to deltamethrin, but resistant to permethrin¹³. A substantial geographic variation exist to
 pyrethroid resistance, with lower adult resistance levels in Asia, Africa and the USA. However there is
 250-fold resistance to deltamethrin in Thailand²⁵.

189 In this study, an extremely strong resistance to permethrin was observed both with/without PBO which seems to indicate that the resistance is already fixed. Comparatively, the result with deltamethrin and 190 191 deltamethrin + PBO suggest the involvement of detoxifying enzymes. However, generally multiple 192 resistance between pyrethroids are possible and it can be expected that there is a kdr mutation for 193 resistance in both insecticides. As the mechanisms of resistance between permethrin and DDT are expected to be the same, via a kdr mutation²⁶, the already existing DDT-resistance⁷ may explain the 194 195 current fixed resistance observed with permethrin. There are several kdr mutations common in Aedes species that synergize with each other when they are associated²⁷. Heterozygous V1016G, and F1534F 196 and F1534C mutants were found in Thailand²⁸, and the same mutation was also described southern 197 China with V1016G mutants²⁹. There is substantial variation in kdr in the Southeast Asian region that has 198

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199	effects on resistance (arising from different combinations of three mutations - S989P, V1016G and
200	F1534C - in Ae. aegypti). Although there are other mutations detected in Ae. aegypti they do not appear
201	to have effect on resistance based on current evidence. For example, combinations of F1534, C1534C,
202	V1016G, S989P ²⁹ are present in Cambodia and may act together with metabolic resistance. The
203	resistance patterns to deltamethrin and permethrin in the Cambodian villages fit with the variation in
204	frequencies of the three mutations and especially in low 989/1016 but high 1534 in permethrin (but not
205	deltamethrin) resistant locations, but higher 989/1016 in Phnom Penh and Siem Reap (perhaps in
206	combination with 1534).
207	Our results question the resistance mechanisms. Indeed, the absence of correlation between
208	permethrin and deltamethrin may involve different effects induced by type I Pyrethroid (permethrin)
209	and a pseudo pyrethroid (nonester pyrethroid; deltamethrin), and so different resistance mechanisms ³⁰
210	Limitations and conclusion
211	We acknowledge the lack of baseline data on temephos distribution in the villages sampled. While
212	temephos distribution has been acknowledged as the main outbreak response tool in Cambodia ³ , the
213	timing and concentrations used in the villages sampled in this study were not discriminated. Hence, we
214	cannot fully characterize the existing pre-conditions of each village in terms of previous larviciding
215	activities, but temephos distribution is organized annually at a national and province scales. Likewise,
216	pyrethroid based interventions like thermal fogging, long lasting insecticide nets (LLIN) usage and
217	pyrethroid based aerosol spray use was not characterized during field collection, limiting the possibility
218	to ascertain potential drivers for the resistance patterns registered.
219	Nevertheless, our results and those of neighboring countries are alarming. From a regional point of
220	view, it seems essential to rapidly change control methods and replace temephos with another larvicide
221	that remains to be determined. Finally, and perhaps most worrying, it seems that in the event of an

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3 4	222	epidemic the adulticides used in the Southeast Asia region are no longer effective. We must quickly find
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Table 1. Mean Lethal Concentration (LC) 50 and LC90 (± SE) of 8 *Aedes aegypti* larval populations with
 temephos in Cambodia. RR50 and RR90 represent the resistance ratio of the field populations compared
 to the USDA susceptible reference strain. ^a USDA strain: LC50 = 0.0037 ± 0.00008 mg/L ; LC90= 0.0047 ±

322 0.0001mg/L

Environment	Populations ^a	LC50 (SE)	RR50	LC90 (SE)	RR90
	Phnom Penh	0.020 (0.0006)	5.4	0.028 (0.0008)	6.0
	Siem Reap	0.014 (0.0008)	3.8	0.020 (0.0008)	4.2
Urban	Kampong Cham	0.031 (0.0012)	8.4	0.052 (0.0025)	11.1
	Battambang	0.125 (0.0044)	33.8	0.221 (0.0082)	47.0
	Phnom Penh	0.014 (0.0007)	3.8	0.031 (0.0011)	6.6
Durrel	Siem Reap	0.012 (0.0006)	3.3	0.021 (0.0010)	4.4
Rural	Kampong Cham	0.048 (0.0015)	13.0	0.066 (0.0029)	14.0
	Battambang	0.041 (0.0015)	11.1	0.064 (0.0031)	13.6

CZ.

Supplementary File 2. Percentage of mortality (± SE) of 8 Aedes aegypti adult populations to

Deltamethrin and Permetrhin. In bold are represented the significant differences of mortality between

bioassays with and without PBO.

	Withou	Without PBO		With PBO	
Ae. aegypti populations	Deltamethrin	Permethrin	Deltamethrin; p- value	Permethrin; p- value	
Battambang rural	88.0 (5.1)	0.0 (0.0)	97.8 (2.6); 0.014	3.3 (6.5); 0.355	
Battambang urban	59.6 (3.7)	0.0 (0.0)	80.6 (9.2); 0.006	1.2 (2.4); 0.355	
Kampong Cham rural	70.0 (8.9)	1.1 (2.2)	71.8 (15.6); 0.844	18.6 (4.4); 0.000	
Kampong Cham urban	90.8 (2.3)	3.9 (5.4)	98.8 (2.4); 0.003	7.5 (3.4); 0.300	
Phnom Penh rural	7.1 (2.1)	0.0 (0.0)	9.9 (7.6); 0.509	0.0 (0.0); -	
Phnom Penh urban	8.3 (9.0)	0.0 (0.0)	7.3 (7.1); 0.867	0.0 (0.0); -	
Siem Reap rural	6.3 (5.6)	0.0 (0.0)	52.3 (12.6); 0.0006	0.0 (0.0); -	
Siem Reap urban	4.0 (3.1)	0.0 (0.0)	24.6 (16.8); 0.047	0.0 (0.0); -	
USDA Sensitive Strain	100 (0.0)	100 (0.0)	100 (0.0); -	89.4 (21.2); 0.35	

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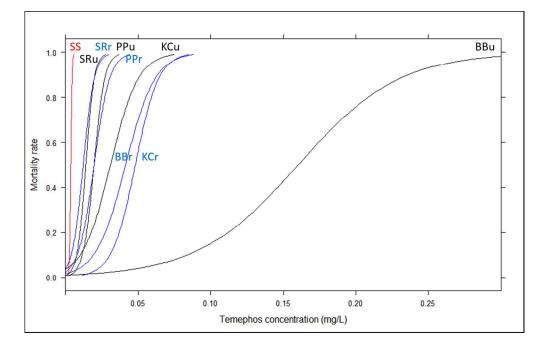


Figure 1. Mortality rate of Aedes aegypti larvae to tempehos in the 4 provinces. The 4 urban populations are represented in black, the rural populations in blue. The red line is the Sensitive strain (SS). BB Battambang, KC Kampong Chan, SR Siem Reap, PP Phnom Penh. The small letters - "r" and "u" represent rural and urban areas, respectively.

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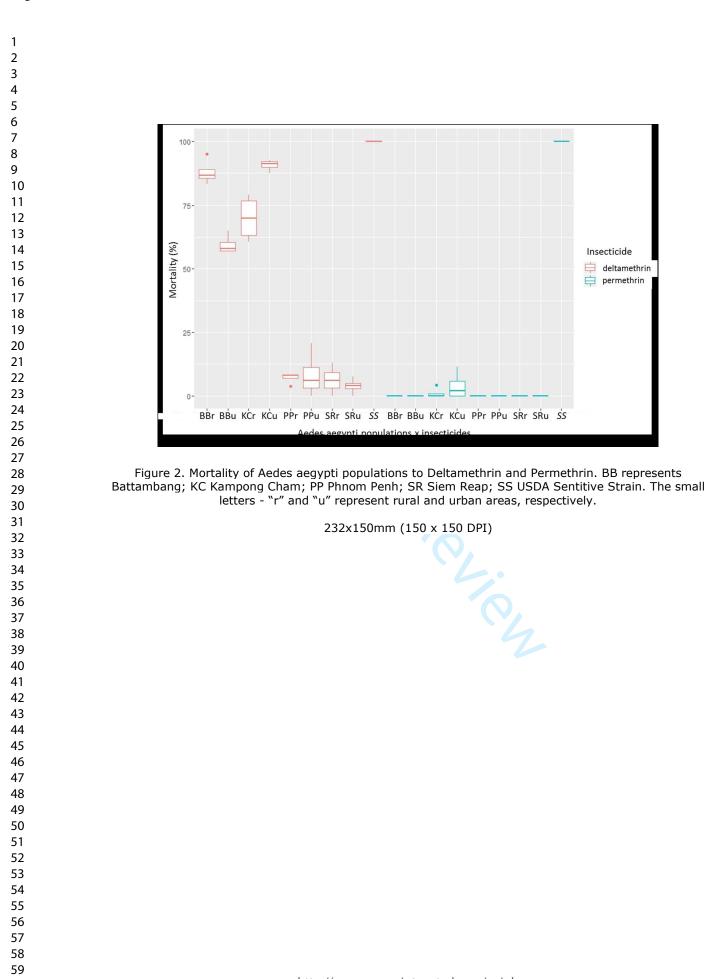
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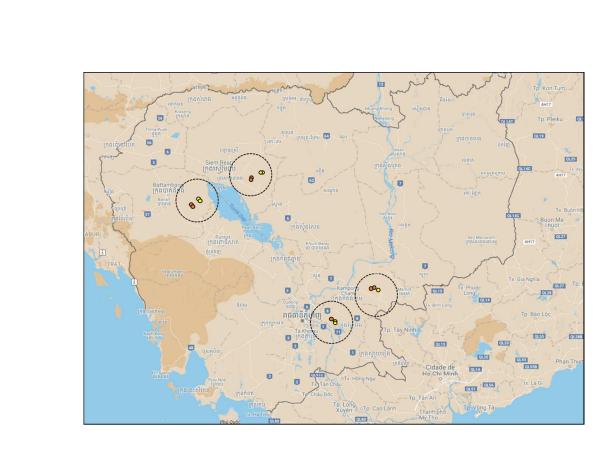
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Figure 1. Mortality rate of Aedes aegypti larvae to tempehos in the 4 provinces. The 4 urban populations are represented in black, the rural populations in blue. The red line is the Sensitive strain (SS). BB Battambang, KC Kampong Chan, SR Siem Reap, PP Phnom Penh. The small letters - "r" and "u" represent rural and urban areas, respectively.

Figure 2. Mortality of Aedes aegypti populations to Deltamethrin (0.03%) and Permethrin (0.25%) following recommended WHO diagnostic doses. BB represents Battambang; KC Kampong Cham; PP Phnom Penh; SR Siem Reap; SS USDA Sensitive Strain. The small letters - "r" and "u" represent rural and urban areas, respectively.

Supplementary File 1. Location of collection sites in the 4 different provinces in Cambodia: Battambang, Siem Reap, Kampong Cham and Phnom Penh. The orange and yellow circles represent field collections in rural and urban areas, respectively.

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8 9	1	Resistance of Aedes aegypti (Diptera: Culicidae) populations to deltamethrin, permethrin
10 11	2	and temephos in Cambodia.
12 13 14	3	Abstract.
15 16	4	Dengue fever is a major public health concern, including 185,000 annual cases in Cambodia. Aedes
17	5	aegypti is the primary vector for dengue transmission and is targeted with insecticide treatments. This
18 19	6	study characterized the insecticide resistance status of Ae. aegypti from rural and urban locations. The
20 21	7	susceptibility to temephos, permethrin and deltamethrin of Ae. aegypti was evaluated in accordance
22 23	8	with WHO instructions. All the field populations showed lower mortality rate to temephos compared to
24 25	9	the sensitive strainsstrain with Resistance Ratio 50 (RR50) varying from 3.3 to 33.78 and RR90 from 4.2
26	10	to 47 compared to the sensitive strain, demonstrating a generalized resistance of larvae to the
27 28	11	temephos in Cambodia. Ae. aegypti adult populations were highly resistant to permethrin regardless of
29 30	12	province or rural/urban classification with an average mortality of 0.02%. Seven of the eight field
31 32	13	populations showed resistance to deltamethrin. These results are alarming for dengue vector control, as
33 34	14	widespread resistance may compromise the entomological impact of larval control operations.
35	15	Innovative vector control tools are needed to replace ineffective pesticides in Cambodia.
36 37 38 39 40	16	Keywords. Aedes aegypti; Cambodia; insecticide; mosquito; resistance; vector control.
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9	17	Introduction
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11	18	Dengue fever is a major public health concern, with estimates of 400 million cases every year in urban,
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13	19	suburban and rural tropical areas. ¹ In Cambodia, around 185,000 cases are estimated annually. ² The
14	• •	
15	20	primary vector for dengue transmission is Aedes aegypti thatwhich favors environments where water
16	21	storage is abundant and solid waste disposal is deficient. ³ As <i>Ae. aegypti</i> is implicated in the
17		
18	22	transmission of arboviruses such as Zika, Chikungunya and Yellow fever ⁴ , vector control strategies that
19		
20	23	target Ae. aegypti populations may have an major public health impact. Many insecticides have been
21	24	used in order to control Ae. aegypti populations, but little information exists on the susceptibility of
22	24	used in order to control Ac. acgypti populations, but nete information exists on the susceptionity of
23	25	Cambodian populations to the most commonly used insecticides.
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25 26	26	As early as 1955, DDT residual spray was used in the first malaria eradication pilot in Snuol district ⁵
26 27	20	The carry as 1999, but restaudi spray was ased in the mist matural cradication prior in shaor district
27 28	27	followed by. DDT was again used in public health programs targeting malaria and dengue in urban and
20 29		
30	28	rural areas and at UNHCR refugee camps along the Cambodia-Thailand border duringfrom 1981 to 1987,
31	29	after which DDT it was no longer imported ⁶ . Pyrethroids, particularly permethrin and deltamethrin, were
32	29	arter which born was no longer imported . Fyrethrolds, particularly permething and deitamething, were
33	30	introduced to Cambodia in the late 1980s and 2000, for the control of malaria (impregnation of bednets)
34		
35	31	and dengue (thermal fogging and ULV sprays), respectively ⁶ . <u>Since 1992,</u> Temephos washas been
36	22	
37	32	imported from 1992 to present with roughly 200 tons per year used mainly for larval control of dengue
38	33	vectors ⁶ . In 1966, Mouchet and Chastel showed total susceptibility of <i>Ae. aegypti</i> to DDT, fenthion,
39		,
40	34	malathion and diazinon insecticides, but observed resistance to dieldrin and gamma HCH ⁷ . More
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42	35	recently, Ae. aegypti resistance to temephos was also investigated during two field studies in
43	36	Cambodia ⁸ . The resistance pattern and future of temephos is increasingly important as this larvicide has
44	50	
45	37	been the main dengue control strategy used by National Dengue Control Program (NDCP) for more than
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47	38	20 years and for biannual larvicide campaigns since 2001 ^{3,6} .
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39	Using the WHO diagnostic dose (0.02mg/L), the Phnom Penh population tested in 2001 was found to be
40	resistant to temephos (LC50=0.02mg/l and LC95=0.03mg/L), while Kampong Cham population was still
41	susceptible (LC50=0.009mg/l and LC95=0.015mg/L). More recently, among seven Ae. aegypti
42	populations, six were found to be resistant to temephos with mortality ranging from 11.02% up to
43	88.62% at the WHO diagnostic concentration (To Setha, Pers. Comm.). While it seems clear that that
44	temephos resistance among Ae. aegypti populations has increased over last yearstime in Cambodia, the
45	patterns between rural and urban areas are not clearas delineated.
46	While pyrethroid and organophosphate insecticides are used in the national malaria and dengue control
47	programs, significant use of insecticides (including larvicides, repellents, space sprays, treated materials
48	and coils) at home and in the private sector results in unquantifiable use of insecticides. Coupled with
49	the lack of information of on adult resistance status in Cambodia and long-term usage of space spraying
50	by pest control companies and public health outbreak response, it is timely to characterizeauthorities,
51	the need for characterizing the susceptibility of <i>Ae. aegypti</i> to pyrethroïdspyrethroids is urgent. This
52	study aims to characterize the insecticide resistance status for immature and adult stages of Ae. aegypti
53	collected from rural and urban Cambodian environment. Using WHO test procedures, 8 Eight field
54	populations were tested withusing WHO test procedures against the most commonly used insecticides
55	in Cambodia: <u>which include</u> temephos (for immature stages),) and deltamethrin and / permethrin (for
56	adult stages).
57	Material and Methods
58	Mosquito collection .
59	Four different geographical areas in Cambodia were selected for field sample collections÷_(Phnom Penh,
60	Kampong Cham, Battambang and Siem Reap . Within each Province, two). Two urban villages in an

urban setting and two rural villages were selected as collection point.points within each village. Villages

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8 9	62	were selected by Cambodian National Center for Entomology, Parasitology, and Malaria Control
10 11	63	(CNM) <u>NDCP</u> according to geographical representation, dengue incidence and history of recent use of
12 13	64	temephos (<u>within the previous two years</u>) (Supplementary File 1).
14 15	65	In each village, 25 Twenty five households were randomly selected within each village and all containers
16 17	66	were inspected for larvae and pupae, using direct pipetting for small containers and sweep net method
18 19	67	for large containers ⁹ . Collected larvae/pupae were pooled by location (rural/urban) in each province and
20	68	transported to an insectary.
21 22 22	69	Larvae and pupae were reared in standard conditions (temperature: $28\pm1^\circ$ C; relative humidity: 75 \pm
23 24 25	70	25%; photoperiod: 12 hours day/night) in 24.8 x 19.7 x 3.8 cm standard white plastic larval tray
25 26	71	containing 2 liters of purified water and fed with half a teaspoon of grounded fish food daily until adult
27 28	72	emergence. Adult Aedes were separated from other species by direct aspiration and each population
29 30	73	was separated by location (total of 8 populations from 4 Provinces).
31 32	74	For both larvae and adults assays, a USDA reference susceptible strain ¹⁰ was used as positive and
33 34	75	negative control with water and ethanol in plastic beakers. LC50 and LC90 results obtained were used to
35 36	76	calculate Resistance Ratios (RR).
37 38	77	Rearing of F1 larvae for testing.
39 40	78	Adult Aedes mosquitomosquitos from parental generationgenerations were reared at standard
41 42	79	conditions and fed with 10% sucrose solution. All populations were also provided with lab reared mice
43 44	80	for blood meal once in every three days for 3-4 hours. Eggs of from the F1 generation were collected on
45 46	81	white filter paper and placed inside black plastic cups. Eggs were dried and stored in envelops and later
47 48	82	sent to the laboratory. F1 eggs were later immersed in water according to assay needs for testing
49	83	procedures and larvae were reared as previously described.
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e. aegypti larval bioassays.

85	In accordance with WHO instructions ¹¹ , late third instar larvae of F1 generation were used for	
86	determining the resistance of mosquito larvae to temephosLarvae showing any abnormalities were	
87	discarded before the experiment.	
88	Temephos (Sigma, Pestanal analytical grade, 250 mg) was diluted in ethanol to produce a stock solution	
89	of 1000 mg/L. The main stock solution was diluted into other solutions several working concentrations	
90	better suited for testing , denominated as stock solutions. All solutions were stored in glass bottles and	
91	labeled accordingly. To determine Lethal Concentrations 50 and 90 (LC 50, LC 90), six temephos	
92	concentrations were used: 0.2, 0.05, 0.03, 0.02, 0.01, 0.004 mg/L. To obtain each of this concentration,	
93	we pipetted these concentrations the adequate volume of temephos was pipetted from stock solutions,	
94	completingadding the remaining valueamount of solution with ethanol into each beaker containing 99	
95	ml of water. Four replicates were used for every concentration, and each replicate consist <u>consists</u> of 25	
96	larvae.	
97	Six temephos concentrations (0.2, 0.05, 0.03, 0.02, 0.01, 0.004 mg/L) were used to determine Lethal	
98	Concentration (LC) 50/95 (e.g. the necessary concentrations needed to kill 50%/95% of mosquito	
99	larvae). Resistance ratios (RR50 and RR95) were calculated dividing LC ₅₀ and LC ₉₅ rates from Ae. aegypti	
100	field populations by the LC_{50} and LC_{90} rates of the USDA susceptible strain.	
101	<u>Ae. Ae. aegypti adult bioassays.</u>	Formatted: Underline
102	<u>aegypti adult bioassays</u>	
103	Insecticide resistance screening for adult mosquitomosquitos was conducted using the WHO tube	
104	assay ¹¹ . Two synthetic pyrethroids; permethrin and deltamethrin, at diagnostic concentrations	
105	appropriate for Aedes mosquitoes were used. WHO tube kit and impregnated permethrin (0.25%),	

deltamethrin (0.03%) and piperonyl butoxide for synergist assay (PBO 4%) papers were obtained from

Vector Control Research Unit (VCRU) inat the University of Science (USM),, Penang, Malaysia. Diagnostic

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and synergist concentrations were chosen following WHO recommendations ¹¹ .	
For this bioassay, each tested population use<u>used</u> four tubes <u>contained</u>containing Permethrin (0.25%),	
four tubes contained<u>containing</u> deltamethrin (0.03%), and four control tubes contained<u>containing</u>	
silicone oil paper. Twenty-five adult with<u>a</u>dults at least 3 days old and non-blood fed female mosquitoes	
were introduced into each tube lined with untreated paper (holding tube) for 60 minminutes.	
Mosquitoes were then transferred into the exposure tube and exposed to impregnated paper for 60	
min-minutes. Mosquito Knock Down (KD) mosquito were counted was measured at the end of the	
exposure, after which mosquitoes were transferred back to the tube without insecticide. Mortality was	
counted at the end of <u>a</u> 24 hours period and the resistance status was interpreted according to the WHO	Formatted: Font: +Body (Calibri), 11 pt
protocol.	
Insecticide-synergist assay using piperonyl butoxide (PBO) was conducted to measure the effect of pre-	
exposure to a synergist on the expression of insecticide resistance. Adult Aedes were pre-exposed to	
this synergist for one hour before exposure to insecticide. KD and mortality were recorded the same	
way as standard tests.	
Data Management and statistical analysis.	
Knock down and mortality were registered at https://www.and-24h24 hours postexposure respectively.	
RRs for larvae and adults mosquitoadult mosquitos were calculated by dividing the average mortality	
found in each field populationspopulation by the mortality obtained with the USDA susceptible	
reference strain.	

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For larvae results, LC50 and LC90 were obtained by plotting the mortality using log probit analysis. LC50 and LC90 results obtained from field populations were then divided by results obtained in USDA strain to obtain RRs for each field population. Statistical analysis (ANOVA thenand mean comparison) were realized completed to compare the mortality of adults to permethrin and deltamethrin with or without the use of PBO. Graphs and data analysis were done with R software¹². Results Larval bioassays The overall bioassay results for larvae are presented in Table 1. The highest LC50 and LC90 values were obtained with Battambang urban populations with $(LC_{50}=0.125\pm0.004 \text{ mg/L} \text{ and } LC_{90}=0.221\pm0.008 \text{ mg/L})$ followed by) and Kampong Cham (Table 1). These two outlying provinces are distant from big urban centers and have experienced large outbreaks and significant outbreak responses. Hence, in Phnom Penh and Siem Reap, the LC_{50} and LC_{90} were lowest with LC_{50} values comprised between 0.012 mg/L (Siem Reap rural) and 0.020 mg/L (Phnom Penh rural). The RR for urban and rural populations of Siem Reap and Phnom Penh provinces were mainlymostly above the threshold which is defined as a resistant population with $RR \ge 5$. RR values of Kampong Cham and Battambang urban and rural populations were two and nine-fold higher than the threshold, respectively. While these results may be linked to the continued distribution of temephos and consequent exposure of populations to this chemical, it is of great concern that 2 out of 4 populations in these two provinces registered RRs twice as high as the defined resistance threshold (Kampong Cham Rural, RR=13.0; Battambang rural, RR=11.2) and one registered a RR 6 times higher than the defined threshold (Battambang urban, RR=33.6).

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, 8 9	150	Higher lethal doses (LC ₅₀ or LC ₉₀) are needed to kill <i>Ae. aegypti</i> larvae from Battambang and Kampong
10 11	151	Cham populations as depicted on the four mortality curves on the right side of the graph compared to
12 13	152	Siem Reap and Phnom Penh populations (Figure 1). Lastly all the field populations showed higher
14 15	153	mortality curve patterns compared to the sensitive strain over a range of concentrations (Figure 1).
16 17	154	Adult bioassays.
18 19	155	Results showed a very high level of resistance to permethrin regardless of province or rural/urban
20 21	156	classification (Figure 2; Supplementary File 2). The average mortality to permethrin at the WHO
22 23	157	diagnostic dose is $\frac{2.22\% \pm 0.002\% \pm 0.0002}{2}$ for all the populations. All the While all populations showed
24 25	158	resistance to permethrin: six of the eight populations showed no mortality to permethrin while the 2at
26	159	all. The additional two Kampong Cham populations had 1.1% and 3.9% of mortality. Adult bioassays
27 28	160	showed a significant difference in mortality to permethrin depending on the population and the
29 30	161	presence of PBO (F=3.35; <i>df</i> =8; <i>p</i> =0.003), particularly a significant increase in mortality from 1.1% to
31 32	162	18.6% in rural population from Kampong Cham province (Supplementary File 2).
33 34	163	With deltamethrin, sevenSeven of the eight field populations havehad a mortality percentage below
35 36	164	90% of mortality due to deltamethrin, meaning that these populations are resistant to deltamethrin. The
37 38	165	average mortality of Ae. aegypti populations from Phnom Penh and Siem Reap provinces ranged
39 40	166	between 4.0% and 8.3%_only. A significant difference in mortality to deltamethrin among the five
41	167	highest mortality populations (>52%) tested were observed in the presence of PBO (F=7.20; <i>df</i> =8;
42 43	168	<i>p</i> <0.0001).
44 45	169	Discussion
46 47 48	170	Resistance to temephos: implicationimplications for Public Healthpublic health
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171	Observed Ae. aegypti resistance to temephos is fully consistent with a recent analysis amongstudy	
172	where 6 of 7 populations showingshowed similar resistance in Cambodia (To Setha, pers. comm .): the	
173	RR (at LC50).). The RR50 range of the 8 populations to temephos between 3.8 and 33.6 reflects the	
174	intensity of insecticide control. In Thailand, despite mosquito resistance to deltamethrin and	
175	permethrin, temephos is still an effective insecticide to control Ae. aegypti larvae ¹³ On the basis of data	
176	showing -temephos resistance in Phnom Penh since<u>over</u> 17 years⁸, we suggest a review of prevention	
177	and control strategies , should be conducted and highlight the <u>effects of</u> reliance of on a single method of	
178	control ; i. (e <u>g. high levels of</u> temephos which is the most widely used larvicide to control use in	
179	<u>Cambodia¹⁴ $A = a = a = gypti^{14}$</u> may compromise the entomological impact of larval control operations.	Forma
180	Bacillus thuringiensis var. israelensis (Bti) was tested with success in 2005 around Phnom Penh ¹⁵ . In	
181	2016, a <u>A</u> new <i>Bti</i> strain AM65-52 was tested in 2016 against Kandal Ae. aegypti field population from	
182	Kandal province that was resistant to temephos, with . Results showed a reduction in the number of	
183	pupae over 13 weeks, with an average 70% reduction during 13 the 8 first weeks ¹⁶ . The use of the	
184	Poecilia reticulate (guppy) fish to control Aedes populations in water storage was tested in 2008 and	
185	after one year, a 79% reduction of a fin Aedes larvae in community was observed with a presence of	
186	guppies in <u>only</u> 57% of the containers ¹⁷ . In 2008, a new formulation of pyriproxifen was tested in water	
187	containers against <i>Ae. aegypti</i> in Phum Thmei near Phnom Penh ¹⁸ . Their main result was<u>The study</u>	
188	identified an inhibition of adult emergence in treated jars reaching 90% for 20 weeks, and remaining	
189	above 80% until the end of the study (34 weeks). In 2008, in Kampong Cham province Province in	
190	Cambodia,2008 water jars were covered with LLIN Permanet 2.0 (insecticide = deltamethrin) without	
191	significant reduction ¹⁷ reductions in mosquitoes ¹⁷ , possibly explained by the strong resistance to	
192	delamethrin that we observed in Ae. aegypti adults. A large-scale randomized trial comparing guppy and	
193	COMBI (Communication for Behavioural Impact) in Kampong Cham showed 92.5 % reduction in larval-	
194	positive containers and 76%-88% coverage with guppies after one year. A recently completed cluster	

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8 9	195	randomized control trial showed that an integrated vector management approach using guppy fish	
10 11	196	(Poecilia reticulata), a new slow release pyriproxyfen matrix (Sumilarv® 2MR), and community	
12 13	197	engagement through a clear Community for Behavioral Impact (COMBI) strategy reduced indoor adult	
14 15	198	density by 83% (pre-versus post-intervention) or 44% (intervention versus control arms)¹⁹.roughly 50%	
16	199	as compared to the control arm ¹⁹ . All of these methods focused on key containers, especially water	
17 18	200	cement jars that produced approximately 95% of Ae. aegypti larvae and pupae ⁹ and should be	
19 20	201	considered in Cambodia as a cost-effective replacement of temephos.	
21 22 22	202	Resistance to permethrin but susceptible to deltamethrin	
23 24	203	Resistance of Ae. aegypti to deltamethrin has public health implications. Aedes aegypti compare	
25 26	204	favorably deltamethrin-resistant populations have been described in different countries in Asia ²⁰ , Latin	
27 28	205	America ²¹ , Africa ²² , Oceania ²³ , Caraibes ²⁴ . Surprisingly, we did not observe the same pattern of	
29 30	206	resistance with permethrin.and the Caribbean ²⁴ .In our study, Aedes aegypti populations were either	
31 32	207	totally resistant <u>to deltamethrin (</u> with two populations exhibiting zero mortality ₇) or with<u>had</u> tolerance	
33	208	patterns, Recently, the same pattern was observed in Thailand: where Ae. aegypti F1 females were	Formatted: Font: Italic
34 35	209	susceptible to deltamethrin, but resistant to permethrin ¹³ . In a recent review (Smith et al. 2016), there	
36 37	210	isA substantial geographic variation exist to pyrethroid resistance, with lower adult resistance levels in	
38 39	211	Asia, Africa and the USA (based on both RRs and % mortality values), although. However there is 250-	
40 41	212	fold resistance to deltamethrin in Thailand ²⁵ .	
42 43	213	In this study, an extremely strong resistance to permethrin was observed both with/without PBO	
44 45	214	experiment that which seems to indicate that the resistance is already fixed. Comparatively, the	
46 47	215	resultsresult with deltamethrin and deltamethrin + PBO suggest the involvement of detoxifying	
48	216	enzymes. But <u>However</u> , generally , multiple resistance between pyrethroids are possible , and we could	
49 50	217	expect the intervention of the and it can be expected that there is a kdr mutation for resistance in both	
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218	insecticides. As the mechanisms of resistance between permethrin and DDT are expected to be the	
219	same, via a kdr mutation ²⁶ , the already existing DDT-resistance ⁷ , may explain the current fixed resistance	
220	observed with permethrin. There are several <i>kdr</i> mutations common in <i>Aedes</i> species that synergize	
221	with each other when they are associated ²⁷ . According to the point mutations the resistant phenotype	
222	could not be the same according to the pyrethroids. Heterozygous V1016G, and F1534F and F1534C	
223	mutants were findfound in Thailand ²⁸ , and the same mutation werewas also described in South	
224	ofsouthern China with also-V1016G mutants ²⁹ . Whilst there There is substantial variation in kdr in the	Formatted: Fo
225	Southeast Asian region, that has effects on resistance (arising from different combinations of three	
226	mutations : _ S989P, V1016G and F1534C <u>-</u> in <i>Ae. aegypti<mark>;). Although</mark> there are other fewmutations</i>	
227	detected in Ae. aegypti but they do not appear to have effect on resistance based on current evidence.	
228	For example- <u>, combinations of</u> F1534- and/or , C1534C- and / or , V1016G- and / or , S989P ²⁹ are present in	
229	Cambodia , and actingmay act together with metabolic resistance. The resistance patterns to	
230	deltamethrin and permethrin in the Cambodian villages would-fit with the variation in frequencies of the	
231	three mutations and especially in low 989/1016 but high 1534 in permethrin (but not deltamethrin)	
232	resistant locations <u>,</u> but higher 989/1016 in Phnom PengPenh and Siem Reap , <u>(</u>perhaps in combination	
233	with 1534 , though they tend to occur on alternate chromosomes so co-occurrence is uncommon,	
234	although this has certainly been observed. These will be key mutations to screen, perhaps with a little	
235	sequencing to check whether others are found - the Ae. aegypti sodium channel is full of non-	
236	synonymous mutations – which is very strongly resistance associated, and resistance links are yet to be	
237	established. <u>).</u>	
238	Our results question the resistance mechanisms , and even if classically expressed, the multiple	
239	resistance is considered as evident when talking about pyrethroids, it shouldn't or requires a different	
240	explanation Indeed, for instance, the absence of correlation between permethrin and deltamethrin	

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9	241	may involve different effects induced by type I Pyrethroid (permethrin) and a pseudo pyrethroid
10	242	(nonester pyrethroid; deltamethrin), and so different resistance mechanisms ³⁰ ,
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13	243	Limitations and conclusion
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15	244	We acknowledge the lack of baseline data on temephos distribution in the villages sampled. While
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17	245	temephos distribution has been acknowledged as the main outbreak response tool in Cambodia ³ , the
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19	246	timing and concentrations used in the villages sampled in this study were not discriminated. Hence, we
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21	247	cannot fully characterize the existing pre-conditions of each village in terms of previous larviciding
22	248	activities, but temphas distribution is arganized annually at a national and province scales. Likewise
23	248	activities, but temephos distribution is organized annually at a national and province scales. Likewise,
24	249	pyrethroid based interventions like thermal fogging, long lasting insecticide nets (LLIN) usage and
25	243	byrean old based interventions like thermal logging, bilg lading insecticide nets (EEN/ dodge and
26	250	pyrethroid based aerosol spray use was not characterized during field collection, limiting the possibility
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28	251	to ascertain potential drivers for the resistance patterns registered.
29	252	Nevertheless our results as well as the results of the neighboring countries are alarming. From a regional
30	252	Nevertileless our results as well as the results of the neighboring countries are diarming. From a regional
31	253	point of view, it seems essential to rapidly change control methods based on the use of a larvicide and
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33	254	to replace the temephos with another larvicide that remains to be determined. Finally, and perhaps
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35	255	more worrying, it seems that in the event of an epidemic, the adulticides used in the South East Asia
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37	256	region are no longer effective. We must quickly find an alternative.
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Table 1. Mean Lethal Concentration (LC) 50 (LC50) and LC90 (± SE) of 8 Aedes aegypti larval populations with temephos in Cambodia. RR50 and RR90 represent the resistance ratio of the field populations compared to the USDA susceptible reference strain. ^a USDA strain: LC50 = 0.0037 ± 0.00008 mg/L; LC90= 0.0047 ± 0.0001mg/L

	Environment	Populations ^a	LC50 (SE)	RR50	LC90 (SE)	RR90
		Phnom Penh	0.020 (0.0006)	5.4	0.028 (0.0008)	6 <u>.0</u>
		Siem Reap	0.014 (0.0008)	3.8	0.020 (0.0008)	4.2
	Urban	Kampong Cham	0.031 (0.0012)	8.4	0.052 (0.0025)	11.1
		Battambang	0.125 (0.0044)	33.8	0.221 (0.0082)	47 <u>.0</u>
		Phnom Penh	0.014 (0.0007)	3.8	0.031 (0.0011)	6.6
	Rural	Siem Reap	0.012 (0.0006)	3.3	0.021 (0.0010)	4.4
I		Kampong Cham	0.048 (0.0015)	13 <u>.0</u>	0.066 (0.0029)	14 <u>.0</u>
_		Battambang	0.041 (0.0015)	11.1	0.064 (0.0031)	13.6
56						

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Supplementary File 2. Percentage of mortality (± SE) of 8 Aedes aegypti adult populations to

Deltamethrin and Permetrhin. In bold are represented the significant differences of mortality between

bioassays realized with and without PBO.

	Without PBO		.	With PBO			Inserted Cells
Ae. aegypti populations	Deltamethrin	Permethrin	Deltamethrin <u>; p-</u> <u>value</u>	. _	Permethrin <u>; j</u> <u>value</u>	<u>)-</u>	Inserted Cells
Battambang rural	88.0 (5.1)	0.0 (0.0)	97.8 (2.6 <mark>)); 0.014</mark>		3.3 (6.5 <mark>-); 0.3</mark>	5 <u>5</u>	-
Battambang urban	59.6 (3.7)	0.0 (0.0)	80.6 (9.2 <mark>)); 0.006</mark>		1.2 (2.4 <mark>)); 0.3</mark>	<u>55</u>	
Kampong Cham rural	70.0 (8.9)	1.1 (2.2)	71.8 (15.6 <mark>-)); 0.844</mark>		18.6 (4.4 <mark>)); 0.0</mark>	<u>)03</u>	
Kampong Cham urban	90.8 (2.3)	3.9 (5.4)	98.8 (2.4 <mark>)); 0.003</mark>		7.5 (3.4 <mark>-); 0.3</mark>	<u>)0</u>	
Phnom Penh rural	7.1 (2.1)	0.0 (0.0)	9.9 (7.6)<u>); 0.509</u>	0.0 (0.0)	<u>0.0 (0.0); -</u>		Inserted Cells
Phnom Penh urban	8.3 (9.0)	0.0 (0.0)	7.3 (7.1)<u>); 0.867</u>	0.0 (0.0)	<u>0.0 (0.0); -</u>		
Siem Reap rural	6.3 (5.6)	0.0 (0.0)	52.3 (12.6)); <u>0.0006</u>	0.0 (0.0)	<u>0.0 (0.0); -</u>		
Siem Reap urban	4.0 (3.1)	0.0 (0.0)	24.6 (16.8 <u>)</u>; 0.047	0.0 (0.0)	<u>0.0 (0.0); -</u>		
USDA Sensitive Strain	100 (0.0)	100 (0.0)	100 (0.0)<u>);</u> -	. _	89.4 (21.2 <mark>-); 0.</mark>	<u>355</u> -	Inserted Cells
					* -		Formatted: Line spacing: Multiple 1.08