

1 **Industrial bees: the impact of apicultural intensification on local disease**
2 **prevalence.**

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15 Abstract

- 16 **1)** It is generally thought that the intensification of farming will result in higher disease prevalences,
17 although there is little specific modelling testing this idea. Focussing on honeybees, we build multi-
18 colony models to inform how 'apicultural intensification' is predicted to impact honeybee pathogen
19 epidemiology at the apiary scale.
- 20 **2)** We used both agent-based and analytical models to show that three linked aspects of apicultural
21 intensification (increased population sizes, changes in population network structure, and increased
22 between-colony transmission) are unlikely to greatly increase disease prevalence in apiaries.
23 Principally this is because even low-intensity apiculture exhibits high disease prevalence.
- 24 **3)** The greatest impacts of apicultural intensification are found for diseases with relatively low R_0 (basic
25 reproduction number), however, such diseases cause little overall disease prevalence and therefore
26 the impacts of intensification are minor. Furthermore, the smallest impacts of intensification are for
27 diseases with high R_0 values, which we argue are typical of important honeybee diseases.
- 28 **4) *Policy Implications:*** Our findings contradict the idea that apicultural intensification by crowding
29 honeybee colonies in large, dense apiaries leads to notably higher disease prevalences for
30 established honeybee pathogens. More broadly, our work demonstrates the need for informative
31 models of all agricultural systems and management practices in order to understand the implications
32 of management changes on diseases.

33 **Key Words:** apiculture, beekeeping, agriculture, intensification, infectious disease, mathematical model,
34 agriculture, disease prevalence

35 Introduction

36 Infectious diseases have significant impacts on agricultural sustainability (Brijnath, Butler, & McMichael,
37 2014) and profitability (James, 1981). A key question is how agricultural intensification and novel agricultural
38 practices impact the emergence and epidemiology of infectious disease (Cressler, McLeod, Rozins, Hoogen,
39 & Day, 2016; Gandon, Hochberg, Holt, & Day, 2013). It is generally assumed that intensification increases
40 vulnerability to severe disease outbreaks (Jones et al., 2013; Kennedy et al., 2016; Mennerat, Nilsen, Ebert,
41 & Skorping, 2010), but there is relatively little empirical data and therefore epidemiological theory is needed
42 to address this problem (Atkins et al., 2013; Rozins & Day, 2016). Here we build specific models of apiary-
43 level intensification in commercially farmed honeybees to examine the impact of industrial-scale
44 management practices on honeybee infectious disease prevalence.

45 Honeybee health and the apicultural industry are under threat from a variety of pressures (Ghazoul, 2005;
46 vanEngelsdorp & Meixner, 2010), including parasites and pathogens (Budge et al., 2015; De la Rúa, Jaffé,
47 Dall'Olio, Muñoz, & Serrano, 2009; Potts et al., 2010). There is a growing body of literature documenting the
48 damage that emerging or re-emerging diseases (Wilfert et al., 2016) are causing in apiculture (Jacques et al.,
49 2017; Kielmanowicz et al., 2015) and native pollinators (Cohen, Quistberg, Philpott, & DeGrandi-Hoffman,
50 2017; Fürst, McMahon, Osborne, Paxton, & Brown, 2014; Graystock, Blane, McFrederick, Goulson, &
51 Hughes, 2016; Manley, Boots, & Wilfert, 2015; McMahon et al., 2015; McMahon, Wilfert, Paxton, & Brown,
52 2018). Evidence exists supporting a link between the risk of these diseases and specific apicultural practices
53 (Giacobino et al., 2014; Mõtus, Raie, Orro, Chauzat, & Viltrop, 2016; Pacini et al., 2016). However, the
54 evidence is geographically limited, lacking in mechanistic underpinning, or contradictory even within this
55 small collection of studies. For example, Mõtus et al. (2016) report that larger apiaries show marginally
56 higher incidence of ectoparasitic *Varroa* mites in Estonia, whilst Giacobino et al. (2014) did not find this
57 association in a similar study in Argentina. It is therefore critical that we learn how different apicultural
58 practices impact disease outcomes (Brosi, Delaplane, Boots, & de Roode, 2017). The need for an
59 epidemiological framing of honeybee diseases has been frequently discussed (Brosi et al., 2017; Fries &

60 Camazine, 2001) in both empirical (van Engelsdorp et al., 2013) and modelling (Becher, Osborne, Thorbek,
61 Kennedy, & Grimm, 2013) studies, but we lack a modelling framework for disease ecology in honeybees at a
62 scale larger than a single colony.

63 Honeybees are typically managed in apiaries, which are associated colonies placed together for beekeeping
64 convenience at a single site. Pathogen dynamics at the apiary level are determined both by pathogen
65 transmission within and between colonies. Intensification of apiculture changes apiary ecology in a number
66 of ways, all potentially relevant to disease (Brosi et al., 2017). In particular, increasing the number of
67 colonies and changing the arrangement of those colonies influences epidemiology through changes in both
68 the size and network structure of the population. They both may also increase the rate at which transmission
69 between colonies occurs via more frequent 'drifting' of honeybees (Free, 1958; Neumann, Radloff, Pirk, &
70 Hepburn, 2003). Drift is a key mechanism of between-colony pathogen transmission (Goodwin, Perry, &
71 Houten, 1994; Roetschi, Berthoud, Kuhn, & Imdorf, 2008) and has been invoked as an explanatory
72 mechanism accounting for higher parasite prevalences in larger apiaries (Mötus et al., 2016).

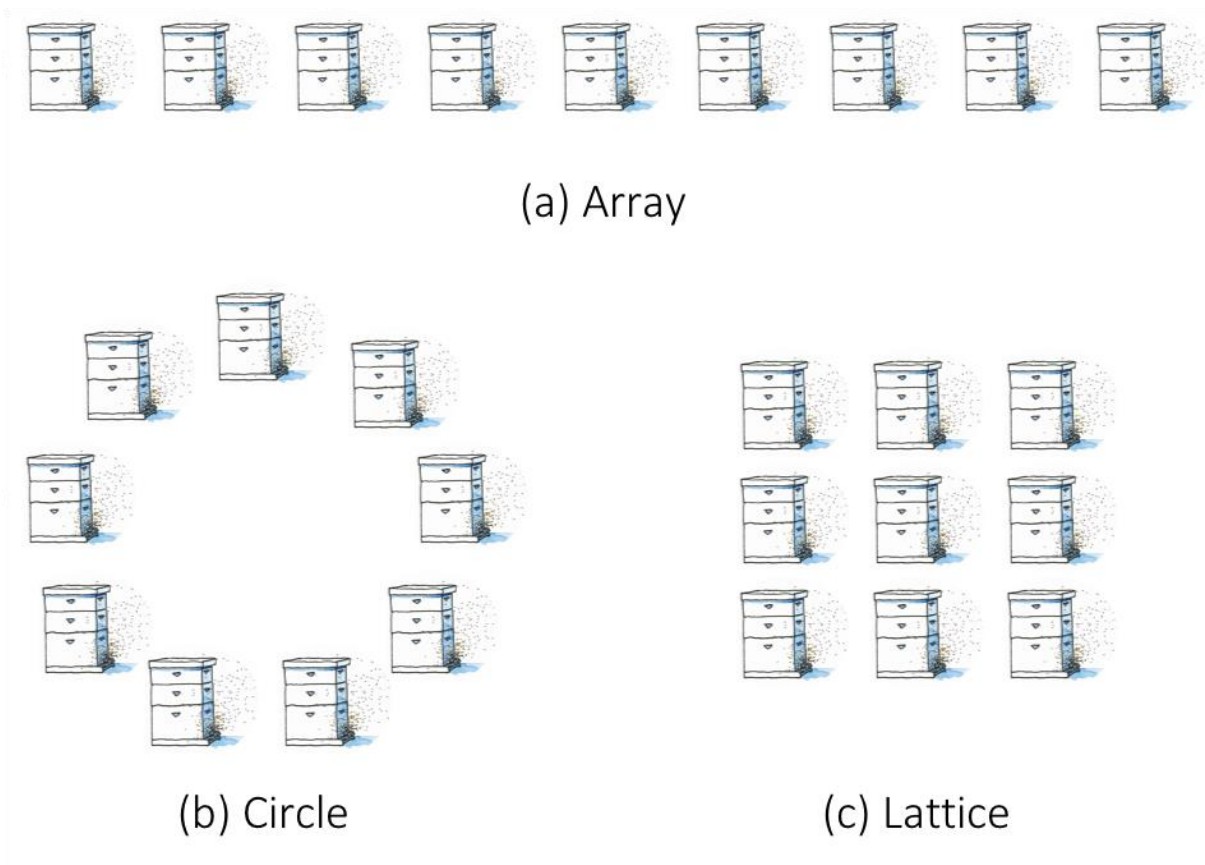
73 The intensification of agricultural systems generally means larger, denser population sizes and greater
74 pathogen transmissibility at local (within a population, such as a farm) and landscape (between populations,
75 such as neighbouring farms) scales. To understand these effects in honeybees we build multi-colony models
76 to examine how apicultural intensification is predicted to impact honeybee pathogen epidemiology. We
77 examine the epidemiological consequences of increasing the number of colonies within an apiary, changing
78 colony configurations, and increasing between-colony pathogen transmission.

79 **Materials and Methods**

80 We combine mathematical models and agent-based model (ABM) simulations to make predictions on how
81 intensification affects disease risk, spread, and endemic prevalence within an apiary. The key to our
82 approach is that we capture pathogen transmission both within and between colonies.

83 We generalise colony arrangements to three unique configurations drawn from experience, classic
84 apicultural literature (Jay 1966) and current experimental work (Dynes, Berry, Delaplane, Brosi, & de Roode,
85 2019): array, circular and lattice (Fig. 1). We restrict between-colony pathogen transmission to nearest
86 neighbours (see discussion), those in closest proximity to each other (connected by an arrow in Fig. 2).
87 Between-colony transmission is always assumed to be at a lower rate than within colony transmission. The
88 mathematical model allows us to obtain tractable analytical results while the ABM simulations allow us to
89 model disease at the level of the individual bee and consider stochastic effects.

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92

93 **Figure 1.** Colony configurations, demonstrated for apiaries with nine colonies.

94 We first derive a compartmental SI (Susceptible, Infected) model for pathogen transmission within an apiary.
 95 The model treats each colony as an individual population and allows for within colony as well as between-
 96 colony transmission (for nearest neighbours). Within a colony, honeybees are either susceptible to infection
 97 or infected (and infectious). We denote the number of susceptible honeybees in colony i at time t as $S_i(t)$.
 98 Likewise, we denote the number of honeybees in colony i infected with the pathogen at time t as $I_i(t)$.
 99 Susceptible honeybees in colony i become infected at rate β_{ij} following contact with an infected bee that
 100 resides in colony j . We assume that honeybees do not recover from infection. Honeybees are born at rate ϕ ,
 101 have a natural mortality rate of m , and an additional mortality rate of v if infected. The following $2n$
 102 differential equations, [1], model disease transmission within and between n colonies in an apiary.

$$\frac{dS_i}{dt} = - \sum_{j=1}^n \beta_{ij} S_i I_j - m S_i + \phi \quad 103$$

104

$$\frac{dI_i}{dt} = \sum_{j=1}^n \beta_{ij} S_i I_j - (m + v) I_i \quad [1] \quad 105$$

106

107

108 The matrix $\beta=[\beta_{ij}]$ will depend on the colony arrangement (see Fig. 1; and S.I. Section 1). The transmission
 109 rate between a susceptible and infected honeybee within the colony is a , and transmission between
 110 neighbouring colonies is b . For example, for a 9-colony apiary, the transmission matrices for an array,
 111 circular and lattice configured apiary (respectively) are as follows:

$$\begin{bmatrix} a & b & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\ b & a & b & 0 & 0 & 0 & 0 & 0 & 0 \\ 0 & b & a & b & 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & b & a & b & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & b & a & b & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & b & a & b & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 & b & a & b & 0 \\ 0 & 0 & 0 & 0 & 0 & 0 & b & a & b \\ 0 & 0 & 0 & 0 & 0 & 0 & 0 & b & a \end{bmatrix}, \begin{bmatrix} a & b & 0 & 0 & 0 & 0 & 0 & 0 & b \\ b & a & b & 0 & 0 & 0 & 0 & 0 & 0 \\ 0 & b & a & b & 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & b & a & b & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & b & a & b & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & b & a & b & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 & b & a & b & 0 \\ 0 & 0 & 0 & 0 & 0 & 0 & b & a & b \\ b & 0 & 0 & 0 & 0 & 0 & 0 & b & a \end{bmatrix}, \begin{bmatrix} a & b & 0 & b & 0 & 0 & 0 & 0 & 0 \\ b & a & b & 0 & b & 0 & 0 & 0 & 0 \\ 0 & b & a & 0 & 0 & b & 0 & 0 & 0 \\ b & 0 & 0 & a & b & 0 & b & 0 & 0 \\ 0 & b & 0 & b & a & b & 0 & b & 0 \\ 0 & 0 & b & 0 & b & a & 0 & 0 & b \\ 0 & 0 & 0 & b & 0 & 0 & a & b & 0 \\ 0 & 0 & 0 & 0 & b & 0 & b & a & b \\ 0 & 0 & 0 & 0 & 0 & b & 0 & b & a \end{bmatrix}$$

113

114 The corresponding network structures for the above transmission matrices can be seen in Fig. S1. We
115 assume that honeybees are much more likely to become infected by a honeybee that resides within its home
116 colony than by a honeybee from a neighbouring colony (i.e. $a \gg b$). Note that for each apiary configuration to
117 be possible and unique, the number of colonies (n) must be a perfect square, $n=L^2$ where $L \geq 3$ (see Fig. 1).
118 Therefore, the minimum number of colonies per apiary is 9, which has been observed to be the mean size of
119 a hobbyist or small beekeeping operation (Mötus et al., 2016; Pocol, Marghitas, & Popa, 2012).

120 We complement our mathematical model [1] with the ABM; our ABM simulates pathogen spread, through
121 individual bee movements, across an apiary. Apiaries are differentiated by the same characteristics as in the
122 mathematical model; a description of the ABM is available in the S.I. (Section 2) and the model is publicly
123 available (see S.I.). We use the ABM to simulate disease dynamics for both different pathogen phenotypes
124 (varying both pathogen virulence and transmissibility) and different apiary ecologies (varied as previously
125 described in the number of colonies per apiary, layout, and likelihood of bees moving between colonies) (S.I.
126 Figs. S3 & S4); we compare the ABM to the analytical model and use it to test assumptions made elsewhere
127 in the study (Fig. 4a, S.I. Fig. S6).

128 We can understand the dynamics presented by our models by focussing on the basic reproduction number,
129 R_0 . R_0 is a fundamental concept in infectious disease ecology, defined as the average number of secondary
130 infections caused by one infectious individual in an otherwise entirely susceptible population (Anderson &
131 May, 1992). We derive R_0 expressions, using model [1], for each of the apiary configurations. R_0 derivations
132 using model [1] allow us to characterise the relationship between R_0 and pathogen prevalence, defined as
133 the proportion of honeybees within an apiary that are infected at the endemic equilibrium. The R_0
134 expressions for apiaries with $n > 1$ colonies were calculated using the next generation method (van den
135 Driessche & Watmough, 2002), (see S.I. Section 1).

$$R0_{Array} = \frac{\phi}{m(m+v)} \left(a - 2b \cos \frac{n\pi}{n+1} \right) \quad [2a]$$

$$R0_{Circle} = \frac{\phi}{m(m+v)}(a+2b) \quad [2b]$$

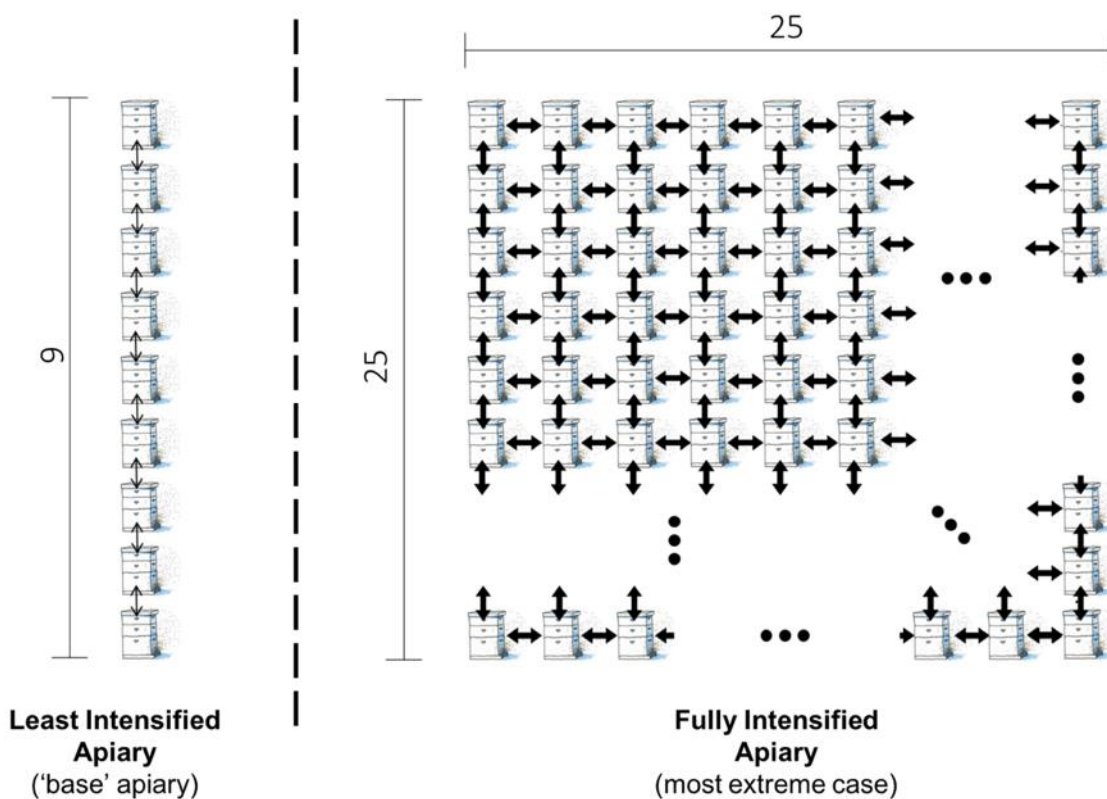
$$R0_{Lattice} = \frac{\phi}{m(m+v)}\left(a - 4b \cos \frac{\sqrt{n}\pi}{\sqrt{n}+1}\right) \quad [2c]$$

136

137 For the ABM we estimate R_0 values for particular parameter combinations by treating simulation outputs as
 138 ideal empirical data (Keeling & Rohani, 2008) and track the number of infections following the index case.

139 The term ‘base R_0 ’ is used throughout the remainder of this paper and refers to a value of R_0 for a specific
 140 pathogen phenotype in a least intensified apiary, an array with nine colonies (see Fig. 2). We determine how
 141 intensification affects R_0 by separating R_0 into a ‘base R_0 ’ and an ‘additional R_0 ’. The term ‘additional R_0 ’
 142 refers to the observed difference in R_0 for a given pathogen phenotype when comparing a ‘lower intensity’
 143 apiary to a ‘high intensity’ one (Fig. 2)

144 An extreme, but plausible, example of intensification is used for these comparisons. Specifically, an increase
 145 in colonies per apiary from 9 to 225 colonies, a change to a lattice configuration, and a tenfold increase in
 146 between-colony infection (0.015 to 0.15 per bee per day), demonstrated in Fig. 2. The difference in the R_0
 147 before and after intensification is how we estimate ‘additional R_0 ’. This permits the interaction (non-
 148 additive) effects of our three aspects of intensification. The ‘additional R_0 ’ can then be used in combination
 149 with the analytically derived relationship between R_0 and prevalence (see model [1] and equations [2a-c]) to
 150 characterise how intensification affects disease prevalence. We focus on disease prevalence as both models
 151 show rapid pathogen spread across apiaries, such that infection prevalence at the endemic equilibrium was
 152 the major result differentiating modelling scenarios (S.I. Figs. S4 & S5).

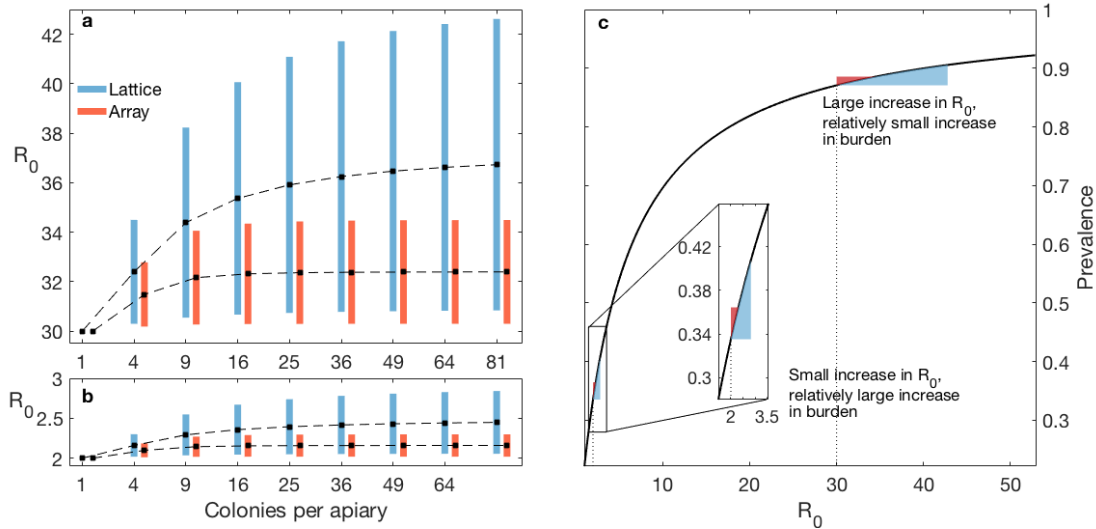


153 **Figure 2.** Illustrative schematic of the ‘intensification’ treatment as it is used in parts of this manuscript. We show the
 154 apiary used to estimate ‘base R_0 ’ (left) compared to the intensified apiary (right) reflecting an increase in number of
 155 colonies from 9 to 225, a change from an array to a lattice, and a tenfold increase in movement of honeybees between
 156 colonies (illustrated using arrow weight) from a likelihood of 0.015 per bee per day to 0.15. Note that for the intensified
 157 apiary, not all 225 colonies are shown, with missing colonies denoted by ellipses (...).

158

159 Results

160 Our main results constitute three main characterisations of this system: the relationship between R_0 and
 161 pathogen prevalence; the effects of intensification on R_0 ; and by combination of these relationships, the
 162 effect of intensification on pathogen prevalence. The relationship between R_0 and pathogen prevalence is
 163 principally derived from the analytical model (presented first in these results) but is confirmed to broadly
 164 agree with the agent-based model (presented second). The relationship between intensification and R_0 is
 165 principally derived from the ABM, presented second, but is partly explored in the analytical model presented
 166 first. The critical overall result is the combination of these relationships, presented last and visualised in Fig.
 167 5, demonstrating how intensification impacts disease prevalence. Detailed derivation, exploration, and
 168 testing of both models is detailed in the Supplementary Information.



169

170 **Figure 3:** Relationships between number of colonies, R_0 , and prevalence from model (1). Figures 3a and 3b demonstrate
 171 that the effect on R_0 for different degrees of intensification rapidly asymptotes, justifying our ‘single intensification’
 172 treatment (Fig. 2). Figure 3c defines the relationship between R_0 and prevalence, the shape of which critically
 173 determines our main result (see Fig. 5). Technical description: **a)** When $R_0=30$ for a single colony-apiary, the addition of
 174 colonies yields a maximum increase in R_0 of 12.7 for the lattice and 4.5 for the array. **b)** When $R_0=2$ for a single colony,
 175 there is a maximum increase in R_0 of 0.85 for the lattice and 0.29 for the array, when colonies are added. Recall that the
 176 R_0 for the circle is independent of n (see [2b]), and hence absent from the figure. Parameter values are set to: $v=0.1$,
 177 $m=0.0272$, $\phi=1600$ and in a) $a+b = 4.32485 \times 10^{-6}$ and in b) $a+b = 6.48725 \times 10^{-5}$. The transmissibility is what affects base
 178 R_0 . Black dots are values where between-colony transmission is held at 10% of total transmission, with the bottom and
 179 top of the bars representing 1% and 20% of the total transmission being between hives, ‘b’, respectively. **c)** The
 180 relationship between R_0 and disease prevalence. The range of R_0 values is generated by varying the overall transmission
 181 rate (i.e. $a+b$) from 2.143×10^{-6} to 1.178×10^{-4} as reported by Roberts & Hughes (2015) for *Nosema ceranae*.

182

183 Both model [1] and the ABM simulations show that, for a given number of colonies per apiary, R_0 is always
 184 greatest for the lattice arrangement — the most highly connected configuration. As the number of colonies
 185 per apiary increases (increasing n), the values of R_0 in both the array and lattice configurations increase (Fig.
 186 3a & 3b), while the R_0 for the circular configuration remains unchanged (see R_0 equations). The increase in R_0
 187 from the addition of colonies asymptotes quickly due to convergence in the mean number of neighbours
 188 across the apiary; this is also why the R_0 for the circular apiary is independent of number of colonies as the
 189 number of neighbours per colony remains two. This explains why R_0 for an array arrangement approaches
 190 the R_0 value for a circular arrangement as the number of colonies increases.

191 If $R_0 > 1$, the pathogen will rapidly invade (see S.I. Section 1 &, Fig. S5) and each colony will reach a stable
 192 population size and infection prevalence, called the endemic equilibrium (See S.I. Section 1). Mathematically

193 the disease prevalence at equilibrium for colony j is $I_j^*/(I_j^*+S_j^*)$, where S_j^* is the number of susceptible
 194 honeybees and I_j^* is the number of infectious honeybees in colony j at equilibrium. The endemic equilibrium
 195 for the circular configuration model can be solved explicitly (see S.I. Section 1). Due to symmetry, all colonies
 196 within the circular apiary have disease prevalence at the endemic equilibrium of:

$$197 \quad \frac{\phi(a + 2b) - m(m + v)}{\phi(a + 2b) + v(m + v)}$$

198 We can approximate the endemic equilibrium for the lattice and array configured models using perturbation
 199 theory, assuming $0 < b \ll 1$ (See S.I. Section 1). The approximate disease prevalence in colony j at
 200 equilibrium for a colony in the array or lattice configurations is:

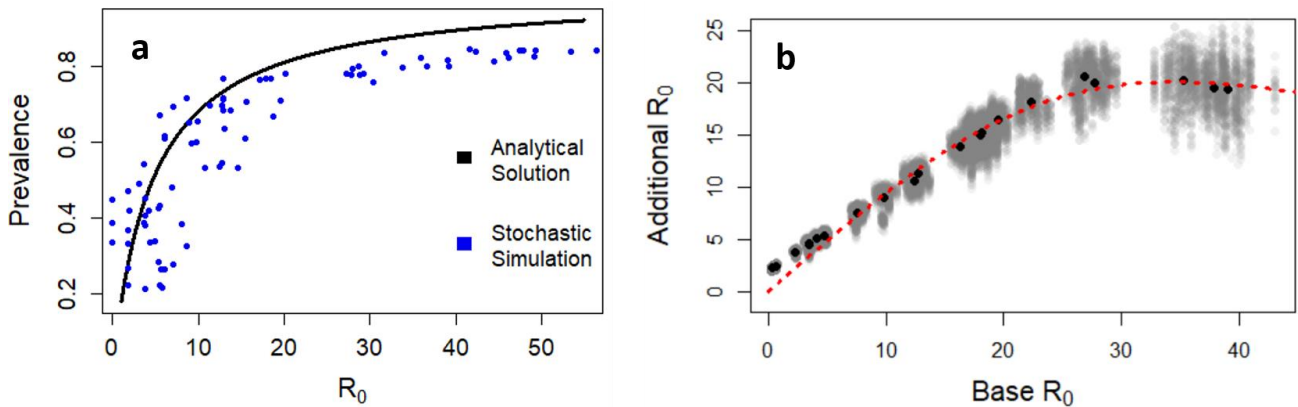
$$201 \quad \frac{\phi a^2 + lbm(m + v)}{\phi a^2 + a(m + v)^2 - blv(m + v)}$$

202 where l is the number of neighbours that colony j has. For any given set of parameters, we can therefore
 203 formulate both R_0 and prevalence, allowing us to characterise the relationship shown in Fig. 3c.

204 We show analytically, and in the ABM (S.I. Section 3) that intensification in the form of an increase in
 205 colonies or an increase in movement between colonies increases R_0 (Fig. 3a & 3b). Figure 4b shows the
 206 additional R_0 caused by our most extreme plausible changes in apiary management. The change in R_0 caused
 207 by increasing apiary size rapidly asymptotes (Fig. 3 a & b).

208 The effect of intensification is dependent on the base R_0 – for small base R_0 , intensification causes little
 209 additional R_0 , but at intermediate or high base R_0 , intensification leads to large additional R_0 (Fig. 4b). While
 210 the increase in R_0 is largest for an already large base R_0 , this relationship saturates and the relative increase
 211 in R_0 for a given base R_0 stays relatively constant for large base R_0 values. The relationship shows a strong
 212 nonlinearity when examining all three aspects of intensification in combination.

213



215 **Figure 4:** Results from the ABM. Figure 4a demonstrates the agreement between the ABM and analytical model; figure
 216 4b presents the critical relationship estimated from the ABM relating base R_0 to the increase in R_0 following
 217 intensification (see Fig. 2), the shape of which critically determines our main result (see Fig. 5). Technical description: **a)**
 218 shows agreement between the stochastic simulations (ABM) and analytical model (Fig. 3c); using the following
 219 equivalent model parameterisation to that for Fig. 3c: Circular configuration, $n = 9$, $M = 58200$, $\phi = 1600$, $5 \times 10^{-6} \leq \beta \leq$
 220 1×10^{-4} , $v = 0.1$, $\rho = 0.1$ (see S.I. Section 2). **b)** examines how an extreme example of intensification (see Fig. 2) alters R_0
 221 across a range of different 'base R_0 ' values determined by pathogen phenotype using the ABM. Grey points represent
 222 individual simulation comparisons, black points represent mean values. Base R_0 values are unevenly distributed across
 223 the range due to R_0 being an emergent property of the system in both plot panels. We derive a non-linear relationship
 224 between 'base R_0 ' and 'additional R_0 ' for panel **b**, corresponding to Fig. 2 (see Fig. 2 for panel **b** parameterisation,
 225 otherwise as listed for **a**, plotted as a dashed red line. Variation within clusters is a result of the stochastic simulations.

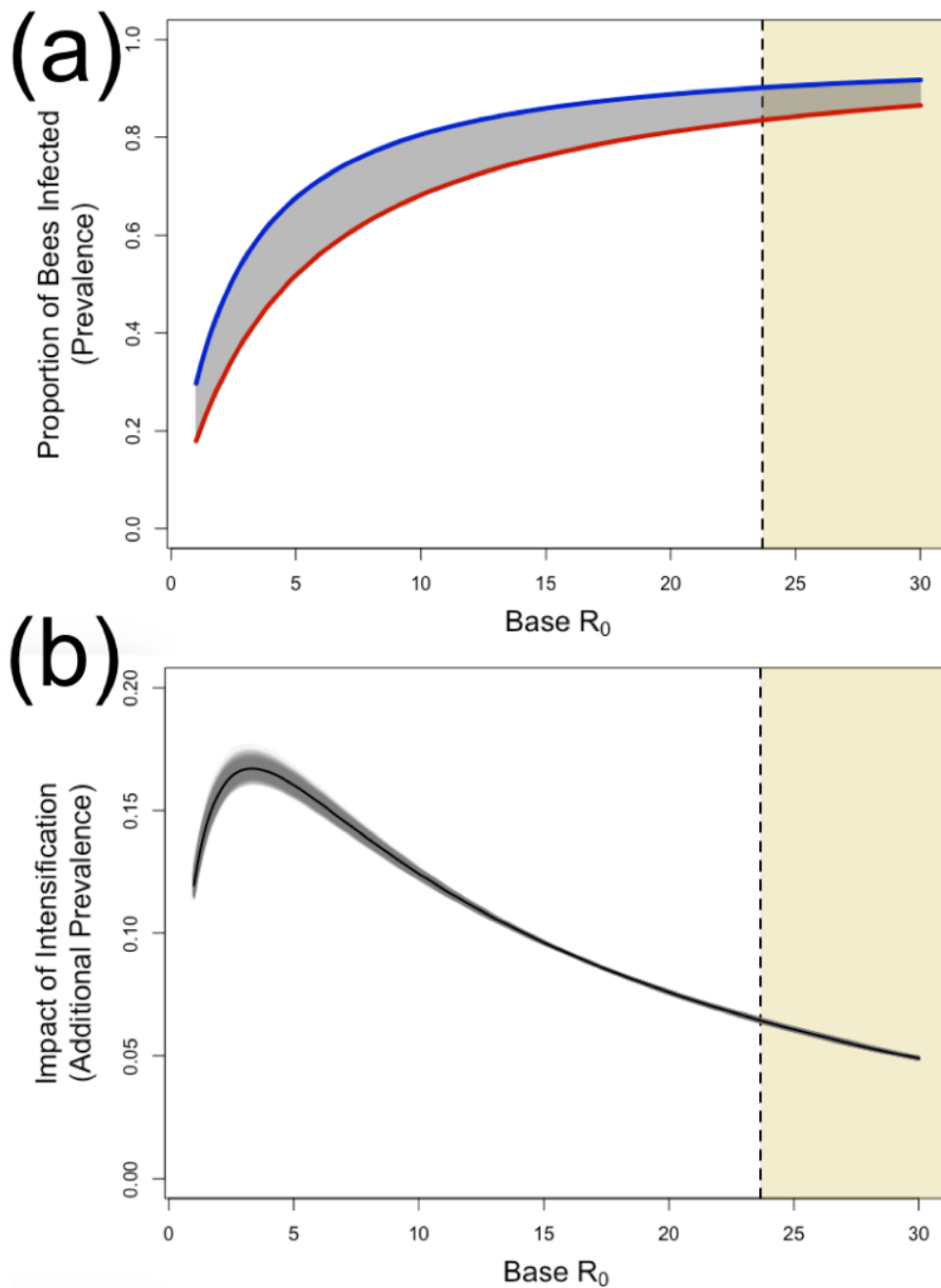
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227 By understanding the effect of intensification on R_0 (Fig. 4b) and by characterising the relationship between
 228 R_0 and disease prevalence (Fig. 3c, Fig. 4a), we can show how intensification impacts disease prevalences.
 229 We approximate the non-linear relationship between 'base R_0 ' (pathogen phenotype) and the 'additional R_0 '
 230 (effect of intensification) in Fig. 4b. We use a bootstrapping approach to create 1000 subsamples (subsample
 231 size = 10% of full sample with replacement) of our combined approach. Each subsample is used to generate
 232 a non-linear model of the form $y = ax / (b + x^c)$, where y is 'additional R_0 ' and x is 'base R_0 ', using a nonlinear
 233 least squares approach in R (v 3.3.1). The relationship generated using the full sample is plotted in Fig. 4b.

234 We combine this relationship characterising how base R_0 affects intensified additional R_0 (Fig. 4b) with the
 235 derived relationship between R_0 and pathogen prevalence shown in Fig. 3c, allowing us to predict how
 236 intensification impacts prevalences (Fig. 5). Fig. 5a shows the proportion of bees infected by a given (base R_0)
 237 pathogen for the two apiaries in Fig. 2. The difference in disease prevalence between these lines is the
 238 impact of intensification and is plotted in Fig. 5b. Fig. 5b shows a distinctly peaked relationship between base

239 R_0 and the impact of intensification, with the impact of intensification peaking around base $R_0 = 3.3$, and
240 then rapidly declining. Even at its peak, the effect of intensification (which is as extreme as plausible), leads
241 to an additional ~18% of bees infected at disease equilibrium. We present figure 5 as a the most important
242 graphic for understanding the overall conclusions of this study, as the apparent ‘small’ shift in R_0 required to
243 double prevalence (Fig. 3c and 4a) is actually very difficult to achieve for low R_0 pathogens (see Fig. 3b, 4b),
244 resulting in the ‘maximum plausible’ change shown by the peak in Fig. 5b (~18.5%).

245 We contextualize these results by calculating an estimate of the lower-bound of R_0 value for a honeybee
246 pathogen (see highlighted regions in Fig. 5). We identified this region based on empirical data for the
247 microsporidian pathogen *Nosema ceranae*; this was the only pathogen for which experimentally derived
248 transmission rates as well as robust information on mortality due to infection is available (Martín-Hernández
249 et al., 2011; Paxton, Klee, Korpela, & Fries, 2007; Roberts & Hughes, 2015). To estimate the plausible R_0
250 boundary in our model for this pathogen, we parameterised our mathematical model using the lowest
251 empirically supported transmission value with the highest supported additional mortality, and fixed
252 movement of honeybees between colonies at its lowest supported natural rate (Currie & Jay, 1991). We
253 then calculated the R_0 for a circular apiary due to its scale independence.



254

255 **Figure 5:** Depictions of our critical finding characterising the maximum (peak), and likely (shaded region),
 256 increases in prevalence of a pathogen following local intensification of apiculture. High prevalence even in ‘low
 257 intensity’ (see Fig. 2) systems yields little opportunity for large increases in prevalence. Panel (a) shows the
 258 proportion of bees infected (prevalence) in non-intensified apiaries (lower red line) compared to intensified
 259 apiaries (upper blue line), take from the mean values derived in Fig. 4b and the relationship shown in Fig. 3c.
 260 The shaded grey area between these curves is the additional prevalence caused by intensification – the
 261 ‘impact of intensification’. This is plotted in panel (b) where the black line represents the mean relationship,
 262 and the grey lines represent 1000 bootstrapped samples. The vertical dashed line and yellow-shaded region of
 263 the graphs to the right of the dashed line show a lowest estimated value of R_0 for *Nosema ceranae*. Figures
 264 start at $R_0 = 1.0008$.

265 Discussion

266 Our results present a counterintuitive picture of apicultural intensification and its consequences on
267 disease prevalence within apiaries. Even in their most plausibly extreme cases, changes in the
268 number of colonies, their spatial arrangement, and transmission rates between colonies (reflecting
269 management intensification (Brosi et al., 2017)) had only a small effect on the severity of disease at
270 the apiary level for pathogens of interest. Apicultural intensification leads to large gains in R_0 when
271 R_0 is initially high and small gains in R_0 when R_0 is initially low (Fig. 4b). However, increases in R_0
272 cause large increases in prevalence only when R_0 is initially low (Fig. 3c, 4a). Pathogens with a base
273 $R_0 \approx 3$ benefit most from intensification in terms of increased prevalence (Fig. 5); As discussed below,
274 we argue that there is likely to be a high base R_0 in important honeybee diseases and therefore our
275 models suggest that there is likely to be little effect of apiary-scale intensification on disease
276 prevalences. However, if a pathogen emerges with a relatively low R_0 , our model does indicate that
277 extreme intensification could lead to a significant increase in prevalence of approximately 18.5%.
278 Therefore, if intensification increases the risk of novel pathogen emergence, then these newly
279 emerged pathogens would benefit from intensification, as it would significantly increase their
280 disease prevalence, relative to the pre-intensified apiary.

281 Our models most closely resemble the ecology of a directly transmitted microparasite able to infect
282 individual honeybees at any life stage, conceptually similar to the microsporidian pathogens *Nosema*
283 spp. (Fantham & Porter, 1912). *Nosema* is a major concern to beekeepers worldwide (Higes et al.,
284 2008, 2009; Paxton, 2010), and has a minimum estimated base R_0 of 23 (Fig. 5) when modelled here.
285 We found that apicultural intensification, in the context of a pathogen with an initial R_0 of 23, leads
286 to a maximum 6.6% increase in disease prevalence. Our models predicted disease prevalences of up
287 to 90% (Fig. 3, Fig. 5; S.I. Section 3), which while high, are empirically supported for the honeybee
288 system (Higes et al., 2008; Kielmanowicz et al., 2015), and feature in other modelling studies that
289 use similar transmission parameters to ours (Betti, Wahl, & Zamir, 2014). *Nosema* was the only

290 pathogen for which there are direct empirical studies characterising its transmissibility, however,
291 other honeybee pathogens such as deformed wing virus are also well studied. While estimating an
292 R_0 for DWV is difficult due to active management by beekeepers, maximum reported prevalences
293 that may be indicative of its true 'unmanaged' R_0 are high, for example 73% in Natsopoulou et al.
294 (2017), 80% in Budge et al. (2015), and 100% in Stamets et al. (2018). These high prevalences are
295 consistent with high R_0 values (Fig. 3c, Fig. 4a, & S.I. (Section 3)).

296 We additionally explored the behaviour of a more specific model, using an age-structured approach
297 to infection dynamics, where only larvae are vulnerable to infection and develop into infectious
298 adults with a high pathogen-associated mortality (as might be appropriate for pathogens such as the
299 acute paralysis virus complex (Martin, 2001)), presented in the S.I. (Section 3). Convergence to
300 equilibrium happens more slowly than the main model presented here, but still occurs quickly
301 (within a single beekeeping season; see S.I. 3 Fig. S7). However adult-bee infection prevalence is far
302 lower than seen in our SI model (S.I. Fig. S7) – this is in agreement with observations of lower
303 prevalence of paralysis viruses (Budge et al., 2015). Notably, the endemic equilibrium prevalence
304 increases only by small magnitudes as movement between colonies or apiary sizes are drastically
305 increased (S.I. Fig. S7), in agreement with our main general result. This equivalence in behaviour
306 between different models reflecting large disparities in infection mechanics and different endemic
307 prevalences demonstrates that these results are likely generalisable to many honeybee pathogens.

308 We find rapid spread of a given pathogen across an apiary, which quickly reaches endemic
309 equilibrium (S.I. Figs. S4-S6). While pathogens with a higher R_0 reach this equilibrium more quickly,
310 there is universally rapid spread. Given this result, we mainly focussed on the disease prevalence
311 experienced at endemic equilibrium. Despite assuming transmission only to nearest neighbours,
312 pathogen spread occurs rapidly, and the nearest neighbour assumption alters this very little when
313 removed or relaxed (see S.I. Fig. S6). The rate at which epidemics are established in our model is also
314 in agreement with other honeybee pathogen models. For example, Jatulan, Rabajante, Banaay,

315 Fajardo, & Jose (2015) show a single infectious adult causes an American Foulbrood (*Paenibacillus*
316 *larvae*) epidemic that peaks within 50 days. Whilst they do not explicitly find an R_0 for *P. larvae*, the
317 short timescales characterising their epidemics are in line with ours (S.I. Section 3), suggesting high
318 R_0 values and that their model would behave similarly to ours at an apiary scale.

319 Our inter-colony transmission can be understood to capture multiple processes arriving from
320 beekeeper management such as brood transplantation or reduced distance between colonies (Brosi
321 et al., 2017) as well as recognised transmission routes such as honeybee drift (Jay, 1965). Our
322 approach was informed by studies which have focussed on how changes in the number of colonies
323 and apiary configurations (Jay, 1966, 1968) alter drift (Dynes et al., 2017). Links between drift-
324 mediated pathogen transmission and colony numbers have been documented for a variety of
325 pathogens (Seeley & Smith, 2015) – including brood specialised and non-specialised, micro- and
326 macro- parasites (Belloy et al., 2007; Budge et al., 2010; Dynes et al., 2017; Nolan & Delaplane,
327 2017). Larger numbers of colonies per apiary are a driver of higher drift (Currie & Jay, 1991), as are
328 changes in apiary arrangement (Jay, 1966; Dynes, Berry, Delaplane, Brosi, & Roode, 2019). While
329 beekeepers typically maintain equal distances between their colonies regardless of how many
330 colonies are in the apiary (such that larger apiaries have a bigger area footprint), our approach of
331 increasing between-colony transmission in larger apiaries would also capture any additional
332 transmission from spatial crowding.

333 Two clear candidates for future development of this model include seasonality and demography,
334 which are closely linked. Honeybee demography within a colony influences epidemiology (Betti,
335 Wahl, & Zamir, 2016) due in part to the temporal polyethism of task allocation influencing exposure
336 and immunity (Calderone & Page, 1996), as well as the flexible ability of honeybees to regain
337 immune function when they revert roles (Amdam et al., 2005; Robinson, Page, Strambi, & Strambi,
338 1992). However, patterns in how age and immunosenescence in honeybees relates to survival and
339 infectiousness remain complicated (Roberts & Hughes, 2014). Analytically tractable models

340 accounting for the role of this complex demography in understanding stress in a colony have only
341 recently been developed (Boaton, Iwasa, Marshall, & Childs, 2017), and extending these models to
342 incorporate diseases at the apiary scale is challenging. However, notable phenomena worth pursuing
343 include: the role of male bees, which are known to be more easily infected, more infectious, and
344 more likely to drift between colonies (Currie & Jay, 1991; Roberts & Hughes, 2015); as well as the
345 role of robbing – where honeybees invade other colonies to steal food (Fries & Camazine, 2001;
346 Lindström, Korpela, & Fries 2008).

347 At broader scales, overstocking of colonies may lead to resource limitation and consequently
348 impaired immune function (Al-Ghamdi, Adgaba, Getachew, & Tadesse, 2016; Pasquale et al., 2013).
349 These effects are important for a broader understanding of honeybee epidemiology, but should be
350 separated from the within-apiary processes studied here. Additionally, most honeybee infectious
351 diseases are caused by multi-host pathogens shared with other wild bees (Fürst et al., 2014; Manley
352 et al., 2015; McMahon et al., 2015, 2018). Honeybee colony density across a landscape therefore has
353 implications for wild pollinator health (Cohen et al., 2017; Graystock et al., 2016), however our
354 results suggest that increased stocking of honeybees may have smaller impacts on local pollinator
355 infectious disease dynamics than may have been previously thought.

356 Other industrialised agricultural livestock systems reflect extreme host densities similar to those in
357 this study. However, the R_0 for honeybee diseases may exceed that of other livestock diseases. We
358 compare our lower threshold estimate for the R_0 of *N. ceranae* to all available R_0 values for livestock
359 diseases that we could readily find in the literature (Fig. S9, see S.I. Section 4). Notably, all other
360 livestock diseases for which R_0 estimates exist show minimum R_0 values far below our honeybee
361 estimate, however examples of agricultural R_0 values as high or higher than those we present for
362 honeybees do also exist. There is therefore a clear need to develop explicit models of agricultural
363 intensification scenarios for important agricultural disease.

364 Overall, our findings represent the first stage in developing robust epidemiological models for
365 studying honeybee pathogens at an apiary scale. In the face of increasing challenges to global
366 apiculture, our models predict that the size of apiaries *per se* is not causing notable increases in
367 disease prevalence for important established bee pathogens, while it may increase the risk of
368 pathogen emergence. Finally, this study demonstrates that conventional thought on how
369 agricultural intensification influences disease may not be robust in the face of system-specific
370 ecological nuance.

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377 **Authors' Contributions**

378 All authors contributed to conceptualisation and scope definition of the study. LJB, CR, MB
379 developed approach. Mathematical modelling was undertaken by CR, AW, and MB. Computational
380 modelling by LJB, KD, and MB. Model scope and parameterisation by LJB, KD, JCdR, BJB, LW. LJB and
381 CR created figures, interpreted results and drafted manuscript with guidance and input from all
382 authors. All authors contributed to further drafting, revision, and finalisation. All authors approved
383 the final version for publication.

384 **Data Accessibility**

385 The agent-based model is made available in association with this manuscript via Dryad Digital
386 Repository doi:10.5061/dryad.rn2j5p0 (Bartlett et al. 2019).

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