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1 **One Health: parasites and beyond...**

2

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15

## 16 **Introduction**

17 The field of parasitism is broad, encompassing relationships between organisms  
18 where one benefits at the expense of another. Traditionally the discipline focuses on  
19 eukaryotes, with the study of bacteria and viruses complementary but distinct.  
20 Nonetheless, parasites vary in size and complexity from single celled protozoa, to  
21 enormous plants like those in the genus *Rafflesia*. Lifecycles range from obligate  
22 intracellular to extensive exoparasitism. Examples of parasites include high profile  
23 medical and zoonotic pathogens such as *Plasmodium*, veterinary pathogens of wild  
24 and captive animals and many of the agents which cause neglected tropical diseases,  
25 stretching to parasites which infect plants and other parasites (e.g. (Blake *et al.*, 2015;  
26 Hemingway, 2015; Hotez *et al.*, 2014; Kikuchi *et al.*, 2011; Meekums *et al.*, 2015;  
27 Sandlund *et al.*, 2015). The breadth of parasitology has been matched by the variety  
28 of ways in which parasites are studied, drawing upon biological, chemical, molecular,  
29 epidemiological and other expertise. Despite such breadth bridging between  
30 disciplines has commonly been problematic, regardless of extensive encouragement  
31 from government agencies, peer audiences and funding bodies promoting multi-  
32 disciplinary research. Now, progress in understanding and collaboration can benefit  
33 from establishment of the One Health concept (Stark *et al.*, 2015; Zinsstag *et al.*,  
34 2012). One Health draws upon biological, environmental, medical, veterinary and  
35 social science disciplines in order to improve human, animal and environmental  
36 health, although it remains tantalizingly difficult to engage many relevant parties. For  
37 infectious diseases traditional divides have been exacerbated as the importance of  
38 wildlife reservoirs, climate change, food production systems and socio-economic  
39 diversity have been recognised but often not addressed in a multi-disciplinary manner.

40 In response the 2015 Autumn Symposium organized by the British Society for  
41 Parasitology (BSP; <https://www.bsp.uk.net/home/>) was focused on One Health,  
42 running under the title 'One Health: parasites and beyond...'. The meeting, held at the  
43 Royal Veterinary College (RVC) in Camden, London from September 14<sup>th</sup> to 15<sup>th</sup>, drew  
44 upon a blend of specialist parasitology reinforced with additional complementary  
45 expertise. Scientists, advocates, policy makers and industry representatives were  
46 invited to present at the meeting, promoting and developing One Health  
47 understanding with relevance to parasitology. The decision to widen the scope of the  
48 meeting to non-parasitological, but informative topics, is reflected in the diversity of  
49 the articles included in this special issue. A key feature of the meeting was  
50 encouragement of early career scientists, with more than 35% of the delegates  
51 registered as students and 25 posters.

52

### 53 **One Health?**

54 There is no formal definition of One Health but at its core is the promotion of animal,  
55 human and environmental health through cross-disciplinary working. Taking a  
56 historical perspective, this concept is far from new. Until formal veterinary training  
57 was established in the 18<sup>th</sup> century, human health practitioners often treated animals  
58 (Currier & Steele, 2011). In the 19<sup>th</sup> century, the German physician and statesman  
59 Rudolf Virchow coined the term "zoonosis" and stated that "between animal and  
60 human medicine there are no dividing lines - nor should there be" (Kahn *et al.*, 2007).  
61 However, in the 20<sup>th</sup> century there was an ever increasing separation between human  
62 and veterinary medicine. It was only in the second half of this century that the close  
63 relationship between humans, animals and public health was again recognised

64 through the work of the Canadian epidemiologist Calvin Schwabe (Schwabe, 1984),  
65 where he formalised the concept of “One Medicine” – a general medicine of human  
66 and animals.

67

68 The emergence of a number of zoonotic viruses with pandemic potential in the early  
69 2000s led to a recognition of the need for greater collaboration across disciplines  
70 including human and veterinary medicine, wildlife biology, environmental science,  
71 anthropology, economics and sociology to prevent infectious disease emergence and  
72 spread (Gibbs, 2014). At a meeting of the Wildlife Conservation Society in 2004, the  
73 term “One World-One Health™” was introduced to encompass medicine and  
74 ecosystem health, and the Manhattan principles were established promoting a holistic  
75 approach to preventing disease emergence and spread, and maintaining ecosystem  
76 integrity (Calistri *et al.*, 2013). Since then, the One Health approach has gathered  
77 significant momentum, receiving official endorsement from the European  
78 Commission, the World Bank, World Health Organization (WHO), Food and Agriculture  
79 Organization of the United Nations (FAO), and the World Organization for Animal  
80 Health (OIE), among others (<http://www.onehealthglobal.net>).

81

82 Current definitions of “One Health” abound. The Food and Agricultural Organization  
83 describes it as “A collaborative, international, cross-sectoral, multidisciplinary  
84 mechanism to address threats and reduce risks of detrimental infectious diseases at  
85 the animal-human-ecosystem interface”  
86 ([http://www.fao.org/ag/againfo/home/en/news\\_archive/2010\\_one-health.html](http://www.fao.org/ag/againfo/home/en/news_archive/2010_one-health.html)), whereas the  
87 American Veterinary Medical Association takes a broader approach: “the

88 collaborative efforts of multiple disciplines working locally, nationally and globally to  
89 attain optimal health for people, animals and our environment”  
90 (<https://www.avma.org/KB/Resources/Reference/Pages/One-Health94.aspx>). The One Health  
91 Initiative definition follows in a similar vein, describing One Health as “a worldwide  
92 strategy for expanding interdisciplinary collaborations and communications in all  
93 aspects of health care for humans, animals and the environment’  
94 (<http://www.onehealthinitiative.com/about.php>). In contrast Zinsstag *et al.* proposed  
95 an operational definition of One Health focusing on the added value in terms of human  
96 and animal health or cost savings or environmental and social benefits that can be  
97 achieved through professionals from different disciplines working together (Zinsstag  
98 *et al.*, 2012). It has been suggested that the flexibility of the One Health concept is  
99 part of its success as it can be adapted to suit the missions of different organisations  
100 (Gibbs, 2014).

101

102 One confusing aspect of the varying definitions of One Health is the apparently  
103 interchangeable use of the words “multidisciplinary” and “interdisciplinary”. These  
104 terms actually have different definitions with “multidisciplinary” referring to projects  
105 involving experts from different disciplines who remain within their area of expertise  
106 over the course of the project. Interpretation and integration of results from different  
107 disciplines often occurs only at the end of the project. In contrast, in “interdisciplinary”  
108 projects, experts from various fields collaborate closely throughout the course of the  
109 project, integrating and synthesizing ideas and methodologies from different  
110 disciplines with the potential to generate new research questions and approaches  
111 (Conrad *et al.*, 2013; Eigenbrode *et al.*, 2007; Moore *et al.*, 2011). Going beyond

112 interdisciplinarity, a “transdisciplinary” approach cuts across disciplines where project  
113 participants use a common conceptual framework integrating theories and methods  
114 of different disciplines to address a shared problem. Participation of community  
115 members and key stakeholders in developing the conceptual framework and shared  
116 approach is an important aspect of transdisciplinary projects (Allen-Scott *et al.*, 2015;  
117 Min *et al.*, 2013). It has been argued that the One Health approach is transdisciplinary  
118 by its very nature (Mazet *et al.*, 2009) and certainly the application of  
119 transdisciplinarity to One Health projects has great potential (Min, 2013).

120

#### 121 **The British Society for Parasitology Autumn Symposium, 2015**

122 This special issue contains a series of invited reviews drawn from the BSP Autumn  
123 Symposium. The first, provided by Pete Kingsley and Emma Taylor, introduces the  
124 concept of ‘One Health’ and considers what the term actually means (Kingsley &  
125 Taylor, 2016). An enormous volume of activity has been advertised as One Health;  
126 some merely rebranding existing pursuits, others pushing at fundamental boundaries  
127 and genuinely creating new connections. The control of African trypanosomiasis  
128 provides an historic example of One Health in action, even before the birth of the  
129 term. The authors highlight the importance of improved information and fairer  
130 approaches, expanding the remit of assessments beyond individual specific medical,  
131 veterinary or environmental concerns. Assessing not only the impact of pathogens and  
132 interventions, but also the intrinsic value of human and animal welfare, food safety,  
133 security, and the environment, provides a natural entrée to the paper presented by  
134 Rushton and Bruce in this issue (Rushton & Bruce, 2016). The need for flexibility is

135 emphasised, with views evolving as more information becomes available or situations  
136 change.

137

138 Building on an understanding of One Health it becomes clear that assessing losses  
139 caused by parasitic disease, even if we incorporate the direct cost of controlling the  
140 disease, fails to reveal the true impact. For human pathogens disability adjusted life  
141 years (DALYs) have been developed to provide a single measure of total disease  
142 burden, presented as the number of years lost as a consequence of ill-health, disability  
143 or early death (Fernandez Martin *et al.*, 1995). Despite creation of the DALYs measure  
144 the true cost of many diseases of humans remains underestimated, with the  
145 inaccuracy magnified for zoonotic diseases where veterinary costs are commonly  
146 poorly defined. Further, difficulty quantifying indirect costs such as resources used or  
147 lost, impact on services and other social or environmental factors adds yet more  
148 uncertainty. In their paper presented here Johnathan Rushton and Mieghan Bruce  
149 assess the approaches which might be taken to identify One Health variables and  
150 include them in a quantifiable metric (Rushton & Bruce, 2016). Taking avian coccidiosis  
151 caused by the protozoan *Eimeria* species as an example, the authors begin to explore  
152 application of quantifiable One Health cost matrices. The cost attributed to coccidiosis  
153 may be as high as \$3 billion per annum, although estimates vary by tenfold or greater  
154 (Blake & Tomley, 2014). Indicators of environmental and social impact are suggested  
155 for inclusion in forthcoming quantitative analysis.

156

157 There have been increasing reports of emerging infectious diseases (EIDs) over the  
158 past few decades. EIDs include new diseases caused by novel pathogens, such as the



159 highly-publicised emergence of severe acute respiratory syndrome (SARS) in China in  
160 2002, and existing diseases which spread into new areas, as exemplified by the recent  
161 outbreak of Ebola virus disease in West Africa. In their review, Bryony Jones, Martha  
162 Betson and Dirk Pfeiffer contend that anthropogenic changes to the global ecosystem  
163 are drivers of disease emergence and identify important eco-social processes which  
164 may play a role including human population growth, urbanisation, increasing mobility  
165 and connectedness, inequality, increasing consumption, habitat destruction,  
166 biodiversity loss and climate change. They go on to illustrate the impact of human  
167 activity on emergence of infectious diseases using examples from different continents.  
168 Finally, given the complexity and connectedness of the eco-social processes which can  
169 drive disease emergence and spread, the authors argue that management of disease  
170 threats requires a systems-based One Health approach, citing appropriate theoretical  
171 frameworks which could be adopted.

172

173 In a more practical offering Rachel Chalmers and colleagues recommend development  
174 and agreement of a standardized genotyping approach for *Cryptosporidium* diagnosis,  
175 surveillance and outbreak investigation (Chalmers *et al.*, 2016). *Cryptosporidium*  
176 *parvum* is a major cause of livestock and zoonotic cryptosporidiosis. Morphological  
177 approaches are limited to genus-level identification, as indicated by the relatively  
178 recent differentiation of species such as *C. parvum* and *Cryptosporidium hominis* with  
179 molecular and epidemiological support (Abrahamsen *et al.*, 2004; Xu *et al.*, 2004).  
180 Sequence analysis of targets including the 18S ribosomal DNA and glycoprotein 60  
181 (gp60) were widely employed and offer value for money (Cardona *et al.*, 2011;  
182 Chalmers *et al.*, 2011). Greater detail has been achieved using multi-locus sequence

183 typing (MLST), although the relative cost is greater (Ramo *et al.*, 2014). Recent  
184 protocols which support whole genome sequencing of *Cryptosporidium* isolated  
185 directly from faecal samples may well replace these tools in time (Hadfield *et al.*,  
186 2015), but at present cost-effective, robust and reproducible assays are urgently  
187 required to facilitate comparison of results between studies and laboratories.  
188 Currently, variable number of tandem repeat (VNTR), and associated variation in  
189 polymerase chain reaction (PCR) amplicon size, offer a reasonable solution. In the  
190 work presented Chalmers *et al.* compare a panel of nine VNTR-based markers across  
191 multiple samples assessed in three different laboratories. They found some loci to  
192 present unexpectedly complex repeat units, weakening their value to routine analysis,  
193 and take a significant step towards standardization of tools for molecular *C. parvum*  
194 genotyping. At this time it is clear that additional markers are still required as the  
195 research community drives towards a consistent nomenclature for these parasites.

196

197 Stepping back in time, Piers Mitchell's article demonstrates how a combination of  
198 parasitology, anthropology and historical research can provide insights into human  
199 infection and disease in previous generations (Mitchell, 2016). He focuses on the  
200 Roman Empire and investigates whether "Romanisation" altered the balance of  
201 parasitic infection in people living in Europe and the Mediterranean region.  
202 Interestingly, despite substantial improvements in hygiene and sanitation during this  
203 period, gastrointestinal parasites such as *Trichuris* and *Ascaris* infections were  
204 widespread and fish tapeworm and ectoparasites such as lice and fleas were also  
205 present. The author discusses these findings in relation to what is known about the  
206 Roman diet and farming and bathing practices. He also reflects on what Roman

207 physicians believed about intestinal worms and how to treat them. This article  
208 provides an excellent illustration of how different complementary disciplines can be  
209 successfully integrated to address a research question.

210

211 The neglected tropical diseases and neglected zoonotic diseases have received  
212 increasing attention over the past few years and new goals have been set for control  
213 and elimination at a regional and global level (WHO, 2012). One such neglected  
214 zoonosis is *Taenia solium* taeniosis/cysticercosis (TSTC), which the World Health  
215 Organization (WHO) considers to be an eradicable disease and has decided to target  
216 for elimination in certain endemic countries (WHO, 2015). In their article Maria Vang  
217 Johansen and colleagues reflect on why no endemic country has managed to eliminate  
218 *T. solium* (Johansen *et al.*, 2016). They identify a number of factors including an  
219 inadequate understanding of social factors which influence transmission and the fact  
220 that neither the medical nor veterinary services want to take responsibility for control.  
221 The authors then describe a theoretical model of *T. solium* transmission in an endemic  
222 area and use this model to predict the effect of various intervention strategies on  
223 taeniosis in humans and cystercercosis in pigs. Based on model simulations, an  
224 integrated One Health approach combining interventions in humans and pigs would  
225 be able to reduce disease significantly in both species. However, this approach does  
226 not appear to be sufficient to achieve elimination of TSTC, thus highlighting the need  
227 to set realistic targets for control, before aiming for elimination.

228

229 Over the last decade the relevance of animal reservoirs to the (re)emergence of  
230 infectious agents has become well defined (Morens *et al.*, 2004). Protozoan parasites

231 have been highlighted as posing a particular risk in contrast to helminths (Taylor *et al.*,  
232 2001), possibly a consequence of the latter's greater complexity, longer generation  
233 time and size. Nonetheless, novel helminths have been described. Hybrid and/or  
234 introgressed *Fasciola* derived from *Fasciola hepatica* and *Fasciola gigantica* have been  
235 described across much of Asia with relevance to veterinary and human health (Le *et*  
236 *al.*, 2008). Similarly, hybridization and/or introgression between *Schistosoma* species  
237 has been well documented in recent years and is now reviewed here by Elsa Leger and  
238 Joanne Webster. The authors review multiple examples of hybridization between  
239 *Schistosoma* species which traditionally infect humans, livestock, and humans and  
240 livestock. Intriguingly, reports of hybrid schistosomes date back many decades with  
241 multiple examples from the 1950s and 1960s (Leger and Webster, 2016). The authors  
242 describe the ways in which hybrid schistosomes have been defined, including egg  
243 morphology and several molecular approaches, before focusing on possible drivers  
244 towards hybridization such as human interventions like dam construction and changes  
245 to farming which impact on the snail intermediate host, as well as the selection  
246 imposed by mass drug administration. The emergence of novel parasite genotypes  
247 with expanded host ranges and/or altered pathogenicity bears obvious significance to  
248 human and veterinary medicine, once again posing problems in the assessment of cost  
249 and development of effective control(s).

250

251 Zoonotic parasites are a global concern as demonstrated in Celia Holland's article  
252 (Holland, 2015). This review provides a comprehensive overview of the latest research  
253 into the biology, epidemiology and public health impact of the roundworm *Toxocara*  
254 and highlights the important gaps which exist in our understanding of this

255 cosmopolitan parasite. The author describes the multiple manifestations of  
256 toxocariasis in humans while stressing the difficulties of diagnosing this disease and of  
257 linking exposure to clinical presentation. The important role which vets can play, both  
258 in treatment of infected animals and in education of pet owners and the general public  
259 about the importance of *Toxocara* as a zoonotic infection, is discussed. The review  
260 draws attention to our poor understanding of the relative contribution of paratenic  
261 hosts and environmental contamination with fox, dog and cat faeces to *Toxocara*  
262 transmission and illustrates how mathematical modelling approaches can shed light  
263 on this question. Finally, the author proposes a One Health framework for research  
264 into this enigmatic parasite.

265

266 In the final paper of this special issue Shazia Hosein and colleagues review the current  
267 understanding of adaptive and innate immune responses against *Leishmania* infection  
268 in dogs. The outcome of infection by many *Leishmania* species is strongly influenced  
269 by the nature of the initial immune response. Induction of a predominantly Th1-type  
270 immune response, featuring CD4+ T cell expansion and elevated interferon gamma  
271 (IFN $\gamma$ ) production, commonly associates with a positive outcome as the host controls  
272 the infection. Contrastingly, induction of a Th2-type immune response correlates with  
273 susceptibility to infection, with interleukin (IL)-4 a key determining factor (Hosein *et*  
274 *al.*, 2016). The authors provide a thorough, organ by organ summary of immune  
275 responses induced during *Leishmania* infection in dogs, before discussing the small  
276 number of anti-*Leishmania* vaccines currently available for dogs in some markets.

277

278 **Conclusion**

279 The necessity of combining medical, veterinary and environmental strands in order to  
280 improve opportunities to resolve global health concerns coalesced into the One  
281 Health concept more than ten years ago as an evolution from One Medicine (Zinsstag  
282 *et al.*, 2012). Nonetheless, despite the rapid proliferation of peer reviewed  
283 manuscripts within the One Health remit effective integration remains a challenge. In  
284 a recent systematic review social network analysis of interdisciplinarity in One Health  
285 publications revealed three distinct, albeit overlapping communities representing  
286 ecologists, veterinarians and a diverse assembly of population biologists,  
287 mathematicians, epidemiologists, and experts in human health (Manlove *et al.*, 2016).  
288 Recognition of these persistent gaps, as well as the resultant opportunities, has  
289 prompted establishment of One Health educational openings in many institutions and  
290 societies such as the British Society for Parasitology. Improved interactions between  
291 academia and other stakeholders, including medicine, animal production, health and  
292 food user groups, can fast track global development and implementation of innovative  
293 science, and promote dissemination of key outputs. Examples include assessment and  
294 development of integrated pathogen monitoring, evaluation and control strategies,  
295 as well as development of novel research proposals supported by access to new  
296 research partners.

297

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304

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