Global Climate Change and Infectious Diseases

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The 2009 United Nations Climate Change Conference in Copenhagen ended on December 18 without passage of a binding resolution for tackling global climate change. With the debate over U.S. health care reform raging, this event went largely unnoticed by the U.S. health care community. However, climate change will have enormous implications for human health, especially for the burden of vectorborne and waterborne infectious diseases.

Climate change is occurring as a result of an imbalance between incoming and outgoing radiation in the atmosphere.¹ As solar radiation enters the atmosphere, some of it is absorbed by the earth’s surface and reemitted as infrared radiation, which is then absorbed by greenhouse gases — primarily carbon dioxide, methane, and nitrous oxide — which result from the combustion of fossil fuels and which cannot be effectively removed from the atmosphere because of deforestation. This process generates heat. As the concentrations of greenhouse gases in the atmosphere have reached record levels, global temperatures have risen at a faster rate than at any time since records began to be kept in the 1850s, and temperatures are expected to increase by another 1.8 to 5.8°C by the end of this century. The hydrologic cycle will be altered, since warmer air can retain more moisture than cooler air. Some geographic areas will have more rainfall, and some more drought, and severe weather events — including heat waves and storms — are expected to become more common. For these reasons, the term “climate change” is now preferred over the term “global warming.” Because of rising temperatures and changing rainfall patterns, climate change is expected to have a substantial effect on the burden of infectious diseases that are transmitted by insect vectors and through contaminated water.

Insect vectors tend to be more active at higher temperatures. For example, tropical mosquitoes such as anopholes species, which transmit malaria, require temperatures above 16°C to complete their life cycles.² Some vectorborne diseases such as malaria are also thought of as water-vectored diseases, since mosquitoes typically thrive in aquatic habitats, where they lay their eggs in water-filled containers. Thus, epidemics of malaria tend to occur during rainy
Disability-adjusted life-years (DALYs) are life-years that are lost owing to disability or premature death. Causes that may be attributable to climate change include diarrheal disease, vectorborne disease, malnutrition, and injury from natural disasters. Data are from the World Health Organization.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total DALYs</th>
<th>DALYs/Million Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1,894,000</td>
<td>3071.5</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>768,000</td>
<td>1586.5</td>
</tr>
<tr>
<td>Latin America and Caribbean</td>
<td>121,000</td>
<td>188.5</td>
</tr>
<tr>
<td>Southeast Asia</td>
<td>2,572,000</td>
<td>1703.5</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>169,000</td>
<td>111.4</td>
</tr>
<tr>
<td>Developed countries</td>
<td>8,000</td>
<td>8.9</td>
</tr>
</tbody>
</table>

* Disability-adjusted life-years (DALYs) are life-years that are lost owing to disability or premature death. Causes that may be attributable to climate change include diarrheal disease, vectorborne disease, malnutrition, and injury from natural disasters. Data are from the World Health Organization.

The imbalance in greenhouse-gas emissions, which are almost entirely attributable to developed countries, such as the United States, and countries with rapidly developing economies, such as China and India.

The WHO report also includes estimates of the future global burden of disease that will result from climate change. It is predicted that by 2030 there will be 10% more diarrheal disease than there would have been with no climate change and that it will primarily affect the health of young children; indeed, the impact on children might well be amplified by the effects of such diseases on malnutrition, development, and cognition. If global temperatures increase by 2 to 3°C, as expected, it is estimated that the population at risk for malaria will increase by 3 to 5%, which means that millions of additional people would probably become infected with malaria each year.

In an attempt to halt climate change, international efforts to reduce emissions have already been put in place. The Kyoto Protocol has now been ratified by 187 nations (but most notably not by the United States) and went into effect in 2005. The purpose of the recent meeting in Copenhagen was to establish a framework for tackling climate change beyond 2012, when the Kyoto Protocol expires. In the end, no binding resolution was passed. Rather, several countries (including the United States) developed a nonbinding agreement to halt the increase in global temperature at 2°C, with no mention of targets for emissions. One of the major sticking points at
the conference was the question of the responsibility that developed countries have to assist developing countries (including China and India) in reducing emissions, and the United States ultimately did pledge financial assistance to help poor countries deal with climate change. On a national level, the American Clean Energy and Security Act (Waxman–Markey bill), which sets limits on emissions through a cap-and-trade system (in which companies that produce fewer emissions than the cap allows receive credits that may be sold to heavier polluters), was passed by the House of Representatives in June 2009 but still awaits a vote in the Senate.

Although governments must take the lead in tackling climate change, I believe that it is also our responsibility as members of the health care community to do our part. Recommendations for ways in which individuals and businesses can reduce their greenhouse-gas emissions are available from the Environmental Protection Agency. In addition, though reducing emissions is of the utmost importance, we must remember that the best-case scenario would be a global temperature increase of about 2°C. Therefore, we must also focus our efforts on mitigating the effects of climate change, including its potential impact on the global burden of infectious diseases. Additional research is needed on the ecology and epidemiology of infectious diseases that will probably be affected by climate change. The best means for accomplishing this aim would be to incorporate research on the effect of climate change into existing infrastructures, such as the ambitious malaria-eradication program recently launched by the Bill and Melinda Gates Foundation. One of the goals of research on climate change should be the development of early warning systems to help populations prepare for impending epidemics. As we move forward, it is imperative that organizations such as the WHO continue their missions of treating and preventing otherwise neglected infectious diseases, as part of a multifaceted approach to improving global health. Effective treatments and vaccines will go a long way in preventing human suffering that could otherwise occur as a result of climate change.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

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Untangling the Web — Patients, Doctors, and the Internet
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Medicine has built on a long history of innovation, from the stethoscope and roentgenogram to magnetic resonance imaging and robotics. Doctors have embraced each new technology to advance patient care. But nothing has changed clinical practice more fundamentally than one recent innovation: the Internet. Its profound effects derive from the fact that while previous technol-