

HHS Public Access

Author manuscript *J Am Mosq Control Assoc.* Author manuscript; available in PMC 2022 August 29.

Published in final edited form as: JAm Mosq Control Assoc. 2021 December 01; 37(4): 286–290. doi:10.2987/21-6980.

ENTOMOLOGICAL INVESTIGATION FOLLOWING A ZIKA OUTBREAK IN BROWNSVILLE, TEXAS

JOHN-PAUL MUTEBI^{1,4}, MARVIN GODSEY JR.¹, DOMINIC ROSE¹, FRED BARNES², JESUS RODRIGUEZ², YSAIAS ENRIQUE PRESAS², WHITNEY QUALLS³, BETHANY BOLLING³, ARTURO RODRIGUEZ²

¹Centers for Disease Control and Prevention (CDC), 3156 Rampart Road, Fort Collins, CO 80521.

²City of Brownsville, Public Health Department, 1034 E Levee Street, Brownsville, TX 78521.

³Texas Department of State Health Services, Arbovirus-Entomology Laboratory, Austin, TX 78714-9347.

⁴Division of Vector-Borne Diseases, Centers for Disease Control and Prevention, Fort Collins, CO 80521.

Abstract

In November and December 2016, an outbreak of locally transmitted Zika occurred in Brownsville, TX. The Texas Department of State Health Services requested for a Centers for Disease Control and Prevention (CDC) Epi Aid, and as part of that Epi Aid a team of CDC entomologists was deployed in January 2017. The mission was to improve mosquitobased arbovirus surveillance and evaluate the possibility of continuing local Zika virus (ZIKV) transmission in the city. The mosquito-based arbovirus surveillance program was expanded from 4 to 40 BG-Sentinel traps evenly distributed throughout the city. Over a 2-wk period, 15 mosquito species were detected; the most abundant species were *Culex quinquefasciatus, Aedes aegypti*, and *Ae. albopictus*, which accounted for 66.7%, 16.2%, and 5.7% of the total mosquito collection, respectively. The relative abundance of *Ae. aegypti* (1.0 mosquitoes/trap/day) and *Ae. albopictus* (0.4 mosquitoes/trap/day) was very low and unlikely to initiate and/or sustain ZIKV transmission. Zika virus was not detected in the mosquitoes collected, suggesting no or extremely low ZIKV transmission at that time.

Keywords

Zika; outbreak; Brownsville; Texas; Aedes aegypti; Aedes albopictus

Zika virus (ZIKV) (Family *Flaviviridae*, Genus Flavivirus) was first isolated in Zika Forest, Uganda, in 1947 (Dick et al. 1952). In the following years, a number of ZIKV strains were isolated in and around Zika Forest (Weinbren and Williams 1958, Haddow et al. 1964), and this suggested that ZIKV is endemic in this area. During the same time period, ZIKV antibodies were detected in human sera in different parts of Africa and Asia (Dick 1952, Smithburn 1952, MacNamara 1954, Smithburn et al. 1954, Hammon et al. 1958), which suggested widespread human infections. However, the first confirmed ZIKV human case

was a probable laboratory infection in Entebbe, Uganda, in 1964 (Simpson 1964). The first documented large ZIKV outbreak was on the Island of Yap in the Federated States of Micronesia, in 2007 (Duffy et al. 2009). Subsequently, large outbreaks were reported in French Polynesia, and in South and Central America (Cao-Lormeau et al. 2014, Musso et al. 2014, Robbiani et al. 2017, Zambrana et al. 2018).

In the continental USA outbreaks of locally transmitted ZIKV were first detected in the cities of Wynwood and Miami Beach, both in Miami-Dade County, FL, in 2016 (Likos et al. 2016). On November 28, 2016, the Texas Department of State Health Services (Texas DSHS) reported its first confirmed locally transmitted case of Zika in the city of Brownsville, TX (https://www.dshs.texas.gov/news/releases/2016/20161128.aspx). Brownsville is in southern Texas along the USA–Mexico border adjacent to the city of Matamoros, Mexico. The Texas DSHS reported 4 more cases on December 9, 2016 (https://dshs.texas.gov/news/releases/2016/20161209.aspx), and another case on December 22, 2016 (https://dshs.texas.gov/news/releases/2016/20161222.aspx). In mid-January 2017, a Centers for Disease Control and Prevention (CDC) vector team was deployed to Brownsville, TX, for 2 wk: January 10–24, 2017. The overall mission was to provide vector assistance to the city of Brownsville. The CDC entomologists worked with the city of Brownsville vector control program to improve mosquito-based arbovirus surveillance. In the process, information was obtained on basic entomological parameters in Brownsville.

Before the deployment of CDC entomologists, the Brownville mosquito-based arbovirus surveillance program consisted of 4 BG-Sentinel Traps (BioQuip, Rancho Dominguez, CA) and 9 CDC gravid traps (Fig. 1A) monitored 3 days a week. At that time BG-Sentinel traps were in short supply and traps were deployed as they became available: from January 12-16, 2017, 18 BG-Sentinel traps were used; from January 16–18, 2017, the number increased to 22 BG-Sentinel traps; and from January 18-23, 2017, a total of 40 BG-Sentinel traps were used (Fig. 1B). The mosquito populations were sampled daily for 11 days, January 12-23, 2017. The BG Sentinel traps were baited with a BG-Lure (BioQuip) and dry ice as a source of CO₂. The traps were operated 24 h per day and the mosquitoes captured were collected each morning. The captured mosquitoes were transported to the laboratory in coolers on ice packs to minimize mortality and to maximize the survival of arboviral agents. In the laboratory, the mosquitoes were identified to species based on morphological characters by using the keys of Darsie and Ward (2005). Aedes (Stegomyia) aegypti (L.) and Ae. (Stegomyia) albopictus (Skuse) were pooled separately, placed in labeled tubes (labeled with mosquito species, sex, number of specimens, site and date of collection), and shipped to the Arbovirus-Entomology Laboratory at the Texas DSHS in Austin, TX, for arbovirus screening. In the laboratory, Ae. aegypti and Ae. albopictus pools were tested for ZIKV virus, using a real-time reverse transcriptase–polymerase chain reaction (RT-PCR) assay (Lanciotti et al. 2008). Briefly, pools were homogenized in diluent, containing 1% bovine serum albumin and antibiotics (gentamicin sulfate and amphotericin B). After clarification by centrifugation, RNA was extracted, using the QIAamp Viral RNA Mini Kit (catalog no. 52904; Qiagen, Germantown, MD) per the manufacturer's instructions, with the final elution in 60 µl of nuclease-free water. The RT-PCR was performed, using the SuperScript III Platinum One-Step qRT-PCR Kit (catalog no. 11732-088; Invitrogen, Grand Island, NY) with 5 µl of sample RNA in a 25-µl reaction volume. The Zika1087/Zika1163c primers and

J Am Mosq Control Assoc. Author manuscript; available in PMC 2022 August 29.

Zika1108FAM probe were used, and the aim was to detect all known ZIKV genotypes as described by Lanciotti et al. (2008).

A total of 199 mosquito pools were tested for ZIKV, consisting of 149 female *Ae. aegypti* pools (n = 344 mosquitoes), 2 male *Ae. aegypti* pools (n = 3 mosquitoes), 41 female *Ae. albopictus* pools (n = 123 mosquitoes), and 7 female *Aedes* spp. pools (n = 11 mosquitoes). All mosquito pools tested were negative for ZIKV.

Fifteen different mosquito species in 6 different genera-Aedes (4 species), Anopheles (4 species), Culex (3 species), Culiseta (1 species), Mansonia (1 species), and Uranotaenia (1 species)—were detected from a total of 2,149 mosquito specimens collected (Table 1). Three species, Anopheles atropos Dyar and Knab, Culex erythrothorax Dyar, and Ae. vexans (Meigen), were not included in the species lists of the city of Brownsville by Fisk and Le Van (1940) and Srinivasan et al. (2017), and to our knowledge this is the 1st detection of these species in this city. Anopheles atropos is a saltwater mosquito restricted to narrow margins of the Gulf and Atlantic coasts. The distribution map published by Darsie and Ward (2005) stopped north of Brownsville, suggesting that Brownsville was not within the distribution range despite the abundant suitable larval sites within the city. Only a single specimen was detected (Table 1), suggesting very low relative abundance of this species in Brownsville. The distribution range of Cx. erythrothorax extends from the West and the Southwest of the USA to northern Texas (Darsie and Ward 2005). The detection reported in this note represents an expansion of that range. Aedes vexans is widely distributed throughout North America (Darsie and Ward 2005), and it is not clear why it has not previously been detected in Brownsville. The fact that we detected only a single specimen suggests that it is rare in Brownsville, and that is probably why it was not detected by Fisk and Le Van (1940) and Srinivasan et al. (2017). However, all 3 species have previously been detected in Texas and do not represent new introductions to the state.

The most common species were *Cx. quinquefasciatus* Say (66.7% of the total collection), *Ae. aegypti* (16.15%), and *Ae. albopictus* (5.7%) (Table 1); all the other 12 species combined were less than 12% of the total collection. The average abundance for the most common species over the entire sampling period was 3.36 mosquitoes/trap/day for *Cx. quinquefasciatus*, 1.0 mosquitoes/trap/day for *Ae. aegypti*, and 0.4 mosquitoes/ trap/day for *Ae. albopictus*. The relative abundance estimates for the 3 most common species varied over the 11-day sampling period between 0.5 and 6.6 mosquitoes/trap/day for *Cx. quinquefasciatus*, 0.4–2.9 mosquitoes/trap/day for *Ae. aegypti*, and from 0.1 to 0.8 mosquitoes/trap/day for *Ae. albopictus* (Fig. 2). Interestingly, male mosquitoes were detected throughout the sampling period, suggesting continuous mosquito production in the wintertime in Brownsville, TX. Overall, the relative abundance of the ZIKV vector species was very low; the abundance of *Ae. albopictus* was consistently below 1 mosquito/trap/day and that of *Ae. aegypti* was below 2 mosquitoes/trap/day except on January 17, 2017, when it was 2.7 mosquitoes/trap/day (Fig. 2).

One of the aims of our study was to evaluate the possibility of continued transmission of ZIKV in Brownsville. Based on our observations the population sizes of the ZIKV vectors at that time, 1.0 mosquitoes/trap/day for *Ae. aegypti* and 0.4 mosquitoes/trap/day

J Am Mosq Control Assoc. Author manuscript; available in PMC 2022 August 29.

for *Ae. albopictus*, were not high enough to initiate and/or sustain ZIKV transmission. The population sizes associated with arbovirus transmission in Puerto Rico were above 2–3 mosquitoes/trap/day (Barrera et al. 2017), and our studies showed that the population levels of *Ae. aegypti* and *Ae. albopictus* in Brownsville were below that threshold. Furthermore, ZIKV was not detected in the mosquitoes processed, suggesting that either ZIKV was circulating in extremely low levels at that time or that there was no ZIKV transmission.

The 15 species detected included 10 species that have been associated with arbovirus transmission. The detection of a wide variety mosquito species that are vectors of arbovirus of public health importance suggests a high potential for arboviral transmission and outbreaks in Brownsville, TX. The fact that we detected these vector species in January, during wintertime, suggests potential for arbovirus transmission the whole year-round. Some of these vector species were detected by Fisk and Le Van (1940) and by Srinivasan et al. (2017), and this suggests that these species have been established in Brownsville for a long time and that the potential for arbovirus transmission in Brownsville is not a recent development. This is supported by a long history of documented arboviral disease outbreaks in Brownsville (Hughes and Porter 1958, Duffy 1968, Brunkard et al. 2007, Ramos et al. 2008, Hall et al. 2017). The mosquito surveillance system we established was maintained and has been improved to 52 permanent traps.

Acknowledgments

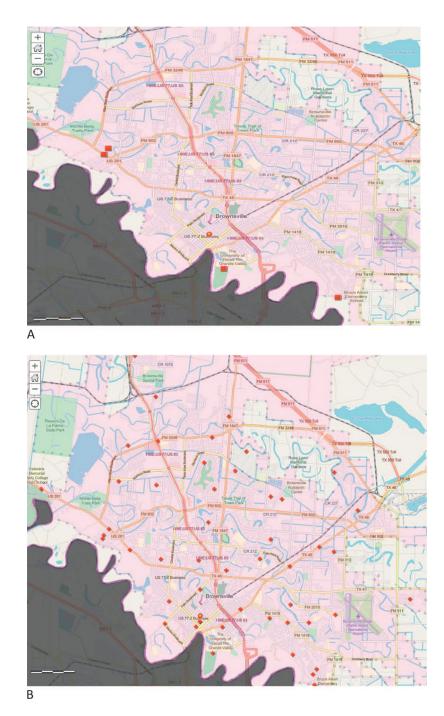
The authors thank Erik Ostrum for his help during the writing of this manuscript.

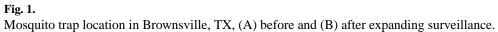
REFERENCES CITED

- Barrera R, Acevedo V, Felix GE, Hemme RR, Vazquez J, Munoz JL, Amador M. 2017. Impact of autocidal gravid ovitraps on chikungunya virus incidence in *Aedes aegypti* (Diptera: Culicidae) in areas with and without traps. J Med Entomol 54:387–395. [PubMed: 28031347]
- Brunkard JM, López JLR, Ramirez J, Cifuentes E. 2007. Dengue fever seroprevalence and risk factors, Texas–Mexico border, 2004. Emerg Infect Dis 13:1477–1483. [PubMed: 18257990]
- Cao-Lormeau VM, Roche C, Teissier A, Robin E, Berry AL, Mallet HP, Sall AA, Musso D. 2014. Zika virus, French Polynesia, South Pacific, 2013. Emerg Infect Dis 20:1084–1086.
- Darsie RF Jr, Ward RA. 2005. Identification and geographic distribution of the mosquitoes of North America, north of Mexico. 2nd edition. Gainesville, FL: Univ. Press of Florida.
- Dick GWA. 1952. Epidemiological notes on some viruses isolated in Uganda. Trans R Soc Trop Med Hyg 46:13–48. [PubMed: 14913655]
- Dick GWA, Kitchen SF, Haddow AJ. 1952. Zika Virus (I). Isolation and serological specificity. Trans R Soc Trop Med Hyg 46:509–520. [PubMed: 12995440]
- Duffy J 1968. Yellow fever in the continental United States during the nineteenth century. Bull NY Acad Med 44:687–701.
- Duffy MR, Chen T-H, Hancock WT, Powers AM, Kool JL, Lanciotti RS, Pretrick M, Marfel M, Holzbauer S, Dubray C, Guillaumot L, Griggs A, Bel M, Lambert AJ, Laven J, Kosoy O, Panella A, Biggerstaff BJ, Fischer M, Hayes EB. 2009. Zika virus outbreak on Yap island, Federated States of Micronesia. N Engl J Med 360:2536–2543. [PubMed: 19516034]
- Fisk WF, Le Van JH. 1940. Mosquito collections at Brownsville, Texas. J Econ Entomol 33:944-945.
- Haddow AJ, Williams MC, Woodall JP, Simpson DI, Goma LK. 1964. Twelve isolations of Zika virus from *Aedes (Stegomyia) africanus* (Theobald) taken in and above a Uganda forest. Bull WHO 31:57–69. [PubMed: 14230895]

J Am Mosq Control Assoc. Author manuscript; available in PMC 2022 August 29.

- Hall NB, Broussard K, Evert N, Canfield M. 2017. Notes from the field: Zika virus-associated neonatal birth defects surveillance Texas, January 2016–July 2017. Morb Mortal Wkly Rep 66:835–836.
- Hammon WM, Schrack WD Jr, Sather GE. 1958. Serological survey for arthropod-borne virus infections in the Philippines. Am J Trop Med Hyg 7:323–328. [PubMed: 13533740]
- Hughes JH, Porter JE. 1958. Measures against yellow fever entry into the United States. Public Health Rep 73:1101–1106. [PubMed: 13614622]
- Lanciotti RS, Kosoy OL, Laven JJ, Velez JO, Lambert AJ, Johnson AJ, Stanfield SM, Duffy MR. 2008. Genetic and serologic properties of Zika virus associated with an epidemic, Yap State, Micronesia, 2007. Emerg Infect Dis 14:1232–1239. [PubMed: 18680646]
- Likos A, Griffin I, Bingham AM, Stanek D, Fischer M, White S, Hamilton J, Eisenstein L, Atrubin D, Mulay P, Scott B, Jenkins P, Fernandez D, Rico E, Gillis L, Jean R, Cone M, Blackmore C, McAllister J, Vasquez C, Rivera L, Philip C. 2016. Local mosquito-borne transmission of Zika virus Miami-Dade and Broward Counties, Florida, June–August 2016. Morb Mortal Wkly Rep 65:1032–1038.
- MacNamara FN. 1954. Zika virus: a report on three cases of human infections during an epidemic of jaundice in Nigeria. Trans R Soc Trop Med Hyg 48:139–145. [PubMed: 13157159]
- Musso D, Nilles EJ, Cao-Lormeau VM. 2014. Rapid spread of emerging Zika virus in the Pacific area. Clin Microbiol Infect 20:595–596.
- Ramos MM, Mohammed H, Zielinski-Gutierrez E, Hayden MH, Lopez JLR, Fournier M, Trujillo AR, Burton R, Brunkard JM, Anaya-Lopez L. 2008. Epidemic dengue and dengue hemorrhagic fever at the Texas–Mexico border: results of a household-based seroepidemiologic survey, December 2005. Am J Trop Med Hyg 78:364–369. [PubMed: 18337327]
- Robbiani DF, Bozzacco L, Keeffe JR, Khouri R, Olsen PC, Gazumyan A, Schaefer-Babajew D, Avila-Rios S, Nogueira L, Patel R, Azzopardi SA, Uhl LFK, Saeed M, Sevilla-Reyes EE, Agudelo M, Yao KH, Golijanin J, Gristick HB, Lee YE, Hurley A, Caskey M, Pai J, Oliveira T, Wunder EA, Sacramento G, Nery N, Orge C, Costa F, Reis MG, Thomas NM, Eisenreich T, Weinberger DM, de Almeida ARP, West AP, Rice CM, Bjorkman PJ, Reyes-Teran G, Ko AI, MacDonald MR, Nussenzweig MC. 2017. Recurrent potent human neutralizing antibodies to Zika virus in Brazil and Mexico. Cell 169:597–609. [PubMed: 28475892]
- Simpson DIH. 1964. Zika virus infection in man. Trans R Soc Trop Med Hyg 58:335–338. [PubMed: 14175744]
- Smithburn KC. 1952. Neutralizing antibodies against certain recently isolated viruses in sera of human beings residing in East Africa. J Immunol 69:223–234. [PubMed: 14946416]
- Smithburn KC, Kerr JA, Gatne PB. 1954. Neutralizing antibodies against certain viruses in the sera of residents of India. J Immunol 72:248–257. [PubMed: 13163397]
- Srinivasan K, Tapia B, Rodriguez A, Wood R, Salinas JJ. 2017. Species abundance and temporal variation of arbovirus vectors in Brownsville, Texas. Rev Panam Salud Publica 41:1–5.
- Weinbren MP, Williams MC. 1958. Zika virus: further isolations in the Zika area, and some studies on the strains isolated. Trans R Soc Trop Med Hyg 52:263–268. [PubMed: 13556872]
- Zambrana JV, Bustos Carrillo F, Burger-Calderon R, Collado D, Sanchez N, Ojeda S, Carey Monterrey J, Plazaola M, Lopez B, Arguello S, Elizondo D, Aviles W, Coloma J, Kuan G, Balmaseda A, Gordon A, Harris E. 2018. Seroprevalence, risk factor, and spatial analyses of Zika virus infection after the 2016 epidemic in Managua, Nicaragua. Proc Natl Acad Sci USA 115:9294–9299. [PubMed: 30150394]





JAm Mosq Control Assoc. Author manuscript; available in PMC 2022 August 29.

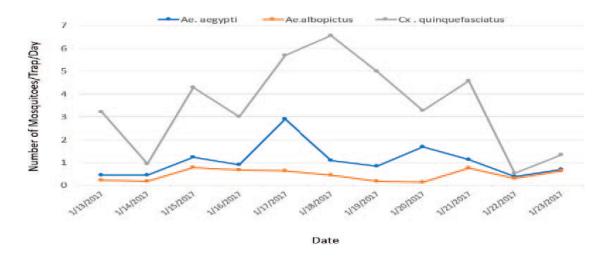




Table 1.

Mosquito species collected in Brownsville, TX, in January 2017.

Species	Number collected (%)
Culex quinquefasciatus	1,434 (66.73)
Aedes aegypti	347 (16.15)
Ae. albopictus	123 (5.72)
Cx. coronator	50 (2.33)
Cx. erythrothorax	15 (0.70)
Cx. tarsalis	10 (0.47)
Anopheles pseudopunctipennis	7 (0.33)
An. punctipennis	2 (0.09)
Ae. sollicitans	1 (0.05)
Ae. vexans	1 (0.05)
An. albimanus	1 (0.05)
An. atropos	1 (0.05)
Culiseta inornata	1 (0.05)
Mansonia titillans	1 (0.05)
Uranotaenia iowii	1 (0.05)
Culex spp.	92 (4.28)
Anopheles spp.	46 (2.14)
Aedes (Stegomyia) spp.	14 (0.65)
Aedes spp.	1 (0.05)
Uranotaenia spp.	1 (0.05)
Total	2,149