

Impact of Global Climate-Change on Ecology of *Anopheles*Mosquitoes: A Systematic Review

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Abstract

Background: This study investigated the impact of climate variables on the prevalence of malaria, a climate-sensitive infectious disease.

Methods: A systematic review was conducted on articles published from Mar 2000 to Aug 2023 in Persian and English languages. Overall, 10,731 articles were retrieved, and 58 studies were included in the analysis. Results: Climate variables such as temperature, rainfall, and humidity play a significant role in predicting malaria outbreaks, with inconsistencies observed in different regions, including Iran. The study highlights the need for tailored preventive.

Conclusion: Strategies and interventions to address the impact of climate change on malaria transmission. Enhanced health system resilience is essential to combat the anticipated rise in malaria cases in the future.

Keywords: Climate change; Global warming; Malaria; Anopheles

Introduction

Climate change is the greatest menace to global health in the 21st century (1). Climate change will harm global health in the coming decades, endangering billions with temperature rises surpassing 2 °C (2). Climate disasters caused 11,000 cases with 2M deaths and \$3.64T losses. Daily: one disaster, 115 deaths, \$202M losses (3). The

impact of climate change has intensified in recent years, and the last two decades have been the warmest years on record (4). Climate change could cause 250,000 additional deaths yearly (5). Global temperature to rise by 2-5 °C, causing extreme weather events (6). In 2015, climate change induced- disasters accounted for 19% of all disas-



ters, which increased by 12% compared to the last century (7). Climate change impacts health through heat waves, floods, droughts, vector-borne diseases, disasters, and malnutrition. Low-income countries are most vulnerable, but high-income countries also face risks, as seen in the 2003 European heat wave (8).

The relationship between climate changes and contagious illness

Increase in climate-related disasters lead to more severe events due to contagious diseases (4). According to the Intergovernmental Panel on Climate Change (IPCC) report, contagious diseases are among the indirect effects of climate change (6). Emerging and recurring infectious diseases like Ebola, COVID-19, and others are current public health challenges (9). Contagious diseases increase due to climate change impacting microorganisms and habitats (4). Global warming can shift mosquito distribution, causing disease outbreaks (10). Climate impacts disease transmission. Emerging diseases like malaria threaten global health and require prevention (11). Disease-free areas at risk due to climate change outbreaks (12). Various theories link climate change to vectorborne diseases, such as temperature effects, transmission season extension, and ecological shifts (13).

Relationship between Malaria and climate change

Malaria, deadliest arthropod-borne disease, may be affected by climate change (14). *Anopheles* mosquitoes spread malaria. Around 60 species can transmit human malaria at 20-30 °C (15). Four Plasmodium species evolved from common ancestor 60 million years ago (16). *Anopheles* mosquitoes, carriers of malaria, are sensitive to climate conditions (17). There are five (previously four) Plasmodium species that commonly infect humans, namely *Plasmodium falciparum*, *P. vivax*, *P. ovale*, *P. malaria*, and, very recently, *P. knowlesi* (18). Minimum temperature for *P. vivax* transmission is 15 °C (15). WHO reported 435,000 deaths from malaria in the world in 2018 (19). Malaria cases to reach 1.6M by 2030 and 1.8M by 2050 due to

climate change (20). Changes in bioclimatic variables impact *anopheles* breeding habitats, altering malaria transmission (21). Mosquito development, survival, and disease transmission are affected by temperature. *Anopheles* species may adapt to climate changes, altering disease dynamics (22).

Malaria poses health risks during health system failures caused by extreme events. About 3.3 billion people globally are impacted annually (20). This figure is expected to increase as climate change-induced disasters are increasing. An increase in malaria cases was reported four to five times over non-disaster periods after the flood disaster in Mozambique in 2000 (23). After Costa Rica earthquake, malaria incidence spiked by up to 1,600 and 4,700% in affected areas due to human behavior and environmental changes (24). Long-term fluctuation in bioclimatic variables can change the geographical spread of malaria vectors and parasites (25). More research is needed on the undefined role of malaria in lowincome countries like Iran. Areas with poor health facilities are highly vulnerable to outbreaks due to climate change (26). Iran is in West Asia, the seventeenth largest country globally. Over 80% in arid/semi-arid regions, annual rainfall 240mm (27). Iran's dry climate faces frequent floods causing infrastructure damage annually (28). The intensity of flash floods will increase in the future while average rainfall will decrease (29). The destructive floods have increased ten times in the last 50 years ago (30, 31). Iran's Department of Environment reported that 74% of 421 flood events occurred from 1981 to 2001, with increased frequency since. Multiple floods from 2001 to 2019 led to 19 infectious epidemics in spring 2019 (31, 32). Vector-borne diseases spread faster, raising infection risks significantly (33). About six decades ago, a third of Iran's population was infected with malaria (34).

In Iran, native cases of the disease have declined, with no indigenous cases in 2018 and 2019 (35). Malaria cases surged in 2022, with a fivefold increase compared to 2021, expected to be tenfold higher in one Iranian province (36). According to the latest report on the state of malaria in 2022,

5677 cases of this disease have been recorded in Iran (36). Foreign nationals, heavy rains in neighboring areas, and rising malaria cases in Pakistan and Afghanistan contribute to disease spread. Increasing climate change leads to hydrological disasters like floods, disrupting healthcare and worsening social-environmental conditions (24). Post-disaster disruptions increase risk factors, exposing populations to malaria (28). Identifying malaria outbreak risks is crucial for assessing vulnerability and pinpointing health system needs to reduce exposure. Understanding disease spread risks from climate change is crucial for effective policies and interventions.

Materials and Methods

Study design

The study focused on the impact of climatic variables on malaria prevalence, including global climate change-related studies, hydrological events, and studies conducted in Iran. A systematic review following PRISMA guidelines was conducted to ensure accuracy and reliability.

Search strategy

The search strategy included Persian and English articles from 2000 to 2023 in reputable databases. Keywords related to climate change, global warming, malaria, and *Anopheles* mosquitoes were used. EndNote reference manager was utilized for article organization. Two independent reviewers screened search results for eligibility, with a third reviewer resolving any disagreements.

The inclusion and exclusion criteria

Studies were included according to the inclusion criteria in the following; Country (Iran and other countries), malaria (All studies addressing interactions between the human population and malaria vector, organism, or/and confirmed infected cases), the subjects of the studies investigated the climatic changes, language of studies (Persian and English) and availability of full text. Exclusion criteria included articles of unrelated, poor quality, published in non-English and Persian language, summary of the articles presented on conferences, and educational articles.

Quality assessment

Quality assessment was performed using an Epidemiology checklist, with a score of 20 or above deemed acceptable. Screening resulted in 58 articles meeting the inclusion criteria.

Article screening process and Data collection

The articles were categorized based on climate change impacts on malaria prevalence. Data collection involved 10731 initial studies, with 58 ultimately included in the review. The quality of documentation for findings was evaluated using the STROBE checklist. The review highlighted the impact of climate variables and disasters on malaria prevalence from 2000 to 2023.

Results

Findings from searching scientific databases revealed 10,731 articles. After removing duplicates, 7516 articles were identified, with 58 relevant studies selected for data extraction (Fig. 1). Of these studies, 33% were from Iran and 67% were from other regions, including Africa. The extracted articles were classified based on climate variables, study design, publication date, study area, discussions, findings, and global extreme events, with a focus on climate variables and disaster types in Iran.

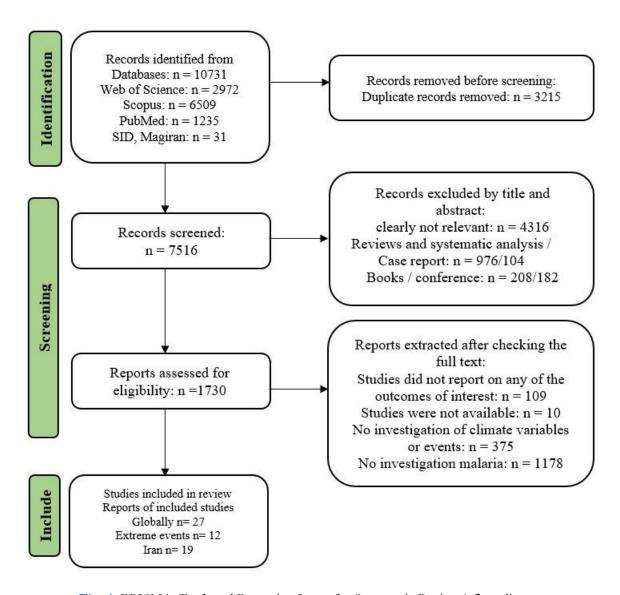


Fig. 1: PRISMA (Preferred Reporting Items for Systematic Reviews) flow diagram

Risk factors such as rainfall, temperature, extreme events, and floods play a significant role in malaria prevalence in Africa. Some studies point to a bell-shaped relationship between malaria intensity and temperature, with a peak at 28 °C (Table 1). Warmer climates are expected to worsen malaria conditions. While some research shows a positive correlation between rainfall and malaria cases in

certain areas, others report a negative impact (Table 2). In Iran, an increase in temperature has been linked to a rise in malaria incidence (Table 3). Floods and rising temperatures due to global warming can also contribute to malaria outbreaks. High-altitude regions worldwide may see an increase in malaria transmission due to climate change.

Table 1: Characteristics of global articles on climate and Malaria

Study location	Short Title	Bioclimatic Varia- bles	Conclusion	Ref
North-East India/ Mizoram 2023	Malaria hotspots in Mizo- ram, India-Bangladesh border.	Temperature, relative humidity and rainfall	Strong link between malaria cases, temperature, elevation and forest classes.	(21)
Burkina Faso 2023	Impact of weather on cause- specific deaths in rural Burkina Faso.	temperature and precipitation	Increased risk of death from malaria with high precipitation and temperature.	(25)
India/ Ahmedabad and Surat 2022	Urban malaria influenced by relative humidity.	relative humidity	relative humidity is a critical factor in the spread of urban malaria	(37)
Southern Africa 2021	Climate impact on malaria.	temperature and rainfall	Max temperature negatively correlated with malaria in all ages, while min temperature and mean rainfall negatively correlated. Max rainfall was positively correlated with malaria, significantly in older age group.	(38)
Ethiopi / Zuria 2021	Malaria epidemics linked to rainfall in Gondar, Ethiopia.	Rainfall and Temper- ature	Increased rain increased malaria transmission in Bulgaria.	(1)
Sweden 2021	Historical malaria cases in Sweden: climate-based analysis.	Temperature and precipitation	Malaria deaths depend on warm-season tem- perature, with non-linear response to precipi- tation.	(39)
India/ Pune 2020	Rainfall cutoff for malaria outbreaks in India.	rainfall	Variation in outbreak timing based on level of humidity and aridity.	(40)
Sri Lanka / Kataragama 2020	Impact of environment on malaria in Sri Lanka.	temperature, rainfall, and relative humidity	Environmental factors increased malaria in Kataragama 1991-1995 but not 1999-2001.	(41)
West Africa 2020	Climate Variability and Malaria over West Africa	Temperature and precipitation	High temps increase malaria transmission, followed by outbreaks after peak rainfall.	(42)
India 2020	Predicting Malaria using weather data.	Temperature, precipitation and humidity	Minimum temperature rise linked to increased malaria cases; no correlation found for temperature decrease.	(43)
Africa 2020	Climate change affects African Malaria.	Temperature	Highland areas have more malaria with higher temperatures. Sahel areas less affected by temperature increase for malaria.	(44)
South Korea 2019	Climate change impact on malaria transmission.	Temperature and precipitation	Climate change increases the prevalence of malaria	(45)
Kenya 2019	Predicting climate change impact on malaria in Kenya.	Temperature and precipitation (soil moisture)	Soil moisture up, air temp down, more malaria.	(46)
Burkina Faso 2019	Factors Malaria Hotspots Nanoro District. surveil- lance area, Burkina Faso	Temperature and precipitation	Rainfall, temperature linked to malaria cases with 9–14-week delay.	(47)
Uganda 2018	Climate and interventions impact malaria dynamics.	precipitation, temper- ature	Altitude and distance to water lower malaria rates. Higher temperatures and rainfall increase malaria risk.	(48)
China 2018	Malaria and weather in China.	Temperature, precipitation and humidity	1 °C rise in both max and min temp linked to 10.7% and 11.8% increase in malaria. Min temps more impact in cold season.	(2)
Indonesia 2018	Weather, migration, malaria in Purworejo, Indonesia.	Temperature, humidity and precipitation	1% higher humidity led to 10.47% lower malaria cases after 2 months; 1mm more rain caused 0.08%-0.09% increase in cases.	(49)
Nigeria 2018	Malaria Forecast in Nigeria.	Temperature, precipitation and humidity	Humidity, rainfall, and temperature affect malaria incidence. rain forest areas and posi- tive in the higher and colder stations.	(50)
Zimbabwe 2017	Malaria trends in rural Zimbabwe.	Temperature and Precipitation	Minimum temperature linked to malaria after 1-2 months.	(51)
Mozambique 2017	Climate impact on malaria in Chimoio.	Temperature and precipitation	Mean temperature predicts Malaria, Rainfall 6- 8 wk before is correlated.	(52)
Kenya 2017	Effect of climatic variability on Malaria trends in Baringo County, Kenya	Temperature and precipitation	Increased rainfall 2 months later raised Malar- ia transmission. Temperature rise led to more cases in riverine and highland zones.	(53)
Uganda 2016	Climate impact on malaria in Chimoio.	Temperature and precipitation	Rising heat, more rain boosts malaria.	(54)

Table 1: Continued...

Sub-Saharan Africa 2016	Impact of large dams on malaria in Africa.	Temperature	Large dams and climate change increase ma- laria.	(55)
Nepal 2013	Climate change impact on malaria.	Temperature, precipitation and humidity	No link between humidity and malaria. Higher temp increases malaria.	(56)
China 2012	Rainfall drives malaria resurgence.	Temperature, precipitation and humidity	PDL time series regression found only 1–2- month lag rainfall linked to malaria in study areas.	(57)
Korea 2012	Impact of climate on malaria in Korea.	Temperature, humidi- ty and precipitation	Temperature rise increases malaria, humidity decreases.	(58)
Africa 2005	Lessons learned from malar- ia control in Africa for future perspectives.	Temperature and precipitation	Increase in malaria cases in warm, wet African highlands.	(59)

Table 2: Characteristics of global malaria disaster articles.

Study location	Title	Bioclimatic Variables	Conclusion	Ref
Eastern Africa 2023	Analysis of health priorities in Sino-Africa cooperation in Eastern Africa focusing on flooding and malaria burden in children.	flood	Flood occurrence and duration increased from 1990 to 2019 in E.A FOCAC part- ner countries, but had weak correlation with child malaria cases.	(3)
Ethiopia 2023	El Niño impacts malaria in Ethio- pia. New adaptation tools	drought	Malaria outbreaks happen post-JAS rainy season, linked to El Niño events.	(60)
China 2014	Evaluation of malaria burden in flooded Mengcheng, China.	Flood	Flooding and waterlogging increase malar- ia risk during flood season.	(61)
Mozambique 2012	Post-flood Infectious Diseases in Mozambique	Flood	Floods increase malaria prevalence 4-5 times.	(23)
Costa Rica 2012	Post-Disaster Malaria in Costa Rica	Earthquake Flood	Significant rise in malaria cases post- earthquake.	(24)
Ethiopia 2009	Strengths and weaknesses of Gambella flood coping.	Flood	Flooding causes deaths, injuries, malaria, and diarrhea.	(62)
Zambia 2007	Anopheles arabiensis transmits Plas- modium falciparum after drought.	Drought	Decreased malaria cases due to drought, anopheles mosquito resurgence when rain returned.	(63)
Latin America 2006	Climate change impact in Latin America.	Cyclone, Flood, Drought	"Flooding spreads disease, rain clears breeding grounds, aids parasites.	(64)
Mozambique 2006	Malaria rapid tests post Mozam- bique flood.	Cyclone, Flood	"Flooding spreads disease, rain clears breeding grounds, aids parasites.	(65)
Dominican 2005	"Flooding and communicable diseases fact sheet."	Flood	2004 Dominican Republic flooding caused malaria.	(66)
South America 2002	The El Niño Southern Oscillation and malaria epidemics in South America	Flood and Drought	Flooding causes malaria, drought, delayed epidemics.	(67)
Sudan 2000	A study of the urban malaria transmission problem in Khartoum	Flood	Increased post-rainy season infections in area with higher risk of malaria epidemics after floods.	(68)

Table 3: General characteristics of the articles studied on climatic variables and Malaria in Iran, which were eligible for review

Study location and year of pub- lication	Short Title	Bioclimatic Variables	Conclusion	Ref
Iran/ Kerman Province 2023	Climate change impacts malaria vectors distribution in Iran.	Temperature, precipitation and Altitude	Temperature important for malaria vectors.	(26)
Iran / Zahedan 2022	The effect of climate change on malaria transmission in the southeast of Iran	Temperature, precipitation	ANN study predicts malaria cases in Zahedan under climate change scenarios.	(27)

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Table 3: Continued...

Iran	Study on Malaria and Leish-	earthquakes, floods, and	Stable malaria rate before 1990 earthquake,	(28)
2022	maniasis in Iran.	droughts	decreased after disaster till 1997. 1997 disaster (β coefficient: -2.7; P = .001)	
Iran / Kashan 2021	Meteorological factors affect mosquito population in Iran.	precipitation, relative humidity, wind speed and temperature	Weak negative correlation with humidity and rain, weak correlation with wind, strong with temperature.	(69)
Iran 2019	Climate Change and the Risk of Malaria Transmission in Iran	All 19 Bioclimatic variables (Bio 1-19)	Different environmental factors affect malaria vectors; high-risk areas are expected to decrease and shift.	(31)
Iran/ Sistan – Baluchestan 2018	Climate and Malaria in Iran.	Temperature, humidity, and precipitation	Malaria incidence linked to high temp, low rainfall, humidity (<60%).	(70)
Iran 2017	Spatial changes in the distribu- tion of malaria vectors during the past 5 decades in Iran	All bioclimatic variables	Rainfall reduces malaria transmission by destroying larvae. Southern and eastern regions affected by monsoons.	(71)
Iran 2016	Meteorological factors and malaria in SE Iran.	precipitation, temperature, relative humidity	Rainfall correlates positively with malaria after 6-7 months.	(72)
Iran 2016	Impact of El Nino southern oscillation on annual Malaria occurrence in Iran	Precipitation	Characteristics of global articles on climate and Malaria.	(73)
Iran / Kerman 2016	Climate impact on Malaria in Kerman, Iran.	Temperature, Humidity and precipitation	Malaria incidence rises with higher monthly temperatures.	(74)
Iran / Kerman 2016	Impact of Climate and ENSO on Malaria in Kerman.	Temperature, precipitation and relative humidity	Malaria outbreaks are impacted by temperature, with decreased cases above 40°C.	(22)
Iran 2014	Climatic survey of malaria incidence in Iran during 1971- 2005	Temperature, humidity and precipitation	Low correlation with disease outbreak.	(75)
Iran 2014	Assessment of malaria status in Iran	global warming, decreased precipitation, and drought	Disease transmission in southeastern Iran malaria decreased due to climate change.	(77)
Iran / Konarak 2014	The epidemiological features of malaria in Konarak, Iran (2007– 2011)	Temperature, rainfall and floods	Highest malaria cases in 2007 linked to rainfall, floods, hurricane, and ponds.	(32)
Iran/Rudan 2014	Environmental Factors, Malaria Prevalence Rudan 2003-2011.	Precipitation, relative humidity and temperature	Negative correlation: Malaria vs. weather conditions.	(77)
Iran 2013	Survey of climatic condition of Malaria outbreak in Iran using GIS	Precipitation, humidity and temperature	Malaria rates drop with less rain and humidity.	(78)
Iran 2012	Spatial outline of Malaria transmission in Iran	Precipitation, relative humidity, temperature, altitude	Temperature affects malaria; humidity too.	(79)
Iran/ Chabahar 2012	Bioclimatic analysis of the Malaria outbreak in Chabahar	Temperature, humidity and precipitation	Disease incidence relates to average temperature variations, showing significance.	(80)
Iran/ Chabahar 2011	Impact of southern oscillation on malaria in Chabahar, Iran.	Rainfall and temperature	E1 Nino lowers malaria rates; La Nina raises malaria.	(33)

Discussion

This study explored the link between climate, hydrology, and malaria, comparing global trends with the situation in Iran. Climate change impacts hydrology, leaf litter quality and malaria vectors (71, 72). Factors affecting malaria from climate change (39). Seasonal malaria affected by culture; economy impacts community health behaviors.

Poor sanitation, displacement, migration, prevention strategies, drainage, and environmental factors influence malaria occurrence (4, 26, 36). Malaria parasite matures in 51 d at 18 °C, Anopheles mosquito lives up to 3 wk (2, 46). In 2005, Anopheles mosquitoes were observed at an altitude of 1,900 meters in the mountainous regions of Kenya for the first time (46). Malaria is usually found in lowland regions of western Kenya, with

little occurrence in the highlands of the Rift Valley. Malaria prevalence is higher during the dry season than the wet season. With an increase in temperature by just a few degrees, transmission could significantly increase. According to studies, malaria-endemic regions disappear above 1,800-2,000 m. Effective extrinsic incubation temperature is a limiting factor for survival. In Kerman, malaria decrease with rising temperatures. Similar findings reported (22, 26-28, 72, 74). Increased cases reported globally 1-4 months after rainfall under same climatic conditions due to less suitable environment for pathogen growth above 40 degrees (22, 49, 51, 53, 72). Mountainous regions are ideal for malaria carriers, especially after monsoon seasons increase outbreaks (44, 50, 53). Monsoon regions face higher risk of malaria after rains (1, 32, 33, 52, 57, 72).

Predictions based on climate scenarios in Iran show malaria vectors concentrated in border areas such as south, southeast, southwest, west, and northwest (33, 50, 55, 71, 73, 74, 79). Surprisingly, cases have emerged in previously malaria-free regions despite ongoing elimination efforts. Socioeconomic changes, health service access, and preventive measures during COVID-19 may increase malaria risk for one-third of Iranians in the future. The role of socio-economic conditions in malaria outbreaks is vital. Use of Shared Socioeconomic Pathways (SSP) scenarios can improve prediction reliability (14, 18, 26, 27). Studies show high-risk areas for malaria will decrease, but concern remains about disease vectors in new areas. Understanding the link between global malaria outbreaks, climate change, and effective response is essential for stakeholder.

Conclusion

Malaria and other infectious diseases will pose a health threat post-disaster, especially with rising temperatures and intense rainfall leading to outbreaks in non-malaria areas and mountain regions. Iran may experience more intense hydrological events, requiring better malaria control policies and comprehensive risk mapping.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of interest

The authors declare that there is no conflict of interests.

References

- 1. Roveshti MM, Khajehnasiri F, Pirposhteh EA, et al. (2022). A systematic review on the climate and ecosystem change associated with the COVID-19 epidemic: global challenges. *Avicenna J Environ Health Eng*, 9(2):117–123..
- 2. Xiang J, Hansen A, Liu Q, et al (2018). Association between malaria incidence and meteorological factors: a multi-location study in China, 2005–2012. *Epidemiol Infect*, 146(1):89-99.
- 3. Balikuddembe JK, Reinhardt JD, Zeng W, et al (2023). Public health priorities for Sino-Africa cooperation in Eastern Africa in context of flooding and malaria burden in Children: a tridecadal retrospective analysis. *BMC Public Health*, 23(1):1331.
- 4. Esmaeili SV, Alboghobeish A, Salehi Sahlabadi A, et al (2024). Impact of Climate Change on Public Health in Iran: A Systematic Review. *Health in Emergencies and Disasters Quarterly*, 10(1):3-20.
- 5. Amanat N, Valinejadi A, Mehrifar Y, Poursadeqiyan M (2022). A Systematic

Available at: http://ijph.tums.ac.ir

- Literature Review Protocol on Climate Change Perception Models. *Journal of Advances in Environmental Health Research*, 10(3):197-204.
- 6. Porsadeqiyan M, Askari A, Pirposhteh E A, Sahlabadi A S, Amanat N (2023). Social Inequalities of Climate Change With a Regional and Global Approach. *Health in Emergencies and Disasters Quarterly*, 8 (4):289-299.
- 7. Ghomian Z, Sh Y (2017). Natural Disasters in the Middle-East and North Africa With a Focus on Iran: 1900 to 2015. *Health in Emergencies and Disasters Quarterly*, 2(2):53-62.
- 8. Haines A, Kovats RS, Campbell-Lendrum D, et al (2006). Climate change and human health: impacts, vulnerability, and mitigation. *Lancet*, 367(9528):2101-9.
- 9. Rodó X, Pascual M, Doblas-Reyes FJ, et al (2013). Climate change and infectious diseases: Can we meet the needs for better prediction? *Climatic Change*, 118(3):625-40.
- 10. Ebi KL, Ogden NH, Semenza JC, et al (2017). Detecting and attributing health burdens to climate change. *Environ Health Perspect*, 125(8):085004.
- 11. World Health Organization Eliminating malaria (2016). World Health Organization. https://www.who.int/activities/eliminatin g-malaria
- 12. Bouchard C, Dibernardo A, Koffi J, et al (2019). N Increased risk of tick-borne diseases with climate and environmental changes. *Can Commun Dis Rep*, 45(4):83-89.
- 13. Semenza JC, Menne B (2009). Climate change and infectious diseases in Europe. Lancet Infect Dis, 9(6):365-75.
- 14. Parham PE, Michael E (2010). Modeling the Effects of Weather and Climate Change on Malaria Transmission. *Environ Health Perspect*, 118(5):620-6.
- 15. Bhattacharya S, Sharma C, Dhiman R, et al (2006). Climate change and malaria in India. *Current Science*, 90(3):369-375.
- 16. Carter R (2003). Speculations on the origins of Plasmodium vivax malaria. *Trends Parasitol*, 19(5):214-9.
- 17. Ngarakana-Gwasira ET, Bhunu CP, Masocha M, et al (2016). Assessing the role of

- climate change in malaria transmission in Africa. *Malar Res Treat*, 2016:7104291.
- 18. Eikenberry SE, Gumel AB (2018). Mathematical modeling of climate change and malaria transmission dynamics: a historical review. *J Math Biol*, 77:857-933.
- 19. World Health Organization, 2018. WHO expert consultation on rabies: third report (Vol. 1012). World Health Organization.
- 20. World Health Organization (2014). Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. World Health Organization.
- 21. Lalmalsawma P, Balasubramani K, James MM, et al (2023). Malaria hotspots and climate change trends in the hyperendemic malaria settings of Mizoram along the India–Bangladesh borders. Sci Rep., 13(1):4538.
- 22. Rahimi D, Morianzadeh J (2016). Analysis of the impact climate and ENSO on the malaria in Kerman province. *Journal of Natural Environmental Hazards*, 5(8):17-30.
- 23. Kondo H, Seo N, Yasuda T, et al (2002).

 Post-flood-Infectious Diseases in

 Mozambique. *Prehosp Disaster Med*,

 17(3):126-33.
- 24. Sáenz R, Bissell RA, Paniagua F (1995). Postdisaster malaria in Costa Rica. *Prehosp Disaster Med*, 10(3):154-60.
- 25. Arisco NJ, Sewe MO, Bärnighausen T, et al (2023). The effect of extreme temperature and precipitation on cause-specific deaths in rural Burkina Faso: a longitudinal study. *Lancet Planet Health*, 7(6):e478-e489.
- 26. Saberi N, Raeisi A, Gorouhi MA, et al (2023). Modeling the Effect of Climate Change on the Distribution of Main Malaria Vectors in an Endemic Area, Southeastern Iran. *Iran J Public Health*, 52(5):1061-70.
- 27. Nili S, Asadgol Z, Dalaei H, et al (2022). The effect of climate change on malaria transmission in the southeast of Iran. *Int J Biometeorol*, 66(8):1613-26.
- 28. Najjari M, Rezaeian S, Sheikhbardsiri H, et al (2022). Evaluation of the Prevalence of Malaria and Cutaneous Leishmaniasis in the Pre- and Post-Disaster Years in Iran. *Prehosp Disaster Med*, 37(4):444-50.

- 29. Shokri A, Sabzevari S, Hashemi SA (2020). Impacts of flood on health of Iranian population: Infectious diseases with an emphasis on parasitic infections. *Parasite Epidemiol Control*, 9:e00144.
- 30. Ali P, Bohloul A, Hosein M (2010). The effect of the land use/cover changes on the floods of the Madarsu Basin of Northeastern Iran. *Journal of Water Resource and Protection*, 2(4): 373-379.
- 31. Hanafi-Bojd AA, Vatandoost H, Yaghoobi-Ershadi MR (2020). Climate Change and the Risk of Malaria Transmission in Iran. *J Med Entomol*, 57(1):50-64.
- 32. jadgal KM, zareban I, alizadeh siouki Hs, N (2014). The epidemiological features of malaria in Konarak, Iran (2007-2011). Journal of Torbat Heydariyeh University of Medical Sciences, 2(1):54-60.
- 33. Mozaffari G, HASHEMI A, SAFARPOUR F (2011). The Effect of Southern Oscillation on Malaria disease in Iran with emphasis on The town of Chabahar. *Arid Regions Geographic Studies*, 2(4):53-65.
- 34. Edrisian GHH (2006). Malaria in Iran: Past and present situation. *Iran J Parasitol*, 1(1):1-14.
- 35. Azizi H, Davtalab-Esmaeili E, Farahbakhsh M, et al (2020). Malaria situation in a clear area of Iran: an approach for the better understanding of the health service providers' readiness and challenges for malaria elimination in clear areas. *Malar J*, 19:114.
- 36. Khammarnia M, Setoodehzadeh F (2023). Malaria Outbreak in the Southeast of Iran in 2022. *Health Scope*, 12(1):e135310.
- 37. Santos-Vega M, Martinez P, Vaishnav K, et al (2022). The neglected role of relative humidity in the interannual variability of urban malaria in Indian cities. *Nat Commun*, 13(1):533.
- 38. Lubinda J, Haque U, Bi Y, et al (2021). Climate change and the dynamics of agerelated malaria incidence in Southern Africa. *Environ Res*, 197: 111017.
- 39. Chen TT, Ljungqvist FC, Castenbrandt H, et al (2021). The spatiotemporal distribution of historical malaria cases in Sweden: a climatic perspective. *Malar J*, 20(1):212.

- 40. Lingala MAL, Singh P, Verma P, et al (2020). Determining the cutoff of rainfall for Plasmodium falciparum malaria outbreaks in India. *J Infect Public Health*, 13(7):1034-41.
- 41. Mahendran R, Pathirana S, Piyatilake ITS, et al (2020). Assessment of environmental variability on malaria transmission in a malaria-endemic rural dry zone locality of Sri Lanka: The wavelet approach. *PLoS One*, 15(2):e0228540.
- 42. Diouf I, Rodriguez Fonseca B, Caminade C, et al (2020). Climate variability and malaria over West Africa. *Am J Trop Med Hyg*, 102(5):1037-47.
- 43. Sehgal M, Ghosh S (2020). Exploring the Usefulness of Meteorological Data for Predicting Malaria Cases in Visakhapatnam, Andhra Pradesh. Weather, Climate, and Society, 12(2):323-30.
- 44. Endo N, Eltahir EA (2020). Increased risk of malaria transmission with warming temperature in the Ethiopian Highlands. *Environ Res Lett*, 15:054006.
- 45. Kim JE, Choi Y, Lee CH (2019). Effects of climate change on Plasmodium vivax malaria transmission dynamics: A mathematical modeling approach. *Applied Mathematics and Computation*, 347:616-30.
- 46. Le PV, Kumar P, Ruiz MO, et al (2019). Predicting the direct and indirect impacts of climate change on malaria in coastal Kenya. *PLoS One*, 14(2):e0211258.
- 47. Rouamba T, Nakanabo-Diallo S, Derra K, et al (2019). Socioeconomic and environmental factors associated with malaria hotspots in the Nanoro demographic surveillance area, Burkina Faso. *BMC Public Health*, 19:249.
- 48. Ssempiira J, Kissa J, Nambuusi B, et al (2018). Interactions between climatic changes and intervention effects on malaria spatio-temporal dynamics in Uganda. *Parasite Epidemiol Control*, 3(3):e00070.
- 49. Rejeki DSS, Nurhayati N, Aji B, et al (2018). A Time Series Analysis: Weather Factors, Human Migration and Malaria Cases in Endemic Area of Purworejo, Indonesia, 2005-2014. *Iran J Public Health*, 47(4):499-509.

Available at: http://ijph.tums.ac.ir

- 50. Akinbobola A, Ikiroma A (2018).

 Determining malaria hotspot using climatic variables and geospatial technique in Central Urban area of Ibadan, Southwest, Nigeria. *J Climatol Weather Forecasting*, 6: 225.
- 51. Gunda R, Chimbari MJ, Shamu S, et al (2017). Malaria incidence trends and their association with climatic variables in rural Gwanda, Zimbabwe, 2005-2015. *Malar J*, 16(1):393.
- 52. Ferrão JL, Mendes JM, Painho M, et al (2017). Malaria mortality characterization and the relationship between malaria mortality and climate in Chimoio, Mozambique. *Malar J*, 16(1):212.
- 53. Kipruto EK, Ochieng AO, Anyona DN, et al (2017). Effect of climatic variability on malaria trends in Baringo County, Kenya. *Malar J*, 16(1):220.
- 54. Tompkins AM, Larsen L, McCreesh N, et al (2016). To what extent does climate explain variations in reported malaria cases in early 20th century Uganda? *Geospat Health*, 11(1 Suppl):407.
- 55. Kibret S, Lautze J, McCartney M, et al (2016). Malaria and large dams in sub-Saharan Africa: future impacts in a changing climate. *Malar I*, 15(1):448.
- 56. Bhandari GP, Dhimal M, Gurung S, et al (2013). Climate change and malaria in Jhapa district of Nepal: emerging evidences from Nepal. *Journal of Health Management*, 15(1):141-50.
- 57. Gao HW, Wang LP, Liang S, et al (2012). Change in rainfall drives malaria reemergence in Anhui Province, China. *PLoS One*,7(8):e43686.
- 58. Kim YM, Park JW, Cheong HK (2012). Estimated effect of climatic variables on the transmission of Plasmodium vivax malaria in the Republic of Korea. *Environ Health Perspect*, 120(9):1314-9.
- 59. Githeko AK, Shiff C (2005). The history of malaria control in Africa: lessons learned and future perspectives. *Integration of public health with adaptation to climate change: lessons learned and new directions.* 1st Edition. London: Francis and Taylor.
- 60. Woyessa A, Siebert A, Owusu A, et al (2023). El Niño and other climatic drivers of

- epidemic malaria in Ethiopia: new tools for national health adaptation plans. *Malar J*, 22(1):195.
- 61. Ding G, Gao L, Li X, et al (2014). A mixed method to evaluate burden of malaria due to flooding and waterlogging in Mengcheng County, China: a case study. *PLoS One*, 9(5):e97520.
- 62. Wakuma Abaya S, Mandere N, Ewald G (2009). Floods and health in Gambella region, Ethiopia: a qualitative assessment of the strengths and weaknesses of coping mechanisms. *Glob Health Action*, 2: 10.3402/gha.v2i0.2019.
- 63. Kent RJ, Thuma PE, Mharakurwa S, et al (2007). Seasonality, blood feeding behavior, and transmission of Plasmodium falciparum by Anopheles arabiensis after an extended drought in southern Zambia. *Am J Trop Med Hyg*, 76(2):267-74.
- 64. Moreno AR (2006). Climate change and human health in Latin America: drivers, effects, and policies. Regional Environmental Change, 6(3):157-64.
- 65. Hashizume M, Kondo H, Murakami T, et al (2006). Use of rapid diagnostic tests for malaria in an emergency situation after the flood disaster in Mozambique. *Public Health*, 120(5):444-7.
- 66. World Health Organization (2005). Flooding and communicable diseases fact sheet. Wkly Etidemiol Rec, 80(3):21-8.
- 67. Gagnon AS, Smoyer-Tomic KE, Bush AB (2002). The El Niño southern oscillation and malaria epidemics in South America. *Int J Biometeorol*, 46(2):81-9.
- 68. El Sayed BB, Arnot DE, Mukhtar MM, et al (2000). A study of the urban malaria transmission problem in Khartoum. *Acta Trop*, 75(2):163-71.
- 69. Asgarian TS, Moosa-Kazemi SH, Sedaghat MM (2021). Impact of meteorological parameters on mosquito population abundance and distribution in a former malaria endemic area, central Iran. *Heliyon*,7(12):e08477.
- 70. Ostovar A, Raeisi A, Haghdoost AA, et al (2012). Lessons learnt from malaria epidemics in the Islamic Republic of Iran. *East Mediterr Health J*, 18(8):864-9.

- 71. Salahi-Moghaddam A, Khoshdel A, Dalaei H, et al (2017). Spatial changes in the distribution of malaria vectors during the past 5 decades in Iran. *Acta Trop*, 166:45-53.
- 72. Ostovar A, Haghdoost AA, Rahimiforoushani A, et al (2016). Time Series Analysis of Meteorological Factors Influencing Malaria in South Eastern Iran. *J Arthropod Borne Dis*, 10(2):222-36.
- 73. Halimi M, Zarei Cheghabalehi Z, Jafari Modrek M (2016). Impact of El Niño Southern Oscillation (ENSO) on annual malaria occurrence in Iran. *Iranian Journal of Health and Environment*; 9(3):369-82.
- 74. Mohammadkhani M, Khanjani N, Bakhtiari B, et al (2016). The relation between climatic factors and malaria incidence in Kerman, South East of Iran. *Parasite Epidemiol Control*, 1(3):205-10.
- 75. Halimi M, Farajzadeh M, Delavari M, et al (2014). Climatic survey of malaria incidence in Iran during 1971-2005. *Journal of School of Public Health & Institute of Public Health Research*, 12(1):10.

- 76. Barati M, Salahi Moghadam A, Azizi m (2015). Assessment of malaria status in Iran (in persian). *Paramedical Sciences and Military Health*, 9(2):9-12.
- 77. Salehi M, Salehifard O, Soleimani-Ahmadi M (2014). Environmental factors effective on malaria prevalence in Rudan county during 2003 to 2011. *Journal of Preventive Medicine*, 1(2):13-21.
- 78. Halimi M, Delavari M, Takhtardeshir A (2013). Survey of climatic condition of Malaria disease outbreak in Iran using GIS. Journal of School of Public Health and Institute of Public Health Research, 10(3):41-52.
- 79. Barati M, Keshavarz-valian H, Habibinokhandan M, et al (2012). Spatial outline of malaria transmission in Iran. *Asian Pac J Trop Med*, 5(10):789-95.
- 80. Mozaffari GALI, Mostofialmammaleki R (2012). Bioclimatic analysis of the malaria disease outbreak in Chabahar city. *Geographical Space*, 12(38):21-37.

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