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Case-Time Series Study on the Short-term Impact of Meteorological Factors on West Nile Virus Incidence in Italy at the Local Administrative Unit Level, 2012 to 2021.

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Title: Case-Time Series Study on the Short-term Impact of Meteorological Factors on West Nile Virus Incidence in Italy at the Local Administrative Unit Level, 2012 to 2021.

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Collaborators

None.

Statements

Ethical statement

The data utilized in this study adhere to the ethical guidelines and regulatory frameworks established by Italian health authorities for the surveillance of arboviruses. According to the *Nota ministeriale 013307 of the 18th of May 2023*, the *Circolare Ministero della Salute 0019613 of the 10th of August 2022*, and the *Piano nazionale di prevenzione, sorveglianza e risposta alle Arbovirosi (PNA) 2020-2025* (National Plan for Prevention, Surveillance, and Response to Arboviruses 2020-2025) data collection falls under the national surveillance activities, which are exempt from Ethical Committee review. No personal patient data was used without appropriate de-identification to ensure privacy and compliance with applicable laws.

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Use of artificial intelligence tools

None declared.

Data availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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None.

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Conflict of interest

None declared.

Authors' contributions

LDA, AA, AMU guided the development of the paper and the epidemiological analysis with the support of PP, GM, AOA, AB, EF. MF, DP, MDM and FR provided input and suggestions towards the development of the paper and validated the analysis. EP, WP, PF, GS coordinated the collection of meteorological data and provided feedback on the methodology. PP, CR and AMU provided expert advice and support in the development of the manuscript. All authors reviewed and approved the final version of the manuscript.

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Abstract

Introduction

West Nile Virus (WNV) is a significant public health concern in southern Europe, with meteorological, climatic, and environmental factors playing a critical role in its transmission dynamics. This study aims to assess the short-term effects of meteorological variables on the incidence of WNV in five Italian regions in Northern Italy from 2012 to 2021.

Methods

Linking epidemiological data from the national surveillance system and local meteorological data, we conducted a Case-Time Series analysis to examine the association between WNV incident cases and temperature, humidity, and precipitation recorded up to ten weeks before case occurrence at the local administrative unit level. We employed conditional quasi-Poisson regression and distributed lag non-linear models to explore delayed effects.

Results

Our study analyzed 1,110 autochthonous human cases of WNV. We found a positive association between WNV incidence and weekly mean temperature recorded between one to nine weeks before the diagnosis, with the highest effect at one week lag (IRR: 1.16; 95% CI 1.11-1.21). An increase in weekly precipitations between the sixth and ninth weeks before diagnosis was also positively associated with WNV incidence. Variations in minimum weekly humidity did not show a consistent impact.

Conclusions

Our findings underscore the influence of temperature and, to a lesser extent, precipitation on WNV incidence in Northern Italy, highlighting the potential of climatic data in developing early warning systems for WNV surveillance and public health interventions.

Main Text

1. Introduction

West Nile virus (WNV) is a single-stranded RNA virus belonging to the Flaviviridae family, genus Orthoflavivirus. Human infection is primarily associated with lineages 1 and 2 [1].

The virus was originally isolated in 1937 in Uganda from the blood of a woman with febrile symptoms in the West Nile district. WNV is currently widespread in Africa, the Middle East, North America, Asia, and Europe, where it has been reported since 1958. In Italy, WNV was first isolated in 1998 in horses,[2] while the first autochthonous human case was reported in 2008 in the northern area of the country (Emilia Romagna region)[3]. Currently, WNV is endemic in Northern Italy, with cases reported every year[4].

The WNV vectors are mosquitoes of the genus *Culex* (Cx.) such as *Cx. pipiens*, *Cx. tarsalis* and *Cx. Quinquefasciatus*[5,6]. Birds act as amplifying hosts or virus reservoirs[7]. Humans and other mammals are considered dead-end hosts.

In humans, the incubation period ranges between 2 and 14 days but may extend to 21 days in immunocompromised individuals [1] Up to 80% of the infected subjects do not develop clinical symptoms. The remaining 20% show an influenza-like syndrome called West Nile fever (WNF) [8]. Less than 1% of infected subjects develop a neurological syndrome, known as

47 West Nile Neuroinvasive Disease (WNND), characterized by symptoms such as meningitis,
48 encephalitis, or acute flaccid paralysis [1].

49

50 It is widely accepted that temperature, air humidity, and the amount of precipitation have a
51 significant impact on the circulation of vector-borne viruses, including the WNV, with numerous
52 studies over the last years assessing the impact of these meteorological drivers on the
53 transmission and spread of arboviruses [9,10].

54

55 However, the relationship between meteorological factors, environmental conditions, and the
56 incidence of WNV is extremely complex. Multiple variables have been suggested to explain
57 the spread of WNV observed in Europe in the past years. These variables include climatic
58 factors, such as abundant rainfall in late winter and early spring, high summer temperatures,
59 and summer drought; hydrological factors, such as the presence of wetlands and stagnant
60 water; and phytogeographical factors, such as a high percentage of land with irrigated fields
61 and forest environments [9].

62

63 Climate change is further increasing the complexity, as it may have a direct effect on vectors
64 dynamics as well as on the ecosystems in which vectors and hosts live. Moreover, it is also
65 possible that climate change is altering the migratory birds' behaviour, anticipating their arrival
66 in increasingly warmer spring seasons. As a result, it has been suggested that climate change
67 can increase WNV transmission dynamics and geographical distribution through multiple
68 pathways that include direct effects on the virus, the mosquito vector, non-human hosts, and
69 humans [11].

70

71 In Northern Italy, West Nile disease (WND) is an endemic-epidemic disease more prevalent
72 from June to October, and three major outbreaks have been reported in 2018, 2022, and 2023
73 [12,13]. Better characterizing the role of meteorological factors in driving the timing and
74 intensity of past WNV outbreaks in the area might provide useful information to establish early-
75 warning systems. Identifying the best time lag that elapses between meteorological predictors
76 and the outcome of interest can provide useful information for seasonal and sub-seasonal
77 forecasting.

78

79 The aim of this study is to evaluate the short-term effects, in the 10 weeks before the diagnosis,
80 of meteorological variables on the incidence of human cases of WNV infection at the
81 municipality level in Northern Italy from 2012 to 2021.

82

83 **2. Methods**

84

85 **2.1 Data Collection**

86

87 For this study, we used epidemiological data of human cases of confirmed WNV infection
88 reported to the national surveillance system in Italy from 2012 to 2021. This surveillance
89 system is coordinated by the Italian National Institute of Public Health (ISS) and uses the case
90 definition of human WNV proposed by the EU Commission Implementing Decision 2018/945
91 [14]. The surveillance system collects individual data on WNV cases, including asymptomatic
92 individuals usually identified through blood donation screenings, WNF, and WNND cases at
93 the local administrative unit level, which in Italy corresponds to municipalities [4]. The
94 surveillance system also collects clinical and demographic data, including the municipality of

95 probable infection. We selected autochthonous cases from five Italian regions: Veneto,
96 Lombardia, Emilia Romagna, Piemonte, and Friuli-Venezia Giulia. These regions were chosen
97 because they are the most affected areas and have the most established surveillance systems
98 for monitoring WNV [15].

99 For each municipality reporting WNV cases in the study period, weekly time series of WNV
100 cases were computed aggregating the cases by the week of symptoms onset for WNF and
101 WNND and the week of laboratory diagnosis for asymptomatic cases.

102

103 Meteorological data were provided by the Italian Institute for Environmental Protection and
104 Research (ISPRA), detailing daily records of maximum, minimum, and average
105 temperatures and humidity, precipitation, and maximum, minimum, and average humidity for
106 each municipality.[16] Data obtained from ISPRA were recorded by land-based
107 meteorological stations but many data points were missing (64%, 710/1,110). If
108 meteorological data for a certain municipality were missing, we considered data from the
109 closest weather station, assuming the same meteorological conditions in close areas. The
110 median distance to the closest station was 20.1 km (IQR: 5.1- 49.7 km), distance was
111 considered zero for adjacent municipalities. For each municipality included in the study we
112 computed weekly averages for temperature and humidity variables and weekly cumulative
113 precipitation.

114

115 Demographic data on the total inhabitants and urbanization level of each municipality were
116 obtained from the estimates produced by the Italian National Institute of Statistics (ISTAT)
117 [17].

118

119

120 **2.2 Study Design**

121

122 We applied a Case Time Series (CTS) design to investigate the relationship between
123 meteorological variables and WNV incident cases. The CTS design is based on the definition
124 of observational units for which exposures and health outcome data are longitudinally
125 collected. In this study, municipalities were defined as observational units, with weekly WNV
126 cases representing the health outcomes and weekly series of meteorological factors lagged
127 up to 10 weeks representing the exposures of interest. For each observational unit, matched
128 risk sets can be defined for different spatio-temporal strata, thus modelling within-stratum
129 variations in risk. In our study, strata were defined by the combination of municipality, year
130 and month of symptoms onset or diagnosis. Municipalities were included in the study only if
131 they reported at least one autochthonous WNV case during the study period. Analysis was
132 restricted to strata with reported cases in a specific month, year, and municipality, effectively
133 excluding months with no cases. This approach ensures that all analyzed data are relevant to
134 periods of active WNV transmission in the area allowing to identify the triggering effect of
135 meteorological variables on the occurrence of WNV cases. The CTS design focuses on
136 comparing periods that are close in time (e.g., within the same month), allowing for an
137 evaluation of short-term effects. By design, months without any cases do not allow for
138 meaningful comparison. CTS is suitable for analyzing time-varying exposures allowing for the
139 control of seasonal and geographical confounding as well as for unmeasured confounders by
140 design [18,19], as in other self-matched methods [20]. To analyze the short-term effect of
141 climatic variables we considered 10 weeks of lag and excluded lag 0, based on the WNV
142 incubation period [21].

143

144 **2.3 Statistical Analysis**

145

146 The analysis was performed using a conditional quasi-Poisson model to manage
147 overdispersion in our data, exploring the influence of weather conditions in the 10 weeks
148 preceding WNV symptoms onset or diagnosis. We employed a distributed lag non-linear
149 model to assess the delayed effects of meteorological factors on WNV cases (DLNM). DLNM
150 are two-dimensional models developed to explore exposure-lag-response relationships along
151 both the dimensions of exposure and lag [22]. In our study, the effect of climatic parameters
152 was modeled with a linear function, while the lag effect was modeled through a cubic basis
153 spline with 4 degrees of freedom, as in a previous study [23]. The model incorporated the
154 logarithm of the population as an offset to calculate lag-specific incidence risk ratios (IRRs) for
155 unit increase in temperature, humidity, and precipitation. The unit was set as 1 °C for the
156 weekly average of temperatures, 3% for the weekly average of humidity, and 10 mm for the
157 weekly total precipitation. In addition, we estimated the overall cumulative effect, that is the
158 sum of each specific lag contribution over the whole lag period and can be interpreted as the
159 overall risk. Univariable and multivariable analyses were conducted for each of the
160 meteorological variables. A lower quasi-AIC in the univariable analysis was chosen as the
161 criteria for selecting which meteorological variable among minimum, maximum, and mean
162 temperature and humidity to include in the multivariable analysis. We assessed the possible
163 presence of extremely high correlation among variables included in our multivariable analysis
164 through the adjusted Generalized Variance Inflation Factor (GVIF), finding no evidence of
165 multicollinearity (all adjusted GVIF<2). The same analyses were conducted on WNNND cases
166 only, as surveillance activities are considered more reliable in this subset of cases. The
167 software used was R, version 4.3.1 (2023). Packages used included GNM[24] and DLNM[25].

168

169 **3. Results**

170

171 **3.1 Descriptive Results**

172

173 From 2012 to 2021, 1,110 autochthonous human cases of WNV infection were reported to
174 the national surveillance system in the five selected Italian regions of this study. The year
175 with the highest number of cases was 2018, accounting for 54% (n=600) of the total cases.
176 These cases were reported between the 24th and the 42nd week of the year with a median
177 of 51 weekly cases (IQR: 4.5 - 105), with 98% of the infections occurring from weeks 28 to
178 39 (n = 1,089). Weeks 32, 33, and 34 saw the peak in diagnosis, coinciding with August.
179 Among the five regions analyzed, Veneto was the most affected, recording 37.6% (n=417) of
180 the total reported cases, followed by Emilia-Romagna with 33.1% (n=368). Lombardia, on
181 the other hand, reported 18.1% (n=201) of the total infections, Piemonte 7.5% (n=83) of the
182 cases, and Friuli-Venezia Giulia 3.7% (n=41) of the cases. WNV in Veneto and Friuli-
183 Venezia Giulia was already reported in 2012, while Emilia-Romagna and Lombardia
184 reported WNV cases starting in 2013 and Piemonte in 2015. Maps of yearly incidence rates
185 for each municipality are reported as Supplementary Materials (S1). The cumulative
186 incidence of WNV between 2012 and 2021 in Northern Italy was respectively 4-fold and 10-
187 fold higher in suburban and rural areas as compared to urban areas.

188 As reported in Figure 1, of the 1,110 cases reported, 46.9% (n=520) were cases of neuro-
189 invasive disease, followed by 38.5% (n=428) cases of WNF, and 14.6% (n=162)
190 asymptomatic cases.

191 Across the study period, 541 municipalities reported at least one human case of WNV and
 192 were therefore included in the analysis. When stratifying by municipality(541), years(10), and
 193 months(12), 3904 strata out of 64,920 (1.38%) presented at least one case of WNV and
 194 were therefore included in the analysis. The overall cumulative incidence for each
 195 municipality across the study period was calculated as the total number of WNV cases per
 196 10,000 inhabitants. The affected municipalities show a pattern that geographically coincides
 197 with the Po Valley. Figure 2 shows cumulative incidence rates in the period of study by
 198 municipality.

199

200 **3.2 Univariable and Multivariable Results**

201

202 In the univariable analysis, the mean temperature and the minimum humidity had the lowest
 203 qAIC and were, thus, included in the multivariable analysis. Results of the univariable
 204 analyses are reported as Supplementary Materials (S2). Table 1 presents the lag-specific
 205 Incidence Rate Ratios (IRRs) resulting from the multivariable analysis.

	1°C increase in weekly mean temperature	3 % increase in weekly mean minimum humidity	10 mm increase in weekly cumulative precipitations
Lag (weeks)	IRR (95%CI)	IRR (95%CI)	IRR (95%CI)
1	1.16 (1.11-1.21)	1.05 (0.99-1.10)	0.98 (0.94-1.03)
2	1.13 (1.10-1.16)	1.00 (0.95-1.05)	1.00 (0.95-1.04)
3	1.10 (1.07-1.14)	0.97 (0.92-1.02)	1.01 (0.96-1.06)
4	1.08 (1.05-1.12)	0.95 (0.89-1.00)	1.03 (0.97-1.09)
5	1.07 (1.04-1.10)	0.95 (0.89-1.00)	1.05 (0.99-1.11)
6	1.06 (1.03-1.09)	0.96 (0.90-1.01)	1.07 (1.02-1.13)
7	1.05 (1.02-1.09)	0.97(0.92-1.03)	1.08 (1.03-1.14)
8	1.05 (1.02-1.08)	0.99 (0.94-1.04)	1.08 (1.02-1.13)
9	1.04 (1.01-1.06)	1.00 (0.96-1.05)	1.05 (1.01-1.10)
10	1.03 (0.99-1.06)	1.02 (0.97-1.06)	1.03 (0.98-1.08)
Cumulative effect	2.09 (1.73-2.55)	0.85 (0.57-1.26)	1.45 (0.99-2.14)

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Table 1: Incidence Risk Ratios (IRRs) and 95% Confidence Intervals (CIs) as results of the multivariable analysis including three climatic variables (mean temperature, minimum humidity, precipitations) and the logarithmic of the population as offset. The outcome of the analysis is the incidence of WNV cases. IRRs and CIs are reported for individual weekly lags and as a cumulative effect.

210

211 Both univariable and multivariable analyses provided a positive relationship between mean
212 temperature and increase in WNV incidence at weekly lags 1-9. The strength of the
213 association between mean temperature and WNV incidence decreases with longer lags
214 reaching the null value at lag 10. The multivariable cumulative IRR of temperature on WND
215 incidence was equal to 2.09, 95%CI 1.73-2.55.

216

217 In the univariable analysis, minimum humidity was inversely associated with WNV incidence
218 from lag 1 to 9. However, in the multivariable analysis, increases of 3% in the minimum
219 humidity were not strongly associated with WNV incidence at any lag.

220

221 The effect of precipitation on WNV incidence changed between univariable and multivariable
222 analyses. In the univariable analysis, an inverse relationship between precipitation levels and
223 WNV incidence was identified from the second to the fifth week and for the cumulative effect.
224 In contrast, the multivariable analysis provided a positive association between precipitation at
225 lag 6-9 weeks and WND incidence. The multivariable cumulative IRR for precipitation was
226 equal to 1.45, 95% CI 0.99-2.14.

227

228 Figure 3 provides information on the trends of association between climatic variables and
229 WNV incidence at increasing lags. Mean temperature has a linear downward trend, while
230 minimum humidity and precipitation have U-shaped and inverted U-shaped patterns
231 fluctuating around the reference line.

232

233 Similar results were found repeating the analyses only on the subset of WNND cases.
234 (Supplementary S3, S4, S5, S6)

235

236 **4. Discussion**

237

238 Our investigation into WNV dynamics in Northern Italy highlights a distinct seasonal pattern,
239 with incidence peaks during the summer months. Notably, the magnitude of these peaks
240 varies significantly across years, as exemplified by the high incidence observed in 2018.
241 Certain municipalities near endemic areas in the Po Valley have not reported WNV cases over
242 a decade, suggesting underlying factors that merit further exploration.

243

244 In our study, we identified a positive association between temperature over the preceding ten
245 weeks and the incidence of WNV. This relationship was substantiated through both univariable
246 and multivariable analyses, exhibiting consistent trends and magnitudes of association.

247 Our results indicate that minimum humidity alone does not significantly influence WNV
248 incidence when controlling for other climatic factors, confirming evidence from previous
249 studies[26]. Additionally, the univariable analysis results for precipitation were refuted by the
250 multivariable analysis, underscoring the nuanced impact of rainfall on WNV transmission
251 dynamics. The similar results observed analyzing only WNND cases, that are more likely to be
252 diagnosed, exclude the potential biases introduced by differences in surveillance effort.

253

254 Consistent with existing literature, our findings indicate that higher temperatures are
255 associated with increased WNV incidence at short lags.[27,28]
256 These findings are reinforced by previous studies documenting that temperature is a driver of
257 WNV transmission, influencing vector lifecycle and virus replication rates.[29,30] For instance,
258 in the temperate zones of southern Europe, mosquito activity is at its peak between 22 and

259 30°C [11]. This is also supported by entomological data showing that the capture of *Cx. pipiens*
260 significantly rise if there is an increase in average temperatures in the previous 11 days.[31]
261 Elevated ambient temperatures increase the growth rate of the vector population, decrease
262 the interval between blood meals, and reduce the extrinsic incubation period.[32] Temperature
263 and other climatic variables not only influence mosquito life cycles but also have a multifaceted
264 impact on WNV incidence, for instance, higher temperatures often encourage people to spend
265 more time outdoors, which increases their exposure to mosquito bites.

266 The impact of precipitation and humidity on WNV seasonality remains a topic of debate within
267 the scientific community.[33,34] While some research indicates that delayed rainfall onset
268 extends the WNV transmission season,[35] other studies suggest that mosquito populations—
269 and by extension, WNV incidence—are higher in drier conditions.[3][36]Our analysis suggests
270 that understanding the relation between precipitation and WNV incidence is complex, as we
271 found a negative association between WNV cases and abundant rainfall in univariable
272 analyses and a positive association in multivariable analyses. This relationship may be
273 attributed to the critical role played by the combination of temperature and precipitation, though
274 the precise mechanisms warrant further investigation.[37]

275
276 Comparing our results with a similar study conducted on WNV cases in Northern Italy from
277 2010 to 2015 reveals some differences in the observed impacts of climatic variables.[23] For
278 instance, the previous study identified a positive association between WNV incidence and
279 temperature recorded between 2 and 5 weeks before the diagnosis, while we observed it
280 already at shorter lags. These disparities could stem from variations in sample size, study
281 design, the spatial resolution of the meteorological data considered, and the rate of the
282 changing climate during the last 15 years.[38]

283
284 Our study has several strengths. Methodologically, we carried out a practical implementation
285 of the CTS design recently introduced by Gasparrini et al.[18]. This study design combined
286 with the use of DLNMs allows for a more nuanced understanding of time-varying exposures,
287 particularly relevant in the context of infectious disease epidemiology where environmental
288 conditions play a crucial role. To our knowledge, this is the first study evaluating the role of
289 meteorological variables on WNV transmission using a high spatial resolution by focusing on
290 local administrative units (municipalities). This level of granularity surpasses that of previous
291 studies on the subject, which typically relied on data aggregated at the NUTS3 level (province),
292 as sourced from the European Surveillance System (TESSy).[11,39]

293
294 One limitation of our study is the lack of data on WNV lineage, which limited our ability to
295 assess the differential impact of climatic variables on virus transmission dynamics. This is
296 particularly relevant given the co-circulation of WNV lineage 2 and the recently introduced
297 WNV-1a strain identified for the first time in the Veneto region in 2021.[13] Additionally,
298 applying a CTS we could not examine the long-term effects, as seasonal or decadal effects,
299 of climatic variables on WNV transmission. Moreover, there could be unmeasured
300 confounders that could influence WNV dynamics independently of meteorological variables,
301 such as land use changes, vector control efforts, human population movement, and bird
302 migration patterns. For this reason we were not able to create a predictive model for WNV
303 incidence. Lastly, the unavailability of meteorological data for several data points could
304 potentially limit the precision of our analysis. However, we addressed this issue by using data
305 from the nearest meteorological stations when local data were unavailable. This approach,

306 while not ideal, still allows us to achieve a higher spatial resolution compared to many other
307 environmental studies on WNV.

308

309 Our research lays the groundwork for the development of an early warning system that could
310 enhance vector and human surveillance by incorporating meteorological data to identify
311 potential spatial hotspots for WNV transmission with a fine spatial resolution. Such a system
312 has the potential to improve public health responses to WNV outbreaks by allowing for more
313 timely and targeted interventions.[40] Leveraging Earth observation data, such as that
314 provided by COPERNICUS,[41] and artificial intelligence,[27] offers a promising avenue for
315 future research in this area. Additionally, a One Health approach should be employed by
316 integrating surveillance data on vectors and animal hosts for accurately predicting WNV
317 circulation.[42] Moreover, expanding the study to multiple locations with varying climate
318 conditions could provide insights into the generalizability of the findings. Finally, integrating
319 climate change projections could offer predictions on future trends in WNV incidence.

320

321 **5. Conclusions**

322

323 This study underscores the intricate relationship between meteorological variables and the
324 incidence of WNV in Italy, demonstrating a significant association with temperature in the
325 weeks leading up to diagnosis. The methodology utilized offers a robust framework for
326 investigating the short-term climatic impacts on vector-borne diseases, potentially serving as
327 a foundation for the development of predictive models and early warning systems. Future
328 research should aim to replicate these findings in varied geographical settings to validate the
329 model's applicability and to explore the influence of additional environmental factors on WNV
330 transmission dynamics.

331

332

333

334 **Statements**

335

336 **Ethical statement**

337 The data utilized in this study adhere to the ethical guidelines and regulatory frameworks
338 established by Italian health authorities for the surveillance of arboviruses. According to the
339 *Nota ministeriale 013307 of the 18th of May 2023*, the *Circolare Ministero della Salute*
340 *0019613 of the 10th of August 2022*, and the *Piano nazionale di prevenzione, sorveglianza e*
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342 Response to Arboviruses 2020-2025) data collection falls under the national surveillance
343 activities, which are exempt from Ethical Committee review. No personal patient data was
344 used without appropriate de-identification to ensure privacy and compliance with applicable
345 laws.

346

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349

350 **Use of artificial intelligence tools**

351 None declared.

352

353 Data availability

354 The data that support the findings of this study are available from the corresponding author,
355 upon reasonable request in compliance with data protection regulations.

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363 Conflict of interest

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365

366 Authors' contributions

367 LDA, AA, AMU guided the development of the paper and the epidemiological analysis with
368 the support of PP, GM, AOA, AB, EF. MF, DP, MDM and FR provided input and suggestions
369 towards the development of the paper and validated the analysis. EP, WP, PF, GS
370 coordinated the collection of meteorological data and provided feedback on the
371 methodology. PP, CR and AMU provided expert advice and support in the development of
372 the manuscript. All authors reviewed and approved the final version of the manuscript.

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375 References

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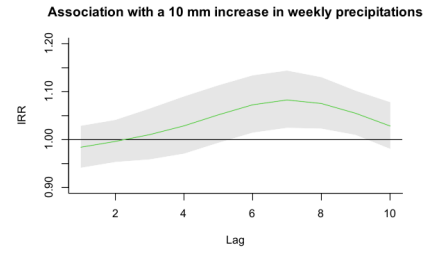
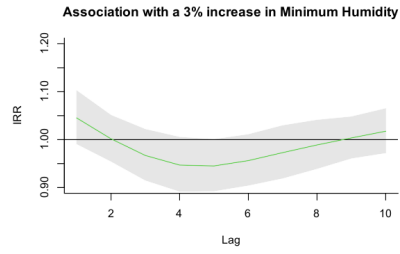
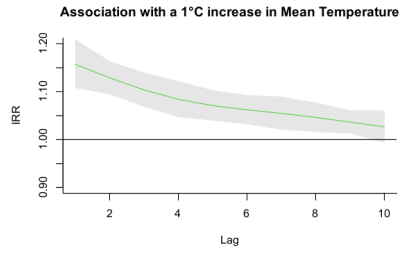
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527 Figures legend

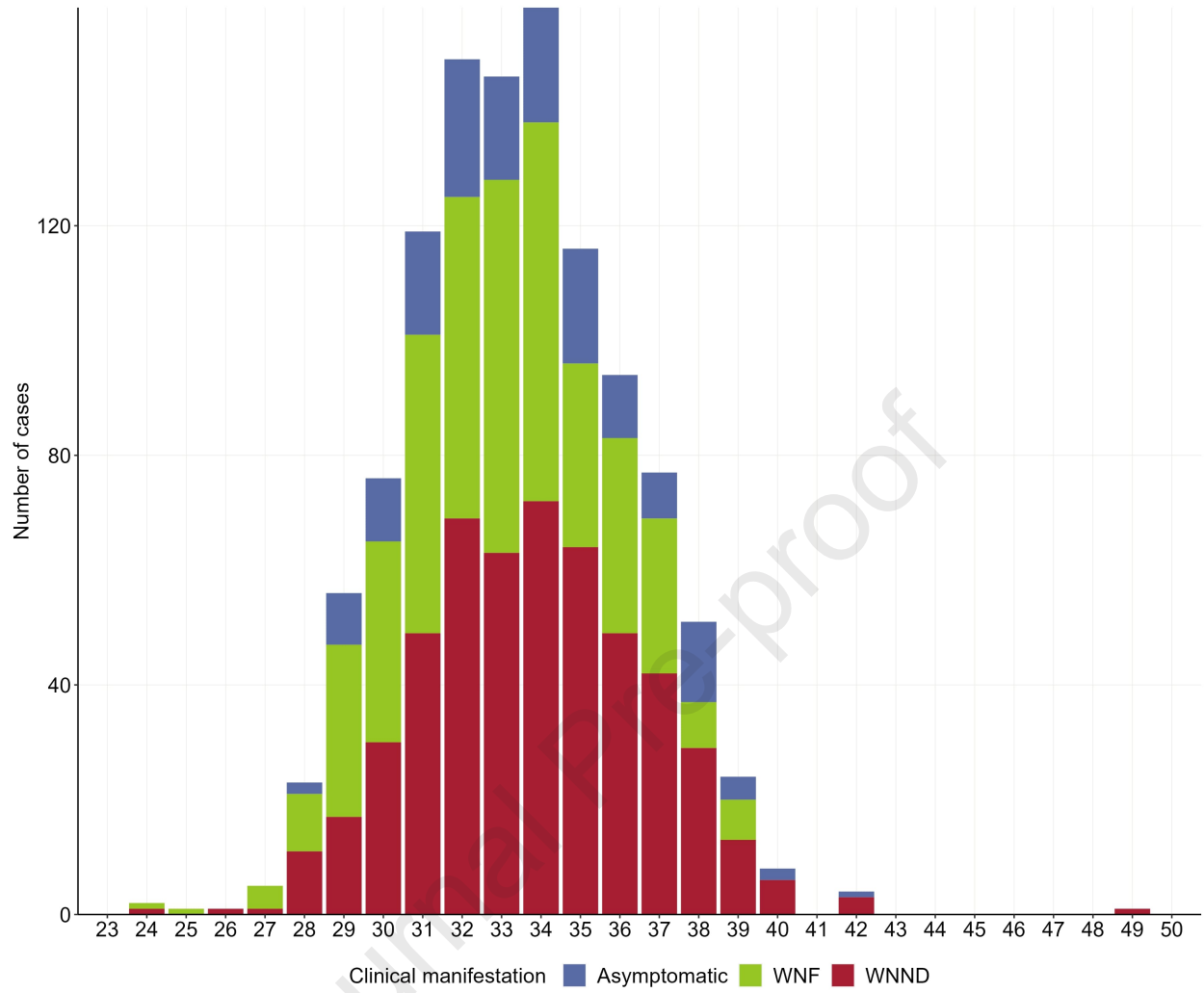
528
 529 *Figure 1: Autochthonous WNV cases stratified by symptoms in Northern Italy from 2012 to 2021.*

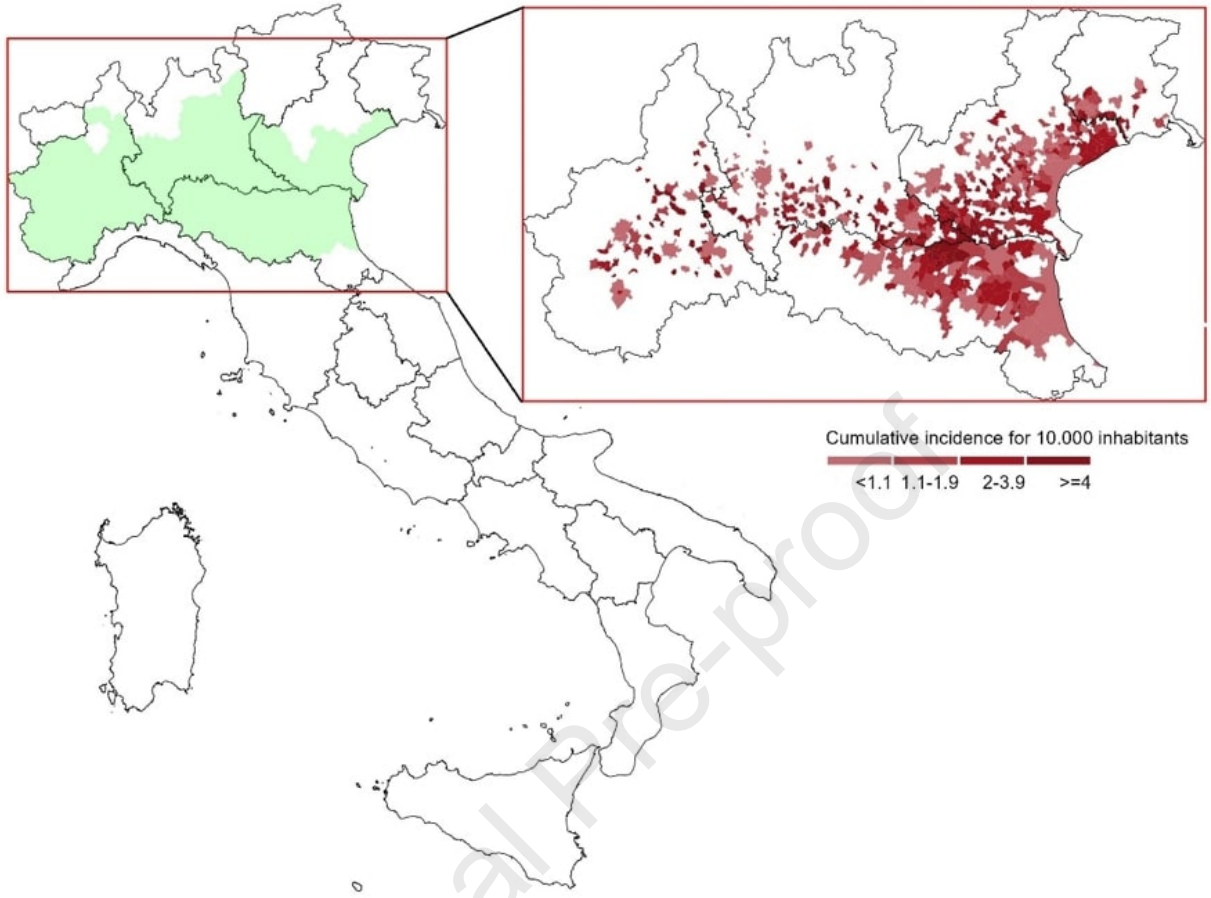
530 *Figure 2: Geographical distribution of West Nile Virus (WNV) incidence in Northern Italy. Left: Map of*
 531 *Italy highlighting the provinces within the Po Valley, shaded in green. Right: Detailed view of the study*
 532 *area, presenting the cumulative incidence rates of WNV per 10,000 inhabitants in municipalities*
 533 *across five Italian regions—Veneto, Lombardia, Emilia-Romagna, Piemonte, and Friuli-Venezia*
 534 *Giulia—from 2012 to 2021*

535 *Figure 3: Incidence Risk Ratios (IRRs) for the association of climatic variables with WNV cases across*
 536 *different lag weeks. The panels show the association with a 1°C increase in mean temperature (left), a*
 537 *3% increase in minimum humidity (center), and a 10 mm increase in weekly precipitation (right). Each*
 538 *curve represents the IRR with its 95% confidence interval (shaded area), across lag weeks ranging*
 539 *from 0 to 10.*



Journal Pre-proof





Highlights

- Case-time series study design can be combined with distributed lag non-linear models to examine the short-term impact of meteorological variables on vector-borne infectious diseases.
- Weeks with higher mean temperature in Northern Italy significantly heighten West Nile Virus (WNV) transmission.
- Abundant rainfalls in the previous 6 to 9 weeks increase the incidence rate of WNV cases in Northern Italy.
- High spatial resolution climatic data at the Local Administrative Unit Level can enhance WNV surveillance.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

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