

A Study on Impact of Climate Variation on Human Health: A Review of Evidences

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Abstract Climate variation refers to long-term shifts in weather surroundings and forms of extreme weather actions. It may lead to changes in well-being threat to human beings, increasing existing health problems. There is collective evidence that climate is rapidly varying. These changes, which are mainly driven by the histrionic increase of greenhouse gas releases from anthropogenic actions. These include a global increase in average temperature, an improved frequency of heat waves, of weather events such as hurricanes, cyclones and drought periods, plus a transformed distribution of allergens and vector-borne infectious diseases. Some infectious diseases and their animal vectors are influenced by climate changes, consequential in higher risk of typhus, cholera, malaria, dengue and West Nile virus 22 contamination. Then again, at mid-latitudes warming may decrease the pace of ailments identified with cold temperatures, (for example, pneumonia, bronchitis and joint pain), however these advantages are probably not going to rebalance the dangers related to warming.

Keywords: *severe weather events, global warming, diseases, pathogen, wildfire, aeroallergens*

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1. Introduction

Climate variation, defined by significant inconsistencies of local or worldwide atmospheres over extensive stretches, contains significant changes in normal and pinnacle temperature, dampness, barometrical weight, precipitations, wind examples and water saltiness, just as a decrease in the size of mountain and polar icy masses. Abundant literature inscribes the factorial and potential impacts of climate change on many types of infectious diseases, including vector-borne, water-borne, air-borne, and food-borne diseases. The fundamental driver of the ceaseless warming of the earth must be looked for in the developing discharges into the lower climate of carbon dioxide (CO₂) and other ozone depleting substances resultant from human exercises (basically methane and nitrous oxide).

2. Literature Review

Climate variation alludes to long-term statistical shifts of the weather, including changes in the average weather condition or in the distribution of weather conditions around the average (i.e. extreme weather events). Regardless of numerous conversations on the foundations for environmental change, there is a general acknowledgment of an on-going worldwide environmental change and the non-minor job of human exercises during this procedure

[1]. As per the European Environment Agency [2], the worldwide normal surface temperature has expanded by 0.74 °C in the twentieth century, the worldwide ocean level has been rising 1.8 mm every year since 1961, and the Arctic Ocean ice has been contracting by 2.7 percent every decade. In addition, mountain ice sheets are contracting, sea water turns out to be increasingly acidic, and extreme weather events occur more often. The Intergovernmental Panel on Climate Change (IPCC) anticipated a normal temperature ascent of 1.5-5.8°C over the globe during the 21st century, joined by expanded extraordinary and atypical climate occasions including heatwaves, floods and droughts [3]. Reacting to worldwide changes by seeking after a practical improvement is a significant test to human culture [4,5]. Environmental change can influence human health [6,7,8,9], particularly when irresistible maladies are concerned [10,11,12]. Three segments are fundamental for most irresistible ailments: an operator (or pathogen), a host (or vector) and transmission condition [12]. A few pathogens are conveyed by vectors or require moderate hosts to finish their lifecycle. Suitable atmosphere and climate conditions are fundamental for the endurance, reproduction, circulation and transmission of sickness pathogens, vectors, and hosts. In this manner, changes in atmosphere or climate conditions may affect irresistible ailments through influencing the pathogens, vectors, and their living condition [12,13]. Studies have discovered that long haul atmosphere warming will in general kindness the geographic development of a few irresistible

maladies [14,15,16], and that outrageous climate occasions may help make the open doors for increasingly bunched sickness episodes or flare-ups at non-customary places and time [17]. By and large, atmosphere conditions constrain the geographic and occasional appropriations of irresistible disfacilitates, and climate influences the planning and force of malady flare-ups [13,18].

A warming and temperamental atmosphere is assuming an ever-expanding job in driving the worldwide development, resurgence and redistribution of irresistible infections [19]. A significant number of the most well-known irresistible illnesses, and especially those transmitted by bugs, are profoundly delicate to atmosphere variety [18,20]. New and resurgent vector-borne transmittable illnesses, including dengue, jungle fever, hantavirus and cholera, are clear broadly [20,21,22]. Different irresistible maladies, for example, salmonellosis [23], cholera and giardiasis, may show expanded episodes because of raised temperature and flooding. Likewise, long haul coordinated efforts are called upon to grow Early Warning Systems (EWS) for irresistible infections by considering environmental change (for example [21]). The effective forecast of a rising intestinal sickness hazard in Botswana, which started opportune expectant alleviations, was a fruitful exertion of such [24].

This research shows a systematic literature review on the scientific evidences for the impact of climate change on human infectious diseases. The investigation analyzes the observed and predicted effects of changes in significant atmosphere factors and extraordinary climate occasions on the pathogen, host, and transmission of human irresistible illnesses. Through talking about the exploration progress and holes on the potential systems for human culture to react to, adjust to, and plan for the effect of environmental change, the examination reveals insight for future investigations. The rest of this article is composed into three sections. Section 3 presents the methodology for the study. The section 4 points on the scientific evidences on the impacts of climate variable changes on human infectious diseases. Section 5 discusses the social and institutional factors that may interpose the impacts of climate change on human infectious diseases. The last section outlines the current status of the related studies and discusses their limitations as well as future directions on reducing vulnerability through adaptation and preparation.

3. Methods

We made an electronic examination on PubMed using the subsequent terms without time limits: “climate variation”, “climate variability”, “global warming”, “meteorological factors”, “weather”, “atmosphere”, “heat waves”, “extreme weather”, “ambient air pollution”, “outdoor”, “particulate matter”, “PM”, “air pollutants”, “mortality”, “human health”, “human effects”, “infectious disease”, “diarrheal disease”, “cardiovascular disease”, “ischemic heart disease”, “cancer”, “respiratory disease”, “pathogen”, “host”, and “transmission environment”. Figure 1 illustrates the dealings between climate change, human infectious diseases and human society, forming the framework that also guided the literature search for this

review. The first set labels the workings of diseases: pathogen, host or vector, and disease transmission. The second set defines the climate and weather, including climate, or large-scale extreme weather events, or meteorological. The third set defines the designated infectious diseases, including vector-borne disease, water-borne diseases, air-borne diseases, or food-borne diseases. The directions of all recovered unique apprenticeships and surveys were estimated for extra pertinent things. Then a comprehensive literature search was done using Web of Science/Knowledge, Google Scholar (<http://scholar.google.com>), Elsevier ScienceDirect (<http://www.sciencedirect.com/>), Springer Online Journals (<http://link.springer.com/>) and CNKI (<http://www.cnki.net/>). We additionally evaluated ongoing reports on the connection among atmosphere and human wellbeing from non-biomedical diaries, just as from checking leaflets created by ecological and wellbeing offices.

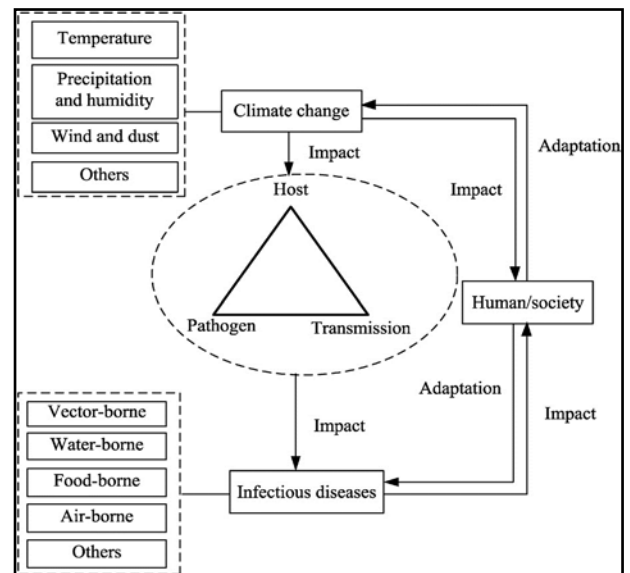


Figure 1. Climate change, human infectious diseases, and human society (Source: ELSEVIER (Environment International 86 (2016) 14-23))

4. Climate Effects on Health

Assets of worldwide atmosphere minor departure from human wellbeing might be straight or unintended. As of not long ago examiners were to a great extent assimilated on the immediate impacts of risky climate occasions, for example, heat waves, dry seasons, typhoons and hurricanes, for which down to earth information are promptly accessible and associations are effectively unmistakable just as the availability and methods for their transmission condition. The health effects of such impacts tend to expose as shifts in the environmental and seasonal patterns of human infectious diseases, and as changes in their outbreak frequency and sternness.

4.1. Severe Weather Events

The involvement of climatic circumstances on the clinical appearances of cardiopulmonary disorders has been predictable by several studies in- verbalizing a

seasonal discrepancy of acute coronary syndromes, myocardial infarction and related morbidity and mortality rates, acute events constantly peaking in winter with troughs in summer. On the other hand climate vicissitudes, at least in the former stages, may bring nearly health benefits. For example, if winter in mid-latitude moderate countries becomes slighter, morbidity and mortality from respiratory and circulatory disease should cut. Pathogen refers to a broad range of disease agents, including virus, bacterium, parasite germ, and fungi. The inspiration of climate change on pathogens can be straight, through influencing the endurance, reproduction, and life cycle of pathogens, or indirect, through influencing the habitat, environment, or contestants of pathogens. In any case, the unfortunate impacts of worldwide atmosphere changes far exceed the potentially positive ones, since heater temperatures will prompt progressively repetitive, extraordinary and longer warmth waves, which are very much archived to be connected with antagonistic belongings on wellness.

4.2. Ambient Air Pollution

Heater temperatures rise the focal points of air pollutants, for the most part ozone and particulate issue that are of explicit hugeness for cardiopulmonary wellbeing. A survey accessible in 2007 by the US Environmental Protection Agency (EPA) presumed that high ozone contact inferable from heat waves was related with a decrease in lung capacity and fuel of breathing signs (counting irritation of asthma) in patients with past respiratory maladies, causative to all the more early passings in individuals with heart and lung illness. A meta-investigation of 39 examinations by Bell and ages found an idealistic implication among humankind and transient introduction to ozone, prevalently circulatory and breathing mortality. Such implication was likewise announced in the midst of ozone levels and emergency clinic affirmations for cardiovascular illness in an Australian examination. Momentary heights in ozone have been connected with brings up in all-cause mortality in Western Europe and America. An investigation of mankind rates in French urban communities all through the 2003 warmth wave found that the partnered significant levels of ozone added to higher transient humankind.

There is additionally a powerful sign for the unfortunate impact on prosperity of PM, particularly on the circulatory system Fine and ultrafine particles, which penetrate further into the lung alveoli and may go into the circulation system, are the most perilous. Their impact is by all accounts more unmistakable than that delivered by ozone: PM_{2.5}-incited early mankind is around multiple times higher than that because of ozone.

4.3. Impact on Food Production

Desertification and dry spells identified with atmosphere changes are preeminent general medical problems, explicitly concerning the capacity of low-salary nations to keep up sufficient nourishment creation just as acceptable supplies of safe water. Many crop yields are foreseen to deterioration because of the joint effects of

changes in rainfall, severe weather events, and cumulative competition from weeds and pests on crop plants. Livestock and fish production are also expected to decline. Prices are expected to rise in response to declining food production and related trends such as increasingly luxurious petroleum (used for agricultural inputs such as pesticides and fertilizers).

4.4. Wildfires

Climate variation is increasing the susceptibility of many forests to wildfires and is also predictable to increase the incidence of wildfires in certain regions of the United States. Long epochs of record high temperatures are associated with droughts that contribute to dry conditions and drive wildfires in some areas. Wildfire smoke comprehends particulate matter, carbon monoxide, nitrogen oxides, and various volatile organic compounds (which are ozone precursors) and can expressively reduce air quality, both locally and in areas downwind of fires. Smoke exposure rises respiratory and cardiovascular hospitalizations; emergency department visits; medication indulgences for asthma, bronchitis, chest pain, chronic obstructive pulmonary disease (commonly known by its acronym, COPD), and respiratory infections; and medical visits for lung illnesses. It has also been associated with hundreds of thousands of deaths annually, based on a valuation of the global health risks from landscape fire smoke. Climate change is predictable to increase wildfire risks and associated emissions, with harmful impacts on health.

4.5. Climate Change and Disease Transmission

Depending on the broadcast route, disease transmission can be direct or indirect. Direct transmission refers to the spread of a disease from one person to another through globe contact, direct physical contact, indirect physical contact, air-borne transmission, or fecal-oral transmission. Indirect spread refers to the transmission of a disease to humans via another organism, a vector, or an intermediate host. Many studies have showed that climate variables and weather conditions may affect disease transmission, despite some uncertainty about the specific mechanisms. Rather than pivoting on the disease transmission mechanisms, discusses the impact that climate change may impose on the spreading of human infectious diseases. This impression can be direct as variations in climate ailment may alter disease spread by directly influencing the capability of pathogens.

4.6. Mental Health and Stress-Related Disorders

Following disasters, mental health problems also increase, both among people with no history of mental illness, and those at risk a phenomenon known as “shared answers to abnormal events.” These responses may be short-lived or, in some cases, ongoing. For example, study demonstrated high levels of anxiety and post-traumatic stress disorder among people affected by Storm Katrina, and similar explanations have followed floods and heat waves. Some indication recommends wildfires have similar effects. All of these events are progressively fueled

by climate change. Other health consequences of intensely stressful exposures are also a concern, including pre-term birth, low birth weight, and maternal hitches. In addition, some patients with mental illness are expressly susceptible to heat. Suicide rates vary with weather, rising with high temperatures, signifying potential impacts from climate change on depression and other mental illnesses. Dementia is a risk factor for hospitalization and death during the time of heat waves. Patients with critical mental illness, such as schizophrenia, are at risk during hot weather because their medications may interfere with temperature regulation or even directly cause hyperthermia. Additional potential mental health effects, less well understood, include the possible distress related with environmental dilapidation and dislocation and the unease and despair that data of climate change might cause in some people.

4.7. Diarrheal Diseases

Diarrheal diseases are as yet a worldwide medical issue, especially in youngsters from low pay nations. Great sanitation and the unswerving access to agreeable wellbeing and a sheltered water supply are the requirements for prevention. Atmosphere warming and related changes, for example, times of inadequacies yet in addition of gigantic precipitation and floods, are probably going to lessen the accessibility of safe water. It is settled that low rainfalls are related with the predominance of diarrheal maladies in youngsters. Various investigations have convincingly exhibited that diarrheal maladies increment as temperatures flood, extending from a 3 percent to 11 percent expanded hazard for every 1 °C of temperature increment. Then again, the extreme rainfalls that are related with tempests and floods are destructive the security of drinking water supply. For example, salted water from the ocean may spill into the conductors, with the significant danger of unbalanced salt admission by the populace. All things considered, these information show that the effect of a dangerous atmospheric deviation on diarrheal disorders is probably going to be a significant segment of the general impact on wellbeing of atmosphere changes, basically in youngsters and in such regions, for example, South Asia and Eastern Africa. This impact of atmosphere changes is driven foremostly by that on safe water supply.

4.8. Aeroallergens

The more significant levels of carbon dioxide and the subsequent warming climate are additionally prone to intensify the worldwide weight of hypersensitive sicknesses, essentially through the expectation in time of the beginning of hotter seasons and in this manner of the grouping of aeroallergens (dust). Studies in the eastern Mediterranean area have underlined that the before and all the more enduring nearness of aeroallergens intensifies the predominance of unfavorably susceptible rhinitis, asthma and skin infections. Moreover, increments in surrounding dust fixations are related with higher paces of hypersensitive refinement, higher quantities of crisis office visits and medical clinic affirmations for asthma and unfavorably susceptible rhinitis, just as higher quantities of doctor

office visits for unfavorably susceptible illnesses. A model is spoken to by the wellbeing impacts of the basic ragweed (*Ambrosia artemisiifolia*), a flowering plant that spreads overwhelmingly because of a dangerous atmospheric deviation. Close to lessening crop yields, this obtrusive plant creates extremely forceful dusts that cause serious unfavorably susceptible responses among those delicate, remembering one for 5 Europeans who experience the ill effects of hypersensitivities, one of every 7 with rhinitis and one of every 11 with asthma.

4.9. Diseases Carried by Vectors

Climate is one of the issues that effect the dispersal of diseases borne by vectors (such as fleas, ticks, and mosquitoes, which spread pathogens that cause illness). The geographic and seasonal delivery of vector populations, and the diseases they can carry, be contingent not only on climate but also on land use, socioeconomic and cultural factors, pest control and human responses to ailment chance, among different elements. Day by day, intermittent, or year-to-year atmosphere irregularity can once in a while bring about vector/pathogen release and moves or developments in their geographic extents. Such changes can adjust illness event at risk on vector-have association, have security, and pathogen development. The vector-borne diseases, including Lyme, dengue fever, West Nile virus disease, Rocky Mountain spotted fever, plague, and tularemia.

5. Societal Response and Human Factor

It is essential to recognize that social and economic factors play a notable role in predicting the changing risk for infectious diseases caused by climate change. Some population and regions are more vulnerable to the elevated risks due to their lack of the ability to effectively respond to the stresses and challenges imposed by climate change. A society's vulnerability to climate change caused health risk of infectious diseases is related to its social development. A society's vulnerability to climate change induced health risk of infectious diseases is further related to its existing public health system and infrastructure. Developing countries be prone to be more sensitive to an elevated health risk caused by climate change due to the lack of resources and capabilities for their public health system to effectively respond to the various challenges. The vulnerability to the changing risks for infectious diseases may be reduced with proper adaptation measures. Adaptation can be effective in labeling climate change induced challenges. Adaptation measures can be informed by improved weather forecast, including the forecast of extreme weather events and meteorological hazards. By developing an early warning system that is based on accurate weather forecast, a society can better ready for climate change related health risks.

6. Conclusions and Discussions

An immense whole of information indicate evidently that the worldwide circumstance is feeling significant

changes, for the most part enticed by the overabundance of center discharges from human exercises, chiefly because of the aggregate and boundless utilization of petroleum derivatives. Atmosphere changes can influence the rise of contracting sicknesses, influence nourishment yields and sustenance, the stock of safe water and along these lines increment the dangers of atmosphere related debacles. It is likewise really apparent that atmosphere changes are a biological and financial issue as well as assume a significant job in populace wellbeing. A recent projection done by the World Health Organization in order to assess the number of additional deaths foreknown in the next future provided there is no interference on climate changes, gave a gloomy picture for the year 2030: 38,000 supplementary deaths in aged due to heat exposure, 48,000 in children due to diarrheal disease, 60,000 due to malaria and 95,000 due to under nutrition in children. With this background, the development in our knowledge is vital in order to develop effective policies for mitigation and adaptation meant to decrease the potential effects of greenhouse gas release and thus of climate changes in the future. Climate variation will continue to affect the health risk for human infectious diseases, limiting some disease transmission but creating opportunities for others. Reducing vulnerability through choosing adaptation measures is among the most effective approaches for human society. The following adaptation measures are recommended: 1) to go beyond empirical observations of the association between climate variation and infectious diseases and develop more scientific explanations, 2) to improve the prediction of spatial- temporal process of climate variation and the associated shifts in infectious diseases at various spatial and temporal scales, and 3) to establish locally effective early warning systems for the health effects of predicated climate variation.

Authors Contribution

Throughout the study; Adwaith K T reviewed several articles and prepared the manuscript text and the literature review. Athira K arranged data into tables and figures, helped in manuscript preparation and also compiled the data and manuscript edition.

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References

- [1] IPCC, 2007. Climate Change 2007: Impacts, Adaptation and Vulnerability. In: Parry, M.L., Canziani, O.F., Palutikof, J.P., van der Linden, P.J., Hanson, C.E. (Eds.), Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge University Press, Cambridge, UK.
- [2] EEA, 2008. Impact of Europe's Changing Climate—2008 Indicator-based Assessment. Joint EEA-JRC-WHO report. European Environment Agency, Copenhagen.
- [3] IPCC, 2001. Climate Change 2001: Synthesis Report. In: Watson, R.T., Team, C.W. (Eds.), A Contribution of Working Groups I, II, and III to the Third Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge University Press, Cambridge, UK, and New York, USA.
- [4] Weng, Q.H., Xu, B., Hu, X.F., Liu, H., 2013. Use of earth observation data for applications in public health. *Geocarto Int.* 1-14.
- [5] Yang, J., Gong, P., Fu, R., Zhang, M.H., Chen, J.M., Liang, S.L., Xu, B., Shi, J.C., Dickinson, R., 2013. The role of satellite remote sensing in climate change studies. *Nat. Clim. Chang.* 3, 875-883.
- [6] Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., Friel, S., Groce, N., Johnson, A., Kett, M., Lee, M., C. L., Maslin, M., McCoy, D., McGuire, B., Montgomery, H., Napier, D., Pagel, C., Patel, J., de Oliveira, J.A.P., Redclift, N., Rees, H., Rogger, D., Scott, J., Stephenson, J., Twigg, J., Wolff, J., Patterson, C., 2009. Managing the health effects of climate change. *Lancet* 373, 1773-1964.
- [7] Epstein, P.R., 1999. Climate and health. *Science* 285, 347-348.
- [8] Kovats, R.S., Menne, B., McMichael, A.J., Corvalan, C., Bertollini, R., 2000. Climate Change and Human Health: Impact and Adaptation. World Health Organization.
- [9] Willox, A.C., Stephenson, E., Allen, J., Bourque, F., Drossos, A., Elgarøy, S., Kral, M.J., Mauro, I., Moses, J., Pearce, T., 2015. Examining relationships between climate change and mental health in the Circumpolar North. *Reg. Environ. Chang.* 15, 169-182.
- [10] Altizer, S., Ostfeld, R.S., Johnson, P.T.J., Kutz, S., Harvell, C.D., 2013. Climate change and infectious diseases: from the evidences to a predictive framework *Science* 314, 514-519.
- [11] Bouzid, M., Colón-González, F.J., Lung, T., Lake, I.R., Hunter, P.R., 2014. Climate change and the emergence of vector-borne diseases in Europe: case study of dengue fever. *BMC Public Health* 14, 781.
- [12] Epstein, P.R., 2001a. Climate change and emerging infectious diseases. *Microbes Infect.* 3, 747-754.
- [13] Wu, X.X., Tian, H.Y., Zhou, S., Chen, L.F., Xu, B., 2014. Impact of global change on transmission of human infectious diseases. *Sci. China Earth Sci.* 57, 189-203.
- [14] Epstein, P.R., Diaz, H.F., Elias, S., Grabherr, G., Graham, N.E., Martens, W.J., Mosley Thompson, E., Susskind, J., 1998. Biological and physical signs of climate change: focus on mosquito-borne diseases. *Bull. Am. Meteorol. Soc.* 79, 409-417.
- [15] Ostfeld, R.S., Brunner, J.L., 2015. Climate change and *Ixodes* tick-borne diseases of humans.
- [16] Rodó, X., Pascual, M., Doblas-Reyes, F.J., Gershunov, A., Stone, D.A., Giorgi, F., Hudson, P.J., Kinter, J., Rodríguez-Arias, M.-À., Stenseth, N.C., 2013. Climate change and infectious diseases: can we meet the needs for better prediction? *Clim. Chang.* 118, 625-640.
- [17] Epstein, P.R., 2000. Is global warming harmful to health? *Sci. Am.* 283, 50-57.
- [18] Kuhn, K., Campbell-Lendrum, D., Haines, A., Cox, J., 2005. Using Climate to predict infectious Disease Epidemics. World Health Organization, Geneva, Switzerland.
- [19] McMichael, A.J., Haines, A., Slooff, R., Kovats, S., 1996. Climate Change and Human Health. An Assessment by a Task Group on Behalf of the World Health Organization the World Meteorological Organisation and the United Nations Environment Programme. World Health Organisation, Geneva Switzerland.
- [20] Tian, H.Y., Zhou, S., Dong, L., Van Boeckel, T.P., Cui, Y.J., Wu, Y.R., Cazelles, B., Huang, S.Q., Yang, R.F., Grenfell, B.T., Xu, B., 2015a. Avian influenza H5N1 viral and bird migration networks in Asia. *Proc. Natl. Acad. Sci. U. S. A.* 112, 172-177.
- [21] Watson, R.T., Zinyowera, M.C., Moss, R.H., Basher, R.E., Beniston, M., Canziani, O.F., Diaz, S.M., Dokken, D.J., 1997.
- [22] Yu, P., Tian, H., Ma, C., Ma, C., Wei, J., Lu, X., Wang, Z., Zhou, S., Li, S., Dong, J., 2015. Hantavirus infection in rodents and haemorrhagic fever with renal syndrome in Shaanxi Province, China, 1984-2012. *Epidemiol. Infect.* 143, 405-411.
- [23] Chretien, J.-P., Anyamba, A., Small, J., Britch, S., Sanchez, J.L., Halbach, A.C., Tucker, C., Linthicum, K.J., 2014. Global climate anomalies and potential infectious disease risks: 2014-2015. *PLoS Curr.* 7.
- [24] Thomson, M.C., Doblas-Reyes, F.J., Mason, S.J., Hagedorn, R., Connor, S.J., Phindela, T., Morse, A.P., Palmer, T.N., 2006. Malaria early warnings based on seasonal climate forecasts from multi-model ensembles. *Nature* 439, 576-579.

- [25] (2017). Higher risk of heart failure in cold weather, study suggests. newyork: oxford.
- [26] B.A.Callandar, I.M.Mintzer, K.Maskell. (1993). Health and climate change: basic science of climate change. 4.
- [27] C Frank, J Hallauer, M Littman, K Alpers. (2006). *Vibrio vulnificus* wound infections after contact with the Baltic Sea. 1, 11.
- [28] Campo, Dunn, Gazier, Nisanbaum, Wheaton & chambers (2015). The Neighbourhood Effects on Health and Well-being (NEHW) study (Vol. 31). Health & Place.
- [29] Diego, S. (2006). Issues at the Intersection of Climate Change and Health Impact Global Well-Being. *The American Journal of Preventive Medicine*, 35(5).
- [30] Durkalek, Furgal, Sheldon & Skinner (2015). Climate change influences on environment as a determinant of Indigenous health: Relationships to place, sea ice, and health in an Inuit community. *social science and medicine*, 11.
- [31] Experts Assess the Impact of Climate Change on Public Health. (2016). newyork: *Annals of Global Health* .
- [32] Haidong Kan. (2011). Climate change and human health in China. *Environmental Health Perspect*, 4.
- [33] IPCC, 2012. Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. In: Field, C.B., Barros, V., Stocker, T.F., Qin, D., Dokken, D.J., Ebi, K.L., Mastrandrea, M.D., Mach, K.J., Plattner, G.-K., Allen, S.K., Tignor, M., Midgley, P.M. (Eds.), A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change. Cambridge University Press, Cambridge, UK, and New York, USA Intergovernmental Panel on Climate Change
- [34] More Research is Needed on How Climate Change Affects Infectious Diseases. (2016). New York: Environment International.
- [35] *Philos. Trans. R. Soc. Lond. Ser. B Biol. Sci.* 370 (20) (140,051).
- [36] Pier Mannuccio Mannucci, Massimo Franchini. (2015). Impact on human health on climate change: *European journal of internal medicine*, 26, 5.
- [37] The Regional Impacts of Climate Change: An Assessment of Vulnerability. In: Watson, R.T., Zinyowera, M., Moss, R.H., Dokken, D.J. (Eds.), A Special Report of IPCC Working Group II Published for the Intergovernmental Panel on Climate Change: Intergovernmental Panel on Climate Change.



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