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# The role of louse-transmitted diseases in historical plague pandemics

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1                                    Plague pandemic among louse-transmitted diseases:  
2                                    a proposed epidemiological paradigm shift.

3

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16

17 **Summary**

18 The rodent-murine ectoparasite-human model of plague transmission does not fit for the  
19 Second Pandemic in Europe. Ancient genomes reveal that *Yersinia pestis* was unable to be  
20 transmitted by rat fleas until around 4,000 BP. Since prehistoric times, human lice have been  
21 reported and mentioned as probable source of plague during the second pandemic.  
22 Experimental models confirmed the efficiency of human lice as plague vectors through  
23 infected feces. These results suggest that *Y. pestis* could be a louse-borne disease, such as  
24 *Borrelia recurrentis*, *Rickettsia prowazekii* and *Bartonella quintana*. Recent studies have  
25 shown that louse-borne outbreaks often involve multiple pathogens, and several cases of co-  
26 transmission of *Y. pestis* and *B. quintana* have been reported. Furthermore, an exclusive  
27 louse-borne bacterium, namely *B. recurrentis*, was found to be circulating in northern Europe  
28 during the second pandemic. Current data make it possible to attribute large historical  
29 pandemics to multiple bacteria. All this evidence leads us to propose that human lice probably  
30 played a preponderant role in the interhuman transmission of plague and pathogen co-  
31 transmission during previous large epidemics, including historical plague pandemics.

32

### 33 **Introduction**

34 Recent insights concerning deadly historical plague pandemics profoundly change our views  
35 concerning the ecology and transmission of this causative agent, *Yersinia pestis*, and  
36 illustrates how the arising of cutting-edge technologies (e.g. whole genomes sequencing of  
37 ancient sample) have the potential to renew established paradigm. Indeed, the historical  
38 paradigm rats-rats' fleas-human, which was initially proposed in the frame of the third  
39 pandemics in Asia and focused most of the attention since then, has been somehow passively  
40 extended to the two earlier pandemics without systematical consideration of underpinning  
41 requirements (i.e the presence of rats and their fleas in sufficient abundance). In historical  
42 texts, the description of a fever associated with bubo has been pathognomonic of the plague  
43 since Justinian times, when it was very clearly described by Procopius (1). The *Y. pestis*  
44 lineage responsible for the Plague of Justinian (2–5) (541-750 AD) represented a (now  
45 extinct) clade which was distinct from the huge pandemic known as the “Black Death” that  
46 decimated Europe in the Middle Ages (1346-1353 for the so called “Black Death” and 1346  
47 to the 19<sup>th</sup> century for the second pandemic (6–12). Despite the independency of these strains,  
48 the clinical symptoms were similar during both historical plague pandemics (5,8,11,13).  
49 Indeed, the “Black Death” was rather a word coined to refer to plague epidemics in the  
50 symbolic register (with a negative connotation) than a denomination used by contemporaries  
51 to describe the clinical manifestation of plague. Therefore, the “Black death” was later  
52 wrongly associated with purpuric fever or hemorrhagic fever (14) .

53 In 1894, at the beginning of the third pandemic, Alexandre Yersin's investigations carried out  
54 during the Hong-Kong plague led to the discovery of the *Y. pestis* bacteria, the causative agent  
55 of plague (15). In 1898, Paul-Louis Simond completed the epidemiological cycle proposed  
56 four years earlier by Yersin (16). He reported an indisputable mechanism by which infected  
57 fleas (*Xenopsylla cheopis*) could spread *Y. pestis* from one murid to another (17). The

58 discovery of late-stage biofilm-dependent transmission of *X. cheopis* (18,19) then made it  
59 possible to study 25 *Y. pestis* genes involved in the transmission of the plague by fleas (20). In  
60 particular, the *ymt* gene, which codes for a phospholipase D hydrolase and allows *Y. pestis* to  
61 survive inside the flea's digestive tract, is considered to be essential (21). All these studies  
62 demonstrated that *X. cheopis* is the vector transmitting plague from rats to rats, with a possible  
63 accidental transmission to humans. Later, new methods of whole genome sequencing of  
64 ancient DNA completely undermined this vision and molecular analysis traced the plague  
65 back to at least 5000 BP (22), detecting it not only on the arid shores of the Mediterranean but  
66 also in the northernmost part of Europe, hence in heterogeneous ecological environments (22–  
67 24). This finding provided an unexpected opportunity to question the classical  
68 epidemiological rats-rat flea-human transmission cycle. Our objective in this study was to  
69 systematically review data regarding *Y. pestis* transmission by human lice in the context of  
70 genomic evolution and co-transmission of other major epidemic deadly pathogens throughout  
71 human history, to broaden our view of plague transmission.

72

### 73 **Ancient plague transmission enlightened by paleomicrobiology**

74 Currently, paleomicrobiology studies make it possible to consider another model of plague  
75 diffusion which does not feature rats and rat fleas. Indeed, between 2011 and 2019, 80 ancient  
76 *Y. pestis* genomes were sequenced (3–5,8–12,22–26). These genomes were all recovered from  
77 Eurasian samples of teeth or bones and dated from 5000 BP (Sweden) (22) to 1722 (France)  
78 (10), thus covering the first two historical pandemics. Complete genome analysis confirmed  
79 the systematic presence of plasmid virulence-associated genes, such as the *pla* gene (pPCP1  
80 plasmid) coding for a plasminogen activator or the *cafI* gene responsible for antiphagocytic  
81 activity (pMT1 plasmid), which are both associated with human mortality (27,28).

82 Furthermore, the archaeological identification of several individuals in the same grave,  
83 combined with the molecular presence of plague virulence-associated genes indicated that  
84 plague was already a deadly epidemic disease during the Bronze Age, as further described  
85 during historical pandemics (1,29). However, while 68/80 available ancient genomes do  
86 harbour the pMT1-encoded *ymt* gene, 12/80 ancient *Y. pestis* genomes dating from 5000 BP  
87 (Sweden) (22) to 1746-1626 cal BC (Russia) (24) lack this gene, (22–24) which is involved in  
88 the survival of *Y. pestis* in the flea's gut and is essential in effective plague flea transmission  
89 (30). Spyrou *et al.* indicate that the *ymt* gene probably appeared approximately 3,800 years  
90 ago during the Early Bronze Age and concluded that both *Y. pestis* flea-adapted and non-  
91 adapted variants circulated in Eurasia throughout the Bronze Age (26). These facts indicate  
92 that, for approximately 1,200 years, fatal plague did not necessarily require rat fleas (22–  
93 24,26). Regarding these results, *Y. pestis* appear to be a very old human pathogen present  
94 throughout Eurasia, even in its most northern part. Furthermore, the geographical location of  
95 the strains, combined with an absence of the *ymt* gene (Sweden, Germany, Estonia, Lithuania,  
96 Croatia, Russia, Norway, Austria and Poland (22–24)) does not seem to support a  
97 transmission mechanism mediated by rats and rat fleas (31–33). The presence of the *pla* gene  
98 in all ancient genomes is an unequivocal indicator that plague could be bubonic and therefore  
99 vectorised by arthropods (introduction of *Y. pestis* in human tissues following biting) (23).  
100 Genetic and archaeological studies (34–36) provide evidence that the only known competent  
101 plague vectors present during the Neolithic and Bronze ages in Eurasia were *Pulex irritans*  
102 (35,36) and the human louse (*Pediculus humanus* ssp.) (34,37,38). However, *P. irritans* is  
103 known to be a very poor plague vector (27,39) with a very low blocking capacity (40). Some  
104 authors have hypothesized that *P. irritans* could have been involved in the spread of plague  
105 during the second pandemic (39–41) but currently, the transmission rates obtained in the  
106 laboratory using early phase transmission [0.14 per cent] are too low to consider *P. irritans* as

107 an efficient vector (20,42,43) . Therefore, the most parsimonious hypothesis is that the  
108 human-human transmission of the plague at this time may have mostly involved human lice,  
109 given the absence of effective flea vector such *X. cheopis* and the presence of all associated  
110 virulence genes involved in the deadly bubonic plague.

111

112 **The rat-and-flea model is not consistent with the historical demography of the second**  
113 **pandemic**

114 Beyond Neolithic and Bronze age transmission, the epidemiological rat-rat fleas-human  
115 schema cannot explain the speed and magnitude of the second pandemic which spread much  
116 faster than the current third pandemic (32,39,44). In particular, this model is not compatible  
117 with the 1.5 to 6 km/day speed of dissemination of the Black Death as calculated using  
118 historical sources (45). Occasionally, this scheme cannot even be implemented given the  
119 absence of its protagonist (31). For example, in Northern Europe, there are very few  
120 archaeological records of *Rattus rattus* in the Middle Ages which appears to have been  
121 unevenly distributed in coastal towns (32,33). Current archaeozoological data does not appear  
122 to be compatible with the classical patterns of *Y. pestis*(31–33,46) given the low density of rat  
123 bones found from medieval archaeological sites in Nordic countries (32,33). Some authors  
124 argue, however, that the scarcity of rats in medieval Europe (47) is compatible with the  
125 classical model of transmission (rats-rat ectoparasites) observed in India during the third  
126 pandemic (29,48,49). These conclusions are based on unsupported assertions (43) or on  
127 mathematical models in which the plague can persist in relatively small rodent populations  
128 (50). Nevertheless, the current parsimonious hypothesis is that it is very unlikely that rats could  
129 have played a significant role in vectorization of the plague in Nordic countries (32,33,43). In  
130 an example from the 15<sup>th</sup> century, two waves of plague killed approximately 50% of

131 Icelanders despite an attested absence of rats (31). However, this observation did not exclude  
132 the presence of other cold-resistant mammals that could have served as intermediate hosts.  
133 Finally, while it is acknowledged that the “eastern” rat flea (*X. cheopis*) has been the main  
134 vector of plague epidemics since the end of the 19<sup>th</sup> century, its role in spreading the Black  
135 Death is controversial as there are no fossil records of *X. cheopis* in Europe. However,  
136 remains of *P. irritans* have been discovered in these latitudes (51), which is consistent with  
137 the fact that the northern European climate may not be conducive to this tropical flea species,  
138 which were adapted to the warmer climate of southern Europe, as evidenced by their  
139 involvement in four’s third pandemic plague outbreaks [Barcelona, Malta, Marseille,  
140 Ajaccio](52). Studies have demonstrated the incapacity and inefficiency of *Y. pestis*  
141 transmission by *X. cheopis* exposed to low temperatures (<10-12.5°C) (53–55). This finding  
142 questioned the etiology of the plague, suggesting that it has been caused by haemorrhagic  
143 fever viruses (56) without any scientifically identified causative agent. Accumulated evidence  
144 in favour of *Y. pestis* indicates that plague exhibited the very same clinical features, mortality  
145 and dissemination rates without rat and rat fleas, as illustrated by the northern epidemics  
146 (31,46). Furthermore, studies on plague and climate seem to indicate that plague introduction  
147 during the Black Death is correlated with hot Mediterranean summers in southern Europe,  
148 which are compatible with flea transmission (57). In contrast, in the southern Baltic states and  
149 Iceland, plague was driven by a cold climate (< 10°C) (57) or a climate consistent with the  
150 Little Ice Age (58). Such temperatures are completely incompatible with rat flea transmission  
151 but consistent with other vectors, such as human lice, that can live in the heat of clothes and  
152 could have be an effective *Y. pestis* vector following the 1.5/6km day speed of plague  
153 dissemination (45) which correspond to human travel through Eurasia to the most northern  
154 places in Europe (51). In summary, in the context of the plague epidemic, the two main  
155 methods of transmission are ectoparasites and aerosols. Considering that interhuman

156 transmission of plague through aerosols has proved to be ineffective unless particular  
157 conditions are met (59,60), the most plausible form for the ancient plagues is the bubonic  
158 form. Particularly during northern plague outbreaks, moreover, in particular during northern  
159 plague outbreaks, lice are the most plausible vector proposed (Figure 1).

160

## 161 **History and role of lice in human infection**

162 Lice are among the oldest human ectoparasites ever recorded. Lice are estimated to  
163 have appeared around 100 million years ago, and speciation between chimpanzee lice  
164 (*Pediculus schaeffi*) and human lice (*Pediculus humanus* ssp.) occurred approximately 5.6  
165 million years ago (34). Ancient human lice have been recovered from all continents with the  
166 exception of Oceania. Lice dated as being 9,000 years old were retrieved from textiles in  
167 Israel (61). Lice have also been directly identified on mummified human bodies in Egypt and  
168 pre-Colombian America (62,63). Regarding European prehistory, ancient lice have been  
169 found in textiles in Austria (64). Based on these observations, one of the main candidates  
170 (with *P. irritans*) for a vector of plague in the Bronze Age is human lice. Furthermore, the  
171 same model is likely apply to the great medieval epidemics in northern Europe where the  
172 presence of lice has been confirmed (51). These outbreaks had a very high rate of mortality  
173 and led to the decline of northern populations (31,46). Louse-borne diseases are able to cause  
174 immense epidemics, as evidenced by contemporary observations. For example, in the  
175 Napoleonic wars, approximately 30% of Napoleon's soldiers died of typhus while they were  
176 infested with lice in the city of Vilnius during the Russian campaign (65). Lice also killed  
177 millions of people with louse-borne relapsing fever, typhus, and probably trench fever in  
178 Bolshevik Russia and later during World War II (66). The last extremely severe outbreak of  
179 louse-borne diseases was observed in Burundi in 1997, where they are likely to have killed

180 10,000 people and affected 100,000 others (67). The role of lice as a vector of *R. prowazekii*  
181 was first identified by Charles Nicolle, which earned him a Nobel Prize. Nicolle noted that  
182 patients whose clothes were removed and who were bathed prior to admission did not  
183 transmit typhus to others, including healthcare workers in the hospital (68). Searching  
184 patients' clothes revealed the only possible vector and source of transmission, the louse.  
185 Later, the louse was found to be responsible for trench fever during World War I (69).  
186 Finally, the presence of *B. recurrentis* (the causative agent of relapsing fever) in lice was  
187 identified as early as the 19<sup>th</sup> century in Ireland (70). Among louse-borne outbreaks, therefore,  
188 it is generally difficult to determine which diseases are caused by different pathogens. Indeed,  
189 among Napoleon's soldiers, *R. prowazekii* and *B. quintana* were identified retrospectively as  
190 co-occurring during the same epidemic, but *B. recurrentis* was not tested for (65). In Burundi,  
191 the co-circulation of *R. prowazekii* and *B. quintana* during the same epidemic was  
192 highlighted, but *B. recurrentis* was not tested for (67). In historical studies in Douai  
193 performed by molecular testing dental pulp, the co-occurrence of *R. prowazekii* and *B.*  
194 *quintana* was highlighted (71). These studies represent the first evidence of *R. prowazekii* in  
195 Europe. The co-circulation of *Y. pestis* and *B. quintana* has also been observed in Venice and  
196 in Bondy (72,73), suggesting a coupled epidemic (Figure 2). Thus, given that many infectious  
197 diseases may be transmitted by the same mechanism, epidemic agents could be considered  
198 guilty by association (Figure 2).

199 The discovery of two microorganisms during the same pandemic is probably indicative of the  
200 fact that both pathogens have the same mechanism of transmission, allowing us to  
201 hypothesise that *Y. pestis* and *B. quintana* were co-transmitted by body lice in Venice and  
202 Bondy.

203

## 204 **Supposed role of lice in ancient plague outbreaks**

205           Observation of the natural infection of body lice (*Pediculus humanus humanus*) from  
206 plague-infected human began at the beginning of the 20<sup>th</sup> century when the spontaneous  
207 infection of head lice with plague (*Pediculus humanus capitis*) was found. With regard to  
208 body lice, in 1914 Swellengrebel and Otten recovered infected body lice from the clothes of a  
209 plague victim and from an inhabitant of a plaged house, and in 1935, the capacity of body  
210 lice to be infected by ingesting plague-contaminated blood was finally demonstrated (74). The  
211 first observation of human contamination by body lice was made among Andean Indians who  
212 developed pharyngeal plague after consumption of contaminated lice (75), although we do not  
213 know if the bacterial load present in infected body lice can cause this type of symptom, which  
214 was observed through the consumption of infected meat (76–78). The vectoral capacity of lice  
215 by contamination of their faeces was discovered by Blanc and Baltazard, but all these  
216 observations and experimentations were forgotten and then rediscovered (79). Indeed, in  
217 2006, our laboratory unambiguously demonstrated the plague-vector potential of body lice by  
218 faecal contamination with viable *Y. pestis* bacteria using a rabbit experimental model (Figure  
219 3) (80).

220           We also recently found *Y. pestis* in head and body lice during one of the last endemic  
221 outbreaks of the Democratic Republic of Congo (81,82). Experimental studies performed both  
222 in the 1950s and recently highlighted the vectoral capacity of lice for *Y. pestis* in rabbits  
223 (74,80,83). Interestingly, current models that integrate lice into plague transmission in the  
224 Middle Ages are able to explain the spread that could not be explained exclusively using the  
225 rat, human and rat flea model (84). All these studies could also shed light on the role played  
226 by clothing in the dispersal of *Y. pestis* in an epidemic context, as ancient populations were  
227 infested with lice until contemporary times (85) (Supplementary Figure 1).

228           Indeed, in the past, authors wrote on the danger posed by the clothing worn plague  
229 victims when it came to the spread of the plague, especially during the epidemics of  
230 Marseilles (1720-1722) (86) and Moscow (1771) (87). These observations could  
231 foreshadowed the role of lice and their infected faeces which was demonstrated in 1909  
232 during an epidemic typhus outbreak by Nobel Prize winner Charles Nicolle (68). Further  
233 investigations may address whether such mode of transmission might apply to pneumonic  
234 plague contamination (Supplementary Figure 1).

235

### 236 **Historical interhuman transmissions of *Y. pestis***

237           We re-analysed historical texts dealing with plague to consider the role of lice in the  
238 transmission of deadly infections, including plague. The very first mention of lice as putative  
239 vectors of plague was found in a treatise written by Nicolas Hartsoeker in 1722 (88). This text  
240 was written at the end of the Great Plague of Marseille (1720-1722) and refers directly to this  
241 outbreak (88). Hartsoeker argued that plague is not transmitted by the air but by the bite of  
242 microscopic insects, such as lice, which find refuge in rags, clothes and bedding. He described  
243 them as follows: “I conjecture that the plague is caused only by invisible insects which hide  
244 themselves willingly in these stuffs (tatters, goods or clothes) and make their nests inside; that  
245 these insects multiply extremely in a very short time...that these insects do not fly, or at least  
246 they do not fly very far, but that they do rather like lice that we win easily when those who are  
247 infected; that their bite is in proportion to their size, which is at least as dangerous as that of  
248 vipers; and that their numbers compensate for their smallness.” The hypothetical role of lice  
249 in the plague was also mentioned during the Moscow plague epidemic in 1771 by Russian  
250 scientists based on the role that clothing played in the contagion of the disease (86,87). It is  
251 interesting to note that the absence of reported cases of animal plague during some large

252 outbreaks such as Marseille (1720-1722) or Moscow (1771), revealed that there was probably  
253 a mostly interhuman transmission that pneumonic plague cannot explain, given its low  
254 transmission rate (87). Although more than 200 mammal species are susceptible to plague  
255 (89), in some cases, no major epizootics were observed during plague pandemics. (86,87)  
256 Finally, regarding ancient historical texts about second pandemic plague outbreaks, the great  
257 majority of reported cases were bubonic (43). Bubo (meaning “swelling of lymph glands” in  
258 Latin, coming from the ancient Greek word *boubōn* which means “groin or swelling in the  
259 groin”) is an adenitis and was common during the 15<sup>th</sup> century (Supplementary figure 2).

260           During the Plague of Marseille (one of the most documented plague episodes),  
261 lymphadenopathies were given different names according to their location on the body,  
262 thereby lymphadenopathy of the glands around the ears was named “parotid”.  
263 Lymphadenopathies on inguinal and axillary parts of the body were known as “buboes”, and a  
264 lymphadenopathy located on other parts of the body was known as abscesses (90). In the  
265 modern semiology of the plague, these three terms are grouped under the term “buboes”.  
266 During the second pandemic, buboes were primarily reported on the inguinal parts of the body  
267 or on axillary parts of the body depending on the source (43,86); these locations are  
268 compatible with human lice bites (Supplementary Figure 3, Figure 4). The most common  
269 location of bubo, the groin, offers a refuge for body lice in the underwear (Supplementary  
270 Figure 3, Figure 4) rather than popliteal adenitis, which may occur after fleabites to the legs.  
271 At this time, underwear commonly covered the thighs. In the modern era, scratching lesions  
272 following plague infection are usually found in the underwear area. After the second  
273 pandemic, human body lice become rarer thanks to better hygiene among the populations,  
274 however, on rare occasions, body lice may have been involved in plague transmission during  
275 the third pandemic, as evidenced by the bubonic outbreaks in Glasgow (91) in 1900 and in the  
276 Democratic Republic of Congo in 2010 (82).

## 277 **The future of plague in the context of louse-borne diseases**

278           The disappearance of massive *Y. pestis*, *B. recurrentis* and *R. prowazekii* outbreaks in  
279 countries with a high level of hygiene is most likely evidence of the dramatic disappearance  
280 of body lice and anthropophilic fleas (*P. irritans*), another potential vector for interhuman  
281 transmission of plague (40). Indeed, rats are still common in rich countries where body lice  
282 are scarce, and plague foci persist in poor countries reporting the largest number of plague  
283 cases, such as Congo and Madagascar (92,93). However, sporadic cases have been reported in  
284 the USA and northern Africa (94,95). The recent discovery and sequencing of *B. recurrentis*  
285 from the 15<sup>th</sup> century in northern Europe, at a time where plague was endemic (96) offers  
286 evidence of the circulation of both pathogens and body lice in the late medieval period.  
287 Indeed, *B. recurrentis* was circulating at the same time as *R. prowazekii* but in different  
288 locations (68). Moreover, *B. recurrentis* is transmitted by lice faeces, similar to *R. prowazekii*  
289 and *B. Quintana* (97). A zoonotic agent, such as the murine soft tick-transmitted *Borrelia*  
290 *duttonii* (98), may become an interhuman-transmitted pathogen, such as *B. recurrentis*, after a  
291 louse becomes contaminated when feeding on a patient with bacteraemia. Thus, *B. recurrentis*  
292 is probably a model organism for lice transmitted pathogens, and circulation of plague  
293 probably has more to do with human hygiene and the presence of body lice than to the  
294 transmission of the bacterium as a purely zoonotic pathogen. Moreover, the *pla* gene, which is  
295 considered a key factor in *Y. pestis* transmission, is unspecific and has been found in some  
296 strains of *Citrobacter koseri* isolated from rats or in *Escherichia coli* (99,100); this gene  
297 coding for a protease can partially explain human pandemics, but the success of *Y. pestis* as a  
298 zoonotic agent is rather due to the murine toxin, the *ymt* gene (89).

299           We can now construct a scenario for the passage of pathogens detected in wild  
300 animals, vectorized by arthropods which occasionally bite humans and are responsible for  
301 zoonosis (Figure 5). Among these pathogens, *B. quintana* can remain for years in human

302 organisms and populations (101). Similarly, typhus can relapse in the form of Brill-Zinsser  
303 disease as long as 40 years after the initial infection with *R. prowazekii*; indicating that  
304 humans can host the pathogen and transmit it through lice throughout their lifetimes  
305 (102,103). *B. recurrentis* is also an endemic relapsing fever pathogen persisting in the human  
306 body (104). However, because *Y. pestis* is not a persisting pathogen in the human organism  
307 and populations, plague is the only lice-borne transmitted disease that manifests itself in  
308 successive waves, resulting in multiple introductions in Europe due to the lack of a human  
309 reservoir (57).

310           Lice can considerably amplify the spread of the microbe, leading to the creation of a  
311 hypervirulent clone with a reduced genome size and massive interhuman transmission (105).  
312 Thus, *R. prowazekii*, which is well identified in flying squirrels in the United States, is likely  
313 to occasionally transmit infections to humans via its arthropods, resulting in a situation where  
314 a new typhus cycle can begin. Causative agents of recurrent tick-borne borreliosis, such as *B.*  
315 *duttonii* or *B. crocidurae*, have a very high genetic homogeneity. *B. recurrentis* clearly  
316 appears as an emerging clone of *B. duttonii* with a reduced genome (98). In some cases, *B.*  
317 *duttonii* is transmitted to humans (106), and human-to-human transmission could lead to the  
318 selection of a hypervirulent clone with a reduced genome size in epidemics of pediculosis. We  
319 have shown that *B. quintana* is also a zoonosis affecting cats (107). The transmission of *B.*  
320 *quintana* from cats to humans can be made through fleas, and its further spread by lice can  
321 occur on a considerable scale, for which we have an experimental model. However, *B.*  
322 *quintana* has been found in individuals who died approximately 2,000 years B.C. in Europe;  
323 at a time when cat fleas were probably not the main vector (64,108). In Poland, *B. quintana*  
324 was propagated on a large scale in volunteers to feed lice for typhus-producing lice colonies  
325 to produce the Weigl vaccine, as previously reviewed (109). The hyper-specialisation of *B.*  
326 *quintana* and its high level of transmission have been associated with a decrease in the size of

327 its genome compared to that of *B. henselae* (110). Finally, the same model can be suggested  
328 for plague which is a zoonotic agent that can affect several animals (murids, camels, sheep,  
329 and cats (89), and rat fleas are likely to bite humans during epizootics. Although the majority  
330 of plague cases result from the ectoparasite-borne transmission of *Y. pestis*, nevertheless the  
331 pathogen can also be efficiently transmitted by contaminated food (76–78). In situations of  
332 epidemics of pediculosis, such as those in eastern Congo (92), this sporadic form can be  
333 followed by a micro-outbreak. In special situations, body lice epidemics may occur. This type  
334 of epidemic occurred in the concentration camps during the Second World War. It was also  
335 observed during the civil war in Rwanda and Burundi as well as in eastern Congo where  
336 100% of the refugee population was infested with lice and where two epidemics—epidemic  
337 typhus and trench fever—developed simultaneously (67). The nature and persistence of  
338 epidemics of pediculosis outside the contemporary era are very difficult to evaluate, as very  
339 few texts allow them to be analysed; however, it is likely that during these epidemics of  
340 pediculosis, several pathogens were transmitted. In addition to the cases that are authentically  
341 attributable to plague, with the presence of buboes, cases of severe fever sometimes  
342 associated with jaundice (such as cases infected with *B. recurrentis*) are likely to indicate one  
343 of several epidemics that are transmitted by lice.

344

## 345 **Conclusion**

346 In summary, current paleomicrobiological data provide an understanding of past pandemics  
347 transmitted by lice, which have probably been the vector, along with mosquitoes, of the most  
348 deadly and widespread pandemics in human history. The discovery of *B. recurrentis* from the  
349 15<sup>th</sup> century in northern Europe highlights the vast circulation of human body lice during this  
350 period in this area and suggests that the louse was a competent vector, probably linked with

351 plague-related pandemics in the late Mediaeval era, as currently proposed by field studies,  
352 experimental studies and models. Moreover, the co-circulation of plague with other louse-  
353 borne diseases suggests that multiple pathogens may have been identified as plague.  
354 Furthermore, modelling of ancient plague epidemics shows that transmission by rats and rat  
355 fleas is not consistent with major outbreaks during the second pandemic. Finally, all these  
356 elements combined with the rediscovery and demonstration of the efficiency of lice as a  
357 plague vector provide substantial evidence on which to base a new theory around *Y. pestis*  
358 transmission in Medieval Europe. We currently have sufficient evidence demonstrating that  
359 lice played a major role in plague transmission and spread following the same schema as other  
360 louse-borne diseases. This proposed paradigm change allows for a better understanding of  
361 past and future epidemics.

362 **Contributors**

363 D.R and M.D contributed to the conception of the Review. R.B, M.D and D.R conducted the  
364 literature search, data extraction and data synthesis, R.B created figures, D.R provided  
365 photography, R.B, M.D and D.R wrote the manuscript. All authors contributed to the  
366 interpretation of the data and revision of the manuscript.

367

368 **Conflicts of interests**

369 We declare no conflict of interests.

370

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377 **Figure legends:**

378 **Figure 1. Timescale of paleomicrobiological data related to louse-borne pathogens from**  
379 **100.000 BP to the 19<sup>th</sup> century.**

380 **Figure 2. Map of detection of presumably co-transmitted ancient louse-borne bacteria in**  
381 **Europe from 11<sup>th</sup> to 19<sup>th</sup> century.**

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383 **Figure 3. Schematic view of *Y. pestis* lice-to-human transmission mechanisms**

384

385 **Figure 4. Repartition of pediculosis on human body.**

386 Pediculosis is caused by human lice biting, here we reconstructed pediculosis body repartition  
387 documented from more than 500 photography of modern pediculosis cases taken by medics of  
388 the Mediterranean infection institute.

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390 **Figure 5. Schematic scenario showing how zoonotic agents might become agents**  
391 **transmitted among human population via body-lice.** Green: natural zoonotic sources of  
392 opportunist parasite. Blue: Secondary inter-human spreading via body lice ectoparasite, or  
393 primary lice-borne pathogens (*B. reccurentis*)

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Attested presence of human lice <sup>34, 51, 61, 64, 65, 85</sup>

Plague outbreaks with high human mortality <sup>22, 87</sup>

Plague inability to be transmitted by rat fleas <sup>22, 23, 24, 26</sup>

Archeozoological data for constant presence of *R. rattus* <sup>32, 33</sup>

Attested presence of *B. quintana* in human remains <sup>64, 65, 71-73, 111</sup>

Northern Europe

Whole Europe

Southern Europe

Attested presence of *B. recurrentis* in human remains <sup>96</sup>

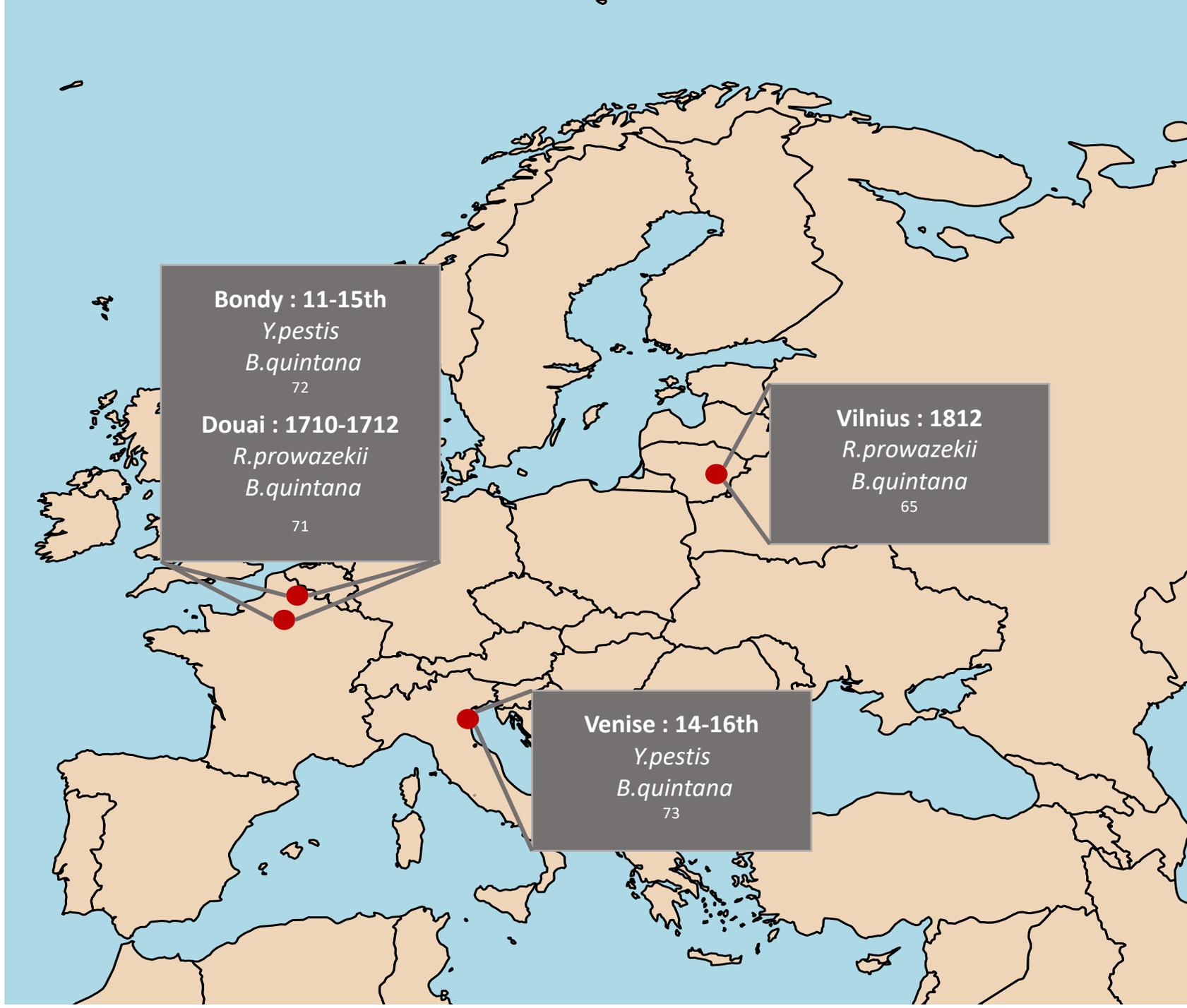
Attested presence of *R. prowazekii* in human remains <sup>65, 71</sup>

Co-detection of *Y. pestis* and *B. quintana* <sup>72</sup>

Co-detection of *Y. pestis* and *B. quintana* <sup>73</sup>

Co-detection of *R. prowazekii* and *B. quintana* <sup>71</sup>

Co-detection of *R. prowazekii* and *B. quintana* <sup>65</sup>

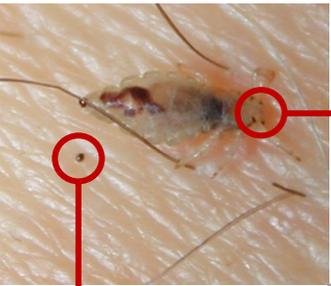


**Bondy : 11-15th**  
*Y.pestis*  
*B.quintana*  
72

**Douai : 1710-1712**  
*R.prowazekii*  
*B.quintana*  
71

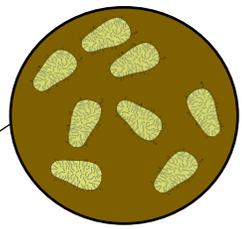
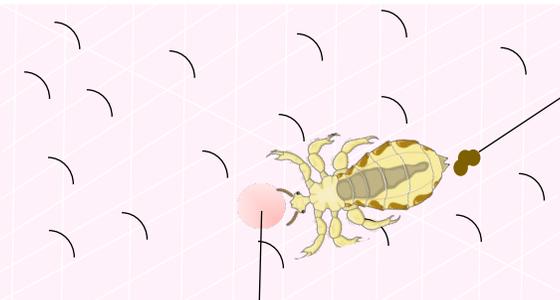
**Vilnius : 1812**  
*R.prowazekii*  
*B.quintana*  
65

**Venise : 14-16th**  
*Y.pestis*  
*B.quintana*  
73

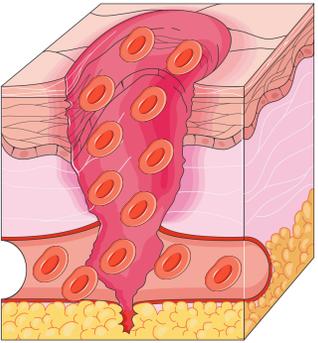


**Bite point**

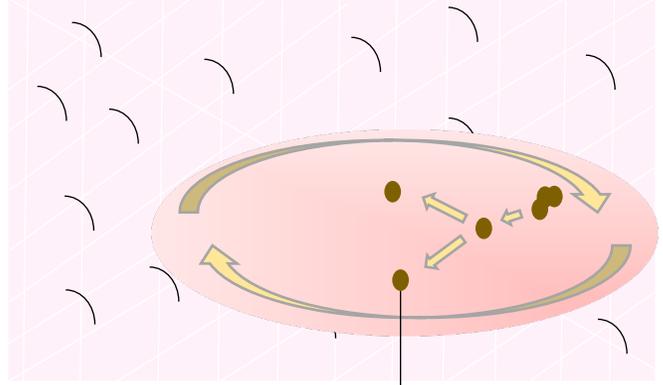
**Avoid infected feces**



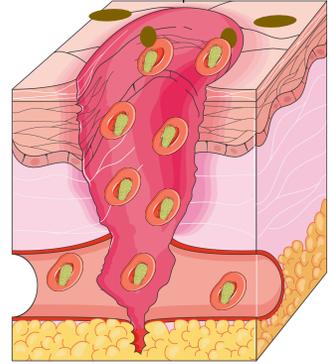
**Lice feces are infected with viable *Y. pestis* bacteria**



**The bite point is in contact with blood cells**



**Scratching lesion leading to a dissemination of infected feces into the bite point or others micro-lesions**



**Introduction of viable *Y. pestis* bacteria with feces through micro-lesions or bite point of the skin and dissemination into the blood systems**



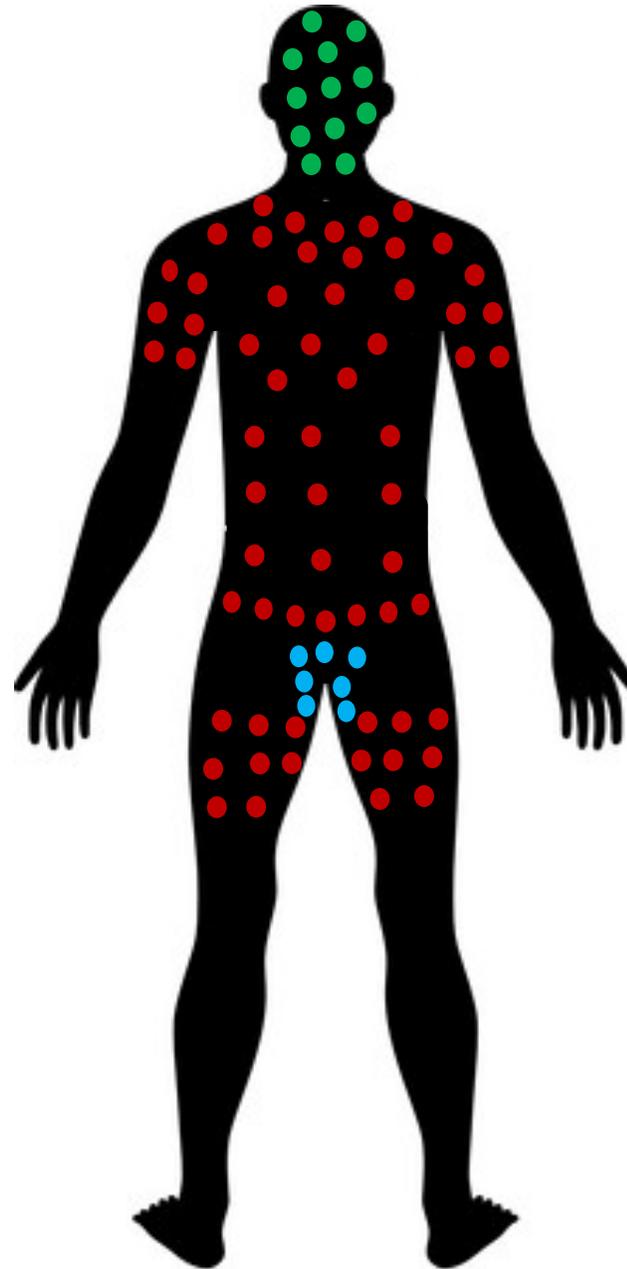
*Pediculosis caused by  
*Pediculus humanus capitis*  
biting*



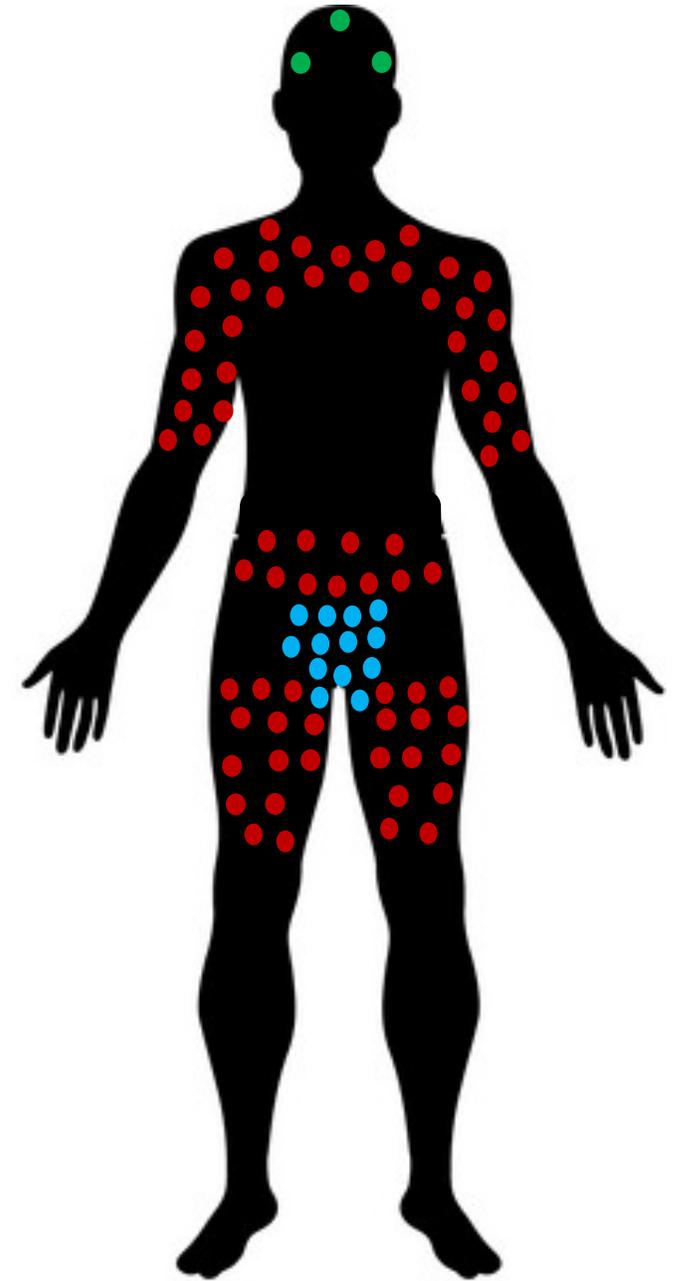
*Pediculosis caused by  
*Pediculus humanus  
corporis* biting*



*Pediculosis caused by  
*Phthirus unguinalis* biting*



Back



Front

