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

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## 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

## Introduction

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

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

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

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

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

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

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

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



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

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

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

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

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

## Supposed role of lice in ancient plague outbreaks

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

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

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

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

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

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

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

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

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

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

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

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

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

## Conclusion

In summary, current paleomicrobiological data provide an understanding of past pandemics transmitted by lice, which have probably been the vector, along with mosquitoes, of the most deadly and widespread pandemics in human history. The discovery of *B. recurrentis* from the 15<sup>th</sup> century in northern Europe highlights the vast circulation of human body lice during this 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.

## **Contributors**

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

## **Conflicts of interests**

We declare no conflict of interests.

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**Figure legends:**

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

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

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

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

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

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

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679



**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>

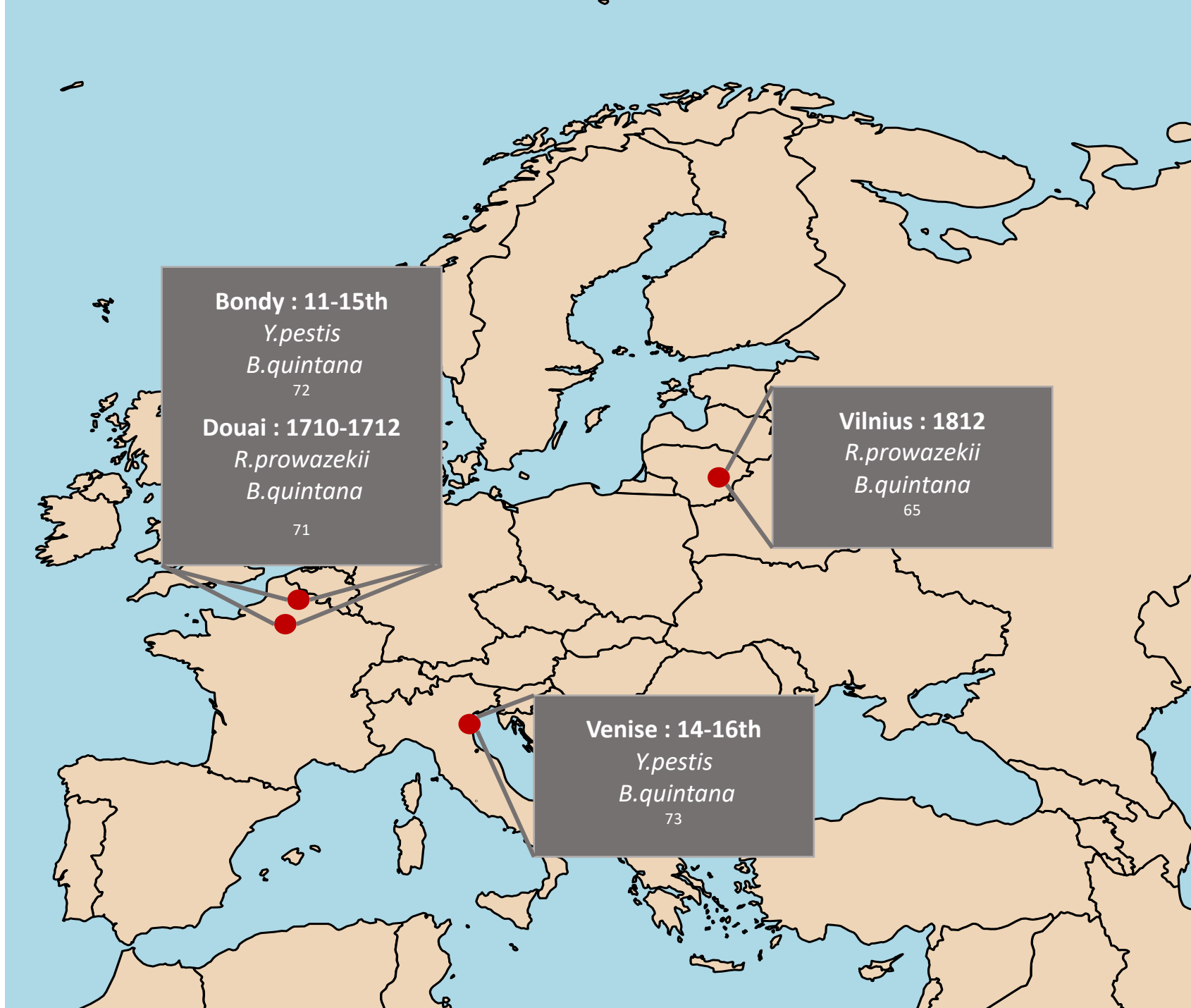
  
**Attested presence of *R. prowazekii* in human remains** <sup>65, 71</sup>

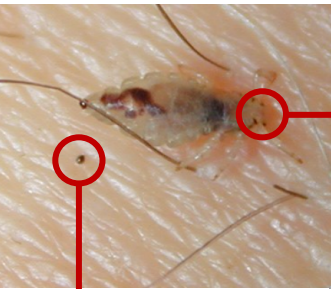
 **Co-detection of *Y. pestis* and *B. quintana*** <sup>72</sup>

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

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

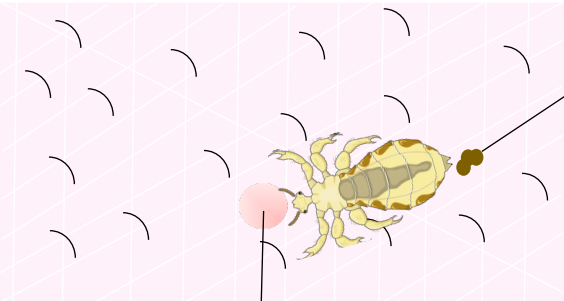
  
**Co-detection of *R. prowazekii* and *B. quintana*** <sup>65</sup>



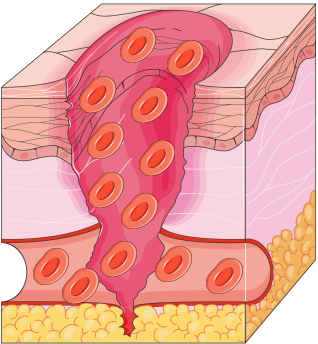


*Bite point*

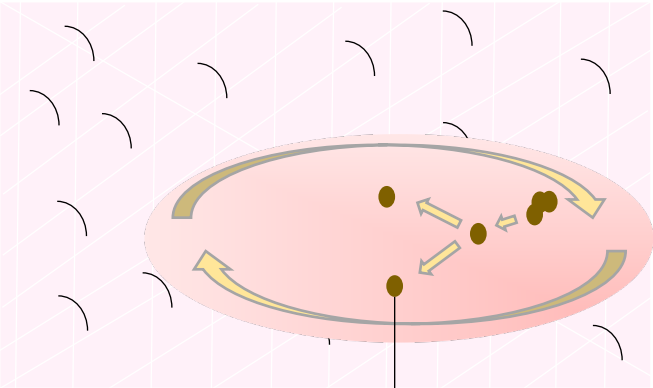
*Avoid infected feces*



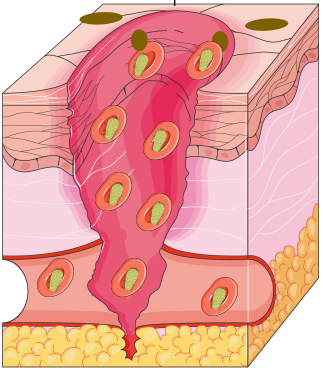
*Lice feces are infected with viable *Y. pestis* bacteria*



*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*



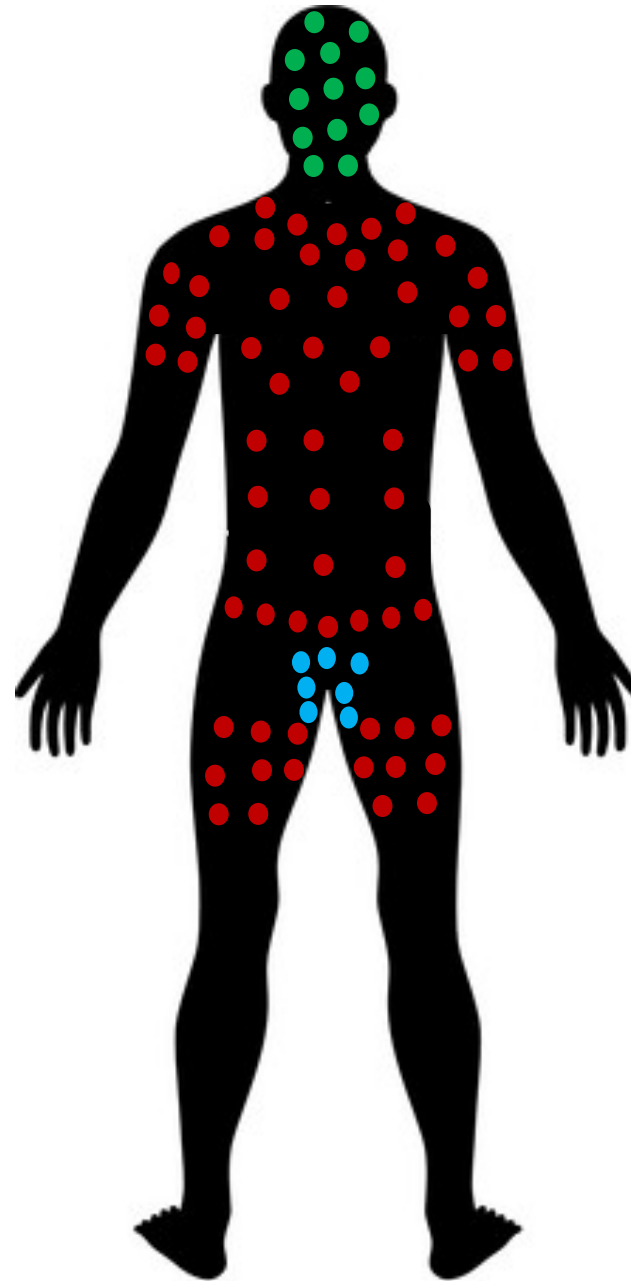
*Pediculosis caused by  
*Pediculus humanus capitis*  
biting*



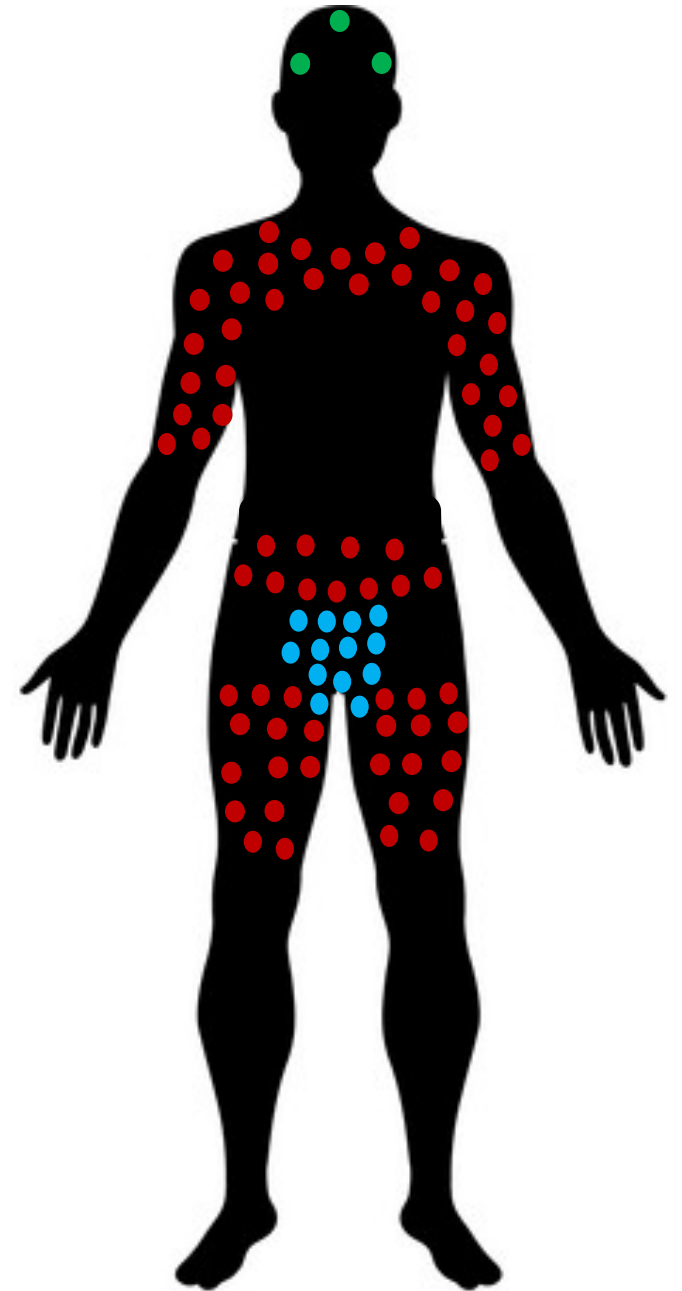
*Pediculosis caused by  
*Pediculus humanus*  
*corporis* biting*



*Pediculosis caused by  
*Phthirus unguinalis* biting*



Back



Front

