

Are Animal Disease Reservoirs at Risk of Human Antiviral Exposure?

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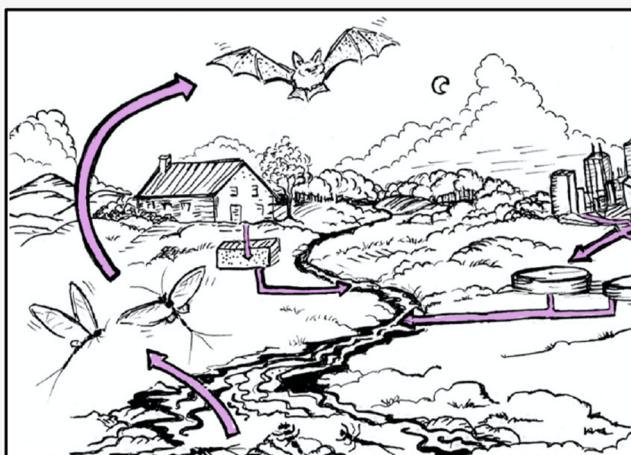
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ABSTRACT: Novel viral pathogens are causing diseases to emerge in humans, a challenge to which society has responded with technological innovations such as antiviral therapies. Antivirals can be rapidly deployed to mitigate severe disease, and with vaccines, they can save human lives and provide a long-term safety net against new viral diseases. Yet with these advances come unforeseen consequences when antivirals are inevitably released to the environment. Using SARS-CoV-2 as a case study, we identify global patterns of overlap between bats and elevated pharmaceutical concentrations in surface waters. We model how freshwater contamination by antivirals could result in exposure to insectivorous bats via consumption of emergent insects with aquatic larvae, ultimately risking the evolution of antiviral-resistant viruses in bats. The consequences of widespread antiviral usage for both human and ecosystem health underscore urgent frontiers in scientific research, antiviral development, and use.

KEYWORDS: bats, antivirals, pandemics, emerging insects, antiviral resistance, wastewater



INTRODUCTION

Environmental contamination by diverse synthetic chemicals, including pharmaceuticals,^{1,2} has increased exponentially and compromises the “safe operating space” for life on Earth.^{3–5} The current SARS-CoV-2 (COVID-19) pandemic underscores the need for pharmaceuticals to fight disease. A range of existing antiviral compounds were tested for efficacy in treating COVID-19,⁶ with 11 currently in use.⁷ Here, we explore the risk that antivirals may be transferred from aquatic ecosystems to animal disease reservoirs by emerging aquatic insects and thereby lead to evolution of antiviral resistant pathogens that pose risks for human health.

Antiviral compounds have been used to treat influenza and other viral infections, and when new viral threats emerge, these compounds are often rapidly repurposed while targeted antiviral therapies and vaccines are developed. For example, remdesivir was originally used to treat Ebola, but its use increased substantially because of its early efficacy against COVID-19.⁶ From December 2021 to May 2022, over 1 million courses of antivirals to treat COVID-19 were dispensed in the U.S. alone.⁸

Antivirals are incompletely metabolized by humans, leading to potentially high concentrations in wastewater.⁷ For example, 10% of remdesivir is excreted unchanged, and 49% is excreted as the active metabolite GS-451524.⁹ Widespread use of antivirals may result in excretion of both unmetabolized compounds and active metabolites. Human wastewater is often directly released into aquatic environments with little or no

treatment;⁷ the UN estimates that nearly 4 billion people do not have wastewater treatment.¹⁰ A recent global assessment estimates that approximately 1.2 million km of river reaches contain wastewater effluent.¹¹ In ~5% of the world’s rivers, roughly half of the water by volume is wastewater effluent during low flow conditions¹¹ suggesting that concentrations of antiviral compounds in surface waters can become quite high, especially in arid locations.

Wastewater treatment technologies vary widely,¹¹ but even the most advanced technologies do not remove all antiviral compounds.^{7,12} Wastewater treatment plants remove ~2% of remdesivir and its active metabolite GS-451524.⁷ Removal efficiencies also vary by compound with over 90% removal of lopinavir and ritonavir, used to treat HIV, and less than 2% removal for oseltamivir and ribavirin, used to treat influenza and hepatitis C, respectively.⁷ Antiviral contamination of surface waters associated with the current SARS-CoV-2 pandemic is not known, but increasing use, low metabolism by humans, and inefficient removal from wastewater suggest antiviral concentrations are likely elevated.

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Predicted concentrations of compounds used to treat COVID-19 in surface waters range from low (ng L^{-1})⁷ to very high (mg L^{-1}).¹³ Concentrations of pharmaceuticals in surface waters typically occur in the ng L^{-1} range; however, they can be much higher in densely populated dry regions with limited wastewater treatment, in the $\mu\text{g L}^{-1}$ range.² In Wuhan, China, 2 weeks after the initial SARS-CoV-2 outbreak, antivirals in rivers ranged from 2.1 to 24.5 ng L^{-1} .¹⁴ During the 2009 H1N1 (swine flu) pandemic in the U.K., the antiviral oseltamivir carboxylate was 30–60 ng L^{-1} across the Thames catchment, with a maximum concentration of 193 ng L^{-1} .¹⁵

Manufacturing facilities can also be hotspots of surface water contamination by pharmaceuticals, including antivirals. Rivers receiving waste from pharmaceutical manufacturing facilities have concentrations of pharmaceuticals orders of magnitude higher than municipal effluents, in the mg L^{-1} range.^{2,14,16} During a pandemic, increased production may lead to significant releases of pharmaceuticals. During the H1N1 outbreak of 2009, the antiviral oseltamivir in the Rhine River below a manufacturing plant in Basel, Switzerland, exceeded 1000 ng L^{-1} .¹⁷

Once released into surface waters, many types of pharmaceuticals bioaccumulate in aquatic insect larvae including mayflies, caddisflies, stoneflies, and true flies.^{18–21} Bioaccumulation is the net result of a dynamic equilibrium between uptake and elimination and is affected by toxicokinetic parameters and the physicochemical properties of the chemicals. Bioaccumulation factors (BAFs) of pharmaceuticals can be modeled based on the structural properties of the compound (e.g., $\log(K_{ow})$ values), though structure-based models do not correlate well with empirical measurements.²² The best current models are based on compounds with very different chemical structures and use fish rather than invertebrates to estimate BAFs.²² While the extent of antiviral bioaccumulation in invertebrates remains understudied, it is strongly suspected given the observed bioaccumulation of numerous other pharmaceuticals in aquatic invertebrates.^{18–21}

Pharmaceutical contamination extends to terrestrial systems because many aquatic insects emerge as aerial adults, transporting bioaccumulated contaminants across ecosystem boundaries.²³ The retention or elimination of pharmaceuticals during metamorphosis from aquatic to aerial terrestrial life stages is generally understudied.²⁴ In one study, spiders that primarily consume emerged aquatic insects had high concentrations of a wide variety of pharmaceuticals in their tissues,²¹ illustrating that some pharmaceuticals were transferred during metamorphosis to adults and bioavailable to predators.

Bats, which harbor many viruses, are a major consumer of emerged aquatic insects, an unexplored pathway of exposure to antiviral compounds. Although a recent study highlighted the concern for bats being exposed to antivirals,²⁵ to our knowledge the mechanism of exposure to bioaccumulated antivirals via aquatic insect consumption has not been proposed. We posit that this is of particular concern for bats in which numerous zoonotic viruses naturally persist with occasional spillover transmission to humans, including Ebola virus, Nipah virus, SARS-1, and SARS-CoV-2 viruses.^{26,27} It is also an ongoing concern for novel viruses discovered in bats, as for example a closely related sarbecovirus found in a Russian horseshoe bat demonstrated resistance to existing SARS-CoV-2 vaccines.²⁸

Some bat species are estimated to consume at least a third of their body weight per day of prey, on the order of hundreds to several thousands of insects per individual per night.²⁹ Many bats forage over water bodies, especially on evenings with high aquatic insect emergence.³⁰ Some species feed over wastewater treatment lagoons.^{31,32} Perhaps unsurprisingly, bats have also been reported to contain a range of pharmaceutical compounds in their tissues.³³

Bats may also be exposed to pharmaceuticals through drinking contaminated water,²⁵ though this exposure route is estimated to be of less concern, as surface waters are not predicted to have high concentrations, even in close proximity to wastewater effluents.^{7,34} Indeed, one study concluded that antiviral concentrations in wastewater are 1000-fold lower than what is likely to elicit the evolution of antiviral resistance in bats ingesting contaminated water.⁷ We propose an alternative, heretofore unexplored mechanism—that the consumption of emerged aquatic insects containing bioaccumulated antiviral compounds is a more consequential route of exposure for bats.

The potential for emerging aquatic insects to serve as a vector of antivirals to bats and other disease reservoirs remains a research frontier. However, the concern that resistant pathogens will arise from animal reservoirs exposed to antivirals is not new.²⁵ For example, previous research demonstrated that dabbling ducks exposed to oseltamivir (commercially sold as Tamiflu) rapidly developed oseltamivir-resistant strains of influenza.³⁵ This resistant strain continued to spread in duck populations even after oseltamivir was no longer detectable in the environment.³⁶ This resistant strain found in ducks was unlikely to pose a threat to humans,³⁷ underscoring an important proviso—that the evolution of an antiviral-resistant strain is not necessarily a zoonotic threat. There is, however, accumulating evidence that unchecked transmission of SARS-CoV-2 in animal hosts will lead to the establishment of long-term endemic reservoirs of SARS-CoV-2 (e.g., white-tailed deer³⁸) or may lead to the evolution of novel variants capable of transmission back into human populations,^{39,40} against which existing vaccines are less effective.⁴¹

METHODS

We examined the spatial overlap between pharmaceutical concentrations and the occurrence of bat species throughout the world. Using recent data collected from rivers throughout the world on pharmaceutical concentrations² and information about the distribution of bat species⁴² that are reservoirs of betacoronaviruses, we mapped the overlap among these two global data sets to explore the potential exposure of bats to pharmaceutical pollution.

We used two models to examine the potential for antiviral compounds to bioaccumulate in insects and expose bat species. In the first model, we began by calculating the concentration of each antiviral in insect tissues (B , in ng g^{-1}) as

$$B = \text{PEC} \times \frac{1\text{L}}{1000\text{g}} \times \text{BAF} \quad (1)$$

where PEC is the predicted environmental concentration in ng L^{-1} , and BAF is the bioaccumulation factor. Published estimates of drugs to treat COVID-19 include a worst-case scenario where 100% of a human population is taking antivirals¹³ and an assumption of a smaller fraction of a population taking antivirals⁷ (see Table S1). Bioaccumulation factors (BAFs) for antivirals have not been quantified, but

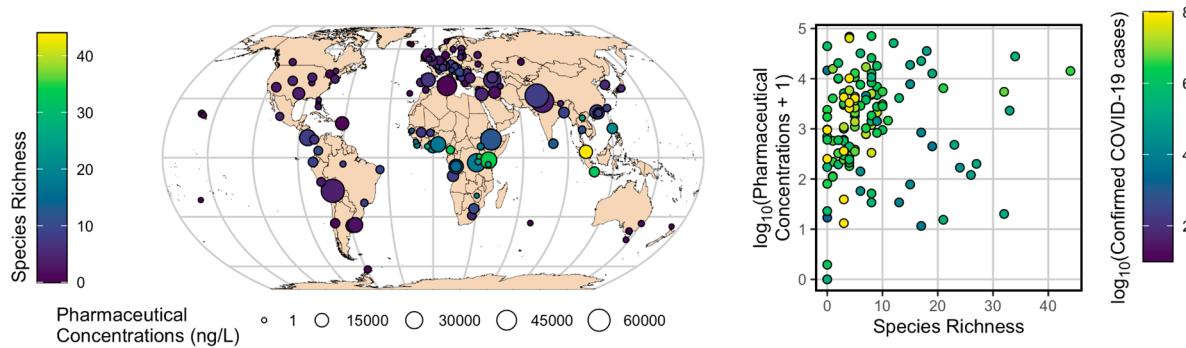


Figure 1. Geographic overlaps between insectivorous bat species confirmed to harbor betacoronaviruses (data from ref 42) and estimated pharmaceutical concentrations in surface waters globally. A map illustrating bat species richness and pharmaceutical concentrations (left panel) and bat species richness, pharmaceutical concentrations,² and estimated COVID-19 cases in regions around the world depicted (right panel).

Table 1. Percent of a Human Daily Dose (%DDD_m) That Small and Large Bats May Receive from Eating Emerged Aquatic Insects Using Predicted Environmental Concentrations (PEC) in Surface Waters¹³ and Bioaccumulation Factors (BAF) of 1 and 1000 for Compounds with Documented Usage for Treatment of COVID-19^a

| Pharmaceutical compound | PEC (mg L ⁻¹) | %DDD _m in small bats (BAF = 1) | %DDD _m in large bats (BAF = 1) | %DDD _m in small bats (BAF = 1000) | %DDD _m in large bats (BAF = 1000) |
|---------------------------------|---------------------------|---|---|--|--|
| Hydroxychloroquine ^b | 0.12 | 0.14 | 0.17 | 140 | 165 |
| Chloroquine ^b | 0.06 | 0.07 | 0.08 | 70 | 83 |
| Ivermectin ^b | 0.0015 | 0.06 | 0.07 | 58 | 69 |
| Dexamethasone ^c | 0.003 | 0.23 | 0.28 | 233 | 275 |
| Azithromycin ^b | 0.12 | 0.11 | 0.13 | 112 | 132 |
| Remdesivir | 0.05 | 0.23 | 0.28 | 233 | 275 |
| Opinavir | 0.19–0.37 | 0.22 | 0.25 | 216 | 254 |
| Ritonavir | 0.07–0.10 | 0.23 | 0.28 | 233 | 275 |
| Oseltamivir | 0.04 | 0.25 | 0.29 | 249 | 293 |
| Darunavir | 0.54 | 0.21 | 0.25 | 210 | 248 |
| Cobicistat | 0.03–0.07 | 0.22 | 0.26 | 218 | 257 |
| Umifenovir | 0.30–0.13 | 0.23 | 0.28 | 233 | 275 |

^aSee Table S1 for the percent of a human dose based on predicted environmental concentrations presented in ref 7. ^bThese pharmaceuticals are not antiviral compounds and are less likely to result in antiviral resistant viruses. ^cDexamethasone is a steroid used to treat COVID-19 symptoms and increases survival rate and is not at all likely to result in antiviral resistant viruses. Please note that the therapies recommended for treatment of COVID-19 vary from nation to nation, and we list those that are being used to treat COVID-19 across the world. This list does not represent a recommendation for their use.

BAFs for other pharmaceuticals range from 1 to 1000.^{43,44} We used BAFs of 1 and 1000 to constrain the range of possibilities.

We then calculated the consumption of antivirals by bats (C in ng g⁻¹ day⁻¹):

$$C = (B \times I) / M_b \quad (2)$$

where I is the ingestion rate of insects by bats (in g d⁻¹), and M_b is the mass of the bats. Average insect consumption by bats (I) is 0.4 and 2.2 g d⁻¹, and M_b is 6 and 28 g for small and large species, respectively.²⁹

The human daily defined dose per mass of human tissue for each compound (DDD_m in ng g⁻¹) was estimated as follows:

$$DDD_m = (DDD / M_h) \quad (3)$$

where DDD is the daily defined dose for humans for each compound (in ng d⁻¹), and M is the average adult human mass (70,000 g).

The fraction of a daily defined dose that bats would be exposed to (%DDD_m) for each compound was determined as

$$\%DDD_m = (C / DDD_m) \times 100 \quad (4)$$

where DDD_m and C were calculated as in eqs 2 and 3.

In the second model, we calculated the therapeutic concentration in bats (Bat_{DDD}) based on the corresponding human therapeutic dose for each drug:

$$Bat_{DDD} = \frac{DDD}{70} \times 0.028 \quad (5)$$

where human DDD is adjusted for the body weight of bats assuming 70 kg for humans and 28 g for bats.²⁹ Using an average daily consumption of 2.2 g of invertebrates by bats,²⁹ eq 6 yields the concentration needed in invertebrates to achieve a daily dose for exposed bats:

$$Inv_{Load} = \left(\frac{Bat_{DDD}}{2.2} \right) \times 1000 \quad (6)$$

where Inv_{Load} is the load of pollutants in invertebrates needed to achieve a Bat_{DDD} in μ g/g, based on the previous assumptions. The predicted environmental concentration in the water (PEC in ng L⁻¹) necessary to achieve the relevant contaminant load in invertebrates is

$$PEC = (Inv_{Load} / BAF) \times 1000 \times 1000 \quad (7)$$

Table 2. Estimated Predicted Environmental Concentration Necessary to Achieve a Human Therapeutic Dose (DDD) in Large Bats, Based on Four Different BAFs

| Pharmaceutical compound | Inv _{Load} ^a ($\mu\text{g g}^{-1}$) | PEC-1 eq L^{-1} ^b (ng L^{-1}) | PEC-2 ACD/Laboratories ^c (ng L^{-1}) | PEC-3 (BAF = 1) ^d (ng L^{-1}) | PEC-4 (BAF = 1000) ^e (ng L^{-1}) |
|---------------------------------|---|---|---|--|---|
| Hydroxychloroquine ^f | 94 | 53,000 | 12,000 | 94,000 | 94 |
| Chloroquine ^f | 91 | 7600 | 35,000 | 91,000 | 91 |
| Ivermectin ^f | 2.2 | 0.25 | 0.071 | 2200 | 2.2 |
| Dexamethasone ^g | 0.27 | 310 | 16 | 270 | 0.27 |
| Azithromycin ^f | 91 | 29,000 | 42,000 | 91,000 | 91 |
| Remdesivir | 20 | 3400 | 18,000 | 18,000 | 18 |
| Lopinavir | 150 | 2200 | 26 | 150,000 | 150 |
| Ritonavir | 220 | 4300 | 50 | 220,000 | 220 |
| Oseltamivir | 27 | 35,000 | 24,000 | 27,000 | 27 |
| Darunavir | 220 | 240,000 | 1700 | 220,000 | 220 |
| Cobicistat | 27 | 790 | 17 | 27,000 | 27 |
| Umifenovir | 150 | 4100 | 820 | 150,000 | 150 |

^aConcentration in feed which will cause therapeutic daily dose in bats, based on human daily defined dose, adjusted for body weight, see Table S2.

^bPEC-1 values calculated on BAF values using equation $\log \text{Pbblood:water} = 0.73 \times \log K_{ow} - 0.88$.³⁰ ^cPEC-2 values calculated on BAF values by ACD/Laboratories Percepta Platform—PhysChem Module, acquired through the Chemspider database (<http://www.chemspider.com/>). ^dPEC-3 values calculated based on BAF value set to 1. ^ePEC-4 values calculated based on BAF value set to 1000. ^fThese pharmaceuticals are not antiviral compounds and are less likely to result in antiviral resistant viruses. ^gDexamethasone is a steroid used to treat COVID-19 symptoms and increases survival rate and is not at all likely to result in antiviral resistant viruses. Please note that the therapies recommended for treatment of COVID-19 vary from nation to nation, and we include compounds used to treat COVID-19 across the world. This list does not represent a recommendation for their use.

where Inv_{Load} is calculated above, and BAFs were either modeled (see Table S2) or set to 1 and 1000.

RESULTS

There is significant overlap between pharmaceutical concentrations in surface waters around the world and the distributions of insectivorous bat species that are confirmed to carry one or multiple betacoronaviruses (the genus to which SARS-1, SARS-CoV-2, and MERS belong)⁴² (Figure 1). Although this study² did not measure SARS-CoV-2 antivirals, antivirals and pharmaceutical concentrations likely covary because conditions for high concentrations are likely similar (e.g., high human population, ineffective wastewater treatment, low dilution). A number of locations with a high diversity of insectivorous bats overlap with high concentrations of pharmaceuticals (Figure 1), suggesting that bat reservoirs of betacoronaviruses may be routinely exposed to pharmaceuticals, including antivirals, either directly through drinking water or via consumption of emerged aquatic insects. It is likely that potential antiviral exposure is exponentially greater downstream of manufacturing facilities, but these locations remain undisclosed to the public.

Antivirals in surface waters could potentially expose bats to therapeutic concentrations, corresponding to a human daily defined dose (DDD) (Table 1). In our first model, the fraction of a human DDD that bats would be exposed to is a combination of (1) published estimates of concentrations of pharmaceuticals used to treat COVID-19 in aquatic ecosystems,^{13,7} (2) an estimated range of antiviral bioaccumulation factors (BAF) by aquatic insects,^{43,44} and (3) estimated rates of insect consumption by bats²⁹. For the antiviral remdesivir, if BAF = 1, small and large bats may consume 0.23% and 0.28% of a human dose, respectively (Table 1) from eating emerged aquatic insects. At BAF = 1000, the case for numerous pharmaceutical compounds,²¹ small bats may consume 233% of a dose, and large bats may consume 275% of a dose. Exposures of bats to other drugs currently being used to treat COVID-19 were similarly influenced by BAF. More

conservative predictions of environmental concentrations⁷ suggest bats would be exposed to less than 1% percent of a human dose even if the BAF is 1000 (Table S1).

In our second model, the water concentrations needed to deliver therapeutic doses in bats were scaled down from human therapeutic doses. We calculated these values based on the partitioning coefficient ($\log K_{ow}$) and modeled estimates of BAFs (Table 2). In the case of remdesivir, if BAF = 1, for bats to obtain the equivalent of a human dose, the water concentration would need to be $18 \mu\text{g L}^{-1}$, an unrealistically high water concentration. Other antiviral compounds modeled showed similarly high required concentrations. However, if BAFs in aquatic insects is 1000, the water concentrations would only need to be 18 ng L^{-1} , a concentration already reported for many pharmaceuticals including antivirals.^{15,45}

DISCUSSION

Our conservative mapping and modeling exercises highlight the potential for bats to be at risk for exposure to antivirals via consumption of emerging aquatic insects. Our results demonstrate significant overlap between high concentrations of pharmaceuticals in surface waters and the distribution of bats that are reservoirs for beta coronaviruses. Importantly, our modeling demonstrates that the risk of exposure to antivirals is strongly dependent on the extent to which antivirals bioaccumulate in aquatic insects, which is currently not known. In addition to dose, the duration of exposure is important, because antivirals are prescribed in doses for a treatment period (days to weeks) to prevent evolution of antiviral resistant viruses.⁴⁶ Thus, a worst-case scenario may be intermittent exposure of bats to subtherapeutic doses of antivirals, which may increase the risk of evolution of antiviral-resistant viral pathogens. Antiviral BAFs around 100 would expose bats to doses that are approximately 10%–20% of a human therapeutic dose.

Even if the likelihood of bat exposure to antivirals is small or isolated, the consequences for human populations could be severe. As demonstrated by SARS-CoV-2,^{47,48} spillover from

animals to humans in one location can lead to rapid viral transmission worldwide. There are plausible scenarios in which the continued unchecked usage of antivirals could diminish our capacity to respond effectively to emerging pathogens, for instance, if a viral disease outbreak led to a spike in antiviral usage within a dense human population with limited wastewater treatment capacity. If such an outbreak occurred during a dry season with low wastewater dilution, concentrations of antivirals in surface waters would likely be high, with aquatic insects bioaccumulating antivirals and potentially exposing bats to subtherapeutic doses. A pharmaceutical manufacturing facility releasing antiviral compounds to surface waters where insectivorous bats routinely forage for emerged aquatic insects would be similarly problematic. Antiviral resistance evolving in these scenarios could subsequently spread through bat populations and increase the risk of spillover transmission of a virus that is challenging to treat.

A CALL TO ACTION

Mitigating risks associated with antiviral contamination requires understanding of how antivirals behave in the environment, including the degree of bioaccumulation and transfer from aquatic insect larvae to aerial adults, and their bioavailability to insectivorous bats. These investigations would be improved by better understanding the dietary range and foraging ecology of insectivorous bats. While many insectivorous bat species are generalist foragers, for example, others specialize on insects whose larvae do not develop in aquatic environments (e.g., dung beetles⁴⁹), and variation in bat diets likely mediates their exposure to antivirals through prey. Increased understanding of the antiviral toxicokinetic properties, especially uptake rates and elimination efficiencies, in bats and insects is also needed.

While our proposed ecological hypotheses and modeled estimates of antiviral exposure present immediate research priorities, concomitant preventative actions would reduce the risk of bat exposure to antivirals. These include (1) incentivizing the responsible use of antivirals to treat only the most at-risk individuals, (2) enacting regulations to prevent antiviral release during manufacturing and conducting routine monitoring of antivirals in downstream receiving waters, (3) quantifying and investing in increased removal of pharmaceuticals, including antivirals, by wastewater treatment plants, (4) increasing access to wastewater treatment technologies globally, and (5) investigating bioaccumulation and degradability of antivirals in natural systems and using this information to develop criteria for antivirals to advance to human trials.

CONCLUSIONS

In an increasingly connected world, novel infectious diseases can spread rapidly. Widespread use and uncontrolled release of antivirals may pose unforeseen and potentially serious consequences to human health. Bioaccumulation of antivirals in aquatic insects and transfer to bats represents a major gap in our understanding about the consequences of antiviral contamination of the environment. Caution is warranted with our current arsenal of antiviral compounds to ensure that actions today do not render treatments ineffective for the diseases of tomorrow.

ASSOCIATED CONTENT

Supporting Information

The Supporting Information is available free of charge at <https://pubs.acs.org/doi/10.1021/acs.estlett.3c00201>.

Fraction of human doses that bats may be exposed to using PECs from Kuroda et al.⁷ and parameters used to calculate estimated PEC necessary to achieve a human therapeutic dose in bats ([PDF](#))

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Notes

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The authors declare no competing financial interest.

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