

5th Veterinary Big Data Stakeholder Forum
10th November 2025
Virtual meeting / EMA, Amsterdam

**Data for environment, climate, and animal health
– an example from the PLANET4HEALTH project**

Carla Maia¹ and Suzana Blesic^{2,3}

¹Global Health and Tropical Medicine. Instituto de Higiene e Medicina Tropical. Universidade NOVA de Lisboa, Portugal

²University of Belgrade, Belgrade, Serbia

³CRTA – Center for Research, Transparency, and Accountability, Belgrade, Serbia

Phlebotomine sand flies

Diptera: Psychodidae, Phlebotominae

Size

small
(1-3 mm)

Wings

long & narrow
hairy
V-angle



Colour

light brown (sandy)
to dark grey

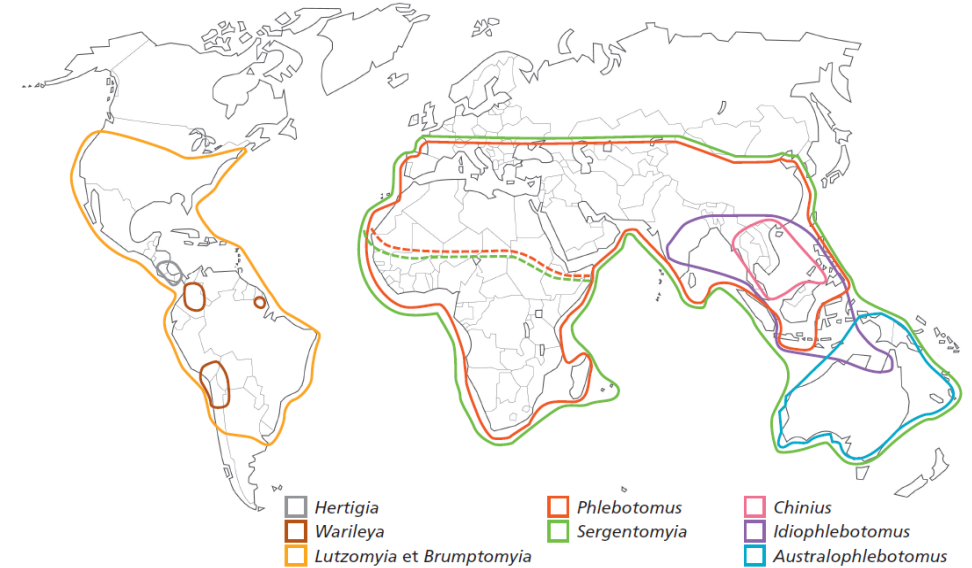
Body

hairy, delicate, with
humped thorax

Legs

long & slender

Distribution: **tropical, subtropical, temperate** zones



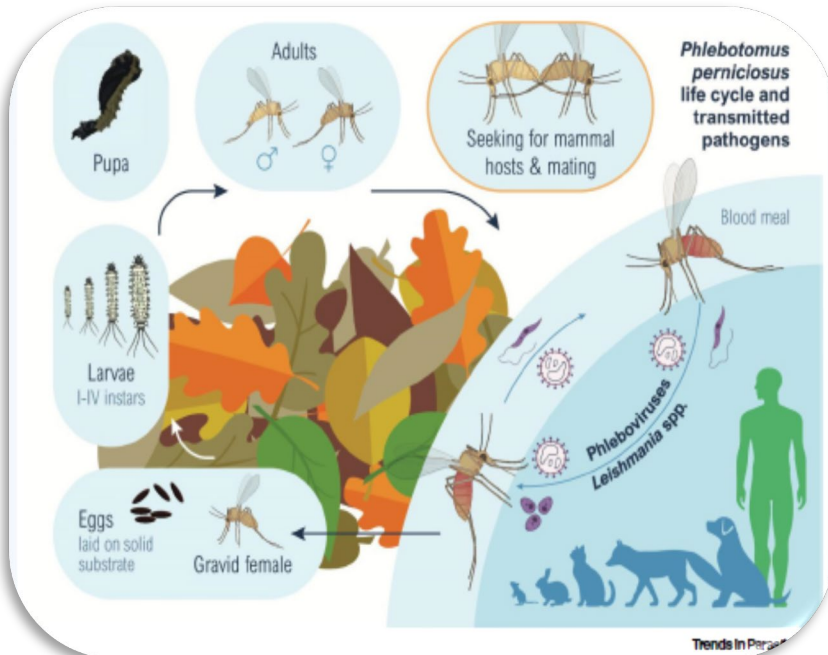
Terrestrial

(breeding in soil,
organic matter)

Crepuscular or nocturnal activity

Weak flyers: **Short flight range** (≈ 300m)

Females: hematophagous

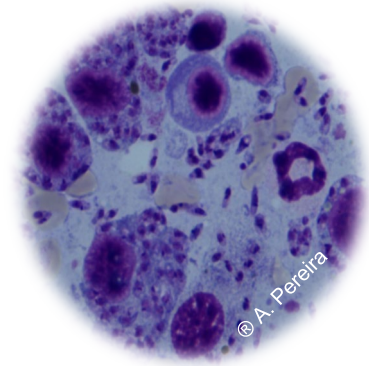


Sand flies: Vectors of human and animal leishmaniases

Clinical forms of Human Leishmaniases

Visceral leishmaniasis (VL)

- Parasitic dissemination in macrophage-rich tissues
- Irregular fever, substantial weight loss, hepatosplenomegaly, anemia, leukopenia, thrombocytopenia
- Fatal in > 95% cases if untreated



Involvement of the skin and/or mucous membranes

Cutaneous leishmaniasis (CL)

- Skin lesions (mainly ulcers)
- Benign, spontaneous healing
- Life-long disfiguring scars



Mucosal leishmaniasis (ML)

Oral, laryngeal, and pharyngeal mucosal lesions



Lawn et al. 2004

Mucocutaneous leishmaniasis (MCL)

Partial/total destruction of the mucous membranes of the nose, mouth, and throat



Burza et al. 2018



Gradoni et al. 2017

Post-kala-azar dermal leishmaniasis (PKDL)

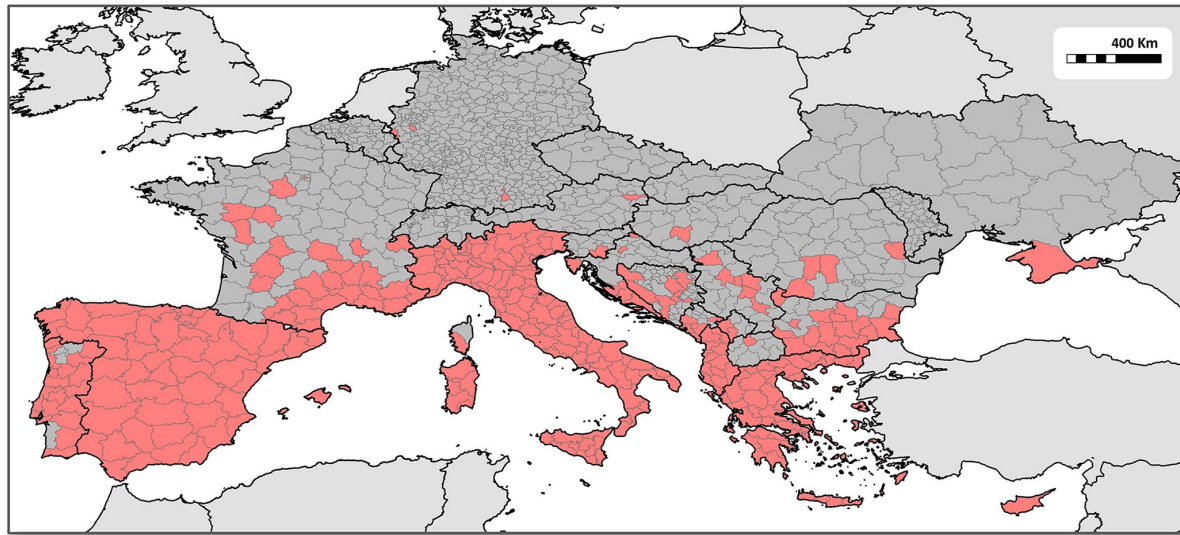
Macular, papular or nodular rash



Burza et al. 2018

Leishmaniases in Europe

- *L. infantum* in humans and/or animals
- Countries in the study
- Countries not included in the study



- **Visceral, cutaneous and mucosal leishmaniasis** caused by *Leishmania infantum*
- **Domestic dogs: reservoirs of human infection**
- **Vectors: *Phlebotomus (Larroussius)* spp.**



L. Varandas



L. Campino



© Costa



J. Oliveira



J. Oliveira



C. Maia



C. Maia

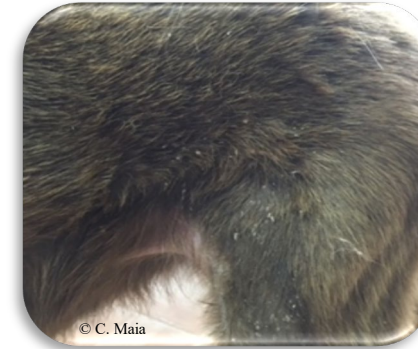
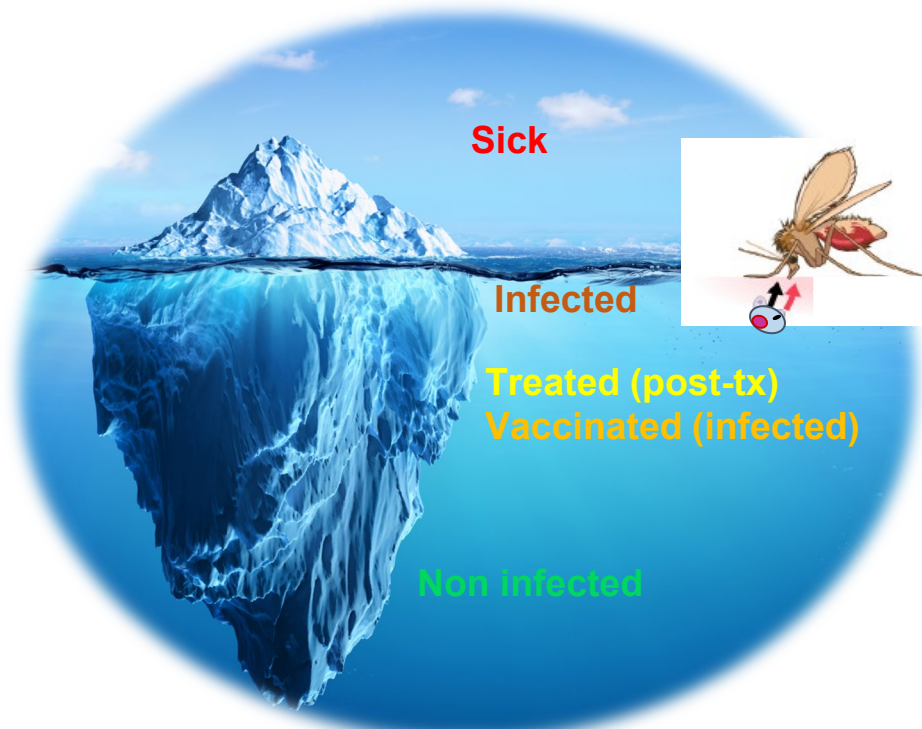


C. Maia

Canine *Leishmania infantum* infection and leishmaniasis (CanL)

- **Chronic infection without clinical signs**
- Self-limiting disease
- **Severe illness** → death

Dog population in endemic areas



Treatment (monotherapy or combined therapy)



Leishmanicidal drugs: miltefosine; meglumine antimoniate

Leishmanistatic: allopurinol “off-label”

Clinical cure, no parasitological clearance



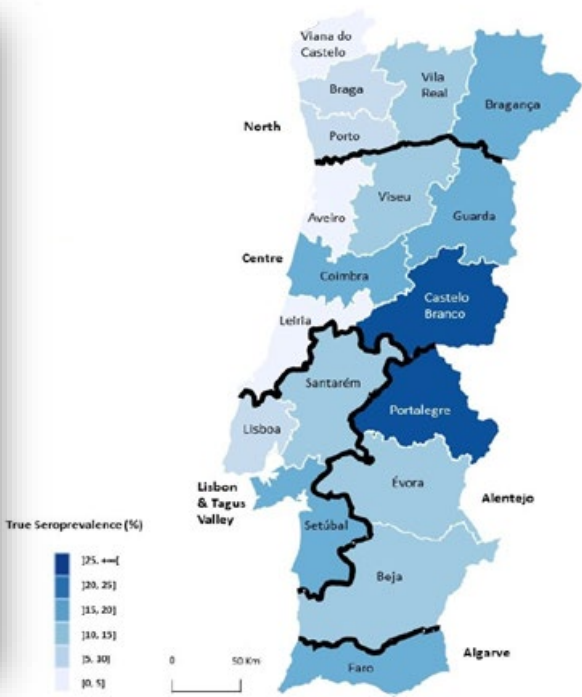
Before and after treatment



Incorrect/repeated use ⇒ **AMR** (Public Health risk)

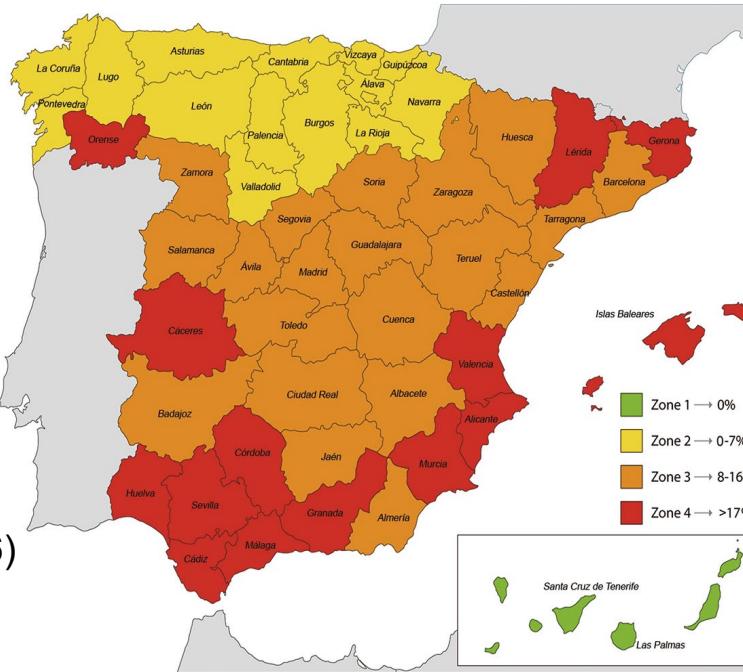
Seroprevalence of canine *Leishmania* infection in the Iberian Peninsula

Seroprevalence range from 0% up to 35% depending on the region



National seroprevalence (2021: 12.5%, range 0%–30.5%, ⇒ increase ~2X* (2009: 6.3%, range 0.9–17.4%))
*Same canine population; same serological technique and same cut-off

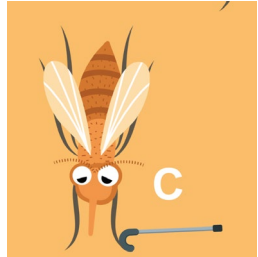
Peer-reviewed surveys (1985–2019)
National cross-sectional survey (2011–2016)
Regional seroprevalence: 1% (north) to >30% (southern/Mediterranean areas)



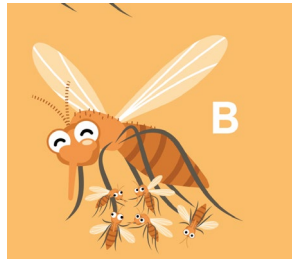
Climate Change and Leishmaniasis: Longer Seasons, Faster Transmission, Wider Spread



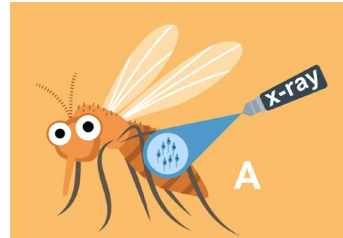
Increase in average annual **temperature** (longer summers, milder winters):



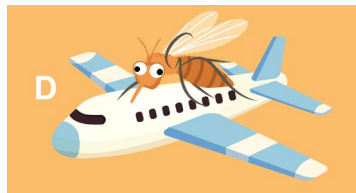
Increase in the **period** for vector presence



Increase the **number** of annual **generations** and in the **seasonal density** of vectors



Reduction in the **extrinsic incubation period**



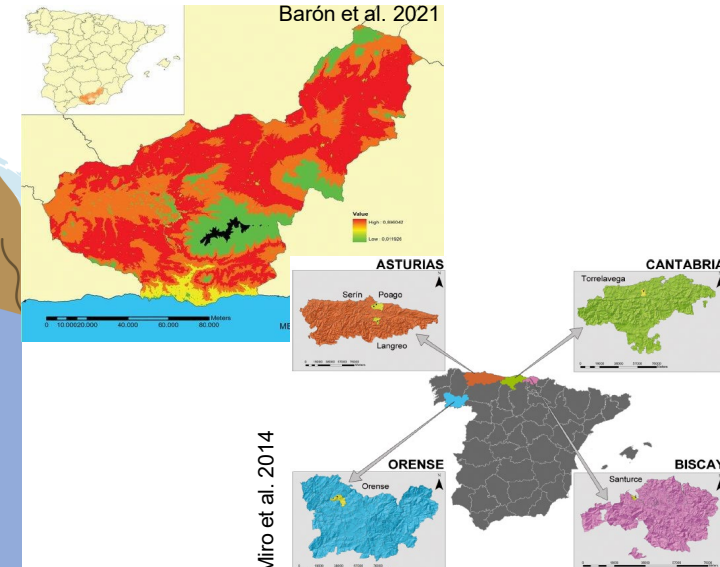
Expansion to northern latitudes and higher altitudes

Temperature increases are likely to expand the geographical range of sand flies, which can spread leishmaniasis

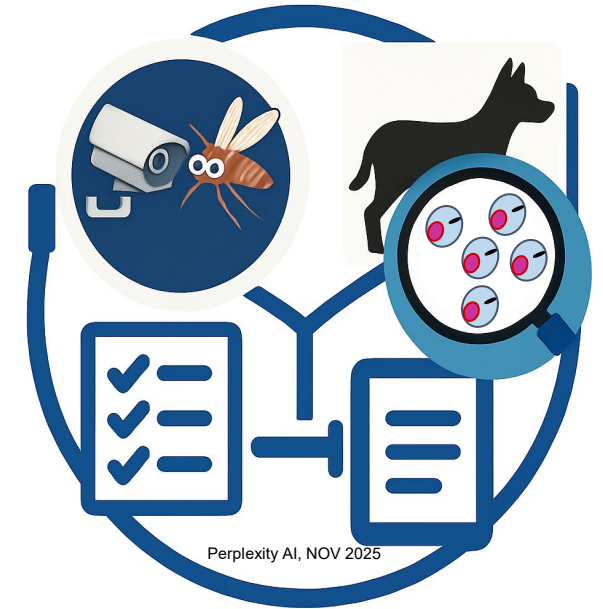
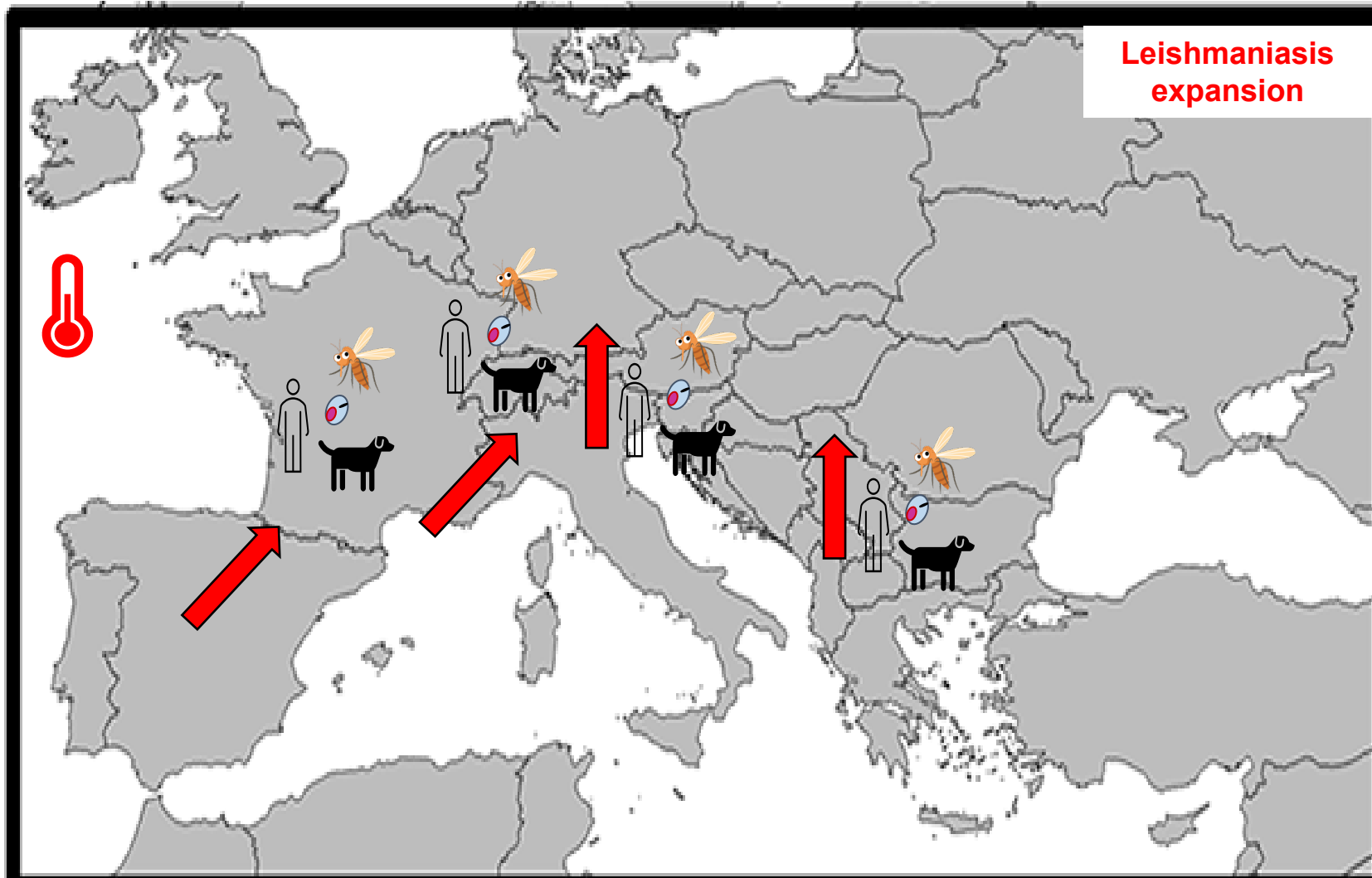
The number of administrative regions (NUTS3) suitable for leishmaniasis increased considerably from 55% in 2001-10 to 68% in 2011-20 in Europe, with newly suitable areas expanding northward from the historical endemic zone



Source: 2024 Lancet Countdown in Europe Report



Expanding Risk: a call for One Health framework



**Critical need for early identification
of high-risk transmission zones**

- **Growing vulnerable populations** to *L. infantum* infection
- Dogs sustain transmission in endemic and newly affected areas



PLANET
4HEALTH

Translating Science into Policy: A Multisectoral Approach to Adaptation and Mitigation of Adverse Effects of Vector-Borne Diseases, Environmental Pollution and Climate Change on Planetary Health

48
Months

4
Case Studies

17
Partners

What is our mission?

- Provide **new knowledge** and **tools** addressing **environmental degradation impacts** on **human, animal & ecosystem health**

CS1
Vector-borne
diseases in the
Iberian Peninsula



CS3
Food safety in
Central Europe



CS2
Air pollution
and health
in South Africa



CS4
Mental wellbeing
in environmental
& climate context



Funded by
the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



PLANETARY
Health Cluster

PLANET4HEALTH is one of five Horizon Europe projects—GoGreen Next, MOSAIC, PLANET4HEALTH, SPRINGS, and TULIP—that together form the Planetary Health Cluster.

Case study 1

CanL in the Iberian Peninsula



**Interdisciplinary
Collaboration**
(modellers, data
scientists, researchers)



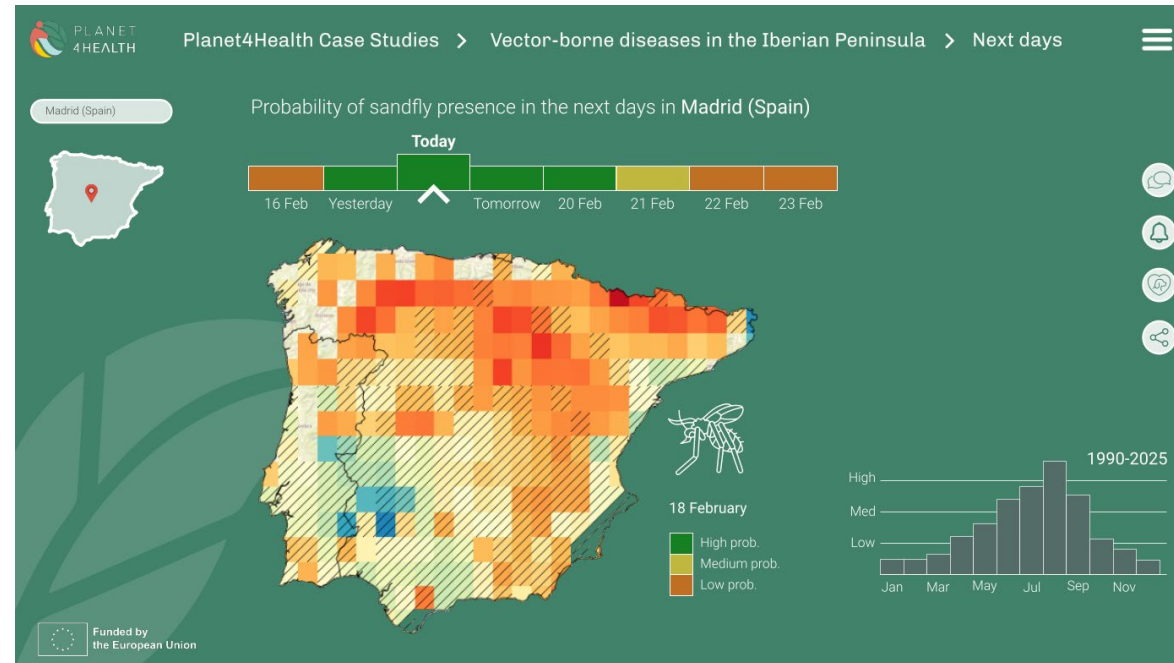
**Veterinary community
Engagement & Raising
Awareness**



**Tools &
Strategies**

Aim: Early Warning System
to identify **spatial and
temporal hotspots of CanL
transmission**

Mockup - short range forecast
@PREDICTIA



CS1: Climate, environmental, and One Health data



Vector data:

- **Historical sand fly surveillance datasets**
- **CLIMOS** data (sand flies collected in 2023 and 2024) from **Portugal** and **Spain**



Access to datasets: written request by PLANET4HEALTH (P4H) coordinator (historical) and signed DSA between Portuguese and Spanish universities with PLANET4HEALTH partners (Oct 25)

CanL data:



- P4H Proposal (2022): Pharmaceutical data (2018-2022): **n° of treated dogs (200 PT + 500 SP veterinary clinics)**. No formal agreement for data sharing
- P4H Granted (2024): After several contacts we learned (**summer 2025**) that the company that performed the work for the pharmaceutical company holds the **data**, but it **needs to be purchased**
- The pharmaceutical company will cover part of the cost, but P4H partners (CS1) must fund the rest.
 - This expense is not included in the budget and costs cannot be split among partners
 - Is there sufficient budget to cover the additional expense?



CS1: CanL data

Plan B

Summer 24: Contact **pharmaceutical companies selling leishmanicidal drugs** requesting data on the number of packages of medications* sold (2015-2024) in Portugal and Spain

*Nº of medication packages sold used as a proxy to estimate the number of medium-size dogs treated

One pharmaceutical company **agreed to share sales data** (country level, after DSA signature); **no data available by region/NUTS3**

Plan B1

April 25: Contact **EMA** to determine the **availability of CanL drugs sales** data and, if so, how it could be shared. The requested **data is not available** in the required format for CS1

Plan B2

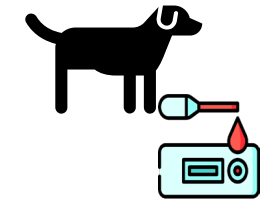
Summer 24: APMVEAC (P4H partner) contacted associates, private clinics/hospitals, and veterinary corporations to check availability to share data on **treated dogs (2015–2024)**

- ✓ **2 corporations** and **several veterinarians** agreed to share data
- ✓ To simplify data governance: APMVEAC will act as the sole data provider for CS1: **only one DSA** needed — between **APMVEAC and P4H** (signed Nov 2025)

Available **data: limited to Portugal** and **incomplete for all NUTS3** regions

CS1: CanL data

Plan C



January 25: Contacted **private diagnostic laboratory** to request **data on dogs tested for *Leishmania* antibodies** (2011-2024) in **Portugal**

*Testing used as a proxy for suspected leishmaniasis cases

October 25: **DSA signed** between laboratory and P4H CS1 partners



First veterinary records with **good spatial** and **temporal coverage**

Plan C1

Summer 25: contacted private **diagnostic laboratory working in the Iberian Peninsula** to request equivalent data

Laboratory **agreed to share data** from Spain (2020-25) and Portugal (2022-25) ; DSA is being prepared

Plan C2

September 25: Another **private laboratory (Spain-only) contacted**; initial interaction suggests they will share requested data with CS1



PLANET
4HEALTH

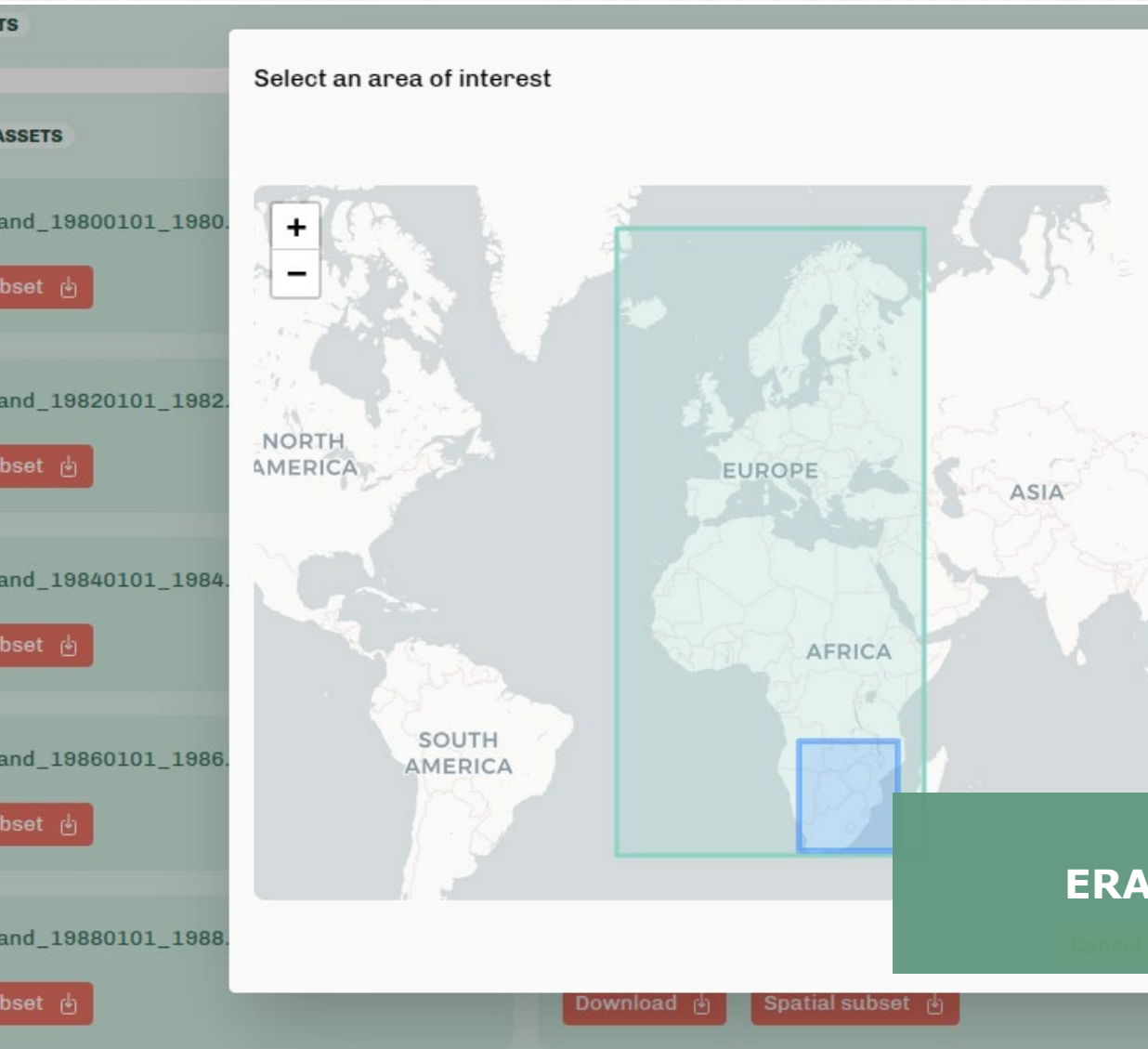
Datasets for analysis and modelling for One Health

Case Study 1 – vector borne diseases in the Iberian Peninsula



Funded by
the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

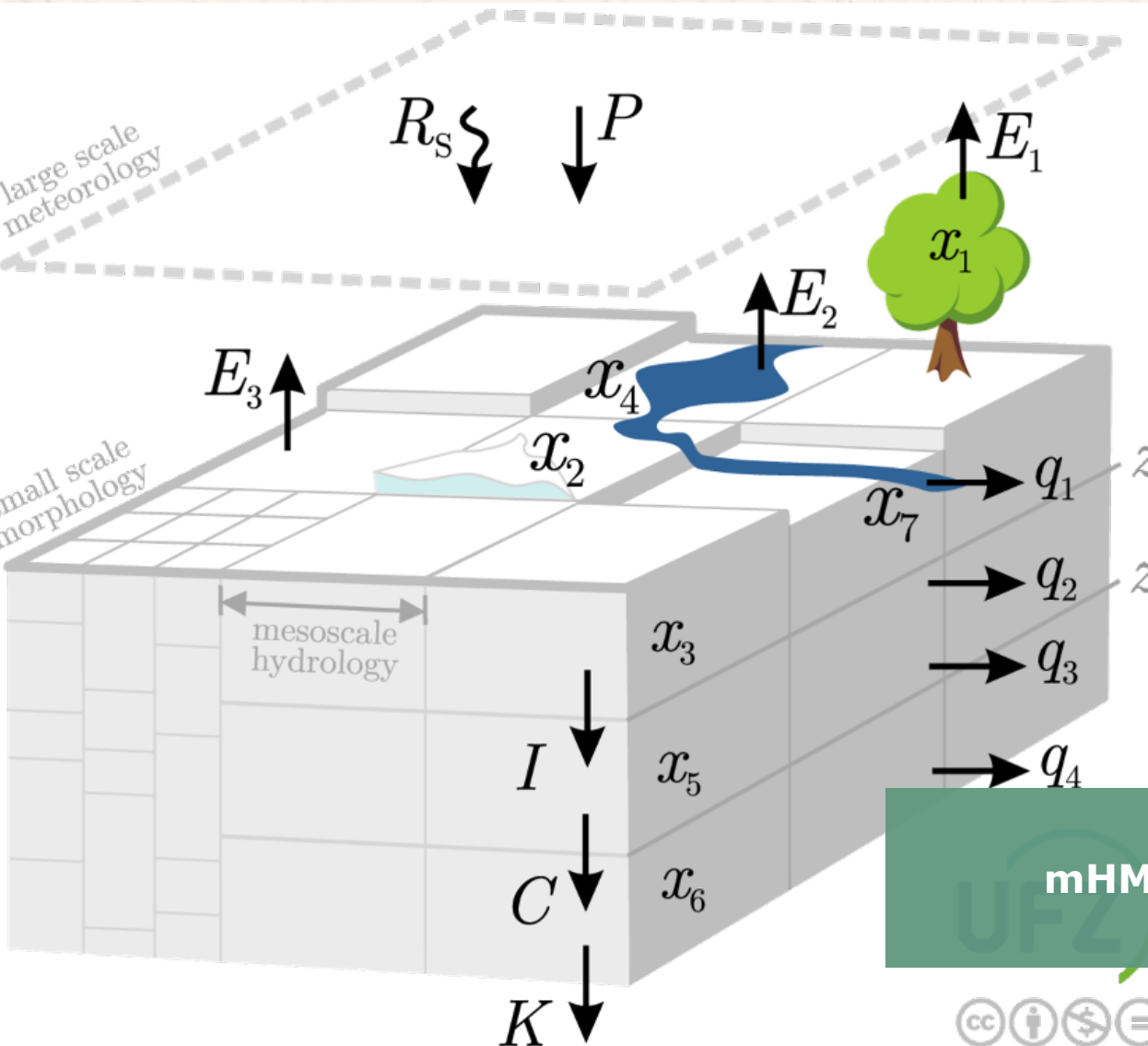


Hourly records, from 1950, with spatial resolution of $0.1^\circ \times 0.1^\circ$ (9km), standardized, harmonized, and downscaled by P4H to 1km x 1km. Open data.

10m u-component of wind, 10m v-component of wind, 2m dewpoint temperature, 2m temperature, evaporation from the top of canopy, evaporation from vegetation transpiration, forecast albedo, lake bottom temperature, lake ice depth, lake ice temperature, lake mix-layer depth, lake mix-layer temperature, lake shape factor, lake total layer temperature, leaf area index (high vegetation), leaf area index (low vegetation), potential evaporation, runoff, skin reservoir content, skin temperature, snow albedo, snow cover, snow density, snow depth, snow depth water equivalent, snow evaporation, snowfall, snowmelt, soil temperature, sub-surface runoff, surface latent heat flux, surface net solar radiation, surface net thermal radiation, surface pressure, surface runoff, surface sensible heat flux, surface solar radiation downwards, surface thermal radiation downwards, temperature of snow layer, total evaporation, total precipitation, volumetric soil water layer.

ERA5 Land

Cancel



Daily records, from 1958, with spatial resolution of 1km x 1km. Global dataset, open.

Simulates: canopy interception, snow accumulation and melting, soil moisture dynamics, infiltration and surface runoff, evapotranspiration, subsurface storage, deep percolation and baseflow, discharge attenuation and flood routing.

Level-0: Capturing the main features of the terrain, primary soil characteristics, and land cover.

Level-1: Dominating hydrological processes at the mesoscale and the basin's key geological formations.

Level-2: Describing the variability of meteorological forcings at the mesoscale.

mHM model





UNL monitoring

What it entails for data analysts and modellers?

- The veterinary datasets available for Case Study 1 (CS1) are highly heterogeneous and often **lack the temporal and spatial consistency** required for reliable analysis.
- They **originate from diverse sources**, trap monitoring systems, research studies and clinical veterinary records, each collected with different objectives, methodologies, and levels of precision.
- This diversity leads to **irregular sampling frequencies, uneven spatial coverage and incomplete records**, making it **difficult to construct continuous and harmonized time series suitable for robust model training**.
- A major challenge is the **limited historical depth**. Many time series span only a few months or years, **restricting detection of long-term trends, seasonal cycles or rare events**. This **scarcity of historical information undermines the generalization capacity of models**.
- Differences in data collection practices across sources introduce **strong spatial and temporal biases**, as well as additional noise and inconsistencies arising from measurement errors or varying collection protocols.
- Clinical and veterinary health records face related challenges. The recorded cases often **fail to represent the broader animal population**, since participation and reporting are influenced by factors such as clinic size, geographic location and access to veterinary services.

Preprocessing and cleaning is required.

Harmonization across sources needed for continuity.

Auxiliary datasets (environmental, demographic, etc.) need to be included to improve feature space and model reliability.

THANK YOU!



PLANET 4HEALTH



Carla Maia

Principal Researcher with Habilitation
DVM, MSc, PhD, DipEVPC, EBVS® European
Veterinary Specialist in Parasitology
CarlaMaia@ihmt.unl.pt



Suzana Blesic

Associate Professor of Research
Theoretical statistical physicist, Data scientist
blesic.Suzana@gmail.com



**Funded by
the European Union**

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



**PLANETARY
Health Cluster**

PLANET4HEALTH is one of five Horizon Europe projects—GoGreen Next, MOSAIC, PLANET4HEALTH, SPRINGS, and TULIP—that together form the Planetary Health Cluster.