# 1 Industrial bees: the impact of apicultural intensification on local disease

# 2 prevalence.

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#### 15 Abstract

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17 although there is little specific modelling testing this idea. Focussing on honeybees, we build multi-18 colony models to inform how 'apicultural intensification' is predicted to impact honeybee pathogen 19 epidemiology at the apiary scale. 20 2) We used both agent-based and analytical models to show that three linked aspects of apicultural 21 intensification (increased population sizes, changes in population network structure, and increased 22 between-colony transmission) are unlikely to greatly increase disease prevalence in apiaries. 23 Principally this is because even low-intensity apiculture exhibits high disease prevalence. 24 3) The greatest impacts of apicultural intensification are found for diseases with relatively low R<sub>0</sub> (basic 25 reproduction number), however, such diseases cause little overall disease prevalence and therefore 26 the impacts of intensification are minor. Furthermore, the smallest impacts of intensification are for 27 diseases with high R<sub>0</sub> values, which we argue are typical of important honeybee diseases. 28 4) Policy Implications: Our findings contradict the idea that apicultural intensification by crowding 29 honeybee colonies in large, dense apiaries leads to notably higher disease prevalences for 30 established honeybee pathogens. More broadly, our work demonstrates the need for informative 31 models of all agricultural systems and management practices in order to understand the implications 32 of management changes on diseases.

1) It is generally thought that the intensification of farming will result in higher disease prevalences,

33 Key Words: apiculture, beekeeping, agriculture, intensification, infectious disease, mathematical model,

34 agriculture, disease prevalence

### 35 Introduction

36 Infectious diseases have significant impacts on agricultural sustainability (Brijnath, Butler, & McMichael, 37 2014) and profitability (James, 1981). A key question is how agricultural intensification and novel agricultural 38 practices impact the emergence and epidemiology of infectious disease (Cressler, McLeod, Rozins, Hoogen, 39 & Day, 2016; Gandon, Hochberg, Holt, & Day, 2013). It is generally assumed that intensification increases 40 vulnerability to severe disease outbreaks (Jones et al., 2013; Kennedy et al., 2016; Mennerat, Nilsen, Ebert, 41 & Skorping, 2010), but there is relatively little empirical data and therefore epidemiological theory is needed 42 to address this problem (Atkins et al., 2013; Rozins & Day, 2016). Here we build specific models of apiary-43 level intensification in commercially farmed honeybees to examine the impact of industrial-scale 44 management practices on honeybee infectious disease prevalence. 45 Honeybee health and the apicultural industry are under threat from a variety of pressures (Ghazoul, 2005; 46 vanEngelsdorp & Meixner, 2010), including parasites and pathogens (Budge et al., 2015; De la Rúa, Jaffé, 47 Dall'Olio, Muñoz, & Serrano, 2009; Potts et al., 2010). There is a growing body of literature documenting the 48 damage that emerging or re-emerging diseases (Wilfert et al., 2016) are causing in apiculture (Jacques et al., 49 2017; Kielmanowicz et al., 2015) and native pollinators (Cohen, Quistberg, Philpott, & DeGrandi-Hoffman, 50 2017; Fürst, McMahon, Osborne, Paxton, & Brown, 2014; Graystock, Blane, McFrederick, Goulson, & 51 Hughes, 2016; Manley, Boots, & Wilfert, 2015; McMahon et al., 2015; McMahon, Wilfert, Paxton, & Brown, 52 2018). Evidence exists supporting a link between the risk of these diseases and specific apicultural practices 53 (Giacobino et al., 2014; Mõtus, Raie, Orro, Chauzat, & Viltrop, 2016; Pacini et al., 2016). However, the 54 evidence is geographically limited, lacking in mechanistic underpinning, or contradictory even within this 55 small collection of studies. For example, Mõtus et al. (2016) report that larger apiaries show marginally 56 higher incidence of ectoparasitic Varroa mites in Estonia, whilst Giacobino et al. (2014) did not find this 57 association in a similar study in Argentina. It is therefore critical that we learn how different apicultural 58 practices impact disease outcomes (Brosi, Delaplane, Boots, & de Roode, 2017). The need for an 59 epidemiological framing of honeybee diseases has been frequently discussed (Brosi et al., 2017; Fries &

Camazine, 2001) in both empirical (van Engelsdorp et al., 2013) and modelling (Becher, Osborne, Thorbek,
Kennedy, & Grimm, 2013) studies, but we lack a modelling framework for disease ecology in honeybees at a
scale larger than a single colony.

63 Honeybees are typically managed in apiaries, which are associated colonies placed together for beekeeping 64 convenience at a single site. Pathogen dynamics at the apiary level are determined both by pathogen 65 transmission within and between colonies. Intensification of apiculture changes apiary ecology in a number 66 of ways, all potentially relevant to disease (Brosi et al., 2017). In particular, increasing the number of 67 colonies and changing the arrangement of those colonies influences epidemiology through changes in both 68 the size and network structure of the population. They both may also increase the rate at which transmission 69 between colonies occurs via more frequent 'drifting' of honeybees (Free, 1958; Neumann, Radloff, Pirk, & 70 Hepburn, 2003). Drift is a key mechanism of between-colony pathogen transmission (Goodwin, Perry, & 71 Houten, 1994; Roetschi, Berthoud, Kuhn, & Imdorf, 2008) and has been invoked as an explanatory 72 mechanism accounting for higher parasite prevalences in larger apiaries (Mõtus et al., 2016). 73 The intensification of agricultural systems generally means larger, denser population sizes and greater 74 pathogen transmissibility at local (within a population, such as a farm) and landscape (between populations, 75 such as neighbouring farms) scales. To understand these effects in honeybees we build multi-colony models 76 to examine how apicultural intensification is predicted to impact honeybee pathogen epidemiology. We 77 examine the epidemiological consequences of increasing the number of colonies within an apiary, changing 78 colony configurations, and increasing between-colony pathogen transmission.

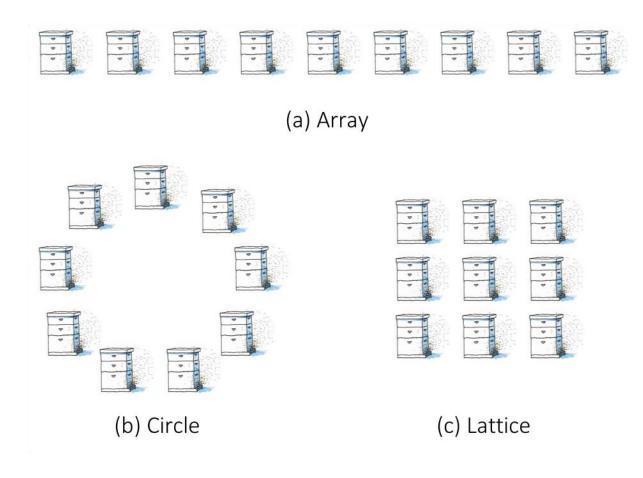
## 79 Materials and Methods

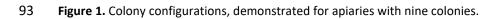
80 We combine mathematical models and agent-based model (ABM) simulations to make predictions on how

81 intensification affects disease risk, spread, and endemic prevalence within an apiary. The key to our

82 approach is that we capture pathogen transmission both within and between colonies.

- We generalise colony arrangements to three unique configurations drawn from experience, classic apicultural literature (Jay 1966) and current experimental work (Dynes, Berry, Delaplane, Brosi, & de Roode, 2019): array, circular and lattice (Fig. 1). We restrict between-colony pathogen transmission to nearest neighbours (see discussion), those in closest proximity to each other (connected by an arrow in Fig. 2). Between-colony transmission is always assumed to be at a lower rate than within colony transmission. The mathematical model allows us to obtain tractable analytical results while the ABM simulations allow us to model disease at the level of the individual bee and consider stochastic effects.
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94 We first derive a compartmental SI (Susceptible, Infected) model for pathogen transmission within an apiary. 95 The model treats each colony as an individual population and allows for within colony as well as between-96 colony transmission (for nearest neighbours). Within a colony, honeybees are either susceptible to infection 97 or infected (and infectious). We denote the number of susceptible honeybees in colony i at time t as  $S_i(t)$ . 98 Likewise, we denote the number of honeybees in colony i infected with the pathogen at time t as  $I_i(t)$ . 99 Susceptible honeybees in colony *i* become infected at rate  $\beta_{ii}$  following contact with an infected bee that 100 resides in colony j. We assume that honeybees do not recover from infection. Honeybees are born at rate  $\phi_i$ 101 have a natural mortality rate of m, and an additional mortality rate of v if infected. The following 2n differential equations, [1], model disease transmission within and between *n* colonies in an apiary. 102

$$\frac{dS_i}{dt} = -\sum_{j=1}^n \beta_{ij} S_i I_j - mS_i + \phi$$
103
104

$$\frac{dI_i}{dt} = \sum_{j=1}^n \beta_{ij} S_i I_j - (m+\nu) I_i$$
<sup>[1]</sup>
105
106

107

108 The matrix  $\beta = [\beta_{ij}]$  will depend on the colony arrangement (see Fig. 1; and S.I. Section 1). The transmission 109 rate between a susceptible and infected honeybee within the colony is *a*, and transmission between 110 neighbouring colonies is *b*. For example, for a 9-colony apiary, the transmission matrices for an array, 111 circular and lattice configured apiary (respectively) are as follows:

	га	b	0	0	0	0	0	0	0т г	а	b	0	0	0	0	0	0	b٦	га	b	0	b	0	0	0	0	ר0
	b	а	b	0	0	0	0	0	0	Ь	а	b	0	0	0	0	0	0	b	а	b	0	b	0	0	0	0
	0	b	а	b	0	0	0	0	0	)	b	а	b	0	0	0	0	0	0	b	а	0	0	b	0	0	0
	0	0	b	а	b	0	0	0	0	)	0	b	а	b	0	0	0	0	b	0	0	а	b	0	b	0	0
112	0	0	0	b	а	b	0	0	0,	)	0	0	b	а	b	0	0	0,	0	b	0	b	а	b	0	b	0
	0	0	0	0	b	а	b	0	0	)	0	0	0	b	а	b	0	0	0	0	b	0	b	а	0	0	b
	0	0	0	0	0	b	а	b	0	)	0	0	0	0	b	а	b	0	0	0	0	b	0	0	а	b	0
	0	0	0	0	0	0	b	а	<i>b</i>	)	0	0	0	0	0	b	а	b	0	0	0	0	b	0	b	а	b
	10	0	0	0	0	0	0	b	all	Ь	0	0	0	0	0	0	b	al	10	0	0	0	0	b	0	b	a١

The corresponding network structures for the above transmission matrices can be seen in Fig. S1. We assume that honeybees are much more likely to become infected by a honeybee that resides within its home colony than by a honeybee from a neighbouring colony (i.e. a >>b). Note that for each apiary configuration to be possible and unique, the number of colonies (n) must be a perfect square,  $n=L^2$  where  $L \ge 3$  (see Fig. 1). Therefore, the minimum number of colonies per apiary is 9, which has been observed to be the mean size of a hobbyist or small beekeeping operation (Mõtus et al., 2016; Pocol, Marghitas, & Popa, 2012).

120 We complement our mathematical model [1] with the ABM; our ABM simulates pathogen spread, through 121 individual bee movements, across an apiary. Apiaries are differentiated by the same characteristics as in the 122 mathematical model; a description of the ABM is available in the S.I. (Section 2) and the model is publicly 123 available (see S.I.). We use the ABM to simulate disease dynamics for both different pathogen phenotypes 124 (varying both pathogen virulence and transmissibility) and different apiary ecologies (varied as previously 125 described in the number of colonies per apiary, layout, and likelihood of bees moving between colonies) (S.I. 126 Figs. S3 & S4); we compare the ABM to the analytical model and use it to test assumptions made elsewhere 127 in the study (Fig. 4a, S.I. Fig. S6).

128 We can understand the dynamics presented by our models by focussing on the basic reproduction number, 129 R<sub>0</sub>. R<sub>0</sub> is a fundamental concept in infectious disease ecology, defined as the average number of secondary 130 infections caused by one infectious individual in an otherwise entirely susceptible population (Anderson & 131 May, 1992). We derive R<sub>0</sub> expressions, using model [1], for each of the apiary configurations. R<sub>0</sub> derivations 132 using model [1] allow us to characterise the relationship between R<sub>0</sub> and pathogen prevalence, defined as 133 the proportion of honeybees within an apiary that are infected at the endemic equilibrium. The  $R_0$ 134 expressions for apiaries with n>1 colonies were calculated using the next generation method (van den 135 Driessche & Watmough, 2002), (see S.I. Section 1).

$$R0_{Array} = \frac{\phi}{m(m+\nu)} (a - 2b\cos\frac{n\pi}{n+1})$$
[2a]

$$R0_{Circle} = \frac{\phi}{m(m+\nu)}(a+2b)$$
<sup>[2b]</sup>

$$R0_{Lattice} = \frac{\phi}{m(m+\nu)} (a - 4b\cos\frac{\sqrt{n\pi}}{\sqrt{n}+1})$$
[2c]

For the ABM we estimate R<sub>0</sub> values for particular parameter combinations by treating simulation outputs as ideal empirical data (Keeling & Rohani, 2008) and track the number of infections following the index case. The term `base R<sub>0</sub>' is used throughout the remainder of this paper and refers to a value of R<sub>0</sub> for a specific pathogen phenotype in a least intensified apiary, an array with nine colonies (see Fig. 2). We determine how intensification affects R<sub>0</sub> by separating R<sub>0</sub> into a 'base R<sub>0</sub>' and an 'additional R<sub>0</sub>'. The term 'additional R<sub>0</sub>' refers to the observed difference in R<sub>0</sub> for a given pathogen phenotype when comparing a 'lower intensity' apiary to a 'high intensity' one (Fig. 2)

144 An extreme, but plausible, example of intensification is used for these comparisons. Specifically, an increase 145 in colonies per apiary from 9 to 225 colonies, a change to a lattice configuration, and a tenfold increase in 146 between-colony infection (0.015 to 0.15 per bee per day), demonstrated in Fig. 2. The difference in the R<sub>0</sub> 147 before and after intensification is how we estimate 'additional R<sub>0</sub>'. This permits the interaction (non-148 additive) effects of our three aspects of intensification. The 'additional R<sub>0</sub>' can then be used in combination 149 with the analytically derived relationship between  $R_0$  and prevalence (see model [1] and equations [2a-c]) to 150 characterise how intensification affects disease prevalence. We focus on disease prevalence as both models 151 show rapid pathogen spread across apiaries, such that infection prevalence at the endemic equilibrium was 152 the major result differentiating modelling scenarios (S.I. Figs. S4 & S5).

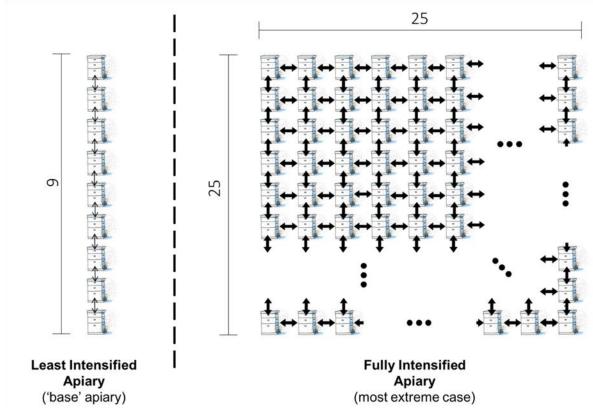
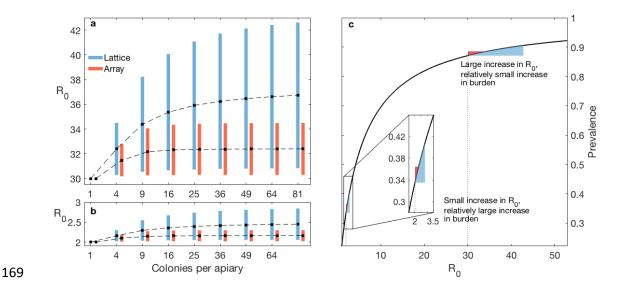


Figure 2. Illustrative schematic of the 'intensification' treatment as it is used in parts of this manuscript. We show the apiary used to estimate 'base R<sub>0</sub>' (left) compared to the intensified apiary (right) reflecting an increase in number of colonies from 9 to 225, a change from an array to a lattice, and a tenfold increase in movement of honeybees between colonies (illustrated using arrow weight) from a likelihood of 0.015 per bee per day to 0.15. Note that for the intensified apiary, not all 225 colonies are shown, with missing colonies denoted by ellipses (...).

400

# 159 **Results**

160	Our main results constitute three main characterisations of this system: the relationship between $R_0$ and
161	pathogen prevalence; the effects of intensification on $R_0$ ; and by combination of these relationships, the
162	effect of intensification on pathogen prevalence. The relationship between $R_0$ and pathogen prevalence is
163	principally derived from the analytical model (presented first in these results) but is confirmed to broadly
164	agree with the agent-based model (presented second). The relationship between intensification and $R_0$ is
165	principally derived from the ABM, presented second, but is partly explored in the analytical model presented
166	first. The critical overall result is the combination of these relationships, presented last and visualised in Fig.
167	5, demonstrating how intensification impacts disease prevalence. Detailed derivation, exploration, and
168	testing of both models is detailed in the Supplementary Information.



170 Figure 3: Relationships between number of colonies, R<sub>0</sub>, and prevalence from model (1). Figures 3a and 3b demonstrate 171 that the effect on  $R_0$  for different degrees of intensification rapidly asymptotes, justifying our 'single intensification' 172 treatment (Fig. 2). Figure 3c defines the relationship between R<sub>0</sub> and prevalence, the shape of which critically 173 determines our main result (see Fig. 5). Technical description: a) When  $R_0=30$  for a single colony-apiary, the addition of 174 colonies yields a maximum increase in  $R_0$  of 12.7 for the lattice and 4.5 for the array. **b**) When  $R_0$ =2 for a single colony, 175 there is a maximum increase in R<sub>0</sub> of 0.85 for the lattice and 0.29 for the array, when colonies are added. Recall that the 176  $R_0$  for the circle is independent of *n* (see [2b]), and hence absent from the figure. Parameter values are set to: *v*=0.1, m=0.0272,  $\phi$ =1600 and in a) a+b = 4.32485x10<sup>-6</sup> and in b) a+b = 6.48725x10<sup>-5</sup>. The transmissibility is what affects base 177 178 Ro. Black dots are values where between-colony transmission is held at 10% of total transmission, with the bottom and 179 top of the bars representing 1% and 20% of the total transmission being between hives, 'b', respectively. c) The 180 relationship between R<sub>0</sub> and disease prevalence. The range of R<sub>0</sub> values is generated by varying the overall transmission rate (i.e. a+b) from 2.143x10<sup>-6</sup> to 1.178x10<sup>-4</sup> as reported by Roberts & Hughes (2015) for Nosema ceranae. 181

183	Both model [1] and the ABM simulations show that, for a given number of colonies per apiary, $R_0$ is always
184	greatest for the lattice arrangement — the most highly connected configuration. As the number of colonies
185	per apiary increases (increasing $n$ ), the values of $R_0$ in both the array and lattice configurations increase (Fig.
186	3a & 3b), while the $R_0$ for the circular configuration remains unchanged (see $R_0$ equations). The increase in $R_0$
187	from the addition of colonies asymptotes quickly due to convergence in the mean number of neighbours
188	across the apiary; this is also why the $R_0$ for the circular apiary is independent of number of colonies as the
189	number of neighbours per colony remains two. This explains why $R_0$ for an array arrangement approaches
190	the R <sub>0</sub> value for a circular arrangement as the number of colonies increases.
191	If R <sub>0</sub> >1, the pathogen will rapidly invade (see S.I. Section 1 &, Fig. S5) and each colony will reach a stable

192 population size and infection prevalence, called the endemic equilibrium (See S.I. Section 1). Mathematically

the disease prevalence at equilibrium for colony *j* is  $I_j^*/(I_j^*+S_j^*)$ , where  $S_j^*$  is the number of susceptible honeybees and  $I_j^*$  is the number of infectious honeybees in colony *j* at equilibrium. The endemic equilibrium

195 for the circular configuration model can be solved explicitly (see S.I. Section 1). Due to symmetry, all colonies

196 within the circular apiary have disease prevalence at the endemic equilibrium of:

197 
$$\frac{\phi(a+2b) - m(m+v)}{\phi(a+2b) + v(m+v)}$$

We can approximate the endemic equilibrium for the lattice and array configured models using perturbation theory, assuming  $0 < b \ll 1$  (See S.I. Section 1). The approximate disease prevalence in colony *j* at equilibrium for a colony in the array or lattice configurations is:

201 
$$\frac{\phi a^2 + lbm(m+v)}{\phi a^2 + a(m+v)^2 - blv(m+v)}$$

where *l* is the number of neighbours that colony *j* has. For any given set of parameters, we can therefore formulate both  $R_0$  and prevalence, allowing us to characterise the relationship shown in Fig. 3c.

204 We show analytically, and in the ABM (S.I. Section 3) that intensification in the form of an increase in

205 colonies or an increase in movement between colonies increases R<sub>0</sub> (Fig. 3a & 3b). Figure 4b shows the

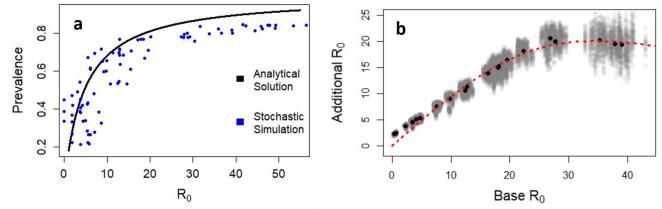
 $\label{eq:solution} additional \ R_0 \ caused \ by \ our \ most \ extreme \ plausible \ changes \ in \ apiary \ management. \ The \ change \ in \ R_0 \ caused$ 

208 The effect of intensification is dependent on the base  $R_0$  – for small base  $R_0$ , intensification causes little

additional R<sub>0</sub>, but at intermediate or high base R<sub>0</sub>, intensification leads to large additional R<sub>0</sub> (Fig. 4b). While

210 the increase in R<sub>0</sub> is largest for an already large base R<sub>0</sub>, this relationship saturates and the relative increase

- in R<sub>0</sub> for a given base R<sub>0</sub> stays relatively constant for large base R<sub>0</sub> values. The relationship shows a strong
- 212 nonlinearity when examining all three aspects of intensification in combination.

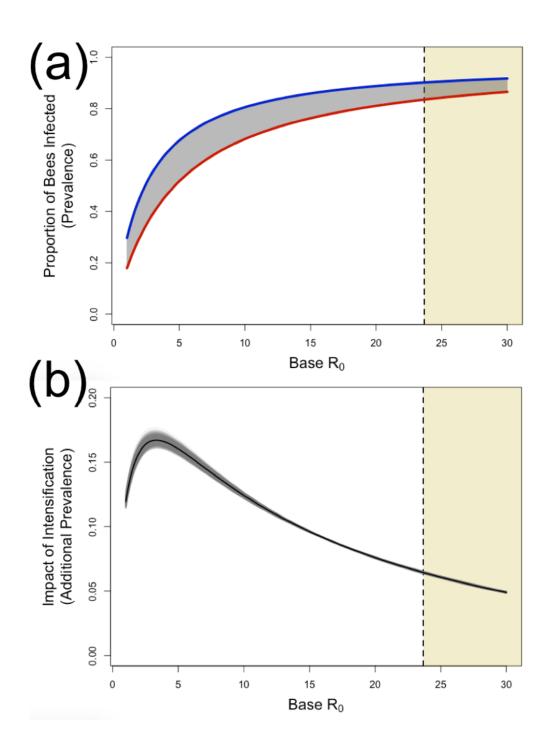


215 Figure 4: Results from the ABM. Figure 4a demonstrates the agreement between the ABM and analytical model; figure 216 4b presents the critical relationship estimated from the ABM relating base  $R_0$  to the increase in  $R_0$  following 217 intensification (see Fig. 2), the shape of which critically determines our main result (see Fig. 5). Technical description: a) 218 shows agreement between the stochastic simulations (ABM) and analytical model (Fig. 3c); using the following 219 equivalent model parameterisation to that for Fig. 3c: Circular configuration, n = 9, M = 58200,  $\phi = 1600$ ,  $5 \times 10^{-6} \le \beta \le$ 220  $1 \times 10^{-4}$ , v = 0.1, p = 0.1 (see S.I. Section 2). b) examines how an extreme example of intensification (see Fig. 2) alters R<sub>0</sub> 221 across a range of different 'base R<sub>0</sub>' values determined by pathogen phenotype using the ABM. Grey points represent 222 individual simulation comparisons, black points represent mean values. Base R<sub>0</sub> values are unevenly distributed across 223 the range due to  $R_0$  being an emergent property of the system in both plot panels. We derive a non-linear relationship 224 between 'base R<sub>0</sub>' and 'additional R<sub>0</sub>' for panel **b**, corresponding to Fig. 2 (see Fig. 2 for panel **b** parameterisation, 225 otherwise as listed for a, plotted as a dashed red line. Variation within clusters is a result of the stochastic simulations.

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227 By understanding the effect of intensification on  $R_0$  (Fig. 4b) and by characterising the relationship between 228 R<sub>0</sub> and disease prevalence (Fig. 3c, Fig. 4a), we can show how intensification impacts disease prevalences. 229 We approximate the non-linear relationship between 'base  $R_0$ ' (pathogen phenotype) and the 'additional  $R_0$ ' 230 (effect of intensification) in Fig. 4b. We use a bootstrapping approach to create 1000 subsamples (subsample 231 size = 10% of full sample with replacement) of our combined approach. Each subsample is used to generate 232 a non-linear model of the form  $y = ax / (b + x^c)$ , where y is 'additional R<sub>0</sub>' and x is 'base R<sub>0</sub>', using a nonlinear 233 least squares approach in R (v 3.3.1). The relationship generated using the full sample is plotted in Fig. 4b. 234 We combine this relationship characterising how base R<sub>0</sub> affects intensified additional R<sub>0</sub> (Fig. 4b) with the 235 derived relationship between R₀ and pathogen prevalence shown in Fig. 3c, allowing us to predict how 236 intensification impacts prevalences (Fig. 5). Fig. 5a shows the proportion of bees infected by a given (base  $R_0$ ) 237 pathogen for the two apiaries in Fig. 2. The difference in disease prevalence between these lines is the 238 impact of intensification and is plotted in Fig. 5b. Fig. 5b shows a distinctly peaked relationship between base R<sub>0</sub> and the impact of intensification, with the impact of intensification peaking around base R<sub>0</sub> = 3.3, and then rapidly declining. Even at its peak, the effect of intensification (which is as extreme as plausible), leads to an additional ~18% of bees infected at disease equilibrium. We present figure 5 as a the most important graphic for understanding the overall conclusions of this study, as the apparent 'small' shift in R<sub>0</sub> required to double prevalence (Fig. 3c and 4a) is actually very difficult to achieve for low R<sub>0</sub> pathogens (see Fig. 3b, 4b), resulting in the 'maximum plausible' change shown by the peak in Fig. 5b (~18.5%).

245 We contextualize these results by calculating an estimate of the lower-bound of R<sub>0</sub> value for a honeybee 246 pathogen (see highlighted regions in Fig. 5). We identified this region based on empirical data for the 247 microsporidian pathogen Nosema ceranae; this was the only pathogen for which experimentally derived 248 transmission rates as well as robust information on mortality due to infection is available (Martín-Hernández 249 et al., 2011; Paxton, Klee, Korpela, & Fries, 2007; Roberts & Hughes, 2015). To estimate the plausible R<sub>0</sub> 250 boundary in our model for this pathogen, we parameterised our mathematical model using the lowest 251 empirically supported transmission value with the highest supported additional mortality, and fixed 252 movement of honeybees between colonies at its lowest supported natural rate (Currie & Jay, 1991). We 253 then calculated the R<sub>0</sub> for a circular apiary due to its scale independence.



255 Figure 5: Depictions of our critical finding characterising the maximum (peak), and likely (shaded region), 256 increases in prevalence of a pathogen following local intensification of apiculture. High prevalence even in 'low 257 intensity' (see Fig. 2) systems yields little opportunity for large increases in prevalence. Panel (a) shows the 258 proportion of bees infected (prevalence) in non-intensified apiaries (lower red line) compared to intensified 259 apiaries (upper blue line), take from the mean values derived in Fig. 4b and the relationship shown in Fig. 3c. 260 The shaded grey area between these curves is the additional prevalence caused by intensification - the 261 'impact of intensification'. This is plotted in panel (b) where the black line represents the mean relationship, 262 and the grey lines represent 1000 bootstrapped samples. The vertical dashed line and yellow-shaded region of 263 the graphs to the right of the dashed line show a lowest estimated value of Ro for Nosema ceranae. Figures 264 start at R<sub>0</sub> = 1.0008.

#### 265 **Discussion**

266 Our results present a counterintuitive picture of apicultural intensification and its consequences on 267 disease prevalence within apiaries. Even in their most plausibly extreme cases, changes in the 268 number of colonies, their spatial arrangement, and transmission rates between colonies (reflecting 269 management intensification (Brosi et al., 2017)) had only a small effect on the severity of disease at 270 the apiary level for pathogens of interest. Apicultural intensification leads to large gains in R<sub>0</sub> when 271  $R_0$  is initially high and small gains in  $R_0$  when  $R_0$  is initially low (Fig. 4b). However, increases in  $R_0$ 272 cause large increases in prevalence only when R<sub>0</sub> is initially low (Fig. 3c, 4a). Pathogens with a base 273  $R_0 \approx 3$  benefit most from intensification in terms of increased prevalence (Fig. 5); As discussed below, 274 we argue that there is likely to be a high base  $R_0$  in important honeybee diseases and therefore our 275 models suggest that there is likely to be little effect of apiary-scale intensification on disease 276 prevalences. However, if a pathogen emerges with a relatively low  $R_0$ , our model does indicate that 277 extreme intensification could lead to a significant increase in prevalence of approximately 18.5%. 278 Therefore, if intensification increases the risk of novel pathogen emergence, then these newly 279 emerged pathogens would benefit from intensification, as it would significantly increase their 280 disease prevalence, relative to the pre-intensified apiary.

281 Our models most closely resemble the ecology of a directly transmitted microparasite able to infect 282 individual honeybees at any life stage, conceptually similar to the microsporidian pathogens Nosema 283 spp. (Fantham & Porter, 1912). Nosema is a major concern to beekeepers worldwide (Higes et al., 284 2008, 2009; Paxton, 2010), and has a minimum estimated base  $R_0$  of 23 (Fig. 5) when modelled here. 285 We found that apicultural intensification, in the context of a pathogen with an initial  $R_0$  of 23, leads 286 to a maximum 6.6% increase in disease prevalence. Our models predicted disease prevalences of up 287 to 90% (Fig. 3, Fig. 5; S.I. Section 3), which while high, are empirically supported for the honeybee 288 system (Higes et al., 2008; Kielmanowicz et al., 2015), and feature in other modelling studies that 289 use similar transmission parameters to ours (Betti, Wahl, & Zamir, 2014). Nosema was the only

pathogen for which there are direct empirical studies characterising its transmissibility, however,
other honeybee pathogens such as deformed wing virus are also well studied. While estimating an
R<sub>0</sub> for DWV is difficult due to active management by beekeepers, maximum reported prevalences
that may be indicative of its true 'unmanaged' R<sub>0</sub> are high, for example 73% in Natsopoulou et al.
(2017), 80% in Budge et al. (2015), and 100% in Stamets et al. (2018). These high prevalences are
consistent with high R<sub>0</sub> values (Fig. 3c, Fig. 4a, & S.I. (Section 3)).

296 We additionally explored the behaviour of a more specific model, using an age-structured approach 297 to infection dynamics, where only larvae are vulnerable to infection and develop into infectious 298 adults with a high pathogen-associated mortality (as might be appropriate for pathogens such as the 299 acute paralysis virus complex (Martin, 2001)), presented in the S.I. (Section 3). Convergence to 300 equilibrium happens more slowly than the main model presented here, but still occurs quickly 301 (within a single beekeeping season; see S.I. 3 Fig. S7). However adult-bee infection prevalence is far 302 lower than seen in our SI model (S.I. Fig. S7) – this is in agreement with observations of lower 303 prevalence of paralysis viruses (Budge et al., 2015). Notably, the endemic equilibrium prevalence 304 increases only by small magnitudes as movement between colonies or apiary sizes are drastically 305 increased (S.I. Fig. S7), in agreement with our main general result. This equivalence in behaviour 306 between different models reflecting large disparities in infection mechanics and different endemic 307 prevalences demonstrates that these results are likely generalisable to many honeybee pathogens.

We find rapid spread of a given pathogen across an apiary, which quickly reaches endemic equilibrium (S.I. Figs. S4-S6). While pathogens with a higher R<sub>0</sub> reach this equilibrium more quickly, there is universally rapid spread. Given this result, we mainly focussed on the disease prevalence experienced at endemic equilibrium. Despite assuming transmission only to nearest neighbours, pathogen spread occurs rapidly, and the nearest neighbour assumption alters this very little when removed or relaxed (see S.I. Fig. S6). The rate at which epidemics are established in our model is also in agreement with other honeybee pathogen models. For example, Jatulan, Rabajante, Banaay,

Fajardo, & Jose (2015) show a single infectious adult causes an American Foulbrood (*Paenibacillus larvae*) epidemic that peaks within 50 days. Whilst they do not explicitly find an R<sub>0</sub> for *P. larvae*, the short timescales characterising their epidemics are in line with ours (S.I. Section 3), suggesting high R<sub>0</sub> values and that their model would behave similarly to ours at an apiary scale.

319 Our inter-colony transmission can be understood to capture multiple processes arriving from 320 beekeeper management such as brood transplantation or reduced distance between colonies (Brosi 321 et al., 2017) as well as recognised transmission routes such as honeybee drift (Jay, 1965). Our 322 approach was informed by studies which have focussed on how changes in the number of colonies 323 and apiary configurations (Jay, 1966, 1968) alter drift (Dynes et al., 2017). Links between drift-324 mediated pathogen transmission and colony numbers have been documented for a variety of 325 pathogens (Seeley & Smith, 2015) - including brood specialised and non-specialised, micro- and 326 macro- parasites (Belloy et al., 2007; Budge et al., 2010; Dynes et al., 2017; Nolan & Delaplane, 327 2017). Larger numbers of colonies per apiary are a driver of higher drift (Currie & Jay, 1991), as are 328 changes in apiary arrangement (Jay, 1966; Dynes, Berry, Delaplane, Brosi, & Roode, 2019). While 329 beekeepers typically maintain equal distances between their colonies regardless of how many 330 colonies are in the apiary (such that larger apiaries have a bigger area footprint), our approach of 331 increasing between-colony transmission in larger apiaries would also capture any additional 332 transmission from spatial crowding.

Two clear candidates for future development of this model include seasonality and demography,
which are closely linked. Honeybee demography within a colony influences epidemiology (Betti,
Wahl, & Zamir, 2016) due in part to the temporal polyethism of task allocation influencing exposure
and immunity (Calderone & Page, 1996), as well as the flexible ability of honeybees to regain
immune function when they revert roles (Amdam et al., 2005; Robinson, Page, Strambi, & Strambi,
1992). However, patterns in how age and immunosenescence in honeybees relates to survival and
infectiousness remain complicated (Roberts & Hughes, 2014). Analytically tractable models

accounting for the role of this complex demography in understanding stress in a colony have only
recently been developed (Booton, Iwasa, Marshall, & Childs, 2017), and extending these models to
incorporate diseases at the apiary scale is challenging. However, notable phenomena worth pursuing
include: the role of male bees, which are known to be more easily infected, more infectious, and
more likely to drift between colonies (Currie & Jay, 1991; Roberts & Hughes, 2015); as well as the
role of robbing – where honeybees invade other colonies to steal food (Fries & Camazine, 2001;
Lindström, Korpela, & Fries 2008).

347 At broader scales, overstocking of colonies may lead to resource limitation and consequently 348 impaired immune function (Al-Ghamdi, Adgaba, Getachew, & Tadesse, 2016; Pasquale et al., 2013). 349 These effects are important for a broader understanding of honeybee epidemiology, but should be 350 separated from the within-apiary processes studied here. Additionally, most honeybee infectious 351 diseases are caused by multi-host pathogens shared with other wild bees (Fürst et al., 2014; Manley 352 et al., 2015; McMahon et al., 2015, 2018). Honeybee colony density across a landscape therefore has 353 implications for wild pollinator health (Cohen et al., 2017; Graystock et al., 2016), however our 354 results suggest that increased stocking of honeybees may have smaller impacts on local pollinator 355 infectious disease dynamics than may have been previously thought.

356 Other industrialised agricultural livestock systems reflect extreme host densities similar to those in 357 this study. However, the R₀ for honeybee diseases may exceed that of other livestock diseases. We 358 compare our lower threshold estimate for the R<sub>0</sub> of *N. ceranae* to all available R<sub>0</sub> values for livestock 359 diseases that we could readily find in the literature (Fig. S9, see S.I. Section 4). Notably, all other 360 livestock diseases for which R<sub>0</sub> estimates exist show minimum R<sub>0</sub> values far below our honeybee 361 estimate, however examples of agricultural  $R_0$  values as high or higher than those we present for 362 honeybees do also exist. There is therefore a clear need to develop explicit models of agricultural 363 intensification scenarios for important agricultural disease.

Overall, our findings represent the first stage in developing robust epidemiological models for studying honeybee pathogens at an apiary scale. In the face of increasing challenges to global apiculture, our models predict that the size of apiaries *per se* is not causing notable increases in disease prevalence for important established bee pathogens, while it may increase the risk of pathogen emergence. Finally, this study demonstrates that conventional thought on how agricultural intensification influences disease may not be robust in the face of system-specific ecological nuance.

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#### 377 Authors' Contributions

378 All authors contributed to conceptualisation and scope definition of the study. LJB, CR, MB

developed approach. Mathematical modelling was undertaken by CR, AW, and MB. Computational

380 modelling by LJB, KD, and MB. Model scope and parameterisation by LJB, KD, JCdR, BJB, LW. LJB and

- 381 CR created figures, interpreted results and drafted manuscript with guidance and input from all
- authors. All authors contributed to further drafting, revision, and finalisation. All authors approved

#### 384 Data Accessibility

the final version for publication.

383

385 The agent-based model is made available in association with this manuscript via Dryad Digital

386 Repository doi:10.5061/dryad.rn2j5p0 (Bartlett et al. 2019).

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