

1 **Strategies for Managing Marine Disease**

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15 **Abstract**

16           The incidence of emerging infectious diseases (EIDs) has increased in wildlife  
17 populations in recent years and is expected to continue to increase with global change. Marine  
18 diseases in particular are relatively understudied compared to terrestrial disease, but they can  
19 disrupt ecosystem resilience, cause economic loss, or threaten human health. While there are  
20 many existing tools to combat the direct and indirect consequences of EIDs, these management  
21 strategies are often insufficient or ineffective in marine habitats compared to their terrestrial  
22 counterparts, often due to fundamental differences in marine and terrestrial systems. Here, we  
23 first illustrate how the marine environment and marine organism life history present challenges  
24 or opportunities for wildlife disease management. We then assess the application of common  
25 disease management strategies to marine versus terrestrial systems to identify those that may be  
26 most effective for marine disease outbreak prevention, response, and recovery. Finally, we  
27 recommend multiple actions that will enable more successful management of marine wildlife  
28 disease emergencies in the future. These include prioritizing marine disease research and  
29 understanding its links to climate change, preventatively increasing marine ecosystem health,  
30 forming better monitoring and response networks, developing marine veterinary medicine  
31 programs, and enacting policy that addresses marine and other wildlife disease. Overall, we  
32 encourage a more proactive rather than reactive approach to marine conservation in general and  
33 to marine wildlife disease in particular and emphasize that multi-disciplinary collaborations are  
34 key to managing marine wildlife health.

35 **Key words:** marine wildlife, disease ecology, marine conservation

36 **Introduction**

37 In the last 40 years, wildlife populations have experienced a pronounced increase in  
38 **emerging infectious diseases (EID)** occurrence across terrestrial (Daszak et al. 2000),  
39 freshwater (Reid et al. 2019), and marine environments (Tracy et al. 2019). When an EID  
40 disrupts ecosystems, causes economic loss, or threatens human health, it becomes a **disease**  
41 **emergency** (Groner et al. 2016). For marine wildlife in particular, mitigating disease  
42 emergencies is critical because of direct or indirect effects on fisheries, a \$US400 billion dollar  
43 industry, with 10% of the global human population dependent upon fisheries for their livelihood  
44 (FAO 2020), and due to the vast potential for marine organisms to enable technological and  
45 biomedical advances (Blasiak et al. 2020).

46 Despite significant recent increases in marine wildlife disease (Harvell et al. 2004, Tracy  
47 et al. 2019), and the profound direct and indirect consequences of EIDs, there are few examples  
48 of large-scale wildlife management programs or mandates (see *Management Recommendations*).  
49 Accordingly, identifying, developing, and implementing tractable management tools targeted to  
50 marine ecosystems is an urgent priority for scientists, managers, and policymakers alike.  
51 Interdisciplinary collaborations between human, animal, and ecosystem health professionals are  
52 essential to effectively understand and manage marine disease emergencies (Groner et al. 2016).

53 Terrestrial wildlife disease has been managed for many decades, and the successes and  
54 challenges in these systems serve as a jumping off point for developing successful management  
55 strategies in marine systems. Fundamental features of life in the marine environment can have  
56 profound consequences for disease dynamics, research, and management (Mccallum et al. 2004).  
57 Here, we: (1) briefly describe the relatively unique features of marine compared to terrestrial  
58 environments that are pertinent for applying or developing marine disease management

59 strategies; (2) assess the application of terrestrial disease management strategies to the  
60 management of marine disease emergencies; and (3) make recommendations to improve marine  
61 disease management. While we focus on terrestrial and marine disease systems, we recognize  
62 that this dichotomy leaves out freshwater and estuarine habitats. The intent of this manuscript is  
63 not to provide a complete review of marine disease ecology (for a thorough investigation of this  
64 topic, see (Behringer et al. 2020)). Rather, we highlight examples of relevant marine disease  
65 management strategies and give examples of systems in which they can be useful. Further,  
66 though some of our recommendations are focused on the US, many could be easily applied in  
67 any jurisdiction. We aim to identify useful management tools, aid in the development of novel  
68 strategies in marine systems and facilitate interdisciplinary collaboration between marine and  
69 terrestrial disease researchers and managers.

## 70 *Disease Dynamics in the Marine Environment and Implications for Management*

71 **Pathogen** dynamics, host susceptibility, and environmental conditions that affect host  
72 health and pathogen viability/transmission all contribute to an organism entering a disease state  
73 (Fig. 1, McNew 1960, Scholthof 2007, Thrusfield and Christley 2018). Each of these three  
74 variables make up the **disease triangle**, which can be modulated in turn to prevent or treat  
75 disease. We organize the relatively unique effects of life in the marine environment on disease  
76 dynamics into these vertices (for a more thorough review of marine versus terrestrial  
77 epidemiology, see Mccallum et al. 2004).

### 78 *Pathogen dynamics*

79 As marine disease systems are historically understudied, disease-causing agents are  
80 relatively uncatalogued (Harvell et al. 2004, Mccallum et al. 2004). First, pathogen transmission  
81 is different in water versus air. Airborne pathogens are typically viable for minutes to hours and

82 are typically transported a few meters at most (e.g., Wells 1934, Olsen et al. 2003, Booth et al.  
83 2005). In contrast, marine pathogens can remain viable in seawater from days to weeks (Hawley  
84 and Garver 2008, Oidtmann et al. 2018), moving hundreds of miles in ocean currents (McCallum  
85 et al. 2003). Together, these variables facilitate rapid transmission -- accordingly marine diseases  
86 have been documented to spread an order of magnitude faster than those on land (Cantrell et al.  
87 2020). Extended viability, long-distance transport, and rapid transmission complicates the ability  
88 for managers to geographically contain marine pathogens.

89 In both water and air, diffusive spread dilutes pathogens and reduces exposure. Pathways  
90 that reduce dilution and increase transmission are common in terrestrial systems and include near  
91 direct contact between hosts, indirect contact with **fomites** like soil and vegetation, or **vectors**  
92 such as mosquitoes. On the other hand, the majority of marine pathogens documented to date are  
93 transmitted as free-living (Ben-Horin et al. 2015), despite the potential for dilution. Some marine  
94 pathogens use suspended particulate matter as fomites and zooplankton as vectors (Frada et al.  
95 2014, Kough et al. 2014, Kramer et al. 2016, Certner et al. 2017) but few marine vectors have  
96 been identified (Harvell et al. 2004). Overall, there is still much to learn about pathogen biology  
97 and transmission in the ocean and, accordingly, how to modulate pathogen dynamics for marine  
98 disease management.

### 99 *Host dynamics*

100 A number of characteristics of marine hosts contribute to the complexity of  
101 understanding marine disease dynamics, including abundant colonial and sessile species, the  
102 importance of **pelagic larvae**, and different host immunity traits. Colonial and sessile life stages  
103 are more common in marine environments and many foundational species exhibit these traits  
104 (e.g., corals, sponges, and bivalves, Costello and Chaudhary 2017). Behavioral strategies used by

105 more mobile species, such as avoiding sick individuals, are not employable by sessile organisms  
106 (Behringer et al. 2018), and the tendency of many species to grow in close proximity facilitates  
107 rapid pathogen transmission. However, if measures are taken before an outbreak causes infection  
108 of all hosts, these organisms are typically easier to capture, quarantine, or even breed in  
109 captivity. Many sessile and colonial animals are also filter feeders that can sequester rich  
110 assemblages of pathogenic microbes, offering a management tool unique to aquatic systems  
111 (Burge et al. 2016a).

112         Many marine taxa have pelagic larval phases, where propagules travel long distances  
113 before settling into adult habitat (Cowen and Sponaugle 2009). This **bipartite life history**  
114 **strategy** decouples local birth rates from death rates as young can be transported far from adult  
115 populations, creating complex population and disease dynamics that are challenging to predict  
116 (Williams and Hastings 2013). While similar long-distance propagule transport occurs in many  
117 terrestrial plants, this strategy is common among marine taxa, including fish, corals, crustaceans,  
118 mollusks, and echinoderms. This strategy often results in decoupled gamete production and  
119 larval settlement, creating complex population dynamics that are challenging to predict  
120 (Williams and Hastings 2013). Movement of highly mobile larvae between populations can have  
121 two potential outcomes for disease transmission: 1) Transport can allow offspring to escape  
122 infected hotspots or 2) larvae can in turn act as vectors, spreading pathogens to new communities  
123 (Kough et al. 2014). Larval export can also repopulate or establish new host populations (Carr et  
124 al. 2003) especially if the larvae acquire **trans-generational immunity** (Little et al. 2003).  
125 Pelagic larval strategies are often coupled with very high numbers of offspring, which increases  
126 the adaptation potential at the population level (e.g., Schiebelhut et al. 2018). On the other hand,  
127 if the pathogen remains in the population, the consistent arrival recruitment of larvae to an

128 infected population may maintain a fuel outbreaks by repopulating pools of susceptible hosts  
129 (Behringer et al. 2020).

130         There are two branches of the host immune system, the presence and complexity of  
131 which vary among taxa. All organisms utilize **innate immunity**, which is a non-specific immune  
132 response that is widely activated upon detection of pathogen invasion (Mydlarz et al. 2006,  
133 Cooper 2018). Vertebrates also utilize **adaptive immunity**, where **antibodies** are created in  
134 response to **antigens**, creating pathogen-specific immunological memory (Pastoret et al. 1998).  
135 As the majority of terrestrial wildlife disease management has focused on vertebrates, some of  
136 the most effective and commonly used strategies capitalize on antibody responses for disease  
137 diagnostics (e.g., serological assays) and prevention (e.g., vaccination). Invertebrates make up  
138 the majority of animal taxa in the ocean (Mather 2013) requiring alternative and/or novel  
139 management strategies for many marine disease emergencies.

140 *A Changing Environment: Climate Change and Disease Dynamics in the Sea*

141         Organisms in marine and terrestrial environments are experiencing changing average  
142 temperatures and increased variability in local weather patterns, and marine organisms are  
143 additionally experiencing hypoxia and ocean acidification. Across systems, elevated  
144 temperatures increase virulence, growth rates, reproductive window, and overwintering success  
145 of many pathogens (Harvell et al. 2002, Shields 2019). Further, heat stress in host organisms  
146 increases the amount of energy devoted to metabolic demands and respiration, leaving fewer  
147 resources for immunological function (Shields 2019). In the sea, ocean acidification and hypoxia  
148 further deplete host energy reserves and damage tissue, ultimately increasing susceptibility to  
149 infection (Hernroth and Baden 2018, Shields 2019, Schwaner et al. 2020). These stressors often  
150 occur simultaneously, with consequences ultimately compounded (Burge et al. 2014, Gobler and

151 Baumann 2016). These multiple stressors are especially threatening for sessile marine species  
152 that cannot escape their habitat when faced with rising temperatures, ocean acidification, or  
153 hypoxia. Thus, immediate study of the effects of climate change on marine disease dynamics is  
154 critical and ongoing. Disease forecasting is especially important for predicting and mitigating  
155 long-term disease impacts (see *Forecast Outbreaks* below and Cantrell et al. 2020).

156

### 157 *Limited Access*

158         Humans do not inhabit marine ecosystems and are always temporary visitors. Certainly,  
159 there are many terrestrial systems that are quite inaccessible (e.g., jungles, polar environments,  
160 deserts), but this is a nearly universal feature of marine environments. This has rendered marine  
161 disease systems relatively understudied compared to terrestrial systems (Harvell et al. 2004,  
162 Mccallum et al. 2004). Also, the feasibility of managing disease is diminished because disease  
163 emergencies are harder to detect and because accessing populations or individuals for disease  
164 management is generally quite limited or nigh impossible in some cases (e.g., the deep sea).

### 165 **Management Strategies for Marine Disease Emergencies**

166         In light of the fundamental differences in disease dynamics and the implications for  
167 management that we cover above, we now assess the application of myriad terrestrial disease  
168 management strategies to the management of marine disease emergencies. For each management  
169 strategy, we assigned a score between 1 and 4 based on potential utility (Fig. 2a). We group the  
170 strategies according to the timeframe during which they may be useful (surveillance, response  
171 and recovery) and the specificity to a given disease system (targeted or general) (Fig. 2b).



172 ***Outbreak Surveillance***

173 *Monitor Outbreaks (Score: 4)*

174 Infectious disease surveillance in wild populations includes the ongoing systematic  
175 collection, analysis, and interpretation of data to detect and monitor the status of diseases (WHO  
176 2006). In all systems, active surveillance programs (i.e. surveilling for a particular disease,  
177 Sleeman et al. 2012) are limited by high costs and complex logistics. This is especially true in  
178 marine systems where it is typically more expensive and more challenging to sample organisms  
179 directly than on land. Since pathogens in the ocean are relatively undescribed compared to those  
180 on land, surveillance is also limited by the availability of specific diagnostic tools (see  
181 *Diagnostics* below). However, there are several successful examples of active marine  
182 surveillance programs including: corals ([Coral Reef Evaluation and Monitoring Project](#),  
183 [CREMP](#)) and abalone ([California Department of Fish and Wildlife Shellfish Health](#)  
184 [Laboratory](#)). Potential strategies for overcoming difficulties sampling focal species include  
185 sampling sentinel species (Halliday et al. 2007), filter feeders (Burge et al. 2016a),  
186 environmental DNA (Michaels et al. 2016, Sato et al. 2019). When pathogens have not been  
187 fully described, active surveillance could be accomplished via non-specific or broadly specific  
188 pathogen detection tools (e.g., biochemistry of innate immune markers (Glidden et al. 2018),  
189 high-throughput amplicon sequencing (Huang et al. 2019), and metagenomics (Gu et al. 2019).

190 Effective passive surveillance programs (i.e. studying animals found sick or dead,  
191 Sleeman et al. 2012) are contingent upon a network of observers (e.g., Rocky Mountain wildlife:  
192 Duncan et al. 2008), which again is likely more challenging in less-accessible marine systems.  
193 However, there are some excellent examples of these programs for marine taxa or habitats (e.g.,  
194 [West Coast Marine Mammal Stranding Network](#), [Local Environmental Observer \(LEO\)](#)

195 [Network, Wildlife Health Information Sharing Partnership \(WHISPers\)](#)). Increasing connectivity  
196 among people or entities that study marine wildlife health, creating or augmenting reporting  
197 systems and databases to include marine organisms, and engaging public participation in  
198 surveillance would substantially increase the effectiveness of passive surveillance in marine  
199 systems. Generally, passive and active disease surveillance is a key component of identifying  
200 and responding to marine disease outbreaks, and advances in sequencing and sampling  
201 technology continue to improve utility in all systems.

### 202 *Forecast Outbreaks (Score: 3)*

203       Disease forecasting relies on model-based early warning systems that combine  
204 environmental and epidemiological data to predict if, when, and where outbreaks may occur  
205 (Maynard et al. 2016). Long- and short-term forecasting has been particularly successful for  
206 human diseases when vector or **reservoir host** biology is linked to environmental conditions, as  
207 is the case for ectotherms (Chaves and Pascual 2007, Muñoz et al. 2020). Given that most marine  
208 wildlife are ectotherms and thus particularly sensitive to environmental variation, existing  
209 forecasting strategies for terrestrial systems have great potential to be applied in marine systems,  
210 with a few existing successful examples (coral disease outbreaks: Caldwell et al. 2016); lobster  
211 epizootic shell disease: (Maynard et al. 2015, 2016). Current applications in marine systems are  
212 limited by environmental monitoring capacity underwater. However, this is rapidly improving  
213 for key variables like temperature (Trevathan et al. 2012, Piermattei et al. 2018). Further,  
214 mechanistic models (see *Epidemiological Models*) describing environmental response curves  
215 (i.e., thermal response curves) have demonstrated the most promise at effectively predicting  
216 disease emergence (Kirk et al. 2020). Determining causal relationships between environmental

217 variability, pathogen biology, and host physiology will continue to improve disease forecasts. In  
218 many marine systems, host, and even pathogen, thermal response has been explored in laboratory  
219 settings. Future work should aim to incorporate host and pathogen thermal and other  
220 environmental responses into mechanistic, predictive models. With more research and  
221 development of environmental monitoring systems, forecasting outbreaks is of great utility to  
222 marine systems, especially as the climate changes. Pairing forecasting with some of the outbreak  
223 prevention and response strategies we outline below could be especially effective.

## 224 ***Outbreak Response Strategies***

### 225 *Diagnostics (Score: 3)*

226         Disease diagnostics characterize and identify the causative agent of disease in a host, and  
227 these diagnostics are critical for tracking and mitigating an outbreak. Many classic (gross  
228 observations, cell culture, microscopy, histopathology) and modern diagnostic tools (quantitative  
229 PCR, amplicon sequencing, metagenomics, analytical biochemistry) that are utilized in terrestrial  
230 settings are directly applicable to marine settings and have been used successfully (reviewed in  
231 (Burge et al. 2016b). However, there is a comparative dearth of knowledge of marine disease  
232 agents (Harvell et al. 2004, Behringer et al. 2020), which makes diagnostics challenging.  
233 Further, in organisms that lack adaptive immune systems, diagnostics are limited to tools that  
234 directly identify the pathogen (e.g., histology, PCR) rather than an immune response. When  
235 pathogens are not quickly identified, many of the management strategies we cover elsewhere are  
236 hamstrung. For example, the cause of Sea Star Wasting Syndrome is still unclear (Hewson et al.  
237 2018, 2019) and many proposed recovery efforts hinge on diagnosing the disease agent (Gravem  
238 et al. 2020). Overall, diagnostics must be an integral part of outbreak response, and techniques

239 developed in terrestrial systems are a directly transferable and promising source of solutions in  
240 marine systems.

#### 241 *Isolation Strategies (Score: 2)*

242 Isolation strategies include quarantine and geographic restriction. Although contentious,  
243 geographic restriction using fencing is widely employed in terrestrial systems for ungulates and  
244 other large species to prevent disease spread (Myserud and Rolandsen 2019). However,  
245 geographic restriction is typically not possible in marine systems due to pathogen transmission  
246 through water and logistical challenges of limiting host movement in the water.

247 There are two primary quarantine strategies: isolating infected individuals until they are  
248 not infectious or isolating healthy animals until their reintroduction poses little risk of infection.  
249 Both can be employed quickly and without extensive knowledge of a disease process. Quarantine  
250 has had marginal success, but is generally restricted to wildlife that can be easily contained, are  
251 small, or do not migrate (e.g., frogs during chytridiomycosis outbreaks; Woodhams et al. 2011,  
252 isolation of fishes carrying viral hemorrhagic septicemia; Håstein et al. 1999). For marine  
253 species in particular, self-contained seawater facilities are needed. While these facilities do exist,  
254 (e.g., US Geological Survey field stations) they are primarily used for economically valuable  
255 species (e.g., fishes, corals). To make quarantine a viable option for marine wildlife disease  
256 outbreaks, infrastructure and expanded partnerships with existing institutions are necessary (e.g.,  
257 zoos and aquariums: *Ocean Wise Research- Vancouver Aquarium*). Overall, quarantine only has  
258 utility for a limited range of marine taxa.

259 *Antimicrobials (Score: 1)*

260 Antimicrobial treatments are used extensively in human and veterinary medicine to  
261 combat disease (Schwarz et al. 2001, Rohayem et al. 2010, Woods and Knauer 2010, Foy and  
262 Trepanier 2010). Similar to terrestrial wildlife disease, the use of antimicrobials in marine  
263 disease may be contraindicated because of challenges associated with drug distribution and  
264 delivery in large open water systems. Only localized distribution in small, accessible marine  
265 populations is likely to prove effective (e.g., Stony Coral Tissue Disease in small coral  
266 populations; Neely et al. 2019). Furthermore, antimicrobials are being replaced by preventative  
267 measures, such as **probiotics** (see *Natural Therapeutics*), due to an increasing awareness of the  
268 importance of the microbiome and concerns of antibiotic resistance (Bachère 2003, Cabello et al.  
269 2013). Antibiotic resistance has already been documented in marine mammal species (Schaefer  
270 et al. 2009, Wallace et al. 2013) and sea turtles (Foti et al. 2009). Antimicrobials have extremely  
271 limited utility in marine systems at this time.

272 *Culling (Score: 2)*

273 Targeted culling is the selected killing or removal of wildlife and is applicable to both  
274 outbreak response and prevention. Culling of infected hosts can prevent pathogen spread  
275 between populations and has historically been used in terrestrial systems to slow disease  
276 transmission (Daszak et al. 2000). Culling is commonly focused on **reservoir hosts** in terrestrial  
277 systems (e.g., African buffalo culled to control bovine tuberculosis; le Roex et al. 2016). In  
278 marine systems, culling has been employed to prevent spread of viral hemorrhagic septicemia  
279 (VHS) in hatchery salmon to wild populations (Amos et al. 1998) and proposed to reduce spread  
280 of withering syndrome in aquacultured red abalone (Ben-Horin et al. 2016). Culling reservoir  
281 hosts may be effective in marine systems, particularly if they are easy to access and capture (e.g.,

282 filter-feeding bivalves that accumulate pathogens; Burge et al. 2016a). However, culling should  
283 be exercised with caution since it can often have unintended consequences for disease  
284 transmission (e.g., Bolzoni and De Leo 2013, Bielby et al. 2014). Successful management  
285 requires mechanistic understanding of how host population and community ecology influences  
286 disease transmission as well as the ability to locate and cull diseased individuals and/or  
287 populations. Culling has been overshadowed by other more effective management strategies in  
288 terrestrial systems (Sokolow et al. 2019), and is likely not useful in marine systems under most  
289 circumstances.

#### 290 *Epidemiological Models (Score: 4)*

291       Epidemiological models broadly refer to a wide range of mathematical tools used to track  
292 temporal and spatial distribution of infected hosts and disease-induced mortality. They are  
293 extensively used in terrestrial disease systems to understand disease dynamics, evaluate efficacy  
294 of intervention strategies, and predict outbreak outcomes (e.g., Beeton and McCallum 2011,  
295 Craig et al. 2014, Viana et al. 2015, Silk et al. 2019). While some techniques have been  
296 successful in marine systems, application of epidemiological models has been hindered by lack  
297 of understanding of pathogen transmission and host susceptibility (Powell and Hofmann 2015,  
298 Shore and Caldwell 2019). However, incorporating within-host processes (Bidegain et al. 2017),  
299 among host heterogeneity (intra- and inter- specific; Bidegain et al. 2016, 2017), environmental  
300 conditions (Zvuloni et al. 2015, Lu et al. 2020), and physics and oceanographic data to map  
301 pathogen spread (e.g., Ferreira et al. 2014, Pande et al. 2015, Aalto et al. 2020) has substantially  
302 advanced marine disease models. Epidemiological models are best used when output can be  
303 applied to surveillance (see *Forecasting Outbreaks*), prevention, and response. Overall,

304 epidemiological models are a powerful tool and their application to marine disease management  
305 has great potential as new data streams and computational methods emerge.

### 306 ***Targeted Recovery Strategies After a Host Decline***

#### 307 *Translocations (Score: 4)*

308 Translocation involves taking individuals from larger or healthier populations and  
309 moving them to smaller populations that have been severely reduced by disease (e.g., Kawai'i  
310 thrush, Puaiohi; Switzer et al., 2014). This strategy can be used successfully in marine systems,  
311 provided there is enough understanding of epidemiology and natural history to ensure the  
312 translocated animals will stay in the area, remain healthy, and increase the breeding pool.  
313 However, when organisms are highly mobile or live in groups with complex social structures,  
314 translocations can fail (e.g., sea otters; Jameson et al. 1982, Lafferty and Tinker 2014). Further,  
315 careful maintenance of genetic diversity to minimize bottleneck effects in small populations is  
316 key (Willoughby et al. 2015). Additional considerations after an outbreak include avoiding  
317 disease reintroduction in the target area and avoiding moving healthy organisms to areas where  
318 disease is present (Stabili et al. 2010). These challenges make many translocations of terrestrial  
319 wildlife logistically and financially prohibitive, but they may be more tenable in marine systems  
320 because many invertebrates and fishes have high numbers of offspring and little or no maternal  
321 care, meaning that sufficient numbers may be rapidly obtained and that maintenance of social or  
322 family groups is less important. Overall, translocations are a useful tool for marine wildlife  
323 managers to bolster vulnerable populations when conditions are met, and can be especially  
324 effective when combined with other direct management strategies like *Captive Breeding*,  
325 *Diagnostics*, and *Habitat Restoration*.

326 *Captive Breeding and Reintroduction (Score: 3)*

327 Captive breeding and reintroduction involves the maintenance of adult breeding  
328 populations in captivity, with the goal of producing healthy offspring that can be successfully  
329 reintroduced to the wild. This method can help recover populations that have been severely  
330 reduced by disease (e.g., blackfooted ferret; Thorne and Williams 1988) or are experiencing low  
331 genetic diversity after disease. Captive breeding has been successful for many species in zoos,  
332 aquariums, and research and private facilities ([Association of Zoos and Aquariums \(AZA\)](#)  
333 [Reintroduction Programs](#), Fraser 2008, Wasson et al. 2020). As with quarantine, implementation  
334 of this strategy for marine wildlife is contingent on increased availability of facilities.  
335 Additionally, captive breeding must be carefully employed to align with conservation goals,  
336 maintain genetic diversity and avoid disease introduction (Williams and Hoffman 2009, Albert et  
337 al. 2015, Grogan et al. 2017, Wacker et al. 2019). Well-designed programs can be utilized to  
338 increase the **adaptive capacity** of a population, including selective breeding for resistance to  
339 pathogens, applying prophylactic treatments to help prevent disease spread (see *Natural*  
340 *Therapeutics*), and **bioaugmentation** (Harris et al. 2009, Grant et al. 2016). In cases where the  
341 population decline is so severe that few remain in the wild, captive breeding may be the only  
342 way to maintain the population (*The IUCN policy statement on captive breeding* 1987, Snyder et  
343 al. 1996).

344 There are successful examples of reintroduction of captive bred animals in terrestrial and  
345 freshwater systems (e.g., California condor, Ohio river basin freshwater mussels, Oregon frog,  
346 [AZA Reintroduction Programs](#)), but their success in marine systems is highly variable and  
347 poorly understood (Fraser 2009). Reintroducing captive bred animals to the wild has many of the  
348 same limitations and considerations mentioned for translocations (i.e. high risk of failure, need to



349 maintain genetic diversity, avoiding disease introduction, financial cost). The pelagic larval  
350 phase common to many marine species poses further challenges. However, the abundant  
351 reproductive capacity of many species, and partnerships with commercial aquaculture facilities  
352 may be two pathways to successful implementation. Ultimately, captive breeding and  
353 reintroduction is a key tool for marine wildlife managers, but more investment in infrastructure  
354 and research is needed before this is a scalable option for most species.

### 355 *Targeted Habitat Restoration (Score: 2)*

356 Targeted habitat restoration, which involves renewing or restoring degraded ecosystems,  
357 has been generally used to aid recovery of species experiencing severe population declines,  
358 including Pacific salmonids in the Columbia River Basin (Barnas et al. 2015) and birds in  
359 woodlands of Victoria, Australia (Vesk et al. 2015). Targeted restoration benefits from  
360 strategically identifying optimal locations (Geist and Hawkins 2016) with access to a source  
361 population. Habitat restoration may protect a site from new outbreaks (Sokolow et al. 2019), but  
362 does not typically protect a species from disease re-emergence if the pathogen has not been  
363 extirpated from the area. The ubiquity of larval stages in the marine environment may be either a  
364 challenge or an advantage for a successful habitat restoration project: recruitment of larvae is  
365 often sporadic and unpredictable, but high population connectivity means that larvae may easily  
366 settle in newly restored habitats. One way to circumvent this uncertainty is to pair habitat  
367 restoration with translocation or captive breeding and reintroduction. Because of the relative  
368 inaccessibility of marine compared to terrestrial environments, marine habitat restoration can be  
369 logistically intensive and expensive, especially on a large scale (e.g., kelp forest restoration; Eger  
370 et al. 2020). However, many economically and ecologically important marine habitats have been  
371 successfully restored, including mangroves, seagrass meadows, and oyster reefs (Hashim et al.

372 2010, Orth et al. 2012, Lipcius and Burke 2018). As such, additional research and adequate  
373 resources are needed to ensure viability of marine habitat restoration for aiding species recovery  
374 following a disease outbreak.

#### 375 *Reduce Harvest (Score: 2)*

376         Limiting harvest of organisms can speed species recovery from a disease outbreak and  
377 restrict transmission facilitated by harvesting (e.g., movement of individuals due to baiting or  
378 transport of infectious material). This method is used sporadically to recover populations in both  
379 marine and terrestrial systems and involves limits on fishing, hunting, or harvesting. In marine  
380 and terrestrial environments, reducing take is only useful if the species is harvested directly or as  
381 bycatch, and it does not ameliorate disease itself. Additionally, in disease systems with high  
382 density-dependent transmission or overpopulation, allowing lethal take may slow  
383 parasite/pathogen transmission by decreasing host density (see *Culling*) (McCallum et al. 2005,  
384 Wood et al. 2010). Overall, reducing harvest is a useful strategy if take is the primary factor  
385 inhibiting recovery but is not directly a disease management tool.

#### 386 *Endangered Species Lists (Score: 4)*

387         Listing species as threatened or endangered offers direct protection for that species and  
388 facilitates restoration efforts by providing funding and resources for terrestrial and marine taxa  
389 alike. A major driver of listing is to increase visibility of a declining species. For example, the  
390 International Union for the Conservation of Nature (IUCN) Red List can increase public  
391 awareness, help generate funding, and facilitate effective management actions (e.g., Gravem et  
392 al. 2020). When tied to legislation (e.g., the United States Endangered Species Act), listing can  
393 criminalize harvest or other detrimental activities by humans (see *Reduce Harvest*). However,

394 listing does not ameliorate disease outcomes. Further, it can be slow, politically fraught, and  
395 protections are dependent on enforcement. In some cases, listing can limit basic research and  
396 hinder recovery (Miller et al. 1994). Overall, endangered species listing is a useful strategy in  
397 situations where individual species are already recovering from disease and would further benefit  
398 from funding, attention, and policy action (e.g., black abalone; Balsiger 2009).

### 399 *Targeted Outbreak Prevention Strategies*

#### 400 *Vaccines (Score: 1)*

401       Vaccination exposes organisms to a deactivated, live attenuated, or recombinant antigen  
402 that elicits an antibody response in the host's adaptive immune system and defends against  
403 subsequent infection (Sallusto et al. 2010). Vaccines are used in terrestrial wildlife (reviewed in  
404 Langwig et al. 2015), aquaculture of many fishes (reviewed in Sommerset et al. 2005), and  
405 marine mammals (Robinson et al. 2018). Three prerequisites must be met before vaccination is  
406 feasible. First, taxa must generally have an adaptive immune response. This is lacking in the  
407 majority of invertebrates, which comprise a huge portion of marine taxa (Roch 1999). There is  
408 some research to suggest that priming of the innate immune system may work as a partially  
409 effective, moderately specific vaccine, however, this has only been demonstrated for White Spot  
410 Syndrome Virus in shrimp (Syed Musthaq and Kwang 2014). Second, vaccines are often  
411 delivered via injections and bait, sometimes with multiple doses required (Sharma and Hinds  
412 2012). For marine wildlife, lack of access to individuals and dispersal of bait reduces the  
413 feasibility of these methods. Third, vaccines are expensive to develop, and with the exception of  
414 charismatic megafauna, funding to develop vaccines for wildlife is limited. Ideal vaccination  
415 campaigns in wildlife confer **herd immunity** (Fine 1993). At this time, vaccines are primarily

416 useful in marine systems for vertebrates that have small, easy to access populations (e.g., monk  
417 seals; Robinson et al. 2018).

418 *Natural Therapeutics (Score: 2)*

419 In wild systems, hosts are typically simultaneously infected with multiple commensal,  
420 symbiotic, and parasitic organisms that comprise the **microbiome** and **parasitome**. The  
421 composition and stability of these “omes” is inherent to disease resistance and tolerance across  
422 all taxa (Kueneman et al. 2016, Pollock et al. 2019, Hoyt et al. 2019, Carthey et al. 2020, Hoarau  
423 et al. 2020, Vega Thurber et al. 2020). Understanding the role of the microbiome and parasitome  
424 in preventing or causing disease may unlock a deeper understanding of disease dynamics as well  
425 as management strategies in all wildlife, including marine species.

426 The microbiome and parasitome can be manipulated to prevent or treat disease via three  
427 tools: **phage therapy**, probiotics, and **coinfection** (Inal 2003, Newaj-Fyzul et al. 2014,  
428 Rynkiewicz et al. 2015, Vaumourin et al. 2015). Phage therapy is a developing treatment for  
429 multidrug-resistant bacterial infections in humans, crops, and some animals (reviewed in Doss et  
430 al. 2017). In marine systems, phage coinfection has been documented to reduce withering foot  
431 syndrome in black abalone, and has been successfully used to experimentally treat several  
432 bacterial diseases in aquaculture (Friedman et al. 2014, Doss et al. 2017). While in its early  
433 stages, the characterization of marine phages is rapidly accelerating due to the development of  
434 new “omics” tools (reviewed in Thurber 2009). Probiotics are widely used to improve health and  
435 prevent disease in aquacultured organisms (reviewed by Martínez Cruz et al. 2012), and  
436 probiotic inoculation has successfully prevented disease in wild coral (Peixoto et al. 2017).  
437 Notably, disease may arise from complex microbiome shifts as opposed to infection by a single  
438 agent (Mera and Bourne 2018, Vega Thurber et al. 2020). As such, the microbiome should be

439 studied to elucidate disease-causing assemblages without probiotic treatment. In a direct  
440 preventative management application, coinfection with flukes has been shown to reduce bacterial  
441 virulence in aquaculture salmonids (Karvonen et al. 2019). Altogether, coinfection is difficult to  
442 employ and has not been used as a preventative measure in marine wildlife. However, it does  
443 consistently affect the efficacy of surveillance and response tools in terrestrial and marine  
444 systems through a number of processes such as reducing sensitivity and specificity of diagnostic  
445 tools and influencing mortality and transmission rates (e.g., Stokes and Burreson 2001, Gibson et  
446 al. 2011, Ezenwa and Jolles 2015, Beechler et al. 2015, Figueroa et al. 2017), underscoring the  
447 importance of coinfection to disease management.

448         Due to similar administration challenges as antimicrobials and vaccines, natural  
449 therapeutics are only feasible in small, accessible populations at this time. Further, these tools  
450 necessitate specific knowledge of the infectious agent, the natural therapeutic that benefits the  
451 host, and the ability to produce the therapeutic (e.g., culturing a co-infecting parasite). On the  
452 other hand, developing some natural therapeutics, particularly probiotics, may be less costly and  
453 time-consuming than developing vaccines or synthetic antimicrobials and can be effective in  
454 hosts that lack adaptive immunity. Overall, our understanding of healthy baseline microbiomes  
455 and parasitomes is rudimentary with the notable exception of a few intensively studied marine  
456 disease systems-- namely corals, abalone (Wang et al. 2017), and fishes in aquaculture (reviewed  
457 in Richards 2014). More research on this topic is necessary before natural therapeutics can be  
458 widely employed for marine disease management, especially in wildlife.

#### 459 *Biological Control (Score: 1)*

460         Broadly, biological control is the introduction of novel organisms to the environment to  
461 suppress undesirable populations, including disease vectors and invasive species. To specifically

462 manage disease, biological control has been studied in human disease systems to control vector  
463 abundance and competence (e.g., Wolbachia and mosquito-borne disease; Iturbe-Ormaetxe et al.  
464 2011). In marine systems, biological control has been proposed to control bacterial pathogens in  
465 aquaculture but has not been applied to wildlife (Stabili et al. 2010). Biological control is likely  
466 less practical for marine wildlife because vectors are apparently less common (Harvell et al.  
467 2004), fluid ecological boundaries make targeted control less feasible (Lafferty and Kuris 1996),  
468 and food web complexity challenges predicted outcomes (Simberloff and Stiling 1996). Further,  
469 biological control efforts for invasive species have resulted in unexpected and severe negative  
470 consequences to non-target populations or to the environment (Forrester et al. 2006, Saunders et  
471 al. 2009). Thus, the utility of biological control as a management strategy in marine systems is  
472 unclear, and any undertaking should be extremely well-vetted before implementation.

### 473 ***General Outbreak Prevention Strategies***

#### 474 *Increase Biosecurity (Score: 3)*

475 Movement of hosts and invasive species are commonly associated with novel disease  
476 introductions (Vilcinskas 2019), and biosecurity measures aim to prevent these occurrences.  
477 Many of the same biosecurity measures used in terrestrial and freshwater management can be  
478 implemented in marine ecosystems through policy, legislation, and informational campaigns  
479 (e.g., enforced border management of overseas goods in New Zealand, Champion 2018;  
480 firewood restrictions for fungal pathogens, Diss-Torrance et al. 2018). The aquarium trade and  
481 ballast water discharge are two major sources of anthropogenic pathogen movement in coastal  
482 systems. Movement of popularly-traded ornamental species is a common source of pathogen  
483 introduction even in systems with strict quarantine regulation (Whittington and Chong 2007).

484 Further challenges are posed by the overall fragmented nature of wildlife trade regulation and  
485 documentation among countries, and increased efforts in this area have high potential to reduce  
486 biosecurity risk globally (Smith et al. 2017). Release of ballast (water held in tanks and cargo  
487 ships and released in harbors) is a well-known point source of invasive species, novel pathogens,  
488 and pollutants (Aguirre-Macedo et al. 2008). Enforceable, international policy intervention is  
489 needed to ameliorate the multifaceted impacts of ballast water discharge on coastal ecosystems.  
490 We consider this to be a feasible, if challenging, goal with high potential to have widespread  
491 positive effects.

492 *Reduce Spillover (Score: 2)*

493 In marine systems, aquaculture and wastewater are sources of pathogen spillover to  
494 adjacent natural populations. In land-based aquaculture facilities, vaccination and sterilization of  
495 outflow water decrease spillover and are effective, feasible management tools (Sung et al. 2011).  
496 However, many aquaculture facilities are in open water or coastal systems (e.g., net pens) where  
497 uncontrolled water exchange occurs between facilities and the environment. This exchange can  
498 facilitate transmission of novel pathogens to native species, especially when non-native species  
499 are being cultured, and increase pathogen prevalence in the area around facilities (Lafferty and  
500 Hofmann 2016, Krkošek 2017, Klinger et al. 2017). As in terrestrial systems, preventative  
501 treatment like vaccination (which is only feasible for some species, like fishes), antimicrobials,  
502 natural therapeutics, or targeted culling may reduce spillover. Unique to marine systems is the  
503 potential to control pathogen abundance by co-culturing aquaculture species with filter feeders  
504 that can consume pathogens but do not serve as reservoirs (Burge et al. 2016a, see *Natural*  
505 *Ecosystem Filters*). Management and reduction of spillover is challenging in open marine

506 systems, but successful large-scale aquaculture of many species is contingent upon improving  
507 understanding of and reducing spillover.

508         Additionally, waste-water runoff is a significant source of pathogen introduction from  
509 terrestrial to marine environments. For example, etiological agents of sea otter and coral diseases  
510 can originate from terrestrial effluent (Baskin 2006). Additionally, pollution can increase disease  
511 susceptibility and worsen infectious disease outcomes (Randhawa et al. 2015). Increased  
512 regulation of wastewater through local policy and informational campaigns are feasible strategies  
513 for improving biosecurity. Some ecosystems, including sea grasses, may also serve as natural  
514 filters for wastewater runoff, reducing prevalence (Lamb et al. 2017, see *Natural Ecosystem*  
515 *Filters*). Targeting these habitats for conservation and restoration will provide a number of  
516 ecosystem services including climate mitigation, storm surge protection, and disease resistance  
517 (see *Targeted Habitat Restoration & Biodiversity and Habitat Conservation*).

#### 518 *Natural Ecosystem Filters (Score: 3)*

519         Natural filtering processes in aquatic ecosystems can reduce pathogen abundance (Stabili  
520 et al. 2010, Granada et al. 2016, Buck et al. 2018). Natural characteristics of aquatic biomes and  
521 the filter-feeding species that inhabit them have been used as a source of **biological filtration** in  
522 freshwater and marine systems, presenting unique opportunities for marine wildlife disease  
523 management (Yang et al. 2008, reviewed in Burge et al. 2016a, Wu et al. 2016). Mangroves,  
524 seagrass beds, and salt marshes act as passive filters by trapping microbes, changing water  
525 chemistry, and removing nutrients. Mangroves and seagrass beds have been shown to reduce  
526 levels of pathogenic bacteria in marine environments (Yang et al. 2008, Lamb et al. 2017). As a  
527 management strategy, utilization of passive filtering ecosystems has high potential to reduce



528 disease risk, especially when the pathogen source is “upstream” of the affected host population  
529 (see *Reduce Spillover*).

530 Filter-feeding taxa, such as bivalves, sponges, and polychaetes, actively filter pathogens  
531 in the water column, accumulating them in their tissues or in sediment via pseudofeces (Burge et  
532 al. 2016a). Filter-feeders serve as a viable option for inactivating or eliminating harmful  
533 microbes from the environment. However, if pathogens are not inactivated, filter feeders can  
534 serve as reservoirs for pathogens, accumulating them from the water column and serving as a  
535 source of infection for the primary host. Although active filter-feeders have been used to treat  
536 aquaculture effluents (Vaughn and Hoellein 2018), they have not yet been widely implemented  
537 for mitigating marine disease transmission in open systems. However, use of active filter feeders  
538 is a useful and feasible option for preventing local disease transmission and as sentinel species  
539 when target hosts are challenging to sample (see *Monitoring Outbreaks*).

#### 540 *Biodiversity and Habitat Conservation (Score: 3)*

541 Biodiversity conservation aims to preserve the variety of species necessary to maintain  
542 naturally functioning ecosystems, and habitat conservation accomplishes these goals by  
543 protecting the habitats in which those species live. Biodiversity and habitat conservation may  
544 protect wildlife from anthropogenic disturbances that increase disease susceptibility and  
545 pathogen exposure even in degraded ecosystems (Shapiro et al. 2010, Lamb et al. 2017). They  
546 may also enable host populations to recover from disease more quickly by alleviating human-  
547 associated mortality (Groner et al. 2016, and see *Reduce Lethal Take*). Further, they can provide  
548 a source population for nearby areas affected by disease (Carr et al. 2003). Reducing biodiversity  
549 loss can also decrease disease transmission, and the risk of EIDs, through a number of processes  
550 including increasing the relative abundance of **non-competent hosts** or increasing predation on

551 vectors or reservoirs (Young et al. 2017, Rohr et al. 2020). However, in some cases, loss of  
552 biodiversity can lead to a reduction in disease transmission. As such, biodiversity conservation  
553 may buffer the spread of EIDs, but with the magnitude and direction of the relationship  
554 dependent upon pathogen biology (mode of transmission, host specificity), host composition,  
555 spatial scale, and context of the change in biodiversity (Halliday et al. 2020(Young et al. 2017,  
556 Rohr et al. 2020, Halliday et al. 2020).

557         Biodiversity and habitat conservation are already key components of marine conservation  
558 efforts (see the United Nations’ Sustainable Development Goals & the UN Convention on  
559 Biological Diversity’s ‘30 by 30’ campaign). **Marine protected areas** (MPAs) and marine  
560 spatial planning are two key conservation tools that are used widely to achieve various  
561 conservation goals. In a disease context, there is a need for additional research into the  
562 relationship between biodiversity and disease transmission in marine biomes and how  
563 conservation areas may aid in species recovery after a disease outbreak (but see review by  
564 Davies 2020). Elucidating these relationships will facilitate the incorporation of disease  
565 management into existing conservation frameworks and infrastructure.

## 566 **Recommendations**

567         The nuance and complexity of the strategies we discuss above broadly emphasizes the  
568 challenges marine disease researchers and managers face. Below, we outline preliminary  
569 recommendations to guide scientists, managers, and funding bodies to prepare for the expected  
570 future increases in the frequency and severity of marine disease outbreaks.

571 *Increase Basic Research on Marine Disease Systems*

572           Terrestrial disease systems have historically received large amounts of research attention  
573 and funding, largely due to their use in elucidating general disease dynamics applicable to human  
574 disease, livestock, and agriculture. Despite the importance of marine wildlife for supporting  
575 human livelihoods and ecosystem services, there is less available funding which leads to a  
576 general dearth of knowledge with the possible exceptions of corals, eelgrasses and some  
577 aquacultured species. Multiple initiatives have been undertaken in the last decade to increase this  
578 knowledge base, including an NSF-supported Research Coordination Network (RCN) on the  
579 Ecology and Evolution of Infectious Disease in Marine Systems, a resulting special issue in the  
580 Philosophical Transactions of the Royal Society B: Biological Sciences on Marine Disease (Issue  
581 371, 2015), the recent inclusion of marine systems in Ecology and Evolution of Infectious  
582 Diseases NSF grants (EEID), and the recent publication of a Marine Disease Ecology textbook  
583 (Behringer et al., 2020). To better monitor, manage, and ideally prevent or mitigate marine  
584 disease emergencies, we first need to better define variation in baseline distributions of  
585 pathogens across host species, environmental gradients, and time. Further, an improved  
586 mechanistic understanding of interactions between hosts, pathogens and the environment that  
587 form the disease triangle (Fig. 1) will facilitate a comprehensive and hopefully predictive  
588 understanding of major marine disease systems. Improved funding for basic marine disease  
589 ecology, advancement of molecular tools (Titcomb et al. 2019), and development of disease  
590 models (e.g., Ovaskainen et al. 2017) should enable scientists to more accurately construct this  
591 baseline, understand disease dynamics and subsequently utilize many of the management tools  
592 highlighted above.

593

594 *Understand the Links Between Climate Change and Disease*

595 Climate change is one of the greatest threats to both human and wildlife health and is expected to  
596 cause a marked increase in wildlife disease emergencies. Slowing climate change is a crucial  
597 component of improving marine wildlife health. While addressing climate change itself is well  
598 beyond the scope of most marine disease researchers and managers actionable management  
599 strategies, ameliorating it is one of the most important long-term goals for improving marine  
600 wildlife health. Over the short term, we recommend prioritizing research that improves the  
601 understanding of the effects of climate on host-pathogen relationships in marine ecosystems. For  
602 example, explicitly incorporating climate change-related stressors in *Epidemiological Models* of  
603 disease transmission or in models that *Forecast Outbreaks* is of high importance. Further, we  
604 suggest incorporating long-term ecological studies on consequences of climate change on marine  
605 disease systems, at community and ecosystem scales, into programs that *Monitor Outbreaks*.

606

607 *Improve Marine Ecosystem Health*

608 Current funding for disease management at state and federal levels is typically dominated  
609 by mammals, birds, or those that have other economic value (e.g., fisheries). While this is  
610 logical, these “valuable” organisms do not exist in a vacuum, and they fundamentally depend on  
611 broader ecosystem health for survival. Furthermore, our own health as humans is tied to  
612 ecosystem health. Therefore, we recommend an increase in holistic approaches to disease  
613 management that are focused on entire ecosystems rather than isolated target species. This is  
614 exemplified by the OneHealth Initiative for the Center for Disease Control, which aims to  
615 achieve optimal health outcomes by recognizing the interconnection between people, animals,  
616 plants, and their shared environment. We emphasize that marine ecosystem health is similarly

617 important to humans as terrestrial ecosystem health, because a huge proportion of our global  
618 population relies on marine systems as their primary food source (FAO 2020). An increasingly  
619 popular and effective approach for increasing marine ecosystem health is to designate marine  
620 protected areas (see *Biodiversity and Habitat Conservation*). Additional management strategies  
621 that also increase ecosystem health include *Targeted Habitat Restoration, Increasing*  
622 *Biosecurity, Reducing Spillover, and Natural Ecosystem Filters*.

623

624 *Form Marine Disease Monitoring and Response Networks*

625 To enable timely detection and response to marine disease emergencies, infrastructure  
626 must be in place before an emergency begins (see *Monitor Outbreaks*). The excellent models of  
627 the West Coast Marine Mammal Stranding Network and the LEO Network , should be expanded  
628 to encompass more taxa over larger areas. For example, the recently formed PRIMED Network  
629 (Primary Responders in Marine Emergent Disease, <https://www.primednetwork.org/>) covers a  
630 wide range of wildlife taxa with the goal of increased disease surveillance and responsiveness to  
631 marine disease emergencies on the North American West Coast. We believe these types of  
632 networks are crucial for effectively detecting and responding to marine disease outbreaks.  
633 However, clear long-term funding pathways for this and other potential networks are not clear.  
634 We recommend that state and federal agencies further incorporate marine wildlife disease  
635 monitoring and response initiatives into their priorities. Federal-level agency programs like the  
636 USGS National Wildlife Health Center or NOAA Fisheries are well-situated to sustain  
637 monitoring and response programs for a wider range of marine wildlife and to create the  
638 infrastructure necessary to employ marine disease management tools such as *Diagnostics,*  
639 *Isolation Strategies, and Captive Breeding*. For example, diagnostic approaches have already

640 been developed for many marine diseases that affect aquacultured or fished species (e.g., World  
641 Organization for Animal Health 2016) and a similar approach could be undertaken for more  
642 marine wildlife disease systems.

643

#### 644 *Develop Marine Veterinary Medicine Programs in the US*

645 Another pathway to increased research on marine disease systems and toward forming  
646 monitoring and response networks is through an increase in marine wildlife veterinary experts.  
647 However, there are currently no American Veterinary Medical Association-accredited Doctor of  
648 Veterinary Medicine (DVM) programs with a focus on aquatic and/or marine wildlife medicine.  
649 Programs that do incorporate marine wildlife are skewed toward marine mammals. Marine-  
650 focused internships and residency programs for veterinarians are few in number (but see  
651 programs associated with the International Association of Aquatic Animal Medicine and World  
652 Aquatic Veterinary Medical Association), and few funded positions for wildlife veterinarians  
653 exist. Legislation addressing these deficits has not received support (see the rejected Wildlife  
654 VET Act 2019 by Representative Alcee Hastings of Florida (Hastings et al. 2019)). Policy  
655 actions supporting experts are key to wildlife disease management and response, and it is critical  
656 that they explicitly include resources and support for marine wildlife veterinarians. This support  
657 will improve capacity for nearly all management strategies described in the *Outbreak Response*  
658 *Strategies* and *Targeted Outbreak Prevention Strategies*.

659

#### 660 *Enact Policy that Addresses Marine Wildlife Disease*

661 A major pathway to increased research on marine disease systems and toward forming  
662 monitoring and response networks is through legislation. However, to the best of our knowledge,

663 there is currently no enacted legislation in the US or globally that addresses wildlife disease  
664 emergencies. Wildlife population health is an underlying concern of multiple state and federal  
665 agencies and the time-sensitive nature of disease emergencies has inspired multiple federal-level  
666 legislative proposals, but none have been successful. Examples include the Marine Disease  
667 Emergency Act of 2015 introduced in response to SSWS by Representative Dennis Heck of  
668 Washington (Heck et al. 2015), the Wildlife Disease Emergency Act of 2018 introduced by  
669 Representative Carol Shea-Porter (Shea-Porter et al. 2018) and the Global Wildlife Health and  
670 Pandemic Prevention Act of 2020 introduced by Senator Christopher Coons of Delaware (Coons  
671 and Graham 2020). This type of legislation would increase our capacity to identify and declare  
672 wildlife disease emergencies and to coordinate rapid responses, with benefits to the economy and  
673 human health. We recommend that continued efforts be undertaken to achieve the goals outlined  
674 in these pieces of legislation. That said, marine wildlife disease occurs worldwide and both hosts  
675 and pathogens disregard political boundaries. So, it is important that countries coordinate their  
676 monitoring and response programs whenever possible. At the international level, incorporating  
677 marine wildlife disease management into existing international agreements such as the United  
678 Nations' Sustainable Development Goals is recommended.

679

## 680 **Conclusion**

681 Active management of high value or charismatic megafauna, particularly terrestrial  
682 wildlife species, has been practiced for over a century (Leopold 1987, Bolen and Robinson  
683 2003). In marine systems, the will to embrace these management practices is more modest and is  
684 typically focused on managing commercial and recreational fisheries. For other wildlife, we have  
685 been more inclined to adopt geographically specific, ecosystem-level management such as the

686 creation of Marine Protected Areas (Lubchenco and Grorud-Colvert 2015). Recently, active  
687 management and rehabilitation efforts have been slowly “moving seaward” into estuarine  
688 ecosystems, mangroves and coral reefs (Barbier et al. 2011). But the considerable efforts that  
689 managers regularly undertake for terrestrial wildlife, such as rehabilitating wolves in  
690 Yellowstone or condors in California, are rarely considered for threatened marine species  
691 (exception: sea otter reintroduction, Jameson et al. 1982 and Southern Resident Orcas, Clevenger  
692 2020). In the event of a marine wildlife species decline, the types of strategies outlined in this  
693 manuscript may become crucial in marine systems. Adopting active management may be  
694 especially pressing as we are witnessing the collapse of entire coral reefs ecosystems (Hughes et  
695 al., 2018) and the outbreaks of marine epizootics on a global scale (Groner et al. 2016, Gravem  
696 et al. 2020).

697 Proactive rather than reactive approaches to marine disease management are needed to  
698 avoid catastrophic population loss. This approach will require a collaborative effort across  
699 academic institutions, federal agencies, and nonprofits. It will require people with expertise  
700 across disciplines spanning marine sciences, disease ecology, and veterinary medicine. We  
701 encourage broad collaboration, and for marine managers to follow the lead of their terrestrial  
702 counterparts to proactively manage marine systems.

703

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**Adaptive capacity:** the capacity of a species or its populations to cope with or respond to a given change through genetic diversity and potential for evolutionary adaptation via natural selection.

**Adaptive immunity:** immune response developed in response to specific features of a pathogen. It creates immunological “memory” in case of future exposure to the same pathogen.

**Antibodies:** proteins produced in response to and counteracting an antigen by directly or indirectly neutralizing their target. Antibodies form a critical part of immunological memory and can rapidly increase in concentration upon repeated pathogen exposure.

**Antigen:** a foreign substance that induces an immune response, especially the production of antibodies.

**Bioaugmentation:** the inoculation of cultured microbial organisms into a host to increase adaptive capacity.

**Bipartite life history:** a life history strategy characterized by two disparate forms. Many marine invertebrates, including many shellfish, echinoderms, and worms, have a free-floating, planktonic, and pelagic larval stage and undergo metamorphosis into a sessile adult stage.

**Coinfection:** the occurrence of at least two genetically different infectious agents in the same host. Can be defined as simultaneous infection, mixed infection, multiple infections, concomitant infection, concurrent infection, poly infection, polyparasitism, and multiple parasitism (Hoarau et al. 2020).

**Disease emergency:** emerging infectious disease outbreak that disrupts ecosystem and/or ecological community resilience, causes economic loss, or threatens human health (Groner et al. 2016).

**‘Disease Triangle’:** A conceptual disease triangle, where pathogen dynamics, host dynamics and favorable environments intersect to create disease and (B) management action reduce overlap of pathogen and host dynamics to reduce disease risk (Robinson et al. 2018).

**Emerging infectious disease:** disease associated with infectious agents that are newly identified, have spread to a new population, or whose incidence or geographic range is rapidly increasing.

**Fomites:** object or material that carries an infectious agent.

**Herd immunity:** the protection of populations from infection by the presence of immune individuals (Fine 1993).

**Innate immunity:** systems of immune response that are not pathogen-specific and do not require extensive development within the host prior to employment.

**Marine protected area:** a clearly defined geographical space, recognized, dedicated and managed, through legal or other effective means, to achieve the long-term conservation of nature with associated ecosystem services and cultural values (Day et al. 2012).

**Microbiome:** the collection of microbes - bacteria, fungi, protozoa and viruses - that live on and inside animals and plants.

**Non-competent host:** cannot generate new infections in other susceptible hosts, even after pathogen exposure.

**Parasitome:** the ubiquitous community of parasites - including micro- and macroparasites- found living in close conjunction with animals, plants, and fungi.

**Pathogen:** Broadly defined as disease causing micro- and macro- organisms.

**Pelagic larvae:** planktonic larval stages that drift in the open ocean until they attain metamorphic competency.

**Phage therapy:** the use of bacteriophages or bacteria-specific viruses (which are not harmful to the host) to fight off pathogenic bacteria.

**Probiotics:** live microorganisms which, when administered in adequate amounts, confer a health benefit to the host.

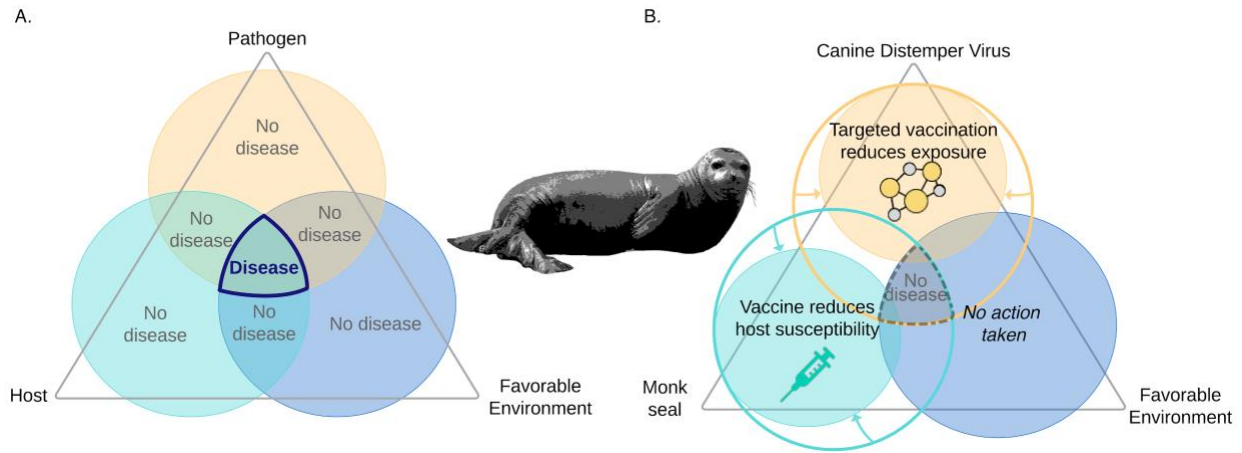
**Reservoir hosts:** Hosts that become infected by a pathogen and maintain infections in the ecosystem (with or without disease). They transmit the pathogen to susceptible hosts; often identified in reference to a defined target population.

**Trans-generational immunity:** inherited immune resistance of offspring due to exposure of parents to local pathogens.

**Vectors:** Living organisms that transmit pathogens between their animal or plant host.

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1276 **Figure 1. (A) A conceptual disease triangle, where pathogen dynamics, host dynamics and**

1277 **favorable environments intersect to create disease and (B) management action reduce**

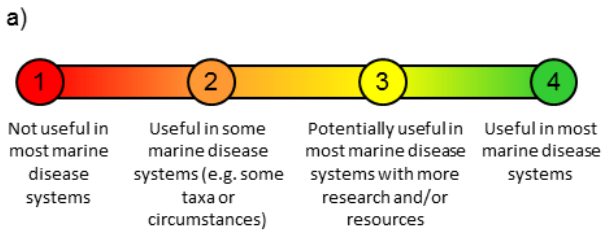
1278 **overlap of pathogen and host dynamics to reduce disease risk. Robinson et al. 2018**

1279 vaccinated monk seals (host) against Canine Distemper Virus (pathogen) and used network

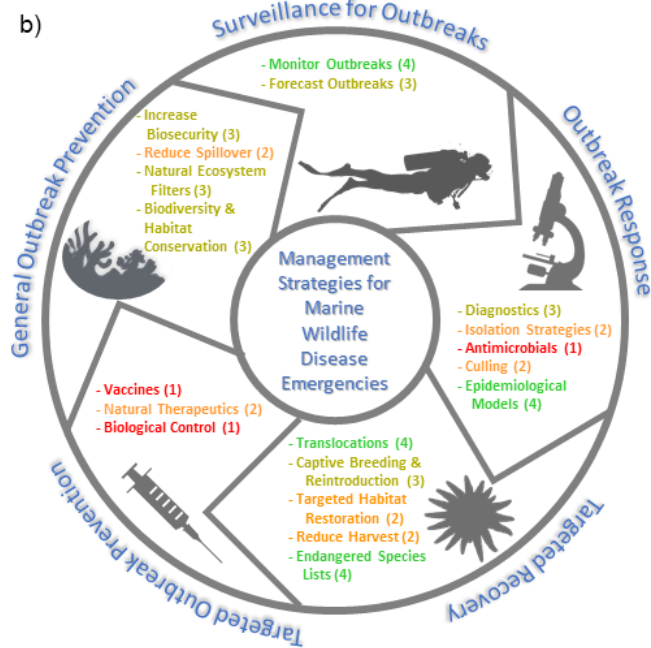
1280 science to target vaccination at seals with the most contacts, ultimately reducing disease

1281 prevalence.

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Figure 2. a) The scale used to classify a

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given management strategy according to its utility in managing marine disease emergencies. A

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high score of 4 (green) indicates that the strategy is useful in most marine disease systems. 3

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(yellow) indicates the strategy is potentially useful in most marine disease systems with more

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research and/or resources. 2 (orange) indicates the strategy is useful in some marine disease

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systems depending on the taxon or circumstances, and 1 (red) indicates the strategy is not useful

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in most marine disease systems. b) Summary of management strategies and their utility score,

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according to color and scale in (a) in marine disease emergencies. Management strategies are

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grouped by the time frame during which they may be useful and the specificity to a given disease

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system in blue.