

Stony Coral Tissue Loss Disease in Belize, a multi-pronged approach to its control and management

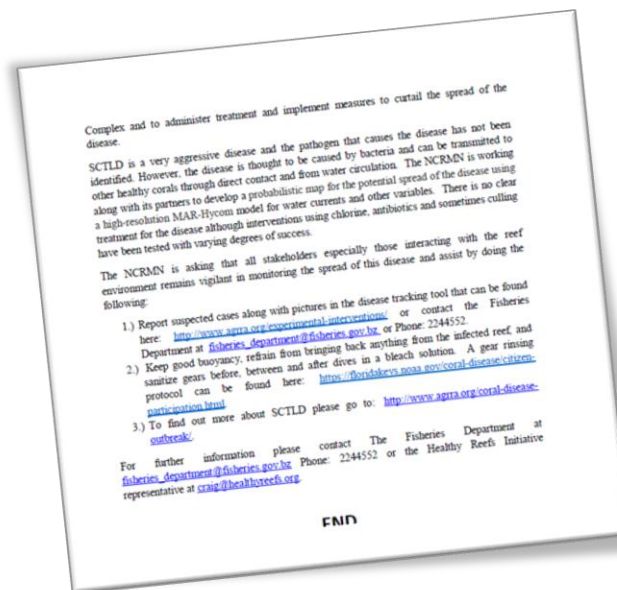
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GCFI73 2020





Stony Coral Tissue Loss Disease: Official Response from Authority



Press Release: <https://www.facebook.com/GOBPressOffice/posts/2281898001845690>



A Timeline of Stony Coral Tissue Loss Disease Response in Belize

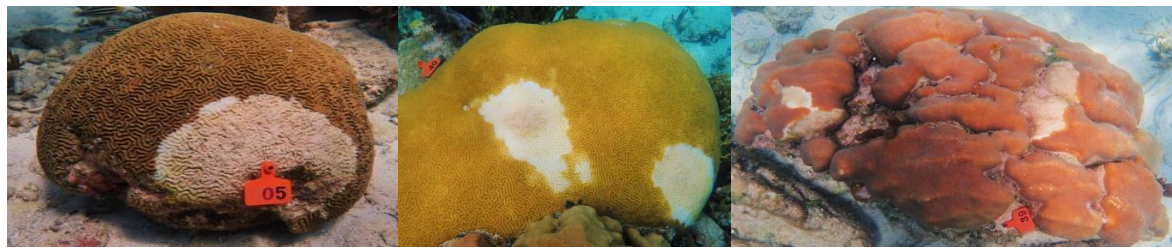


Awareness and Planning

- June 2018: Healthy Reefs Initiative (HRI) shared a Red Alert before SCTLD appeared in Belize.
- October 2018: Fragments of Hope (FoH) did presentations and issued Posters and ID Cards to stakeholders.
- April 2019: HRI and FoH made media appearances and hosted Response Planning and Workshops.

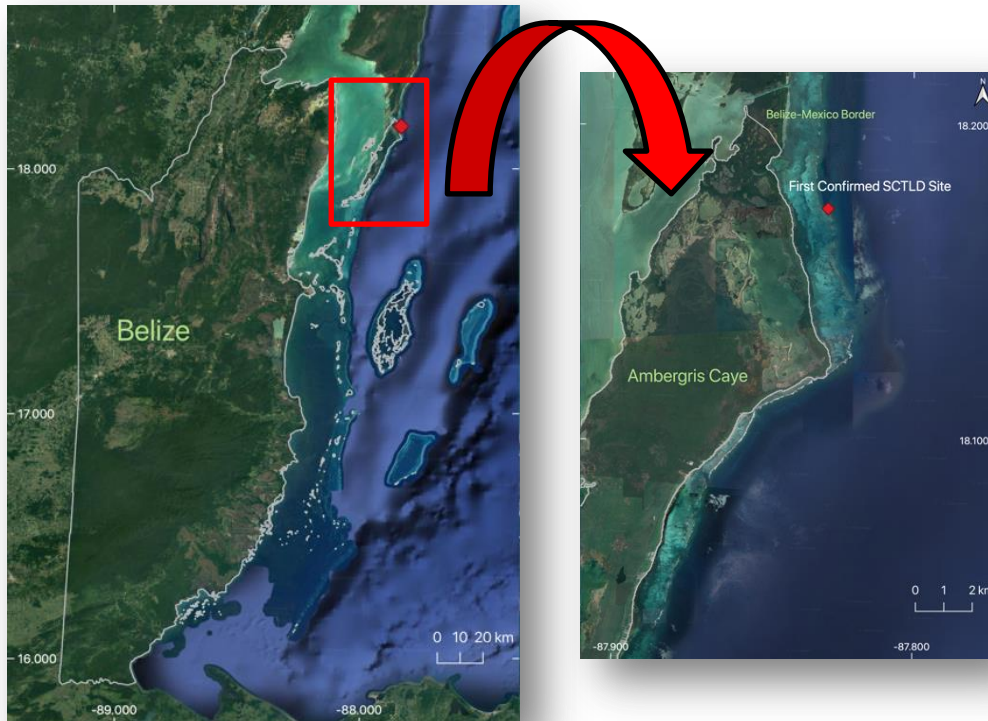


Confirmation of
SCTLD via Photos



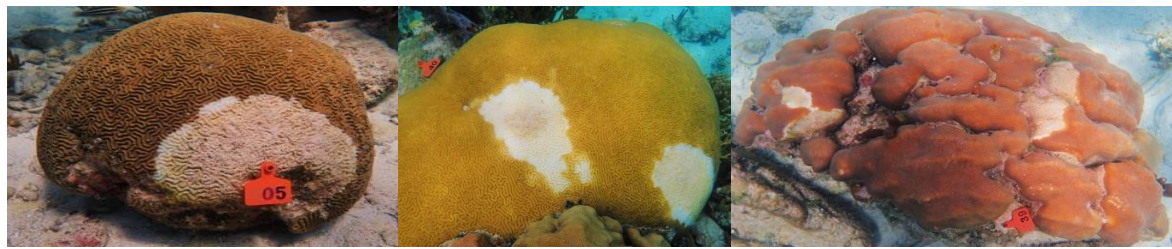
Stony Coral Tissue Loss Disease Detected in the Bacalar Chico Marine Reserve in June 2019

- Blue Ventures Reported the detection of SCTLD.
- NCRMN contacted experts at MPACoconnect and HRI to confirm the presence of SCTLD.



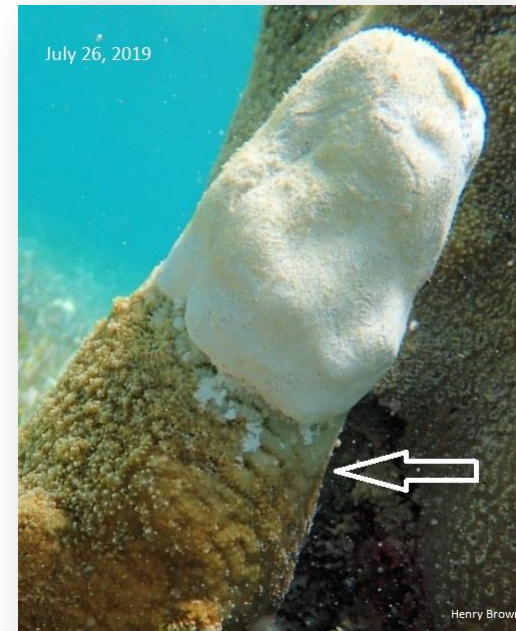
First infected *Dendrogya cylindrus* at the Bacalar Chico Marine Reserve





Pilot Treatments in Bacalar Chico Marine Reserve

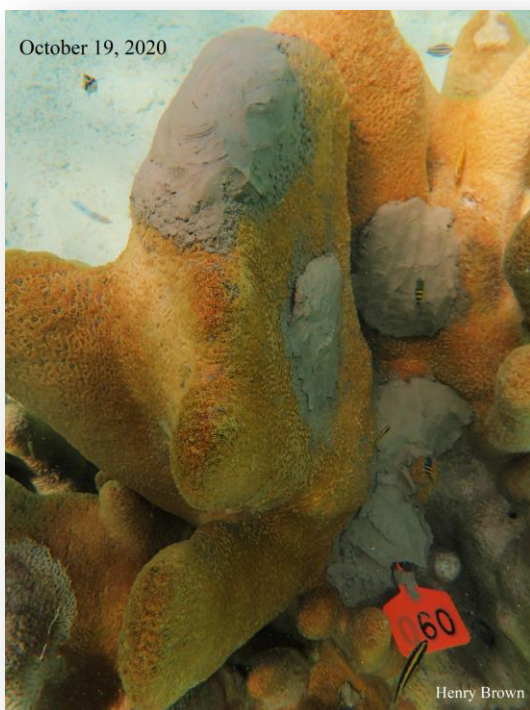
- July – August 2019 –
 - HRI sponsored treatment of Cocoa/ Shea Butter + Chlorine and Modeling Clay or Epoxy.
 - Treatment effort was not successful.





Pilot Treatments in Bacalar Chico Marine Reserve

- October 2019
 - At the Marine Fund's Reef Recue Initiative Bi-Annual Meeting breakout sessions, cement was suggested and thereafter tested.
 - Treatment effort was not successful.





Pilot Treatments in Bacalar Chico Marine Reserve



- Coral Ointment Base2b + Amoxicillin
- Treatment effort was successful





Drafting Action
Plan

Action Plan: Efforts of Belize's National Coral Reef Monitoring Network



**Stony Coral Tissue Loss Disease
Monitoring and Action Plan**
Belize

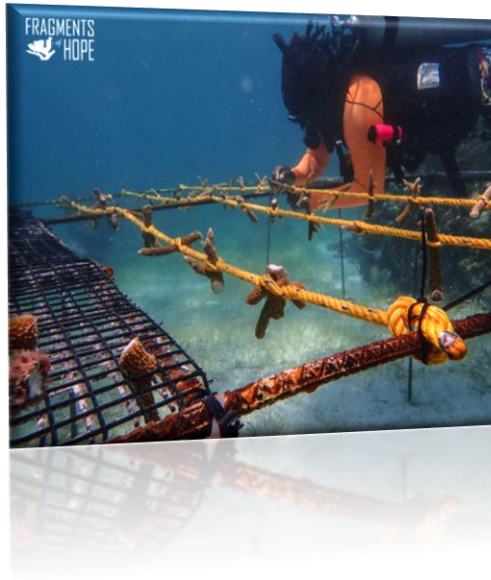
Background	3
Monitoring	4
Objective 1: Identify early signs and affected species within the pre-invasion, invasion and epidemic conditions or periods in the various sub-regions.	5
Objective 2: Documenting progression of the disease in the invasion zone	6
Objective 3: Quantify spatial extent of SCTLD on the reef	7
Treatment	7
Treatment Criteria	8
Methodology	9
Reporting	10
Communication	10
Works Cited	11

- The process started September 2019.
- There was a MarFund joint session on regional and local responses to SCTLD.
- MPAConnect Regional webinars attended
- Increase Awareness raised.



Belize
Monitoring and Action Plan

Funding



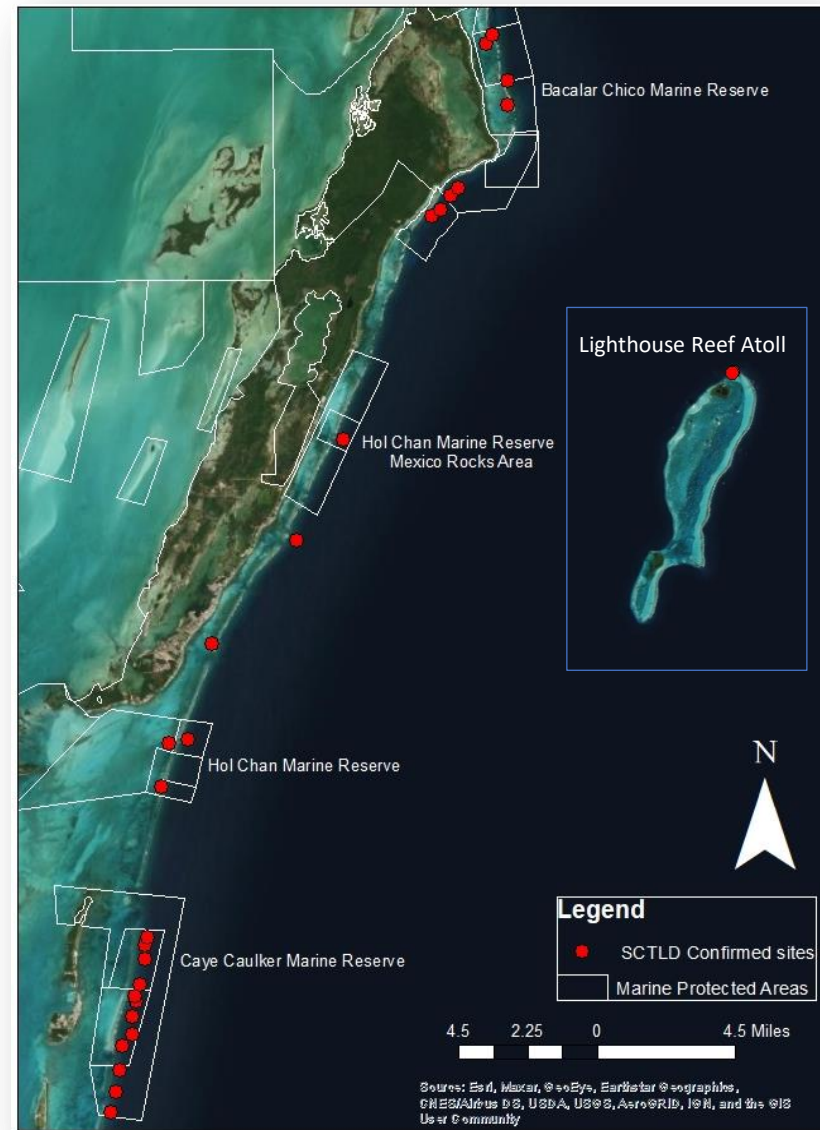
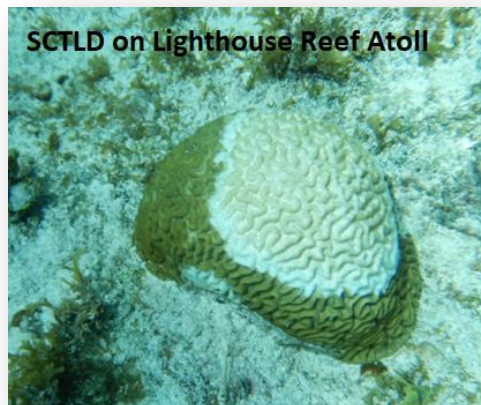
- **Fragments of Hope** – Paul G Allen Family Foundation, MCCAP, Private Donations to FoH, Tradewinds
 - 10 jars Coral Ointment and Antibiotics
 - Fuel
 - Boat Rental and logistical support
 - Installation of 2 Coral Nurseries (Baclar Chico and Hol Chan Marine Reserves)
- **Belize Mar Fund** (received by Healthy Reefs Initiative)
 - \$45,000 USD
 - 230 jars Coral Ointment, Antibiotics, fuel and training



SCTLD Spread in Belize



- June 2019 Detected in BCMR
- April 2020 Detected in HCMR
- May 2020 Detected in CCMR
- Spread is 55 miles from first site of infection
- September 2020 detected in Light House Reef Atoll





Ongoing
treatment and
other rescue
efforts

Coral Ointment Base2B and Amoxicillin Treatment Methods

1

Site Selection

- Ecological
 - Structure Builder – Contribute to Reef building
 - Size – greater reproductive capacity and habitat
 - Relative Size – Older and more resilient
 - Localized Reproductivity – Surrounded by other live colonies
- Priority Species
 - *Dendrogyra cylindrus*
 - *Colpophyllia natans*
 - *Meandrina meandrites*
 - *Dichocoenia stokesii*
 - *Diploria sp.*
 - *Orbicella annularis*
- Stakeholder Importance: Tourism
- Treatability: > 75% living, < 5 lesions, proximity to other treated corals





Ongoing
treatment and
other rescue
efforts

Coral Ointment Base2B and Amoxicillin Treatment Methods

Labeling Colonies

2

- A numbered Tag was attached
- Photos of corals to be treated was taken



4

Recording

- Photos were taken of treated tagged corals
- Photos were taken from the same angle every time

Treatment

3

- 100 grams of Amoxicillin was used for 800 grams of CoreRx Base2B (1:8 ratio)
- Treatment of CoreRx Base2B + Amoxicillin was applied using syringes and pressing it into the boarder of the disease and live tissue

5

Revisit and Reapply treatment

- Sites were visited approximately 1 month after initial treatment and retreated if it was needed
- Sites were visited 2 months after initial treatment to note progress



BCMR Coral Ointment Base2B and Amoxicillin Treatments

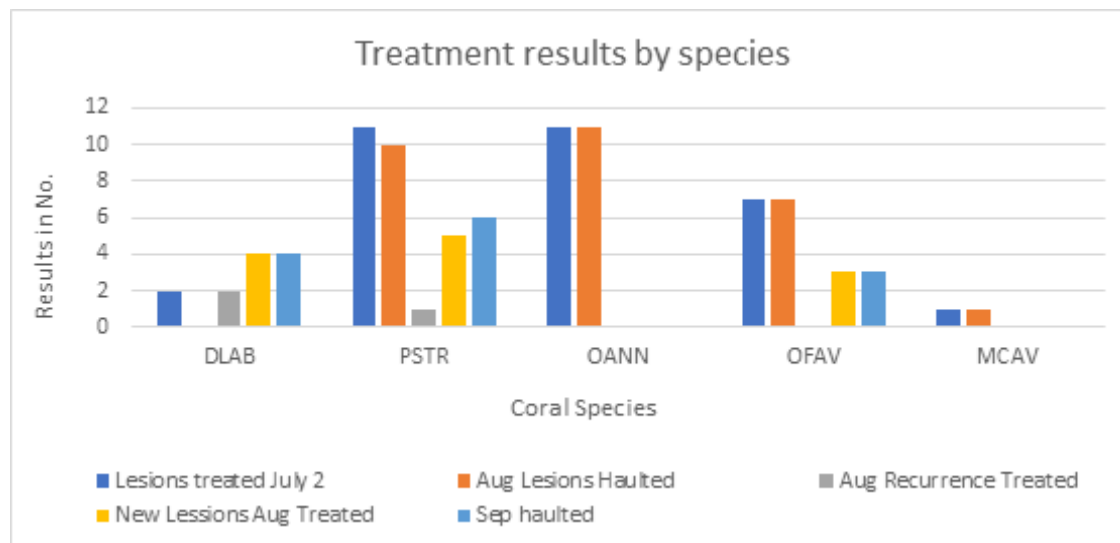
Results

- 15 Coral Colonies were treated at BCMR

Coral Species	Lesions treated July 2	Aug Lesions Haulted	Aug Recurrence Treated	New Lessons Aug Treated	Sep haulted
DLAB	2	0	2	4	4
PSTR	11	10	1	5	6
OANN	11	11	0	0	0
OFAV	7	7	0	3	3
MCAV	1	1	0	0	0
TOTALS	32	29	3	12	13

BCMR Coral Ointment Base2B and Amoxicillin Treatments













Results



- 32 lesions were treated on 5 different species of corals. Lesions were higher on PSTR, OANN and OFAV with lesser number of lesions on DLAB and MCAV. Of note is that the lesions on DLAB did not respond to initial treatment but rather had to be treated a second time and still there was recurrence in September. OANN was successful from the first application with no apparent recurrence. PSTR developed new lesions with a small number of recurrence that that was successfully treated the second time. Similarly, OFAV did not have recurrence of lesions but developed new lesions that were successfully treated the second time. Although, this data is preliminary, it highlights the importance of revisiting sites and re-treating recurrent lesions or new lesions at least once per month. Special consideration should be given to DLAB species where it seems to be persistent. It merits further research to determine cause of recurrence.

BCMR Coral Ointment Base2B and Amoxicillin Treatments

Results

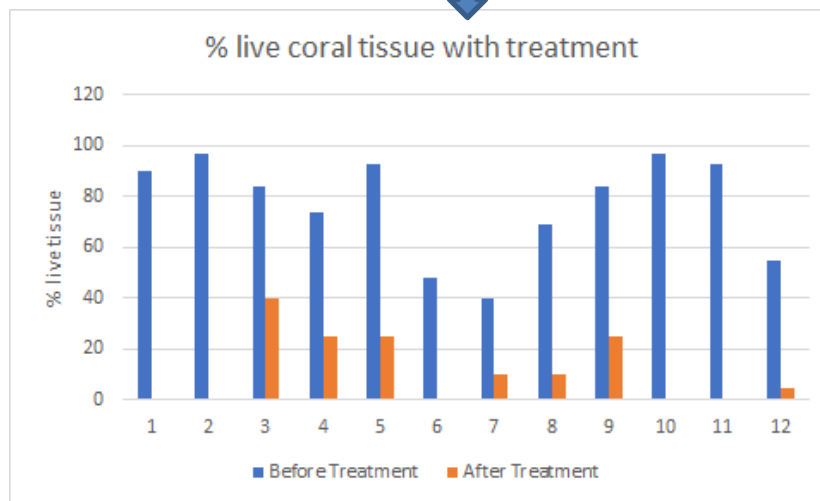
	PSTR Coral 005	DLAB Coral 040	OFAV Coral 0360
Before Treatment	 2-July-20	 2-July-20	 2-July-20
After Treatment	 2-July-20	 2-July-20	 2-July-20
1 Month	 8-Aug-20	 8-Aug-20	 8-Aug-20
2 Month	 3-Sept-20	 3-Sept-20	 3-Sept-20

HCMR Coral Ointment Base2B and Amoxicillin Treatments

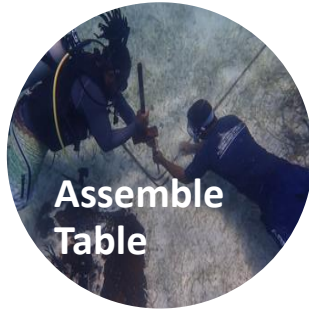
- 12 colonies tagged for monitoring
- All tagged colonies had recurring lesions

- COVID-19 prevented any retreatment and monitoring for August and September resulting in the continued loss of live tissue on treated colonies

	Species	# of Colonies
High Susceptibility	<i>Dendrogyra cylindrus</i> (DCYL) (Piillar Coral)	2
	<i>Colophyllia natans</i> (CNAT) (Boulder Brain Coral)	1
	<i>Pseudodiploria clivosa</i> (PCLI) (Knobby Brain Coral)	1
	<i>Pseudodiploria strigosa</i> (PSTR) (Symmetrical brain coral)	32
Intermediate Susceptibility	<i>Orbicella annularis</i> (OANN) (Lobed star coral)	6
	<i>Montastrea Cavernosa</i> (MCAV) (Large cup star coral)	1



Restoration Efforts



- Click the link for the Restoration Manual:
<http://fragmentsofhope.org/case-study-manuals/>
- Training and funding for the installation of nurseries were provided by Fragments of Hope and Marine Climate Change Adaptation Project (<http://www.fisheries.gov.bz/mccap2/>)



Restoration Efforts

- Nursery tables were established as a trial to rescue the pillar coral, *D. cylindrus*, a rare and susceptible species of coral and to enhance acroporid populations in the event that there would be high mortality of other coral species that are susceptible to SCTLD. The acroporids can thus be out planted to enhance the ecosystem and provide structure and habitat.
- Nursery tables were also established to test if in situ nurseries for *D. Cylindrus* would be successful and not get infected with SCTLD. What appeared to be healthy fragments were placed away from infected colonies and monitored. (note that since there was the absence of healthy parent colonies in some instances, fragments had to be taken from SCTLD infected parent colonies)





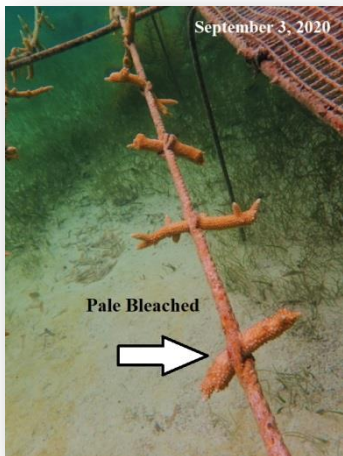
Restoration Efforts BCMR

- May 2020 - a single nursery table was set up inside BCMR
- 3 ropes of *A. cervicornis*, 34 fragments
- 2 parent *D. cylindricus* colonies, 37 fragments
 - Two parent colony from infected areas, colony was manifesting signs of the disease



Restoration Efforts BCMR

- *D. cylindricus* Tables
 - September 2020 – first sign of disease on table manifesting in one fragment taken from infected area.
 - Fragment from said colony was set aside and treated
 - Fragment checked in September 2020 and it was completely cured of disease



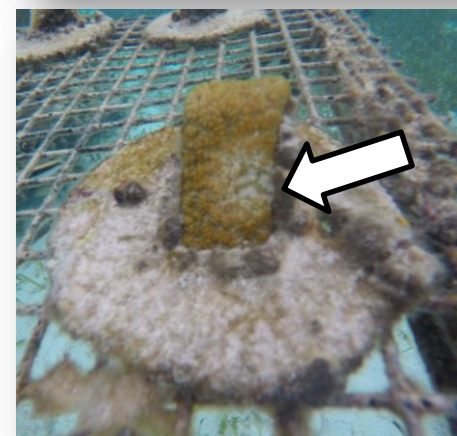
- *A. cervicornis* Tables
 - May 2020: 4 fragments died
 - August 2020: Average growth rate of 5cm
 - September 2020: signs of bleaching





Restoration Efforts HCMR

- May 2020 - a single nursery table was set up inside HCMR
- 3 ropes of *A. cervicornis*, 37 fragments
- 4 parent *D. cylindricus* colonies, 76 fragments
 - Two parent colony from infected areas, colony was not manifesting signs of disease
 - Two parent colony from areas with no signs of disease
- June 2020 – first sign of disease manifesting in one fragment taken from infected area
 - Fragment from said colony was removed
 - Table checked in two-week intervals with recurring infection on fragments taken from infected sites





Restoration Efforts HCMR

- July 2020 - all fragments from colony that first started to manifest disease on the table removed
- October 2020 – no signs of disease on remaining 50 fragments in nursery
 - Parent colonies from areas previously displaying no signs of disease are now showing signs of disease





Lessons Learned

- It is recommended that fragments for nurseries not come from areas with high infection rates.
- Parent colonies should show no signs of disease prior to fragment collection.
- Nursery tables should be checked frequently for disease, at minimum every two weeks following installation.
- SCTLD moves rapidly and treatment may not work with first application. Not rechecking treatment sites monthly can result in failure and wasted efforts.
- All treatment sites and colonies must be clearly marked so that they can be easily located, and colonies found for monitoring.
- Revisit types and color of tags used. The tags used were hard to relocate and, in some cases, not visible because of the growth of algae on them.



Lessons Learned

- Ensure that there is a clear vision and understanding of what information needs to be gathered at all treatment sites so that comparisons can be made between sites and feed into the national efforts.
- Take good photographic evidence: the key to monitoring is having good timeline photos of sites and colonies.
- SCTLD Response must be a multi-prong approach at all levels. There is no clear-cut path to take when addressing SCTLD, each country along with local organizations must work together to find a best fit approach for their specific local, national, and regional context based on human and financial resources and response capacity and expertise.
- The established platforms, such as MPAConnect and AGRRA, for sharing of experiences throughout the region should be better utilized.

Belíze Fisheries Department



Thank You!

Bacalar Chico Marine Reserve
Hol Chan Marine Reserve

