

1 **Ultrasound treatment inhibits SARS-CoV-2 in vitro infectivity**

2

3 **Shortened title:** Viral load decrease with Ultrasound exposition therapy

4

5 **Flavio P. Veras**<sup>1,2,3\*</sup>, Ronaldo Martins<sup>3,6</sup>, Eurico Arruda<sup>6</sup>, Fernando Q. Cunha<sup>1,2</sup>,  
6 and Odemir M. Bruno<sup>4,5\*</sup>

7

8 <sup>1</sup>Center of Research in Inflammatory Diseases, Ribeirão Preto Medical School,  
9 University of São Paulo, Ribeirão Preto, São Paulo, Brazil;

10 <sup>2</sup>Department of Pharmacology, Ribeirão Preto Medical School, University of São  
11 Paulo, Ribeirão Preto, São Paulo, Brazil;

12 <sup>3</sup>School of Pharmaceutical Sciences of Ribeirao Preto, University of São Paulo,  
13 Ribeirão Preto, São Paulo, Brazil;

14 <sup>4</sup>Institute of Mathematics and Computer Science, University of São Paulo, São  
15 Carlos, São Paulo, Brazil;

16 <sup>5</sup>São Carlos Institute of Physics, University of São Paulo, São Carlos, São Paulo,  
17 Brazil;

18 <sup>6</sup>Virology Research Center, Ribeirão Preto Medical School, University of São  
19 Paulo, Ribeirão Preto, São Paulo, Brazil;

20

21 \*Correspondence should be addressed:

22 Flavio P Veras; Center of Research in Inflammatory Diseases (CRID), Ribeirão  
23 Preto Medical School, University of São Paulo, Av. Bandeirantes; 14049-900,  
24 Ribeirao Preto, SP, Brazil; Email address: [fprotasio@usp.br](mailto:fprotasio@usp.br)

25

26 Odemir M. Bruno; São Carlos Institute of Physics, University of São Paulo, São  
27 Carlos, São Paulo, Brazil; Av. Trab. São Carlense, 400, São Carlos, SP, Brazil;  
28 13566-590; Email address: [bruno@ifsc.usp.br](mailto:bruno@ifsc.usp.br)

29

30

31

32

33

1 **Abstract**

2

3 **Background**

4 COVID-19 (coronavirus disease 2019) is a disease caused by infection with the  
5 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), affecting  
6 millions of people worldwide, with a high rate of deaths. The present study aims  
7 to evaluate ultrasound (US) as a physical method for virus inactivation.

8

9 **Materials and methods**

10 The UV-transducer was exposed to the SARS-CoV-2 viral solution for 30  
11 minutes. Vero-E6 cells were infected with medium exposure or not with the US,  
12 using 3-12, 5-10, or 6-18MHz as frequencies applied. We performed confocal  
13 microscopy to determine virus infection and replicative process. Moreover, we  
14 detected the virus particles with a titration assay.

15

16 **Results**

17 We observed an effective infection of SARS-CoV-2 Wuhan, Delta, and Gamma  
18 strains in comparison with mock, an uninfected experimental group. The US  
19 treatment was able to inhibit the Wuhan strain in all applied frequencies.  
20 Interestingly, 3-12 and 6-18MHz did not inhibit SARS-CoV-2 delta and gamma  
21 variants infection, on the other hand, 5-10MHz was able to abrogate infection and  
22 replication in all experimental conditions.

23

24 **Conclusions**

25 These results show that SARS-CoV-2 is susceptible to US exposure at a specific  
26 frequency 5-10MHz and could be a novel tool for reducing the incidence of SARS-  
27 CoV-2 infection.

28

29 **Keywords:** Ultrasound, SARS-CoV-2, virucidal effect, COVID-19

30

31

32

33

## 1 **Main text**

### 2 **Introduction**

3

4 Critical situations and great challenges facing humanity historically tend to drive  
5 scientific advances. It was no different in the current pandemic. Since 2020, a  
6 large mobilization of scientists and public and private scientific entities has been  
7 observed, seeking to better understand the viruses and diseases caused by their  
8 infection in humans, as well as the solutions to the crisis, whether through  
9 treatment or vaccines, or even tests and sensors. Many works in different areas  
10 of science were proposed in areas as distant as biology, physics, medicine,  
11 engineering, computing, and others areas, focusing on solutions to face the  
12 problem.

13 Among different works, one of them caught our attention. Wierzbicki et al, in 2021,  
14 proposed the possibility of acoustic waves at the Ultrasound (US) frequency  
15 being able to damage and consequently neutralize the SARS-CoV-2 virus. The  
16 authors found high frequencies, between 100 and 500 MHz as possible  
17 resonance points of the virus carapace and its t-spike proteins. In a second work,  
18 Wierzbicki and Bai, in 2022, carried out a new theoretical study suggesting that  
19 frequencies, lower between 1 and 20 MHz, can also damage the SARS-CoV-2  
20 spikes structures.

21 In this work, we carried out experiments to verify if the SARS-CoV-2 virus can be  
22 inactivated by resonance caused by sound waves at the US frequency. Although  
23 both theoretical works mention the physical possibility of ultrasound harmonics  
24 interacting with SARS-CoV-2 spike proteins, this has not yet been experimentally  
25 proven. In this work, *in vitro* experiments are carried out, the results of which  
26 validate previous theoretical works and strongly suggest that ultrasound can be  
27 used to neutralize SARS-CoV-2.

28

### 29 **Materials and methods**

30

#### 31 *Virus stock production*

32 The SARS-CoV-2 parental Wuhan, SARS CoV-2 gamma (P1), and SARS CoV-  
33 2 delta variants were used for *in vitro* experiments, under strict biosafety level 3  
34 (BSL3) conditions at the Ribeirao Preto Medical school (Ribeirao Preto, Brazil).

1 Briefly, viral inoculum (1:100 ratio) was added to the Vero E6 cells, and the culture  
2 was incubated (48 h, 37 °C, 5% CO<sub>2</sub> humidified atmosphere) in DMEM without  
3 FBS but supplemented with antibiotic/antimycotic mix (Penicillin 10,000 U/mL;  
4 Streptomycin 10,000 µg/mL; Sigma-Aldrich; cat. P4333) to optimize virus  
5 adsorption to the cells. After confirming the cytopathic effects of the viral  
6 replication over cell monolayer, cells were detached by scraping, harvested, and  
7 centrifuged (10000 ×g, 10 minutes, room temperature). The resulting  
8 supernatants were stored at -80 °C until use. SARS CoV-2 variants titration was  
9 assessed using standard limiting dilution to determine the 50% tissue culture  
10 infectious dose (TCID<sub>50</sub>).

11

### 12 *In vitro SARS-CoV-2 infection and US-exposure*

13 Vero E6 cells were infected with SARS-CoV-2 before being exposed to 3-12, 5-  
14 10, or 6-18 MHz US frequencies from linear array transducers at room  
15 temperature for 30 minutes. An ultrasound high-resolution machine for routine  
16 images, MyLab 60 (Esaote) or Envisor (Philips), was used. Cells were infected at  
17 a multiplicity of infection (MOI) of 1.0 with infectious clone SARS-CoV-2 or mock  
18 with infection media for 24 hours to evaluate the infection and replication process  
19 by immunofluorescence and confocal microscopy. The productive viral particle  
20 was assessed by TCID<sub>50</sub> assay. The treatment was performed in technical  
21 triplicate. The culture medium temperature was measured as a control using a  
22 thermal camera (FLIR One Pro, Flir).

23

### 24 *Immunostaining and confocal*

25 For SARS-CoV-2 detection *in vitro*, Vero-E6 cells were plated in 24-well plates  
26 containing glass coverslips, fixed with PFA 4% at RT for 10 minutes, and blocked  
27 with 1% bovine serum albumin (BSA; Sigma-Aldrich; cat. A7906) and 22.52  
28 mg/mL glycine (Sigma-Aldrich; cat. G8898) in PBST (Phosphate Buffer Saline +  
29 0.1% Tween 20) at RT for 2 hours. The coverslips were stained with the following  
30 antibodies: rabbit anti-spike protein (Invitrogen; cat. 703959; 1:500) and mouse  
31 anti-dsRNA (J2; dsRNA, SCICONS English & Scientific Consulting Kft., clone J2-  
32 1909, cat.10010200; 1:1,000). After this, samples were washed in PBS and  
33 incubated with secondary antibodies: alpaca anti-mouse IgG AlexaFluor 488

1 (Jackson ImmunoResearch; Cat. 615-545-214; 1:1,000) and alpaca anti-rabbit  
2 IgG AlexaFluor 594 (Jackson ImmunoResearch; Cat. 611-585-215; 1:1,000).  
3 Slides were then mounted using Vectashield Antifade Mounting Medium with  
4 DAPI (Vector Laboratories; cat. H-1200-10). Images were acquired by Axio  
5 Observer combined with an LSM 780 confocal microscope (Carl Zeiss) at 630X  
6 magnification at the same setup of zoomed and laser rate Images were acquired  
7 and analyzed using Fiji by Image J.

8

### 9 *Titration TCID50*

10 To evaluate the effect of exposure to the US on SARS-CoV-2 infectivity, the virus  
11 stock was diluted 1:100 in each of the following: DMEM and/or US-exposed  
12 SARS-CoV-2. These two SARS-CoV-2 preparations were incubated for 1 min at  
13 room temperature, serially diluted 10-fold in DMEM, and then 100  $\mu$ L of each  
14 dilution was inoculated in quadruplicate monolayers to determine the virus titer  
15 by TCID50 in Vero CCL-81 cells in 96-well plates.

16

### 17 *Statistics*

18 Statistical significance was determined by one-way ANOVA followed by  
19 Bonferroni's post hoc test.  $P < 0.05$  was considered statistically significant.  
20 Statistical analyses and graph plots were performed and built with GraphPad  
21 Prism 9.3.1 software.

22

### 23 **Results**

24 The potential virucidal effects of US on SARS-CoV-2 were experimentally  
25 assessed for different frequencies and SARS-CoV-2 virus strains, such as delta  
26 and gamma variants. We exposed a solution containing SARS-CoV-2 particles  
27 with UV-transducer for 30 minutes (**Figure 1A**). Then, we infected Vero-E6 cells  
28 with culture medium exposed or not with the US, using 3-12, 5-10, or 6-18MHz  
29 as frequencies applied. We performed immunofluorescence and confocal  
30 microscopy 24 hours post-infection to determine virus infection with staining for  
31 SARS-CoV-2 spike protein and double-stranded(ds) RNA (dsRNA), which

1 indicates a replicative process. The US treatment was able to inhibit the Wuhan  
2 strain in 3-12, 5-10, and 6-18 MHz frequencies. The virucidal effect in delta or  
3 gamma variants was observed only in the 5-12MHz group. We did not observe a  
4 virucidal effect in 6-18MHz (**Figure 1B**).

5 We next investigated whether the US exposition in SARS-CoV-2 can affect the  
6 number of productive SARS-CoV-2 particles. We observed an effective infection  
7 of SARS-CoV-2 Wuhan, delta, and gamma strains in comparison with mock, an  
8 uninfected experimental group (**Figure 2**). In the Wuhan group, we observed the  
9 reduction of viral titer at 3-12 and 5-10MHz (**Figure 2A**). The 6-18MHz frequency  
10 did not inhibit the SARS-CoV-2 viral titer (**Figure 2**). Interestingly, the 3-12MHz  
11 frequency did not reduce SARS-CoV-2 delta and gamma strains. Using aesthetic  
12 ultrasound with 1-3 MHz, we did not observe an effect in neutralizing SARS-CoV-  
13 2 (Data not shown). In addition, the temperature of the culture medium did not  
14 alter upon US exposition (**Supplementary Figure 1**). These results show that  
15 SARS-CoV-2 is susceptible to US exposure at a specific frequency 5-10MHz and  
16 could be a novel tool for reducing the incidence of SARS-CoV-2 infection.

17

## 18 **Discussion**

19 The development of effective virus inactivation methods is of great importance to  
20 control their SARS-CoV-2 spread (Patterson et al., 2020; Rabenau et al., 2005;  
21 Darnell et al., 2004). This study investigated the effect of low-intensity US on the  
22 infectivity SARS-CoV-2 virus.

23 Wierzbicki et al, in 2021, proposed the possibility of acoustic waves at the US  
24 frequency being able to damage and consequently neutralize the SARS-CoV-2  
25 virus (Wierzbicki et al., 2021). The study carried out was theoretical. The authors  
26 used finite element modeling and simulated the vibration interaction caused by  
27 ultrasound resonance with the virus. The work did not consider the propagation  
28 medium, and the authors found high frequencies between 100 and 500 MHz as  
29 possible resonance points of the virus carapace and its t-spike proteins. In a  
30 second work, Wierzbicki and Bai, in 2022, carried out a new theoretical study  
31 suggesting that frequencies, lower between 1 and 20 MHz, can also damage the  
32  $\alpha$ -helices and tropocollagen molecules of the SARS-CoV-2 spikes structures,  
33 consequently neutralizing the virus (Wierzbicki and Bai, 2022).

1 Frequencies of this magnitude would allow the use of US equipment for everyday  
2 use in medicine, properly regulated and safe for human use, in neutralizing  
3 SARS-CoV-2. Indeed, using US devices from medical diagnostics, we  
4 experimentally validate that lower frequencies can inhibit the infectivity of SARS-  
5 CoV-2. Interestingly, our results indicate a specific frequency rate of US  
6 exposition in an aqueous culture medium. We showed that 5-10 MHz was the  
7 most effective in reducing the SARS-CoV-2 viable particles, including the SARS-  
8 CoV-2 strains, gamma, and delta, compared with other used frequencies. Of  
9 note, Soto-Torres et al, in 2021 showed no significant differences in abnormal  
10 fetal US and Doppler findings observed between pregnant women who were  
11 positive for SARS-CoV-2 and controls that indicated equipment safety in humans  
12 (Soto-Torres et al., 2021). The increase in temperature is related to the US  
13 exposition and elevated temperature inhibits SARS-CoV-2 replication (Ghoshal  
14 et al., 2011; Herder et al., 2021). We did not observe differences in the  
15 temperature of the culture medium during the US exposition. This result supports  
16 the specific virucidal effect of US treatment.  
17 Further testing, using US-exposition to determine the microscopy-affected virus  
18 structure and different time points may help clarify the mechanisms involved,  
19 develop the optimal time for inactivation of SARS-CoV-2, and perform in vivo  
20 experiments with preclinical models.

21

## 22 **Conclusion**

23 It was clearly shown that lower frequencies of the US contribute to SARS-CoV-2  
24 virus inactivation. In addition, influences on virus inactivation occurred in different  
25 applied energy ranges without the interference of temperature. In addition, this  
26 novel method could potentially be combined with existing physical, and chemical  
27 methods and antiviral agents.

28

## 29 **References**

30

31 Darnell, M.E.R., K. Subbarao, S.M. Feinstone, and D.R. Taylor. 2004.

32 Inactivation of the coronavirus that induces severe acute respiratory  
33 syndrome, SARS-CoV. *J. Virol. Methods*. 121:85–91.

34 doi:10.1016/J.JVIROMET.2004.06.006.



- 1 Ghoshal, G., A.C. Luchies, J.P. Blue, and M.L. Oelze. 2011. Temperature  
2 dependent ultrasonic characterization of biological media. *J. Acoust. Soc.*  
3 *Am.* 130:2203. doi:10.1121/1.3626162.
- 4 Herder, V., K. Dee, J.K. Wojtus, I. Epifano, D. Goldfarb, C. Rozario, Q. Gu, A.  
5 da Silva Filipe, K. Nomikou, J. Nichols, R.F. Jarrett, A. Stevenson, S.  
6 McFarlane, M.E. Stewart, A.M. Szemiel, R.M. Pinto, A.M. Garriga, C.  
7 Davis, J. Allan, S. V. Graham, P.R. Murcia, and C. Boutell. 2021. Elevated  
8 temperature inhibits SARS-CoV-2 replication in respiratory epithelium  
9 independently of IFN-mediated innate immune defenses. *PLoS Biol.* 19.  
10 doi:10.1371/JOURNAL.PBIO.3001065.
- 11 Patterson, E.I., T. Prince, E.R. Anderson, A. Casas-Sanchez, S.L. Smith, C.  
12 Cansado-Utrilla, T. Solomon, M.J. Griffiths, Á. Acosta-Serrano, L. Turtle,  
13 and G.L. Hughes. 2020. Methods of Inactivation of SARS-CoV-2 for  
14 Downstream Biological Assays. *J. Infect. Dis.* 222:1462–1467.  
15 doi:10.1093/INFDIS/JIAA507.
- 16 Rabenau, H.F., J. Cinatl, B. Morgenstern, G. Bauer, W. Preiser, and H.W.  
17 Doerr. 2005. Stability and inactivation of SARS coronavirus. *Med.*  
18 *Microbiol. Immunol.* 194:1–6. doi:10.1007/S00430-004-0219-0.
- 19 Soto-Torres, E., E. Hernandez-Andrade, E. Huntley, H. Mendez-Figueroa, and  
20 S.C. Blackwell. 2021. Ultrasound and Doppler findings in pregnant women  
21 with SARS-CoV-2 infection. *Ultrasound Obstet. Gynecol.* 58:111.  
22 doi:10.1002/UOG.23642.
- 23 Wierzbicki, T., and Y. Bai. 2022. Finite element modeling of  $\alpha$ -helices and  
24 tropocollagen molecules referring to spike of SARS-CoV-2. *Biophys. J.*  
25 121:2353–2370. doi:10.1016/J.BPJ.2022.05.021.
- 26 Wierzbicki, T., W. Li, Y. Liu, and J. Zhu. 2021. Effect of receptors on the  
27 resonant and transient harmonic vibrations of Coronavirus. *J. Mech. Phys.*  
28 *Solids.* 150:104369. doi:10.1016/J.JMPS.2021.104369.
- 29  
30  
31  
32  
33  
34



1 **Figure legends**

2

3 **Figure 1 – UV treatment inhibits SARS-CoV-2 infection and replication**

4 **(A)** Representative model of UV exposition. **(B)** Immunofluorescence analysis of  
5 Spike (green) and dsRNA (red) expression of SARS-CoV-2-infected Vero-E6  
6 cells and treated with UV. DAPI (blue) was used for nuclei staining. Scale bar  
7 indicates 50  $\mu\text{m}$ . Data are representative of at least two independent  
8 experiments.

9

10 **Figure 2 – UV treatment reduces infectious SARS-CoV-2**

11 Vero-E6 cells were treated with a UV-treated medium for 30 min. Titration of  
12 infectious SARS-CoV-2 Wuhan strain **(A)**, Delta strain **(B)** and Gamma **(C)** by  
13 TCID<sub>50</sub> assay Data are representative of at least two independent experiments  
14 and are shown as mean  $\pm$  SEM. P values were determined by one-way ANOVA  
15 Followed by Bonferroni's post hoc test.

16

17 **Supplementary Figure 1 – UV treatment did not alter medium culture**  
18 **temperature**

19 Quantification of DMEM medium culture temperature by a thermal camera for  
20 30 min post UV exposition upon different frequencies.





