Antiviral Activity of Rosemary Extract Against Zika Virus in Human Dermal Fibroblasts

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Abstractions

Abbreviations
C, Capsid
CC_{50}, 50% cytotoxic concentration
CA, Carnosic acid
CMC, Carboxymethylcellulose
CO, Carnosol
DENV, Dengue virus
DMEM, Dulbecco's modified Eagle's medium
DMSO, Dimethyl sulfoxide
E, Envelope
EV71, Enterovirus 71
F, Fusion
FBS, Fetal bovine serum
HFF-1, Human foreskin fibroblast cells
hRSV, Human respiratory syncytial virus
HSV, Herpes simplex virus
IC_{50}, 50% inhibitory concentration
JEV, Japanese encephalitis virus
MOI, Multiplicity of infection
NS, Non-structural
PBS, Phosphate-buffered saline
Pen/strep, penicillin/streptomycin
PFU, Plaque forming unit
PrM, Precursor membrane
RA, Rosmarinic acid
RdRp, RNA-dependent RNA polymerase
RE, Rosemary extract
SI, Selectivity index
WHO, World Health Organization
WNV, West Nile virus
YFV, Yellow fever virus
ZIKV, Zika virus

Abstract

Flaviviruses have increasingly emerged and re-emerged in recent decades, infecting millions of

people annually. Zika virus is particularly concerning due to its associated pathological

complications, including microcephaly in newborns and Guillain-Barré syndrome in adults,

posing a significant threat to public health. Despite efforts made by the scientific community, no

licensed drugs against flaviviruses have been developed. Medicinal plants show promise as a

novel source of antiviral agents, as they possess a diverse array of biologically active secondary

metabolites, making them potential candidates for therapeutic use. We sought to investigate the

antiviral potential of rosemary extract (RE) against ZIKV in human dermal fibroblasts (HFF-1

cells), one of the earliest targets of infection. ZIKV was treated with various concentrations of

RE or its individual major polyphenols, including rosmarinic acid (RA), carnosic acid (CA), and

carnosol (CO), and the remaining infectivity of each sample was measured by plaque reduction

assay. To evaluate the impact of RE on different stages of the ZIKV replication cycle, HFF-1

cells were treated before, during, and after infection, or the virus was treated before infection. RE

exerted potent antiviral activity against ZIKV in both Vero and HFF-1 cells by directly acting on

virus particles before infection. Importantly, RE significantly inhibited the later stages of the

virus replication cycle by interfering with post-entry mechanisms within the host cell. Moreover,

major RE-derived polyphenols CA and CO, but not RA, were shown to significantly reduce

ZIKV infectivity. Overall, RE significantly impairs ZIKV infection *in vitro* by directly

interacting with virus particles prior to adsorption and interfering with post-entry processes of

the ZIKV replication cycle. This study provides rigorous evidence indicating the potential

development of RE as an antiviral agent, warranting further investigation into the mechanisms

underlying its inhibitory activity against ZIKV and its effects on other medically important

flaviviruses.

Introduction

Zika virus (ZIKV) is a mosquito-borne virus that has received significant attention in recent years. ZIKV belongs to the *Flavivirus* genus within the *Flaviviridae* family, which includes dengue virus (DENV), yellow fever virus (YFV), Japanese encephalitis virus (JEV), West Nile virus (WNV), and other well-known human pathogens[1]. ZIKV was originally isolated from a Rhesus macaque monkey in Uganda when studying the ecology of YFV in 1947. After its discovery, ZIKV remained relatively unknown, sporadically causing minor outbreaks and mild febrile illness in few individuals[2,3]. The first major outbreak of ZIKV occurred on Yap Island in 2007, where close to 75% of the population was infected[4]. This was followed by an outbreak in French Polynesia from 2013 to 2014 and the largest recorded outbreak in Brazil in 2015, where approximately 1.3 million people were infected[3,5]. These outbreaks were linked to a significant increase in microcephaly in neonates of infected mothers and Guillain-Barré syndrome in adults, sparking a global panic[6]. Due to its rapid spread and associated neurological complications, ZIKV was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) in February 2016[7].

ZIKV is a positive-sense single-stranded RNA virus with a genome of approximately 11 kb. The genome encodes a single polyprotein that is proteolytically cleaved into three structural proteins, including envelope (E), membrane (prM), and capsid (C) proteins, along with seven non-structural (NS) proteins, including NS1, NS2A, NS2B, NS3, NS4A, NS4B, and NS5[3,4]. ZIKV is primarily transmitted *Aedes aegypti* mosquitoes, which inject the virus into the skin of the host during a blood meal[8]. Throughout this process, ZIKV encounters cells in the epidermal and dermal layers of the skin such as keratinocytes, fibroblasts, Langerhans cells, dendritic cells, and mast cells, among others, representing the first line of defense against the virus[9,10].

Fibroblasts are the most abundant cell type found in the dermis and are responsible for producing

and maintaining the extracellular matrix[11]. It has been well characterized that fibroblasts are

highly permissive to multiple strains of ZIKV and serve as a primary target for viral replication

at the site of inoculation. Moreover, multiple pro-inflammatory genes are upregulated in

fibroblasts infected with ZIKV, suggesting they contribute to the local inflammatory response in

the early stages of infection[10,12]. Fibroblasts are thus a compelling *in vitro* model for studying

potential antiviral agents against ZIKV.

As of May 2024, 92 countries and territories throughout five of the six WHO regions

have recorded autochthonous mosquito-borne transmission of ZIKV. Additionally, competent

populations of *Aedes aegypti* mosquitoes have been established in 60 countries and territories

globally, raising concerns that autochthonous transmission may be introduced in these areas[3,12].

Despite an extensive worldwide research effort, there are currently no vaccines approved to

prevent ZIKV infection and no specific antivirals available for any flavivirus, leaving supportive

care as the only option to manage symptoms. Given the severe complications associated with

ZIKV infection and the continued spread of flaviviruses to new regions with changing climates,

novel antiviral agents are urgently needed to mitigate future outbreaks[13–15].

An attractive approach to developing therapeutics is the use of medicinal plants, as they

possess a diverse array of bioactive secondary metabolites[14]. These compounds have been

shaped by millions of years of evolution to provide plants selective advantages, including

protection against oxidative stress, ultraviolet radiation, predators, and infection[16,17]. Throughout

history, humans have used medicinal plants as a primary source of medicine for treating various

diseases, leading to the discovery of many drugs currently available on the market[18]. In fact,

approximately 11% of all essential drugs were derived from plants, with aspirin, quinine, and

morphine being among the most famous examples[19,20]. In the context of mosquito-borne

infections, quinine, a compound derived from the bark of the cinchona tree, is one of the most

important anti-malarial drugs in history and is listed on the WHO's Model List of Essential

Medicines for severe malaria[21]. Beyond their well-documented antioxidant and anti-

inflammatory properties, several plant-derived secondary metabolites have demonstrated

antiviral activity *in vitro* and *in vivo*, including quercetin and fisetin against DENV2, baicalein

against JEV and influenza virus, and epigallocatechin-3-gallate against herpes simplex virus

(HSV), Epstein Barr virus, and DENV, to name a few[22,23]. However, relatively few studies have

explored the antiviral potential of medicinal plants and their derivatives against ZIKV,

highlighting a gap in the field.

Rosmarinus officinalis L. (rosemary) is a medicinal herb native to the Mediterranean

region and belongs to the Lamiaceae family. Rosemary extract (RE) is widely used as a natural

preservative in food processing and has been extensively studied for its therapeutic properties,

including antioxidant, anti-inflammatory, antibacterial, antitumor, and neuroprotective effects,

among many others[24–26]. These biological activities can be attributed to its rich polyphenolic

composition, which includes phenolic acids like rosmarinic (RA), ursolic, and caffeic acids, as

well as phenolic diterpenes like carnosic acid (CA), carnosol (CO), and rosmanol[27]. To the best

of our knowledge, no studies have explored the antiviral activity of RE against flaviviruses,

although it has been shown to be effective in other viral models, including human respiratory

syncytial virus (hRSV)[28] and HSV[29–32]. That being said, RA, a major polyphenol in RE, was

identified as a potential antiviral agent against ZIKV and DENV *in silico*[33–35]. RA has also been

shown to inhibit all four serotypes of DENV *in vitro*[35] and significantly reduce mortality, viral

loads, and pro-inflammatory cytokine levels in JEV-infected mice[36]. In the current study, we

show that RE potently inhibits ZIKV infection by directly targeting virus particles prior to

infection and interfering with later stages of the virus life cycle. These findings suggest RE is a

promising therapeutic candidate for ZIKV, warranting further investigation into its antiviral

potential.

Materials and Methods

Cells and Virus

Human foreskin fibroblast cells (HFF-1: ATTC, SCRC-1041) and Vero E6 cells (African green monkey kidney cells: ATTC, CRL-1586) were maintained in Dulbecco's modified Eagle's medium (DMEM: Sigma, D6546) supplemented with 10% heat-inactivated fetal bovine serum (FBS: Sigma, 14008C) and 1% penicillin/streptomycin (pen/strep: Gibco, 15140-122) at 37°C with 5% CO_2. The PRAVBC59 strain of ZIKV (ATCC, VR1843) was propagated in Vero cells. Briefly, Vero monolayers were infected with ZIKV at a multiplicity of infection (MOI) of 0.01 and incubated at 37°C and 5% CO_2 for 1 h. The viral inoculum was removed, and cells were incubated for 5 days in culture medium containing 2% FBS and 1% pen/strep. Viral stocks were quantified by plaque assay, aliquoted, and stored at -80°C.

Reagent Preparation

Rosemary extract was prepared as previously described[37]. Briefly, samples were prepared by grinding and passing dried *Rosmarinus officinalis* L. leaves through a mesh sieve. Extraction was performed following protocols established by the US National Cancer Institute. 5 g of ground leaves were steeped overnight in 30 mL of dichloromethane-methanol (1:1). A slight vacuum was used to collect the filtrate, and a methanol extraction was performed for 30 min. The solvent was removed by rotary evaporation. RE was dissolved in dimethyl sulfoxide (DMSO) at 100 mg/mL, aliquoted, and stored protected from light at -20°C until further use. Based on previous HPLC analysis, the RE used here is composed of 9.29 µM of RA and 1.59 µM of CA, however the concentration of CO was not determined[38,39].

Cell Viability Assay

To determine cell viability, HFF-1 and Vero cells were seeded in 96-well tissue culture

plates and incubated at 37°C with 5% CO_2 until 90% confluent. HFF-1 and Vero cells were

treated with DMEM containing various concentrations of RE in triplicate for 1 h at 37°C with

5% CO_2, using 1% DMSO as a vehicle control. Subsequently, the medium was replaced with

fresh culture medium containing 10% FBS and 1% pen/strep, and cells were incubated for either

96 h (HFF-1) or 120 h (Vero) at 37°C with 5% CO_2. To best represent the different treatment

conditions in the time-of-addition analysis, HFF-1 cells were also incubated with various

concentrations of RE in DMEM with 10% FBS and 1% pen/strep for 96 h. Following incubation,

culture medium was replaced with 100 µL of fresh medium and 10 µL of WST-1 cell

proliferation reagent (Roche, 5015944001). After 2 h, absorbance was measured at 460 nm using

a spectrophotometer (Bio-Tek, Synergy HT-1, 191356) and triplicates were averaged. The

cytotoxic concentration of RE that reduced viability by 50% (CC_{50}) was calculated by non-linear

regression analysis (GraphPad Prism).

Plaque Reduction Assay

Plaque reduction assay was used to screen the antiviral activity of RE and its major

polyphenol constituents, including RA, CA, and CO. 100 µL of ZIKV (290,000 PFU) was

treated with increasing concentrations of each compound for 1 h at 37°C with 5% CO_2, using 1%

DMSO as a vehicle control. The remaining infectivity of each sample was then quantified by

plaque assay. The inhibitory concentration that reduced plaque numbers by 50% (IC_{50}) was

calculated by non-linear regression analysis (GraphPad Prism).

Time-of-Addition Analysis in HFF-1 Cells

To determine the mode of antiviral activity, HFF-1 cells and ZIKV were incubated with

RE at different stages of virus infection. Briefly, HFF-1 cells were seeded on 24-well plates and

incubated at 37°C with 5% CO_2 until 90% confluent. Cells were infected with ZIKV (MOI of 1)

under four different treatment conditions, using 1% DMSO as a vehicle control. 1) Cells were

pretreated with various concentrations of RE for 1 h at 37°C. The supernatant was removed, and

wells were washed once with 1X phosphate-buffered saline (PBS: Gibco, 10010023) before viral

inoculation. 2) Cells were infected with ZIKV and simultaneously treated with various

concentrations of RE for 1 h at 37°C. 3) Cells were infected with ZIKV for 1 h at 37°C, the

inoculum was removed, and culture medium containing various concentrations of RE was added

to each well for the entire post-infection period. 4) ZIKV was incubated with various

concentrations of RE for 1 h at 37°C before being added to the cells. In all treatment conditions,

wells were washed once with PBS after the 1 h adsorption period to remove unbound ZIKV.

Next, 500 µL of culture medium with 10% FBS and 1% pen/strep was added to each well and

cells were incubated at 37°C and 5% CO_2. Supernatant was collected, aliquoted, and stored at -

80°C after 0 and 96 h post-infection. Viral titers were quantified by plaque assay. The inhibitory

concentration that reduced viral titers by 50% (IC_{50}) was calculated by non-linear regression

analysis (GraphPad Prism).

Plaque Assay

Vero E6 cells were seeded in 12-well and 24-well plates and incubated at 37°C with 5%

CO_2 until 90% confluent. Serial 1:10 dilutions were prepared for pre-treated ZIKV stocks or

supernatant harvested from HFF-1 cells 96 h post-infection, whereas a 1:2 dilution was prepared

for samples collected 0 h post-infection. Cells were infected in duplicate with 200 µL (1:10

dilutions) or 100 µL (1:2 dilutions) of each dilution in 12- or 24-well plates, respectively.

Following a 1 h adsorption period at 37°C, virus inoculum was removed, and cells were overlaid

with 1 mL (12-well) or 0.5 mL (24-well) of a 1:1 mixture of carboxymethylcellulose (CMC) and

DMEM with 2% FBS and 1% pen/strep. Plates were incubated at 37°C with 5% CO_2 for 5 days

for plaque development, the overlay was discarded, and wells were washed twice with PBS.

Cells were simultaneously fixed and stained with 1% crystal violet dissolved in 8%

formaldehyde and 30% ethanol for 30 min at room temperature. Excess stain was removed using

tap water and plaques were counted. Plaque forming units per mL (PFU/mL) was calculated for

each sample using the following equation:

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$$\frac{PFU}{mL} = \frac{Average\ Number\ of\ Plaques}{(Dilution\ Factor)(Volume\ of\ Inoculum)}$$

Statistical Analysis

One-way ANOVA analysis was used to evaluate WST-1 viability assay data and two-

way ANOVA analysis was used to evaluate plaque assay data. Multiple comparisons were

performed using Dunnett's *post-hoc* test where appropriate. The CC_{50} and IC_{50} were determined

by analyzing normalized data (% control) using non-linear regression (variable slope). Results

from all experiments were expressed as mean ± SEM and considered significant if $p < 0.05$

between the vehicle control (DMSO) and RE or polyphenol treated groups. Statistical analyses

were conducted using GraphPad Prism.

Results

Cytotoxicity of RE in cell culture

WST-1 assay was used to assess the impact of RE treatment on HFF-1 and Vero cells. Both cell lines were treated with increasing concentrations of RE ranging from 20 to 200 µg/mL or an equivalent volume of DMSO. Incubation periods were chosen to best represent the conditions of the different functional assays. WST-1 assay values are presented as % control for each independent experiment compared to vehicle control DMSO treated cells (100% cell viability). No difference in viability was observed in HFF-1 cells treated with 20 to 80 µg/mL of RE for 1 h followed by a 96 h incubation ($p > 0.05$). However, there was a significant decrease in viability beginning at 100 µg/mL, with a CC_{50} of 120.2 µg/mL (Fig. 1a and 1b). Comparatively, HFF-1 cells treated for the entire 96 h incubation period showed a 7.5% increase in cell viability at 40 µg/mL ($p < 0.01$). There was a significant decrease in viability beginning at 80 µg/mL, with a CC_{50} of 107.3 µg/mL (Fig. 1c and 1d). Vero were unaffected by treatment with 20 µg/mL of RE for 1 h followed by a 120 h incubation, representing the maximum concentration cells were exposed to in the plaque reduction assay ($p > 0.05$, Fig. 2a).

RE potently inhibits ZIKV replication in a dose-dependent manner in Vero

To test the potential antiviral activity of RE, ZIKV was pretreated with increasing concentrations of RE from 25 to 200 µg/mL or an equivalent volume of DMSO for 1 h. The viral titer of each sample was then quantified by plaque assay. Results demonstrated a significant dose-dependent decrease in infectious ZIKV particles for all tested concentrations (Fig. 2b, $p < 0.0001$). Concentrations of 25, 50, 75, 100, 125, 150, 175, and 200 µg/mL caused a 53.6, 69.5, 85.6, 92.7, 93.2, 98.9, and 99.6% reduction in ZIKV titers, respectively (Fig. 2c, $IC_{50} = 24.95$ µg/mL). Due to the nature of this assay, the selectivity index (SI) was not calculated. The highest

concentration ZIKV was pre-treated with was 200 µg/mL, but this was serially diluted ten-fold

before being added to Vero. As a result, Vero inoculated with the 10^1 dilution were exposed to

20 µg/mL of RE, which was not cytotoxic (Fig. 2a).

RE directly interacts with virus particles and inhibits post-entry mechanisms in fibroblasts

To determine the antiviral potential of RE against ZIKV infection in HFF-1 cells and

dissect the mechanism of action, HFF-1 cells were treated with RE before, concurrent with, or

after viral inoculation, or ZIKV was treated directly with RE prior to infection. Increasing

concentrations of RE ranging from 20 to 100 µg/mL or an equivalent volume of DMSO was

used in all experiments. Based on what is frequently used in the literature[1,10,40–42], cells were

infected at an MOI of 1 and cell-free supernatant was collected 0 and 96 h post-infection, which

is when ZIKV titers peak in HFF-1 cells (Supplemental Fig. 1). The percent reduction was

calculated relative to the amount of virus produced in control DMSO treatment groups. No

antiviral effect was observed in HFF-1 cells treated with RE for 1 h prior to infection (Fig. 3).

Treatment of HFF-1 cells during the adsorption period significantly enhanced ZIKV replication,

with viral titers increasing by 195.5, 104.5, 98.7, 195.9, and 88.6% at concentrations of 20

($p<0.0001$), 40 ($p<0.01$), 60 ($p<0.01$), 80 ($p<0.0001$), and 100 µg/mL ($p<0.05$), respectively,

relative to the control. However, these changes did not follow a consistent trend across

increasing concentrations of RE, as there was no clear dose-response relationship (Fig. 4). RE

demonstrated the most potent antiviral activity in cells treated after the 1 h infection period, as

virus production was significantly inhibited by every concentration tested (Fig. 5a, $p<0.0001$).

There was a 73.0 and 99.9% reduction in viral titers in cells treated with 20 and 40 µg/mL of RE

and a 100% reduction in viral titers below the detectable limit in cells treated with 60, 80, and

100 µg/mL (Fig. 5b, IC_{50} = 17.92 µg/mL, SI = 6.00). However, concentrations of 80 µg/mL and

above were cytotoxic in HFF-1 cells treated with RE for 96 h (Fig. 1c). Lastly, pre-treatment of

ZIKV with RE for 1 h prior to infection increased virus production by 46.7% at 20 µg/mL

(p<0.05) and significantly reduced virus production by 99.6% at 60 µg/mL and 100% at 80 and

100 µg/mL (Fig. 6, IC_{50} = 56.25 µg/mL, SI = 2.14). However, 100 µg/mL was cytotoxic when

HFF-1 cells were treated for 1 h followed by a 96 h incubation (Fig. 1a).

CA and CO, but not RA, exhibit virucidal activity against ZIKV in Vero

To determine if any of the three main polyphenols in RE could exert similar antiviral

effects, ZIKV was pretreated with increasing concentrations of each compound from 25 to 100

µM for 1 h at 37°C. The remaining infectivity of each sample was quantified by plaque assay.

No effect on viral replication was observed when ZIKV was pretreated with RA (Fig. 7, p>0.05).

However, CA and CO both resulted in a significant dose-dependent decrease in infectivity for all

tested concentrations, with CA causing a 30.5 (p<0.01), 69.7 (p<0.0001), and 99.2% (p<0.0001)

reduction (Fig. 8) and CO causing a 67.4 (p<0.001), 94.2 (p<0.0001), and 99.0% (p<0.0001)

reduction (Fig. 9) in viral titers at concentrations of 25, 50, and 100 µM, respectively, relative to

an equivalent volume of DMSO.

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Figure 1: Cell viability of HFF-1 cells treated with increasing concentrations of RE. (a)
HFF-1 cells were incubated with increasing concentrations of RE or a vehicle control (DMSO)
for 1 h followed by 96 h with fresh medium. (b) HFF-1 cells were incubated with increasing
concentrations of RE or a vehicle control (DMSO) for 96 h. Cell viability was determined by a
WST-1 assay. Data are expressed as mean % of control ±SEM for n = 3 independent
experiments. A one-way ANOVA and Dunnett's multiple comparisons were used to determine
differences in cell viability following RE incubation. **p<0.01, ****p<0.0001 relative to HFF-1
cells incubated with DMSO (NT). CC_{50} values for HFF-1 cells treated for (c) 1 h or (d) 96 h
were calculated by non-linear regression analysis (inhibitor vs normalized response – variable
slope).

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Figure 2: RE inhibits ZIKV replication in Vero in a dose-dependent manner. (a) Vero were
incubated with increasing concentrations of RE or a vehicle control (DMSO) for 1 h followed by
120 h with fresh medium. Cell viability was determined by a WST-1 assay. Data are expressed as
% of control ±SEM for n = 3 independent experiments. Vero were exposed to a maximum
concentration of 20 µg/mL in the plaque reduction assay; thus, the corresponding representative
data is shown. A one-way ANOVA and Dunnett's multiple comparisons were used to determine
differences in cell viability following RE incubation. (b) As an initial screen, the virucidal
activity of RE was evaluated by plaque reduction assay. ZIKV (290,000 PFU) was incubated
with increasing concentrations of RE or an equal volume of a vehicle control (DMSO) for 1 h.

The viral titer of each sample was then determined by plaque assay. Data are expressed as mean
PFU/mL ±SEM for n = 3 independent experiments, each replicated in duplicate. A one-way
ANOVA and Dunnett's multiple comparisons were used to determine differences in viral titers
following RE treatment. ****$p<0.0001$ relative to ZIKV incubated with DMSO (NT) for all
concentrations tested. (c) The IC_{50} value was calculated by non-linear regression analysis
(inhibitor vs normalized response – variable slope). (d) Plaque assay images taken using an
Amersham Typhoon Biomolecular Imager and represent wells from one independent experiment
in its entirety.

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Figure 3: Treatment of HFF-1 cells with RE before infection does not impact ZIKV
replication. (a) HFF-1 cells were treated with increasing concentrations of RE or a vehicle
control (DMSO) for 1 h. Following incubation, cells were infected with ZIKV (MOI = 1), and
cell-free supernatants were collected 0 and 96 h post-infection. Viral titers were quantified by
plaque assay. Data are expressed as mean PFU/mL ±SEM for n = 3 independent experiments,
each replicated in duplicate. A two-way ANOVA and Dunnett's multiple comparisons were used
to determine differences in viral titers following RE treatment relative to HFF-1 cells treated
with DMSO (NT). (b) Plaque assay images taken using an Amersham Typhoon Biomolecular
Imager and represent wells from one independent experiment in its entirety.

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Figure 4: Treatment of HFF-1 cells with RE during infection enhances ZIKV replication.
(a) HFF-1 cells were infected with ZIKV (MOI = 1) and simultaneously treated with increasing
concentrations of RE or a vehicle control (DMSO) for 1 h. Cell-free supernatants were collected
0 and 96 h post-infection, and the viral titer of each sample was quantified by plaque assay. Data
are expressed as mean PFU/mL ±SEM for n = 3 independent experiments, each replicated in
duplicate. A two-way ANOVA and Dunnett's multiple comparisons were used to determine
differences in viral titers following RE treatment. *$p<0.05$, **$p<0.01$, ****$p<0.0001$ relative to
HFF-1 cells treated with DMSO (NT). (b) Plaque assay images taken using an Amersham
Typhoon Biomolecular Imager and represent wells from one independent experiment in its
entirety.

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Figure 5: Treatment of HFF-1 cells with RE after infection inhibits ZIKV replication. (a)
HFF-1 cells were infected with ZIKV (MOI = 1) for 1 h and subsequently treated with increasing
concentrations of RE or a vehicle control (DMSO) for the entire post-infection period. Cell-free
supernatants were collected 0 and 96 h post-infection and viral titers were quantified by plaque
assay. Data are expressed as mean PFU/mL ±SEM for n = 4 independent experiments, each
replicated in duplicate. A two-way ANOVA and Dunnett's multiple comparisons were used to
determine differences in viral titers following RE treatment. ****$p<0.0001$ relative to HFF-1
cells treated with DMSO (NT). (b) The IC_{50} value was calculated by non-linear regression
analysis (inhibitor vs normalized response – variable slope). (c) Plaque assay images taken using
an Amersham Typhoon Biomolecular Imager and represent wells from one independent
experiment in its entirety.

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Figure 6: RE exhibits virucidal activity against ZIKV in HFF-1 cells. (a) ZIKV was
incubated with increasing concentrations of RE or an equal volume of a vehicle control (DMSO)
for 1 h. Subsequently, HFF-1 cells were infected with each sample (MOI = 1) and cell-free
supernatants were collected 0 and 96 h post-infection. Viral titers were quantified by plaque
assay. Data are expressed as mean PFU/mL ±SEM for n = 3 independent experiments, each
replicated in duplicate. A two-way ANOVA and Dunnett's multiple comparisons were used to
determine differences in viral titers following RE treatment. $*p<0.05$, $****p<0.0001$ relative to
HFF-1 cells infected with DMSO treated ZIKV (NT). (b) The IC_{50} value was calculated by non-
linear regression analysis (inhibitor vs normalized response – variable slope). (c) Plaque assay
images taken using an Amersham Typhoon Biomolecular Imager and represent wells from one
independent experiment in its entirety.

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Figure 7: RA does not affect ZIKV infection. (a) The virucidal activity of RA was evaluated
by plaque reduction assay. ZIKV (290,000 PFU) was incubated with increasing concentrations of
RA or an equal volume of a vehicle control (DMSO) for 1 h. Viral titers in each sample were
then determined by plaque assay. Data are expressed as mean PFU/mL ±SEM for n = 3
independent experiments, each replicated in duplicate. A one-way ANOVA and Dunnett's
multiple comparisons were used to determine differences in viral titers following RA treatment
relative to DMSO (NT). (b) Plaque assay images taken using an Amersham Typhoon
Biomolecular Imager and represent wells from one independent experiment in its entirety.

Figure 8: CA inhibits ZIKV infection in a dose-dependent manner. (a) The virucidal activity
of CA was evaluated by plaque reduction assay. ZIKV (290,000 PFU) was incubated with
increasing concentrations of CA or an equal volume of a vehicle control (DMSO) for 1 h. Viral
titers in each sample were then determined by plaque assay. Data are expressed as mean PFU/mL
±SEM for n = 3 independent experiments, each replicated in duplicate. A one-way ANOVA and
Dunnett's multiple comparisons were used to determine differences in viral titers following CA
treatment. **p<0.01, ****p<0.0001 relative to ZIKV incubated with DMSO (NT). (b) Plaque
assay images taken using an Amersham Typhoon Biomolecular Imager and represent wells from
one independent experiment in its entirety.

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Figure 9: CO inhibits ZIKV infection in a dose-dependent manner. (a) The virucidal activity
of CO was evaluated by plaque reduction assay. ZIKV (290,000 PFU) was incubated with
increasing concentrations of CO or an equal volume of a vehicle control (DMSO) for 1 h. Viral
titers in each sample were then determined by plaque assay. Data are expressed as mean PFU/mL
±SEM for n = 3 independent experiments, each replicated in duplicate. A one-way ANOVA and
Dunnett's multiple comparisons were used to determine differences in viral titers following CO
treatment. ***$p<0.001$, ****$p<0.0001$ relative to ZIKV incubated with DMSO (NT). (b) Plaque
assay images taken using an Amersham Typhoon Biomolecular Imager and represent wells from
one independent experiment in its entirety.

Discussion

Although cases of ZIKV have significantly declined since reaching their peak in 2016,

the virus continues to circulate at low levels in tropical and subtropical regions, posing an

ongoing threat to human health[15]. Despite extensive efforts by the global scientific community,

there are no vaccines or antiviral treatments against ZIKV currently available, leaving us

unprepared for potential future outbreaks[3]. This study aimed to evaluate the antiviral potential of

RE against ZIKV in human dermal fibroblasts, one of the earliest targets of infection. Here, we

provide novel evidence demonstrating that RE exerts potent *in vitro* antiviral effects against

ZIKV. RE was found to significantly impair ZIKV infection in Vero cells when the virus was

treated before infection (Fig. 2b). To assess the effects of RE on the ZIKV replication cycle,

HFF-1 cells were treated before, during, and after infection or ZIKV was treated before

infection. No antiviral activity was observed when HFF-1 cells were treated before (Fig. 3a) or

during infection (Fig. 4a), however, ZIKV replication unexpectedly increased in the latter

condition. There was a significant decrease in viral titers when ZIKV was pre-treated with RE,

indicating RE may target the initial stages of the viral life cycle in HFF-1 cells (Fig. 6a). RE was

most effective when HFF-1 cells were treated post-infection, indicating RE may also targets the

later stages of the viral life cycle (Fig. 5a). Of the three main polyphenols found in RE, CA (Fig.

8a) and CO (Fig. 9a), but not RA (Fig. 7a), are potent antiviral compounds against ZIKV, and

thus could be used as potential stand-alone antiviral compounds. To the best of our knowledge,

this is the first study describing the antiviral activity of RE in the context of flavivirus infection,

specifically ZIKV.

To determine the antiviral potential of RE against ZIKV, we employed a plaque reduction

assay. This approach is commonly used in the literature[35,43–45] to screen different compounds for

antiviral activity and involves directly treating the virus before infecting a susceptible cell line,

such as Vero. Here, we observed a significant dose-dependent decrease in viral replication with

all concentrations of RE, with the lowest concentration causing a 53.6 % reduction in viral titers

(Fig. 2b and 2c, IC_{50} = 24.95 µg/mL). Similar results have been shown in other viral models, as

RE inhibits the replication of HSV-1, HSV-2[29,31], and human immunodeficiency virus 1[30] in

Vero. However, Nolkemper et al. reported IC_{50} values of 0.646 µg/mL against HSV-1 and 1.055

µg/mL and against HSV-2, which are much lower than those observed in the current study[29].

This discrepancy could be attributed to differences between viral models, procedural differences

(treatment of 200 PFU of HSV with no dilution prior to inoculation vs. 290,000 PFU of ZIKV

followed by serial dilutions in our model), and the RE extraction method (aqueous vs. methanol

in our model). Overall, our results are in general agreement with the literature, as several classes

of natural products reported to possess anti-ZIKV properties exhibit biological effects during

viral adsorption and internalization or exert a virucidal effect by directly interacting with virus

particles[22].

To identify which stage(s) of the ZIKV replication cycle are affected by RE, we

performed four experiments using HFF-1 cells: 1) treatment of cells before infection, 2)

simultaneous treatment and infection of cells, 3) treatment of cells after infection, and 4)

treatment of ZIKV before infection. Results show that treating the cells before or during the

adsorption phase does not reduce ZIKV replication (Fig. 3a and 4a). Nolkemper et al. found

similar results, with no effect on HSV-2 and a minimal 24% reduction in HSV-1 replication

when RC-37 cells (African green monkey kidney cells) were treated with a non-cytotoxic

concentration of RE before infection. However, treatment of RC-37 cells during infection caused

a 36% and 67% reduction in HSV-1 and HSV-2 replication, respectively[29]. In another study, 20

µg/mL RE caused a 66-fold reduction in hRSV production in A549 cells treated before infection,

conflicting with our results, though a different virus and cell type[28]. Moreover, Lin et al.

demonstrated a significant 21.9% reduction in viral VP1 mRNA and an 88.6% reduction in

EV71 replication in RD cells treated with 10 µM of RA, one of the main constituents found in

RE, during infection. Similar to our findings, RA minimally inhibited EV71 by 5.54% in RD

cells treated before infection[46]. Surprisingly, we observed a statistically significant increase in

ZIKV production in cells treated during infection with every concentration of RE (Fig. 4a) as

well as in cells infected with ZIKV pretreated with 20 µg/mL (Fig. 5a). As far as we know, this

effect has not been reported in the literature. Considering that pH can have a significant impact

on ZIKV infectivity[47], we measured the pH of various concentrations of RE prepared in DMEM.

No major changes in pH were observed in comparison to DMSO, with all values falling within a

range of approximately 8.2 to 8.5 (data not shown). Therefore, the increase in virus production

may have occurred due to an experimental artefact, but further investigation is required to

determine the mechanisms at play following RE treatment during ZIKV infection.

Unlike the results above, RE was shown to exert potent antiviral activity when cells were

treated post-infection. There was a considerable 53.6% decrease in ZIKV replication at the

lowest concentration tested (20 µg/mL), with viral titers falling below the detectable limit at 60

µg/mL and beyond (Fig. 5, $IC_{50} = 17.92$ µg/mL, SI = 6.00). This is in agreement with Horvath et

al., who found a 90.46% reduction in HSV-2 genome concentrations in Vero cells treated with

0.47 mg/mL of RE after infection[32]. Contrastingly, RE had no effect on HSV-1 or HSV-2 plaque

formation in RC-37 cells[29]. Of the main polyphenols found in RE, CA has been shown to reduce

HSV-2[32] and hRSV[28] genome concentrations in cells treated post-infection, whereas RA impairs

EV71[46] replication, further supporting our results. Based on an *in-silico* study conducted by

Srinivasan et al., RE may interfere with the NS5 RNA-dependent RNA polymerase (RdRp),

which is essential for replicating the ZIKV genome. This is due to inhibitory potential of CA (-

6.8 kcal/mol), CO (-7.0 kcal/mol), RA (6.9 kcal/mol), and several other derivatives, which were

predicted to have high binding energy against the RdRp, although *in vitro* studies are required to

validate this data[26]. To further explore RE's effects post-infection, we conducted preliminary

experiments to visualize the impact of RE treatment on ZIKV M protein expression by an

immunofluorescence assay. Here, we show a visible reduction in the number of HFF-1 cells

expressing the M viral protein when treated with 50 µg/mL of RE, indicating ZIKV replication

was impaired (Supplemental Fig. 2). Collectively, this data suggests that RE acts on the later

stages of the viral life cycle by potentially regulating genome translation and replication and/or

virion assembly and release.

As seen with the plaque reduction assay, pre-treatment of ZIKV with RE significantly

inhibited infection in HFF-1 cells, causing a 99.6% reduction in progeny virus at a concentration

of 60 µg/mL and complete inhibition at 80 and 100 µg/mL (Fig. 6, IC_{50} = 56.25 µg/mL, SI =

2.14). Similar results were seen following pretreatment of HSV at the maximum non-cytotoxic

concentration of RE (actual concentration not reported) in RC-37 cells, resulting in a 97% and

99% reduction in HSV-1 and HSV-2, respectively[29]. Unlike our plaque reduction assay results,

no antiviral effect was seen at concentrations below 60 µg/mL in HFF-1 cells, which may be due

to the distinct species and tissue origin of each cell line as well as fundamental differences

between each assay. To illustrate this, ZIKV was treated with RE for 1 h and the remaining

infectivity in each sample was quantified by plaque reduction assay, whereas in the HFF-1

experiment, a plaque assay was used to quantify the production of infectious virions in HFF-1

cells following infection with pre-treated ZIKV. Since no antiviral effects were observed in HFF-

1 cells treated during infection, these findings indicate that RE directly interacts with

extracellular ZIKV particles by potentially binding to viral proteins involved in mediating viral

entry or damaging virions, thereby impairing the ability to infect host cells.

To determine if the major polyphenols found in RE exert similar effects against ZIKV,

each compound was screened for antiviral activity using a plaque reduction assay. Here, we

show that pre-treatment of ZIKV with CA and CO significantly reduces ZIKV plaque formation

in a dose-dependent manner, with CA causing a 99.2% reduction and CO causing a 99.0%

reduction at 50 µM (Fig. 8a and 9a). Considering that CO is the major oxidation product of

CA[48], they likely have very similar biological properties. In comparison, RA had no effect on

ZIKV infection with any of the concentrations tested (Fig. 7a). These results were somewhat

unexpected, as RA is the only compound with existing evidence of its antiviral activity against

flaviviruses. Pre-treatment of DENV with RA was shown to inhibit all four serotypes *in vitro*[35]

as well as significantly reduced mortality, viral mRNA, and proinflammatory cytokine levels in

mice treated peritoneally with RA and infected with a lethal dose of JEV[36]. There is also *in vitro*

evidence demonstrating the efficacy of RA against the H1N1 subtype of influenza A[43],

EV71[46,49], and hepatitis B virus[50] as well as *in vivo* evidence against a lethal dose of EV71 in

mice[51]. This is especially surprising due to the structural similarities between flaviviruses,

indicating its effects may be DENV and JEV specific. The antiviral effects of CA have also been

well characterized in the literature, as it was shown to be effective against HSV-2[32], hRSV[28], and

H1N1[43], although this conflicts with another report suggesting that it has no effect on influenza

A virus[28]. Interestingly, we were not expecting CO to have such a profound effect, as only two

groups have analyzed its antiviral properties with conflicting results[28,52].

There are several limitations that are worth considering. Many antiviral studies use a

positive control to confirm the performance of each assay and ensure the results are interpreted

properly. Considering no antiviral therapeutic is available against ZIKV, this could unfortunately

not be included. Although plants are a promising source of compounds, using whole extracts also

presents limitations. Depending on the soil characteristics, climate, radiation, light exposure, and

several other factors, the composition of secondary metabolites within the extract may vary,

limiting its comparability and reproducibility. To mitigate this, studies should report the

composition of each extract so comparisons can be made throughout the literature. Lastly, while

in vitro studies provide valuable insights and are necessary during the early stages of

investigation, the effects seen may not directly translate to humans, representing a major

challenge in the field. The human body consists of many diverse cell types that interact within

complex tissues and organ systems, and antiviral efficacy can be influenced by metabolism,

immune responses, bioavailability, and other factors. Therefore, it is important that antivirals are

evaluated in small animal models, as this is a more physiologically relevant system. However,

there is a lack of an immunocompetent animal model for ZIKV and most flaviviruses, which

needs to be addressed moving forward.

As mosquitoes and flaviviruses continue to spread to new regions and threaten human

health, new antiviral agents are urgently needed. In the present study, we demonstrated that RE is

a potent antiviral agent against ZIKV. Importantly, RE inhibited ZIKV infection by directly

interacting with virus particles before infection in Vero and HFF-1 cells and interfering with

post-entry processes of the ZIKV replication cycle in HFF-1 cells. After screening the three most

abundant polyphenols found in RE, we determined that CA and CO are potential contributors to

the antiviral activity of RE and promising candidates on their own worth following up. Whether

or not RE can successfully impede other medically important flaviviruses, such as DENV and

WNV, remains to be explored. Overall, our results provide substantial evidence highlighting the

antiviral activity of RE, pointing to its potential use as a novel therapeutic against ZIKV and

warranting further investigation into its effects in other cell and viral models.

Authorship Contributions

JTM, RWEC, JMC, EIP, and AJM conceived and designed the study. JTM was assisted by RWEC and NJH in carrying out experiments. JTM and AJM analyzed the data and wrote the manuscript. All authors contributed to discussion and editing of the manuscript.

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Conflicts of interests and disclosures

The authors declare no conflicts of interest.

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Supplemental Material

Supplemental Figure 1: Infectious titers peak at 96 h in HFF-1 cells infected with ZIKV. (a)
HFF-1 cells were infected with ZIKV (MOI = 1) for 1 h at 37°C. Cell-free supernatants were
collected 0, 24, 48, 72, 96, and 120 h post infection and viral titers in each sample were
quantified by plaque assay. Data are expressed as PFU/mL ±SEM for n = 3 independent
experiments, each replicated in duplicate. A two-way ANOVA and Dunnett's multiple
comparisons were used to determine differences in viral titers between each timepoint.
****p<0.0001 relative to supernatant collected 96 h post-infection. (b) Plaque assay images
taken using an Amersham Typhoon Biomolecular Imager and represent wells from one
independent experiment in its entirety.

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Supplemental Figure 2: Visual representation of the antiviral activity of RE against ZIKV
in HFF-1 cells treated after infection. HFF-1 cells seeded in 24-well plates were infected with
ZIKV (MOI = 5) for 1 h at 37°C. Cells were washed once with PBS to remove unbound virus
and then treated with DMSO or 50 µg/mL of RE in DMEM with 10% FBS and 1% pen/strep at a
final volume of 200 µL. After incubating for 72 h, cells were fixed with paraformaldehyde
(BioShop, PAR070), permeabilized with Triton X (BioShop, TRX506), and blocked with bovine

serum albumin (Sigma, A7906), washing thrice with PBS between each step. Subsequently, cells
were stained with NucBlue (Life Technologies, R37605) and a 1:200 dilution of an RFP-
conjugated primary antibody specific for the ZIKV M protein (Novus Biologicals, NBP2-
61132AF532). Infection was visualized using an EVOS M7000 Microscope Imaging System
(Invitrogen) at 200x magnification.