

SUPPORTING INFECTIOUS DISEASE RESEARCH

Product Information Sheet for NR-46422

Staphylococcus AID 1001123

aureus,

Strain

Catalog No. NR-46422

For research use only. Not for human use.

Contributor:

Dr. Brandi Limbago, Deputy Chief, Clinical and Environmental Microbiology Branch, Centers for Disease Control and Prevention, Atlanta, Georgia, USA

Manufacturer:

BEI Resources

Product Description:

Bacteria Classification: Staphylococcaceae, Staphylococcus

Species: Staphylococcus aureus

Strain: AID 1001123 (also referred to as VRSA-11b)

NARSA Catalog Number: VRS11b

Original Source: Staphylococcus aureus (S. aureus), strain AID 1001123 was isolated in 2010 in Delaware, USA from wound drainage of a 63-year-old female with a prosthetic joint infection who had been unsuccessfully treated with continuous vancomycin therapy for 3 months. AID 1001123 is a co-isolate with AIS 1001095 (VRS11a) from the same patient and they were isolated at the same time. Both are *mecA* positive but unlike AIS 1001095, AID 1001123 is phenotypically resistant to oxacillin by the cefoxitin disk diffusion test.

Comments: S. aureus, strain AID 1001123 is a vancomycinresistant S. aureus (VRSA) strain. S. aureus, strain AID 1001123 was deposited as positive for mecA and vanA; negative for vanB, PVL and arginine catabolic mobile element (ACME); pulsed-field type USA100; spa repeats TJMBMDMGMK; Ridom spa type t002.3 S. aureus, strain AID 1001123 is a USA100 isolate. USA100 isolates have the same MLST profile (ST 5) and SCCmec (subtype II) resistant to erythromycin and and are usually spectinomycin as well as being multiresistant to other commonly used therapeutic agents. USA100 is the most prevalent U.S health care-associated pulsed-field type and is endemic in many U.S. hospitals. S. aureus, strain AID 1001123 is constitutively resistant to vancomycin due to a mutation in vanR, which regulates the expression of the vanA operon. It has a second mutation in D-alanyl:Dalanine ligase (Ddl), an enzyme involved in biosynthesis of peptidoglycans. The presence of the vanA operon compensates for the Ddl mutation by providing alternative peptidoglycans for cell wall synthesis; however, some have found that the change in the type of peptidoglycans produced renders S. aureus, strain AID 1001123 susceptible to oxacillin.¹ The complete genome sequence of S. aureus, strain AID 1001123 is available (GenBank: AHBV00000000).

S. aureus is a Gram-positive, cluster-forming coccus that normally inhabits human nasal passages, skin and mucus membranes. It is also a human pathogen and causes a variety of pus-forming infections as well as septicemia and endocarditis. S. aureus infections are difficult to treat due to resistance to numerous antibiotics. The development and dissemination of methicillin-resistant S. aureus (MRSA) strains has proven to be particularly difficult to contain and treat.8 Vancomycin has been the preferred antibiotic of choice for the treatment of MRSA infections, however, there have now been MRSA strains isolated that are also resistant to vancomycin.^{8,9} It is believed that this resistance results from either mutations that ultimately lead to a reduction of vancomycin at its site of action or from the acquisition of the vancomycin resistance gene, *vanA*, from *Enterococcus* faecalis. 8-10 The *vanA* gene is carried by the Tn1546 The vanA gene is carried by the Tn1546 transposon that resides on a plasmid in all VRSA strains.9 For VRSA strains carrying both mecA and vanA, β-lactams and glycopeptides seem to have a synergistic effect against these strains, both in vitro and in an animal model. 10,11 Combination therapy, therefore, may be a more effective treatment option for VRSA infections than monotherapy with either antibiotic. 10,11

Material Provided:

Each vial contains approximately 0.5 mL of bacterial culture in Brain Heart Infusion broth supplemented with 6 μg/mL vancomycin and 10% glycerol.

<u>Note</u>: If homogeneity is required for your intended use, please purify prior to initiating work.

Packaging/Storage:

NR-46422 was packaged aseptically in cryovials. The product is provided frozen and should be stored at -60°C or colder immediately upon arrival. For long-term storage, the vapor phase of a liquid nitrogen freezer is recommended. Freeze-thaw cycles should be avoided.

Growth Conditions:

<u>Note:</u> For stability purposes, it is recommended that the strain is subcultured in the presence of vancomycin.

Media:

Brain Heart Infusion broth or Tryptic Soy broth or equivalent Brain Heart Infusion agar or Tryptic Soy agar with 5% defibrinated sheep blood or equivalent

Incubation:

Temperature: 37°C Atmosphere: Aerobic

Propagation:

- 1. Keep vial frozen until ready for use, then thaw.
- Transfer the entire thawed aliquot into a single tube of broth.
- 3. Use several drops of the suspension to inoculate an agar slant and/or plate.
- Incubate the tube, slant and/or plate at 37°C for 18 to 24 hours.

BEI Resources

www.beiresources.org

E-mail: contact@beiresources.org
Tel: 800-359-7370

Fax: 703-365-2898



Product Information Sheet for NR-46422

SUPPORTING INFECTIOUS DISEASE RESEARCH

Citation:

Acknowledgment for publications should read "The following reagent was provided by the Network on Antimicrobial Resistance in *Staphylococcus aureus* (NARSA) for distribution by BEI Resources, NIAID, NIH: *Staphylococcus aureus*, Strain AID 1001123, NR-46422."

Biosafety Level: 2

Appropriate safety procedures should always be used with this material. Laboratory safety is discussed in the following publication: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and National Institutes of Health. Biosafety in Microbiological and Biomedical Laboratories. 5th ed. Washington, DC: U.S. Government Printing Office, 2009; see www.cdc.gov/biosafety/publications/bmbl5/index.htm.

Disclaimers:

You are authorized to use this product for research use only. It is not intended for human use.

Use of this product is subject to the terms and conditions of the BEI Resources Material Transfer Agreement (MTA). The MTA is available on our Web site at www.beiresources.org.

While BEI Resources uses reasonable efforts to include accurate and up-to-date information on this product sheet, neither ATCC® nor the U.S. Government makes any warranties or representations as to its accuracy. Citations from scientific literature and patents are provided for informational purposes only. Neither ATCC® nor the U.S. Government warrants that such information has been confirmed to be accurate.

This product is sent with the condition that you are responsible for its safe storage, handling, use and disposal. ATCC® and the U.S. Government are not liable for any damages or injuries arising from receipt and/or use of this product. While reasonable effort is made to ensure authenticity and reliability of materials on deposit, the U.S. Government, ATCC®, their suppliers and contributors to BEI Resources are not liable for damages arising from the misidentification or misrepresentation of products.

Use Restrictions:

This material is distributed for internal research, non-commercial purposes only. This material, its product or its derivatives may not be distributed to third parties. Except as performed under a U.S. Government contract, individuals contemplating commercial use of the material, its products or its derivatives must contact the contributor to determine if a license is required. U.S. Government contractors may need a license before first commercial sale.

References:

 Périchon, B. and P. Courvalin. "Staphylococcus aureus VRSA-11b is a Constitutive Vancomycin-Resistant Mutant of Vancomycin-Dependent VRSA-11a."

- <u>Antimicrob. Agents Chemother.</u> 56 (2012): 4693-4696. PubMed: 22710116.
- Delaware Health Alert Network. "Vancomycin-Resistant Staphylococcus aureus (VRSA) Case Confirmed in Delaware. Available at: www.dhss.delaware.gov/dhss/dph/php/alerts/dhan222.html. Accessed April 25, 2014.
- 3. NARSA, VRS11a
- Saravolatz, L. D., J. Pawlak and L. B. Johnson. "In vitro Susceptibilities and Molecular Analysis of Vancomycin-Intermediate and Vancomycin-Resistant Staphylococcus aureus Isolates." <u>Clin. Infect. Dis.</u> 55 (2012): 582-586. PubMed: 22615331.
- Limbago, B. M., et al. "Report of the 13th Vancomycin-Resistant Staphylococcus aureus Isolate from the United States." J. Clin. Microbiol. 52 (2014): 998-1002. PubMed: 24371243.
- Kos, V. N., et al. "Comparative Genomics of Vancomycin-Resistant Staphylococcus aureus Strains and Their Positions within the Clade Most Commonly Associated with Methicillin-Resistant S. aureus Hospital-Acquired Infection in the United States." MBio. 3 (2012): e00112-1. PubMed: 22617140.
- McDougal, L. K., et al. "Pulsed-Field Gel Electrophoresis Typing of Oxacillin-Resistant Staphylococcus aureus Isolates from the United States: Establishing a National Database." <u>J. Clin. Microbiol.</u> 41 (2003): 5113-5120. PubMed: 14605147.
- 8. Howden, B. P., et al. "Reduced Vancomycin Susceptibility in Staphylococcus aureus, Including Vancomycin-Intermediate and Heterogeneous Vancomycin-Intermediate Strains: Resistance Mechanisms, Laboratory Detection, and Clinical Implications." Clin. Microbiol. Rev. 23 (2010): 99-139. PubMed: 20065327.
- Courvalin, P. "Vancomycin-Resistance in Gram-Positive Cocci." <u>Clin. Infect. Dis.</u> 42 (2006): S25-34. PubMed: 16323116.
- Severin, A., et al. "High Level Oxacillin and Vancomycin Resistance and Altered Cell Wall Composition in Staphylococcus aureus Carrying the Staphylococcal mecA and the Enterococcal vanA Gene Complex." J. Biol. Chem. 30 (2004): 3398-3407. PubMed: 14613936.
- Fox, P. M., et al. "Successful Therapy of Experimental Endocarditis Caused by Vancomycin-Resistant Staphylococcus aureus with a Combination of Vancomycin and Beta-Lactam Antibiotics." <u>Antimicrob.</u> <u>Agents Chemother.</u> 50 (2006): 2951-29560. PubMed: 16940087.

ATCC[®] is a trademark of the American Type Culture Collection.

E-mail: contact@beiresources.org

Tel: 800-359-7370 Fax: 703-365-2898