**Staphylococcus aureus, Strain CA-126**

**Catalog No. NR-46171**

For research use only. Not for human use.

**Contributor:**
Centers for Disease Control and Prevention, Atlanta, Georgia, USA

**Manufacturer:**
BEI Resources

**Product Description:**

**Bacteria Classification:** Staphylococcaceae, Staphylococcus

**Species:** Staphylococcus aureus

**Strain:** CA-126

**NARSA Catalog Number:** NRS642

**Original Source:** Staphylococcus aureus (S. aureus), strain CA-126 was isolated in June 2005 from the blood of an 89-year-old male in California, USA.¹

**Comments:** S. aureus, strain CA-126 is a methicillin-resistant S. aureus (MRSA) strain. Strain CA-126 was deposited as positive for mec (subtype II); negative for PVL and tsst; pulsed-field type USA100.¹ S. aureus, strain CA-126 is a USA100 isolate. USA100 isolates have the same MLST profile (ST 5), SCCmec (subtype II) and spa motif (MDMGMK) and are usually resistant to erythromycin and 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.² Note: Methicillin is no longer clinically used, however, the term methicillin-resistant Staphylococcus aureus (MRSA) continues to be used to describe S. aureus strains resistant to all penicillins.

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 food-poisoning and toxic shock syndrome. In 1961, two years after the introduction of methicillin, a penicillinase-resistant penicillin, S. aureus developed methicillin-resistance due to acquisition of the mecA gene. For the last forty-five years hospital-acquired (HA) MRSA strains have disseminated worldwide. More recently, MRSA strains have been isolated that are not hospital acquired and are referred to as community-associated (CA) MRSA. These CA-MRSA strains differ phenotypically and genotypically from HA-MRSA strains and they are more frequently recovered from skin and soft tissue sources rather than post-operative wounds.³,⁴

**Material Provided:**
Each vial contains approximately 0.5 mL of bacterial culture in Tryptic Soy broth supplemented with 10% glycerol.

**Note:** If homogeneity is required for your intended use, please purify prior to initiating work.

**Packaging/Storage:**

NR-46171 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:**

**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.
2. 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.
4. Incubate the tube, slant and/or plate at 37°C for 18 to 24 hours.

**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 CA-126, NR-46171.”

**Biosafety Level:** 2


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References:
1. NARSA, NRS642

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