

***Staphylococcus aureus*, Strain No. 315**

**Catalog No. NR-46003**

**For research use only. Not for human use.**

**Contributor:**

Keith Dyke, Professor of Microbiology, University of Oxford, Oxford, United Kingdom

**Manufacturer:**

BEI Resources

**Product Description:**

Bacteria Classification: *Staphylococcaceae*, *Staphylococcus*

Species: *Staphylococcus aureus*

Strain: No. 315 (also referred to as 28243)

NARSA Catalog Number: NRS209

Original Source: *Staphylococcus aureus* (*S. aureus*), strain No. 315 was isolated in 1971 from the trachea of a male in the United Kingdom.<sup>1</sup>

Comments: *S. aureus*, strain No. 315 is a methicillin-resistant *S. aureus* (MRSA) strain.<sup>1</sup> It was deposited as resistant to methicillin, ampicillin and penicillin; positive for *mec* (subtype IV); MLST sequence type (ST) 247; eGenomic *spa* type 4, eGenomic *spa* repeats YHFGFMBQBLO; Ridom *spa* type t051.<sup>1</sup> Note: Methicillin is no longer clinically used, however, the term methicillin-resistant *S. 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.<sup>3,4</sup>

**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-46003 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 No. 315, NR-46003."

**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](http://www.cdc.gov/biosafety/publications/bmbl5/index.htm).

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**References:**

1. NARSA, NRS209
2. Deurenberg, R. H. and E. E. Stobberingh. "The Evolution of *Staphylococcus aureus*." Infect. Genet. Evol. 8 (2008): 747-763. PubMed: 18718557.
3. Davis, S. L., et al. "Epidemiology and Outcomes of Community-Associated Methicillin-Resistant *Staphylococcus aureus* Infection." J. Clin. Microbiol. 45 (2007): 1705-1711. PubMed: 17392441.

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