**Staphylococcus aureus**, Strain CT-19

**Catalog No. NR-46205**

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:** CT-19

**NARSA Catalog Number:** NRS676

**Original Source:** *Staphylococcus aureus* (S. aureus), strain CT-19 was isolated in 2005 from the blood of a 28-year-old female with endometritis and/or a bloodstream infection in Connecticut, USA.1

**Comments:** S. aureus, strain CT-19 is a clinically-associated methicillin-resistant *S. aureus* (MRSA) strain. Strain CT-19 was deposited as positive for mec (subtype IV) and PVL; negative for tst; and pulsed-field type 1000.1 S. aureus, strain CT-19 is a USA1000 isolate. USA1000 isolates have the same MLST profile (ST 59), SCCmec (subtype IV or V), agr group (I), and spa repeats (ZDGDGDEB) and most are resistant to erythromycin.2,3 USA1000 is associated with sporadic outbreaks of community-acquired infections, although there have been reports of localized pockets of higher carriage rates and risk of infection.2,3

**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.4,5

**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-46205 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 1 day.

**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 CT-19, NR-46205.”

**Biosafety Level:**

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References:
1. NARSA, NRS676

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