Staphylococcus aureus, Strain CT-174

Catalog No. NR-46202

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

Manufacturer:
BEI Resources

Product Description:
Bacteria Classification: Staphylococcaceae, Staphylococcus
Species: Staphylococcus aureus
Strain: CT-174
NARSA Catalog Number: NRS673
Original Source: Staphylococcus aureus (S. aureus), strain CT-174 was isolated in 2006 from the blood of an 81-year-old male with a bloodstream infection in Connecticut, USA.

Comments: S. aureus, strain CT-174 is a clinically-associated methicillin-resistant S. aureus (MRSA) strain and was deposited as positive for mec (subtype II) and negative for tst and PVL. S. aureus, strain CT-174 is a USA100 isolate. USA100 isolates have the same MLST profile (ST 5) and SCCmec (subtype II) and are usually resistant to β-lactams, 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. 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.

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-46202 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-174, NR-46202.”

Biosafety Level: 2


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References:
1. NARSA, NRS673

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