**Staphylococcus aureus, Strain CT-189**

**Catalog No. NR-46204**

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-189

**NARSA Catalog Number:** NR675675

**Original Source:** Staphylococcus aureus (S. aureus), strain CT-189 was isolated in 2006 from the blood of a 44-year-old female with cellulitis and/or a bloodstream infection in Connecticut, USA.¹

**Comments:** S. aureus, strain CT-189 is a clinically-associated methicillin-resistant S. aureus (MRSA) strain. Strain CT-189 was deposited as positive for mec (subtype IV), negative for PVL and tst; and pulsed-field type 800.¹ S. aureus, strain CT-189 is a USA800 isolate. USA800 isolates have the same MLST profile (ST 5), SCCmec subtype (IV), spa motif (MDMGMK), and Ridom spa types (002 and related) and are positive for sem and seo toxin genes. USA 800 isolates are resistant to β-lactams and fluoroquinolones with some isolates being resistant to additional antibiotics.²⁻⁵ While first isolated in pediatric patients, USA800 strains recently have been isolated in adults.⁶,⁷ 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.⁸,⁹

**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-46204 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:**
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-189, NR-46204.”

**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.


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References:
1. NARSA, NRS675

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