

Product Information Sheet for NR-50507

SUPPORTING INFECTIOUS DISEASE RESEARCH

Staphylococcus aureus, Strain SR2609

Catalog No. NR-50507

For research use only. Not for human use.

Contributor:

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Manufacturer:

BEI Resources

Product Description:

Bacteria Classification: Staphylococcaceae, Staphylococcus

Species: Staphylococcus aureus

Strain: SR2609

<u>Original Source</u>: Staphylococcus aureus (S. aureus), strain SR2609 was isolated in 2011 from human blood in Washington, USA.¹

Comments: S. aureus, strain SR2609 was deposited as resistant to oxacillin, ceftriaxone, levofloxacin and rifampin: sensitive to ceftaroline, erythromycin, clindamycin, linezolid, trimethoprim/sulfamethoxazole, daptomycin and vancomycin; positive for mec (subtype IV) and PVL; MLST sequencing type (ST) 8; pulsed-field gel electrophoresis (PFGE) type USA300.1 S. aureus, strain SR2609 is a vancomycin-sensitive S. aureus (VSSA) strain. This susceptible phenotype was identified using population analysis profiling with area under the curve (PAP-AUC) and Etest® GRD (glycopeptide resistance detection) methods.^{2,3} It is reported to have two single nucleotide polymorphisms (SNPs) within the rifampin-resistance determining region (RRDR) of the rpoB gene, D471G and P519L, which have been identified in other rifampin-resistant S. aureus strains.3

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. Subsequently, MRSA infections have become widespread in both hospital and community settings.⁴ Vancomycin has been the preferred antibiotic of choice for the treatment of MRSA infections.⁵ However, there have now been MRSA strains isolated that also have reduced susceptibility or resistance to vancomycin. 6,7 It is believed that this decreased sensitivity primarily arises through mutations affecting the production of peptidoglycans, resulting in a thickened cell wall and a reduction of vancomycin at its site of action.8 While much rarer, resistance can also occur through the acquisition of the vancomycin resistance gene, vanA, from Enterococcus faecalis. 6,8,9

Material Provided:

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

<u>Note</u>: If homogeneity is required for your intended use, please purify prior to initiating work.

Packaging/Storage:

NR-50507 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. Freezethaw 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 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.
- Transfer the entire thawed aliquot into a single tube of broth
- 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 obtained through BEI Resources, NIAID, NIH: *Staphylococcus aureus*, Strain SR2609, NR-50507."

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.

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References:

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