

***Staphylococcus aureus*, Strain NRS49**

Catalog No. NR-45884

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: NRS49

NARSA Catalog Number: NRS49

Original Source: *Staphylococcus aureus* (*S. aureus*), strain NRS49 was isolated in August 1997 from the blood of a 45-year-old male cancer patient with septicemia in South Korea.^{1,2}

Comments: *S. aureus*, strain NRS49 is a glycopeptide-intermediate *S. aureus* (GISA) strain.^{1,2} Strain NRS49 was deposited as positive for SCC*mec* (subtype II); negative for *vanA*, *vanB*, *vanC1*, *vanC2*, *vanD* and *vanE*; MLST sequence type (ST) 5; eGenomic *spa* type 232, eGenomic *spa* repeats TJMBBMDMGMK; Ridom *spa* type t601.¹ Strain NRS49 is reported to be resistant to ciprofloxacin, clindamycin, erythromycin, gentamicin, imipenem, oxacillin and tetracycline, intermediately susceptible to vancomycin and teicoplanin, susceptible to rifampin and cotrimoxazole and to have a VraR A113V mutation.²⁻⁴

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.⁵ Vancomycin has been the preferred antibiotic of choice for the treatment of MRSA infections.⁶ However, there have now been MRSA strains isolated that also have reduced susceptibility or resistance to vancomycin.^{7,8} 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.⁷ While much rarer, resistance can also occur through the acquisition of the vancomycin resistance gene, *vanA*, from *Enterococcus faecalis*.^{7,9,10}

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-45884 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 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 NRS49, NR-45884."

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/bmbli5/index.htm.

Disclaimers:

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References:

1. NARSA, NRS49
2. Kim, M. N., et al. "Vancomycin-Intermediate *Staphylococcus aureus* in Korea." J. Clin. Microbiol. 38 (2000): 3879-3881. PubMed: 11015427.
3. Watanabe, Y., et al. "Impact of *rpoB* Mutations on Reduced Vancomycin Susceptibility in *Staphylococcus aureus*." J. Clin. Microbiol. 49 (2011): 2680-2684. PubMed: 21525224.
4. Kato, Y., et al. "Genetic Changes Associated with Glycopeptide Resistance in *Staphylococcus aureus*: Predominance of Amino Acid Substitutions in YvqF/VraSR." J. Antimicrob. Chemother. 65 (2010): 37-45. PubMed: 19889788.
5. Deurenberg, R. H. and E. E. Stobberingh. "The Evolution of *Staphylococcus aureus*." Infect. Genet. Evol. 8 (2008): 747-763. PubMed: 18718557.
6. Hiramatsu K. "Vancomycin-Resistant *Staphylococcus aureus*: A New Model of Antibiotic Resistance." Lancet Infect. Dis. 1 (2001): 147-155. PubMed: 11871491.
7. Hiramatsu, K., et al. "Methicillin-Resistant *Staphylococcus aureus* Clinical Strain with Reduced Vancomycin Susceptibility." J. Antimicrob. Chemother. 40 (1997): 135-136. PubMed: 9249217.
8. Hanaki, H., et al. "Activated Cell-Wall Synthesis is Associated with Vancomycin Resistance in Methicillin-Resistant *Staphylococcus aureus* Clinical Strains Mu3 and Mu50." J. Antimicrob. Chemother. 42 (1998): 199-209. PubMed: 9738837.
9. Howden, B. P., et al. "Reduced Vancomycin Susceptibility in *Staphylococcus aureus*, Including Vancomycin-Intermediate and Heterogeneous Vancomycin-Intermediate Strains: Resistance Mechanisms, Laboratory Detection, and Clinical Implications." Clin. Microbiol. Rev. 23 (2010): 99-139. PubMed: 20065327.
10. Chang, S., et al. "Infection with Vancomycin-Resistant *Staphylococcus aureus* Containing the *vanA* Resistance Gene." N. Engl. J. Med. 3 (2003): 1342-1347. PubMed: 12672861.