

***Staphylococcus aureus*, Strain NY-245**

Catalog No. NR-46240

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: NY-245

NARSA Catalog Number: NRS711

Original Source: *Staphylococcus aureus* (*S. aureus*), strain NY-245 was isolated in 2005 from bone of a 65-year-old male inpatient in New York, USA.¹

Comments: *S. aureus*, strain NY-245 is a methicillin-resistant *S. aureus* (MRSA) strain. Strain NY-245 was deposited as positive for *mec* (subtype II); negative for the toxic shock syndrome toxin (TSST) and the Panton–Valentine leukocidin (PVL) cytotoxin. It was deposited as susceptible to daptomycin, doxycycline, gentamicin, linezolid, rifampin, tetracycline, trimethoprim/sulfamethoxazole and vancomycin, intermediately susceptible to chloramphenicol and resistant to clindamycin, erythromycin, levofloxacin, oxacillin and penicillin. *S. aureus*, strain NY-245 is a Pulsed-Field Gel Electrophoresis (PFGE) type USA100 isolate.¹ USA100 isolates have the same MLST profile (ST 5) and SCC*mec* (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.²

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.^{3,4}

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-46240 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 NY-245, NR-46240.”

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/bmbi5/index.htm.

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References:

1. NARSA, NRS711
2. McDougal, L. K., et al. "Pulsed-Field Gel Electrophoresis Typing of Oxacillin-Resistant *Staphylococcus aureus* Isolates from the United States: Establishing a National Database." *J. Clin. Microbiol.* 41 (2003): 5113-5120. PubMed: 14605147.
3. Deurenberg, R. H. and E. E. Stobberingh. "The Evolution of *Staphylococcus aureus*." *Infect. Genet. Evol.* 8 (2008): 747-763. PubMed: 18718557.
4. Davis, S. L., et al. "Epidemiology and Outcomes of Community-Associated Methicillin-Resistant *Staphylococcus aureus* Infection." *J. Clin. Microbiol.* 45 (2007): 1705-1711. PubMed: 17392441.

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