

SUPPORTING INFECTIOUS DISEASE RESEARCH

# Product Information Sheet for NR-46045

Staphylococcus aureus, Strain HT 20020351

Catalog No. NR-46045

For research use only. Not for use in humans.

#### **Contributor:**

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

#### Manufacturer:

BEI Resources

#### **Product Description:**

Bacteria Classification: Staphylococcaceae, Staphylococcus

Species: Staphylococcus aureus

Strain: HT 20020351

NARSA Catalog Number: NRS252

<u>Original Source</u>: Staphylococcus aureus (S. aureus), strain HT 20020351 was isolated in 2002 from a male inpatient in France.<sup>1</sup>

<u>Comments</u>: S. aureus, strain HT 20020351 is a clinically-associated methicillin-resistant S. aureus (MRSA) strain. Strain HT 20020351 was deposited as negative for mecA, positive for the anterior gradient 3 gene (agr3), toxic shock syndrome toxin gene (tst), the enterotoxin gene cluster (egc) and the γ-hemolysin gene (hlg), MLST sequencing type (ST) 30, eGenomics spa repeat motif WGKAKAOMQQQ, eGenomics spa type 16, Ridom spa type to18 and agr group III.1

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.<sup>2,3</sup>

## **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-46045 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 provided by the Network on Antimicrobial Resistance in *Staphylococcus aureus* (NARSA) for distribution by BEI Resources, NIAID, NIH: *Staphylococcus aureus*, Strain HT 20020351, NR-46045."

# **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. 6th ed. Washington, DC: U.S. Government Printing Office, 2020; see www.cdc.gov/biosafety/publications/bmbl5/index.htm.

### **Disclaimers:**

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#### References:

- 1. NARSA, NRS252
- Deurenberg, R. H. and E. E. Stobberingh. "The Evolution of Staphylococcus aureus." <u>Infect. Genet. Evol.</u> 8 (2008): 747-763. PubMed: 18718557.
- 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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