Authors' Reply

Dear Drs Collins, Drew, and O'Connell:

Thank you for your interest in our article regarding recovery of *Staphylococcus aureus* from 2 athletic teams. First, we would like to point out that many other clinical tests, including pulsed field gel electrophoresis, were performed but were not reflected in the article. We also used the Centers for Disease Control and Prevention algorithm[1] for testing isolates. Those tests were provided to the reviewers and were not included because the emphasis of the *Journal of Athletic Training* is not the clinical laboratory diagnosis of diseases.

According to Table 1, it appears that a coagulase-negative *Staphylococcus* was isolated, and normally it would not be of clinical significance. However, we did perform pulsed field gel electrophoresis, which revealed a coagulase-negative *Staphylococcus aureus*. At this time, we do not know the effect this microbe has on infections, especially in our wrestling community.

Pulsed field gel electrophoresis was also performed on isolates, confirming the information we originally presented (Table 2). We also agree that disk diffusion alone would not be sufficient testing for vancomycin-resistant *S aureus*. Samples were sent for confirmation to our local health department and then forwarded to our state health laboratory for further testing.

For the same reason, the disk diffusion method can be questionable, even with the same *S aureus* strain. For example, clindamycin resistance to methicillin-resistant *S aureus* has been shown to be inducible.[2] Pulsed field gel electrophoresis showed 2 strains, as reflected in our phrasing. We do not contest that in looking at the results alone, without associated numeric values, the Table seems to show 6 different strains. The numeric information was provided to the reviewers, but we decided not to include it in the final version of the article.

Although we did not present clear evidence of transmission, transmission had already been confirmed by the team physician and athletic trainer before we were asked to help with the problem. We were able to confirm that one strain of *S aureus* isolated on a water bottle was the same strain isolated from an athlete's wound. This made us question whether other shared items needed to be investigated. Each facility can determine whether transmission via one of the items we looked at is a possibility. Our emphasis was on the environmental conditions and the potential routes of transmission, so that others can decide on the solution that is best for them.

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REFERENCES

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2. Fasih N, Irfan S, Zafar A, et al. Inducible clindamycin resistance due to expression of erm genes in *Staphylococcus aureus:* report from a tertiary care hospital Karachi, Pakistan. *J Pak Med Assoc*. 2010;60(9):750–753.