KPC-3–Producing *Serratia marcescens* Outbreak between Acute and Long-Term Care Facilities, Florida, USA

Appendix

**Appendix Table 1.** Interventions to prevent spread of KPC-producing *Serratia marcescens* bacteria in healthcare facilities, Florida, USA

- Bundle of interventions to prevent hospital-acquired infections (HAI) in place before outbreak of *Serratia marcescens* carrying *bla*<sup>KPC-3</sup> within a large healthcare network in Miami, Florida
  - Daily bathing with chlorhexidine gluconate foam, nasal decolonization with alcohol-based nasal sanitizer, and daily distribution of alcohol-based wipes for patients’ hand hygiene for all adults in all units.
  - AST for CPE carriage in perirectal swab and tracheal aspirate (vented patient) upon admission and weekly thereafter to all adult ICU patients.
  - Enhanced contact precautions for patients infected or colonized with any CPE.
  - Environmental cleaning monitoring with UV powder.

**Elements of enhanced contact precautions for CPE patients**
- Private room setting.
- Dedicated patient care equipment.
- Different color-coded isolation sign at the patient’s room entrance.
- Patient’s room cleaning with bleach-based products twice a day.
- Disposable gowns and gloves for contact isolation.
- Patient and family/visitor education.
- Staff cohorting.

AST, active surveillance testing; CPE, carbapenemase-producing *Enterobacteriales*; ICU, intensive care unit; UV, ultraviolet.

**Appendix Table 2.** Susceptibility testing of CZA against 3 *Serratia marcescens* carrying *bla*<sup>KPC-3</sup> from an outbreak in Miami, Florida

<table>
<thead>
<tr>
<th>Isolate</th>
<th>E-test MIC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATCC 25922</td>
<td>0.032</td>
<td></td>
</tr>
<tr>
<td>S-505</td>
<td>0.5</td>
<td>Both plasmid</td>
</tr>
<tr>
<td>S-514</td>
<td>0.5</td>
<td>KP46 plasmid only</td>
</tr>
<tr>
<td>S-520</td>
<td>0.047</td>
<td>NJST258 plasmid only</td>
</tr>
</tbody>
</table>

CZA, ceftazidime/avibactam. CZA MIC in isolates with 2 plasmids is not any higher than that of single plasmid, which was expected. CZA resistance usually requires KPC mutations; none were present in the isolates. The variation seen between S-520 and S-505 and S-514 was probably driven not by KPC, but by other β-lactamases, porins, or efflux. The isolates were quite distinct from each other.