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Clinical Manifestations and Genomic Evaluation of Melioidosis Outbreak among Children after Sporting Event, Australia

Appendix

Detailed Clinical Course of Each Case

Patient 1. An 8-year-old female attended her general practitioner (GP) with a 2 cm pustular lesion on her left arm. She received oral cefalexin for 5 days, but the lesion persisted, and further lesions appeared on her left leg, right leg, and back. A swab of one of the lesions isolated *Burkholderia pseudomallei*. She received intravenous ceftazidime for 14 days followed by oral trimethoprim-sulfamethoxazole (TMP-SMX). However, 9 days after commencing TMP-SMX, she developed a widespread, erythematous, pruritic rash. Her antibiotics were ceased, and her rash improved after 5 days. At this point, the original pustular lesions were resolving, and a decision was made to avoid further antibiotics. At 4 months all the lesions had resolved entirely.

Patient 2. An 8-year-old female attended her GP with a painful, purulent 1.5 cm ulcer on her right leg and a second, smaller left leg lesion. She was prescribed topical mupirocin followed by oral cefalexin without improvement. An initial swab identified no organisms, but her GP was aware of patient 1 and collected a second swab 8 days later and *B. pseudomallei* was isolated. She received intravenous ceftazidime which was ceased after 48 hours as blood cultures were negative. She was prescribed oral TMP-SMX but developed neutropenia ($1.85 \times 10^9/L$; reference interval $2.0\text{--}8.0 \times 10^9/L$) on day 6. TMP-SMX was continued but on day 16, she developed lip swelling, a widespread erythematous rash, and neutropenia to $0.68 \times 10^9/L$; TMP-SMX was ceased. Her rash resolved after 6 days, and she was commenced on oral amoxicillin-clavulanate. She completed 12 weeks of antibiotics and her lesions resolved entirely.

Patient 3. A 10-year-old female attended her GP with a 2 cm purulent lesion near her umbilicus. She was prescribed oral cefalexin with minimal improvement; a subsequent swab isolated *B. pseudomallei* and *Staphylococcus aureus*. She was prescribed oral TMP-SMX but after 10 days developed an erythematous rash on sun-exposed areas and neutropenia ($1.6 \times 10^9/L$). Her TMP-SMX was continued but ceased 1 week later when she attended a scout camp. On her return, she recommenced TMP-SMX but within 30 minutes developed generalized pruritis, vomiting, and a widespread erythematous rash. She attended hospital where she was febrile and a TMP-SMX drug reaction was suspected. Her TMP-SMX was ceased and her rash resolved after 4 days. Due to family concerns about the size of amoxicillin-clavulanate tablets, she was prescribed oral doxycycline. She developed photosensitivity but otherwise tolerated doxycycline well, her lesion resolved, and she completed a further 7 weeks of therapy.

Patient 4. A 7-year-old male attended his local doctor with a 3-week history of a 2 cm abscess on his left forearm and a febrile episode 2 weeks previously. The abscess was lanced and a swab isolated *B. pseudomallei*. He was prescribed oral TMP-SMX but after 9 days developed a diffuse, erythematous rash. His TMP-SMX was ceased, and his rash resolved after 3 days. He was commenced on oral amoxicillin-clavulanate but developed diarrhea and anorexia and ceased this after 6 days. His symptoms resolved but recommenced after restarting amoxicillin-clavulanate 1 week later and so his parents opted for him to receive no further antibiotics. At 4 months his lesion had improved.

Patient 5. A 7-year-old male attended the emergency department as his mother was aware of the evolving melioidosis outbreak. He had a 1 cm ulcerated, purulent skin lesion on his right arm that persisted despite 7 days of twice daily oral amoxicillin-clavulanate. A swab taken 1 week prior identified no organisms but a repeat swab isolated *B. pseudomallei*. Oral TMP-SMX was commenced but after 9 days he developed a widespread erythematous rash that improved following cessation of the drug. He was recommenced on oral amoxicillin-clavulanate three times daily, 9 days after ceasing TMP-SMX and the lesion resolved after completing a further 10 weeks of therapy.

Patient 6. A 7-year-old female attended her GP with a 1-month history of a 1 cm crusted lesion on her right arm. A swab isolated *B. pseudomallei*. She was prescribed oral TMP-SMX but after 10 days developed a widespread, erythematous, pruritic rash. TMP-SMX was ceased,

her rash resolved after 4 days, and oral doxycycline was commenced. She completed a further 8 weeks of therapy and her lesion resolved.

Patient 7. A 9-year-old female attended her GP after her friend was diagnosed with cutaneous melioidosis. She had a 1 cm erythematous skin lesion over her right hip and a swab isolated *B. pseudomallei*. She was commenced on oral TMP-SMX but developed a diffuse erythematous rash 8 days later. TMP-SMX was ceased, and the rash resolved after 4 days. Oral amoxicillin-clavulanate was commenced and her lesion resolved after 12 weeks of treatment.