

## SUPPLEMENTAL TEXT

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### **METHODS**

**Bloodstream CRE isolate collection.** 106 previously described bloodstream CRE isolates from eight medical centers in New York and New Jersey were utilized (1). All carbapenem-resistant *K. pneumoniae* previously underwent additional analysis to identify: 1) the multilocus sequence type; 2) mutations in genes encoding for outer membrane porin proteins that allow for passage of  $\beta$ -lactam agents through the bacterial outer membrane; and 3) *wzi* gene alleles that correspond to *K. pneumoniae* capsular type (1).

**OXA-48-like CRE isolate collection.** Twenty OXA-48-like-expressing isolates were tested. Isolates were derived from three sources: bloodstream CRE isolates described above ( $n = 1$ ) (1), the Centers for Disease Control and Prevention and United States Food and Drug Administration (CDC-FDA) Antibiotic Resistance Isolate Bank ( $n = 9$ ) (2), and clinical strains from the New York/New Jersey area provided by B.N.W. and L.C ( $n = 10$ ).

**Antimicrobial susceptibility testing of isolate collections.** Quality Control (QC) testing was performed daily using *Pseudomonas aeruginosa* ATCC®27853 (MIC QC ranges of 0.5/4 - 4/4  $\mu\text{g/mL}$  and 0.25/4 - 1/4  $\mu\text{g/mL}$  for ceftazidime-avibactam and imipenem-relebactam, respectively), *E. coli* ATCC®25922 (MIC QC ranges of 0.06/4 - 0.5/4  $\mu\text{g/mL}$  and 0.06/4 - 0.25/4  $\mu\text{g/mL}$  for ceftazidime-avibactam and imipenem-relebactam, respectively), *E. coli* ATCC®35218 (MIC QC ranges of 0.03/4 - 0.12/4  $\mu\text{g/mL}$  and 0.06/4 - 0.25/4  $\mu\text{g/mL}$  for ceftazidime-avibactam and imipenem-relebactam, respectively), and *Klebsiella pneumoniae* ATCC®700603 (MIC QC ranges of 0.25/4 - 2/4  $\mu\text{g/mL}$  and 0.03/4 - 0.25/4  $\mu\text{g/mL}$  for ceftazidime-avibactam and imipenem-relebactam, respectively). Findings for isolates were only accepted if QC testing results were within established ranges (3).

27 **Data analysis.** The Wilcoxon rank-sum test was used to compare MIC distributions between different  
28 antimicrobial agents and/or different resistance mechanisms. *Wzi* alleles were compared using the  
29 Kruskal-Wallis test. All data analysis was performed in Excel (Microsoft, Redmond, WA), GraphPad  
30 Prism (La Jolla, CA), or MATLAB (Mathworks, Natick, MA) software.

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32 **RESULTS**

33 The MIC values for KPC-3-*Kp* isolates were significantly increased for ceftazidime-avibactam as  
34 compared to KPC-2-*Kp* isolates (MIC<sub>90</sub>, 8/4 µg/mL vs. ≤2/4 µg/mL;  $P = 2.6 \times 10^{-5}$ ). Co-harboring an  
35 ESBL gene did not increase ceftazidime-avibactam MICs. Additionally, the *in vitro* activity of  
36 ceftazidime-avibactam was not affected by MLST type. Of note, the presence of outer membrane  
37 porin mutations had a significant impact on ceftazidime-avibactam MIC values for KPC-3-*Kp* isolates,  
38 but not for KPC-2-*Kp* isolates (**Supplemental Table 6**). For KPC-3-*Kp* isolates, the MIC<sub>90</sub> increased  
39 from ≤2/4 µg/mL for isolates with wild-type *ompK35* and *ompK36* to 4/4 µg/mL for isolates with an  
40 *ompK35* mutation only ( $P = 0.037$ ). For KPC-3-*Kp* isolates with *ompK35* and *ompK36* mutations, the  
41 ceftazidime-avibactam MIC<sub>90</sub> increased to 8/4 µg/mL ( $P = 0.022$  compared to wild-type), which is the  
42 CLSI susceptible breakpoint for these organisms. In contrast, the MIC<sub>90</sub> for ceftazidime-avibactam  
43 was ≤2/4 µg/mL for all KPC-2-*Kp* isolates harboring *ompK35* ( $P = 0.78$ ) or *ompK35/ompK36* ( $P =$   
44  $0.95$ ) porin mutations. Of note, the presence of *wzi29*, *wzi50*, *wzi83*, or *wzi154* (associated far more  
45 frequently with KPC-3 producing strains than KPC-2 producers) alleles significantly altered  
46 ceftazidime-avibactam MIC values among KPC-*Kp* isolates ( $P = 2.0 \times 10^{-4}$ ).

47 Ceftazidime alone was active *in vitro* against 3/4 OXA-48-like CRE that did not also harbor an  
48 ESBL (**Supplemental Table 7**). However, 15/16 OXA-48-like CRE that co-harbored an ESBL were  
49 ceftazidime-resistant. The addition of avibactam restored the *in vitro* activity of ceftazidime in all but  
50 one of the OXA-48-like CRE that also possessed an ESBL (**Supplemental Table 7**).

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## 54 **DISCUSSION**

55 Our data indicate that imipenem-relebactam and ceftazidime-avibactam both demonstrate substantial  
56 *in vitro* activity against KPC-*Kp* CRE isolates. The ceftazidime-avibactam MIC values were elevated  
57 for KPC-3-*Kp* isolates as compared to KPC-2-*Kp* isolates, which is consistent with previous work (1,  
58 4). Of note, these elevated MIC values still largely fell within the susceptible range based upon CLSI  
59 interpretive criteria. In contrast, we did not identify an association between imipenem-relebactam MIC  
60 values and KPC-2-*Kp*/KPC-3-*Kp* status.

61 Our data suggest that the co-occurrence *ompK35* and *ompK36* mutations resulted in  
62 increased MIC values for both ceftazidime-avibactam and imipenem-relebactam in KPC-*Kp* isolates.  
63 For ceftazidime-avibactam, the increase in MIC values with mutations in *ompK35* and *ompK36* was  
64 limited to KPC-3-*Kp* isolates; whereas, for imipenem-relebactam, the presence of these mutations  
65 correlated with elevated MIC values regardless of KPC allele. Notably, the bloodstream CRE  
66 collection lacked isolates with *ompK36* mutations in isolation, which limited the ability to evaluate the  
67 association of *ompK36* mutation alone with MIC values. Therefore, it remains unclear if co-occurrence  
68 of *ompK35* and *ompK36* mutation is required for increased MIC values or if *ompK36* mutation alone is  
69 sufficient to induce increased MIC values for ceftazidime-avibactam and imipenem-relebactam.

70 Our study also suggests MIC values for ceftazidime-avibactam are increased in the setting of  
71 *ompK35* mutations (with wild-type *ompK36*); however, this effect was only observed in the subset of  
72 KPC-3-*Kp* isolates and was not observed when considering all KPC-*Kp* isolates nor the subset of  
73 KPC-2-*Kp* isolates. Therefore, our data in conjunction with prior studies may suggest that porin  
74 mutations require evaluation in a broader genotypic context to fully appreciate their significance in  
75 driving antimicrobial resistance.

76 OXA-48-like CRE are a newly emerging public health threat (5, 6) and treatment of OXA-48-  
77 like isolates remains a therapeutic challenge given the paucity of effective antimicrobial agents (7).  
78 Our results suggest that ceftazidime, imipenem, and imipenem-relebactam are ineffective against  
79 most OXA-48-like isolates while ceftazidime-avibactam retains activity in this context, which is  
80 consistent with previous work (8, 9).

81           This disparity in *in vitro* activity between ceftazidime-avibactam and imipenem-relebactam may  
82 be related to the parent  $\beta$ -lactam agent, as OXA-48-like enzymes hydrolyze cephalosporins less  
83 efficiently than carbapenems (5). Most of the OXA-48-like CRE in this study that were resistant to  
84 ceftazidime co-harbored an ESBL. We hypothesize that the ability of avibactam to restore the activity  
85 of ceftazidime against OXA-48-like CRE is related to inhibition of both OXA-48-like and ESBL  
86 enzymes (10).

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**Supplemental Table 1.** Resistance mechanisms for the 106 CRE bloodstream isolates.

<b>Organism</b>	<b>Carbapenemase</b>	<b>Other <math>\beta</math>-lactamases</b>
<i>Enterobacter cloacae</i>	KPC-3	ACT; TEM-WT
<i>Enterobacter cloacae</i>	KPC-3	TEM-WT; ACT
<i>Enterobacter cloacae</i>	KPC-2	TEM-WT; ACT
<i>Escherichia coli</i>	KPC-2	TEM-WT
<i>Escherichia coli</i>	None	CTX-M gp
<i>Escherichia coli</i>	NDM	CTX-M-1 gr; CMY2
<i>Klebsiella</i> (formerly <i>Enterobacter</i> ) <i>aerogenes</i>	KPC-3	TEM-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT
<i>Klebsiella pneumoniae</i>	KPC-3	None
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT; CTX-M group 1
<i>Klebsiella pneumoniae</i>	KPC-3	SHV-WT; CTX-M group 1
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT; CTX-M-1 gr
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT

<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	OXA-48	CTX-M-1 gp; SHV-WT
<i>Klebsiella pneumoniae</i>	None	CTX-M-9 gp; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	None	TEM-WT; CTX-M-1 gp
<i>Klebsiella pneumoniae</i>	None	TEM-WT; SHV-ESBL; CTX-M-1 gp
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	None	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT

<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT; CTX-M group 1
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	SHV-WT; CMY2
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT

<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-2	TEM-WT; SHV-ESBL
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-WT
<i>Klebsiella pneumoniae</i>	KPC-3	TEM-WT; SHV-ESBL
<i>Morganella morganii</i>	KPC-2	DHA
<i>Pluralibacter (formerly Enterobacter) gergoviae</i>	None	ACT; CTX-M-1 gp

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94 **Supplemental Table 2.** Identified resistance mechanisms present in isolates without carbapenemases from the 106 CRE bloodstream isolate  
 95 collection.  
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Isolate	Porin Mutations	Number of Narrow Spectrum $\beta$ -Lactamases	Number of Extended Spectrum $\beta$ -Lactamases
<i>Klebsiella pneumoniae</i>	-	1 (SHV-WT)	1 (CTX-M-1)
<i>Klebsiella pneumoniae</i>	<i>ompK35</i> and <i>ompK36</i>	2 (TEM-WT; SHV238240SK)	1 (CTX-M-1)
<i>Klebsiella pneumoniae</i>	<i>ompK35</i>	1 (SHV-WT)	1 (CTX-M-9)
<i>Klebsiella pneumoniae</i>	<i>ompK35</i>	2 (TEM-WT; SHV-WT)	-
<i>Pluralibacter gergoviae</i>	-	-	1 (CTX-M-1)
<i>Escherichia coli</i>	-	1 (ACT AmpC)	1 (CTX-M-1)
<i>Escherichia coli</i>	-	1 (CMY-2 AmpC)	1 (CTX-M-1)

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 98 WT = wildtype

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**Supplemental Table 3.** Identified resistance mechanisms for the 20 OXA-48-type CRE isolates.

Organism	OXA Type	Resistance Mechanisms
<i>Escherichia coli</i>	OXA-48	OXA-48, AmpC (chromosomal)
<i>Escherichia coli</i>	OXA-48	OXA-181, TEM-1, AmpC (chromosomal)
<i>Klebsiella</i> (formerly <i>Enterobacter</i> ) <i>aerogenes</i>	OXA-48	ARR-3, OXA-48
<i>Klebsiella</i> (formerly <i>Enterobacter</i> ) <i>aerogenes</i>	OXA-181	OXA-181, TEM-1, CTX-M-15, AmpC (chromosomal)
<i>Klebsiella ozaenae</i>	OXA-181	aac(3)-IId, aac(6')Ib-cr, aadA2, armA, ARR-3, catA1, CTX-M-15, dfrA12, dfrA14, OmpK35, OXA-181, SHV-26, sul1, sul2, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-163	OXA-163, OXA-9, TEM-1, SHV-11, OmpK35 (stop codon)
<i>Klebsiella pneumoniae</i>	OXA-48	OXA-48, OXA-1, TEM-1, SHV-11, CTX-M-15, OmpK35 (IS1_ins_pro)
<i>Klebsiella pneumoniae</i>	OXA-48	OXA-48, OXA-1, TEM-1, SHV-11, CTX-M-15, VEB-8, OmpK35 (Stop codon), OmpK35 (134-135DG)
<i>Klebsiella pneumoniae</i>	OXA-181	OXA-181, OXA-1, OXA-9, TEM-1, SHV-11, CTX-M-15, OmpK36 (IS102_ins_pro)
<i>Klebsiella pneumoniae</i>	OXA-181	OXA-181, OXA-1, OXA-9, TEM-1, SHV-11, CTX-M-15, OmpK36 (IS102_ins_pro)
<i>Klebsiella pneumoniae</i>	OXA-181	aac(3)-IId, aac(6')Ib-cr, aadA2, ARR-3, catA1, CTX-M-15, dfrA12, dfrA14, OmpK35, OXA-181, SHV-26, strA, strB, sul1, sul2, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-232	aac(3)-IId, aac(6')Ib, ARR-3, catA1, cmlA1, CTX-M-15, dfrA1, fosA, OmpK35, oqxA, oqxA, OXA-1, OXA-232, OXA-9, strA, strB, sul1, sul2, TEM-1A
<i>Klebsiella pneumoniae</i>	OXA-232	aac(6')Ib-cr, CTX-M-15, dfrA1, OmpK35, oqxA, oqxA, OXA-1, OXA-232, SHV-1, sul1, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-181	aac(3)-IId, aac(6')Ib-cr, aadA2, armA, catA1, CTX-M-15, dfrA12, dfrA14, OmpK35, OXA-181, SHV-26, sul1, sul2, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-181	aac(3)-IId, aac(6')Ib-cr, aadA2, armA, CTX-M-15, dfrA12, dfrA14, OmpK35, OXA-181, SHV-26, sul1, sul2, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-181	aac(3)-IId, aac(6')Ib-cr, aadA2, armA, CTX-M-15, dfrA12, dfrA14, OmpK35, OXA-181, SHV-26, sul1, sul2, tet(A)
<i>Klebsiella pneumoniae</i>	OXA-48	fosA, oqxA, oqxA, oqxB, OXA-48, SHV-11
<i>Klebsiella pneumoniae</i>	OXA-232	OXA-232, TEM-1, SHV-1, CTX-M-15, OmpK36 (134-135DG)
<i>Klebsiella pneumoniae</i>	OXA-48	135-136DT, 184-186del
<i>Proteus mirabilis</i>	OXA-48	OXA-48, TEM-1, CTX-M-14

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**Supplemental Table 4.** *In vitro* activity of antimicrobial agents against 106 bloodstream CRE isolates<sup>#</sup>

Antimicrobial Class	Antimicrobial Agent	% Susceptible (n)	MIC <sub>50</sub> (µg/mL) <sup>&amp;</sup>	MIC <sub>90</sub> (µg/mL) <sup>&amp;</sup>
Penicillins	Amoxicillin-Clavulanate	2 (2)	-	-
	Piperacillin-Tazobactam	5 (5)	-	-
Cephalosporins	Cefepime	5 (5)	-	-
	Ceftazidime	4 (4)	-	-
	Ceftazidime-Avibactam	97 (103)	≤2/4	8/4
Monobactam	Aztreonam	4 (4)	-	-
Carbapenems	Doripenem	9 (9)	-	-
	Ertapenem	7 (7)	-	-
	Imipenem	7 (7)	-	-
	Imipenem-Relebactam*	95 (101)	≤0.25/4	0.5/4
	Meropenem	9 (9)	-	-
Fluoroquinolone	Ciprofloxacin	9 (9)	-	-
Aminoglycosides	Amikacin	59 (62)	≤16	32
	Gentamicin	65 (69)	4	>16
Tetracyclines	Minocycline	50 (53)	≤4	>16
	Tigecycline <sup>‡</sup>	88 (93)	≤2	4
Folate Synthesis Inhibitor	Trimethoprim-Sulfamethoxazole	12 (13)	-	-
Polymyxins	Colistin <sup>‡</sup>	79 (84)	0.5	>8
	Polymyxin B <sup>‡</sup>	79 (84)	1	>8

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<sup>#</sup>The 106 CRE isolates consisted of 98 KPC-producing, 1 OXA-48-producing, and 7 non-carbapenemase producing CRE.

<sup>‡</sup>Isolates for which the tigecycline, colistin, and polymyxin B MIC values were ≤2 µg/mL were considered susceptible to these agents. Although neither CLSI nor FDA interpretive criteria exist for assessing susceptibility to the polymyxins when testing members of the *Enterobacteriaceae*, isolates for which the MIC values are ≤2 µg/mL fall within the CLSI-approved wild-type range (3).

\*The CLSI interpretive criteria for imipenem were applied to imipenem-relebactam (susceptible: ≤1/4 µg/mL).

<sup>&</sup>MIC<sub>50</sub> and MIC<sub>90</sub> values were only calculated for agents to which ≥50% of isolates were susceptible.

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**Supplemental Table 5.** *In vitro* activity of antimicrobial agents against 20 OXA-48-like isolates

Antimicrobial Class	Antimicrobial Agent	% Susceptible (n)	MIC <sub>50</sub> (µg/mL) <sup>&amp;</sup>	MIC <sub>90</sub> (µg/mL) <sup>&amp;</sup>
Penicillins	Amoxicillin-Clavulanate	0 (0)	-	-
	Piperacillin-Tazobactam	5 (1)	-	-
Cephalosporins	Cefepime	10 (2)	-	-
	Ceftazidime	20 (4)	-	-
	Ceftazidime-Avibactam	90 (18)	≤2/4	8/4
Monobactam	Aztreonam	20 (4)	-	-
Carbapenems	Doripenem	15 (3)	-	-
	Ertapenem	10 (2)	-	-
	Imipenem	15 (3)	-	-
	Imipenem-Relebactam*	15 (3)	-	-
	Meropenem	25 (5)	-	-
Fluoroquinolone	Ciprofloxacin	15 (3)	-	-
Aminoglycosides	Amikacin	40 (8)	-	-
	Gentamicin	25 (5)	-	-
Tetracyclines	Minocycline	30 (6)	-	-
	Tigecycline <sup>‡</sup>	75 (15)	≤2	4
Folate Synthesis Inhibitor	Trimethoprim-Sulfamethoxazole	15 (3)	-	-
Polymyxins	Colistin <sup>‡</sup>	95 (19)	1	1
	Polymyxin B <sup>‡</sup>	90 (18)	1	2

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<sup>‡</sup>Isolates with MIC values of ≤2 µg/mL for tigecycline, colistin, and polymyxin B were considered susceptible to these agents. Although neither CLSI nor FDA interpretive criteria exist for assessing susceptibility to the polymyxins when testing members of the *Enterobacteriaceae*, isolates for which the MIC values are ≤2 µg/mL fall within the CLSI-approved wild-type range (3).

\*The CLSI interpretive criteria for imipenem were applied to imipenem-relebactam (susceptible: ≤1/4 µg/mL).

<sup>&</sup>MIC<sub>50</sub> and MIC<sub>90</sub> values were only calculated for agents to which ≥50% of isolates were susceptible.

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**Supplemental Table 6.** Ceftazidime-avibactam MIC values for KPC-Kp bloodstream isolates stratified by ESBL status, ST258 status, *wzi* allele, and mutations in *ompK35* and *ompK36* outer membrane porin genes. MIC values >16/4 µg/mL are not displayed as isolates for which MIC values were >16/4 µg/mL were not identified.

	No. (%) of isolates for which ceftazidime-avibactam MIC values (µg/mL) were:				MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)	MIC Range (µg/mL)
	≤2/4	4/4	8/4	16/4			
<b>KPC-Kp (n = 92)</b>	66 (72%)	15 (16%)	9 (10%)	2 (2%)	≤2/4	8/4	≤2/4 to 16/4
ESBL (n = 34)	25 (74%)	8 (24%)	1 (3%)	0 (0%)	≤2/4	4/4	≤2/4 to 8/4
ST258 (n = 77)	52 (68%)	15 (20%)	8 (10%)	2 (3%)	≤2/4	8/4	≤2/4 to 16/4
Non-ST258 (n = 15)	14 (93%)	0 (0%)	1 (7%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 8/4
<i>wzi</i> 29 (n = 19)	19 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 50 (n = 8)	8 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 83 (n = 7)	4 (57%)	2 (29%)	1 (14%)	0 (0%)	≤2/4	8/4	≤2/4 to 8/4
<i>wzi</i> 154 (n = 43)	21 (49%)	13 (30%)	7 (16%)	2 (5%)	4/4	8/4	≤2/4 to 16/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 15)	14 (93%)	0 (0%)	1 (7%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 8/4
<i>ompK35</i> mutation only (n = 45)	33 (73%)	9 (20%)	2 (4%)	1 (2%)	≤2/4	4/4	≤2/4 to 16/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 31)	19 (61%)	6 (19%)	5 (16%)	1 (3%)	≤2/4	8/4	≤2/4 to 16/4
<b>KPC-2-Kp (n = 44)</b>	41 (93%)	1 (2%)	2 (5%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 8/4
ESBL (n = 19)	18 (95%)	1 (5%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 4/4
ST258 (n = 35)	33 (94%)	1 (3%)	1 (3%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 8/4
Non-ST258 (n = 9)	8 (89%)	0 (0%)	1 (11%)	0 (0%)	≤2/4	8/4	≤2/4 to 8/4
<i>wzi</i> 29 (n = 18)	18 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 50 (n = 7)	7 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 83 (n = 6)	4 (67%)	1 (17%)	1 (17%)	0 (0%)	≤2/4	8/4	≤2/4 to 8/4
<i>wzi</i> 154 (n = 4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 9)	8 (89%)	0 (0%)	1 (11%)	0 (0%)	≤2/4	8/4	≤2/4 to 8/4
<i>ompK35</i> mutation only (n = 25)	23 (92%)	1 (4%)	1 (4%)	0 (0%)	≤2/4	≤2/4	≤2/4 to 8/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 10)	10 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<b>KPC-3-Kp (n = 48)</b>	25 (52%)	14 (29%)	7 (15%)	2 (4%)	≤2/4	8/4	≤2/4 to 16/4
ESBL (n = 15)	7 (47%)	7 (47%)	1 (7%)	0 (0%)	4/4	4/4	≤2/4 to 8/4
ST258 (n = 42)	19 (45%)	14 (33%)	7 (17%)	2 (4%)	4/4	8/4	≤2/4 to 16/4
Non-ST258 (n = 6)	6 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 29 (n = 1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 50 (n = 1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>wzi</i> 83 (n = 1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	4/4	4/4	4/4 to 4/4
<i>wzi</i> 154 (n = 39)	17 (44%)	13 (33%)	7 (18%)	2 (5%)	4/4	8/4	≤2/4 to 16/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 6)	6 (100%)	0 (0%)	0 (0%)	0 (0%)	≤2/4	≤2/4	≤2/4 to ≤2/4
<i>ompK35</i> mutation only (n = 20)	10 (50%)	8 (40%)	1 (5%)	1 (5%)	≤2/4	4/4	≤2/4 to 16/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 21)	9 (43%)	6 (2%)	5 (24%)	1 (5%)	4/4	8/4	≤2/4 to 16/4

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**Supplemental Table 7. (A)** Ceftazidime MICs in OXA-48-like isolates stratified by ESBL status, OXA-like enzyme, and mutations in *ompK35* and *ompK36* outer membrane porin genes. Only MIC values of  $\leq 2$   $\mu\text{g/mL}$  and  $>64$   $\mu\text{g/mL}$  are displayed as this accounted for the MIC values for all isolates. **(B)** Ceftazidime-avibactam MIC values for OXA-48-like isolates stratified by ESBL status, OXA-like enzyme, and mutations in *ompK35* and *ompK36* outer membrane porin genes. An MIC value of 16/4  $\mu\text{g/mL}$  is not displayed because MIC values of 16/4  $\mu\text{g/mL}$  were not identified for any of the isolates.

**A.**

	No. (%) of isolates for which ceftazidime MICs ( $\mu\text{g/mL}$ ) were:		MIC <sub>50</sub> ( $\mu\text{g/mL}$ )	MIC <sub>90</sub> ( $\mu\text{g/mL}$ )	MIC Range ( $\mu\text{g/mL}$ )
	$\leq 2$	$>64$			
<b>OXA-48-Like (n = 20)</b>	4 (20%)	16 (80%)	$>64$	$>64$	$\leq 2/4$ to $>64$
ESBL (n = 16)	1 (6%)	15 (94%)	$>64$	$>64$	$\leq 2/4$ to $>64$
OXA-48 (n = 8)	4 (50%)	4 (50%)	$\leq 2$	$>64$	$\leq 2$ to $>64$
OXA-163 (n = 1)	0 (0%)	1 (100%)	$>64$	$>64$	$>64$ to $>64$
OXA-181 (n = 8)	0 (0%)	8 (100%)	$>64$	$>64$	$>64$ to $>64$
OXA-232 (n = 3)	0 (0%)	3 (100%)	$>64$	$>64$	$>64$ to $>64$
<b>OXA-48-Like-Kp (n = 14)</b>	1 (7%)	13 (93%)	$>64$	$>64$	$\leq 2$ to $>64$
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 2)	1 (50%)	1 (50%)	$\leq 2$	$>64$	$\leq 2$ to $>64$
<i>ompK35</i> mutation only (n = 9)	0 (0%)	9 (100%)	$>64$	$>64$	$>64$ to $>64$
<i>ompK36</i> mutation only (n = 2)	0 (0%)	2 (100%)	$>64$	$>64$	$>64$ to $>64$
<i>ompK35</i> and <i>ompK36</i> mutations (n = 1)	0 (0%)	1 (100%)	$>64$	$>64$	$>64$ to $>64$

**B.**

	No. (%) of isolates for which ceftazidime-avibactam MICs ( $\mu\text{g/mL}$ ) were:				MIC <sub>50</sub> ( $\mu\text{g/mL}$ )	MIC <sub>90</sub> ( $\mu\text{g/mL}$ )	MIC Range ( $\mu\text{g/mL}$ )
	$\leq 2/4$	4/4	8/4	$>64/4$			
<b>OXA-48-Like (n = 20)</b>	16 (80%)	1 (5%)	1 (5%)	2 (10%)	$\leq 2/4$	8/4	$\leq 2/4$ to $>64/4$
ESBL (n = 16)	13 (81%)	1 (6%)	1 (6%)	1 (7%)	$\leq 2/4$	8/4	$\leq 2/4$ to $>64/4$
OXA-48 (n = 8)	6 (75%)	0 (0%)	0 (0%)	2 (25%)	$\leq 2/4$	$>64/4$	$\leq 2/4$ to $>64/4$
OXA-163 (n = 1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	4/4	4/4	4/4 to 4/4
OXA-181 (n = 8)	8 (100%)	0 (0%)	0 (0%)	0 (0%)	$\leq 2/4$	$\leq 2/4$	$\leq 2/4$ to $\leq 2/4$
OXA-232 (n = 3)	2 (67%)	0 (0%)	1 (33%)	0 (0%)	$\leq 2/4$	8/4	$\leq 2/4$ to 8/4
<b>OXA-48-Like-Kp (n = 14)</b>	11 (79%)	1 (7%)	1 (7%)	1 (7%)	$\leq 2/4$	8/4	$\leq 2/4$ to $>64/4$
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 2)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	$\leq 2/4$	$\leq 2/4$	$\leq 2/4$ to $\leq 2/4$
<i>ompK35</i> mutation only (n = 9)	6 (67%)	1 (11%)	1 (11%)	1 (11%)	$\leq 2/4$	$>64/4$	$\leq 2/4$ to $>64/4$
<i>ompK36</i> mutation only (n = 2)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	$\leq 2/4$	$\leq 2/4$	$\leq 2/4$ to $\leq 2/4$
<i>ompK35</i> and <i>ompK36</i> mutations (n = 1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	$\leq 2/4$	$\leq 2/4$	$\leq 2/4$ to $\leq 2/4$

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**Supplemental Table 8.** Imipenem-relebactam MIC values for KPC-Kp bloodstream isolates stratified by ESBL status, ST258 status, *wzi* allele, and mutations in *ompK35* and *ompK36* outer membrane porin genes. The CLSI interpretive criteria for imipenem were applied to imipenem-relebactam. MIC values >1/4 µg/mL are not displayed as isolates for which MIC values were >1/4 µg/mL were not identified.

	No. (%) of isolates for which imipenem-relebactam MICs (µg/mL) were:			MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)	MIC Range (µg/mL)
	≤0.25/4	0.5/4	1/4			
<b>KPC-Kp (n = 92)</b>	77 (84%)	10 (11%)	5 (5%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
ESBL (n = 34)	29 (85%)	4 (12%)	1 (3%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
ST258 (n = 77)	62 (81%)	10 (13%)	5 (7%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
Non-ST258 (n = 15)	15 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>wzi</i> 29 (n = 19)	15 (79%)	3 (16%)	1 (5%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>wzi</i> 50 (n = 8)	7 (88%)	1 (13%)	0 (0%)	≤0.25/4	0.5/4	≤0.25/4 to 0.5/4
<i>wzi</i> 83 (n = 7)	5 (71%)	1 (14%)	1 (14%)	≤0.25/4	1/4	≤0.25/4 to 1/4
<i>wzi</i> 154 (n = 43)	35 (81%)	5 (12%)	3 (7%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 15)	15 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>ompK35</i> mutation only (n = 45)	39 (87%)	5 (11%)	1 (2%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 31)	22 (71%)	5 (16%)	4 (13%)	≤0.25/4	1/4	≤0.25/4 to 1/4
<b>KPC-2-Kp (n = 44)</b>	38 (86%)	3 (7%)	3 (7%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
ESBL (n = 19)	16 (84%)	2 (11%)	1 (5%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
ST258 (n = 35)	29 (83%)	3 (9%)	3 (9%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
Non-ST258 (n = 9)	9 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>wzi</i> 29 (n = 18)	15 (83%)	2 (11%)	1 (6%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>wzi</i> 50 (n = 7)	6 (86%)	1 (14%)	0 (0%)	≤0.25/4	0.5/4	≤0.25/4 to 0.5/4
<i>wzi</i> 83 (n = 6)	5 (83%)	0 (0%)	1 (17%)	≤0.25/4	1/4	≤0.25/4 to 1/4
<i>wzi</i> 154 (n = 4)	3 (75%)	0 (0%)	1 (25%)	≤0.25/4	1/4	≤0.25/4 to 1/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 9)	9 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>ompK35</i> mutation only (n = 25)	21 (84%)	3 (12%)	1 (4%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 10)	8 (80%)	0 (0%)	2 (20%)	≤0.25/4	1/4	≤0.25/4 to 1/4
<b>KPC-3-Kp (n = 48)</b>	39 (81%)	7 (15%)	2 (4%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
ESBL (n = 15)	13 (87%)	2 (13%)	0 (0%)	≤0.25/4	0.5/4	≤0.25/4 to 0.5/4
ST258 (n = 42)	33 (79%)	7 (17%)	2 (5%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
Non-ST258 (n = 6)	6 (100%)	0 (0%)	0 (0%)	≤0.25/4	4/4	≤0.25/4 to ≤0.25/4
<i>wzi</i> 29 (n = 1)	0 (0%)	1 (100%)	0 (0%)	0.5/4	0.5/4	0.5/4 to 0.5/4
<i>wzi</i> 50 (n = 1)	1 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>wzi</i> 83 (n = 1)	0 (0%)	1 (100%)	0 (0%)	0.5/4	0.5/4	0.5/4 to 0.5/4
<i>wzi</i> 154 (n = 39)	32 (82%)	5 (12.8%)	2 (5%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 6)	6 (100%)	0 (0%)	0 (0%)	≤0.25/4	≤0.25/4	≤0.25/4 to ≤0.25/4
<i>ompK35</i> mutation only (n = 20)	18 (90%)	2 (10%)	0 (0%)	≤0.25/4	0.5/4	≤0.25/4 to 0.5/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 21)	14 (67%)	5 (24%)	2 (10%)	≤0.25/4	0.5/4	≤0.25/4 to 1/4

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**Supplemental Table 9. (A)** Imipenem MIC values for OXA-48-like isolates stratified by ESBL status, OXA-like enzyme, and mutations in *ompK35* and *ompK36* outer membrane porin genes. MIC values of 0.5 and 2 µg/mL are not displayed because no isolates exhibited MIC values of 0.5 or 2 µg/mL. **(B)** Imipenem-relebactam MIC values in OXA-48-like isolates stratified by ESBL status, OXA-like enzyme, and mutations in *ompK35* and *ompK36* outer membrane porin genes. The CLSI interpretive criteria for imipenem were applied to imipenem-relebactam.

**A.**

	No. (%) of isolates for which imipenem MICs (µg/mL) were:							MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)	MIC Range (µg/mL)
	≤0.25	1	4	8	16	≥32				
<b>OXA-48-Like (n = 20)</b>	1 (5%)	2 (10%)	4 (20%)	4 (20%)	3 (15%)	6 (30%)	8	≥32	8 to ≥32	
ESBL (n = 16)	1 (6%)	0 (0%)	4 (25%)	3 (19%)	3 (19%)	5 (31%)	8	≥32	0.5/4 to ≥32	
OXA-48 (n = 8)	0 (0%)	2 (25%)	0 (0%)	1 (13%)	2 (25%)	3 (38%)	16	≥32	≤0.25/4 to ≥32	
OXA-163 (n = 1)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	≤0.25	≤0.25	≤0.25 to ≤0.25	
OXA-181 (n = 8)	0 (0%)	0 (0%)	4 (50%)	3 (38%)	0 (0%)	1 (13%)	4	≥32	4 to ≥32	
OXA-232 (n = 3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	2 (67%)	≥32	≥32	16 to ≥32	
<b>OXA-48-Like-Kp (n = 14)</b>	1 (7%)	0 (0%)	3 (21%)	2 (14%)	2 (14%)	6 (43%)	16	≥32	≤0.25 to ≥32	
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	16	≥32	16 to ≥32	
<i>ompK35</i> mutation only (n = 9)	1 (11%)	0 (0%)	2 (22%)	2 (22%)	0 (0%)	4 (44%)	8	≥32	≤0.25 to ≥32	
<i>ompK36</i> mutation only (n = 2)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	4	≥32	4 to ≥32	
<i>ompK35</i> and <i>ompK36</i> mutations (n = 1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	16	16	16 to 16	

**B.**

	No. (%) of isolates for which imipenem-relebactam MICs (µg/mL) were:								MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)	MIC Range (µg/mL)
	≤0.25/4	0.5/4	1/4	2/4	4/4	8/4	16/4	≥32/4			
<b>OXA-48-Like (n = 20)</b>	1 (5%)	1 (5%)	1 (5%)	1 (5%)	9 (45%)	2 (10%)	1 (5%)	4 (20%)	4/4	≥32/4	≤0.25/4 to ≥32/4
ESBL (n = 16)	0 (0%)	1 (6%)	0 (0%)	1 (6%)	8 (50%)	2 (13%)	1 (6%)	3 (19%)	4/4	≥32/4	0.5/4 to ≥32/4
OXA-48 (n = 8)	1 (13%)	0 (0%)	1 (13%)	0 (0%)	3 (38%)	0 (0%)	0 (0%)	3 (38%)	4/4	≥32/4	≤0.25/4 to ≥32/4
OXA-163 (n = 1)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.5/4	0.5/4	0.5/4 to 0.5/4
OXA-181 (n = 8)	0 (0%)	0 (0%)	0 (0%)	1 (13%)	6 (75%)	0 (0%)	0 (0%)	1 (13%)	4/4	≥32/4	2/4 to ≥32/4
OXA-232 (n = 3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (67%)	1 (33%)	0 (0%)	8/4	16/4	8/4 to 16/4
<b>OXA-48-Like-Kp (n = 14)</b>	0 (0%)	1 (7%)	0 (0%)	1 (7%)	5 (36%)	2 (14%)	1 (7%)	4 (29%)	8/4	≥32/4	0.5/4 to ≥32/4
<i>ompK35</i> and <i>ompK36</i> wild-type (n = 2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)	8/4	≥32/4	≤0.25/4 to ≥32/4
<i>ompK35</i> mutation only (n = 9)	0 (0%)	1 (11%)	0 (0%)	1 (11%)	3 (33%)	1 (11%)	1 (11%)	2 (22%)	4/4	≥32/4	0.5/4 to ≥32/4
<i>ompK36</i> mutation only (n = 2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	4/4	≥32/4	4/4 to ≥32/4
<i>ompK35</i> and <i>ompK36</i> mutations (n = 1)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	4/4	4/4	4/4 to 4/4

## REFERENCES

1. Satlin MJ, Chen L, Patel G, Gomez-simmonds A, Weston G, Kim AC, Seo SK, Rosenthal ME, Sperber SJ, Jenkins SG, Hamula CL, Uhlemann A, Levi MH, Fries BC, Tang Y, Juretschko S, Rojzman D, Hong T, Mathema B, Jacobs M, Walsh T, Bonomo R, Kreiswirth B, Carbapenem-resistant D, Satlin MJ, Chen L, Patel G, Gomez-simmonds A, Weston G, Kim AC, Seo SK, Rosenthal ME, Sperber SJ, Jenkins SG, Hamula CL, Uhlemann A, Levi MH, Fries BC, Tang Y. 2017. Multicenter Clinical and Molecular Epidemiological Analysis of Bacteremia Due to Carbapenem-Resistant *Enterobacteriaceae* (CRE) in the CRE Epicenter of the United States. *Antimicrob Agents Chemother* 61:e02349-16.
2. Lutgring J, Machado M, Benahmed F, Conville P, Shawar R, Patel J, Brown A. 2018. FDA-CDC Antimicrobial Resistance Isolate Bank: a Publicly Available Resource To Support Research, Development, and Regulatory Requirements. *J Clin Microbiol* 56:e01415-17.
3. Clinical and Laboratory Standards Institute (CLSI). 2019. Performance Standards for Antimicrobial Susceptibility Testing. 29th ed. CLSI supplement M100. Wayne, PA: Clinical and Laboratory Standards Institute.
4. Manning N, Balabanian G, Rose M, Landman D, Quale J. 2018. Activity of Ceftazidime–Avibactam Against Clinical Isolates of *Klebsiella pneumoniae*, Including KPC-Carrying Isolates, Endemic to New York City. *Microb Drug Resist* 24:35–39.
5. Mairi A, Pantel A, Sotto A, Lavigne JP, Touati A. 2018. OXA-48-like carbapenemases producing *Enterobacteriaceae* in different niches. *Eur J Clin Microbiol Infect Dis* 37:587–604.
6. Lutgring JD, Zhu W, De Man TJB, Avillan JJ, Anderson KF, Lonsway DR, Rowe LA, Batra D, Rasheed JK, Limbago BM. 2018. Phenotypic and Genotypic Characterization of *Enterobacteriaceae* Producing Oxacillinase-48-Like Carbapenemases, United States. *Emerg Infect Dis* 24:700–709.
7. Stewart A, Harris P, Henderson A, Paterson D. 2018. Treatment of Infections by OXA-48-Producing *Enterobacteriaceae*. *Antimicrob Agents Chemother* 62:e01195-18.
8. Haidar G, Clancy CJ, Chen L, Samanta P, Shields RK, Kreiswirth BN, Nguyen MH. 2017. Identifying Spectra of Activity and Therapeutic Niches for Ceftazidime-Avibactam and Imipenem-Relebactam against Carbapenem-Resistant *Enterobacteriaceae*. *Antimicrob Agents Chemother* 61:e00642-17.
9. Senchyna F, Gaur RL, Sandlund J, Truong C, Tremintin G, Kültz D, Gomez CA, Tamburini FB, Andermann T, Bhatt A, Tickler I, Watz N, Budvytiene I, Shi G, Tenover FC, Banaei N. 2018. Diversity of resistance mechanisms in carbapenem-resistant *Enterobacteriaceae* at a health care system in Northern California, from 2013 to 2016. *Diagnostic Microbiol Infect Dis* S0732-8893:30473–5.
10. Ehmann DE, Jahić H, Ross PL, Gu RF, Hu J, Durand-Réville TF, Lahiri S, Thresher J, Livchak S, Gao N, Palmer T, Walkup GK, Fisher SL. 2013. Kinetics of avibactam inhibition against class A, C, and D  $\beta$ -lactamases. *J Biol Chem* 288:27960–27971.