

1 **Supplementary Material for: Application of combined genomic and transfer**  
2 **analyses to identify factors mediating regional spread of antibiotic resistant**  
3 **bacterial lineages**

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39 **Supplementary Methods**

40  
41 **Genomic Analysis**

42  
43 We extracted DNA from single colonies grown overnight in brain-heart infusion  
44 broth at 37°C using the PowerSoil DNA extraction kit (Qiagen). Sample-specific barcoded  
45 libraries were prepared using the Nextera DNA Flex Library Preparation Kit and  
46 sequenced using Illumina MiSeq instruments at the University of Michigan Microbial  
47 Systems Molecular Biology Laboratory. Sequences were processed to generate a final  
48 alignment file with high-confidence single-nucleotide variants (SNVs).  
49

50 The quality of raw sequencing reads quality was assessed using FastQC [1], and  
51 adapter sequences and low-quality bases were removed using Trimmomatic [2]. *De novo*  
52 genome assemblies were generated from trimmed sequencing reads using SPAdes [3],  
53 and one representative of each ARO species was selected as the reference genome for  
54 downstream alignment. Genome assemblies were evaluated using QUAST [4], and those  
55 with high quality further had their contigs ordered and oriented relative to finished  
56 reference genomes using ABACAS [5]. Single nucleotide variants (SNVs) were identified  
57 by mapping reads the reference genome using bwa [6], removing polymerase chain  
58 reaction duplicates with Picard [7], and calling variants with SAMtools and bcftools [8].  
59 Prophage, mobile genetic elements and recombinant regions were identified using  
60 PHASTER, RAST annotation and Gubbins, [9–11], and excluded from the final SNV  
61 alignment.  
62

63 Maximum likelihood phylogenetic reconstruction was performed by applying  
64 RAxML to sequences of variant positions within each ARO clade [12]. Phylogenetic  
65 analyses were performed by modeling SNVs with a Generalized Time Reversible model  
66 (GTR). Confidence of branches were quantified by running up to 1000 bootstrap  
67 replicates, with the precise number based upon convergence of bootstrap confidences.  
68 Final tree topology was determined by midpoint rooting as implemented in phytools [13].  
69

70 To remove isolates that putatively resulted from within nursing facility (NF)  
71 transmission, we used a phylogenetic approach to identify and remove isolates collected  
72 during follow-up visits that were closely related to isolate(s) collected at other patients'  
73 time of admission, or on an early date. The effect of the removal of these potential  
74 transmission isolates was visualized by violin plots (**Figure S5**).  
75

## 76 **Multi-locus sequence typing (MLST) of Whole Genome Sequences**

77

78 From whole genome sequences, we used ARIBA for *in silico* MLST analysis using  
79 the typing schemes from PubMLST [18]. Seven housekeeping loci were used to  
80 determine the sequence type of each MRSA, VREfm, and VREfc isolate; MRSA: *arcC*,  
81 *aroE*, *glpF*, *gmk*, *pta*, *tpi*, *yqiL*; VREfm: *atpA*, *ddl*, *gdh*, *purK*, *gyd*, *pstS*, *adk*; VREfc: *gdh*,  
82 *gyd*, *pstS*, *gki*, *aroE*, *xpt*, *yqiL*; eight housekeeping genes were used for CipREc in  
83 accordance with the Institute Pasteur scheme: *dinB*, *icdA*, *pabB*, *polB*, *putP*, *trpA*, *trpB*,  
84 *uidA*.

85

## 86 **Population Structure Analysis**

87

88 To measure the genetic differentiation between ARO isolates in different NFs, we  
89 used the Fsp method to calculate the degree of gene flow using whole-genome  
90 sequencing data [19]. Briefly, each SNV position in the core genome alignment was  
91 treated as a gene with four possible alleles. The difference in probabilities of alleles  
92 shared between NFs and within NFs was used to infer population homogeneity between  
93 NFs. The smaller the Fsp value, the more similar the two bacterial populations; the larger  
94 the Fsp value, the more isolated two populations are from each other.

95

## 96 **Permutation Test**

97

98 To evaluate whether isolates collected from patients recently exposed to the same  
99 acute-care hospitals (ACHs) or admitted to the same NFs were more likely to be  
100 phylogenetically clustered than expected by chance, we devised a permutation test with  
101 minor modifications from the procedure described in [14]. Briefly, the number of subtrees  
102 containing at least two isolates from the same facility was calculated for the original  
103 phylogeny, and the result was then compared to 1,000 permuted phylogenies where  
104 facility assignment of each isolate was shuffled randomly. An empirical P value was  
105 computed by determining the fraction of permuted phylogenetic clustering that was  
106 greater than the original statistic. ACHs with five or fewer isolates were collectively  
107 assigned as “999”.

108

## 109 **Nursing Facility Connectedness by Geographical Distance and Patient Sharing**

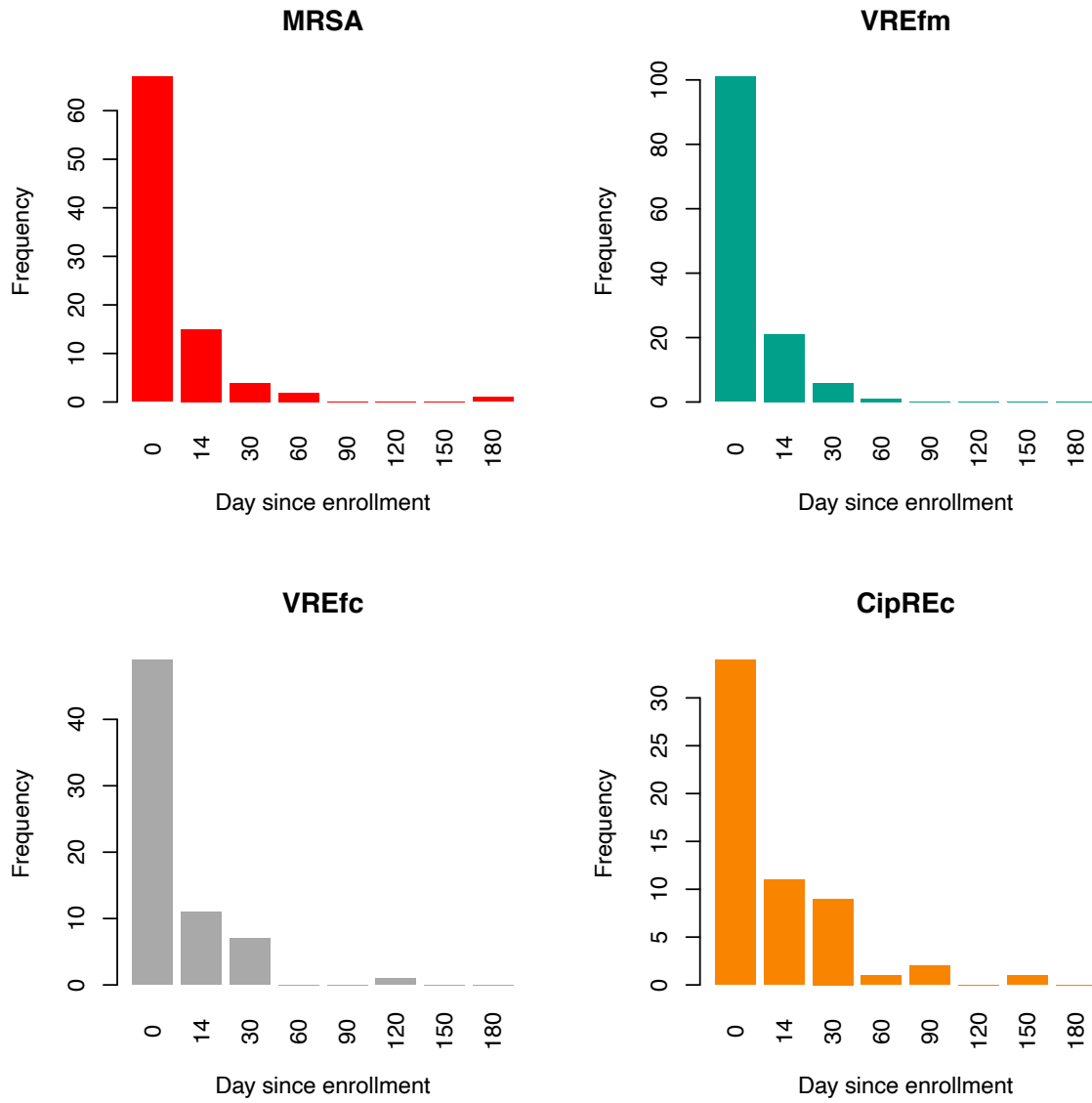
110

111 The geographical distance between NFs was calculated using R package “geosphere”  
112 with the Haversine formula [15]. Patient transfer data was visualized with “igraph” [16].

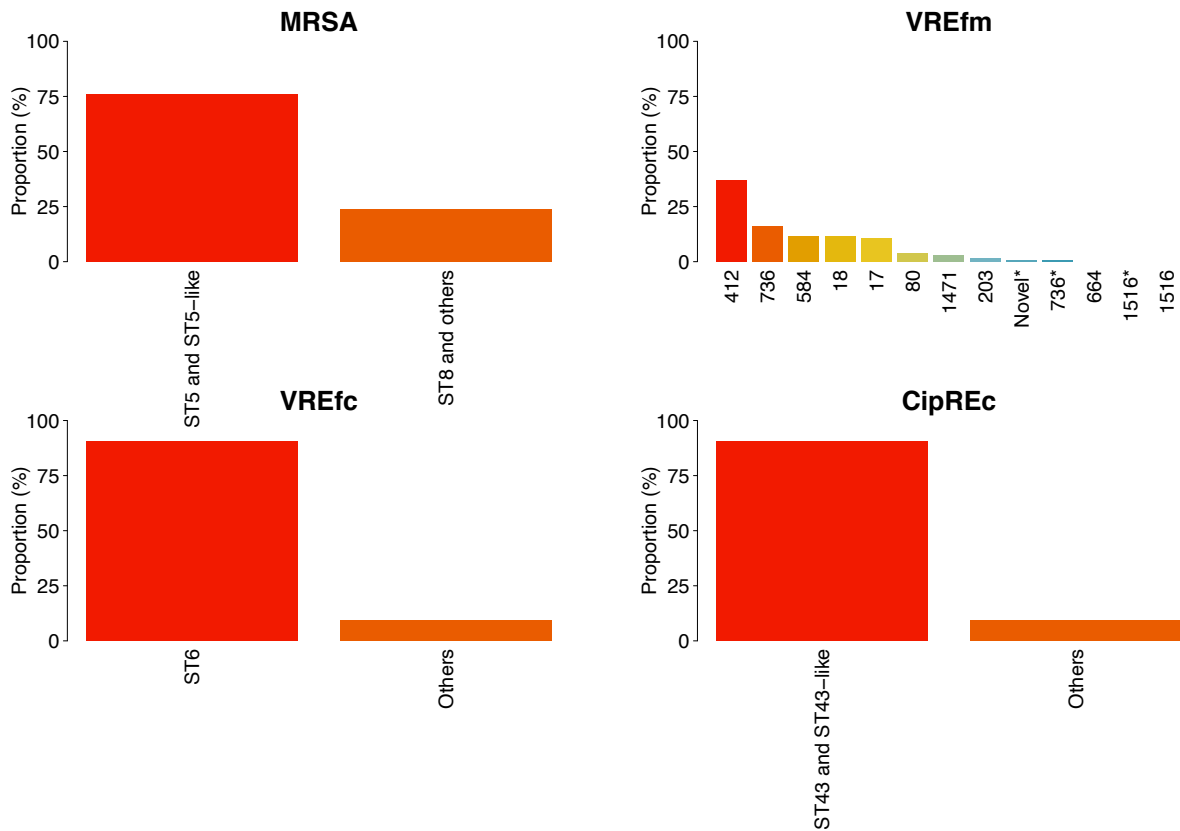
113

114 The dissimilarity in patient transfer pattern between each pair of NFs was measured by  
115 Kullback-Leibler divergence using the “KL.plugin” function in R package “entropy” v1.2.1  
116 [17]. The Kullback-Leibler method measures the divergence/dissimilarity between two  
117 probability distributions. As the proportion of patients discharged from a set of ACHs  
118 constitutes a set of frequencies, we adapted this method to calculate the dissimilarity of  
119 patient transfer patterns between each pair of NFs.

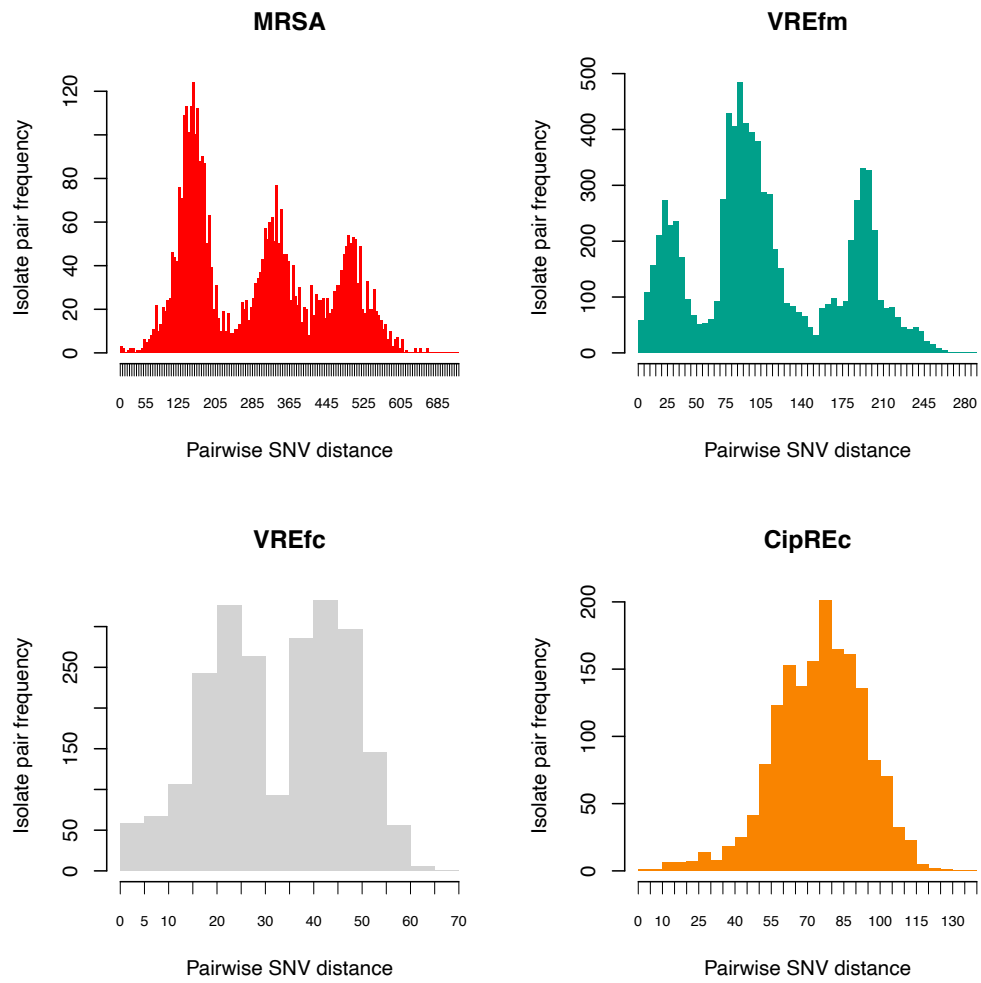
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**Figure S1. Time of isolation for each antibiotic-resistant organism.**

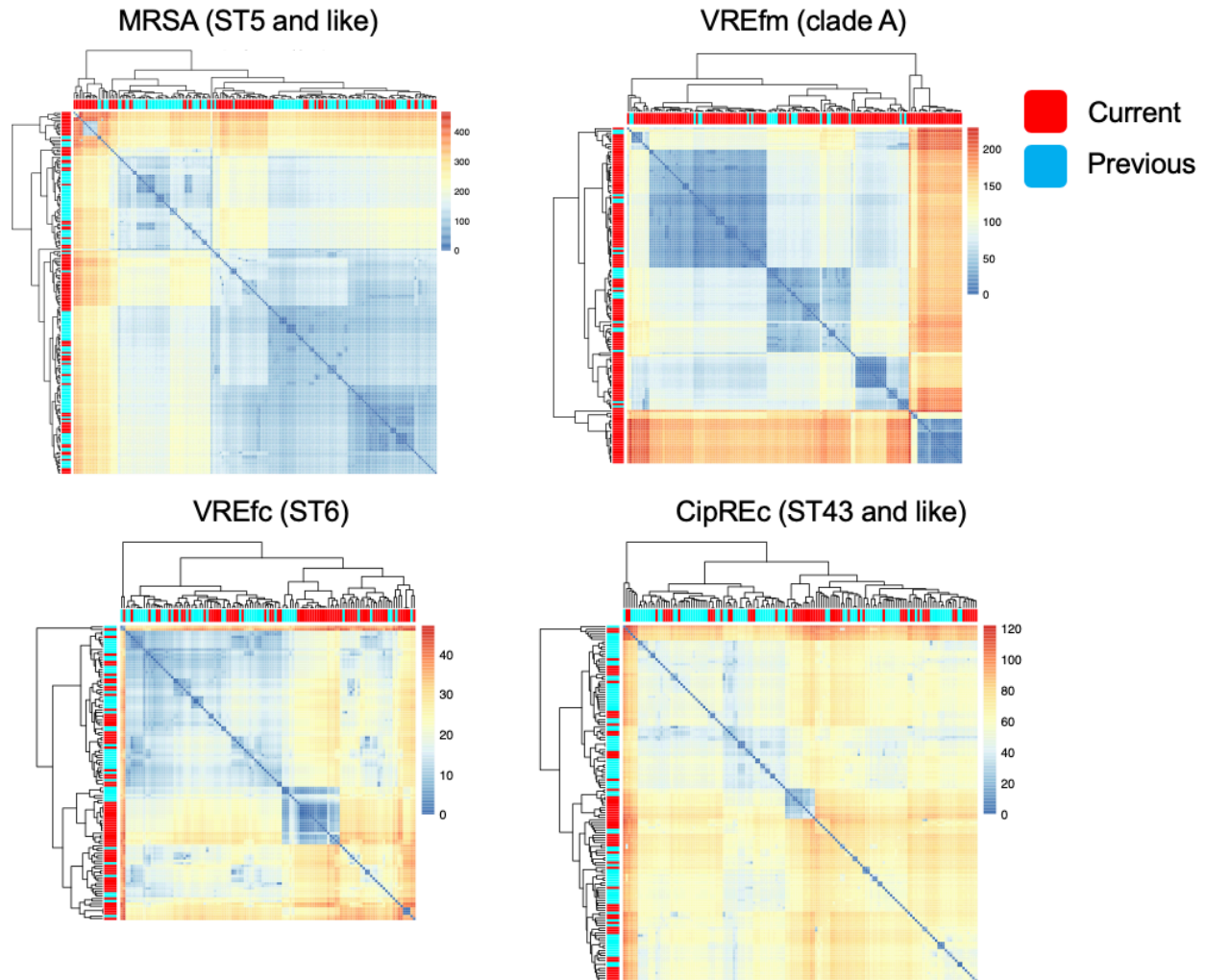


**Figure S2. Proportion of sequence types (STs) of isolates subjected to whole-genome sequencing.** For MRSA, VREfc and CipREc we focused our analyses to isolates belonging to or closely related to major lineages (MRSA: ST5, VREfc: ST6, CipREc: ST43, a subclade of ST131). Despite the presence of many different STs for VREfm, isolates are genetically closely related thus all VREfm isolates were analyzed regardless of ST. \* denotes some uncertainty in ST designation.



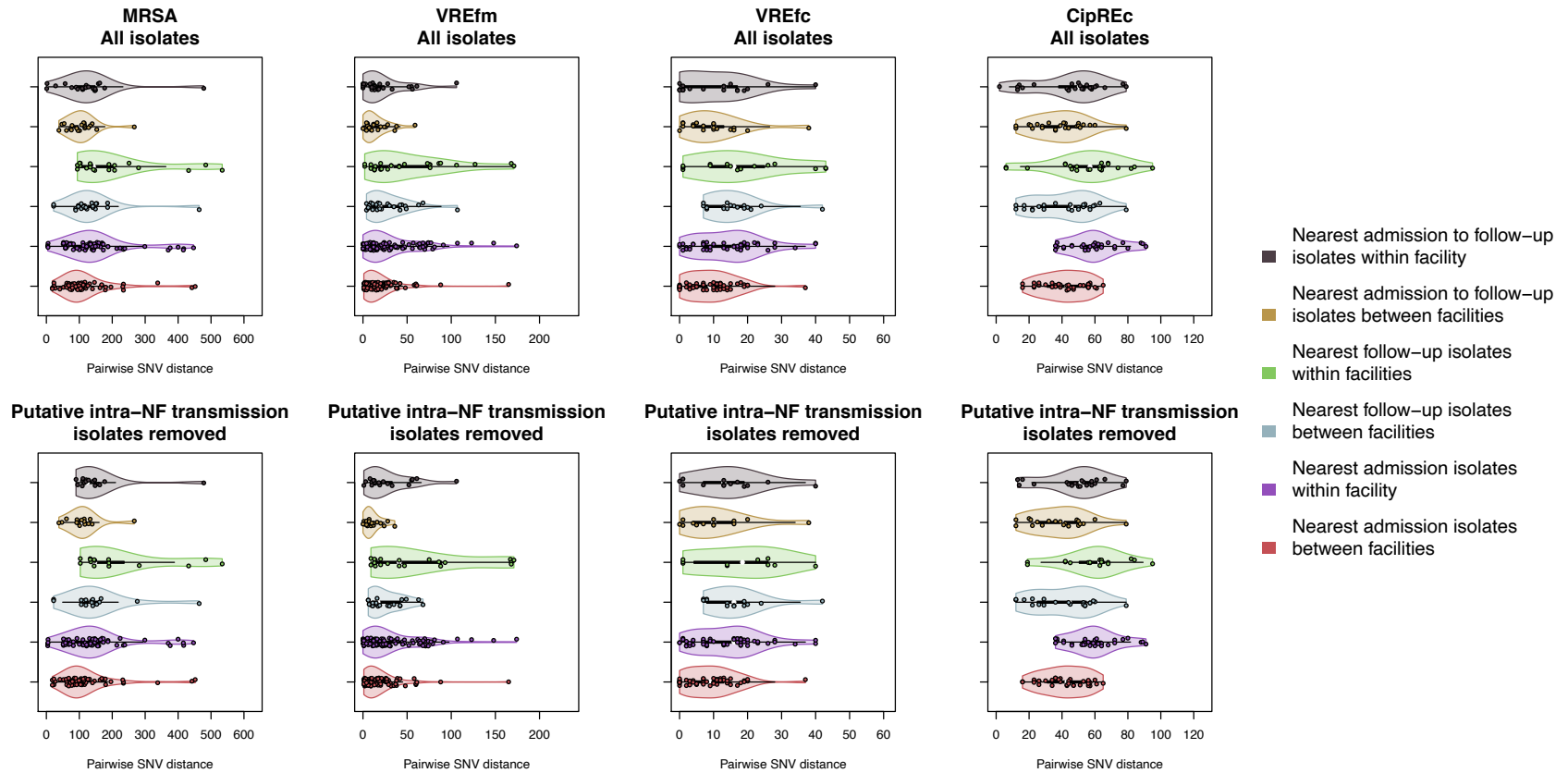
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**Figure S3. Pairwise single nucleotide variant (SNV) distance between every pair of analyzed isolates within the same ARO species.**



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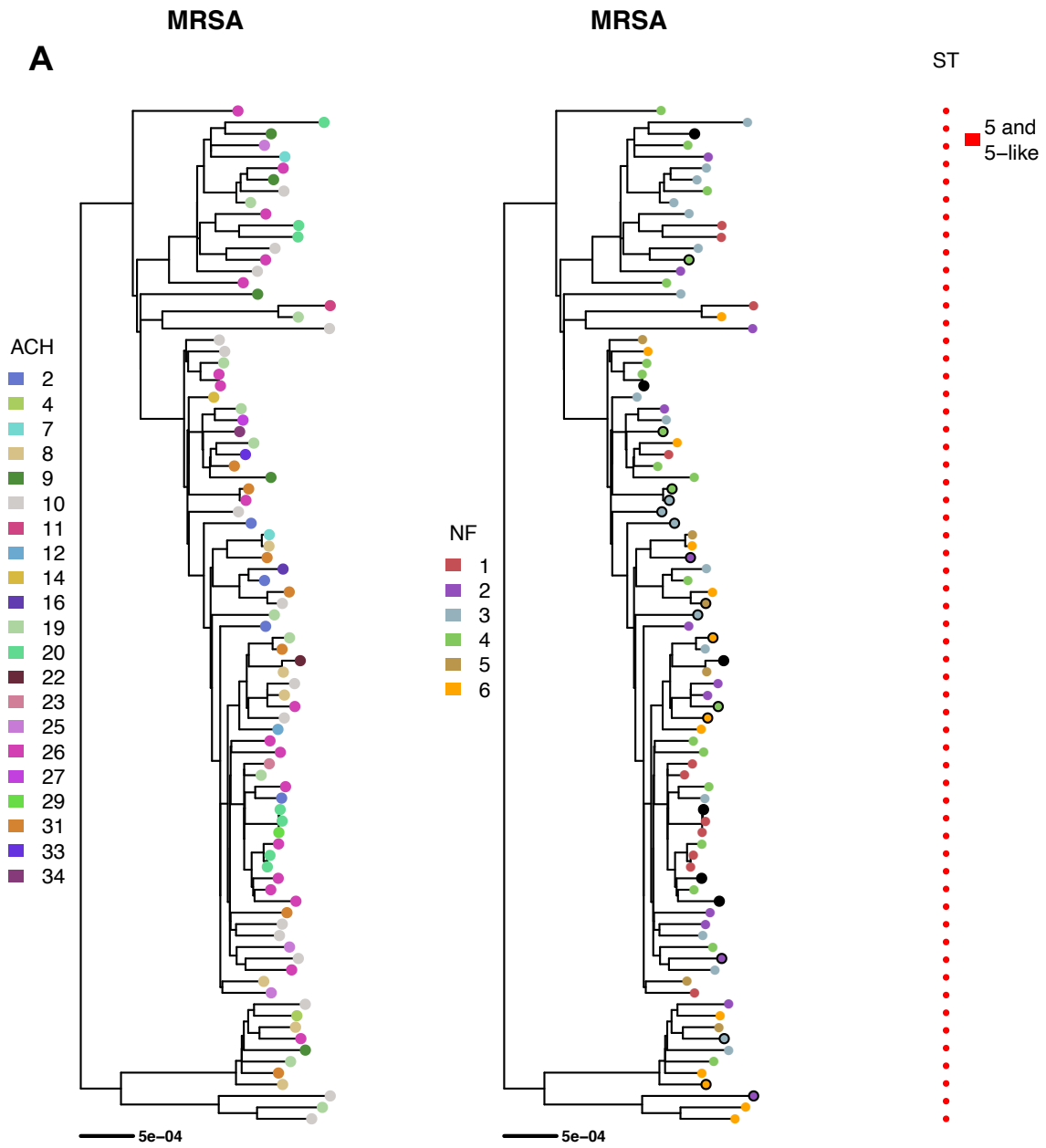
**Figure S4. A heatmap representing the pairwise genetic distance between isolates** from current (annotated as red, 6 NFs, 2013 - 2015) and a previous study (annotated as blue, 12 NFs, 2010 – 2013). Samples are clustered using a hierarchical method implemented in R package (pheatmap). Colour key indicates pairwise genetic distance.

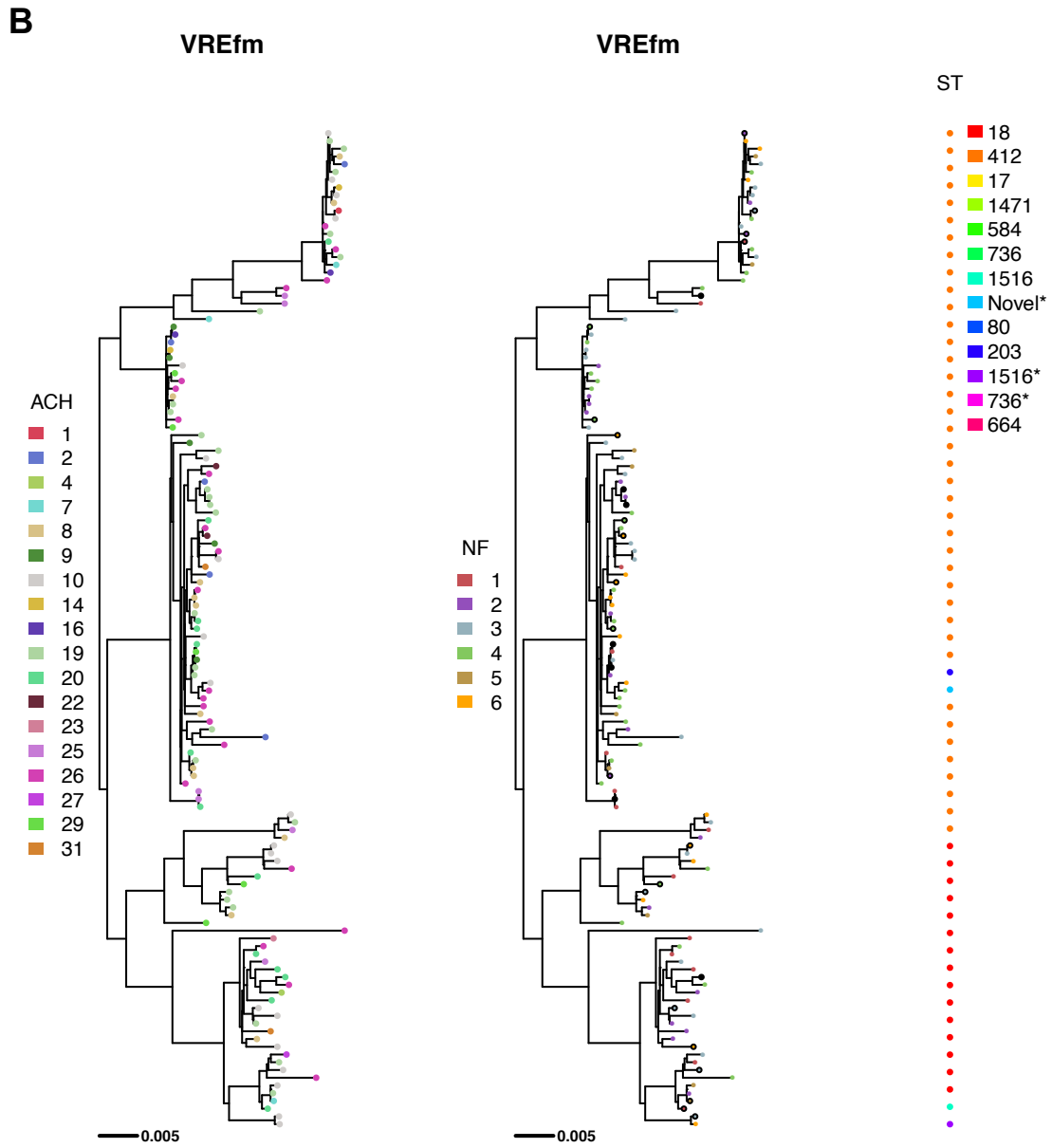


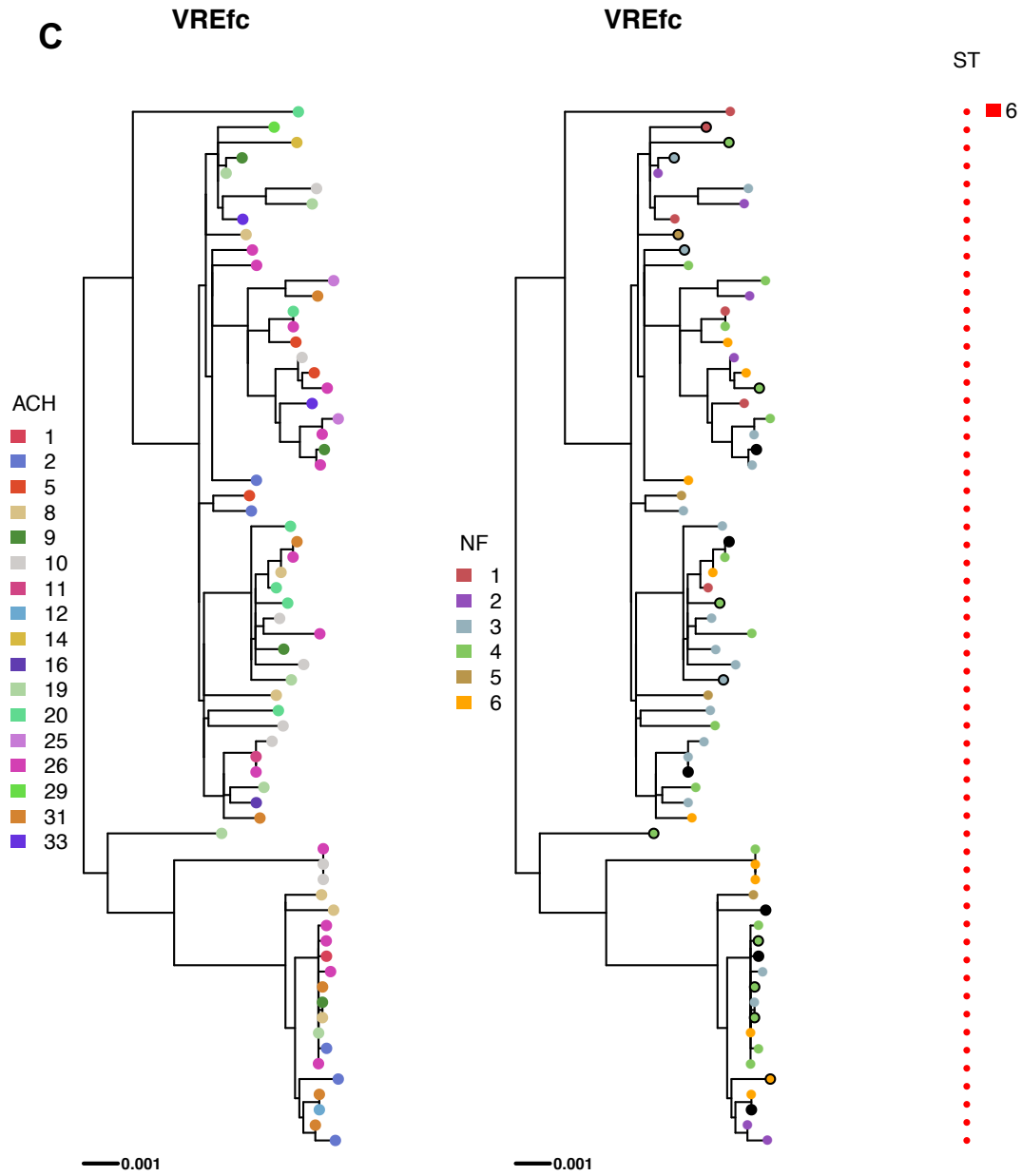
**Figure S5. Violin plots showing the distribution of single nucleotide variant (SNV) distance among pairs of nearest neighbour isolates between and within nursing facility and collected at admission and during follow-up visits using all isolates (top panel) and only admission isolates and follow-up isolates that did not have a closely related neighbour within the same facility (bottom panel).**

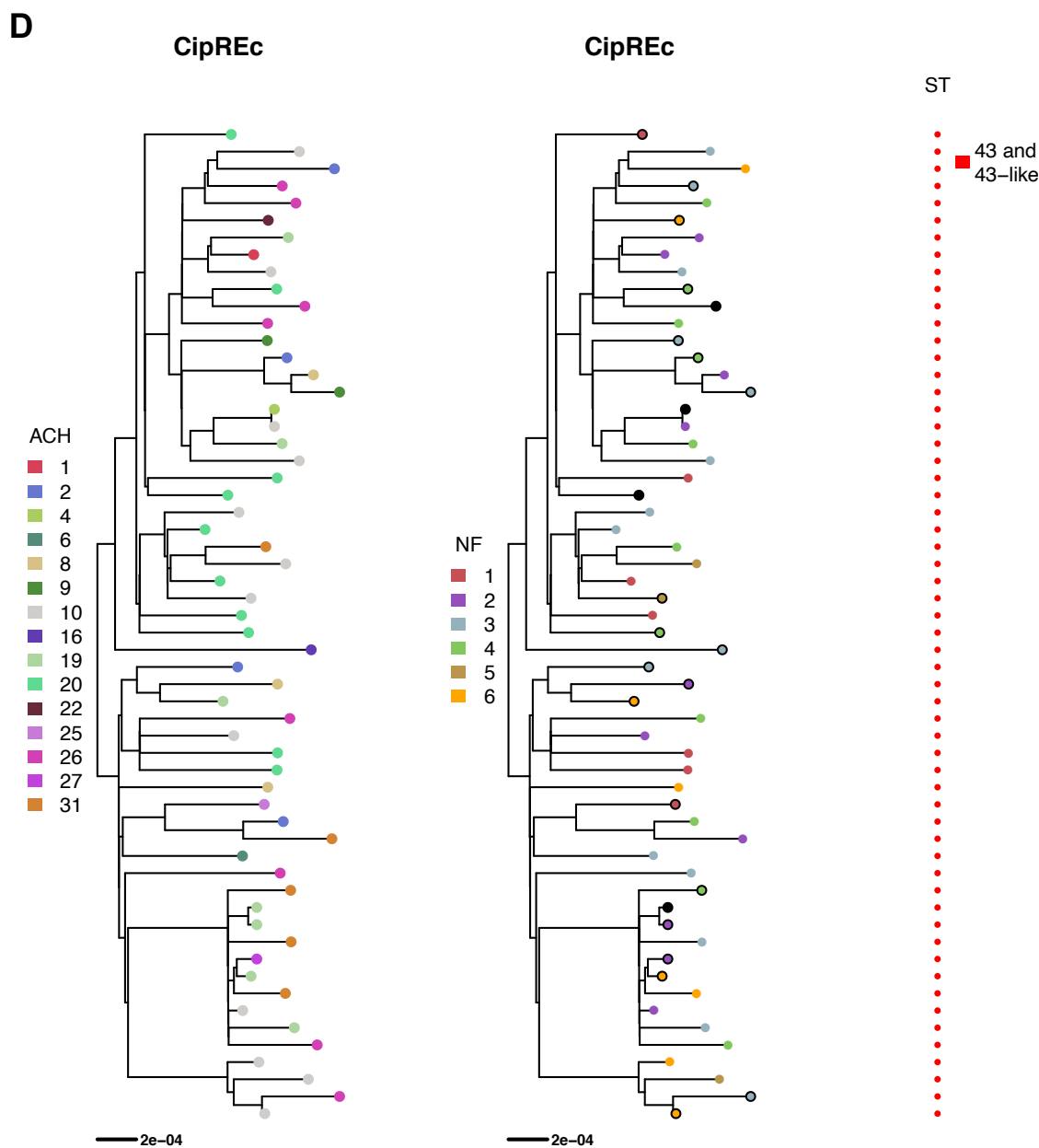


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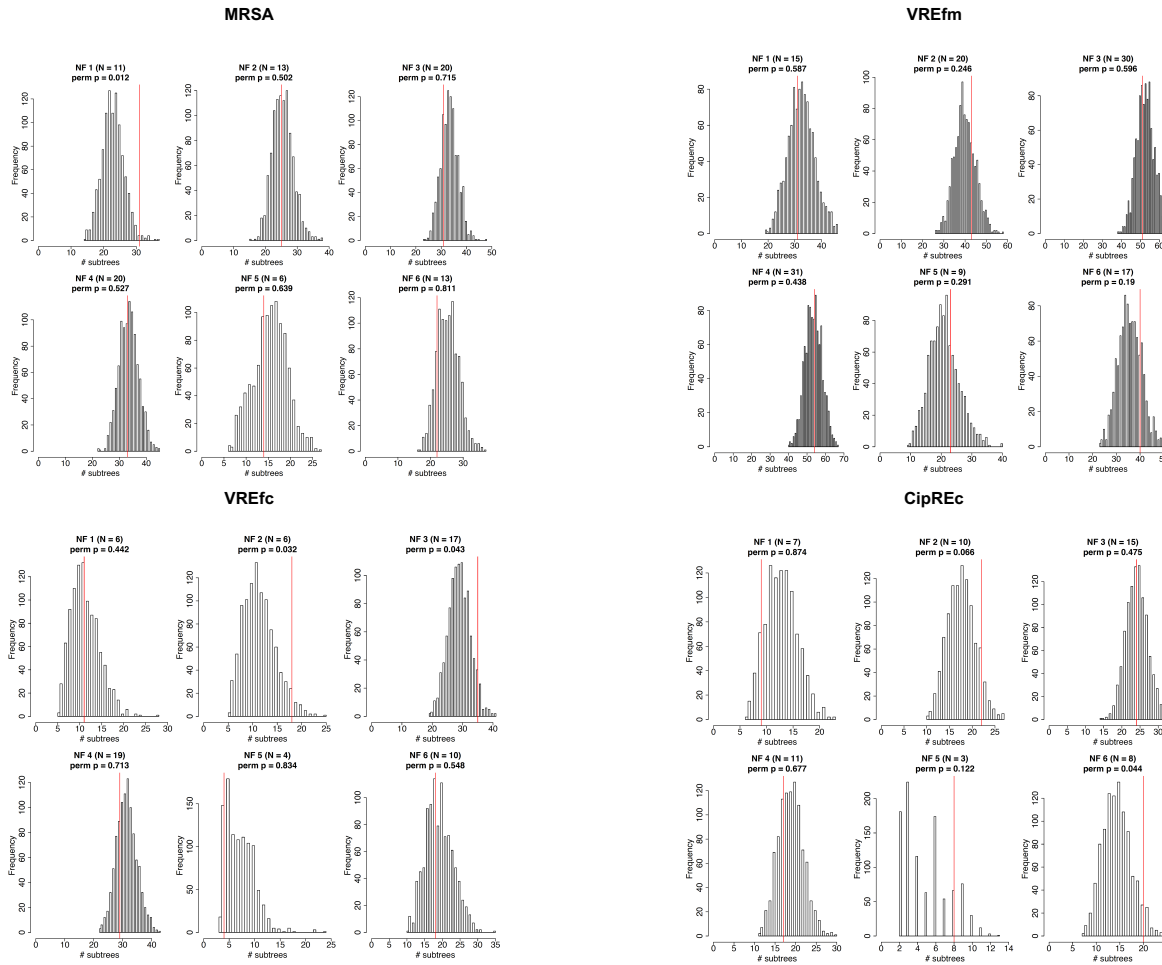




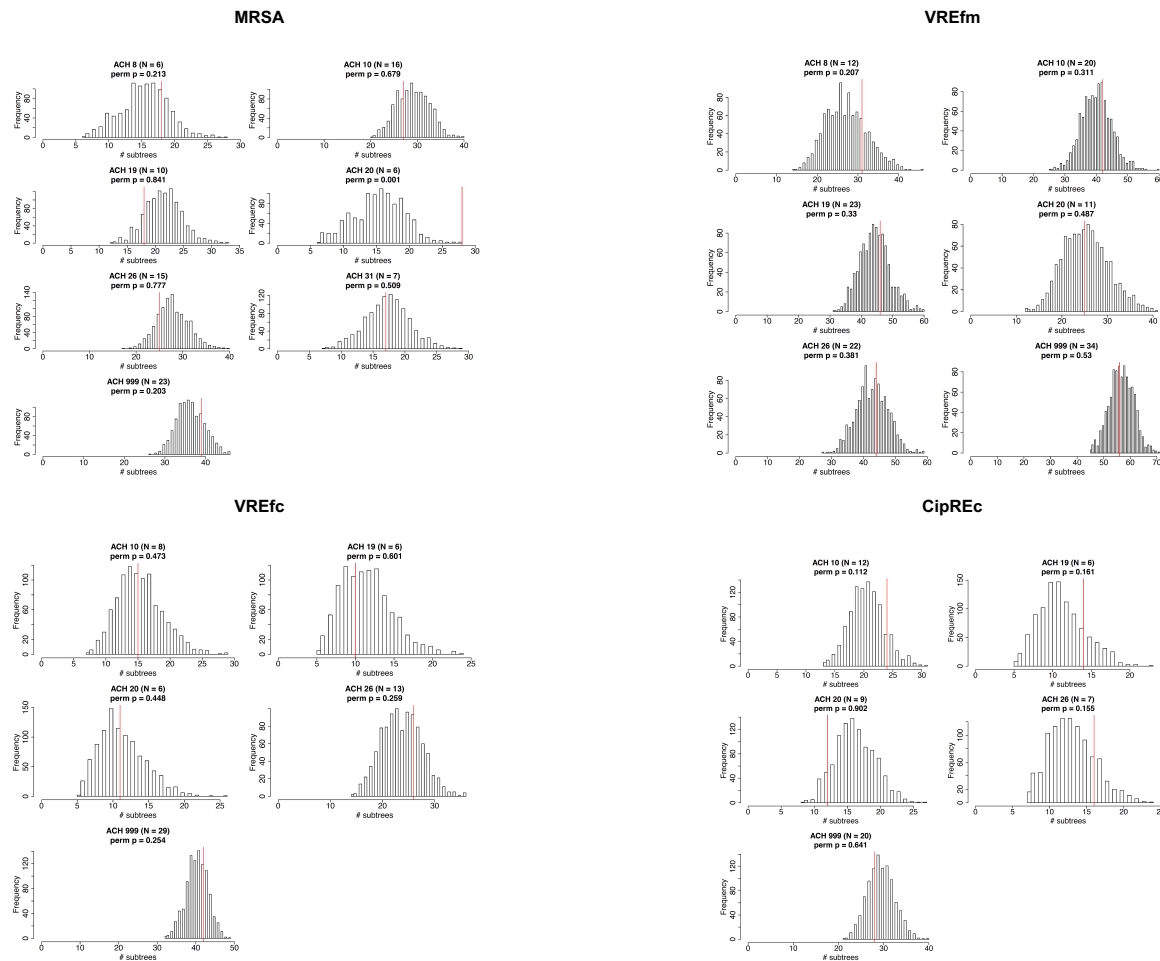




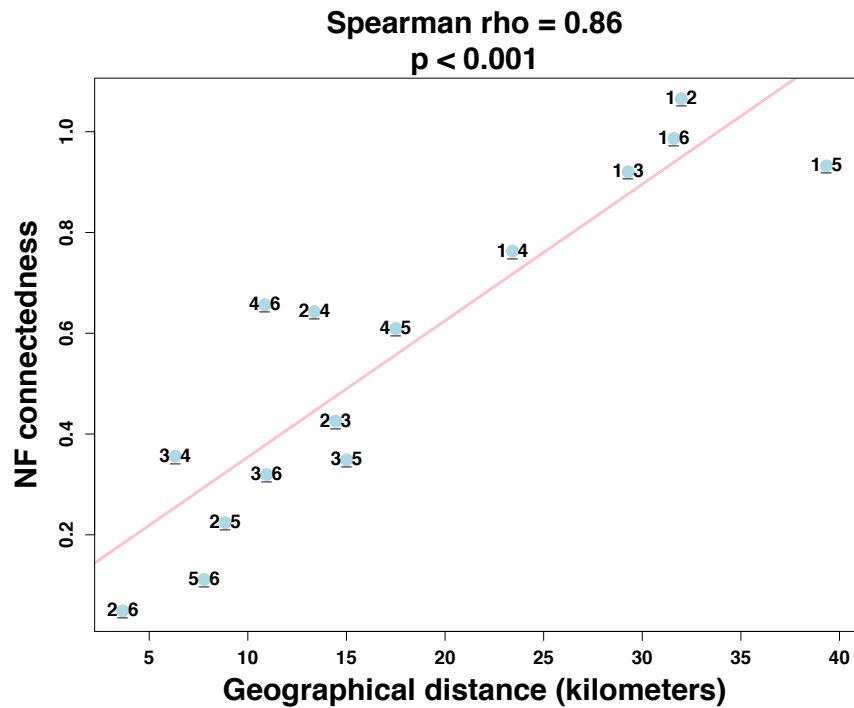
**Figure S6. Phylogenetic tree of each ARO.** A: MRSA; B: VREfm; C: VREfc; D: CipREc. Each isolate is labeled by patient's most recent acute-care hospital (ACH) exposure (left panel) or patient's nursing facility (NF) residence at the time of isolate detection (right panel). In the NF panel, isolates collected at the time of NF admission are shown as solid circles. Follow-up isolates that are genetically distinct from other isolates within the same NF are shown as circles with a black border, otherwise indicated as a solid black circle and pruned from subsequent analysis. Sequence type (ST) of each isolate is shown on the right. The trees were inferred from maximum likelihood (RAxML) analysis with midpoint rooting. Scale bar represents substitutions per nucleotide site. \* denotes some uncertainty in ST designation.



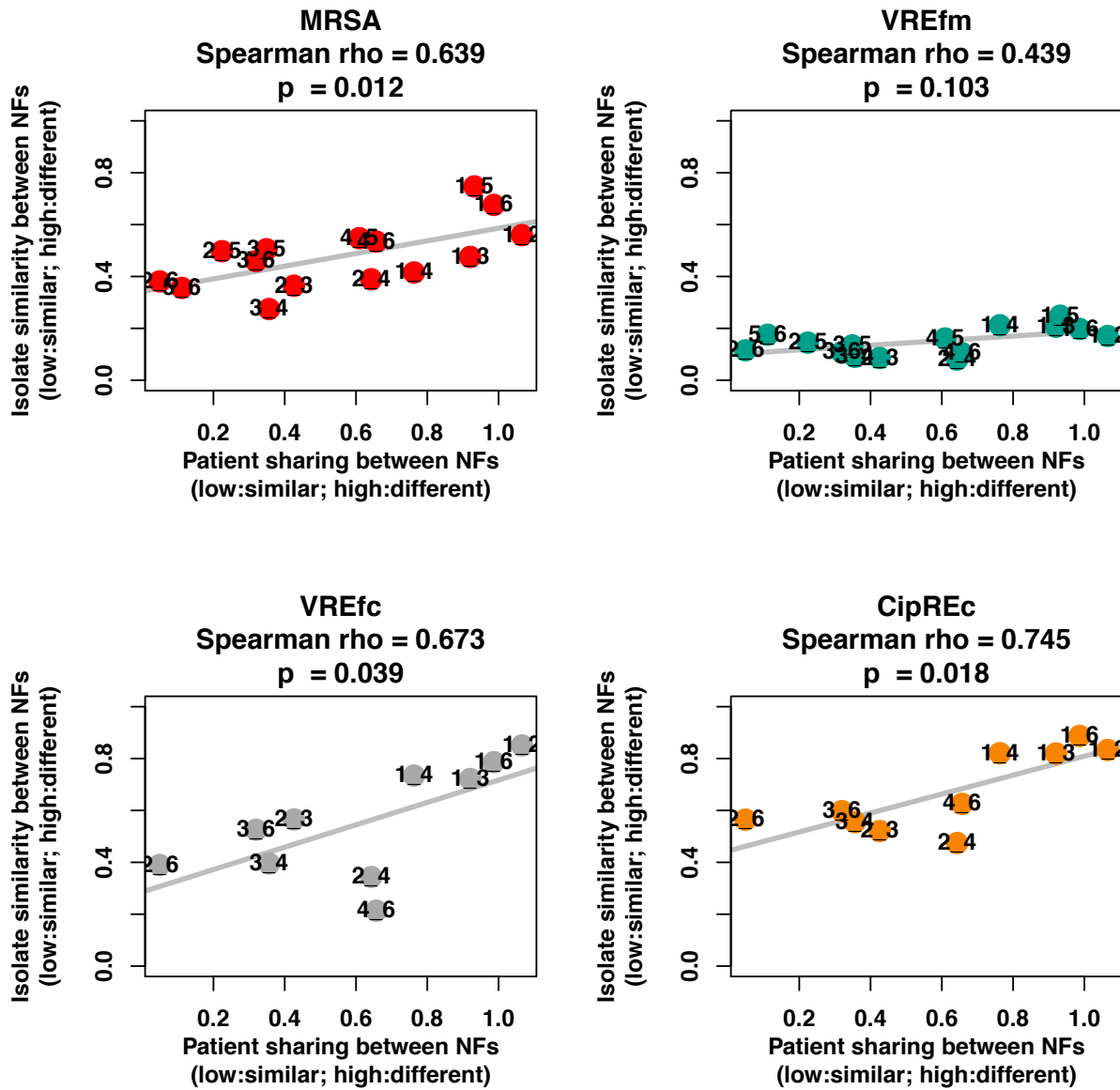
**Figure S7. Histograms of each ARO indicating probability of phylogenetic clustering by nursing facility.** The number of subtrees containing 2 or more isolates from the same nursing facility (NF) over the 1,000 permutations is plotted against the observed value which is indicated by the vertical red line. An empirical P value was computed by determining the fraction of permuted phylogenetic clustering that was greater than the observed statistic.



**Figure S8. Histograms of each ARO indicating probability of phylogenetic clustering by acute-care hospital.** The number of subtrees containing 2 or more isolates from the same acute-care hospital (ACH) over the 1,000 permutations is plotted against the observed value which is indicated by the vertical red line. An empirical P value was computed by determining the fraction of permuted phylogenetic clustering that was greater than the observed statistic. ACH999 is a collection of ACHs with five or fewer isolates.

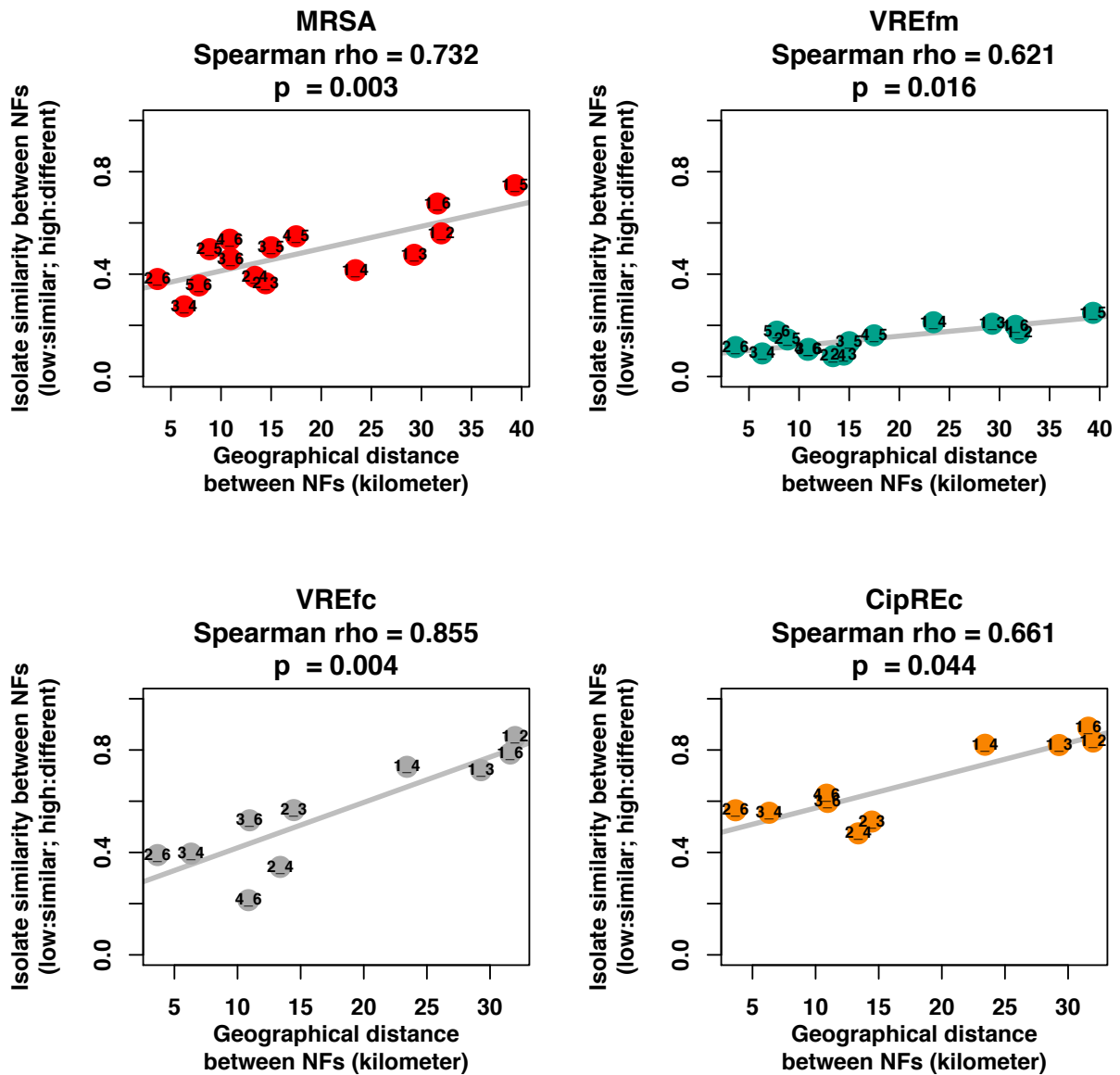


**Figure S9. Spearman's rank correlation between geographical distance and connectedness between NFs.** A low connectedness value between a pair of NFs indicates that these two NFs received patients from the same set of ACHs, and *vice versa*. Each dot represents a pair of NFs.



**Figure S10. Spearman’s rank correlation of patient transfer pattern and genomic similarity between nursing facility (NF) pairs.** Each dot represents a pair of NFs. Only NF pairs both with at least five isolates are included in analysis.





**Figure S11. Spearman’s rank correlation of geographical distance and genomic similarity between isolates of each ARO species between NF pairs.** Each dot represents a pair of NFs. Only NF pairs both with at least five isolates are included in analysis.

**Supplementary Tables**

<b>Risk Factor</b>	<b>MRSA (n = 67) OR (95% CI)</b>	<b>VREfm (n = 101) OR (95% CI)</b>	<b>VREfc (n = 49) OR (95% CI)</b>	<b>CipREc (n = 34) OR (95% CI)</b>
Male sex	1.11 (0.64 - 1.91)	1.12 (0.7 - 1.79)	1.29 (0.69 - 2.38)	1.02 (0.48 - 2.1)
Urinary catheter use in past 30 days	1.9 (1.05 - 3.39)	2.33 (1.42 - 3.84)	1.47 (0.73 - 2.86)	1.35 (0.59 - 2.92)
Age	1.02 (0.99 - 1.04)	1 (0.98 - 1.02)	1.02 (0.99 - 1.04)	1.01 (0.98 - 1.04)
Functional disability	1.14 (1.08 - 1.22)	1.1 (1.04 - 1.15)	1.08 (1.01 - 1.15)	1.1 (1.02 - 1.18)
Length of hospital stay	1.04 (1 - 1.1)	1.1 (1.05 - 1.15)	1.04 (0.99 - 1.09)	1.02 (0.97 - 1.06)
Charlson comorbidity score	1.09 (0.96 - 1.24)	1.12 (1 - 1.25)	1.17 (1.02 - 1.33)	1.1 (0.94 - 1.29)
1st/2nd Gen Cephalosporins	0.51 (0.15 - 1.36)	1.08 (0.51 - 2.18)	0.91 (0.3 - 2.31)	0.24 (0.01 - 1.2)
3rd/4th Gen Cephalosporins	2.66 (1.23 - 5.59)	4.45 (2.4 - 8.37)	1.84 (0.69 - 4.42)	1.9 (0.6 - 5.1)
Glycopeptides	3.25 (1.51 - 6.88)	4.05 (2.12 - 7.85)	2.77 (1.13 - 6.42)	2.12 (0.66 - 5.76)

**Table S 1. Univariate analysis of patient-level risk factors associated with antibiotic-resistant organism colonization at nursing facility admission.** Abbreviations: MRSA, methicillin-resistant *Staphylococcus aureus*; VREfm, vancomycin-resistant *Enterococcus faecium*; VREfc, vancomycin-resistant *Enterococcus faecalis*; CipREc, ciprofloxacin-resistant *Escherichia coli*; OR, odds ratio; CI, confidence interval.

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