

- Supplementary Figures 1–16 and Supplementary Table 1
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- Title: Apparent nosocomial adaptation of *Enterococcus faecalis* predates the modern
- hospital era
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 **Supplementary Fig. 1: Temporal and geographic distribution of the** *E. faecalis* **collection.**  Total of 2,027 *E. faecalis* isolates were used in the study, representing collections from University Medical Center Utrecht, The Netherlands (*n* = 535; blue), European Network for Antibiotic Resistance and Epidemiology (ENARE) at the University Medical Center Utrecht, The Netherlands (*n* = 78; light blue), University Hospital Ramòn y Cajal, Spain (*n* = 503; orange), University of Porto, Portugal (*n* = 671; purple), and University of La Rioja, Spain (*n* = 240; red). **a,** Number of isolates per isolation years and isolate collections. **b,** Geographic 58 distribution of isolates, created by using Microreact<sup>1</sup>. Source data are provided as a Source Data file.



 **Supplementary Fig. 2: Network analysis of the** *E. faecium* **accessory genomes, as defined by Panaroo**<sup>2</sup> **, depicts clearly defined hospital-associated (HA) clusters.** Nodes indicate separate isolates, connected when shared ≥ 95% of their accessory genome, and colour- coded according to their isolation sources as indicated in the legend: hospitalised patient (red), non-hospitalised person (light blue), and others (grey). Components of less than five 66 isolates were filtered out, and the resulting network was visualised using Cytoscape<sup>3</sup>. Source data are provided as a Source Data file. 

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## **Supplementary Fig. 3: Accessory gene frequency distributions present no significant**

## **differences between different host types, indicating generalist nature for** *E. faecalis***. a,**

Pangenome gene frequency histogram for the whole collection of 2,027 *E. faecalis* isolates.

**b,** Accessory gene frequency distribution for the whole collection, with gene frequencies of

1–99 %. **c,** Empirical cumulative distribution functions (CDFs) of 1–99% gene frequencies for

major *E. faecalis* host types as indicated by colour coding: environment (green), farm animal

- (pink), hospitalised patient (red), non-hospitalised person (light blue), and wild bird (dark
- blue). There were no significant differences between empirical CDFs of hospital-associated
- (HA) isolates and other host types (*P* > 0.20; one-sided permutation tests with the maximum

difference of each pair of empirical CDFs as the test statistic).

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**Supplementary Fig. 6: Predicted chromosome (pink) sizes (bp) in the hospital-associated** 

**(HA) clusters show no increase over the years of isolation, while a slight intermittently** 

**increasing trend is seen in the predicted plasmid content (yellow-green) sizes (bp).** 

117 Predictions were derived from mlplasmids<sup>5</sup>. Bar plots represent mean genome sizes (bp),

and each node represents a single isolate, coded by colour as indicated in the legend:

environment (pink), farm animal (green), hospitalised patient (red), non-hospitalised person

(dark blue), others (yellow), and wild bird (light blue). Years are shown in intervals of five

- years.
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 **Supplementary Fig. 10: Hospital- and wild bird-associated clusters depict links between the isolation sources within phylogenetic construction.** An example of a hospital-associated 173 (HA) Population Partitioning Using Nucleotide K-mers (PopPUNK; PP)<sup>7</sup> cluster PP6 (*n* = 97) (**a**) and cluster PP11 (*n* = 36) (**b**), including isolates of both clinical (red) and wild bird (dark blue) origin, aligned with a maximum-likelihood (ML) cluster phylogeny. Source data are provided as a Source Data file. 

























**Supplementary Fig. 15: Genomic maps of PP18 (panel a) and PP7 (panel b) strains** 

## **depicting a balanced replichore (left in panel) and replichore imbalance (right in panel).**

- Rings from outside to inside: CDS (blue), tRNA (pink), and rRNA (light green) genes; GC Skew
- + (green)/- (purple); GC Content (black). Arrows indicate the ori and ter sites.
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 **Supplementary Fig. 16. Collection-wide virulence gene patterns of** *E. faecalis* **isolates (***n* **= 2,027) depict abundance of virulence genes but limited association with hospital isolates.**  First column, isolation sources: hospitalised patient (red), wild bird (dark blue), non- hospitalised person (light blue), old human isolates (black), environment (green), farm animal (pink), and others (grey). Second column, hospital-associated (HA) Population 296 Partitioning Using Nucleotide K-mers (PopPUNK)<sup>7</sup> clusters (red). Presence (orange) and absence (grey) of virulence genes, as defined by using Antimicrobial Resistance 298 Identification By Assembly (ARIBA)<sup>12</sup> against VirulenceFinder 2.0 database<sup>13</sup>, is aligned with the species-wide reference mapping-based maximum likelihood (ML) phylogeny and

300 depicted by using Phandango.

Supplementary Table 1. Analysing temporal signal and dating of hospital-associated (HA) Population Partitioning Using Nucleotide K-mers (PopPUNK) v.1.2.2<sup>7</sup> clusters by using TempEst v.1.5.3<sup>14</sup>, Least-squares dating (LSD) v.0.3beta<sup>15</sup>, and Bayesian Evolutionary Analysis by Sampling Trees (BEAST2) v.2.5.0<sup>16–18</sup>.



<sup>a</sup> Three replicate BEAST2 runs combined by using LogCombiner v.2.5.1.

**b** tMRCA, the most recent common ancestor.

c Rate (TempEst, LSD), estimate of the rate of evolution in substitutions per site per year.

<sup>d</sup> HPD, highest posterior density.

<sup>e</sup> clockRate (BEAST2), rate of evolution averaged over the whole tree and all sites.

f PP7, TempEst on a subcluster of 55 isolates; LSD and BEAST2 on PP7 failed.

<sup>g</sup> PP20 excluded from BEAST2 dating analyses due to poor temporal signal.

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