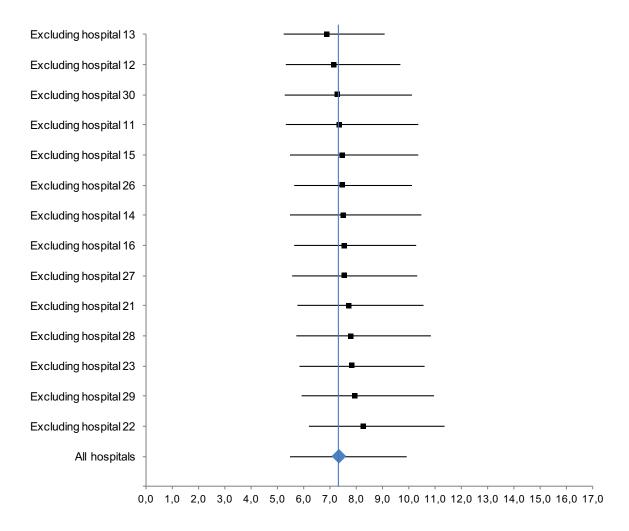
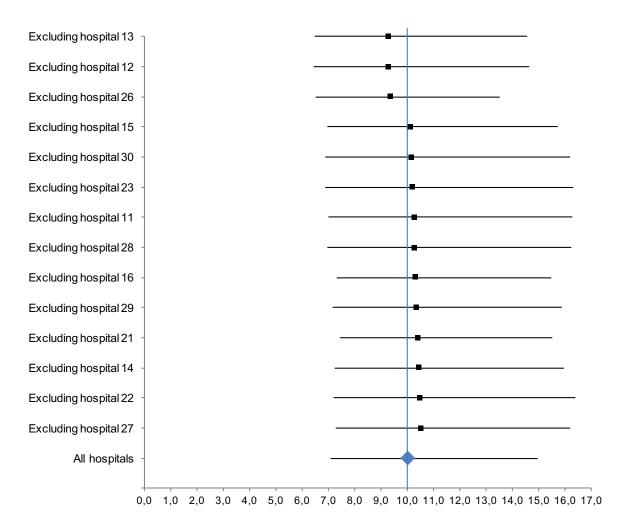
Appendix C – Supplementary Figures

Figure S1. Leave-one-out sensitivity analysis of the prevalence of extended-spectrum betalactamase-producing Enterobacteriaceae (ESBL-E) rectal carriage at admission in the SoM study. Dots represent point estimates. Lines represent 95% credible intervals.



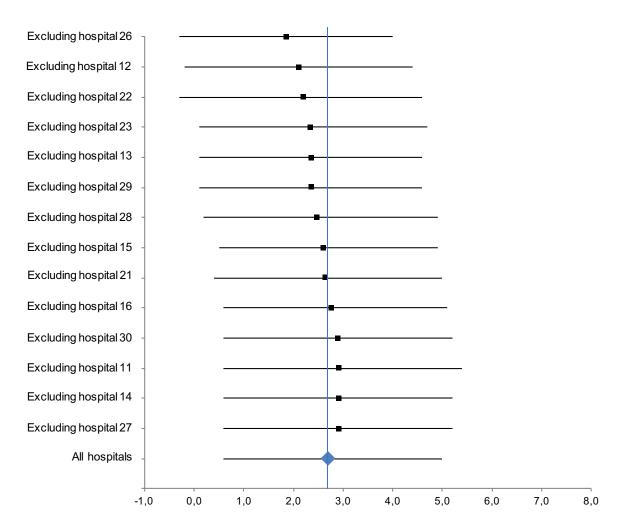
Prevalence of ESBL-E rectal carriage at admission (%)

Figure S2. Leave-one-out sensitivity analysis of the prevalence of extended-spectrum betalactamase-producing Enterobacteriaceae (ESBL-E) rectal carriage at discharge in the SoM study. Dots represent point estimates. Lines represent 95% credible intervals.



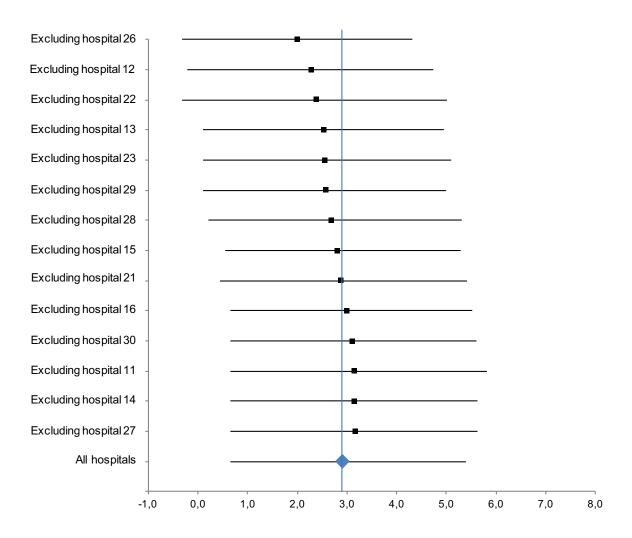
Prevalence of ESBL-E rectal carriage at discharge (%)

Figure S3. Leave-one-out sensitivity analysis of the prevalence of hospital-acquired extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-E) rectal carriage at discharge in the SoM study. Dots represent point estimates. Lines represent 95% credible intervals.



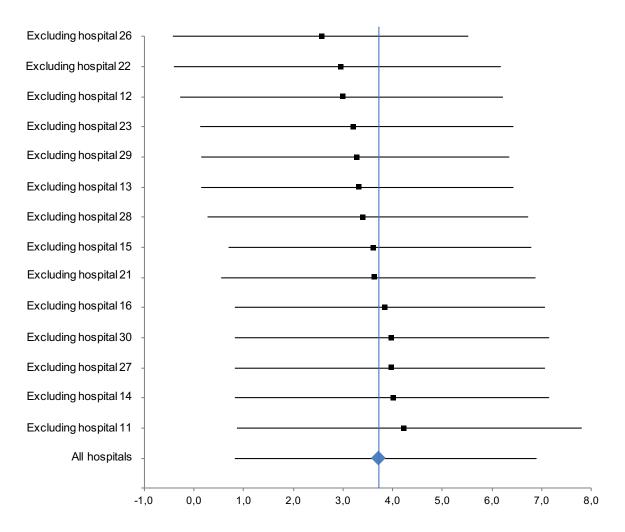
Prevalence of hospital-acquired ESBL-E rectal carriage at discharge (%)

Figure S4. Leave-one-out sensitivity analysis of the cumulative incidence of extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-E) rectal carriage during hospitalization in the SoM study. Dots represent point estimates. Lines represent 95% credible intervals.



Cumulative incidence of ESBL-E rectal carriage during hospitalization (%)

Figure S5. Leave-one-out sensitivity analysis of the acquisition rate of extended-spectrum betalactamase-producing Enterobacteriaceae (ESBL-E) rectal carriage in the SoM study. Dots represent point estimates. Lines represent 95% credible intervals.



Acquisition rate of ESBL-E rectal carriage (n per 1,000 patientdays)