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## Multidrug-Resistant Infections in U.S. Hospitals

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17 Jernigan et al. reported national estimates of multidrug-resistant bacterial infections in the  
18 U.S.<sup>1</sup>, but extended-spectrum- $\beta$ -lactamase-producing *Enterobacterales* (ESBL-E) were  
19 underestimated. Indeed, only *Klebsiella spp.* (excepted *Klebsiella aerogenes*) and  
20 *Escherichia coli* isolates were included in the pathogen phenotype definition (see Table  
21 S2 in the Supplementary Appendix of the article, available at NEJM.org).

22 From January 2008 to March 2020, we conducted a retrospective study in our center on  
23 ESBL-E carriage using rectal swabs culture. A total of 128,374 samples from 42,587  
24 patients were included. Each ESBL-E isolate was counted only once per patient. Out of  
25 9,945 isolates from 8,099 patients, *Klebsiella spp.* (excepted *K. aerogenes*) and *E. coli*  
26 represented 78.11% of all the ESBL-E isolates, *Enterobacter* (and *K. aerogenes*) 16.38%,  
27 *Citrobacter* 3.96%, and other *Enterobacterales* 1.55%.

28 Because *Enterobacter spp.*, *K. aerogenes*, and *C. freundii* naturally produce an AmpC  
29 cephalosporinase<sup>2</sup>, ESBL production cannot be inferred only from the antimicrobial  
30 susceptibility results. Additional phenotypic confirmatory tests are needed<sup>3</sup>, which  
31 explains the underestimation in this study based on antimicrobial susceptibility data.

32 **Bibliography**

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