

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Srinivasan A, Wolfenden LL, Song X, et al. An Outbreak of *Pseudomonas aeruginosa* Infections Associated with Flexible Bronchoscopes. N Engl J Med 2003;348:221-7.

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**Supplementary Appendix 1. The Johns Hopkins Hospital Procedure for Culturing Bronchoscopes —
Department of Hospital Epidemiology and Infection Control.**

In an effort to ascertain whether or not our bronchoscopes were contaminated we recently cultured all of them using the following methodology:

Clean and decontaminate the scope in the usual fashion

When the scope is deemed “ready for patient use”

Attach a sterile specimen trap to the suction channel of the bronchoscope and attach that to wall or portable suction

Using a sterile 50-cc syringe with a luer slip tip, draw up 50 cc sterile water

Inject 50 cc sterile water into the biopsy port of the bronchoscope, catching it in a sterile cup

Using the suction button on the bronchoscope, suction back 25 cc of the water into the suction trap. Be sure to use intermittent suction (i.e., press and release the button several times)

Place cap on cup of sterile water and seal top of suction trap and label appropriately

For ease of recognition, we labeled the suction trap “out port” and the water cup “in port” . . . We also labeled each specimen with the serial number of the scope

Transport both specimens to the lab. The following procedure was performed separately for the water in the cup and that in the trap:

Using aseptic technique, 0.1 ml of water was inoculated onto a blood agar plate and evenly spread using a plastic spreader

The remaining fluid was put through a filter to concentrate the organisms

The filter was placed on a MacConkey agar plate

Both plates were incubated for 48 hours in CO₂

The plates were read at 24 and 48 hrs and results reported to Infection Control

Positives were speciated and sensitivities were done

Although we did not do this, our colleagues in Tennessee (where first cases were noted) advised us that they cultured the loose caps and biopsy ports in the following manner:

If a loose cap is found, **before returning it to Olympus:**

Carefully remove the loose cap

Using a culturette, after breaking the vial to moisten the swab, swab the inside of the cap

Using another culturette, swab the threads and inside of the exposed biopsy port

Carefully place each swab back in its holder and transport to lab

Final suggestions:

Save all positive isolates from scopes or other environmental sources

Save corresponding positive patient isolates

Perform pulsed-field gel electrophoresis on all “like” isolates to see if they are the same