

**Supplementary Table 1 Definitions applied in the study for the other bacterial infections**

Type of BI	Definition	Source
<p><b>Soft tissue infection</b></p>	<p>Infection of skin and soft tissue due to chronic or acute Injury with subsequent erysipela, phlegmon, ulceration</p> <p><b>Proof of</b></p> <p>-Diagnosis confirmed by Board certified Dermatologist</p> <p><u>or</u></p> <p>-pathological skin findings (redness, swelling, hyperthermia, pain) <u>and</u> general symptoms of disease (e.g. fever with no other focus) or increased inflammatory markers without other focus (White blood cell count or CRP).</p>	<p>Based on the Guidelines from the FDA (2013) (20).</p>
<p><b>Cholecystitis</b></p>	<p>Acute Inflammation of the gallbladder</p> <p><b>Proof of:</b></p> <p>-typical pain in the right upper abdominal quadrant</p> <p><u>and</u></p> <p>-typical ultrasound/CT/MRI-scan findings for cholecystitis</p> <p><u>and</u></p> <p>-Fever with no other focus <u>or</u></p> <p>-increased with blood cell count/CRP and no other focus.</p>	

<p><b>Cholangitis</b></p>	<p>Acute inflammation of the bile ducts</p> <p><b>Proof of:</b></p> <p>-typical complaints (positive murphy's sign)</p> <p><u>or</u></p> <p>-typical ultrasound/CT/MRI findings</p> <p><u>or</u></p> <p>-Fever with no other focus <u>or</u></p> <p>- increased leukocytes/ CRP and no other focus</p>	
<p><b>Intra-abdominal infection</b></p>	<p>Intra-abdominal infection excluded cholangitis/cholezystitis</p> <p><b>Proof of:</b></p> <p>-typical complaints with abdominal pain in association with imaging findings of colonic inflammation</p> <p><u>or</u></p> <p>-typical imaging signs e.g. of colitis</p> <p><u>and</u></p> <p>-Fever with no other focus <u>or</u></p> <p>- increased with blood cell count/CRP and no other focus</p>	
<p><b>Infection of Head/Throat</b></p>	<p>Bacterial infection of the head/nose/throat</p> <p><b>Proof of:</b></p> <p>-imaging signs</p> <p><u>or</u></p>	

	<p>-Council of ENT-Department <u>and</u> -clinical investigation <u>or</u> microbial confirmation</p>	
<b>Vertebral osteomyelitis</b>	<p>Infection of spinal disc and affection of the adjacent vertebral body</p> <p><b>Proof of:</b></p> <p>-Imaging (CT or MRI) <u>and</u> - clinical signs (local or systemic: Fever and no other focus <u>or</u> increased inflammation markers (white blood cell count/CRP) without other focus <u>or</u> -microbial <u>or</u> histological evidence in the respective area (also (also positive blood cultures with typical germ and corresponding imaging findings)</p>	
<b>Endocarditis</b>	<p>Infection of the endocardium, in particular heart valves</p> <p><b>Proof of:</b></p> <p>-adequate findings in echocardiography transthoracal with adequate acoustic window or pathological transesophageal echocardiography confirming endocarditis <u>and</u> 1-2 positive blood cultures</p>	<p>Adapted from the Duke criteria</p> <p><i>Major criteria:</i></p> <p>-positive Blood culture + from 2 blood cultures respectively. 1 typical germ for endocarditis in 1 blood culture (<u>no</u> coagulase negative Staphylococci)</p> <p>-typical imaging findings, also sole evidence of complications of endocarditis are considered</p>

	<p><u>or</u></p> <p>clinical signs (Duke minor criteria 1,2,3,4)</p>	<p><i>Minor criteria:</i></p> <p>1.predisposing heart disease or i.v. drug abuse</p> <p>2.fever &gt;38,0°C</p> <p>3.vascular findings: arterial embolisation, infarction, intracranial bleeding, janeway lesions</p> <p>4.Immunological findings: Osler nodules, Glomerulonephritis</p> <p>5. Positive blood cultures not contained within the Major criteria</p>
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