**Supplemental Methods:**

*Notification and Screening of Exposed Patients*

Because of concern for biofilm formation in chemotherapy ports and continued immunosuppression, ADH recommended all exposed patients have aerobic, anaerobic, and acid-fast bacilli (AFB) blood cultures obtained from both their chemotherapy port and peripheral vein in a timely manner, whether providers had concern for symptoms of infection or not.

Active blood culture screening of asymptomatic patients was completed on November 6, 2018. Any patient who reported symptoms of fever, chills, or malaise was referred directly to Hospital A or their closest emergency department to obtain blood cultures and have a complete medical evaluation, as per Clinic A’s usual practice.

Hospital A also flagged all charts of exposed patients in order to obtain cultures if the patients presented to the hospital for other reasons prior to visiting Clinic A in order to increase the likelihood of capturing all exposed patients.

*Tracking of Blood Culture Results*

ADH received updated lists of patients cultured from both Hospital A and Clinic A one to two times weekly, and shared an updated consolidated list with them in order to reduce duplicate screening of asymptomatic patients. ADH also received weekly updated blood culture results directly from Laboratory A.

**Bacterial Isolates**

Hospital A’s microbiology laboratory identified the NTM by Gram stain and appearance of orange pigment on culture samples.