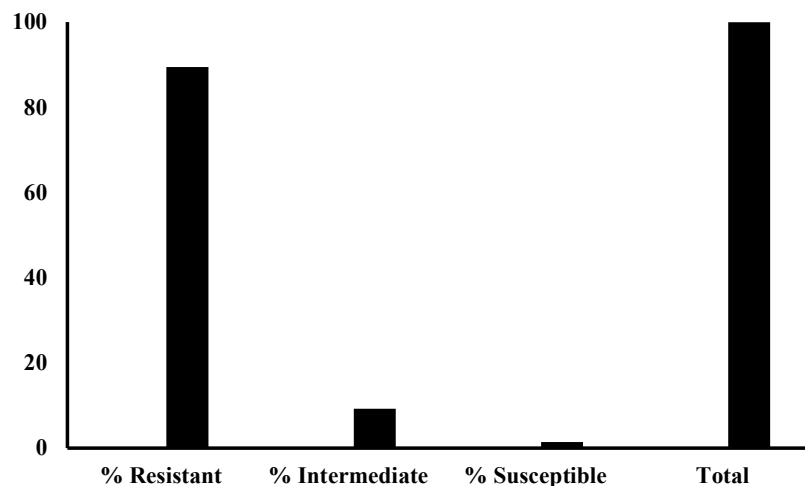
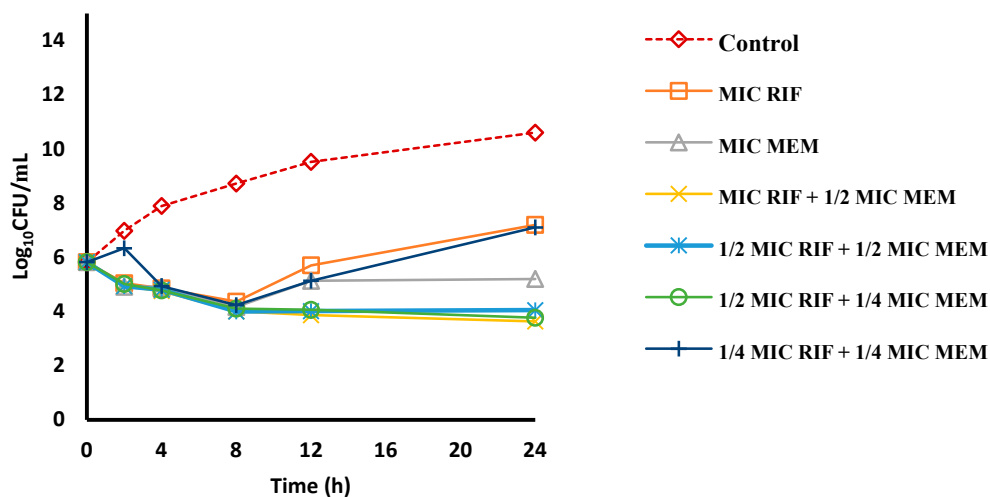


# Rifampicin enhanced carbapenem activity with improved antibacterial effects and eradicates established *Acinetobacter baumannii* biofilms.

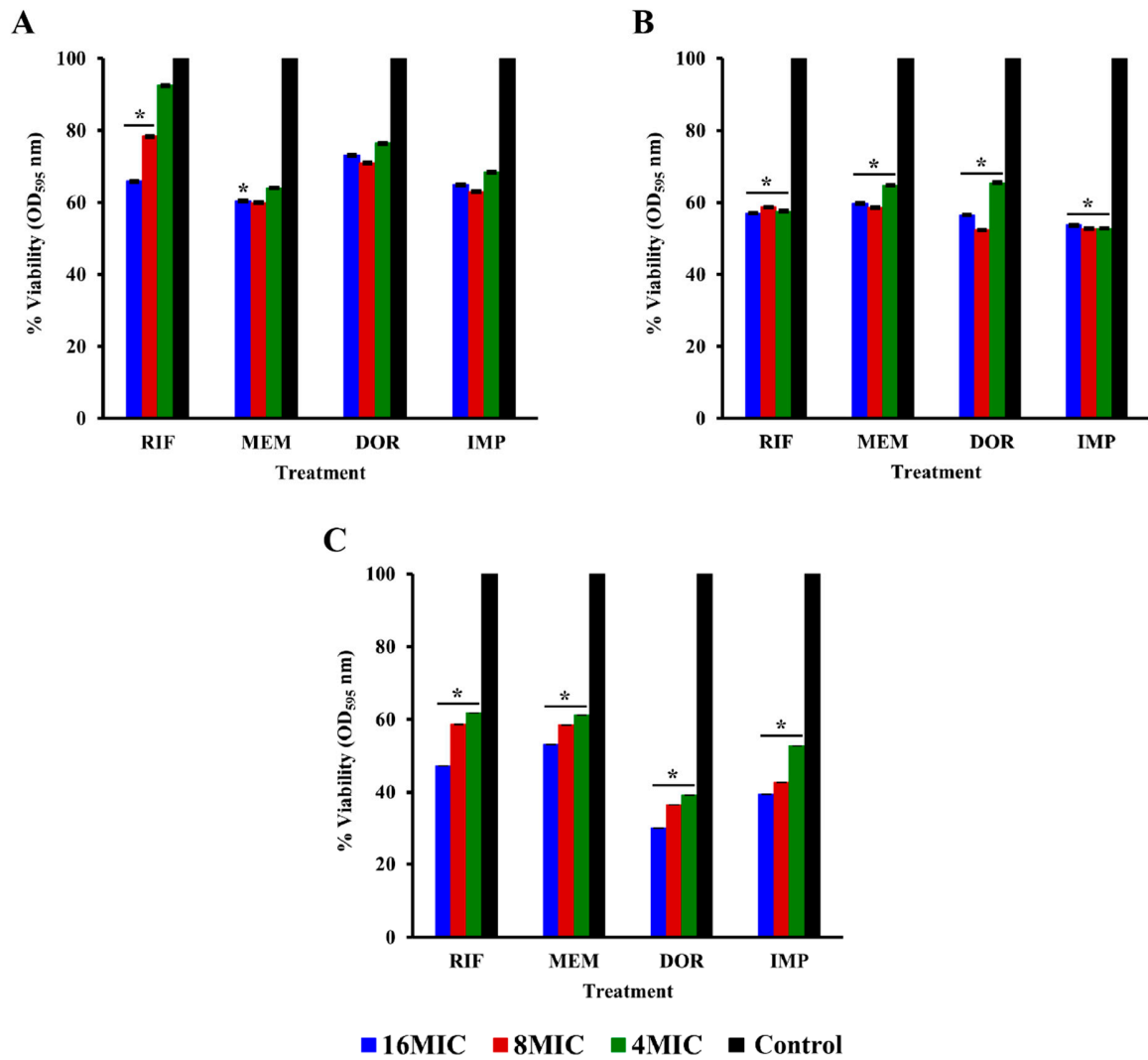
Lois Chinwe Nwabor<sup>1</sup>, Arnon Chukamnerd<sup>2</sup>, Ozioma Forstinus Nwabor<sup>2</sup>, Rattanaarui Pomwised<sup>3</sup>, Supayang P. Voravuthikunchai<sup>3,4,5</sup> and Sarunyou Chusri<sup>1,2, \*</sup>



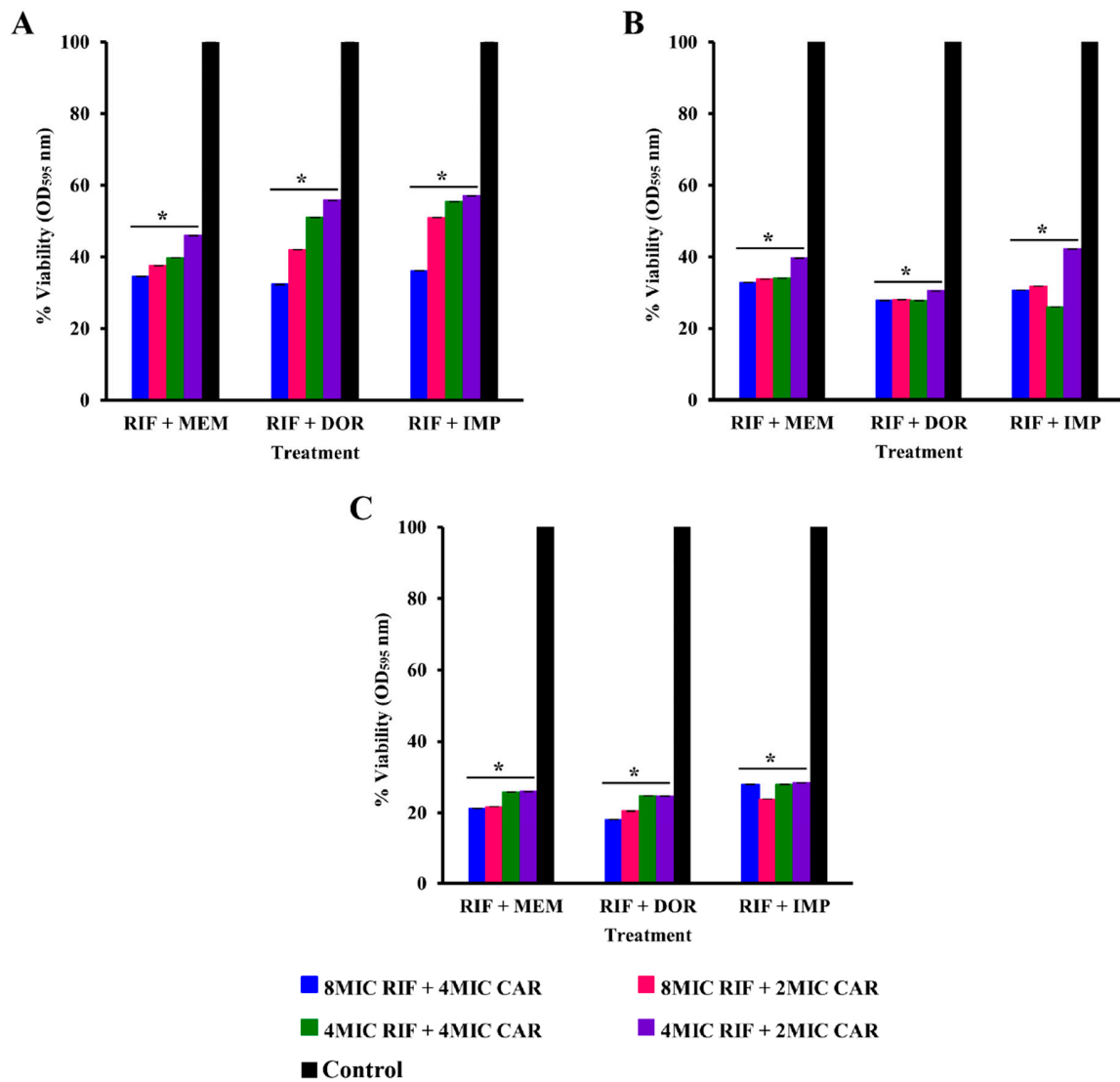
**Figure S1:** The distribution of rifampicin resistant *Acinetobacter baumannii* clinical isolates. CLSI interpretation criteria for *Staphylococcus aureus* \* susceptible  $\geq 20$ \* intermediate 17-19\* Resistant  $\leq 16$



**Figure S2.** Time-kill kinetic of rifampicin and combination with meropenem against rifampicin resistant and carbapenem resistant clinical isolate of *A. baumannii* SK024 Experiments was performed in duplicate.



**Figure S3.** Cell viability of monotherapy against 96 h established biofilm (A) TR069 (B) ST004 and (C) ATCC 19606 expressed as percentage viability. MIC, minimum inhibitory concentration; RIF, rifampicin; MEM, meropenem; DOR, doripenem; IMP, imipenem. \*  $P < 0.05$



**Figure S4.** Cell viability of combination therapy against 96 h established biofilm (A) TR069 (B) ST004 and (C) ATCC 19606 expressed as percentage viability. MIC, minimum inhibitory concentration; RIF, rifampicin; MEM, meropenem; DOR, doripenem; IMP, imipenem. \*  $P < 0.05$