**Supplemental Table 1: Percent of subjects with sera available for *Toxocara* antibody testing by factor and level.**

|  |  |  |  |
| --- | --- | --- | --- |
| factor | level | number examined | % available for testing |
| all |  | 16112 | 83.8 |
| age group\*\*\* |  |  |  |
|  | 6-11 | 2584 | 68.0 |
|  | 12-19 | 2621 | 80.2 |
|  | 20-29 | 1873 | 87.3 |
|  | 30-39 | 1885 | 89.4 |
|  | 40-49 | 1882 | 87.4 |
|  | 50-59 | 1795 | 88.7 |
|  | ≥60 | 3472 | 88.9 |
| race/Hispanic origin\*\*\* |  |  |  |
|  | Non-Hispanic White | 5614 | 88.6 |
|  | Non-Hispanic Black | 3995 | 77.9 |
|  | Non-Hispanic Asian | 1953 | 81.0 |
|  | Mexican American | 2351 | 85.5 |
|  | Other Hispanic and Other Race | 2199 | 83.3 |
| sex |  |  |  |
|  | female | 8171 | 83.9 |
|  | male | 7941 | 83.7 |
| poverty\*\*\* |  |  |  |
|  | at or above | 10708 | 85.4 |
|  | below | 4132 | 81.7 |
| crowding (persons per room)\*\*\* |  |  |  |
|  | <0.5 | 5121 | 87.3 |
|  | ≥0.5 | 10854 | 82.3 |
| head of household education |  |  |  |
| some college | 8433 | 84.4 |
| less than college | 7133 | 83.3 |
| place of birth\*\*\* |  |  |  |
|  | United States | 12331 | 83.2 |
|  | other | 3772 | 86.1 |
| diagnosis of asthma |  |  |  |
| no | 13444 | 83.9 |
|  | yes | 2657 | 83.4 |

\*\*\* P < 0.001, \*\* <0.01, \* <0.05 by χ2 test

**Supplemental Results: Impact of availability of sera by subgroup**

Availability of sera overall was 83.8%. As shown in Supplemental Table 1, significant differences in availability between levels by χ2 testing were observed in the covariates of age group (68% among those age 6-11 and ranging from 80.2-89.4% among the remaining age groups); race/Hispanic origin (77.9% among non-Hispanic Blacks and 81% among non-Hispanic Asians, and 85.5% among Mexican Americans, and 88.6% among non-Hispanic Whites); poverty (ranging from 81.7% in those living below the poverty line to 85.4% in those living above the poverty line), household crowding (ranging from 82.3% among those living in households with ≥0.5 PPR to 87.3% among those living in households with <0.5 PPR); and place of birth (ranging from 83.2% among those born in the U.S to 86.1% in those foreign born).

For each covariate with significantly different levels of sample availability, an adjusted exam weight was calculated and used to estimate seroprevalence. These estimates were compared against those made without adjustment by availability. For age group, a maximum absolute difference of 0.15% was noted; race/Hispanic origin, 0.17%; poverty level, 1.27%; crowding, 0.38%; and place of birth, 0.05%. Similarly, in multiple logistic regression with these adjusted weights, the maximum absolute difference in odds ratios was 0.1 when adjusted for availability by age, race/Hispanic origin, poverty, and crowding. No difference was noted for place of birth.