**Comparison of Rabies Antibodies by Vaccine Type, Assay, and Measurement**

<table>
<thead>
<tr>
<th>Vaccine (Assay)</th>
<th>RFFIT &gt;0.05 IU/ml (ELISA &gt;40% Blocking)</th>
<th>RFFIT &gt;0.1 IU/ml (ELISA &gt;55% Blocking)</th>
<th>RFFIT &gt;0.5 IU/ml (ELISA &gt;70% Blocking)</th>
<th>GMT&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Percent</td>
<td>p-value&lt;sup&gt;b&lt;/sup&gt;</td>
<td>n</td>
</tr>
<tr>
<td>Total parenteral (RFFIT)</td>
<td>38 / 41</td>
<td>92.7%</td>
<td>ref</td>
<td>37 / 41</td>
</tr>
<tr>
<td>Oral Vaccination (RFFIT)</td>
<td>16 / 27</td>
<td>59.3%</td>
<td>&lt;0.01</td>
<td>11 / 27</td>
</tr>
<tr>
<td>Oral Vaccination (ELISA)</td>
<td>21 / 27</td>
<td>77.8%</td>
<td>&lt;0.05</td>
<td>14 / 27</td>
</tr>
<tr>
<td>Properly-stored (RFFIT)</td>
<td>17 / 17</td>
<td>100%</td>
<td>0.06</td>
<td>16 / 17</td>
</tr>
<tr>
<td>Improperly-stored (RFFIT)</td>
<td>13 / 16</td>
<td>81.3%</td>
<td>ref</td>
<td>13 / 16</td>
</tr>
<tr>
<td>Expired (RFFIT)</td>
<td>8 / 8</td>
<td>100%</td>
<td>0.14</td>
<td>8 / 8</td>
</tr>
</tbody>
</table>

<sup>a</sup> Only dogs without detectable rVNA (<0.05 IU/ml) pre-vaccination by RFFIT were included in the analysis. Power calculation = 47.9% (goal was 80%). This limitation is due to poor ability to follow-up on many dogs.

<sup>b</sup> Mid-p Exact (1-tailed) Test.

<sup>c</sup> Geometric mean titer.
Supplemental Material Figure S1.

ORV Flyer Provided to Owners (English version was translated into Haitian Creole)

Your dog has just received an edible vaccine

The vaccine is inside of a piece of meat.

The vaccine may stay in the dog’s mouth for 48 hours

Keep your dog away from children and other animals for 48 hours

If any of these occur, please call XXX-XXX-XXXX

- Your dog vomits the bait or vaccine (do not touch it)
- Your dog bites anyone in the next 24 hours
- Your dog becomes ill over the next 14 days
Supplemental Material Figure S2.

Case-Control Follow-up Survey

1) What is the dog’s age? ________

2) When is this dog allowed outside of the house, to roam in the community (select all that apply)?
   a. None, dog is always confined to the home with no contact with other free roaming dogs
   b. In the morning
   c. In the afternoon
   d. In the evening
   e. At night
   *if they indicate that the dog is always free roaming, then circle ‘b’ through ‘e’

3) Where did you get this dog from? [family] [friends] [purchased from vendor] [found on street] [born from my other dogs] [other _______________ ]

4) What month and year did you get this dog? __ __ / __ __ __ __

5) Had this dog been vaccinated for rabies prior to the campaign? [Yes] [No] [I don’t know]
   a) If yes, what month and year was it vaccinated? __ ___ / ___ ___ ___

6) Had this dog received any vaccinations prior to the campaign?
   a) If yes, what vaccinations?
      a. Vax 1 ___________ Date __ __ / __ __ / __ __ __ __ who gave it?
      b. Vax 2 ___________ Date __ __ / __ __ / __ __ __ __ who gave it?
      c. Vax 3 ___________ Date __ __ / __ __ / __ __ __ __ who gave it?

7) Had this dog received any veterinary care prior to the campaign? [Yes] [No] [I don’t know]
   a) If yes, who provided the care?
      a. Private clinic
      b. Veterinary agent
      c. Non-governmental agency / aid groups
      d. Other: ______________
   b) If yes, what type of care was provided (select all)?
      a. Wound management
      b. Vaccinations
c. GI issues

d. Other: ______________

8) Had this dog had any illness prior to the campaign? [Yes] [No] [I don’t know]
   a. If Yes:
      i. Describe the illness: ______________________________
      ii. What approximate date did the illness start: __ __ / __ __ / __ __ __ __
      iii. What approximate date did the illness resolve: __ __ / __ __ / __ __ __ __

9) Had you seen any wounds on this dog prior to the campaign? [Yes] [No] [I don’t know]
   a. If Yes
      i. Describe the type of wound (select all)
         [bite wound] [scratch wound] [car accident] [machete] [other]
         Please describe: __________________________________________
      ii. What location on the dog did you see the wounds? ______________
      iii. What approximate date did you notice the wounds? __ __ / __ __ / __ __ __ __
      iv. Do you know the cause of this wound?
         1. If yes, please describe: ______________________________

10) Do you know if this dog was ever bitten by another dog? [Yes] [No] [I don’t know]
    a. If Yes:
       i. Describe the circumstances of the bite event
       ii. Was the biting dog: [your dog] [a neighbor’s dog] [an unknown dog]
       iii. What approximate date; __ __ / __ __ / __ __ __ __
       iv. What happened to the dog that bit your dog?
          a) It died naturally (date of death ____________)
          b) It was killed (why? ________________)
          c) Don’t know

11) Has this dog ever had contact with a dog that you suspect had rabies?
    a. If yes, please describe the type of contact
    b. If yes, please indicate the dates when this contact occurred __ __ / __ __ / __ __ __ __

12) Within the past year have you owned a dog that died? [Yes] [No] [I don’t know]
    a. If yes, please describe how the dog died:
       i. Date of death: __ __ / __ __ / __ __ __ __
       ii. Symptoms of illness before death (indicate all that apply):
          1. Change in voice
          2. Change in behavior or unusually aggressive
          3. Biting at people or dogs
4. Excessive salivation
5. Paralysis or lameness
6. Other? ________________

iii. How did the dog die?
1. Naturally
2. Poison
3. Killed by people
4. Killed by car
5. Other? ________________

* if more than one dog in the household died in the past year, please collect information from question 12 for each dog