

471 Supplemental Material Table S1

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

Vaccine (Assay)	RFFIT >0.05 IU/ml (ELISA >40% Blocking)			RFFIT >0.1 IU/ml (ELISA >55% Blocking)			RFFIT >0.5 IU/ml (ELISA >70% Blocking)			GMT ^c
	n ^a	Percent	p-value ^b	n	Percent	p-value	n	Percent	p-value	
Total parenteral (RFFIT)	38 / 41	92.7%	<i>ref</i>	37 / 41	90.2%	<i>ref</i>	25 / 41	61.0%	<i>ref</i>	1.3 IU/ml
Oral Vaccination (RFFIT)	16 / 27	59.3%	<0.01	11 / 27	40.7%	<0.01	5 / 27	18.5%	<0.01	0.5 IU/ml
Oral Vaccination (ELISA)	21 / 27	77.8%	<0.05	14 / 27	51.9%	<0.01	6 / 27	22.2%	<0.01	
Properly-stored (RFFIT)	17 / 17	100%	0.06	16 / 17	94.1%	0.21	10 / 17	58.8%	0.32	1.2 IU/ml
Improperly-stored (RFFIT)	13 / 16	81.3%	<i>ref</i>	13 / 16	81.3%	<i>ref</i>	8 / 16	50.0%	<i>ref</i>	0.8 IU/ml
Expired (RFFIT)	8 / 8	100%	0.14	8 / 8	100%	0.17	7 / 8	87.5%	<0.05	5.5 IU/ml

473 ^a Only dogs without detectable rVNA (<0.05 IU/ml) pre-vaccination by RFFIT were included in the analysis. Power calculation =
 474 47.9% (goal was 80%). This limitation is due to poor ability to follow-up on many dogs.

475 ^b Mid-p Exact (1-tailed) Test.

476 ^c Geometric mean titer.

477

478 Supplemental Material Figure S1.

479 **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

480

481 Supplemental Material Figure S2.

482 **Case-Control Follow-up Survey**

483 1) What is the dog's age? _____

484

485 2) When is this dog allowed outside of the house, to roam in the community (select all that
486 apply)?

487 a. **None**, dog is always confined to the home with no contact with other free
488 roaming dogs

489 b. **In the morning**

490 c. **In the afternoon**

491 d. **In the evening**

492 e. **At night**

493 **if they indicate that the dog is always free roaming, then circle 'b' through 'e'*

494

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

497

498 4) What month and year did you get this dog? ____ / _____

499

500 5) Had this dog been vaccinated for rabies prior to the campaign? [Yes] [No] [I don't
501 know]

502 a) If yes, what month and year was it vaccinated? ____ / _____

503

504 6) Had this dog received **any** vaccinations prior to the campaign?

505 a) If yes, what vaccinations?

506 a. Vax 1 _____ Date ____ / ____ / _____ who gave it?

507

508 b. Vax 2 _____ Date ____ / ____ / _____ who gave it?

509

510 c. Vax 3 _____ Date ____ / ____ / _____ who gave it?

511

512

513 7) Had this dog received any veterinary care prior to the campaign? [Yes] [No] [I don't
514 know]

515 a) If yes, who provided the care?

516 a. Private clinic

517 b. Veterinary agent

518 c. Non-governmental agency / aid groups

519 d. Other: _____

520 b) If yes, what type of care was provided (select all)?

521 a. Wound management

522 b. Vaccinations

- 523 c. GI issues
524 d. Other: _____
525
- 526 8) Had this dog had any illness prior to the campaign? [Yes] [No] [I don't know]
527 a. If Yes:
528 i. Describe the illness: _____
529 ii. What approximate date did the illness start: ___ / ___ / _____
530 iii. What approximate date did the illness resolve: ___ / ___ / _____
531
- 532 9) Had you seen any wounds on this dog prior to the campaign? [Yes] [No] [I don't
533 know]
534 a. If Yes
535 i. Describe the type of wound (select all)
536 [bite wound] [scratch wound] [car
537 accident] [machete] [other]
538
Please describe: _____
539
540 ii. What location on the dog did you see the wounds? _____
541 iii. What approximate date did you notice the wounds? ___ / ___ / ___
542
543 iv. Do you know the cause of this wound?
544 1. If yes, please describe: _____
- 545 10) Do you know if this dog was ever bitten by another dog? [Yes] [No] [I don't know]
546 a. If Yes:
547 i. Describe the circumstances of the bite event
548 ii. Was the biting dog: [your dog] [a neighbor's dog] [an unknown dog]
549 iii. What approximate date; ___ / ___ / _____
550 iv. What happened to the dog that bit your dog?
551 a) It died naturally (date of death _____)
552 b) It was killed (why? _____)
553 c) Don't know
554
- 555 11) Has this dog ever had contact with a dog that you suspect had rabies?
556 a. If yes, please describe the type of contact
557 b. If yes, please indicate the dates when this contact occurred ___ / ___ / ___
558 ___
559
- 560 12) Within the past year have you owned a dog that died? [Yes] [No] [I don't know]
561 a. If yes, please describe how the dog died:
562 i. Date of death: ___ / ___ / _____
563 ii. Symptoms of illness before death (indicate all that apply):
564 1. Change in voice
565 2. Change in behavior or unusually aggressive
566 3. Biting at people or dogs

- 567 4. Excessive salivation
568 5. Paralysis or lameness
569 6. Other? _____
570 iii. How did the dog die?
571 1. Naturally
572 2. Poison
573 3. Killed by people
574 4. Killed by car
575 5. Other? _____

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

578