

Supplementary Materials Materials: Retrospective Cohort Study to Assess the Risk of Rabies in Biting Dogs, 2013–2015, Republic of Haiti

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Supplementary S1. HARSP Surveillance Form and Investigation Checklist.

Date of Notification: __/__/____ Name _____ Animal ID: |_|_|_|_|_|_|_|_|_|_|

<p>1. Reported From: <input type="checkbox"/> DELR → NSSS Number: _ _ _ _ _ _ </p> <p><input type="checkbox"/> Health Department: _____</p> <p><input type="checkbox"/> Hospital: _____</p> <p><input type="checkbox"/> Vet Agent: _____</p> <p><input type="checkbox"/> Veterinarian</p> <p><input type="checkbox"/> Public</p> <p>2. Reason for report: <input type="checkbox"/> Human Exposure (bite or scratch) <input type="checkbox"/> Sick animal <input type="checkbox"/> Hit by car <input type="checkbox"/> Other _____</p> <p>3. Type of animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Goat <input type="checkbox"/> Pig <input type="checkbox"/> Mongoose <input type="checkbox"/> Other _____</p> <p>4. Was this animal: <input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Unknown</p> <p>5. Location of animal exposure: Department _____ Commune _____ Street _____</p> <p>NOTES:</p>	<p>Medical Contact Name: _____</p> <p>Phone Number: _____</p> <p>Patient Name: _____</p> <p>Age _____</p> <p>Phone Number: _____</p>
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6. Date of Investigation: _____	7. Type of Investigation? <input type="checkbox"/> Owner Phone Consultation <input type="checkbox"/> In-Person Investigation
8. How many people were bitten by the animal? _____ How many people were scratched by the animal? _____	
9. How many people already started rabies vaccine? _____ How many people did you refer for medical treatment? _____	

10. What other animals were bitten by this animal? How many? Dog _____ Cat _____ Goat _____ Other _____

11. Was the animal located? **Yes** Alive Escaped capture Dead, killed by owner Dead, killed by public
 Dead, killed by car Dead, natural causes Dead, unknown causes

No Not found Dead, killed by owner Dead, killed by public
 Dead, killed by car Dead, natural causes Dead, unknown causes

12. Where was animal located? Department/Commune _____

13. What is the animal's age? Puppy Junior Adult Senior Unknown

14. What is the animal's sex? Male Female

15. Has the animal been vaccinated for rabies? Yes, year: _____ Not vaccinated Unknown

NOTES:

16. Signs of Disease: Aggression Biting Hypersalivation Paralyzed Lethargy Unknown

Other (specify) _____

17. Rabies Assessment: Healthy Sick, signs of rabies Sick, not rabies Dead

Other (specify) _____

18. Assessment Decision: Quarantine Euthanize Dead Other _____

Died, date _____ Euthanized Natural Causes Other

19. Quarantine results: Healthy after 14 days

No Animal was lost Decomposed / Burned
 Body discarded Other

20. Was the animal submitted for testing? Yes, date: _____

NOT

Day 5 follow up:

Day 10 follow up:

21. Date specimen received at lab: _____ 22. Lab ID Number: _____ 23. Date tested: _____

24. Test Results: Positive Negative Inconclusive

Hospital notified, date _____

Health department notified, date _____

Investigation Checklist	
BEFORE DEPARTURE	NOTES
Call owner, conduct verbal interview (Form 1a)	
Check inventory	
Verify equipment is in working condition	
Take necessary medications from the lock box	
Report your investigation destination to a colleague	
Plan route	
UPON ARRIVAL	NOTES
Locate the owner or bite victim	
Prevent crowds from gathering	
Ask for other animals to be kept away	
Locate the offending animal, if in the area	
Plan Escape Route	
Develop plan	
Does the animal need to be secured?	
Does the animal require sedation?	
Does the animal require euthanasia?	
Ready your equipment	
Ready your medications	
Ensure the area around the animal is safe and people and other animals are out of harm's way	
Secure the animal according to the plan developed	
Conduct investigation, complete the Form	
Conduct appropriate education with owners, victim and community	
Log Drugs Used in Log Book	
Ensure scene is clean, do not leave garbage or infectious materials	
UPON RETURN	NOTES
Process the animal for storage or testing	
Incinerate the body and disposable supplies that were used	
Organize supplies and equipment	
Return medications to lock box	
Review investigation form, complete as necessary	
Store forms in secured drawer	

Supplementary S2. Proportion of Surviving Dogs during 14-Day Rabies Quarantine.

Days Until Death	% Rabies Positive in Quarantine Still Alive	% Case Negative in Quarantine Still Alive	% of All Case Negatives Still Alive
0	91.67	75	97.8
1	66.67	66.67	97.65
2	16.67	58.33	97.65
3	0	41.67	97.5
4	0	41.67	97.35
5	0	33.33	97.35
6	0	16.6	97.28
7	0	8.33	97.13
8	0	8.33	97.06
9	0	8.33	97.06
10	0	8.33	97.06
11	0	0	97.06
12	0	0	97.06
13	0	0	97.06
14	0	0	97.06