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## Deren et al. Respond

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We agree with the recommendations made by Lopez et al. to address contextual factors influencing the high rates of HIV among Puerto Rican people who inject drugs (PRPWID). We note that a recent publication from the Centers for Disease Control and Prevention (CDC), published after completion of our original article, described progress along the continuum of HIV care for Hispanics,<sup>1</sup> identifying the ongoing health disparities among people who inject drugs (PWID). The CDC report found that among those Hispanics who were HIV-infected, linkage to care and viral suppression were lower among those whose HIV infection was attributed to injection drug use than among those with infection attributed to other risk factors. As shown in our previous article, Puerto Ricans are overrepresented among Hispanic PWID. This further supports the need for coordinated public health efforts to target this vulnerable population to reduce HIV infection (e.g., enhanced access to clean syringes and to drug abuse treatment) and to address disparities along the HIV care continuum.

It is important to note that many of the strategies that can reduce HIV-related health disparities among PRPWID (e.g., expanded drug abuse treatment and syringe exchange programs and engagement in available pharmaceutical treatments) are also needed to control the disproportionately high rates of hepatitis C found among PRPWID. HCV prevalence

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among PRPWID in Puerto Rico approaches 90%<sup>2</sup> and greatly contributes to the higher prevalence of HCV found among adults in Puerto Rico compared with the mainland United States.<sup>3</sup> Furthermore, studies in New York City found that HCV infection rates among PWID were higher among PRPWID compared with other PWID<sup>4</sup> and were particularly high among those who came from Puerto Rico (85%, compared with 58% for non-Hispanics and 62% for US-born Puerto Ricans; C. G. A., unpublished data, 2014). New HCV treatments that can result in cure<sup>5</sup> can further reduce health disparities experienced by PRPWID, and have been shown to be cost-effective.<sup>6</sup> The tools to reduce the HIV- and HCV-related health disparities for PRPWID are available, but efforts to harness these tools are needed to bring their promise to fulfillment. As recommended in our earlier article with respect to HIV, multiregion coordinated efforts can also be used to address the high rates of HCV among PRPWID.

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