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## REPLY:

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We appreciate Dr. Spaulding and colleagues' thoughtful commentary on our article. We used national data to provide the most accurate estimate possible of the prevalence of hepatitis C among adults in the United States, but our estimate was dependent on the quality and completeness of the available data. We corrected for the omission of several high-prevalence populations from the National Health and Nutrition Examination Survey (NHANES), but no nationally representative studies of these populations exist. Spaulding and her colleagues raise a number of reasons why our study may underestimate the true prevalence of hepatitis C among incarcerated persons, but unfortunately, no nationwide data exist to assess the magnitude of these potential biases. According to 2016 Bureau of Justice Statistics data, most people arrested are detained in jails for short periods of time<sup>(1)</sup>; thus, most of the number of persons cited in Dr. Spaulding's reply would be eligible for NHANES sampling. We could not further adjust estimates for potential nonresponse bias beyond those addressed through standard NHANES sample weights without risk of double-counting prevalent cases.

Varan et al.<sup>(2)</sup> data were excluded because we decided *a priori* to include only articles published more recently than those included in the incarcerated prevalence analysis from the Edlin et al. 2015<sup>(3)</sup> national hepatitis C virus prevalence estimate. With respect to the differential treatment of North Carolina and South Carolina from Schoenbachler et al.<sup>(4)</sup> ("study 6"), South Carolina data were excluded because "Initially, the South Carolina program targeted detainees...who had obtained tattoos in non-professional or unregulated settings." Although testing was eventually expanded to include other detainees, Schoenbachler et al. did not indicate at what point that transition occurred or whether the expansion applied to all four South Carolina jails in the study or just one.<sup>(4)</sup> We determined that the targeted risk-based screening employed met our "sampling higher-risk subpopulations selectively" exclusion criteria, and consequently only included North Carolina data from Schoenbachler et al. in our analysis.

Incarcerated populations bear a large and disproportionate hepatitis C burden, and incarceration provides an important opportunity to identify cases, provide life-saving curative treatment, and prevent transmission. The Centers for Disease Control and Prevention (CDC) is looking to other systems to collect data for prevention planning and providing more support to traditional and nontraditional surveillance systems both within and outside correctional facilities. Regardless of the exact number, prevention, testing, care, and treatment of incarcerated persons with or at risk for hepatitis C is an important priority for CDC and the nation.

## REFERENCES

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