Method	Advantage	Disadvantage
Routinely test for common STIs prevalent within community at-large. Use of rapid RPR, urine ligase for GC and Chlamydia	1. Will likely increase numbers of arrestees diagnosed with STIs. 2. Urine ligase testing will likely increase acceptance of testing and accuracy of results. 3. Earlier diagnoses will likely lead to increased treatment success, decreased transmission within corrections and likely decrease rates within the surrounding community. 4. Increased surveillance capability for local departments of health (DOH).	1. Increased laboratory and pharmaceutical costs on jail budgets. 2. Increased diagnosis may not lead to equally increased treatment due to rapid jail turnover. 3. May depend upon awareness of STI prevalence in outside communities.
Targeted screening of at-risk individuals by community-determined high-risk behaviors or local DOH criteria	1. More cost effective than routine screening. 2. Targets high-risk groups. 3. Increases surveillance capability of local DOH.	1. Dependent upon accurate risk assessment. 2. Dependent upon reliable patient-derived information. 3. Likely to require repeat re-assessments of community-derived risks. 4. Likely to increase diagnoses, but may not equally increase rates of treatment.
Use of surrogate markers for evidence of STIs (e.g. urine dipstick looking for nitrate or leukocyte esterase positive results).	1. Relatively inexpensive with immediate results allowing immediate presumptive treatment. 2. Useful in high prevalence areas with rapid turnovers of arrestees who may not be available for follow-up evaluation. 3. Often testing is already in use for diagnosis of other chronic conditions.	1. Due to poor sample quality, may lead to over-treatment, as well as treatment of multiple STIs as co-morbid conditions. 2. Subject to interpretation. Requires quality standard and training. 3. Offers a range of diagnoses; not a single diagnosis. 4. Lack of accurate diagnosis hinders DOH surveillance.
Collaborations with local DOH	1. Useful to enhance continuity of care into and out of corrections, for contact tracing, and for partner notification. 2. Cost savings when previous treatment completion can be confirmed. 3. Field-delivered therapy can increase completion of treatment and help contain community spread of disease. 4. Useful for training corrections healthcare workers in recognition and treatment of STIs.	1. Delays in data entry may alter certainty of treatment completion. This may lead to over or under-treatment due to unreliable nature of results. 2. Use of aliases may make documentation difficult. 3. Local DOH may have different priorities than correctional facilities.