SLIV Toolkit: Letter to Providers

[DATE]

Dear Healthcare Provider,

I’m delighted to inform you about [PROGRAM NAME], a program beginning this fall that will offer free influenza vaccine at [LOCATION] schools. [PROGRAM NAME] is a partnership of [LIST PARTNERS]. The following is important for you to know:

* [PROGRAM NAME] will provide free flu vaccinations in [MONTH(S)] to [RECIPIENTS] at [SCHOOL TYPE] schools.
* Information and consent forms will be distributed to families in [MONTH].
* All vaccinations will be recorded in [REGISTRY NAME] and participants will also receive a paper record to share with you.
* [PROGRAM NAME] will offer the [FORMULATION(S)] influenza vaccine(s). Students will be referred to their primary care providers for second doses.
* Immunizations will be administered by trained [VACCINATORS}.
* School-located influenza vaccination:
	+ Complements your immunization efforts to protect children against influenza
	+ Reaches children who are not immunized in a medical home
	+ Improves vaccination rates and decreases flu activity in the community
	+ May decrease the burden on your practice to immunize in the fall or treat illness in the winter

Many parents and guardians may contact you for advice about this program. We hope you will continue to urge parents and guardians to have their students vaccinated, whether at your office or school, and reassure them that vaccination at school is a safe alternative.

We welcome your comments, questions, concerns and most importantly, your support. For more information, please visit [WEBSITE] or contact [CONTACT NAME], [CONTACT TITLE] at [CONTACT EMAIL] or [CONTACT PHONE].

Thank you,

[PROGRAM REPRESENTATIVE AND TITLE]