**Reminder Emails/Letters and Texts**

This material provides you with reminders that can be sent to parents/guardians to schedule an immunization appointment for their 16-year-olds. Several waves and methods of communication are provided so you can choose based on the status of your patients’ vaccination schedules and your preferred method of communication.

* Wave I: First communication about scheduling a 16-year visit, available in letter/email and text message options (see below) that you can cut and paste on office letterhead, etc. Postcard options are also available for printing (see separate Word documents)
* Wave II: Three different quarterly options are available if appointments are not scheduled within three months after the first communication is distributed; available as letter/email and text messages (see below). Postcard options are also available for printing (see separate Word documents)

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| ***First Communication*** | |
| Letter/email (to adapt and send) | [INSERT CURRENT DATE]  Dear Parent or Guardian:  We see that your teenager is turning 16 in the coming months. This is a great time to schedule a checkup and see that your teen has received his/her recommended immunizations. The Centers for Disease Control and Prevention (CDC) considers vaccination to be the best way to help protect teens against serious diseases, which is why it recommends that preteens and teens receive at least four vaccines:   * Meningococcal (MenACWY) vaccine (one dose at age 11 or 12; second dose at age 16)\*   + Meningococcal meningitis is a rare but serious disease that develops quickly and can claim a life in as little as one day   + For the best protection against meningococcal meningitis, and because protection from the vaccine can wear off after five years, children should receive the vaccine at age 11 or 12 *and* a second dose at age 16 * Human papillomavirus (HPV) vaccine (two doses if first dose received before age 15; three doses if first dose received at age 15 years or later)   + HPV can cause various cancers in both boys and girls   + For the best protection, the CDC recommends that 11- to 12-year-olds receive two doses of HPV vaccine at least six months apart. If your teen has not received this vaccination, they still can * Tdap vaccine (one dose recommended at age 11 or 12)   + All preteens should get one Tdap shot, the booster for DTaP, at age 11 or 12 to help protect them from diphtheria, tetanus and pertussis (whooping cough).If your teen has not received this vaccine, they still can * Flu vaccine (each year)   + Flu can lead to fever, cough, sore throat, body aches, fatigue and more. Preteens and teens should get the flu vaccine every year, ideally by October, but vaccination can continue through January or even later   Please contact the office at [insert number] to schedule your teen’s appointment. When you call, we can discuss the vaccinations that may be needed at this visit based on your teen’s medical records. In the meantime, for more information you can visit <https://www.cdc.gov/vaccines/who/teens>.  Thank you, and we look forward to hearing from you.  Sincerely,  The office of [INSERT PHYSICIAN NAME]  *\**MenACWY = Quadrivalent meningococcal vaccine that helps protect against invasive disease caused by serogroups A, C, W, and Y; the CDC also recommends MenB (serogroup B meningococcal vaccine) for certain adolescents at increased risk, e.g., students on college campuses that have recently experienced meningococcal B outbreaks |
| Text Message (to adapt and send) | We see that your teenager is turning 16 soon. This is a great time to schedule a checkup to see that your teen has received the recommended immunizations. Please contact our office at [insert number] to schedule an appointment and discuss any questions you may have. |

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| ***Quarterly Follow-up Communication Options – Letter/Email*** | |
| First option (general follow-up) | [INSERT CURRENT DATE]  Dear Parent or Guardian:  We wanted to send a reminder about a 16-year checkup for your teen. We know you and your teen are very busy, but this is a good time for us to check on your teen’s health and discuss important vaccinations that may be needed. For example, although your teen may have received a meningococcal meningitis vaccine (MenACWY) at age 11 or 12, a second dose is recommended at age 16 by the Centers for Disease Control and Prevention (CDC).  Please contact the office at [insert number] to schedule your teen’s appointment. More information about vaccination is also available at <https://www.cdc.gov/vaccines/who/teens>.  Thank you, and we look forward to hearing from you.  Sincerely,  The office of [INSERT PHYSICIAN NAME] |
| Second option (back to school) | [INSERT CURRENT DATE]  Dear Parent or Guardian,  We hope you and your family had a wonderful summer. With school starting soon, we are sending you a reminder that your 16-year-old may need some important vaccinations at this age. If you haven’t already scheduled a 16-year checkup, please contact the office today to schedule an appointment and learn more about the vaccines that are recommended by the Centers for Disease Control and Prevention (CDC). We want to help your teen remain healthy and protected at the beginning of the school year.  Please contact the office at [insert number] to schedule your teen’s appointment. More information about vaccination is also available at <https://www.cdc.gov/vaccines/who/teens>.    Thank you, and we look forward to hearing from you.  Sincerely,  The office of [INSERT PHYSICIAN NAME] |
| Third option (flu season) | [INSERT CURRENT DATE]  Dear Parent or Guardian,  With flu season coming up, we are sending a reminder to all parents of our teenage patients that the Centers for Disease Control and Prevention (CDC) recommends that teens get the flu vaccine every year, ideally by October, but vaccination can continue through January or even later.Every flu season is different, and the flu can affect people differently. Even healthy people can get very sick from the flu and spread it to others.  Please contact the office at [insert number] to schedule your teen’s appointment. Based on their medical records, we can discuss other vaccinations that may be needed as well. More information about vaccination is also available at <https://www.cdc.gov/vaccines/who/teens>.    Thank you, and we look forward to hearing from you.  Sincerely,  The office of [INSERT PHYSICIAN NAME] |

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| ***Quarterly Follow-up Communication Options – Text Messages*** | |
| First option (general follow-up) | We’re sending this reminder about a 16-year checkup for your teen. Important vaccinations may be needed at this age. Please contact the office at [insert number] to schedule an appointment and discuss any questions. |
| Second option (back to school) | School is starting soon, and your 16-year-old may need a checkup and some important vaccinations at this age. Please contact the office at [insert number] to schedule an appointment and discuss any questions. |
| Third option (flu season) | Flu season is coming. To help protect your teen, please contact the office at [insert number] to schedule an appointment and discuss other vaccinations your teen may need at this age, as well as any questions. |