

# Influenza Vaccination Follow-Up

Date: [Insert Date]

[Provider's Name]

[Provider's Title]

[Health Care Facility Name]

[Facility Address]

[City, State, ZIP]

Dear [Provider's Name],

We hope this message finds you well. As we continue to work towards improving public health, we would like to follow up regarding the influenza vaccination status of your patients this season.

It is crucial that we ensure our communities remain protected against influenza, especially given the recent trends in viral activity. Please review the vaccination records for your patients and remind them to get vaccinated if they have not done so already.

For your reference, the CDC recommends that all individuals aged six months and older receive the influenza vaccine annually. If you have patients with specific questions or concerns about the vaccine, please feel free to reach out to our office for additional resources.

Thank you for your continued commitment to patient care and community health. Together, we can make a difference in preventing influenza this season.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]