

## **Attachment 1**

### **Sample Letter to Family Member or Guardian**

DATE

Dear Family Member or Guardian,

As you may know, pneumococcal bacteria are a major cause of bacterial pneumonia and meningitis. These are very serious illnesses that kill many older people every year. The increasing resistance of pneumococcal bacteria to antibiotics is creating new problems for treatment of these infections. Everyone 65 years or older should receive the pneumococcal vaccine once in their lifetime as well as those under 65 years who have a chronic illness. There are usually no side effects or only very mild side effects from the vaccine. Revaccination is recommended for certain people at highest risk.

Mr./Ms. \_\_\_\_\_ is a resident of our facility. In order to protect our residents from pneumococcal disease, we would like to vaccinate him/her with pneumococcal vaccine. Payment for this vaccine is covered by Medicare.

I have enclosed "Important Information about Pneumococcal Disease and Pneumococcal Polysaccharide Vaccine". Please read it and then complete the enclosed Pneumococcal Vaccine Status Questionnaire and Consent and return in the enclosed addressed envelope as soon as possible. If we do not receive your consent or declination, our medical director will order vaccine for the above named resident. Thank you for your cooperation in this matter.

Sincerely,

(Long Term Care Facility Administrator)