Insert recipient details

Insert HPT details

[Date]

Dear colleague

RE:

Name:

Address:

Date of Birth:

The above named patient who is registered at your practice has been identified as a close contact of a confirmed case of meningococcal serogroup [insert detail]disease. Your patient has received antibiotic chemoprophylaxis.

Close contacts of cases of vaccine preventable strains of *N. meningitidis* are offered vaccination to reduce the risk of late cases.

As meningococcal serogroup [insert detail] disease has now been confirmed, a single dose of meningococcal ACWY conjugate vaccine (Menveo® or Nimenrix®) is recommended for your patient in accordance with national guidance <https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management>.

If this patient has been vaccinated within the last year with a vaccine that protects against serogroup [insert detail] disease then no further vaccination is required.

With many thanks in anticipation of your co-operation in arranging the necessary vaccination for your patient. Please do not hesitate to contact the health protection team if you require any further information.

Yours sincerely

Author’s name

Position or title