**SECOND EMAIL CONFIRMING DATE/TIME OF INTERVIEW**

Hello \_\_\_\_\_\_\_\_\_

My name is John Stieger, and I am a project manager with the National Public Health Information Coalition. This is a follow-up to a message we sent earlier about scheduling an interview for our Vaccine Coverage Data Evaluation Project. Thank you very much for helping us with this project. The main purpose of the project is to obtain feedback from Immunization Awardees to improve CDC vaccine coverage data reports, making them more useful to all awardees.

**We plan to conduct your interview via conference call on DATE/TIME. Here is the dial-in information: Phone: 1-888-291-0312; Code: 5960249#.** We will also send an Outlook calendar appointment with this information.

This project includes evaluation of data reports from the following CDC routine vaccination coverage data systems:

* National Immunization Survey (NIS)
* School vaccination assessment
* NIS-Teen
* Adult non-influenza vaccination coverage from the BRFSS (PPV, Tdap, Zoster, and HPV, where available)
* Seasonal influenza vaccination coverage (NIS and BRFSS)

Included with this email are examples of vaccination coverage data reports that are currently available online or through your Program Operations Branch Project Officer (see links below and attached files). These reports will be a starting place for our discussion during the interview. Please note that the purpose of this project includes discussing the *format* or presentation of the reports (e.g., the design, layout, presentation of the Excel spreadsheets, tables, charts, etc). We will not focus on specific data points or the results in the reports. Please ensure that all of the staff participating in the discussion briefly review these reports prior to the conference call.

If you have any local or state-level vaccination coverage data reports that your program uses or has found helpful (or problematic), please share these with us before the call. We would also like to receive basic information about the staff who will be participating in the call. Please provide the following information as soon as possible. You can send everything to me at [jstieger@nphic.org](mailto:jstieger@nphic.org).

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| **Participant name** | **Email address** | **Position** | **Time in position** |
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We look forward to our call on **DATE/TIME**. For any questions or concerns related to this project or our upcoming discussion with your program, please contact Stacie Greby, Epidemiologist, Assessment Branch, Immunization Services Division by email at [sig6@cdc.gov](mailto:sig6@cdc.gov) or by phone at 404-639-6069.

Thank you again for your time.

**Links:**