



Standing Order for Administering 2026-2027 COVID-19 Vaccine

I. Purpose

COVID-19 continues to be a significant cause of morbidity in the state of Arizona, with consequences that include loss of work and school time, short-term or long-term disability, hospitalizations, and, in some cases, death. The impact of COVID-19 is significant for Arizona communities and negatively impacts its healthcare systems and costs. The purpose of this standing order is to ensure individual access to the COVID-19 vaccine to reduce morbidity and mortality associated with COVID-19 in the state of Arizona.

II. Authority

The Arizona Department of Health Services (ADHS) is the state's public health agency with the authority to investigate, control, and prevent reportable communicable diseases to ensure the public health and safety of Arizonans. This standing order has been created under the review and signature of a physician in their official ADHS capacity and grants authority to authorized health care professionals (HCP) to vaccinate all persons aged 6 months and older (pending their scope of practice), including pregnant individuals, with the 2026-2027 COVID-19 vaccine as supported by evidence-based guidance and this order.

III. Policy

A standing order is a written directive that allows authorized HCPs to order or administer immunizations, vaccines, emergency medications, or devices for individuals who meet the criteria set forth in the standing order (A.A.C. R4-23-

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411(J)(3)). As defined in this order, HCPs include those who hold an active license such as physicians (A.R.S. § 32-1401), physician assistants (A.R.S. § 32-2531), advanced practice registered nurses or nurse practitioners (A.R.S. § 32-1601), and pharmacists (A.R.S. § 32-1901). More specifically, a pharmacist may order and administer an immunization or vaccine to an eligible adult patient or eligible minor patient in accordance with a valid standing order issued by ADHS (A.A.C. R4-24-411(B)(2)(b)).

The protocol included has been reviewed by the Arizona Board of Pharmacy, but this standing order is not limited only to Pharmacists. This standing order authorizes HCPs as defined to assess, screen, educate, order, and administer COVID-19 vaccines consistent with this protocol and the Standing Order. It also authorizes a licensed, qualified pharmacist to delegate the administration of COVID-19 vaccines to an active, licensed, trained intern and pharmacy technician who is supervised by a qualified pharmacist. **NOTE:** Pharmacists in Arizona are authorized to immunize individuals **3 years of age and older** pursuant to this standing order, in line with Arizona law (A.R.S. § 32-1974).

IV. Procedure

Licensed HCPs are required to evaluate criteria of eligibility for vaccination, provide appropriate information and education regarding adverse side effects, screen for any contraindications to vaccination, prepare and administer the vaccine per the product manufacturer's recommendations, and perform appropriate documentation regarding vaccination. Vaccine administration sites need to be prepared to provide immediate medical attention in case of vaccine-related emergencies.

The following steps are necessary to administer the COVID-19 vaccination effectively:

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A. Patient Assessment

1. Evaluate an individual's eligibility and need for COVID-19 vaccination.
2. Determine vaccination status, age, and risk category (routine, high-risk, or immunocompromised).
 - a) [People with Certain Medical Conditions and COVID-19 Risk Factors](#) include older adults, those with mental health conditions, those who are overweight, pregnant women, and others.
3. Utilize evidence-based guidance from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the Infectious Diseases Society of America.
4. Refer to **Appendix A** for routine vaccination schedules and **Appendix B** for schedules for moderately or severely immunocompromised individuals.

B. Screening for Contraindications and Precautions

1. Contraindications

- a) Severe allergic reaction (e.g., anaphylaxis) to a prior COVID-19 vaccine dose or to a vaccine component.

2. Precautions

- a) Non-severe allergy to a vaccine component.
- b) Immediate, but non-severe allergic reaction (<4 hours) after a prior COVID-19 vaccine dose.
- c) Moderate to severe acute illness, with or without fever.
- d) History of MIS-C (multi-system inflammatory syndrome in children) or MIS-A (multi-system inflammatory syndrome in adults).
- e) Myocarditis or pericarditis within 3 weeks of a COVID-19 vaccine.

If contraindications or precautions are present, defer vaccination and refer the patient to their healthcare provider.

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C. Patient Education

1. Provide each patient, parent, guardian, or caregiver with the most current **COVID-19 Vaccine Information Statement (VIS)** before administration.
 - a. Offer VIS in the patient's preferred language, if available.
2. Allow time for questions to ensure informed consent before administration.

D. Preparation for Vaccine Administration

1. The standard needle gauge for intramuscular (IM) injection is **22-25** gauge.
2. Choose needle length and injection site according to Table 1:

Table 1. COVID-19 vaccine needle and injection site recommendations by age and weight

Age	Needle Length	Injection Site
Children (birth - 18 years)		
1–12 months	1 in	Vastus lateralis (anterolateral thigh) – only site
1–2 years	1–1¼ in	Vastus lateralis (preferred)
	5/8*–1 in	Deltoid if adequate muscle mass
3–10 years	5/8*–1 in	Deltoid (preferred)
	1-1.25 in	Vastus lateralis
11–18 years	5/8*–1 in	Deltoid (preferred)
	1–1.5 in	Vastus lateralis
Adults (19 years and older)		
Female or male, any weight	1*–1.5 in	Vastus lateralis
Female or male, < 130 lbs (60 kg)	5/8*–1 in	Deltoid
Female or male, 130-152 lbs (60-70 kg)	1 in	
Female, 152-200 lbs (70-90 kg)	1–1.5 in	
Male, 152-260 lbs (70-118 kg)		

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Female, >200 lbs (90 kg)	1.5 in	
Male, >260 lbs (118 kg)		

* if the skin is stretched tightly and subcutaneous tissues are not bunched

Source: Centers for Disease Control and Prevention. Vaccine administration. CDC. Published September 25, 2025. Accessed July 15, 2026. <https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html>

E. Vaccine Administration

1. Administer the age-appropriate COVID-19 vaccine product and dose according to patient age and immune status. Table 2 below details the vaccine products available.
2. Follow **Appendix A** (routine vaccination schedule) and **Appendix B** (immunocompromised schedule)

Table 2. COVID-19 Vaccine Products and Available Dosage (2026-2027)

Age Group	Vaccine Product	Available Dosage
6 months – 11 years	Moderna (Spikevax)	0.25 mL / 25 µg
5 – 11 years	Pfizer-BioNTech (Comirnaty)	0.3 mL / 10 µg
12 years and older	Pfizer-BioNTech (Comirnaty)	0.3 mL / 30 µg
12 years and older	Moderna (Spikevax)	0.5 mL / 50 µg
12 years and older	Novavax (Nuvaxovid)	0.5 mL / 5 µg rS and 50 µg Matrix-M adjuvant
12 years and older	Moderna (mNEXSPIKE)	0.2ml / 10 µg

Source:

Pfizer and BioNTech receive US FDA approval for XFG-adapted COVID-19 vaccine. Pfizer Inc, BioNTech SE. Pfizer news release. August 27, 2026. Accessed August 30, 2026.

<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-receive-us-fda-approval-xfg-adapted>

Novavax's partnership strategy continues to deliver with XFG-adapted Nuvaxovid approvals in the

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U.S., EU, and Japan for the 2026-2027 vaccination season. Novavax press release. August 28, 2026. Accessed August 30, 2026. <https://ir.novavax.com/press-releases>

Moderna receives US FDA approval for updated 2026-2027 COVID-19 vaccines. News release. Moderna press release. August 27, 2026. Accessed August 30, 2026. <https://feeds.issuereirect.com/news-release.html?newsid=5391658462991287&symbol=MRNA>

F. Documentation

1. Those who administer vaccines shall record the following information:

- a)** Patient name, date of birth (DOB), address.
- b)** Name and address of patients' primary-care provider or physician
- c)** Document the product name, manufacturer, lot number, and expiration date for all vaccine(s) or emergency medications, along with the date, dose, route, and site of administration.
- d)** Name and title of qualified licensee administering the vaccine.
 - i)** Name of the qualified pharmacist who supervised a qualified pharmacy intern or qualified pharmacy technician.
- e)** Name of the qualified pharmacist or intern administering the emergency medication.
- f)** VIS publication date and date provided.
- g)** Consultation and other professional information provided to the patient by the pharmacist or intern.
- h)** For an immunization or a vaccine given to an eligible minor patient, a consent form signed by a parent or guardian.

2. Those who administer vaccines shall document the appropriate information in:

- a)** The patient's prescription record.
- b)** The patient's personal immunization card.
- c)** The Arizona State Immunization Information System (ASIIS) as required by state law.
- d)** As required under A.R.S. § 32-1974(E)(1), the pharmacist shall provide a

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report to the patient's primary-care provider or physician containing the information required in subsections (E)(1)(a) through (d) within 48 hours after administering vaccine or emergency medication.

G. Emergency Preparedness

1. Keep epinephrine, corticosteroids, albuterol, and antihistamines immediately available.
2. Vaccinators shall know how to recognize and respond to vaccine reactions, including, but not limited to, an anaphylaxis reaction.
3. Pharmacists shall be present to administer emergency medication if an adverse event occurs.
4. Administer vaccines with the patient seated or lying down when possible.
5. Observe patients for at least 15 minutes post-vaccination (30 minutes for those with allergy history).

H. Adverse Event Reporting

1. Report all adverse events following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov>.
2. Report all clinically significant adverse events to the patient's primary care provider within 24 hours.

V. Effective Period

This standing order will be reviewed and may be updated if there is relevant new evidence, data, reporting requirements, or legal language that would impact the process or utilization.

This standing order may be revised or withdrawn at any time by the signee or a higher-ranking physician at the Department with prescribing ability.

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This standing order is issued by Dr. Richard Carmona, M.D., M.P.H., at the Arizona Department of Health Services (NPI#1932532249). It will be reviewed as needed on an annual basis.

A handwritten signature in black ink that reads "Richard Carmona".

Dr. Richard H. Carmona, M.D., M.P.H., FACS
Arizona Department of Health Services
[Expiration date: 9/03/2027]

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Appendices A & B

2026–2027 COVID-19 Vaccination Schedules

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Appendix A: Routine COVID-19 vaccination schedule (NOT immunocompromised)

NOTE: For **pharmacists**, Arizona law allows only for ages 3 years and older.

Table 1a: Ages 6-23 months

COVID-19 Vaccination History (before 2026–2027 vaccine)	Number of 2026–2027 Doses Indicated	Recommended 2026–2027 Vaccine and Interval
Unvaccinated	2	Dose 1 (Moderna Spikevax): Day 0; Dose 2 (Moderna Spikevax): 4–8 weeks after Dose 1
1 dose Moderna	1	Dose 1 (Moderna Spikevax): At least 4–8 weeks after last dose
≥2 doses of Moderna	1	Dose 1 (Moderna Spikevax): At least ≥8 weeks after last dose.
1 dose Pfizer-BioNTech	2	Dose 1 (Moderna Spikevax): administer dose 3–8 weeks after last dose); Dose 2 (Moderna Spikevax): At least ≥4 weeks after Dose 1
2 doses Pfizer-BioNTech	1	Dose 1 (Moderna Spikevax): At least ≥8 weeks after last dose
3 or more doses Pfizer-BioNTech (i.e., completed initial vaccination series)	1	Dose 1 (Moderna Spikevax): At least ≥8 weeks after last dose

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>

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- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045
- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026
https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

Table 1b: Ages 2-4 years

COVID-19 Vaccination History (before 2026–2027 vaccine)	Number of 2026–2027 Doses Indicated	Recommended 2026–2027 Vaccine and Interval
Unvaccinated	1	Dose 1 (Moderna Spikevax)
≥1 dose of any mRNA vaccine	1	Dose 1 (Moderna Spikevax): At least ≥8 weeks after last dose

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045
- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026
https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

Table 1c: Ages 5–11 years

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 Vaccine and Interval
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Unvaccinated	1	Dose 1 (Moderna Spikevax or Pfizer-BioNTech)
Previously vaccinated (≥1 mRNA dose)	1	Dose 1 (Moderna Spikevax or Pfizer-BioNTech): At least ≥8 weeks after last dose

*History includes original, bivalent, 2023–2024, 2024–2025, 2025–2026 vaccines.

Note: Prefer same manufacturer; substitute if unavailable.

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026–2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045
- American Academy of Family Physicians. AAFP 2026–2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026 https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

Table 1d: Ages 12–18 years

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine† and interval between doses
Unvaccinated	1	Dose 1 (Moderna Spikevax or mNEXSPIKE, Pfizer-BioNTech, or Nuvaxovid)
≥1 or more doses of any COVID vaccine	1	Dose 1 (Moderna Spikevax, Pfizer-BioNTech, Nuvaxovid): At least ≥8 weeks after last dose

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		OR Dose 1 (Moderna mNEXSPIKE): At least ≥12 weeks after last dose
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Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045
- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026 https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

Table 1e: Ages 19–64 years (including pregnancy)

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine† and interval between doses
Unvaccinated	1	Dose 1 (Moderna Spikevax or mNEXSPIKE, Pfizer-BioNTech, or Nuvaxovid)
≥1 dose mRNA (Moderna/Pfizer-BioNTech)	1	Moderna Spikevax, Pfizer-BioNTech, Nuvaxovid: ≥8 weeks after last dose Moderna mNEXSPIKE: at least 12 weeks after the most recent dose

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1 dose Novavax	1	Nuvaxovid Dose 1: 3–8 weeks after last dose§¶
≥2 doses Novavax	1	Moderna Spikevax, Pfizer-BioNTech, Nuvaxovid ≥ 8 weeks after the last dose <i>OR</i> Moderna mNEXSPIKE: At least ≥12 weeks after last dose

§8-week interval may reduce myocarditis risk.

¶If >8 weeks since first Novavax dose, administer 1 dose of Moderna Spikevax, Pfizer-BioNTech, Nuvaxovid 2026–2027 vaccine without restarting; ≥ 12 weeks for Moderna mNEXSPIKE

Note: Moderna mNEXSPIKE currently recommended by AAP for ages 12–18 years old.

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed July 15, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>
- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026 https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

Table 1f: Ages ≥65 years

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COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine† and interval between doses
Unvaccinated	2 (Moderna/Pfizer) 2 (Nuvaxovid + booster)	Moderna Spikevax or Pfizer-BioNTech: Dose 1: Day 0; Dose 2: 6 months after last dose (min interval 2 months). Nuvaxovid: Dose 1 Day 0; Dose 2 3 - 8 weeks after; Dose 3 6 months after Dose 2 (minimum interval 2 months)
≥1 dose mRNA (Moderna/Pfizer-BioNTech)	2	Moderna Spikevax, Pfizer-BioNTech, or Nuvaxovid: Dose 1 ≥8 weeks after last dose; Dose 2 at 6 months after Dose1 (minimum interval 2 months) <i>OR</i> Moderna mNEXSPIKE: At least ≥12 weeks after last dose,
1 dose Novavax	2	Nuvaxovid Dose 1: 3–8 weeks after last dose If more than 8 weeks after the most recent dose Administer 1 dose 2026-2027 Moderna or Novavax or Pfizer-BioNTech; <i>OR</i> 1 dose 2026-2027 Moderna mNEXSPIKE at least ≥12 weeks after

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≥2 doses Novavax	2	Moderna Spikevax , Pfizer-BioNTech, or Nuvaxovid: Dose 1 at least ≥8 weeks after last dose; <i>OR</i> Moderna mNEXSPIKE: Dose 1 at least ≥12 weeks after last dose Dose 2 at 6 months after Dose 1 (minimum interval 2 months)
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‡Moderna: 0.5 mL/50 µg; Pfizer: 0.3 mL/30 µg; g; Novavax: 0.5 mL/5 µg rS + 50 µg Matrix-M.
6-month dosing can be with Moderna Spikevax, Pfizer-BioNTech, or Nuvaxovid.

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026. <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>
- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September 2026. Accessed September 2, 2026 https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

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Appendix B: COVID-19 vaccination schedule [IMMUNOCOMPROMISED]

NOTE: For **pharmacists**, Arizona statute allows only for ages 3 years and older.

Immunocompromising Conditions and Treatments
● Active treatment for solid tumor and hematologic malignancies ● Hematologic malignancies with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia) ● Receipt of solid organ transplant or an islet transplant and taking immunosuppressive therapy ● Receipt of chimeric antigen receptor (CAR) T-cell therapy or hematopoietic cell transplant (HCT) within 2 years of transplantation or taking immunosuppressive therapy ● Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome) ● Advanced or untreated HIV infection (e.g., CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) ● Active treatment with immunosuppressive or immunomodulatory therapies ○ Examples include high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell-depleting agents)

Source:

- Katherine Belden, Anoma Nellore, Paul Goepfert, Chen Sabrina Tan, et al. IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients. September 2, 2026.
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045

Table 2a: Ages 6 months – 4 years [IMMUNOCOMPROMISED]

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COVID-19 Vaccination History before 2026–2027 vaccine	Number of 2026–2027 Doses Indicated	Recommended 2026–2027 Vaccine and Interval
Unvaccinated	4	Moderna Spikevax: • Dose 1 : Day 0 • Dose 2 : 4 weeks after Dose 1 • Dose 3 : At least 4 weeks after Dose 2 • Dose 4 : 6 months after Dose 3 (minimum interval 2 months) Additional doses: May be administered under shared clinical decision-making ≥2 months after last dose
1 dose Moderna or Pfizer-BioNTech	3	Complete the remaining doses Moderna Spikevax • Dose 1 : 3 weeks after last Pfizer-BioNTech dose or 4 weeks after last Moderna dose • Dose 2 : At least 4 weeks after Dose 1 • Dose 3 : 6 months (minimum interval 2 months) after Dose 2 Additional doses: May be administered under shared clinical decision-making ≥2 months after last dose

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2 doses Moderna or Pfizer-BioNTech	2	Complete the remaining doses with Moderna Spikevax For 2 previous doses of Moderna Spikevax • Dose 1 : At least 4 weeks after last dose • Dose 2: 6 months (minimum interval 2 months) after Dose 1 For 2 previous doses of Pfizer-BioNTech: • Dose 1: At least 8 weeks after last dose • Dose 2: 6 months (minimum interval 2 months) after Dose 1 Additional doses: May be administered under shared clinical decision-making ≥2 months after last dose
3 or more doses Moderna or Pfizer-BioNTech	2	Complete the remaining doses with Moderna Spikevax • Dose 1: At least 8 weeks after last dose • Dose 2: 6 months (minimum interval 2 months) after Dose 1 Additional doses: May be administered under shared clinical decision-making ≥2 months after last dose‡

‡ Additional doses may be administered, informed by the clinical judgment of a healthcare provider and personal preference and circumstances.

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026.
- Katherine Belden, Anoma Nellore, Paul Goepfert, Chen Sabrina Tan, et al. IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients. September 2, 2026.
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- American Academy of Family Physicians. AAFP 2026-2027 Influenza, RSV, and SARS-CoV-2 Immunization Recommendations for Non-pregnant Immunocompetent Adults and Health Care Personnel. Updated September

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2026. Accessed September 2, 2026

https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf

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Table 2b: Ages 5–11 years [IMMUNOCOMPROMISED]

Use vaccine from the same manufacturer for all doses in the initial vaccination series

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine† and interval between doses
Unvaccinated	4	Moderna Spikevax path: Dose 1 Day 0; Dose 2 at 4 weeks after Dose 1; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months) Pfizer-BioNTech path: Dose 1 Day 0; Dose 2 at 3 weeks after Dose 1; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months) Additional: ≥2 months under shared decision-making
1 dose Moderna Spikevax	3	Moderna Spikevax Dose 1: 4 weeks after last dose; Dose 2 ≥4 weeks after Dose 1; Dose 3 at 6 months after Dose 2 (minimum interval 2 months) Additional: ≥2 months under shared decision-making

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2 doses Moderna Spikevax	2	Moderna Spikevax Dose 1: ≥4 weeks after last dose; Dose 2 at 6 months after Dose 1 (minimum interval 2 months) Additional: ≥2 months under shared decision-making
1 dose Pfizer-BioNTech	3	Pfizer-BioNTech Dose 1: 3 weeks after last dose; Dose 2: ≥4 weeks after Dose 1; Dose 3 at 6 months after Dose 2 (minimum interval 2 months) Additional: ≥2 months under shared decision-making
2 doses Pfizer-BioNTech	2	Pfizer-BioNTech Dose 1: ≥4 weeks after last dose; Dose 2 at 6 months after Dose 1 (minimum interval 2 months) Additional: ≥2 months under shared decision-making
Completed 3-dose series (Moderna Spikevax or Pfizer-BioNTech)	2	Moderna Spikevax or Pfizer-BioNTech Dose 1: ≥8 weeks after last dose; Dose 2 at 6 months after Dose 1 (minimum interval 2 months) Additional: ≥2 months under shared decision-making

‡Moderna Spikevax: 0.25 mL/25 µg; Pfizer: 0.3 mL/10 µg.

Note: No maximum doses; may repeat ≥2 months under decision-making. 6-month dosing can be with Moderna Spikevax or Pfizer-BioNTech.

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Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026.
- Katherine Belden, Anoma Nellore, Paul Goepfert, Chen Sabrina Tan, et al. IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients. September 2, 2026.
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045

Table 2c: Ages 12-18 years [IMMUNOCOMPROMISED] - Use vaccine from the same manufacturer for all doses in the initial vaccination series. Either the Moderna product (Spikevax or mNexspike) can be used unless otherwise specified.

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine§ and interval between doses
Unvaccinated	4 (Moderna Spikevax, Pfizer) 3 (Nuvaxovid)	Moderna Spikevax/mNEXSPIKE: Dose 1 Day 0; Dose 2 at 4 weeks; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months) Pfizer-BioNTech: Dose 1 Day 0; Dose 2 at 3 weeks; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months) Nuvaxovid: Dose 1 Day 0; Dose 2 at 3 weeks; Dose 3 at 6 months after Dose 2 (minimum interval 2 months). Additional: ≥2 months under shared decision-making

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1 dose Moderna Spikevax	3	Moderna Spikevax or mNEXSPIKE: Dose 1: 4 weeks after last dose; Dose 2: ≥4 weeks after Dose 1; Dose 3: at 6 months after Dose 2 (minimum interval 2 months).
2 Doses Moderna Spikevax or mNEXSPIKE	2	Moderna Spikevax or mNEXSPIKE: Dose 1: ≥4 weeks after the last dose. Dose 2: at 6 months after Dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
1 dose of Pfizer-BioNTech	3	Pfizer-BioNTech Dose 1: 3 weeks after the last dose. Dose 2: ≥4 weeks after Dose 1. Dose 3: at 6 months after Dose 2 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
2 Doses of Pfizer-BioNTech	2	Pfizer-BioNTech Dose 1: ≥4 weeks after the last dose. Dose 2: at 6 months after dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
1 Dose of Novavax	2	Nuvaxovid Dose 1: 3 weeks after the last dose. Dose 2: at 6 months after Dose 1 (minimum interval 2 months) Additional: ≥2 months under shared decision-making

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≥3 doses of Moderna Spikevax, or Pfizer-BioNTech. OR ≥2 doses of Novavax	2	Moderna Spikevax or mNEXSPIKE, or Pfizer-BioNTech, or Nuvaxovid: Dose 1: ≥8 weeks after the last dose; Dose 2: 6 months after Dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
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§Moderna Spikevax: 0.5 mL/50 µg; Pfizer: 0.3 mL/30 µg; mNEXSPIKE: 0.2 mL/10 µg; Nuvaxovid: 0.5 mL/5 µg rS + 50 µg Matrix-M.

Note: No maximum doses; mNEXSPIKE for ≥65 and 12–64 with risk. 6-month dosing can be with Moderna Spikevax, Moderna mNEXSPIKE, Pfizer-BioNTech, or Nuvaxovid.

Source:

- Centers for Disease Control and Prevention. Clinical considerations for COVID-19 vaccination: routine guidance. CDC. Updated February 27, 2026. Accessed September 2, 2026.
- Katherine Belden, Anoma Nellore, Paul Goepfert, Chen Sabrina Tan, et al. IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients. September 2, 2026.
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026–2027: Policy Statement. Pediatrics. 2026; doi: 10.1542/peds.2026-079045

Table 2d: Ages ≥ 19 years [IMMUNOCOMPROMISED] - Use vaccine from the same manufacturer for all doses in the initial vaccination series. Either the Moderna product (Spikevax or mNexspike) can be used unless otherwise specified.

COVID-19 vaccination history* before 2026–2027 vaccine	Number of 2026–2027 doses indicated	Recommended 2026–2027 vaccine§ and interval between doses
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Unvaccinated	4 (Moderna Spikevax or mNEXSPIKE, Pfizer) 3 (Nuvaxovid)	Moderna Spikevax or mNEXSPIKE: Dose 1 Day 0; Dose 2 at 4 weeks; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months). Pfizer-BioNTech: Dose 1 Day 0; Dose 2 at 3 weeks; Dose 3 ≥4 weeks after Dose 2; Dose 4 at 6 months after Dose 3 (minimum interval 2 months) Nuvaxovid: Dose 1 Day 0; Dose 2 at 3 weeks; Dose 3 at 6 months after Dose 2 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
1 dose Moderna Spikevax	3	Moderna Spikevax or mNEXSPIKE: Dose 1: 4 weeks after last dose; Dose 2: ≥4 weeks after Dose 1; Dose 3: at 6 months after Dose 2 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
2 Doses Moderna Spikevax	2	Moderna Spikevax or mNEXSPIKE: Dose 1: ≥4 weeks after the last dose. Dose 2: at 6 months after Dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making

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1 dose of Pfizer-BioNTech	3	Pfizer-BioNTech Dose 1: 3 weeks after the last dose. Dose 2: ≥4 weeks after Dose 1. Dose 3: at 6 months after Dose 2 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
2 Doses of Pfizer-BioNTech	2	Pfizer-BioNTech Dose 1: ≥4 weeks after the last dose. Dose 2: at 6 months after dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making
1 Dose of Novavax	2	Nuvaxovid Dose 1: 3 weeks after the last dose. Dose 2: at 6 months after Dose 1 (minimum interval 2 months) Additional: ≥2 months under shared decision-making
≥3 doses of Moderna Spikevax, or Pfizer-BioNTech ≥2 doses of Novavax	2	Moderna Spikevax or mNEXSPIKE, Pfizer-BioNTech, or Nuvaxovid: Dose 1: ≥8 weeks after the last dose. Dose 2: 6 months after Dose 1 (minimum interval 2 months). Additional: ≥2 months under shared decision-making

Moderna Spikevax: 0.5 mL/50 µg; Pfizer: 0.3 mL/30 µg; mNEXSPIKE: 0.2 mL/10 µg; Nuvaxovid: 0.5 mL/5 µg rS + 50 µg Matrix-M.
Note: No maximum doses; may repeat ≥2 months under decision-making. 6-month dosing can be with Moderna Spikevax or mNEXSPIKE, Pfizer-BioNTech, or Nuvaxovid.

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- Katherine Belden, Anoma Nellore, Paul Goepfert, Chen Sabrina Tan, et al. IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients. September 2, 2026.

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