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2026-2027 COVID-19 Vaccination

The FDA has licensed 2026-2027 formulas of the mRNA COVID-19 vaccines *Comirnaty*, *Spikevax*, and *mNEXSPIKE*¹ and the adjuvanted protein subunit COVID-19 vaccine *Nuvaxovid*.

The vaccines are FDA-licensed for use in adults ≥65 years old and in persons aged 6 months-64 years (*Spikevax*), 5-64 years (*Comirnaty*), or 12-64 years (*mNEXSPIKE*, *Nuvaxovid*) who are at high risk for severe COVID-19 because of an underlying condition.

THE NEW FORMULAS — The 2026-2027 COVID-19 vaccines are monovalent. They target the spike protein of the XFG Omicron strain of SARS-CoV-2, which is descended from the JN.1 strain and is currently the dominant circulating strain in the US.² *Comirnaty* and *Spikevax* code for the entire spike protein; *mNEXSPIKE* codes only for the N-terminal and receptor-binding domains of the spike protein. *Nuvaxovid* contains a recombinant form of the spike protein.

DOSAGE AND ADMINISTRATION — For most patients, a single dose of a 2026-2027 COVID-19 vaccine administered ≥2 months after any previous COVID-19 vaccine dose is recommended. Additional doses are recommended for immunocompromised patients,^{3,4} children 6-23 months old who have never been vaccinated against COVID-19, and adults ≥65 years old (see Table 1).

RECOMMENDATIONS — The risk of severe outcomes from COVID-19 is highest in older adults, persons with underlying medical conditions, and residents of long-term care facilities (see Table 2). The CDC recommends COVID-19 vaccination for all persons ≥18 years old and for children 6 months-17 years old with moderate to severe immunocompromise; they say the decision to vaccinate other children should be based on shared clinical decision-making.⁵ Four medical societies have provided 2026-2027 vaccination recommendations for specific patient populations according to their individual areas of specialization (see Table 3); the recommendations are intended to be combined to provide guidance for all US residents.^{4,6-8}

Table 1. Dosage Recommendations for 2026-2027 COVID-19 Vaccines¹

Age	Formulation	Usual Dosage	Cost ²
Comirnaty (Pfizer/BioNTech) – mRNA vaccine			
5-11 years	10 mcg/0.3 mL single-dose vials	One 10-mcg dose ^{3,4}	\$90.60
≥12 years	30 mcg/0.3 mL prefilled syringes	One 30-mcg dose ³⁻⁵	202.10
Spikevax (Moderna) – mRNA vaccine			
6-23 months	25 mcg/0.25 mL prefilled syringes	Two 25-mcg doses 1 month apart ^{3,6}	151.70
2-11 years	25 mcg/0.25 mL prefilled syringes	One 25-mcg dose ^{3,4}	151.70
≥12 years	50 mcg/0.5 mL prefilled syringes	One 50-mcg dose ³⁻⁵	151.70
mNEXSPIKE (Moderna) – mRNA vaccine⁶			
≥12 years	10 mcg/0.2 mL prefilled syringes	One 10-mcg dose ³⁻⁵	221.30
Nuvaxovid (Sanofi) – adjuvanted protein subunit vaccine			
≥12 years	5 mcg/0.5 mL prefilled syringes	One 5-mcg dose ³⁻⁵	221.30

1. The monovalent component in the 2026-2027 vaccines corresponds to the JN.1-descendent XFG variant of SARS-CoV-2.
2. Approximate WAC for one dose. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. October 5, 2026. Reprinted with permission by First Databank, Inc. All rights reserved. ©2026. www.fdbhealth.com/drug-pricing-policy.
3. The CDC, the AAP, and the IDSA have recommended additional doses for moderately or severely immunocompromised patients.
4. Given ≥2 months after the last dose of any COVID-19 vaccine.
5. For adults ≥65 years old, the AAFP recommends 2 doses (at 0 and 6 months) of an updated COVID-19 vaccine each season.
6. For those who have not previously received any COVID-19 vaccine. Those who previously received one dose of *Spikevax* should receive a single 25-mcg dose ≥1 month after their previous dose. Those who previously received 2 or more doses of *Spikevax* should receive a single 25-mcg dose ≥2 months after their previous dose.

Table 2: Some Risk Factors for Severe COVID-19¹

- ▶ Immunocompromising conditions or immunosuppressive medications
- ▶ Chronic heart, lung, kidney, or liver disease
- ▶ Diabetes
- ▶ Obesity/overweight
- ▶ Pregnancy/postpartum
- ▶ Neurologic conditions (e.g., dementia, stroke)
- ▶ Disabilities (e.g., Down syndrome)
- ▶ Hematologic conditions (e.g., sickle cell disease or thalassemia)
- ▶ Smoking (current or former), physical inactivity, and substance use disorders
- ▶ Mental health conditions (e.g., mood disorders, schizophrenia)
- ▶ Residence in a long-term care facility

1. CDC. Underlying conditions and the higher risk for severe COVID-19. February 6, 2025. Available at: <https://bit.ly/3UUQff>. Accessed October 7, 2026.

EFFECTIVENESS — Licensure of the 2026-2027 vaccines was based on the immunogenicity, safety, and effectiveness of previous vaccines. In previous seasons, COVID-19 vaccination has been associated with reductions in the risk of severe disease, emergency department visits, hospitalizations, and deaths in children, adults, and persons with immunocompromising conditions.⁹⁻¹²

ADVERSE EFFECTS — Adverse effects of currently licensed US COVID-19 vaccines have included injection-site reactions, fatigue, fever, chills, muscle and joint pain, headache, nausea, vomiting, and lymphadenopathy. Vaccine-related serious adverse events have been rare. Severe allergic reactions have occurred.

Myocarditis and pericarditis have occurred rarely following COVID-19 vaccination; the incidence has been highest in adolescent and young adult males.¹³ Myocarditis and pericarditis can also occur with SARS-CoV-2 infection.¹⁴

PREGNANCY AND LACTATION — SARS-CoV-2 infection has been associated with an increased risk of adverse pregnancy outcomes. In a retrospective cohort study of in-hospital deliveries, pregnant women infected with SARS-CoV-2 had higher rates of severe morbidity, ICU admission, and in-hospital mortality; increased risks of preterm birth, cesarean delivery, and fetal death at ≥ 20 weeks' gestation were also observed.¹⁵

COVID-19 vaccination has been shown to protect pregnant women against adverse outcomes while providing passive immunity to their infants.¹⁶⁻²⁰ Administration of COVID-19 vaccines to breastfeeding women is considered safe.⁶

The American College of Obstetricians and Gynecologists (ACOG) recommends COVID-19 vaccination for women who are pregnant (any trimester), recently pregnant, contemplating pregnancy, or breastfeeding.⁶ ■

Table 3. Medical Society Recommendations by Subpopulation for 2026-2027 COVID-19 Vaccination¹**American Academy of Family Physicians (AAFP)²**

- ▶ All nonpregnant, immunocompetent adults ≥ 19 years old, particularly those ≥ 65 years old, those at increased risk for severe COVID-19, and those who never received a COVID-19 vaccine
- ▶ Healthcare personnel
- ▶ Adults ≥ 65 years old should receive two doses (6 months apart)
- ▶ Influenza, COVID-19, and RSV vaccines should be offered at the same office visit

American Academy of Pediatrics (AAP)³

- ▶ All children 6-23 months old (single dose if initial series has been completed)
- ▶ Children 6 months-18 years old who are moderately or severely immunocompromised (≥ 2 doses based on previous vaccination status)
- ▶ Children and adolescents 2-18 years old in certain risk groups⁴ and those whose parents desire their protection from COVID-19 (single dose)

American College of Obstetricians and Gynecologists (ACOG)⁵

- ▶ Individuals who are pregnant (any trimester), recently pregnant, contemplating pregnancy, or breastfeeding (single dose)

Infectious Diseases Society of America (IDSA)⁶

- ▶ Adults and children ≥ 6 months old with compromised immunity (at least one dose; ≥ 2 doses in a 12-month period may extend protection)⁷

1. The recommendations are intended to be combined to provide guidance for all US residents.
2. AAFP. 2026-2027 influenza, RSV and SARS-CoV-2 immunization recommendations for non-pregnant immunocompetent adults and health care personnel. Available at: <https://bit.ly/46CjJ0w>. Accessed: October 7, 2026.
3. AAP. Committee on Infectious Diseases. Recommendations for COVID-19 vaccines in infants, children, and adolescents, 2026-2027: policy statement. Pediatrics 2026 September 2 (epub).
4. Includes persons who are at high risk of severe COVID-19, who reside in long-term care facilities or other congregate settings, who have never been vaccinated against COVID-19, or whose household contacts are at high risk of severe COVID-19.
5. American College of Obstetricians and Gynecologists. Practice advisory: COVID-19 vaccination considerations for obstetric-gynecologic care. August 2026. Available at: <https://bit.ly/4rK7bhd>. Accessed: October 7, 2026.
6. IDSA. 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. Available at: <https://bit.ly/4roGvCu>. Accessed: October 7, 2026.
7. Includes patients with impaired immune systems due to underlying disease (e.g., HIV, malignancy) or medications they must take (e.g., solid organ transplant). Household members and close contacts should also be up to date with COVID-19 vaccination.

Note: CDC 2026-2027 Recommendations

Because a court order prevented the CDC's Advisory Committee on Immunization Practices (ACIP) from meeting earlier this year, they could not issue updated COVID-19 vaccine recommendations for 2026-2027. The CDC therefore continues to follow the recommendations from the 2025-2026 season. To give clinicians clear advice for fall 2026, the AAP, AAFP, ACOG, and IDSA coordinated the release of their own guidance on influenza, COVID-19 (see Table 3), and RSV vaccines. Each organization addressed the patients it serves, with recommendations meant to provide consistent direction while the federal advisory process remains paused.

1. COVID-19 update: mNexspike – a new Moderna mRNA vaccine for COVID-19. *Med Lett Drugs Ther* 2025; 67:119.
2. CDC. Variants and genomic surveillance. August 28, 2025. Available at: <https://bit.ly/4B7NzYX>. Accessed: October 7, 2026.
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8. American Academy of Pediatrics. Committee on Infectious Diseases. Recommendations for COVID-19 vaccines in infants, children, and adolescents, 2026-2027: policy statement. *Pediatrics* 2026 September 2 (epub).
9. RA Lipson et al. COVID-19 vaccine effectiveness and safety for the 2026-2027 respiratory season. *JAMA* 2026 September 2 (epub).
10. N Vivic et al. Interim effectiveness of 2025-2026 mRNA-1283 and BNT162b2 COVID-19 vaccines against COVID-19-related outcomes among adults aged ≥65 years in the United States. *Infect Dis Ther* 2026; 15:2307.
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