MAINE CDC STANDING ORDER FOR ADMINISTRATION OF 2025–2026 COVID-19 VACCINES BY QUALIFIED HEALTH CARE PROFESSIONALS September 12, 2025

Purpose

To reduce morbidity and mortality from COVID-19, this standing order authorizes qualified health care professionals, as defined below, to administer the 2025–2026 COVID-19 vaccine to individuals who meet the criteria established by the Maine Center for Disease Control and Prevention (Maine CDC), as supported by evidence-based guidance from the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists. Vaccination remains a vital public health tool to prevent COVID-19 infection, severe illness, hospitalization, and death.

Background

A standing order is an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients. This standing order enables authorized health care professionals (HCP) to administer COVID-19 vaccines in accordance with the "Procedure" below without the need for clinician examination or direct order from the attending provider at the time of the interaction. The COVID-19 vaccine is medically necessary for individuals who meet the criteria set forth in the procedure section, below.

As defined in this order, HCPs include the following licensees who hold licenses in active status: physicians and physician assistants and physician associates as defined by 32 M.R.S. § 3270-G(1)(D) and (E), respectively; registered nurses, advanced practice registered nurses, and licensed practical nurses as defined by 32 M.R.S. § 2102 (5), (5-A), and (6), respectively; and pharmacists and pharmacy technicians who meet the qualifications set forth in 32 M.R.S. §§ 13832 and 13831(6)(A-D), respectively. HCPs may delegate activities related to this standing order to medical assistants and other medical support staff to the same extent that they may delegate activities related to an individualized order or prescription for a vaccine under Maine law.

Nothing in this order limits existing authority of HCPs under Maine law.

Procedure

1. Assess need for vaccination against COVID-19.

This Standing Order authorizes vaccination with an age-appropriate 2025–2026 COVID-19 vaccine based on evidence-based guidance drawn from the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. **Appendix A** of this Standing Order provides detailed vaccination schedules and intervals between doses for people who are not moderately or severely immunocompromised. **Appendix B** provides detailed vaccination schedules and intervals for people who are moderately or severely immunocompromised. Age-appropriate vaccine products and dosages are listed under the vaccine administration section (Section 5) of this Standing Order.

INFANTS AND CHILDREN 6 MONTHS THROUGH 23 MONTHS OF AGE:

- Unvaccinated: Infants and children should receive a multidose initial series with age-appropriate 2025–2026 COVID-19 vaccine.
- Incomplete initial vaccinations series: Consult Appendix A (Table 1A).
- Previously completed an initial series: Should receive one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine.

CHILDREN 2 THROUGH 4 YEARS OF AGE:

- Children 2 through 4 years of age who are in one or more of the following categories should receive one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine:
 - At high risk of severe COVID-19 (see Appendix C);
 - Residents of long-term care facilities or other congregate settings;
 - O No previous COVID-19 vaccination; or

- Have household contacts at high risk for severe COVID-19.
- Children 2 through 4 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine.

CHILDREN 5 THROUGH 18 YEARS OF AGE:

- Children 5 through 18 years of age who are in one or more of the following categories should receive one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine:
 - At high risk of severe COVID-19 (see Appendix C);
 - Residents of long-term care facilities or other congregate settings;
 - o No previous COVID-19 vaccination; or
 - Have household contacts at high risk for severe COVID-19.
- Children 5 through 18 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine.

PEOPLE AGES 19 THROUGH 64 YEARS:

• People ages 19 to 64 years should receive one (1) dose of age-appropriate 2025–2026 COVID-19 vaccine.

PEOPLE AGES 65 YEARS AND OLDER:

People ages 65 years and older should receive two (2) doses of age-appropriate 2025–2026 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart, regardless of prior COVID-19 vaccination history.

PREGNANT OR RECENTLY PREGNANT OR LACTATING INDIVIDUALS OR CONTEMPLATING PREGNANCY:

• Pregnant, recently pregnant, or lactating individuals, or those contemplating pregnancy, should receive one (1) dose of age-appropriate 2025–2026 COVID-19.

PEOPLE WHO ARE MODERATELY OR SEVERELY IMMUNOCOMPROMISED:

- Unvaccinated: People who are moderately or severely immunocompromised should receive a multidose initial series with an age-appropriate 2025–2026 COVID-19 vaccine and one (1) dose of a 2025–2026 COVID-19 vaccine 6 months (minimum interval 2 months) after completing the initial series.
- Previously completed an initial series: People who are moderately or severely immunocompromised should receive two (2) doses of age-appropriate 2025–2026 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart.
- For people who initiated but did not complete an initial series: Consult Appendix B (Table 2).
- People who are moderately or severely immunocompromised may receive additional ageappropriate 2025–2026 COVID-19 vaccine doses under shared clinical decision-making. Consult Appendix B (Table 2).

2. Screen for contraindications and precautions.

- Contraindications:
 - A severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.
- Precautions:
 - History of:
 - A diagnosed non-severe allergy to a component of COVID-19 vaccine.
 - Non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of one COVID-19 vaccine type, if receiving

the same vaccine type.

- Moderate to severe acute illness, with or without fever.
- Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A).
- Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine.

3. Provide vaccine information statements.

Provide all patients with a copy of the most current federal vaccine information statement (VIS).
 Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired.

4. Prepare to administer the vaccine.

• Choose the needle gauge, needle length, and injection site according to the following charts:

Infant/Child:

Age of child	Needle gauge	Needle length	Injection site
Age 6–11 months	22–25	1"	Vastus lateralis of
			anterolateral thigh ¹
Age 1–2 years	22–25	1"	Vastus lateralis of
			anterolateral thigh ¹
	22–25	5/8–1"	Deltoid muscle of arm
Age 3–10 years	22–25	5/8 ² -1"	Deltoid muscle of arm ¹
	22–25	1"	Vastus lateralis of
			anterolateral thigh
Children, 11–18 years	22–25	5/82–1"	Deltoid muscle of arm ^{1,3}

¹ Preferred site

Adult:

Weight of Patient	Needle Gauge	Needle Length	Injection Site
Less than 130 lbs	22–25	5/81 –1"	Deltoid muscle of arm
130–152 lbs	22–25	1"	Deltoid muscle of arm
153–200 lbs	22–25	1-1 ½"	Deltoid muscle of arm
200+ lbs	22–25	1½"	Deltoid muscle of arm

A 5%" needle for patients weighing less than 130 lbs may be used for IM injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90" angle to the skin

5. Administer any recommended, age-appropriate COVID-19 vaccine using the vaccine product and dosing chart below, and according to the individual's immunocompromised status following the tables included in Appendix A (Routine COVID-19 vaccination schedule for people who <u>ARE NOT</u> moderately or severely immunocompromised) and Appendix B (COVID-19 vaccination schedule for people who <u>ARE</u> moderately or severely immunocompromised).

2025–2026 COVID-19 vaccine products and dosing based on age:

Age	COVID-19 Vaccine Product	Dosage
6 months through 4 years	Moderna (Spikevax)	0.25 mL/25 μg
	Pfizer-BioNTech (Comirnaty)	0.3 mL/10 μg
5 years through 11 years	Moderna (Spikevax)	0.25 mL/25 μg
	Pfizer-BioNTech (Comirnaty)	0.3 mL/30 μg
	Moderna (Spikevax)	0.5 mL/50 μg
12 years and older	Moderna (mNEXSPIKE)	0.2 mL/10 μg
	Novavax (Nuvaxvoid)	0.5 mL/5 μg rS and 50 μg of
		Matrix-M adjuvant

² Alternate needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin.

³ The vastus lateralis muscle in the anterolateral thigh can also be used. Most adolescents and adults will require a 1- to 1.5-inch (25–38 mm) needle to ensure intramuscular administration.

6. Document vaccination.

- Document each patient's vaccine administration information and any needed follow-up in the following places:
 - Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, the name and address, and if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or the office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If the vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccination with the patient at the next visit.
 - **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
 - Immunization Information System (IIS): Locations required to report vaccinations to the Maine IIS, ImmPact, must comply with standard reporting requirements established by 22 MRS § 1064.

7. Be prepared to manage medical emergencies.

- Vaccinators should know how to recognize and respond to vaccine reactions, including anaphylaxis. Have a plan and supplies ready to provide appropriate medical care if an event occurs. At a minimum, plans used under this standing order should include the elements included in the Immunize.org "Medical Management of Vaccine Reactions" plans for adults and children or teens.
 - Immunize.org: Medical Management of Vaccine Reactions in Adults in a Community Setting, www.immunize.org/catg.d/p3082.pdf.
 - Immunize.org: Medical Management of Vaccine Reactions in Children and Teens in a Community Setting, www.immunize.org/catg.d/p3082a.pdf.
 - To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8. Report adverse events to VAERS.

 Report all adverse events following the administration of COVID-19 vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html.
 Further assistance is available by telephone at 800-822-7967.

Standing Order Authorization

This standing order is effective September 12, 2025, and shall remain in effect until withdrawn or until January 1, 2026, whichever comes first.

Maine Department of Health and Human Services Issuing Official

September 12, 2025

Isaac Benowitz, MD, MPH

Maine license: MD25219

APPENDIX A: ROUTINE 2025–2026 COVID-19 VACCINATION SCHEDULE FOR PEOPLE WHO ARE NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

TABLE 1A: AGES 6 MONTHS THROUGH 23 MONTHS NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history* before 2025–2026 COVID-19 vaccine	Number of 2025–2026 COVID-19 doses indicated	Recommended 2025–2026 COVID-19 vaccine [†] and interval between doses	
Unvaccinated:	muicateu		
Receive an initial series with 20)25–2026 COVID-19 v	vaccine	
Unvaccinated	2	2025–2026 Dose 1 (Moderna): Day 0	
		2025–2026 Dose 2 (Moderna): 4–8 weeks after Dose 1 [‡]	
Initiated but did not complete	e the initial series befo	ore 2025–2026 vaccine:	
Complete the initial series with	2025–2026 vaccine		
1 dose Moderna	1	2025–2026 1 Dose (Moderna): At least 4-8 weeks after last dose [‡]	
1 dose Pfizer-BioNTech	2	2025–2026 Dose 1 (Moderna): At least 4-8 weeks after last dose [‡]	
		2025–2026 Dose 2 (Moderna): At least 8 weeks after Dose 1 [‡]	
2 or more doses	1	2025–2026 1 Dose (Moderna): At least 8 weeks after last dose	
Pfizer-BioNTech vaccine			
Completed the initial series before 2025–2026 vaccine:			
Receive 1 dose of 2025–2026 v	raccine		
2 or more doses Moderna		2025–2026 1 Dose (Moderna): At least 8 weeks after last dose	
OR 3 or more doses Pfizer-	1		
BioNTech			

^{*}COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024, and 2024-2025 COVID-19 vaccines.

TABLE 1B: AGES 2 YEARS THROUGH 4 YEARS NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026 COVID-19 vaccine [†]	Number of 2025–2026 COVID-19 doses indicated	Recommended 2025–2026 COVID-19 vaccine [‡] and interval between doses		
Unvaccinated: Receive one dose of 2025–2026 COVID-19 vaccine				
Unvaccinated	1	2025–2026 1 Dose (Moderna)		
Previously vaccinated before 2025–2026 COVID-19 vaccine:				
Receive 1 dose of 2025–2026 COVID-19 vaccine				
1 or more doses mRNA		2025–2026 1 Dose (Moderna): At least 8 weeks after last dose		
(Moderna or	1			
Pfizer-BioNTech) vaccine				

 $^{^{\}dagger}$ Dosage for Moderna: 0.25 mL/25 μg .

[‡]An <u>8-week interval</u> between the first and second mRNA COVID-19 vaccine doses might be optimal for some people as it might reduce the rare risk of myocarditis and pericarditis associated with these vaccines.

TABLE 1C: AGES 5 YEARS THROUGH 11 YEARS NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026	Number of 2025–2026	Recommended 2025–2026 COVID-19 vaccine [‡] and interval		
COVID-19 vaccine [†]	COVID-19 doses	between doses		
	indicated			
Unvaccinated: Receive one dose of 2025–2026 COVID-19 vaccine				
Unvaccinated	1	2025–2026 1 Dose (Moderna or Pfizer-BioNTech)		
Previously vaccinated before 2025–2026 COVID-19 vaccine:				
• Receive 1 dose of 2025	• Receive 1 dose of 2025–2026 COVID-19 vaccine			
1 or more doses mRNA		2025–2026 1 Dose (Moderna or Pfizer-BioNTech): At least 8 weeks		
(Moderna or	1	after last dose		
Pfizer-BioNTech) vaccine				

[†]COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024, and 2024-2025 COVID-19 vaccines.

TABLE 1D: AGES 12 THROUGH 64 YEARS, INCLUDING PEOPLE WHO ARE PREGNANT NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026	Number of 2025–2026	Recommended 2025–2026 COVID-19 vaccine [‡] and interval	
COVID-19 vaccine*†	COVID-19 doses	between doses	
	indicated		
Unvaccinated: Initiate vaccina	tion with 2025–2026 (COVID-19 vaccine	
Unvaccinated	1	2025–2026 1 Dose of Moderna or Pfizer-BioNTech	
		OR	
	2	2025 – 2026 2 doses Novavax at 0,3-8 weeks	
Previously vaccinated before	viously vaccinated before 2025–2026 COVID-19 vaccine: Receive 1 dose of 2025–2026 COVID-19 vaccine		
1 or more doses mRNA		2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At	
(Moderna or	1	least 8 weeks after last dose	
Pfizer-BioNTech) vaccine			
1 dose Novavax	1	2025–2026 Dose 1 (Novavax): 3–8 weeks after last dose ^{§¶}	
2 or more doses Novavax	1	2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At	
		least 8 weeks after last dose	

^{*}COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024, and 2024-2025 COVID-19 vaccines.

[‡]Dosage for Moderna: 0.25 mL/25 μg; dosage for Pfizer-BioNTech: 0.3 mL/10 μg.

[†]People ages 18-64 years who received 1 or more doses of Janssen COVID-19 Vaccine should receive 1 dose of any 2025–2026 COVID vaccine.

 $^{^{\}ddagger}$ Dosage for Moderna: 0.5 mL/50 μ g; dosage for Novavax: 0.5 mL/5 μ g rS protein and 50 μ g Matrix-M adjuvant; dosage for Pfizer-BioNTech: 0.3 mL/30 μ g.

[§]An <u>8-week interval</u> between the first and second COVID-19 vaccine (Moderna, Novavax, Pfizer-BioNTech) doses might be optimal for some people as it might reduce the rare risk of myocarditis and pericarditis associated with these vaccines.

¶If more than 8 weeks have elapsed since receipt of the first dose of Novavax, any 2025–2026 COVID-19 vaccine (i.e., Moderna, Novavax,

If more than 8 weeks have elapsed since receipt of the first dose of Novavax, any 2025–2026 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) may be administered.

TABLE 1E: 65 YEARS AND OLDER NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026 COVID-19 vaccine*†	Number of 2025–2026 COVID-19 doses indicated	Recommended 2025–2026 COVID-19 vaccine [‡] and interval between doses	
Unvaccinated: Initiate vaccina	ntion with 2025-2026 (COVID-19 vaccine	
	2	2025–2026 1 Dose (Moderna or Pfizer-BioNTech)2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after Dose 1	
		OR	
Unvaccinated	3	2025–2026 Dose 1 (Novavax): Day 0 2025–2026 Dose 2 (Novavax): 3–8 weeks after Dose 1§ 2025–2026 Dose 3 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after Dose 2	
Previously vaccinated before	Previously vaccinated before 2025–2026 COVID-19 vaccine: Receive 1 dose of 2025–2026 COVID-19 vaccine		
1 or more doses mRNA (Moderna or Pfizer-BioNTech) vaccine	2	2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At least 8 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1	
1 dose Novavax	2	2025–2026 Dose 1 (Novavax): 3–8 weeks after last dose ^{§¶} 2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1	
2 or more doses Novavax	2	2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At least 8 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1	

^{*}COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024 and 2024-2025 COVID-19 vaccines.

[†]People ages 65 years and older who received 1 or more doses of Janssen COVID-19 Vaccine should receive a first dose of any 2025–2026 COVID-19 vaccine followed by a second dose of any 2025–2026 COVID-19 vaccine 6 months (minimum interval 2 months) after the first dose.

[‡]Dosage for Moderna: 0.5 mL/50 μg; dosage for Novavax: 0.5 mL/5 μg rS protein and 50 μg Matrix-M adjuvant; dosage for Pfizer-BioNTech: 0.3 mL/30 μg.

[§]An 8-week interval between the first and second COVID-19 vaccine (Moderna, Novavax, and Pfizer-BioNTech) doses might be optimal for some people as it might reduce the rare risk of myocarditis and pericarditis associated with these vaccines.

If more than 8 weeks have elapsed since receipt of the first dose of Novavax, any 2024–2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) may be administered.

APPENDIX B: 2025–2026 COVID-19 VACCINATION SCHEDULE FOR PEOPLE WHO <u>ARE</u> MODERATELY OR SEVERELY IMMUNOCOMPROMISED

TABLE 2A: AGES 6 MONTHS-4 YEARS MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026 COVID-19 vaccine*	Number of 2025–2026 COVID-19 doses indicated	Recommended 2025–2026 COVID-19 vaccine [†] and interval between doses		
Unvaccinated:				
• Receive an initial 3	-dose series with 2025-	-2026 vaccine		
• Receive 1 dose of 2	025–2026 vaccine 6 m	nonths (minimum interval 2 months) after completing initial series		
		26 vaccine under shared clinical decision-making [‡]		
_		2025–2026 Dose 1 (Moderna): Day 0		
		2025–2026 Dose 2 (Moderna): 4 weeks after Dose 1		
		2025–2026 Dose 3 (Moderna): At least 4 weeks after Dose 2		
Unvaccinated	4	2025–2026 Dose 4 (Moderna): 6 months (minimum interval 2 months)		
		after Dose 3		
		Additional doses (Moderna): May be administered under shared clinical		
		decision-making at least 2 months after last 2025–2026 Moderna dose [‡]		
Initiated but did not comp	lete the initial series l	before 2025–2026 vaccine:		
	e series with 2025–202			
• Receive 1 dose of 2	025–2026 vaccine 6 m	nonths (minimum interval 2 months) after completing initial series		
May receive addition	onal doses of 2025–202	26 vaccine under shared clinical decision-making [‡]		
		2025–2026 Dose 1 (Moderna): 4 weeks after last dose		
		2025–2026 Dose 2 (Moderna): At least 8 weeks after		
1 dose Moderna		2025–2026 Dose 1		
or Pfizer-	3	2025–2026 Dose 3 (Moderna): 6 months (minimum interval 2		
BioNTech		months) after 2025–2026 Dose 2		
		Additional doses (Moderna): May be administered under shared clinical		
		decision-making at least 2 months after last 2025–2026 Moderna dose [‡]		
		2025–2026 Dose 1 (Moderna): At least 4 weeks after last dose		
2 doses Moderna	2	2025–2026 Dose 2 (Moderna): 6 months (minimum interval 2		
or Pfizer-		months) after 2025–2026 Dose 1		
BioNTech		Additional doses (Moderna): May be administered under shared clinical		
		decision-making at least 2 months after last 2025–2026 Moderna dose [‡]		
Completed the 3-dose initial series before 2025–2026 vaccine:				
Receive 2 doses of 2025–2026 vaccine spaced 6 months (minimum interval 2 months) apart				
May receive addition	 May receive additional doses of 2025–2026 vaccine under shared clinical-decision making[‡] 			
3 or more doses Moderna	2	2025–2026 Dose 1 (Moderna): At least 8 weeks after last dose		
or Pfizer		2025–2026 Dose 2 (Moderna): 6 months (minimum interval 2		
		months) after 2025–2026 Dose 1		
		Additional doses (Moderna): May be administered under shared clinical		
		decision-making at least 2 months after last 2025–2026 Moderna dose [‡]		

^{*}COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines, and includes original, bivalent, 2023-2024, and 2024–2025 COVID-19 vaccines.

[†]Dosage for Moderna: 0.25 mL/25 μg; dosage for Pfizer-BioNTech: 0.3 mL/3 μg.

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

TABLE 2B: AGES 5 YEARS THROUGH 11 YEARS* MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination history before 2025–2026 COVID-19 vaccine [†]	Number of 2025— 2026 COVID-19 doses indicated	Recommended 2025–2026 COVID-19 vaccine [‡] and interval between doses
Unvaccinated:		
• Receive an initial 3-do		
		onths (minimum interval 2 months) after completing initial series
May receive additiona	1 doses of 2025–2026	5 vaccine under shared clinical decision-making§
		2025–2026 Dose 1 (Moderna): Day 0 2025–2026 Dose 2 (Moderna): 4 weeks after Dose 1
		2025–2026 Dose 2 (Moderna): 4 weeks after Dose 1 2025–2026 Dose 3 (Moderna): At least 4 weeks after Dose 2
Unvaccinated	4	2025–2026 Dose 4 (Moderna or Pfizer-BioNTech): 6 months (minimum
Onvacemated		interval 2 months) after Dose 3
		Additional doses (Moderna or Pfizer-BioNTech): May be administered
		under shared clinical decision-making at least 2 months after last 2025–
		2026 Moderna dose§
		OR
		2025–2026 Dose 1 (Pfizer-BioNTech): Day 0
		2025–2026 Dose 2 (Pfizer-BioNTech): 3 weeks after Dose 1
		2025–2026 Dose 3 (Pfizer-BioNTech): At least 4 weeks after Dose 2
		2025–2026 Dose 4 (Moderna or Pfizer-BioNTech): 6 months (minimum
	4	interval 2 months) after Dose 3
		Additional doses (Moderna or Pfizer-BioNTech): May be administered
		under shared clinical decision-making at least 2 months after last 2025–
		2026 mRNA dose§
Initiated but did not complet		
• Complete the 3-dose s		
		onths (minimum interval 2 months) after completing initial series
May receive additiona	l doses of 2025–2026	6 vaccine under shared clinical decision-making§
		2025–2026 Dose 1 (Moderna): 4 weeks after last dose
		2025–2026 Dose 2 (Moderna): At least 4 weeks after 2025–2026 Dose 1
		2025–2026 Dose 3 (Moderna or Pfizer-BioNTech): 6 months
1 dose Moderna	2	(minimum interval 2 months) after 2025–2026 Dose 2 Additional doses (Moderna or Pfizer-BioNTech): May be administered
i dose Modellia	3	under shared clinical-decision making at least 2 months after last 2025—
		2026 mRNA dose§
		2025–2026 Dose 1 (Moderna): At least 4 weeks after last dose
		2025–2026 Dose 2 (Moderna or Pfizer-BioNTech): 6 months
		(minimum interval 2 months) after 2025–2026 Dose 1
2 doses Moderna	2	Additional doses (Moderna or Pfizer-BioNTech): May be administered
	_	under shared clinical decision-making at least 2 months after last 2025—
		2026 mRNA dose§

		2025–2026 Dose 1 (Pfizer-BioNTech): 3 weeks after last dose
		2025–2026 Dose 2 (Pfizer-BioNTech): At least 4 weeks after 2025–
		2026 Dose 1
1 dose Pfizer-BioNTech	3	2025–2026 Dose 3 (Moderna or Pfizer-BioNTech): 6 months
		(minimum interval 2 months) after 2025–2026 Dose 2
		Additional doses (Moderna or Pfizer-BioNTech): May be
		administered under shared clinical decision-making at least 2 months
		after last 2025–2026 mRNA dose§
		2025–2026 Dose 1 (Pfizer-BioNTech): At least 4 weeks after last dose
		2025–2026 Dose 2 (Moderna or Pfizer-BioNTech): 6 months
2 doses Pfizer-BioNTech	2	(minimum interval 2 months) after 2025–2026 Dose 2
		Additional doses (Moderna or Pfizer-BioNTech): May be
		administered under shared clinical decision-making at least 2 months
		after last 2025–2026 mRNA dose§
Completed the 3-dose initial s	series before 2025–2	2026 vaccine:
• Receive 2 doses of 202	25–2026 vaccine space	ced 6 months (minimum interval 2 months) apart
May receive additional	doses of 2025–2026	6 vaccine under shared clinical decision-making§
		2025–2026 Dose 1 (Moderna or Pfizer-BioNTech): At least 8 weeks
		after last dose
		2025–2026 Dose 2 (Moderna or Pfizer-BioNTech): 6 months
3 or more doses Moderna or	2	(minimum interval 2 months) after 2025–2026 Dose 1
Pfizer		Additional doses (Moderna or Pfizer-BioNTech): May be
		administered under shared clinical decision-making at least 2 months
		after last 2025–2026 mRNA dose§

^{*}Children who transition from age 4 years to age 5 years during the initial vaccination series should complete the 3-dose series using the dosage for children ages 5–11 years for all doses received on or after turning age 5 years:

TABLE 2C: AGES 12 YEARS AND OLDER* MODERATELY OR SEVERELY IMMUNOCOMPROMISED

COVID-19 vaccination	Number of		
history before 2025–2026	2025–2026	Recommended 2025–2026 COVID-19 vaccine [§] and interval	
COVID-19 vaccine†‡	COVID-19 doses	between doses	
	indicated		

Unvaccinated:

- Receive an initial series with 2025–2026 vaccine
- Receive 1 dose of 2025–2026 vaccine 6 months (minimum interval 2 months) after completing initial series
- May receive additional doses of 2025-2026 vaccine under shared clinical decision-making

⁻ Moderna series: 2025–2026 Moderna, 0.25 mL/25 $\mu g;$ there is no dosage change

⁻ Pfizer-BioNTech series: 2025–2026 Pfizer-BioNTech, 0.3 mL/10 μg

[†]COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024, and 2024-2025 COVID-19 vaccines.

[‡]Dosage for Moderna: 0.25 mL/25 μg; dosage for Pfizer-BioNTech: 0.3 mL/10 μg.

[§]Additional doses may be administered, informed by the clinical judgment of a healthcare provider and personal preference and circumstances. ¶This COVID-19 vaccine history refers to previous receipt of 3 doses of mRNA vaccine from the same manufacturer (i.e., Moderna or Pfizer-BioNTech) for initial vaccination followed by 1 or more additional doses of any mRNA vaccine.

		2025–2026 Dose 1 (Moderna): Day 0	
		2025–2026 Dose 2 (Moderna): 4 weeks after Dose 1	
		2025–2026 Dose 3 (Moderna): At least 4 weeks after Dose 2	
		2025–2026 Dose 4 (Moderna, Novavax, or Pfizer-BioNTech): 6	
	4	months (minimum interval 2 months) after Dose 3	
		Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be	
		administered under shared clinical decision-making at least 2 months	
		after last dose of any 2025–2026 vaccine	
	OR		
		2025–2026 Dose 1 (Novavax): Day 0	
	3	2025–2026 Dose 2 (Novavax): 3 weeks after Dose 1	
		2025–2026 Dose 3 (Moderna, Novavax, or Pfizer-BioNTech): 6	
		months (minimum interval 2 months) after Dose 2	
		Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be	
Unvaccinated		administered under shared clinical decision-making at least 2 months	
		after last dose of any 2025–2026 vaccine	
	4	2025–2026 Dose 1 (Pfizer-BioNTech): Day 0	
		2025–2026 Dose 2 (Pfizer-BioNTech): 3 weeks after Dose 1	
		2025–2026 Dose 3 (Pfizer-BioNTech): At least 4 weeks after	
		Dose 2	
		2025–2026 Dose 4 (Moderna, Novavax or Pfizer-BioNTech): 6	
		months (minimum interval 2 months) after Dose 3	
		Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be	
		administered under shared clinical decision-making at least 2 months	
		after last dose of any 2025–2026 vaccine	
Initiated but did not complete	e the initial series before 2025–2026 vaccine:		
• Complete the initial series with 2025–2026 vaccine			
 Receive 1 dose of 2025–2026 vaccine 6 months (minimum interval 2 months) after completing initial series 			
 May receive additional doses of 2025–2026 vaccine under shared clinical decision-making 			
, and the second		2025–2026 Dose 1 (Moderna): 4 weeks after last dose	
1 dose Moderna	3	2025–2026 Dose 2 (Moderna): At least 4 weeks after 2025–2026 Dose	
		1	
		2025–2026 Dose 3 (Moderna, Novavax, or Pfizer-BioNTech): 6	
		months (minimum interval 2 months) after 2025–2026 Dose 2	
		Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be	
		administered under shared clinical decision-making at least 2 months	
		after last dose of any 2025–2026 vaccine	
2 doses Moderna	2	2025–2026 Dose 1 (Moderna): At least 4 weeks after last dose	
		2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6	
		months (minimum interval 2 months) after 2025–2026 Dose 1	
		Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be	
		administered under shared clinical decision-making at least 2 months	
		after last dose of any 2025–2026 vaccine	
		arter last dose of any 2020 2020 vaccine	

1 dose Pfizer-BioNTech	3	2025–2026 Dose 1 (Pfizer-BioNTech): 3 weeks after last dose 2025–2026 Dose 2 (Pfizer-BioNTech): At least 4 weeks after 2025– 2026 Dose 1 2025–2026 Dose 3 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 2 Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be administered under shared clinical decision-making at least 2 months after last dose of any 2025–2026 vaccine
2 doses Pfizer-BioNTech	2	2025–2026 Dose 1 (Pfizer-BioNTech): At least 4 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1 Additional doses (Moderna, Novavax, or Pfizer-BioNTech): May be administered under shared clinical decision-making at least 2 months after last dose of any 2025–2026 vaccine
1 dose Novavax	2	2025–2026 Dose 1 (Novavax): At least 3 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1 Additional doses (Moderna, Novavax or Pfizer-BioNTech): May be administered under shared clinical decision-making at least 2 months after last dose of any 2025–2026 vaccine
Completed the initial series b	efore 2025–2026 vacc	· · · · · · · · · · · · · · · · · · ·
		d 6 months (minimum interval 2 months) apart
		raccine under shared clinical decision-making
		2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At
3 or more doses Moderna or Pfizer#	2	least 8 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1 Additional doses (Moderna, Novavax or Pfizer-BioNTech): May be administered under shared clinical decision-making at least 2 months after last dose of any 2025–2026 vaccine
2 or more doses Novavax#	2	2025–2026 Dose 1 (Moderna, Novavax or Pfizer-BioNTech): At least 8 weeks after last dose 2025–2026 Dose 2 (Moderna, Novavax or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1 Additional doses (Moderna, Novavax or Pfizer-BioNTech): May be administered under shared clinical decision-making at least 2

^{*}Children who transition from age 11 years to age 12 years during the initial vaccination series should complete the 3-dose series using the dosage for people ages 12 years and older for all doses received on or after turning age 12 years:

months after last dose of any 2025–2026 vaccine

Moderna series: 2025–2026 Moderna, 0.5 mL/50 µg. OR: Pfizer-BioNTech series: 2025–2026 Pfizer-BioNTech, 0.3 mL/30 µg.

[†]COVID-19 vaccination history refers to all doses of COVID-19 vaccine from any manufacturer received before the availability of the 2025–2026 COVID-19 vaccines and includes original, bivalent, 2023–2024, and 2024-2025 COVID-19 vaccines.

[‡]People ages 18 years and older who received 1 or more doses of Janssen COVID-19 Vaccine should receive 1 dose of any 2025–2026 COVID-19 followed by a second dose of any 2025–2026 COVID-19 vaccine 6 months (minimum interval 2 months) after the first dose. Additional doses of any 2025–2026 COVID-19 vaccine may be administered under shared clinical decision-making at least 2 months after the last dose of any 2025–2026 vaccine.

[§]Dosage for Moderna: 0.5 mL/50 μg; dosage for Novavax: 0.5 mL/5 μg rS protein and 50 μg Matrix-M adjuvant; dosage for Pfizer-BioNTech: 0.3 mL/30 μg.

[¶]Additional doses may be administered, informed by the clinical judgment of a healthcare provider and personal preference and circumstances. #This COVID-19 vaccine history refers to previous receipt of 3 doses of mRNA vaccine from the same manufacturer (i.e., Moderna or Pfizer-BioNTech) for initial vaccination or 2 doses of Novavax for initial vaccination followed by 1 or more additional doses of any COVID-19 vaccine.

APPENDIX C LIST OF HIGH-RISK UNDERLYLING MEDICAL CONDITIONS FOR PEDIATRIC PATIENTS

The underlying medical conditions or risk factors listed below place an individual at high risk of severe COVID-19. These conditions and risk factors underwent a published meta-analysis or systemic review, or underwent the U.S. CDC systemic review process, or were determined as high risk by the American Academy of Family Practice or the American Association of Pediatricians.

- 1. Asthma
- 2. Cancer
- 3. Cerebrovascular disease
- 4. Chronic kidney disease people receiving dialysis
- 5. Chronic lung disease limited to:

Bronchiectasis

COPD

Interstitial lung disease

Pulmonary embolism

Pulmonary hypertension

6. Chronic liver diseases – limited to:

Cirrhosis

Non-alcoholic fatty liver disease

Alcoholic liver disease

Autoimmune hepatitis

- 7. Cystic fibrosis
- 8. Diabetes mellitus, type 1
- 9. Diabetes mellitus, type 2
- 10. Disabilities, including:

ADHD: Autism; Čerebral Palsy; Chromosomal disorders; Chromosome 17 and 19 deletion; Chromosome 18q deletion; Cognitive impairment; Congenital hydrocephalus; Congenital malformations; Deafness/ hearing loss; Disability indicated by Barthel Index; Down Syndrome; Fahr's Syndrome; Fragile X syndrome; Gaucher disease; Hand and foot disorders; Learning disabilities; Leber's hereditary optic neuropathy (LHON, or Autosomal optic atrophy (ADOA); Leigh syndrome; Limitations with self-care or activities with daily living; Maternal inherited diabetes and deafness (MIDD); Mitochondrial encephalopathy; lactic acidosis and stroke-like (MELAS) and risk markers; Mobility disease; Myoclonic epilepsy with ragged red fibers (MERRF), Myotonic dystrophy; Neurodevelopmental disorders; Neuromyelitis optica spectrum disorders (NMOSD); Neuropathy, ataxia, and retinis pigmentosa (NARP); Perinatal spastic hemiparesis; Primary mitochondrial myopathy (PMM); Progressive supranuclear palsy; Severe and complex disability (referred to in research papers as "polyhandicap disability"); Spinabifida and other nervous system anomalies; Spinal cord injury; Tourette syndrome; Traumatic brain injury (TBI); Visual impairment/blindness; Wheelchair use

- 11. Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- 12. HIV
- 13. Mental health conditions limited to: Mood disorders, including depression and Schizophrenia spectrum disorders
- 14. Neurologic conditions limited to dementia and Parkinson's Disease
- 15. Obesity (BMI greater than or equal to 30 kg/m² or 95th percentile in children)
- 16. Physical Inactivity
- 17. Pregnancy and recent pregnancy
- 18. Primary immunodeficiencies
- 19. Smoking, current and former
- 20. Solid organ and blood stem cell transplantation
- 21. Tuberculosis
- 22. Use of corticosteroids or other immunosuppressive medications
- 23. Any other condition or risk listed by the American Academy of Family Practice (AAFP) or American Association of Pediatricians (AAP)