COVID-19 Vaccines 2026-27 (United States)

modified September 2026

The first chart below provides dosing and storage information for COVID-19 vaccines approved in the US. Links to the prescribing information and the patient package insert are provided in **footnote a**. A second chart provides information and resources to help you address frequently asked questions about COVID-19 vaccination.

--Information in this chart is from the US product information (prescribing information or fact sheet) cited in **footnote a**, unless otherwise cited.--

Vaccine	Dosing	Storage/Stability
Comirnaty COVID-19 vaccine, mRNA 2026 to 2027 formula (XFG variant) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c,d] Pfizer-BioNTech **Syringe** with **gray** label border.	For patients **≥12 years** of age: • Each dose is 0.3 mL (30 mcg) IM. • Administer ≥2 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give three doses (week 0, week 3, ≥4 weeks after the second dose [initial series]). **If previously vaccinated with one or two doses of any Pfizer-BioNTech COVID-19 vaccine**, complete the remaining dose(s) in the three-dose initial series. Then give one dose of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) after the last dose. **For patients who have already completed** the initial series of any COVID-19 vaccine, give two doses of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) apart, starting ≥8 weeks after the last dose.[8]	• Prefilled glass syringe: ◦ Store in refrigerator (2°C to 8°C). ◦ Room temperature (8°C to 25°C): 12 hours total
Comirnaty COVID-19 vaccine, mRNA. 2026 to 2027 formula (XFG variant) for patients **5 years through 11 years of age with certain risk factors**[c,d] Pfizer-BioNTech **Vial** with **blue** cap and label border.	For patients **5 years through 11 years** of age. • Dose is 0.3 mL (10 mcg) IM. • Administer ≥2 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give three doses (week 0, week 3, ≥4 weeks after the second dose [initial series]). **If previously vaccinated with one or two doses of any Pfizer-BioNTech COVID-19 vaccine**, complete the remaining dose(s) in the three-dose initial series. Then give one dose of either mRNA COVID-19 vaccine 6 months (minimum 2 months) after the last dose. **For patients who have already completed** the three-dose initial series of either mRNA vaccine, give two doses of either mRNA COVID-19 vaccine 6 months (minimum 2 months) apart, starting ≥8 weeks after the last dose.[8]	• May arrive frozen at ultra-cold temperatures in thermal containers with dry ice. May store in ultra-low temp freezer at -90°C to -60°C or transfer to a refrigerator. • Refrigerator (2°C to 8°C): 10 weeks • Room temperature (8°C to 25°C): 12 hours total

Vaccine	Dosing	Storage/Stability
Spikevax COVID-19 vaccine, mRNA. 2026 to 2027 formula (XFG variant) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c,d] Moderna **Syringe** with **blue** box on label[24]	For patients **≥12 years of age.** • Dose is 0.5 mL IM. • Administer ≥2 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give three doses 4 weeks apart. **If previously vaccinated with one or two doses of any Moderna COVID-19 vaccine**, complete the remaining dose(s) in the initial three-dose series. Then give one dose of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) after the last dose. **For patients who have already completed an initial COVID-19 vaccine series,** give two doses of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) apart, starting ≥8 weeks (≥3 months for mNexspike] after the last dose.[8]	• Store frozen between -50ºC and -15ºC. • After thawing: ◦ Refrigerator (2ºC to 8ºC): 60 days or until the expiration date on the carton, whichever is first. ◦ Room temperature (8ºC to 25ºC): up to 12 hours
Spikevax COVID-19 vaccine, mRNA. 2026 to 2027 formula (XFG variant) for patients **6 months to 11 years of age with certain risk factors**[c,d] Moderna **Syringe** with **red** box on label[24]	• **6 months through 23 months** of age (dose is 0.25 mL IM): ◦ **No** previous COVID-19 vaccine: give two doses (at month 0 and at month 1). ◦ Previously vaccinated with one dose of any Moderna COVID-19 vaccine: one dose ≥1 month after receipt of the previous dose. ◦ Previously vaccinated with ≥2 doses of any Moderna COVID-19 vaccine: one dose ≥2 months after receipt of the last previous dose. • **2 years through 11 years** of age (dose is 0.25 mL IM): give one dose. If previously vaccinated for COVID-19, give ≥2 months after receipt of the last previous dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give three doses 4 weeks apart. **If previously vaccinated with one or two doses of any Moderna COVID-19 vaccine**, complete the remaining dose(s) in the initial three-dose series. Then give one dose of Spikevax (or Comirnaty if 5 to 11 years of age) 6 months (minimum 2 months) after the last dose. **For patients who have already completed the three-dose initial series**, give two doses of Spikevax (or Comirnaty if 5 to 11 years of age) 6 months (minimum 2 months) apart, starting ≥8 weeks after the last dose.[8]	• Store frozen between -50ºC and -15ºC. • After thawing: ◦ Refrigerator (2ºC to 8ºC): 60 days or until the expiration date on the carton, whichever is first. ◦ Room temperature (8ºC to 25ºC): up to 12 hours
mNexspike COVID-19	For patients **≥12 years of age.**	• Store in refrigerator (2ºC to 8ºC)

Vaccine	Dosing	Storage/Stability
vaccine, mRNA. 2026 to 2027 formula (XFG variant) for patients **≥65 years of age, and 12 to 64 years of age with certain risk factors**[c,d] Moderna **Syringe** with **green** box on label[23]	• Dose is 0.2 mL IM ≥3 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give three doses 4 weeks apart. **If previously vaccinated with one or two doses of any Moderna COVID-19 vaccine**, complete the remaining dose(s) in the initial three-dose series. Then give one dose of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) after the last dose. Note: mNexspike and Spikevax can be used interchangeably in the initial series. **For patients who have already completed an initial COVID-19 vaccine series,** give two doses of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) apart, starting ≥8 weeks (≥3 months for mNexspike] after the last dose.[8]	• Room temperature stability (8ºC to 25ºC): up to 12 hours
Nuvaxovid COVID-19 vaccine, adjuvanted. 2026 to 2027 formula (XFG variant) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c,d] **Syringe** with **green** box on label[25]	• For patients **≥12 years of age**. • Dose is 0.5 mL IM. • Give ≥2 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] **If not previously vaccinated for COVID-19**, give two doses 3 weeks apart [initial series]. Then give one dose of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) after the last dose. **If previously vaccinated with one or two doses of an mRNA COVID-19 vaccine**, complete the initial three-dose series with the mRNA vaccine, then give one dose of Nuvaxovid 6 months (minimum 2 months) after the last dose. **If previously vaccinated with one dose of any Novavax vaccine**, complete the initial two-dose series. Then give one dose of any COVID-19 vaccine 6 months (minimum 2 months [minimum 3 months for mNexspike]) after the last dose. **For patients who have already completed the initial series of any COVID-19 vaccine**, give two doses 6 months (minimum 2 months) apart, starting ≥8 weeks after the last dose.[8]	• Store in refrigerator (2ºC to 8ºC).

Abbreviations: CDC = Centers for Disease Control; IM = intramuscular

a. US prescribing information used in creation of this chart: Comirnaty (August 2026), mNexspike (August 2026), Nuvaxovid (August 2026), Spikevax (August 2026)

b. **Immunocompromise** = solid organ transplant patient or similar level of immunocompromise. For specific conditions, see CDC's *COVID-19 Vaccination Guidance for People Who Are Immunocompromised* at https://www.cdc.gov/covid/hcp/vaccine-considerations/immunocompromised.html.
c. **Risk factors**: https://www.cdc.gov/covid/risk-factors/index.html.
d. Some organizations have recommendations for use that differ from the FDA-approved labeling (not all-inclusive):
   - American Academy of Family Physicians: https://www.aafp.org/clinical-insights/immunizations-and-vaccines/respiratory-virus-vaccines
   - American Academy of Pediatrics: https://www.aap.org/en/patient-care/immunizations/
   - American College of Obstetricians and Gynecologists:
     - https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care
     - https://www.acog.org/clinical-information/maternal-immunization-schedule
   - IDSA: https://www.idsociety.org/practice-guideline/Seasonal-RTI-Vaccinations-in-Immunocompromised-Patients/
   - CDC: https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html

Frequently asked questions about COVID-19 vaccination

Question	Pertinent information or Suggested Resources
How do COVID-19 vaccines work?	• See the CDC's "COVID-19 Vaccine Basics" at https://www.cdc.gov/covid/vaccines/how-they-work.html.
Do mRNA vaccines affect DNA?	• No. COVID-19 vaccines to not interact with DNA in any way.[5]
Can a COVID-19 vaccine cause a COVID-19 infection?	• No. COVID-19 vaccines do not contain the COVID-19 virus.[5]
Can a patient get a COVID-19 vaccine if they have a COVID infection?	• Patients who have COVID-19 should delay vaccination to avoid exposing healthcare providers and others.[4] • Patients can wait three months after having COVID-19 infection to receive a COVID-19 vaccination.[4] ◦ Reinfection is unlikely in the first months post-infection.[8] ◦ Delaying vaccination for three months may improve vaccine response.[8] ◦ Reasons to get vaccinated sooner include high personal risk of severe disease or high COVID-19 transmission in the community.[8]

Question	**Pertinent information or Suggested Resources**
How effective are COVID-19 vaccines?	• Efficacy of the 2025-26 COVID-19 vaccines in immunocompetent adults was:[15] ◦ 55% (53% if ≥65 years of age) for COVID-19 hospitalization ◦ 50% (48% if ≥65 years of age) for COVID-19 urgent care or emergency department visits • This was a case-control study using US data from September to December 2025. Median time from vaccine receipt was ~47 days.[15]
What is the difference between Spikevax and mNexspike?	• Spikevax provides mRNA that codes for the COVID-19 spike protein, while mNexspike vaccine provides mRNA that encodes for only two parts of the COVID-19 virus spike protein, so the dose is lower. These two parts (the receptor-binding domain [RBD] and the N-terminal domain [NTD]) are responsible for most of the effective antibody production.[21] • In a clinical trial (n = 11,366 participants ≥12 years of age), mNexspike providing mRNA encoding the RBD and NTD of the original and Omicron BA/4/BA.5 variants was compared to the Moderna COVID-19 vaccine, bivalent (original and Omicron BA.4/BA.5 vaccine [2022-2023]). About 60% of patients had at least one risk factor for severe COVID-19. Relative vaccine efficacy for prevention of symptomatic COVID-19 infection was 9.3% (NNT = 112). Among participants ≥65 years of age, relative vaccine efficacy was 13.5% (NNT = 73).[22]
Can COVID-19 vaccines be given with other vaccines?	• Generally yes, but there are special considerations for mpox vaccination.[17]
What are some common adverse effects of COVID-19 vaccines, and what can be done about them?	• As with other vaccines, side effects are usually mild and go away in few days, if they occur at all.[4] • Common side effects include fatigue, muscle pain, headache, chills, nausea, fever, and pain, swelling, and redness in the arm where the vaccine was administered.[4] • It is not recommended to take analgesics before vaccination to prevent side effects, but they can be taken to treat side effects if they occur.[4] • For arm pain and swelling, a clean, cool, wet washcloth can be applied over the area. The patient should keep using their arm normally.[4]
Continued… Do COVID-19 vaccines cause heart problems, continued	• Many viruses, including COVID-19, can cause myocarditis and pericarditis.[6] ◦ In one study, patients with COVID-19 had almost 16 times the risk of myocarditis compared with patients who did not have COVID-19.[14] • Although rare, the COVID-19 vaccine has been associated with myocarditis and pericarditis.[6] ◦ Myocarditis associated with COVID-19 vaccination is less common and less severe than with COVID-19 infection.[7]

Question	Pertinent information or Suggested Resources
	◦ Most cases associated with COVID-19 vaccination are mild, transient, and resolve on their own.[7] ◦ The incidence of myocarditis/pericarditis in the first week after receipt of the 2023-2024 COVID-19 vaccine was ~8 cases/million doses in patients 6 months through 64 years of age, and ~27 cases/million doses in males 12 through 24 years of age.[18] • Waiting at least 8 weeks between doses may decrease risk.[8,9]
Do COVID-19 vaccines cause Bell's palsy?	• Bell's palsy has been reported after COVID-19 infection and vaccination.[20] • It is unclear if mRNA COVID-19 vaccines are associated with Bell's palsy.[13] Some data suggest that vaccination may have a protective effect.[20]
Do COVID-19 vaccines cause Guillain-Barre syndrome?	• mRNA COVID-19 vaccines do not seem to be associated with Guillain-Barre syndrome.[11] • Guillain-Barre syndrome is rare and more common after COVID-19 infection than after vaccination.[16]
Will COVID-19 vaccination cause a positive COVID test?	• No. It does not affect the results of COVID-19 diagnostic tests.[12] Although it can cause a positive **antibody** test for spike protein IgM/IgG, this is not a diagnostic test.[12]
Can antibody testing be used to assess the need for COVID-19 vaccination?	• Antibody testing should not be used to determine a person's need for COVID-19 vaccination.[12] • Antibody testing is appropriate in the context of public health and epidemiologic purposes, and for fulfilling the case definition of multisystem inflammatory response syndrome.[12]
Do you need to stick with the same vaccine every year?	• Generally no, but immunocompromised patients should ideally receive the same vaccine for the initial series.[8] The exception is that Spikevax and mNexspike can be used interchangeably.[8]
Should a child receive one or two doses of Spikevax if they turn 2 years of age during the two-dose series?	• Individuals turning from 23 months to 2 years of age during the vaccination series should receive both doses of Spikevax.
Do COVID-19 vaccines prevent "long COVID"?	• Vaccination is the best available tool to prevent long COVID.[1] • Vaccination may reduce the risk of long COVID-19 by almost 20% in the seven months post-vaccination.[3]
Can patients who are pregnant or breastfeeding get a COVID vaccine?	• COVID-19 vaccinations are recommended for people who are pregnant, trying to get pregnant, or who might become pregnant in the future, and for people who are breastfeeding.[10] • Over a million patients have received an mRNA COVID-19 vaccine before or during pregnancy, including hundreds of thousands of pregnant or breastfeeding patients.[2,19] Data supports no increased risk of miscarriage, ectopic pregnancy, preterm birth, stillbirth, or birth defects, and no effect on fertility.[2,19]

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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