Ontario

Ministry of Health

Health Care Provider Fact Sheet: 2025/2026 COVID-19 Vaccine Program

This document is intended for informational purposes only. It is not intended to provide medical or legal advice.

Highlights of changes:

- Transition to annual program with one fact sheet for the respiratory season.
- High-risk groups and priority populations remain the same, however, high-risk populations have been divided into two groups.
- Timing of immunization more explicit.
- For individuals who have completed their primary series, only the minimum interval between subsequent doses is specified.

Ontario's COVID-19 vaccine program

Ontario's COVID-19 vaccine program aims to ensure Ontarians are protected against COVID-19 disease including severe outcomes such as hospitalization and death. During the respiratory illness season and with the expected influenza and respiratory syncytial virus (RSV) circulation this fall, it will be essential to prevent morbidity and mortality related to COVID-19 disease to reduce the pressure on the health care system to ensure there is capacity to respond to emergent health care activity. The National Advisory Committee on Immunization (NACI) has recommended individuals receive the updated COVID-19 vaccine annually. The mechanism of increased protection from an updated COVID-19 vaccine is likely a combination of both providing a recent vaccination that boosts the immune response and providing a vaccine that is more closely related to the circulating strain.

The 2025/2026 COVID-19 vaccine program, in alignment with the Universal Influenza Immunization Program (UIIP), has transitioned to an annual program, with guidance issued each year for the September to August respiratory season and immunization provided at the specified schedules and timing.

COVID-19 vaccines available for 2025/2026 vaccine program

Ontario will have two mRNA COVID-19 vaccines, Moderna Spikevax and Pfizer-BioNTech Comirnaty. See Table 1: COVID-19 vaccines available for the 2025/2026 vaccine program in the Appendices.

Age groups	**Moderna Spikevax** vaccine formats	**Pfizer-BioNTech Comirnaty** vaccine formats
6 months to 4 years	Multidose vial (MDV)	None
5 to 11 years	MDV	Single dose vial (SDV)
12 years of age and older	MDV and Prefilled syringe (PFS)	MDV and PFS

Not all vaccine brands and/or formats will be available at all times or at all locations. All publicly funded COVID-19 vaccines are considered to be equivalent and to provide the same protection against COVID-19 disease. Health care providers should use the vaccine (according to the products' age indications) that is available unless the patient has a medical contraindication toward a specific vaccine.

The protein subunit COVID-19 vaccine Novavax Nuvaxovid will not be available in Ontario for the 2025/2026 vaccine program. Individuals who are unable to receive an mRNA vaccine should speak with their health care provider about how to lower their risk of SARS-CoV-2 infection and about treatment options, including the use of Paxlovid to reduce the duration and severity of illness in the event of COVID-19 disease.

Vaccine preparation and administration

See the individual vaccine product monographs for step-by-step directions on administration, beyond use dates and expiry dates. To ensure the correct volume is accurately drawn up, refer to Table 1 in the Publicly Funded Immunization Schedules for Ontario for assistance in selecting appropriate needle length and gauge.

For the most up to date information on vaccine storage and handling, stability and disposal refer to the COVID-19: Vaccine Storage and Handling Guidance.

Eligible populations and timing of immunizations

All individuals in the COVID-19 and UIIP high-risk and priority groups are eligible for both vaccines as soon as available. Everyone who is eligible for COVID-19 early vaccination (prior to general population) is also eligible for UIIP early vaccination.

1. High-risk populations group 1

The following individuals are at increased risk of COVID-19 disease and **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall** AND **should receive** an **additional dose** in the **spring**:

- Adults 80 years and older
- Adult residents of long-term care homes and other congregate living settings for seniors.
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to specific underlying condition or treatment).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

Adults aged 65 to 79 years **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall** AND **may receive** an **additional dose** in the **spring**. Certain individuals in this age group are at increased risk of severe COVID-19 disease and would benefit from doses in the fall and spring.

2. High-risk populations group 2

The following individuals are at increased risk of SARS-CoV-2 exposure or severe COVID-19 disease and **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall**:

- Residents in long-term care homes and other congregate living settings who are aged 17 years and under
- Pregnant individuals
- Individuals from First Nations, Métis and Inuit communities who are aged 54 years and under
- Members of underserved communities
- Health care workers and other care providers in facilities and community settings **as** per NACI

3. Priority populations

To optimize co-administration with influenza vaccine, the following individuals, **may receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall:**

- Children 6 months to 4 years of age
- Individuals with significant exposure to birds or mammals through interactions with birds or mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/researchers, and veterinarians)

4. General population

All individuals (6 months of age and older) who do not belong to the high-risk or priority populations described above **may receive** COVID-19 vaccine dose(s) in the fall, **starting on October 27, 2025.**

Immunization schedules

The following groups should receive **one annual dose** of COVID-19 vaccine, unless they have not completed their primary series:

- High-risk populations group 2
- Priority populations
- General population

Individuals belonging to high-risk population group 1 should receive **two doses per year**, unless they have not completed their primary series.

Timing of immunization	Population	Immunization status	# of eligible doses
Fall Doses 2025 (Sept to Jan[1])	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses[2]
Spring Doses 2026 (April to June[3])	High-risk populations group 1 (as outlined above)	Fall dose(s) were received	1 additional dose
		Fall dose(s) were not received	Receive fall dose(s)[4]
	Individuals not part of the high-risk populations group 1	Fall dose(s) were received or not received	None[5]

[1] High-risk populations groups 1 and 2 should, and priority populations may receive doses as soon as they are available. The general population may receive doses starting on October 27. Fall doses can continue to be received until March 31.

[2] To determine the appropriate immunization schedule, refer to Figure 1: Immunization algorithm and for detailed schedules refer to Tables 2 to 5 in the Appendices.

[3] Spring doses may continue to be given only to severely immunocompromised individuals until August 31. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

[4] The additional dose (i.e. second dose per year) is not required.

[5] Individuals not belonging to the high-risk populations group 1 are not eligible to receive dose(s) in the spring regardless of if dose(s) were received in the fall. These individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against circulating strains.

Primary series schedule for children 6 months to 4 years of age

A primary series of two (2) doses of Moderna Spikevax vaccine, administered at an 8-week interval between doses is recommended for those not previously vaccinated who are not immunocompromised. An additional dose is recommended for individuals who are moderately to severely immunocompromised, with an interval of 4 to 8 weeks between doses.

If both Pfizer-BioNTech Comirnaty and Moderna Spikevax were used in the same primary series, the total number of doses in the series should follow the Pfizer-BioNTech Comirnaty schedule, specifically 3 doses for those who are not immunocompromised and 4 doses for those who are immunocompromised.

Children who started the primary series at less than 5 years of age and turn 5 years of age before completing the series should complete the series as follows:

- Non-immunocompromised: 1 dose of vaccine.
- Immunocompromised: such that the total number of COVID-19 doses received is 3 doses for Moderna Spikevax, or 4 doses for Pfizer-BioNTech Comirnaty (or a mixed schedule which includes Pfizer-BioNTech Comirnaty).

Primary series schedule for individuals 5 years of age and over

A primary series of one (1) dose of COVID-19 vaccine is recommended for those not previously vaccinated who are not immunocompromised. For individuals who are moderately to severely immunocompromised, 2 doses of COVID-19 vaccine are recommended for the primary series and a third dose may also be offered, with an interval of 4 to 8 weeks between doses. Healthcare providers can use clinical discretion to determine the optimal timing and potential benefits of a third dose based on the individuals clinical history and medical condition(s).

Interval for individuals with a completed primary series

For previously vaccinated individuals who have completed their primary series, a minimum interval of 3 months from the last dose may be used.

Hematopoietic stem cell transplantation (HSCT) and chimeric antigen receptor (CAR) T cell therapy recipients

New hematopoietic stem cell transplantation (HSCT) recipients and recipients of chimeric antigen receptor (CAR) T cell therapy are considered immunologically naïve and should be vaccinated with 3 doses beginning at 3 to 6 months post-HSCT/CAR T-cell therapy, regardless of previous vaccination history, with 4 to 8 weeks between doses.

Intervals for individuals previously infected with COVID-19 this season

The following intervals should be observed after an infection with COVID-19:

- For those who have not started or completed a primary series, the next dose should be given 8 weeks following the previous dose or test-confirmed* infection for those who are not immunocompromised or 4 to 8 weeks for those who are immunocompromised. A dose can be given as soon as possible for those who have not received any doses and did not test positive for infection.
- For those who are previously vaccinated and who test positive for SARS-CoV-2, a minimum of 3 months from test-confirmed infection to COVID-19 vaccination may be considered.

* Publicly funded COVID-19 testing is limited to individuals who are eligible for antiviral treatment or those who are living in congregate living settings.

Interchangeability of vaccines

Moderna Spikevax and Pfizer-BioNTech Comirnaty vaccines can be used interchangeably, provided that the vaccine is authorized for the individual's age, to:

1. complete a primary series started with another product, and
2. as a subsequent dose in individuals who have completed their primary series.

The previous dose(s) should be counted, and the series does not need to be restarted.

Co-administration

The COVID-19 vaccines may be given at the same time with other vaccines, or at any time before or after other non-COVID-19 vaccines (live or non-live vaccines), including influenza and respiratory syncytial virus (RSV) vaccines and/or the RSV monoclonal antibody.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

Contraindications, precautions & population-specific considerations

See the COVID-19 Vaccine: Canadian Immunization Guide's section on Contraindications and Precautions for recommendations for individuals with several conditions including allergies, bleeding disorders, myocarditis and/or pericarditis following vaccination, Guillain-Barré syndrome (GBS), multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A), and Bell's palsy.

Pregnant or breastfeeding

Pregnant or breastfeeding individuals should receive COVID-19 vaccine during the 2025/2026 vaccine program to provide protection during pregnancy and to lower the risk of hospitalization for their newborn. In addition, protective antibodies are transferred to the fetus transplacentally, resulting in increased protection for the infant during the early postnatal period when they are not yet eligible for vaccination. COVID-19 vaccines may be offered at any trimester and while breastfeeding. There have been no safety concerns with receiving COVID-19 vaccine during pregnancy or lactation. Compared to non-pregnant individuals, SARS-CoV-2 infection in pregnancy is associated with increased risk of hospitalization. SARS-CoV-2 infection during pregnancy is also associated with an increased risk in the neonate of preterm birth and low birth weight.

Additional information is available at the Provincial Council for Maternal and Child Health's decision making tool, the Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy, and Canadian Immunization Guide (CIG).

Vaccine safety

COVID-19 vaccines authorized for use in Canada are safe and well tolerated. As with other vaccines, they must be authorized for use by the Canadian regulator, Health Canada, following review of a product's safety and how well it works (e.g., clinical trial and other evidence). Once a vaccine is authorized for use in Canada, provincial surveillance in Ontario and national surveillance coordinated by Health Canada and the Public Health Agency of Canada ensures ongoing monitoring of vaccine safety.

Adverse events

Many people who receive COVID-19 vaccine have no side effects or adverse events. For those that do, side effects are usual mild and last a few days. The most common side effects from the COVID-19 vaccine are:

- Erythema (skin redness), swelling, and soreness at the injection site
- Mild fever
- Chills
- Fatigue
- Joint pain
- Muscle aches

Life-threatening allergic (anaphylactic) reactions are very rare. If they do occur, it is typically within a few minutes to a few hours after receiving the vaccine. Please refer to the safety and adverse events section of the CIG for more information on rare and very rare adverse events following immunization (e.g., myocarditis/pericarditis, GBS).

Guidance on reporting adverse events following immunization (AEFI)

To ensure the ongoing safety of vaccines in Ontario, it is mandatory for vaccine providers to report AEFIs, including by physicians, nurses, pharmacists or other persons authorized to administer an immunizing agent under the *Health Protection and Promotion Act.* Vaccine providers are asked to report AEFIs through local public health units using the Ontario AEFI Reporting Form.

Those administering vaccines should advise vaccine recipients or their parents or guardians to contact their health care provider if they experience an AEFI. Health care providers should report any event which may be related to receipt of a vaccine, as outlined in Public Health Ontario's AEFI Reporting fact sheet. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.

Some common or mild events do not need to be reported. These include:

- Fever that is not accompanied by any other symptoms
- Injection site reactions that last less than 4 days and does not extend past the nearest joint
- Vasovagal syncope (without injury)
- Events that are clearly attributed to other causes

Vaccine recipients or their parents or guardians should be advised to go to the nearest emergency department if severe reactions develop, including the following:

- Signs and symptoms of severe allergic reaction, including:
    - Hives
    - Swelling of the mouth or throat
    - Trouble breathing, hoarseness or wheezing.
- High fever (over 40°C or 104°F)
- Convulsions (seizures)
- Other serious reactions

COVID-19 vaccine errors and deviations

The Government of Canada's Planning guidance for immunization clinics for COVID-19 vaccines: Managing vaccine administration errors or deviations provides guidance on managing COVID-19 vaccine administration errors and deviations. For inadvertent immunization errors and deviations that are not addressed in this document and/or that involve multiple errors or have additional complexity, healthcare providers can contact their local public health unit or Public Health Ontario (at ivpd@oahpp.ca) for further advice.

The local public health unit should be notified, and vaccine administration errors or deviations should be handled and reported in accordance with both the site and public

health unit procedures and by the relevant regulatory college policies (e.g., College of Nurses of Ontario, College of Physicians and Surgeons of Ontario).

If an inadvertent vaccine administration error or deviation results in an AEFI, complete Ontario's AEFI reporting form, including details of the error or deviation. See the guidance on reporting AEFI section above for additional information.

Observation period following vaccination

The CIG recommends a 15-minute post-vaccination observation period. If there is a specific concern about possible vaccine allergy, 30 minutes is a safer interval.

Record of immunization

All COVID-19 vaccines must be documented into the provincial immunization reporting system as specified by the Ministry of Health. Each vaccine recipient should be provided with an immunization record. Vaccine recipients, or their parents or guardians, should be instructed to keep the record in a safe place.

Persons with inadequate immunization records

Individuals with incomplete or no immunization records should be considered unimmunized and should receive COVID-19 vaccines on a schedule that is appropriate for their age and risk factors, regardless of possible previous immunization, per the CIG.

Additional information

Please visit the following websites or call your local public health unit:

a) Ontario Ministry of Health: COVID-19 vaccine program

b) National Advisory Committee on Immunization (NACI) Statement: Guidance on the use of COVID-19 vaccines for 2025 to summer 2026

c) Canadian Immunization Guide: COVID-19 vaccine

d) Public Health Ontario: COVID-19 Health Care Resources

e) List of public health units: www.ontario.ca/page/public-health-unit-locations

Version française disponible en communiquant avec le 1-866-532-3161 ATS: 1-800 387-5559 (web site: www.ontario.ca/fr/page/programme-de-vaccination-contre-la-covid-19

Appendices

Table 1: COVID-19 vaccines available for the 2025/2026 vaccine program

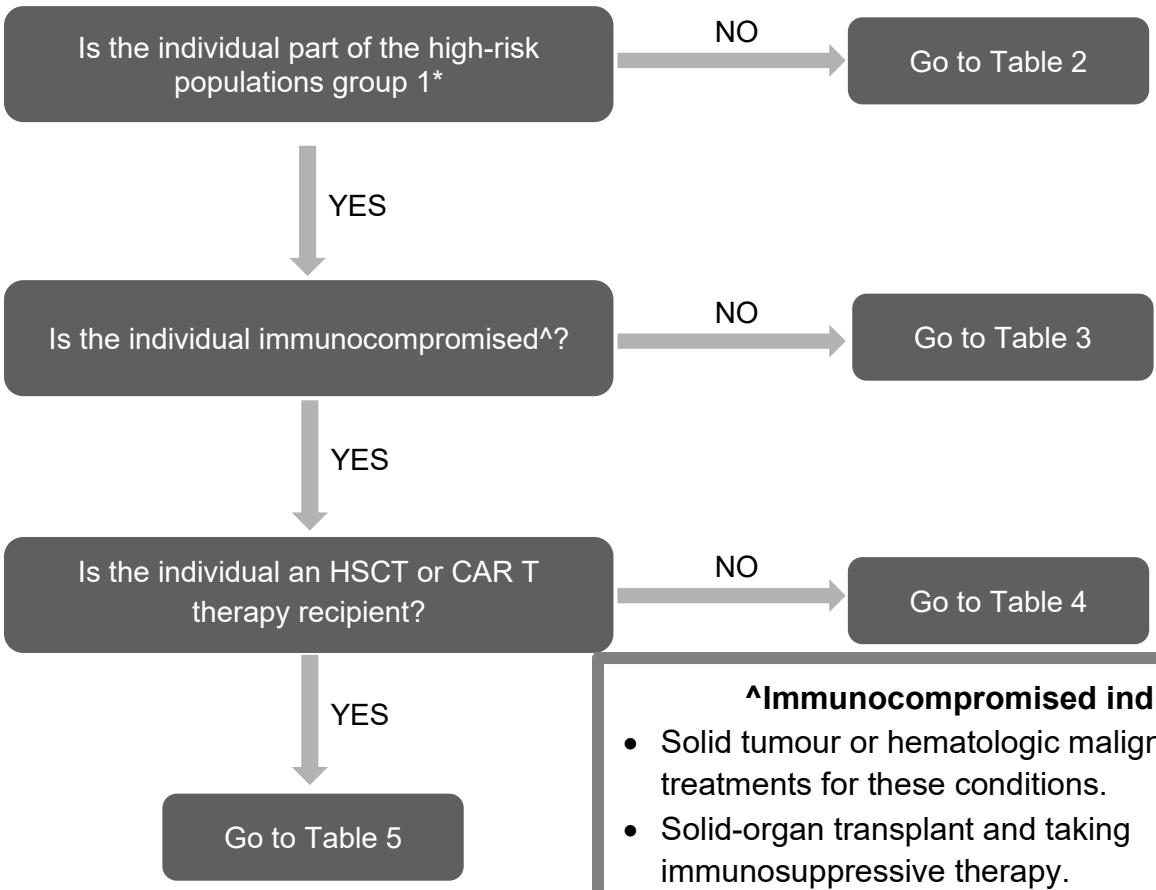
COVID-19 vaccines for individuals 6 months to 11 years and 5 to 11 years		
Vaccine name	Moderna Spikevax	Pfizer-BioNTech Comirnaty
Protection against	LP.8.1 variant	LP.8.1 variant
Manufacturer	Moderna Biopharma Canada	BioNTech Manufacturing
Vaccine type	mRNA*	mRNA*
Age indication	6 months to 11 years	5 to 11 years
Dosage	25 ug / 0.25 mL	10 mcg / 0.3 mL
Route	Intramuscular (IM)	Intramuscular (IM)
Format	MDV	SDV
Vial Volume	2.5 mL	0.3 mL
# of doses per vial	10 doses	1 dose
# of doses per package	100 doses	10 doses
Shelf life of thawed vials (Do not refreeze)	50 days at +2˚C to +8˚C	10 weeks at +2˚C to +8˚C
Post-puncture shelf life	24 hours at +2˚C to +8˚C	12 hours at +2°C to +25°C
Package dimension	6.1 x 13.0 x 6.1 cm	3.7 x 3.9 x 8.9 cm
DIN	02541270	02541858
Product monograph	Product monograph	Product monograph

*** Messenger ribonucleic acid (mRNA)**

COVID-19 vaccines for individuals 12 years of age and older				
Vaccine name	Moderna Spikevax		Pfizer-BioNTech Comirnaty	
Protection against	LP.8.1 variant		LP.8.1 variant	
Manufacturer	Moderna Biopharma Canada		BioNTech Manufacturing	
Vaccine type	mRNA*		mRNA*	
Dosage	50 ug / 0.5 mL		30 mcg / 0.3 mL	
Route	Intramuscular (IM)		Intramuscular (IM)	
Format	MDV	PFS	MDV	PFS
Volume	2.5 mL	0.5 mL	1.8 mL	0.3 mL
# of doses per vial/syringe	5 doses	1 dose	6 doses	1 dose
# of doses per package	50 doses	10 doses	60 doses	10 doses
Package dimension (cm)	6.1 x 13.0 x 6.1	10.2 x 11.0 x 4.5	3.7 x 3.9 x 8.9	9.9 x 5.2 x 12.3
Shelf life of thawed vials (Do not refreeze)	50 days at +2˚C to +8˚C	50 days at +2˚C to +8˚C	10 weeks at +2˚C to +8˚C	+2°C to +8°C until vaccine expiry
Post-puncture shelf life	24 hours at +2˚C to +8˚C	n/a	12 hours at +2°C to +25°C	n/a
DIN	02541270	02557770	02541823	02552035
Product monograph	Product monograph		Product monograph	

* Messenger ribonucleic acid (mRNA)

Figure 1: COVID-19 2025/2026 immunization program algorithm



***Eligible high-risk populations group 1**

- Adults 65 years of age and older.
- Adult residents of long-term care homes and other congregate living settings for seniors.
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment) (see next box for detailed list).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

^Immunocompromised individuals

- Solid tumour or hematologic malignancies or treatments for these conditions.
- Solid-organ transplant and taking immunosuppressive therapy.
- HSCT (within 2 years of transplantation or taking immunosuppression therapy).
- Immunocompromised due to CAR T cell therapy targeting lymphocytes.
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation.
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/μL or CD4 <15%, or without HIV viral suppression.
- Recent treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Chronic kidney disease on dialysis.

Table 2: Immunization schedule for those not part of the **high-risk populations group 1**

The immunization schedule reflects the eligible dose(s) that can be received in the **fall of 2025**. Regardless of whether the fall dose(s) (i.e., primary series or the 1 dose) are given, doses are **not** required in the **spring of 2026**. Individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2026/2027) to ensure optimal protection against circulating strains.

Current Age	Doses received prior to fall 2025	# of eligible doses for the 2025/2026 vaccine program in the fall	Intervals between doses
6 months to 4 years	0 doses	2 doses*	8 weeks
	1 dose Moderna Spikevax	1 dose*	8 weeks
	1 dose Pfizer-BioNTech Comirnaty	2 doses*	8 weeks
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty	1 dose*	8 weeks
	2 doses both Moderna Spikevax	1 dose	3 months^
	≥3 doses, Pfizer-BioNTech Comirnaty and/or Moderna Spikevax	1 dose	3 months^
≥5 years	0 doses	1 dose*	N/A
	1 dose at ≥5 years	1 dose	3 months^
	1 dose at <5 years	1 dose*	8 weeks
	≥2 doses	1 dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Table 3: Immunization schedule for **high-risk populations group 1** who are not immunocompromised

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
≥18 years	0 doses	1 dose* and 1 additional dose	3 months^
	1 dose	1 dose and 1 additional dose	3 months^
	≥2 doses	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5)

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
6 months to 4 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Moderna Spikevax	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Pfizer-BioNTech Comirnaty	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Moderna Spikevax	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty	2 doses* and 1 additional dose	4-8 weeks 3 months^
	3 doses with ≥1 doses Pfizer-BioNTech Comirnaty	1 dose* and 1 additional dose	4-8 weeks 3 months^
	3 doses all Moderna Spikevax	1 dose and 1 additional dose	3 months^
	≥4 doses Pfizer-BioNTech Comirnaty and/or Moderna Spikevax	1 dose and 1 additional dose	3 months^
≥5 years	0 doses	2 doses*† and 1 additional dose	4-8 weeks 3 months^
	1 dose at ≥5 years	1 dose*† and 1 additional dose	4-8 weeks 3 months^
	1 dose Moderna Spikevax at <5 years	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Pfizer-BioNTech Comirnaty at <5 years	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Moderna Spikevax with ≥1 dose at <5 years	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	2 doses* and 1 additional dose	4-8 weeks 3 months^
	≥2 doses at ≥5 years	1 dose and 1 additional dose	3 months^
	3 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	1 dose* and 1 additional dose	4-8 week 3 months^
	≥3 doses Moderna Spikevax with ≥1 dose at <5 years	1 dose and 1 additional dose	3 months^
	≥4 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

† A 3rd dose (for the primary series) may be offered 4 to 8 weeks after the previous dose. Healthcare providers can use discretion to determine the potential benefit of a 3rd dose.

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

Table 5: Immunization schedule for post-HSCT/CAR T-cell therapy

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
≥5 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose	2 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses	1 dose* and 1 additional dose	4-8 weeks 3 months^
	≥3 doses	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.