Ontario

Ministry of Health

Health Care Provider Fact Sheet: 2026/2027 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:

- Update to available products
- Update to the spring high-risk groups
- Added Vaccine Storage and Handling section

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 and ensure there is capacity to respond to emergent health care activity. The National Advisory Committee on Immunization (NACI) continues to strongly recommend COVID-19 immunization for individuals at increased risk of SARS-CoV-2 exposure or severe COVID-19 disease annually with some individuals recommended to receive a second dose of COVID-19 vaccine per year. All other individuals 6 months of age and older, may also receive the COVID-19 vaccine on an annual basis. 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.

COVID-19 vaccines available for 2026/2027 vaccine program

Ontario will have two mRNA COVID-19 vaccines, Spikevax and Comirnaty, and one protein subunit COVID-19 vaccine, Nuvaxovid. See Table 1: COVID-19 vaccines available for the 2026/2027 vaccine program in the Appendices.

Age groups	**Spikevax** vaccine formats	**Comirnaty** vaccine formats	**Nuvaxovid** vaccine format
6 months to 11 years	Multidose vial (MDV)	None	None
12 years and older	MDV and Prefilled syringe (PFS)	MDV and PFS	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 equivalent and 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 contraindication toward a specific vaccine.

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.

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. Therefore, 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

(a)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**:

- Individuals aged 80 years and older
- Residents in long-term care homes aged 18 years and older
- Residents in congregate living settings aged 65 years and older
- Adults aged 65 to 79 years with any of the following underlying medical conditions:
  - Cancer
  - Cerebrovascular disease
  - Chronic kidney disease
  - Chronic liver diseases (limited to cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, and autoimmune hepatitis)

- Chronic lung diseases (limited to bronchiectasis, chronic obstructive pulmonary disease, interstitial lung disease, pulmonary hypertension, pulmonary embolism)
- Cystic fibrosis
- Diabetes mellitus, type 1 and type 2
- Disabilities (e.g. Down syndrome, learning, intellectual, or developmental disabilities; ADHD; cerebral palsy; congenital disabilities; spinal cord injuries)
- Heart conditions (e.g., cardiomyopathies, coronary artery disease, heart failure, etc.)
- HIV infection
- Mental health disorders (limited to mood disorders, including depression; schizophrenia spectrum disorders)
- Obesity
- Pregnancy and recent pregnancy
- Primary immunodeficiency diseases
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medication

- Individuals aged 6 months and older who are moderately to severely immunocompromised who meet any of the following criteria:
  - solid tumour or hematologic malignancies or treatments for these conditions
  - solid-organ transplant and taking immunosuppressive therapy
  - hematopoietic stem cell transplant (HSCT) (within 2 years of transplantation or taking immunosuppression therapy)
  - immunocompromised due to chimeric antigen receptor (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
- Individuals aged 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members aged 55 years and older.

(b) 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 **may receive** an **additional dose** in the **spring**:

- Individuals aged 65 to 79 years (not on the list above).

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 aged 17 years and younger
- Residents in congregate living settings aged 64 years and younger
- Pregnant women
- Individuals aged 54 years and younger who identify as First Nations, Inuit, or Metis and their non-Indigenous household members aged 6 months to 54 years
- Individuals aged 64 years and younger with underlying medical conditions (see list in priority group 1 above) that place them at higher risk of severe COVID-19
- Children aged 17 and younger with complex health needs, specifically children who are medically fragile/have medical complexities, children with more than one comorbidity, children with neurological disorders, children with chronic lung disease, and children with Down syndrome (Trisomy 21), and other immunocompromising conditions
- Health care workers (HCWs), care providers, emergency response workers (i.e., first responders including fire, police, and ambulance), those who work in continuing care or long-term care facilities or residences, those who provide home care for people at high risk, and students/trainees of related healthcare services. HCWs include any person, paid or unpaid, who provides services, works, volunteers, or trains in a hospital, clinic, or other healthcare facility
- Members of underserved communities

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
- People whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses

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 26, 2026.**

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 2026 (Sept to Jan[1])	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses[2]
Spring Doses 2027 (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 26. 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., 2027/2028) 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., 2027/2028) 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 Spikevax vaccine, administered at an 8-week interval between doses is recommended for those not previously vaccinated who are not immunocompromised. A third dose is recommended for individuals who are moderately to severely immunocompromised, with an interval of 4 to 8 weeks between doses.

If both Comirnaty and Spikevax were used in the same primary series, the total number of doses in the series should follow the 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 Spikevax, or 4 doses for Comirnaty (or a mixed schedule which includes 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 individual's 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

All publicly funded COVID-19 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 women should receive COVID-19 vaccine during the 2026/2027 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 women, 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, vaccine safety is continuously monitored through provincial surveillance in Ontario and national surveillance systems, with coordination and collaboration between Health Canada, the Public Health Agency of Canada, and provincial and territorial partners.

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, reporting AEFIs by physicians, nurses, pharmacists and other prescribed regulated health professionals is mandatory under the *Health Protection and Promotion Act* within seven days after recognizing the presence of an AEFI. Vaccine providers must report AEFIs through local public health units using the Ontario AEFI Reporting Form.

Vaccine providers must advise vaccine recipients or their parents or guardians to contact a physician or a registered nurse in the extended class if they experience an adverse event after vaccination.

Vaccine 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 communicable.diseasecontrol@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 National Advisory Committee on Immunization (NACI) recommends a 15-minute post-vaccination observation period, as specified in the Canadian Immunization Guide (CIG). If there is a specific concern about possible vaccine allergy, 30 minutes is a preferred interval.

Record of immunization

Each vaccine recipient should be provided with a permanent personal immunization record (e.g., Yellow Immunization Card). Vaccine recipients, or their parents or guardians, should be instructed to keep the record in a safe place and to present it at every health care visit so that it can be updated.

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.

Vaccine storage and handling

Beyond Use Date (BUD)

BUDs apply to the following products once they have been thawed prior to delivery. Upon delivery, store vaccines at 2°C to 8°C. The BUD is calculated from the date of delivery, unless otherwise indicated. The BUD should be clearly documented on the vaccine. Vaccines may be used once thawed for up to:

- Comirnaty MDV: 10 weeks
- Spikevax MDV and PFS: 60 days
- Comirnaty PFS and Nuvaxovid PFS: the manufacturer's labelled expiry date. A BUD does not apply to these products.

Post-Puncture Shelf Life (Entered Multi-Dose Vials [MDVs])

Once a MDV has been punctured, the date and time of first puncture should be documented on the vial. The vaccine must be:

- Comirnaty MDV: discarded 12 hours after first puncture
- Spikevax MDV: discarded 24 hours after first puncture

Additional Requirements

A vaccine may have up to three expiry dates:

- Manufacturer's labelled expiry date
- Beyond-use date (BUD)
- Post-puncture expiry date

Do not use the vaccine beyond the earliest of these dates.

Vaccine Disposal

Vaccine doses wasted due to expiration, or damage should not be returned to the local public health unit or Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) and should be disposed of according to local, provincial and/or federal regulation. However, they should be recorded in Panorama Guided Workflow as wastage adjustments. Follow the Inventory Panorama Guided Workflow (PGW) user guides.

Cold Chain Excursions

When a temperature excursion occurs and vaccine is exposed to temperatures outside of +2°C to +8°C, quarantine the product and notify your public health unit immediately. Follow the public health unit's direction regarding vaccine viability and disposition.

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 starting fall 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

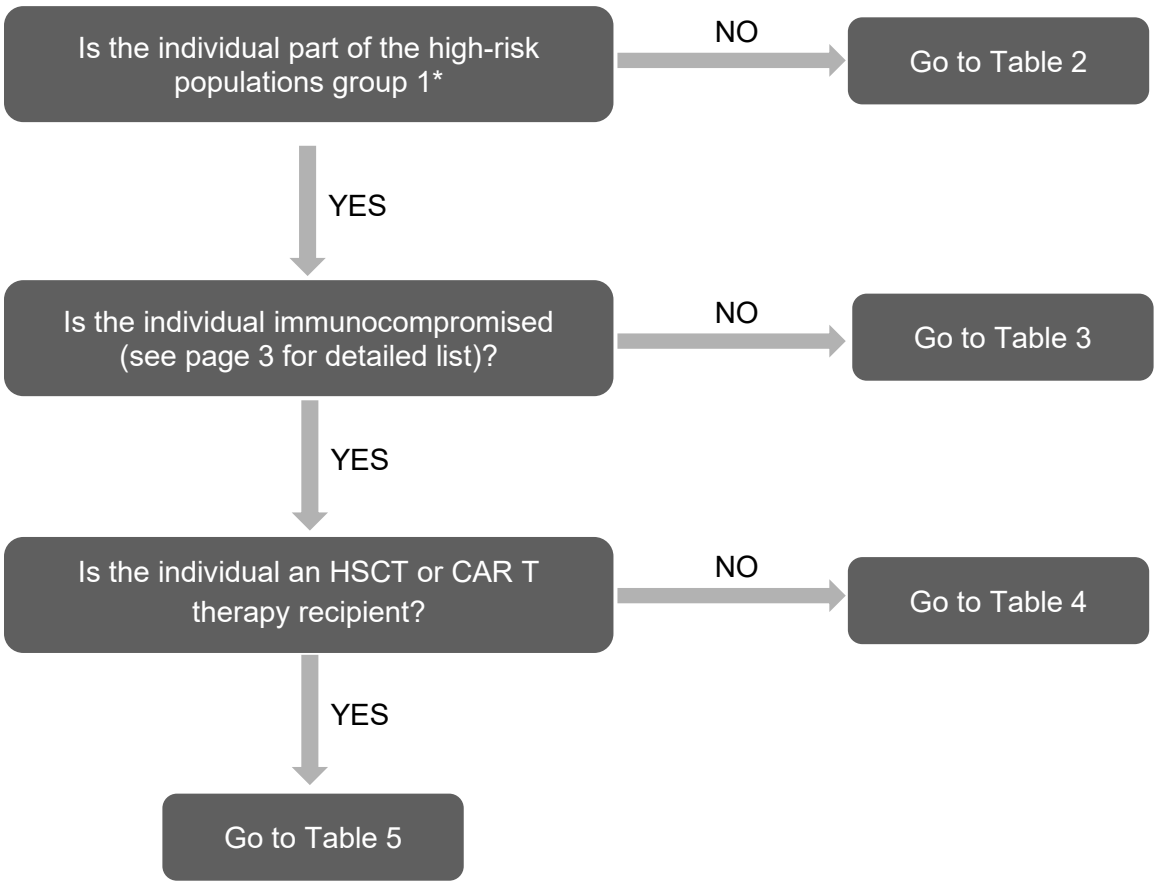
Appendices

Table 1: COVID-19 vaccines available for the 2026/2027 vaccine program

COVID-19 vaccines for individuals 6 months to 11 years	
Vaccine name	Spikevax
Protection against	XFG variant
Manufacturer	Moderna Biopharma Canada
Vaccine type	Messenger ribonucleic acid (mRNA)
Age indication	6 months to 11 years
Dosage	25 ug / 0.25 mL
Route	Intramuscular (IM)
Format	MDV
Vial Volume	2.5 mL
# of doses per vial	10 doses
# of doses per package	100 doses
Beyond Use Date (BUD) (once thawed and stored at +2˚C to +8˚C)	60 days
Post-puncture shelf life (at +2˚C to +8˚C)	24 hours
Package dimension (cm)	6.1 x 13.0 x 6.1
DIN	02541270
Product monograph	Please refer to Health Canada's Drug Product Database

COVID-19 vaccines for individuals 12 years of age and older					
Vaccine name	Spikevax		Comirnaty		Nuvaxovid
Protection against	XFG variant		XFG variant		XFG variant
Manufacturer	Moderna Biopharma Canada		BioNTech Manufacturing		Sanofi Vaccines Canada
Vaccine type	mRNA		mRNA		Protein subunit
Dosage	50 ug / 0.5 mL		30 mcg / 0.3 mL		5 mcg / 0.5 mL
Route	Intramuscular (IM)		IM		IM
Format	MDV	PFS	MDV	PFS	PFS
Volume	2.5 mL	0.5 mL	1.8 mL	0.3 mL	0.5 mL
# of doses per vial/syringe	5 doses	1 dose	6 doses	1 dose	1 dose
# of doses per package	50 doses	10 doses	60 doses	10 doses	10 doses
Package dimension (cm)	6.1 x 13.0 x 6.1	11.0 x 10.2 x 3.5	3.7 x 3.9 x 8.9	9.9 x 5.2 x 12.3	TBC
Beyond Use Date (BUD) (once thawed and stored at +2˚C to +8˚C)	60 days	60 days	10 weeks	n/a	n/a
Post-puncture shelf life (at +2˚C to +8˚C)	24 hours	n/a	12 hours	n/a	n/a
DIN	02541270	02557770	02541823	02552035	02558998
Product monograph	Please refer to Health Canada's Drug Product Database				

Figure 1: COVID-19 2026/2027 immunization program algorithm



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

- Individuals aged 80 years and older
- Residents in long-term care homes aged 18 years and older
- Residents in congregate living settings aged 65 years and older
- Individuals aged 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members aged 55 years and older.
- Adults aged 65 to 79 years with underlying medical conditions (see page 2-3 for detailed list)
- Individuals aged 6 months and older who are moderately to severely immunocompromised (see page 3 for detailed list).

Note: Individuals aged 65 to 79 years who do not meet any of the above criteria may receive a spring COVID-19 dose. If opting for a spring dose, proceed to Table 3. If opting not to receive a spring dose, proceed to Table 2.

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 2026**. 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 2027**. Individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2027/2028) to ensure optimal protection against circulating strains.

Current Age	Doses received prior to fall 2026	# of eligible doses for the 2026/2027 vaccine program in the fall	Intervals between doses
6 months to 4 years	0 doses	2 doses*	8 weeks
	1 dose Spikevax	1 dose*	8 weeks
	1 dose Comirnaty	2 doses*	8 weeks
	2 doses with ≥1 doses Comirnaty	1 dose*	8 weeks
	2 doses both Spikevax	1 dose	3 months^
	≥3 doses, Comirnaty and/or 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 2026	# of eligible doses for 2026/2027 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., 782027/2028) 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 post HSCT/CAR T-cell therapy	# of eligible doses for 2026/2027 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 Spikevax	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Comirnaty	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Spikevax	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses Comirnaty	2 doses* and 1 additional dose	4-8 weeks 3 months^
	3 doses with ≥1 doses Comirnaty	1 dose* and 1 additional dose	4-8 weeks 3 months^
	3 doses all Spikevax	1 dose and 1 additional dose	3 months^
	≥4 doses Comirnaty and/or 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 Spikevax at <5 years	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Comirnaty at <5 years	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Spikevax with ≥1 dose at <5 years	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses 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 Comirnaty at <5 years	1 dose* and 1 additional dose	4-8 week 3 months^
	≥3 doses Spikevax with ≥1 dose at <5 years	1 dose and 1 additional dose	3 months^
	≥4 doses with ≥1 doses 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., 782027/2028) 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 post-HSCT/CAR T-cell therapy	# 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., 2027/2028) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.