COVID-19 Vaccines 2025-26 (United States)

full update September 2025

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 2025 to 2026 formula (Omicron LP.8.1) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c] 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) 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) apart, starting ≥8 weeks after the last dose. One or more additional doses may be given ≥2 months apart.[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. 2025 to 2026 formula (Omicron LP.8.1) for patients **5 years through 11 years of age with certain risk factors**[c] 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. One or more additional doses may be given ≥2 months apart.[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. 2025 to 2026 formula (Omicron LP.8.1) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c] Moderna **Syringe** with **blue** box on label[19]	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) 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) apart, starting ≥8 weeks after the last dose. One or more additional doses may be given ≥2 months apart.[8]	• Store frozen between -50°C and -15°C. • After thawing: o Refrigerator (2°C to 8°C): 60 days or until the expiration date on the carton, whichever is first. o Room temperature (8°C to 25°C): up to 12 hours
Spikevax COVID-19 vaccine, mRNA. 2025 to 2026 formula (Omicron LP.8.1) for patients **6 months to 11 years of age with certain risk factors**[c] Moderna **Syringe** with **red** box on label[19]	• **6 months through 23 months** of age (dose is 0.25 mL IM): o **No** previous COVID-19 vaccine: give two doses (at month 0 and at month 1). o Previously vaccinated with one dose of any Moderna COVID-19 vaccine: one dose ≥1 month after receipt of the previous dose. o 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. One or more additional doses may be given ≥2 months apart.[8]	• Store frozen between -50°C and -15°C. • After thawing: o Refrigerator (2°C to 8°C): 60 days or until the expiration date on the carton, whichever is first. o Room temperature (8°C to 25°C): up to 12 hours

Vaccine	Dosing	Storage/Stability
mNexspike COVID-19 vaccine, mRNA. 2025 to 2026 formula (Omicron LP.8.1) for patients **≥65 years of age, and 12 to 64 years of age with certain risk factors**[c] Moderna **Syringe** with **green** box on label[20]	For patients **≥12 years of age.** • Dose is 0.2 mL IM ≥3 months after any previous COVID-19 vaccine dose. • **Immunocompromised**:[b] at time of writing, CDC guidelines for COVID-19 vaccination in immunocompromised patients had not been updated since before mNexspike approval. See Spikevax, above.	• Store frozen between -40ºC and -15ºC. • After thawing: o Refrigerator (2ºC to 8ºC): 90 days or until the expiration date on the carton, whichever is first. o Room temperature (8ºC to 25ºC): up to 24 hours
Nuvaxovid COVID-19 vaccine, adjuvanted. 2025 to 2026 formula (Omicron JN.1) for patients **≥65 years of age and 12 through 64 years of age with certain risk factors**[c] Novavax **Syringe** with **yellow** box on label[23]	• 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) 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) 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. One or more additional doses may be given ≥2 months apart.[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, and corresponding patient package inserts for recipient/caregiver:
- Comirnaty (August 2025): https://www.fda.gov/vaccines-blood-biologics/comirnaty.
- Spikevax (August 2025): https://www.fda.gov/vaccines-blood-biologics/spikevax.
- mNexspike (August 2025): https://www.fda.gov/vaccines-blood-biologics/mnexspike
- Nuvaxovid (August 2025): https://www.fda.gov/vaccines-blood-biologics/vaccines/nuvaxovid

b. **Immunocompromise** = solid organ transplant patients or similar level of immunocompromise. For a full list of CDC-recommended conditions and vaccination recommendations, see CDC guidance at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.
c. **Risk factors**: https://www.cdc.gov/covid/risk-factors/index.html. **NOTE**: 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/family-physician/patient-care/public-health-emergencies/recent-outbreaks/covid-19/covid-19-vaccine.html
    - American Academy of Pediatrics: https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants
    - 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
    - CDC: https://www.cdc.gov/covid/hcp/vaccine-considerations/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 with respiratory virus symptoms should delay vaccination to avoid exposing healthcare providers and others.[4] • Patients can wait three months after symptom onset (or positive test if asymptomatic) to receive a COVID-19 vaccination.[8] o Reinfection is unlikely in the first three months post-infection.[8] o Delaying vaccination for three months may improve vaccine response.[8] o 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?	• For adults, the 2023 to 2024 COVID-19 vaccines reduced the risk of:[15]
	  ○ Critical illness from COVID-10 by almost 70% in the first two months after vaccination. During the 10 months after vaccination, the vaccines reduced critical illness by ~50%.
	  ○ COVID-19 hospitalization by ~50% in the first two months after vaccination. During the 10 months after vaccination, the vaccines reduced COVID-19 hospitalization risk by ~30%.
	  ○ need for COVID-19 urgent/emergency care by ~50% in the first two months.
	• Preliminary evidence for the 2024 to 2025 COVID-19 vaccines suggests vaccine effectiveness of ~45% against hospitalization in immunocompetent patients ≥65 years of age.[16]

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.[8]
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]

Question	Pertinent information or Suggested Resources

Do COVID-19 vaccines cause heart problems?	• 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]
	  ○ 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?	• It is unclear if mRNA COVID-19 vaccines are associated with Bell's palsy.[13]
Do COVID-19 vaccines cause Guillain-Barre syndrome?	• mRNA COVID-19 vaccines do not seem to be associated with Guillain-Barre syndrome.[11]
Will COVID-19 vaccination cause a positive COVID test?	• No.[8]
Can antibody testing be used to assess the need for COVID-19 vaccination?	• This is not recommended. Vaccination should proceed regardless of the result.[17] • 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]
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 50%.[2,3]

Question	Pertinent information or Suggested Resources
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]

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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