

Protocol for Coronavirus 19 Vaccines (Moderna, Novavax, Pfizer-BioNTech)

1) What's New

- A. The West Coast Health Alliance (WCHA) is issuing immunization recommendations for the 2025-2026 respiratory virus season. These recommendations are informed by trusted national medical organizations, including [American Academy of Pediatrics](#) (AAP), the [American College of Obstetricians and Gynecologists](#) (ACOG), and the [American Academy of Family Physicians](#) (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states.
- B. Individuals 7 years of age and older **may** receive the 2025-2026 COVID-19 vaccine (Moderna, Novavax, or Pfizer-BioNTech).

2) Immunization Protocol

- A. Administer one or more doses of the updated 2025–2026 Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine based on level of immunocompetency, age, and previous vaccination status. Follow Section 3 for vaccine volume and dosing schedule.
- B. COVID-19 vaccine may be given with all ACIP- and WCHA-recommended adult vaccinations. There is no need to separate COVID-19 vaccine from other vaccinations by 2 weeks.

3) Vaccine Schedule

2025-26 COVID-19 Vaccine Dosing Recommendations

Age Group	Recommendation	
Children 7 through 17 years	2 or more doses ¹	All children who are moderately to severely immunocompromised
	1 dose	<p>All children at increased risk for exposure or severe COVID-19 infection, including but not limited to:</p> <ul style="list-style-type: none"> ○ All previously unvaccinated children ○ Children with underlying medical conditions² ○ Children who live in congregate settings ○ Children with household members at increased risk of severe COVID-19 <p>All children whose parent or guardian chooses protection against COVID-19</p>
Pregnant people	1 dose	All people who are planning for pregnancy, pregnant, postpartum, or lactating
Adults 18 through 64 years	2 or more doses ³	All adults who are moderately to severely immunocompromised
	1 dose	<p>All adults at increased risk for exposure to or severe COVID-19 infection, including but not limited to⁴:</p> <ul style="list-style-type: none"> ○ All previously unvaccinated adults ○ Adults with underlying medical conditions ○ Adults who live or work in congregate settings

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		<ul style="list-style-type: none"> ○ Adults with household members at increased risk of severe COVID-19 <p>All adults who choose protection against COVID-19</p>
Adults 65 years and older	2 doses ⁵	All adults 65 years and older

¹ For dosing details for children who are moderately to severely immunocompromised, see the [AAP Recommended Child and Adolescent Immunization Schedule](#).

² For additional information on underlying medical conditions associated with severe COVID-19 infection in children, see Appendix A.

³ For dosing details for adults who are moderately to severely immunocompromised, see Appendix B.

⁴ For additional information underlying medical conditions associated with severe COVID-19 infection in adults, see Appendix C.

⁵ All adults 65 years and older should receive a second dose of COVID-19 vaccine at least 6 months following their first dose.

4) Additional Considerations for Use⁷

A. Shared clinical decision-making:

- i) Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group. Rather, shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian.
- ii) For shared clinical decision-making recommendations, there is no default—the decision about whether or not to vaccinate may be informed by the best available evidence of who may benefit from vaccination; the individual's characteristics, values, and preferences; the health care provider's clinical discretion; and the characteristics of the vaccine being considered.
- iii) Generally, ACIP makes shared clinical decision-making recommendations when individuals may benefit from vaccination, but broad vaccination of people in that group is unlikely to have population-level impacts.
- iv) See link in Reference #6 for additional guidance.

5) Pregnancy and Lactation²⁻⁵

- A. COVID-19 vaccination is recommended for all people of childbearing age, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- B. Persons who are trying to become pregnant do not need to avoid pregnancy after receiving COVID-19 vaccine. There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine.
- C. See current prescribing information additional considerations regarding pregnancy and lactation.²⁻⁵

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6) Warnings and Precautions^{2-5,7}

- A. History of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intravenous, intramuscular or subcutaneous).
- B. Persons who have a contraindication to additional doses of mRNA COVID-19 vaccines are considered to have a precaution to the Novavax vaccine. A single dose may be given in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions. Consider referral to an allergist-immunologist. This additional dose could be considered after a minimum interval of 28 days after the mRNA COVID-19 vaccine dose.
- C. Moderate or severe acute illness.
- D. Development of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution to a subsequent dose of any COVID-19 vaccine, and subsequent doses should generally be avoided.
- E. See current prescribing information for more details about warnings, precautions, formulation, and contents.

7) Contraindications²⁻⁵

- A. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to any vaccine component.
- B. See current prescribing information for more details about contraindications.

8) Storage and Handling²⁻⁵

- A. Store medications according to manufacturer's directions.
- B. See current prescribing information for more details about storage and handling.
- C. All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

9) References

- 1. West Coast Health Alliance 2025-2026 Recommendations for Respiratory Vaccines. Available at: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Documents/2025-26-Respiratory-Virus-Vaccine-Recommendations.pdf>
- 2. Pfizer-BioNTech Comirnaty, 2025-2026 formulation. Package insert, August 2025. Available at: <https://labeling.pfizer.com/ShowLabeling.aspx?id=16351&format=pdf>
- 3. Mnexspike, 2025-2026 formulation. Package insert, August 2025. Available at: https://static.modernatx.com/pm/6cef78f8-8dad-4fc9-83d5-d2fbb7cff867/9f00fca4-1dca-4c9e-9bdd-d21a1c0bf5c6/9f00fca4-1dca-4c9e-9bdd-d21a1c0bf5c6_viewable_rendition_v.pdf
- 4. Nuvaxovid, 2025-2026 formulation. Package insert, August 2025. Available at: Available at: <https://www.fda.gov/media/186544/download?attachment>
- 5. Spikevax, Inc. 2025-2026 formulation. Package insert, August 2025. Available at: Available at: https://static.modernatx.com/pm/6cef78f8-8dad-4fc9-83d5-d2fbb7cff867/5efa7d9d-05e8-46b5-945a-637c2867bd00/5efa7d9d-05e8-46b5-945a-637c2867bd00_viewable_rendition_v.pdf

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6. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices ACIP) Shared Clinical Decision-Making Recommendations. Available at: <https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html>
7. Interim clinical considerations for use of COVID-19 vaccines in the United States, October 31, 2024. Available at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>

Appendix A. Underlying Medical Conditions Associated with Severe COVID-19 Infection in Children

A number of underlying medical conditions have been associated with an increased risk of severe COVID-19 infection in children (1-11). For this reason, COVID-19 vaccination is recommended for all children ≥ 6 months of age with underlying medical conditions.

Underlying medical condition	Examples
Cardiovascular disease	Congenital heart disease, aortic regurgitation, aortic stenosis, hypertension
Chronic lung disease	Asthma/reactive airway disease, obstructive sleep apnea, oxygen dependency, bronchopulmonary dysplasia
Chronic metabolic disease	Diabetes mellitus, thyroid dysfunction, adrenal disorders
Feeding tube dependence	
Gastrointestinal and liver disease	Ulcerative colitis, Crohn's disease, chronic liver disease
Immunosuppressive conditions	Leukemia, lymphoma, other cancers
Neurologic disorders	Developmental delay, seizure disorders, cerebral palsy
Obesity	For children ≥ 2 years, body mass index (kg/m^2) ≥ 95 th percentile for age and sex based on CDC growth charts
Prematurity	Gestational age < 37 weeks
Renal disease	Chronic kidney disease, nephrotic syndrome, end-stage renal disease
Rheumatologic and autoimmune disorders	Rheumatoid arthritis, lupus erythematosus

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Appendix B. COVID-19 immunization Schedule for Adults Who Are Moderately to Severely immunocompromised

For adults who are moderately to severely immunocompromised, it is recommended that vaccine from the same manufacturer be used for all doses in the initial vaccination series. There is no preferential recommendation for one vaccine product over another in unvaccinated individuals.

Vaccination status	Manufacturer	Recommendation
Unvaccinated	Moderna	<ul style="list-style-type: none"> 4 doses: 3-dose initial series 2025–26 Moderna at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.
	Pfizer-BioNTech	<ul style="list-style-type: none"> 4 doses: 3-dose initial series 2025–26 Pfizer-BioNTech at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.
	Novavax	<ul style="list-style-type: none"> 3 doses: 2-dose initial series 2025–26 Novavax at 0, 3 weeks, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.

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Incomplete initial vaccination series before 2025–26 vaccine	Moderna	<ul style="list-style-type: none"> Previously received 1 dose: complete initial series with 2 doses 2025–26 Moderna at least 4 weeks apart, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses <u>to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u> Previously received 2 doses: complete initial series with 1 dose 2025–26 Moderna at least 4 weeks after most recent dose, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses <u>to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u>
	Pfizer-BioNTech	<ul style="list-style-type: none"> Previously received 1 dose: complete initial series with 2 doses 2025–26 Pfizer at least 4 weeks apart, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses <u>to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u> Previously received 2 doses: complete initial series with 1 dose 2025–26 Pfizer at least 4 weeks after most recent dose, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses <u>to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u>

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	Novavax	<ul style="list-style-type: none"> Previously received 1 dose: complete initial series with 1 dose 2025–26 Novavax at least 3 weeks after most recent dose, followed by 1 dose of any approved 2025–26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses <u>to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u>
Completed the initial vaccination series before 2025–26 vaccine	Any	<ul style="list-style-type: none"> 2 doses of any approved 2025–26 COVID-19 vaccine 6 months apart (minimum interval 2 months). Administer the first dose at least 8 weeks after the most recent dose. May administer additional <u>doses to moderately or severely immunocompromised individuals through shared clinical decision-making which should be administered at least 2 months after the most recent dose.</u>

Appendix C. Underlying Medical Conditions Associated with Severe COVID-19 Infection in Adults

A number of underlying medical conditions have been associated with an increased risk of severe COVID-19 infection in adults. For this reason, COVID-19 vaccination is recommended for all adults ≥ 18 years of age with underlying medical conditions.

Underlying medical condition	Examples
Cardiovascular disease	Hypertension, coronary artery disease, congestive heart failure, atrial fibrillation, aortic stenosis
Chronic lung disease	Asthma/reactive airway disease, chronic obstructive pulmonary disease, obstructive sleep apnea, oxygen dependency, interstitial lung disease
Chronic metabolic disease	Diabetes mellitus, thyroid dysfunction, adrenal disorders
Gastrointestinal and liver disease	Non-alcoholic fatty liver disease, cirrhosis, ulcerative colitis, Crohn's disease, chronic liver disease
Immunosuppressive conditions	Immunosuppressive therapies, cancers, HIV infection
Neurologic disorders	Dementia/Alzheimer's disease, seizure disorders, cerebral palsy
Obesity	Body mass index (BMI) ≥30 kg/m ²
Pregnancy	Pregnant, postpartum, lactating, or planning pregnancy
Renal disease	Chronic kidney disease, nephrotic syndrome, end-stage renal disease
Rheumatologic and autoimmune disorders	Rheumatoid arthritis, lupus erythematosus, vasculitis