# 2025-26 COVID-19 Vaccine for Age 12 Years and Older

vaccine protocol for Persons Age 12 Years and Older

**Document reviewed and updated: September 23, 2025**

## Condition for protocol

To reduce incidence of morbidity and mortality of COVID-19 disease.

## Policy of protocol

The nurse will implement this protocol for COVID-19 vaccination using the 2025-26 COVID-19 vaccine products for people 12 years and older.

The indications in this protocol are based on recommendations from the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP).

## Condition-specific criteria and prescribed actions

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action. **Delete this paragraph before signing protocol**.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is less than age 12 years. | Do not vaccinate with this vaccine protocol.  *Refer to protocol for 2025-26 COVID-19 Vaccine for 5 through 11 Year Olds or 2025-26 Moderna Spikevax COVID-19 vaccine for 6 months to 4 years old*. |
| Person is currently healthy and age 12 years or older. | Proceed to vaccinate if meets remaining criteria. |
| Person has a chronic medical condition\*. | Proceed to vaccinate. |
| Person is in one of the following risk groups:   * At high risk of severe COVID-19 vaccine. * A resident of a long-term care facility or congregate setting. * Has a household contact at high risk for severe COVID-19. * Has never been vaccinated against COVID-19 vaccine. | Proceed to vaccinate. |
| Person with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies. | Proceed to vaccinate. Counsel the individual and/or parent/guardian about:  1) The potential for reduced immune responses.  2) The need to continue to follow [current guidance](https://www.cdc.gov/coronavirus/2019-ncov/index.html) to protect themselves. |
| Person who falls into one of the following categories of moderate to severe immunocompromise:   * Active treatment for solid tumor and hematologic malignancies. * Receipt of solid-organ transplant and taking immunosuppressive therapy. * Receipt of CAR-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy). * Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome) * Advanced or untreated HIV infection. * Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory. | Proceed to vaccinate using schedule for people with immunocompromising conditions.  [Refer to primary care provider if additional doses may be indicated] |
| Person is pregnant. | Proceed to vaccinate. |
| Person is lactating. | Proceed to vaccinate. |
| Person is 12 through 17 years of age and   * Their parent or guardian requests protection from COVID-19 for their child,   OR   * Meets the criteria in MN state law that allows consent of minors ([Consent and Confidentiality Laws in Minnesota (www.health.state.mn.us/people/adolescent/youth/confidential.html)](https://www.health.state.mn.us/people/adolescent/youth/confidential.html)) | Proceed to vaccinate. |
| Person is 18 years or older and requests protection from COVID-19. | Proceed to vaccinate. |

\*Visit [AAP: 2025-2026 COVID-19 Vaccine Recommendations: FAQ (www.aap.org/en/patient-care/covid-19/covid-19-vaccine-frequently-asked-questions/)](http://AAP:%202025-2026%20COVID-19%20Vaccine%20Recommendations:%20FAQ%20(www.aap.org/en/patient-care/covid-19/covid-19-vaccine-frequently-asked-questions/))and [CDC: Underlying Conditions and the Higher Risk for Severe COVID-19 (www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html)](https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html) for lists of high-risk underlying conditions or treatments. **Note these lists are not exhaustive**. Patients (or their parents or guardians) may self-attest to their underlying condition.

Contraindications

|  |  |
| --- | --- |
| Criteria: Allergies | Prescribed action |
| Person had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of COVID-19 vaccine or any of its components. | Refer to primary care provider or allergy specialist for consideration of other COVID-19 vaccine products. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |
| Person was diagnosed with non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA or Novavax COVID-19 vaccine; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine. | Refer to primary care provider. |
| History of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous).  *This precaution does not include allergies not related to vaccines or injectable therapies e.g., food, pet, environmental, or latex allergies; oral medications (including the oral equivalents of injectable medications).* | Refer to primary care provider. |
| Person has a history of Multisystem Inflammatory Syndrome in children (MIS-C) or Multisystem Inflammatory Syndrome in adults (MIS-A). | Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. |
| Person has a history of myocarditis or pericarditis within three weeks after a previous dose of any COVID-19 vaccine. | Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. |
| Person had a delayed allergic reaction at the injection site (e.g., erythema, induration, pruritis at the injection site). | Proceed to vaccinate. Give vaccine in the opposite arm from where the first dose was given. |

## Prescription

### Give any of the following products depending on which is available and according to the schedule below:

* 2025-26 Pfizer-BioNTech Comirnaty COVID-19 vaccine for 12 years and older (prefilled syringes labeled with gray borders); 30 mcg, **0.3 mL**, intramuscular (IM).
* 2025-26 Moderna Spikevax COVID-19 vaccine; 50 mcg, **0.5 mL**, intramuscular (IM).
* 2025-26 Moderna mNEXSPIKE COVID-19 vaccine; 10 mcg, **0.2 mL**; intramuscular (IM).
* 2025-26 Novavax Nuvaxovid COVID-19 vaccine; 5 mcg, **0.5 mL**, intramuscular (IM).

### Age 12 to 64 years old

**Unvaccinated**

* 12-18 years:
  + Give one dose of 2025-26 Moderna Spikevax or Pfizer Comirnaty or Novavax Nuvaxovid COVID-19 vaccine regardless of previous vaccination status at least 8 weeks after the most recent dose.
  + Give one dose of 2025-26 Moderna mNEXSPIKE COVID-19 vaccine regardless of previous vaccination status at least 12 weeks after the most recent dose.
* 19-64 years:
  + Give one dose of 2025-26 Moderna or Pfizer COVID-19 vaccine.

OR

* + Give two doses of 2025-26 Novavax at 0 and 3-8 weeks.

**If previously vaccinated before 2025-26 vaccine**

* 12-18 years:
  + Give one dose of 2025-26 Moderna Spikevax or Pfizer Comirnaty or Novavax Nuvaxovid COVID-19 vaccine regardless of previous vaccination status at least 8 weeks after the most recent dose.
  + Give one dose of 2025-26 Moderna mNEXSPIKE COVID-19 vaccine regardless of previous vaccination status at least 12 weeks after the most recent dose.
* 19-64 years:
  + One or more doses Moderna or Pfizer-BioNTech:
    - Give one dose 2025-26 Moderna or Novavax or Pfizer vaccine at least 8 weeks following any previous after the most recent COVID-19 vaccine dose.
  + One dose Novavax:
    - Give one dose 2025-26 Novavax 3-8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer one dose 2025-26 Moderna, Novavax or Pfizer-BioNTech.
  + Two or more doses Novavax:
    - Give one dose 2025-26 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  + Two or more doses Janssen:
    - Give one dose 2025-26 Moderna or Novavax or Pfizer-BioNTech.

### Age 65 years and older

**Unvaccinated**

* Follow recommendations above for unvaccinated 19 to 64 years and then 6 months later administer dose two of 2025-26 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).

**Previously vaccinated before 2025–26 vaccine**:

* Give two doses of 2025–2026 Moderna or Novavax or Pfizer-BioNTech, preferably with the same product, at 0 and 6 months (minimum interval 2 months between doses and following any previous COVID-19 vaccine dose).

## For persons with immunocompromising conditions ages 12 years and older

### Unvaccinated\*

* Give four doses (three-dose initial series Moderna at 0, 4 weeks, and at least 4 weeks after dose two, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]).\*\*

OR

* Give four doses (three-dose initial series Pfizer-BioNTech at 0, 3 weeks, and at least 4 weeks after dose two, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]).\*\*

OR

* Give three doses (two-dose initial series Novavax at 0, 3 weeks, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]).\*\*

### Incomplete initial vaccination series

**Previous vaccination with Moderna**

* One dose Moderna: Give two doses Moderna at least 4 weeks apart (administer dose one Moderna 4 weeks after most recent dose), followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).\*\*
* Two doses Moderna: Give one dose Moderna at least 4 weeks after most recent dose, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).\*\*

**Previous vaccination with Pfizer-BioNTech**

* One dose Pfizer-BioNTech: Give two doses Pfizer-BioNTech at least 4 weeks apart (administer dose one Pfizer-BioNTech 3 weeks after most recent dose), followed by one dose Moderna or Novavax or Pfizer BioNTech 6 months later (minimum interval 2 months).\*\*
* Two doses Pfizer-BioNTech: Give one dose Pfizer-BioNTech at least 4 weeks after most recent dose, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).\*\*

**Previous vaccination with Novavax**

* One dose Novavax: Give one dose Novavax at least 3 weeks after most recent dose, followed by one dose Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).\*\*

### Completed initial three-dose vaccination series

* Three or more doses Moderna or three or more doses Pfizer BioNTech: Give two doses Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose one at least 8 weeks after the most recent dose.\*\*
* Two or more doses Novavax: Give two doses Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose one at least 8 weeks after the most recent dose.\*\*

\*Use vaccine from the same manufacturer for all doses in the initial vaccination series. Either Moderna product (Spikevax or mNEXSPIKE) can be used unless otherwise specified.

\*\*Additional doses of COVID-19 vaccine for moderately or severely immunocompromised: Based on shared clinical decision making and administered at least 2 months after the most recent dose.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date:

## Ingredient listing

* 2025-2026 Pfizer-BioNTech COVID-19 vaccine for age 12 years and older: [Package Insert and Patient Package Insert - COMIRNATY](https://www.fda.gov/media/151707/download?attachment)
* 2025-26 Moderna Spikevax COVID-19 vaccine for age 12 years and older: [Package Insert - SPIKEVAX (www.fda.gov/media/155675/download?attachment)](https://www.fda.gov/media/155675/download?attachment)
* 2025-26 Moderna mNEXSPIKE COVID-19 vaccine for age 12 years and older: [Package Insert - MNEXSPIKE (www.fda.gov/media/186738/download?attachment)](https://www.fda.gov/media/186738/download?attachment)
* 2025-26 Novavax Nuvaxovid COVID-19 vaccine for age 12 years and older: [Package Insert and Patient Package Insert - NUVAXOVID (www.fda.gov/media/186544/download?attachment)](https://www.fda.gov/media/186544/download?attachment)