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To: Physicians, Pharmacists, Infection Preventionists, Long-Term Care Facilities, Local Health Departments, Tribal Health Clinics, Federally Qualified Health Centers, Visiting Nurse Agencies, and other immunization providers

From: Stephanie Schauer, Ph.D, Wisconsin Immunization Program Manager

Jasmine Zapata, MD, MPH, Chief Medical Officer and State Epidemiologist for Maternal & Child Health

Ryan Westergaard, MD, PhD, MPH, Chief Medical Officer and State Epidemiologist for Communicable Diseases

Re: 2026–2027 recommendations for the prevention and control of COVID-19 with vaccines

Wisconsin DHS Recommends COVID-19 Vaccination to Prevent Illness and Death

Dear Wisconsin Health Care and Public Health Partners**,**

Influenza, RSV, and SARS-CoV-2 viruses are again expected to circulate at the same time during the upcoming 2026–2027 respiratory virus season. In this context, vaccination will be important to decrease the overall impact of respiratory illnesses by reducing respiratory virus-associated illnesses, hospitalizations, and deaths, and reducing the burden on the health care system. Letters to providers summarizing the recommendations for RSV and influenza vaccination are being shared separately. This letter summarizes the recommendations for COVID-19 vaccination.

Updated formulations of COVID-19 vaccines have been approved by the FDA for specific indications that are described in this document. Additionally, systematic reviews of clinical evidence have been performed by expert panels convened by the Vaccine Integrity Project and the American Medical Association, which have been incorporated by professional medical societies into a comprehensive set of clinical recommendations. Unlike in previous years, the Advisory Committee on Immunization Practices (ACIP) is currently inactive and not expected to create updated, evidence-based recommendations. **Wisconsin DHS is therefore aligning its state recommendations with the updated consensus guidelines published by national medical professional societies**:

- **Children:** *Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026–2027* were published by the American Academy of Pediatrics (AAP) on September 2, 2026, and are available for download on the AAP website.

- **Adults:** *2026-2027 Influenza, RSV and SARS-CoV-2 Immunization Recommendations* were published by the American Academy of Family Physicians (AAFP) on September 2, 2026, and are available for download on the AAFP website.

- **Special populations:** Guidelines for the use of COVID-19 vaccines in special populations have also been updated by the Infectious Diseases Society of America (IDSA) (immunocompromised patients) and the American College of Obstetricians and Gynecologists (ACOG) (pregnant, postpartum, and lactating patients and their infants).

Available vaccine products and FDA labeling restrictions. On August 27, 2026, the FDA approved updated seasonal formulations of COVID-19 vaccines under Biologics License Applications (BLAs). All approved products are monovalent and target the SARS-CoV-2 JN.1-lineage XFG variant:

- **Moderna Spikevax:** Licensed for adults aged ≥65 years, and individuals aged 6 months to 64 years with ≥1 underlying high-risk condition. This is the only licensed product available in the United States for infants and children aged 6 months through 4 years.

- **Pfizer Comirnaty:** Licensed for adults aged ≥65 years, and individuals aged 5 to 64 years with ≥1 underlying high-risk condition. It is not licensed for children under 5 years of age.

- **Moderna mNEXSPIKE:** Licensed for adults aged ≥65 years, and individuals aged 12 to 64 years with ≥1 underlying high-risk condition. This formulation features an ultra-concentrated 0.2 mL dose volume containing 10 mcg of modRNA.

- **Sanofi Nuvaxovid (Novavax Platform):** Licensed as an adjuvanted recombinant protein subunit vaccine for adults aged≥ 65 years, and individuals aged 12 to 64 years with ≥1 underlying high-risk condition

Evidence-based medical society recommendations

Universal recommendation for infants: The AAP routinely recommends seasonal COVID-19 vaccination for all infants aged 6 through 23 months due to high, sustained hospitalization rates in this age group.

Pediatric risk-group recommendations: For children and adolescents aged 2 through 18 years, the AAP recommends routine seasonal vaccination for specified risk groups, including those at high risk of severe disease, residents of congregate settings, never-vaccinated individuals, and those with high-risk household contacts. Additionally, a single seasonal dose

should be offered to all other healthy children and adolescents 2–18 years whose parent or guardian desires protection from COVID-19, administered at least 8 weeks after their last vaccine dose.

Universal recommendation for adults: The AAFP recommends that all adults aged ≥19 years receive an updated seasonal COVID-19 vaccine. Clinicians may vaccinate healthy adults off-label under standard medical practice, noting that broad high-risk definitions (including obesity, former or current smoking, and physical inactivity) encompass the large majority of the adult population.

Senior two-dose schedule: To counteract rapid immunity waning in highly vulnerable cohorts, the AAFP recommend that all adults aged ≥65 years receive two doses of the updated vaccine each season, spaced 6 months apart.

Immunocompromised guidelines: The IDSA recommends age-appropriate seasonal vaccination for all adult and pediatric patients with compromised immunity starting at 6 months of age. Immunocompromised patients may receive a second dose 2 to 6 months after the first and additional doses within 12 months based on clinical judgment. Solid organ transplant candidates should be vaccinated ≥2 weeks pre-transplant, and recipients should be vaccinated ≥3 months post-transplant.

Maternal immunization recommendations. The ACOG recommends routine COVID-19 vaccination for all pregnant, postpartum, and lactating individuals using any age-appropriate 2026–2027 formulation. Because infants under 6 months of age experience the highest rates of pediatric COVID-19 hospitalizations and are not eligible for vaccination, maternal immunization is a critical strategy to transfer passive immunity to the newborn. Vaccination during pregnancy reduces COVID-19-related hospital contacts in infants during their first two months of life by approximately 50% to 54%. Extensive clinical data demonstrate no association between maternal COVID-19 vaccination and stillbirth, preterm birth, or other adverse pregnancy and birth outcomes.

Coadministration. Providers may simultaneously administer other vaccines, including COVID-19, influenza, and RSV vaccines to eligible patients in order to avoid missed opportunities. Respiratory vaccine season is also a great time to check vaccine records or the Wisconsin Immunization Registry to see what other immunizations an individual may be eligible to receive. COVID-19 vaccine can be administered to pregnant persons with other recommended vaccines, such as tetanus, diphtheria, and pertussis (Tdap), and influenza vaccines, without regard to timing, including simultaneous vaccination at different anatomic sites on the same day.

Statewide standing prescription order for 2026–27. To support vaccine access across Wisconsin, the DHS has issued a statewide standing medical order for COVID-19 vaccines for the 2026–2027 respiratory season. Because authorization of pharmacy-based vaccine

administration in Wisconsin is linked to active ACIP recommendations, the current inactivity of ACIP creates uncertainty for many immunizers. This order authorizes qualified Wisconsin-licensed healthcare personnel, including pharmacists, pharmacy interns, and qualified pharmacy technicians, to assess and vaccinate eligible individuals aged ≥6 months without a patient-specific prescription. A copy of the order is available on the DHS website.

If you have questions, please contact your regional immunization program Representative:

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References

1. Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf]. Accessed on August 21, 2026.

TABLE 1. Available COVID-19 vaccine products (2026–2027 season)

Manufacturer	Tradename	Indication	Presentation/dose
Moderna*	MNEXSPIKE	Ages 12 years and older	Prefilled syringe, 0.2 mL
	SPIKEVAX	Ages 6 months to 11 years Ages 12 years and older	Prefilled syringe, 0.25 mL Prefilled syringe, 0.5 mL
Novavax	NUVAXOVID	Ages 12 years and older	Prefilled syringe, 0.5 mL
Pfizer**	COMIRNATY	Ages 5 years to 11 years Ages 12 years and older	Single dose vial, 0.3 mL Prefilled syringe, 0.3 mL

* For patients aged <12 years receiving a Moderna-platform vaccine, clinicians must be vigilant. mNEXSPIKE is formulated at a highly concentrated 0.2 mL volume (10 mcg), whereas standard Spikevax requires a 0.5 mL volume (50 mcg). Check the outer packaging and syringe labels carefully before administration; do not interchange these volumes.

** Comirnaty is not approved or licensed in the U.S. for children under 5 years of age. Consequently, Moderna's Spikevax (0.25 mL / 25 mcg) is the only available product in the United States for infants and young children aged 6 months through 4 years.