

COVID-19 vaccination: 2025-26 recommendations

AAFP's COVID-19 recommendations

The American Academy of Family Physicians (AAFP) recommends that all adults 19 years and older receive a COVID-19 vaccine.¹ Vaccination is especially crucial for individuals at higher risk, such as those with underlying medical conditions or compromised immune systems. The AAFP recommends a COVID-19 vaccine if patients are:

- 65 years and older
- At increased risk for severe COVID-19 infection
- Have never received a COVID-19 vaccine

The AAFP recommends vaccinating all children 6-23 months against COVID-19. For children and adolescents 2-18 years who are in high-risk groups, a single dose of the COVID-19 vaccine is recommended. Families seeking protection for children and adolescents in this age range should have access to vaccination. The most current, age-appropriate vaccine should be administered. If a child or adolescent is immunocompromised, consider administering additional doses spaced more than eight weeks apart.

The AAFP also recommends COVID-19 vaccination for individuals who are pregnant. Vaccination may occur during any trimester. Even if the birthing parent has previously been vaccinated, consider vaccination during pregnancy to help protect the infant during the first six months of life. COVID-19 vaccination is also supported during lactation.

Updates for the 2025-26 season²

- A single dose of an FDA age-appropriate COVID-19 vaccine for children and adolescents 2-18 years who are in high-risk groups
- An age-appropriate COVID-19 vaccine for families seeking protection for high-risk children and adolescents 2-18 years

For more information, please visit the [AAFP's press release, AAFP Announces Fall Immunization Recommendations, Reaffirming Commitment to Vaccine Safety and Public Health](#).

For more information, please visit the [American Academy of Pediatrics' \(AAP's\) Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement](#).

For more information, please visit the [American College of Obstetricians and Gynecologists' \(ACOG's\) COVID-19 Vaccination Considerations for Obstetric-Gynecologic Care](#).

Selection of vaccines

The various COVID-19 vaccines available for the 2025-26 season are listed in *Table 1*. Vaccine information in this educational material also includes timing of vaccination, contraindications and precautions, testing and diagnosis, and therapeutic recommendations.

Table 1. Vaccines approved for use, by population³⁻⁶

Vaccine	Approved for use in the following populations
Nuvaxovid™ (Novavax)	<ul style="list-style-type: none"> • 65 years and older OR • 12 through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
Comirnaty® (Pfizer-BioNTech)	<ul style="list-style-type: none"> • 65 years and older OR • 5 through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
mNexspike® (Moderna)	<ul style="list-style-type: none"> • 65 years and older OR • 12 through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
Spikevax® (Moderna)	<ul style="list-style-type: none"> • 65 years and older OR • 6 months through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19

For more information, please visit the [U.S. Food and Drug Administration's \(FDA's\) Vaccines Licensed for Use in the United States](#).

For more information, please visit the [Centers for Disease Control and Prevention's \(CDC's\) COVID-19 Vaccine Basics](#).

Table 2. 2025-2026 COVID-19 vaccination guidance and age-based recommendations²⁷

6 Months to 23 months	
Children in this age group who are unvaccinated (i.e., never received any COVID-19 vaccine doses) are recommended to receive,	2 doses of the Spikevax (Moderna) vaccine 1 month apart
Children in this age group who have previously received 1 or more doses of the Moderna vaccine are recommended to receive,	1 dose of the Spikevax (Moderna) vaccine
2 to 18 years	
Children in the following risk groups are recommended to receive 1 dose regardless of prior COVID-19 vaccination status: <ul style="list-style-type: none"> • Persons at high risk of severe COVID-19 • Residents of long-term care facilities or other congregate settings • Persons who have never been vaccinated against COVID-19 • Persons whose household contacts are at high risk for severe COVID-19 	1 dose of an age-appropriate vaccine
19 to 64 years	
People in this age group who have previously received 1 or more doses of any COVID-19 vaccine are recommended to receive,	1 dose of Nuvaxovid (Novavax) or Comirnaty (Pfizer-BioNTech) or mNexspike (Moderna) or Spikevax (Moderna)
65 years and older	
People in this age group are recommended to receive,	2 doses of any 2025-26 COVID-19 vaccine, administered 6 months apart as recommended for people 19-64 years

For more information, please visit the AAFP's [Birth Through Age 18 Immunization Schedule](#) and [Adults 19 and Older Immunization Schedule](#).

Timing of vaccination

For individuals who require only one dose of any age-appropriate COVID-19 vaccine during the season, the optimal time for vaccination is September or October or vaccinate as soon as the seasonal 2025-26 vaccine is available in the fall.⁸ Coadministration with influenza (when indicated) and respiratory syncytial virus (RSV) vaccines is acceptable.⁹ However, vaccination efforts should continue beyond October and throughout the season, as long as COVID-19 viruses remain in circulation and unexpired vaccines are available.

Contraindications and precautions

COVID-19 vaccines are safe for most people. However, there are a few exceptions¹⁰:

- Currently available COVID-19 vaccines are not recommended for children younger than six months
- People with a history of severe allergic reactions to a specific type of COVID-19 vaccine or those allergic to a component of the vaccine should not receive that vaccine type. Signs of severe allergic reaction include:
 - Anaphylaxis
 - Low blood pressure or rapid heartbeat
 - Swelling of the lips, tongue or throat
 - Widespread skin rash and/or swelling
 - Rash inside the mouth or nose

For more information, please visit the [CDC's Coronavirus Disease 2019 \(COVID-19\) Vaccine Safety](#).

Testing, diagnosis and treatment for higher-risk patients

The AAFP has developed clinical guidance to help family medicine practices provide the right care for patients, especially those with underlying medical conditions who are at higher risk of severe COVID-19 outcomes. This guidance provides an overview of COVID-19 vaccination recommendations, testing and diagnosis, treatment options and recommendations, and counseling techniques.

Primary risk factors for severe COVID-19 outcomes

The CDC defines severe outcomes of COVID-19 as hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death.¹¹ Knowing the primary risk factors for these outcomes helps family physicians and care teams make informed decisions about patient care and increase awareness among their patients who are at high risk. The CDC has identified the following risk factors:

Age

Individuals of any age who have specific underlying medical conditions are more likely to experience severe complications.¹¹ Older age is the highest risk factor for severe COVID-19 outcomes. According to data from the National Vital Statistics System, when compared with the risk for adults 19 to 29 years, the risk of death from COVID-19 is 25 times higher for adults 50 to 64 years, 60 times higher for adults 65 to 74 years, 140 times higher for adults 75 to 84 years and 340 times higher for adults 85 years and older. Data also shows that infants older than seven days but younger than 18 years account for a disproportionately high number of acute COVID-19 cases.¹²

Race and ethnicity

The CDC notes that health differences between racial and ethnic groups result from “inequities in living, working, health and social conditions that have persisted across generations.”¹³ For example, some racial and ethnic minority groups are more likely to encounter barriers to accessing health care, including COVID-19 vaccination and treatment options.¹¹ These may include structural barriers related to socioeconomic status (e.g., inadequate insurance, lack of transportation, inability to take time off work), cultural and language differences between patients and clinicians, and long-standing systemic inequities.¹⁴ When compared to non-Hispanic white people, individuals from racial and ethnic minority groups are at a higher risk of being infected with SARS-CoV-2 and experience more severe health outcomes from COVID-19, such as higher rates of hospitalizations, admittance to ICUs and death.¹¹

Medical conditions

People with certain underlying medical conditions, including those shown in *Table 3*, are at higher risk of severe health outcomes from COVID-19 that include hospitalization and death. Key findings from a study of more than 540,000 adults hospitalized with COVID-19 includes the following¹¹:

- Adults with certain underlying medical conditions had an increased risk of severe COVID-19 illness.
- Individuals with multiple medical conditions had more severe COVID-19 illness.
- Individuals who experience obesity and have diabetes with complications and anxiety and fear-related disorders had the highest levels of death.
- Frequent underlying medical conditions increase with age.

Table 3. Underlying medical conditions associated with a higher risk for severe COVID-19¹¹

Asthma	Cancer	Cerebrovascular disease
Chronic kidney disease	Chronic liver disease	Chronic lung disease
Cystic fibrosis	Diabetes mellitus, types 1 and 2	Disabilities, including Down syndrome
Heart conditions	HIV	Mental health conditions
Neurologic conditions	Obesity	Pregnancy and recent pregnancy

Note: This list of underlying medical conditions is not exhaustive. A longer list can be found [here](#).

COVID-19 testing and diagnosis

COVID-19 testing and diagnosis are powerful tools for clinicians to use with patient populations that are at higher risk of severe health outcomes. A patient who has COVID-19 symptoms or has been exposed to someone with COVID-19 should be promptly tested to determine appropriate preventive measures and medical care.

Diagnostic tests

Viral tests are recommended to detect current SARS-CoV-2 infection and diagnose COVID-19. Nucleic acid amplification tests (NAATs) are highly sensitive and precise tests that detect viral RNA genes.¹⁵ Polymerase chain reaction (PCR) tests are the most common type of NAAT used for COVID-19 testing. Most NAATs are conducted in a laboratory and produce positive or negative results. They should not be used on someone who has tested positive for COVID-19 within the past 90 days. Antigen tests are rapid tests that detect the presence of specific viral proteins (i.e., antigens) that indicate current infection. They can be conducted at home, at the point of care or in a laboratory. Antigen tests have high specificity that are similar to NAATs. However, they are less sensitive, so the FDA recommends repeat testing to confirm a negative result. People who have COVID-19 symptoms should test again 48 hours after the first negative test. Asymptomatic people should repeat the test 48 hours after the first negative test and then test again 48 hours after the second negative test, for a total of at least three tests.

When testing a patient for COVID-19, provide clear, concise information, including the following¹⁵:

- Reason for the test
- Type of test to be performed (e.g., PCR test or antigen test)
- Difference between diagnostic testing and screening testing
- How the test will be performed
- Next steps, depending on whether the test results are positive or negative
- Consequences of declining to be tested

Preventive measures

In addition to testing and diagnosis, preventive measures are vital for reducing the spread of COVID-19. They are especially important for people who are at higher risk of severe health outcomes. Key measures to help your patients protect themselves, their families and communities include the following^{16,17}:

- Continue to strongly recommend that your patients stay up to date with COVID-19 vaccination. If your practice does not offer COVID-19 vaccination for any reason, direct your patients to www.vaccines.gov or recommend another resource to help them find COVID-19 vaccines in your area.
- Inform your patients about measures that mitigate against the spread of the virus, such as moving activities outdoors when possible.
- Be sure your patients are aware of common COVID-19 symptoms (e.g., cough, shortness of breath, congestion, sore throat, fatigue, headache) so they know when to seek testing and medical care.

COVID-19 treatment options and recommendations

Therapeutics are an option when treating COVID-19, as found in *Table 4*. For optimal effectiveness, these medications must be given during a specific time frame. Early treatment is essential to reduce the severity of COVID-19.

Table 4. Therapeutics by population with recommendations

Therapeutic	Type	Population	Background	Use in specific	Recommendations
Nirmatrelvir packaged with ritonavir for coadministration (Paxlovid™)	Oral antiviral	Adults and children 12 years and older who weigh at least 88 pounds ¹⁸	<p>On December 22, 2021, the FDA issued an EUA for the use of Paxlovid to treat mild-to-moderate COVID-19 in adults and certain eligible pediatric patients who are at high risk for progression to severe COVID-19.</p> <p>On May 25, 2023, the FDA approved Paxlovid for the treatment of mild-to-moderate COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death.</p>	<p>Do not use Paxlovid for the following¹⁹:</p> <ul style="list-style-type: none"> • Patients who have severe kidney disease • Patients who are on dialysis • Patients who have severe liver disease <p>Drug levels can become too high in these patients, causing increased side effects.</p>	<p>Initiate Paxlovid treatment as soon as possible after diagnosis of COVID-19 and within five days of symptom onset.²⁰</p> <p>The FDA's Paxlovid fact sheet provides additional dosage and administration recommendations for health care professionals.</p> <p>When Paxlovid can be used, the NIH COVID-19 Treatment Guidelines Panel recommends it as the primary option for nonhospitalized adults and adolescents with mild-to-moderate COVID-19 who are at high risk of progressing to severe illness.²¹</p>
Remdesivir (Veklury®)	Intravenous (IV) antiviral	Adults and pediatric patients 28 days and older who weigh at least 6.6 pounds ²²	<p>On April 25, 2022, the FDA approved Veklury for the treatment of COVID-19 in the following²³:</p> <ul style="list-style-type: none"> • Adults and certain eligible pediatric patients who are hospitalized • Adults and certain eligible pediatric patients who are nonhospitalized, have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death 	<p>Caution the use of Veklury for the following²⁴:</p> <p>Patients with liver or kidney problems may use this medication. No dosage adjustment is required for any degree of renal impairment, including dialysis. However, monitor hepatic labs and avoid if alanine aminotransferase (ALT) is markedly elevated, as per the label.</p> <p>Treatment period: inpatient – up to 10 days; outpatient – three consecutive days within seven days of symptom onset</p>	<p>Hospitalized patients: Initiate treatment course as soon as possible after diagnosis of symptomatic COVID-19. Veklury is administered by IV infusion once a day for up to 10 days.</p> <p>Nonhospitalized patients: Initiate treatment as soon as possible after diagnosis of symptomatic COVID-19 and within seven days of symptom onset. Veklury is administered by IV infusion once a day for three days.</p> <p>The FDA's Veklury prescribing information provides additional dosage and administration recommendations for health care professionals.</p>
Molnupiravir (Lagevrio™)	Oral antiviral	Adults 18 years or older	<p>On December 23, 2021, the FDA issued an EUA for the use of Lagevrio to treat mild-to-moderate COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate.²⁵</p>	<p>Do not use Lagevrio for the following²⁶:</p> <ul style="list-style-type: none"> • Patients who are pregnant • Patients who are trying to get pregnant • Patients who are breastfeeding 	<p>Initiate Lagevrio treatment as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Four capsules are taken twice per day for five days.</p> <p>The FDA's Lagevrio fact sheet provides additional dosage and administration recommendations for health care professionals.</p>

COVID-19 rebound

COVID-19 rebound is described as a “recurrence of signs or symptoms or a new positive viral test result after initial recovery from COVID-19.”²⁷ It can occur in patients treated with COVID-19 therapeutics, including Lagevrio and Paxlovid. However, it is essential that patients who have not received any treatment can also experience a COVID-19 rebound. Evidence has shown that patients experiencing rebound have an extremely low probability of developing severe COVID-19, and additional studies to investigate rebound occurrences are being conducted.

For more information, please visit the [CDC's Underlying Conditions and the Higher Risk for Severe COVID-19](#).

For more information, please visit the [CDC's Types of COVID-19 Treatment](#).

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