COVID-19 vaccination: 2026-27 recommendations

AAFP COVID-19 recommendations

The American Academy of Family Physicians (AAFP) recommends that all adults ≥19 years receive an updated COVID-19 vaccine each respiratory season.[1]

Vaccination is especially important for certain populations. The AAFP recommends a COVID-19 vaccine for the following:

- Adults ≥65 years
- Patients at increased risk for severe COVID-19 infection
- Patients who have never received a COVID-19 vaccine
- Health care personnel (HCP)

Consistent with recommendations from the American Academy of Pediatrics, the AAFP recommends COVID-19 vaccination for all infants and children 6 through 23 months and for children and adolescents 6 months through 18 years who are moderately or severely immunocompromised.[1,2] Children and adolescents 2 through 18 years should receive one dose of an age-appropriate 2026-27 COVID-19 vaccine if they are at high risk for severe COVID-19, live in a long-term care facility or other congregate setting, have never been vaccinated against COVID-19 or have a household contact at high risk for severe COVID-19.[2] Families seeking protection for other children and adolescents 2 through 18 years should have access to vaccination. Use the most current vaccine appropriate for the patient's age and health status.

Children and adolescents who are moderately or severely immunocompromised may require additional doses. Individualize dosing according to prior vaccination history, immunocompromising conditions and therapies, anticipated immune response and clinical judgment. The Infectious Diseases Society of America recommends age-appropriate 2026-27 vaccination for immunocompromised patients and notes that a second seasonal dose may extend protection.[3] Follow current product-specific and specialty society guidance for timing.

The AAFP recommends an updated COVID-19 vaccine for individuals who are pregnant, contemplating pregnancy, recently pregnant or lactating; this recommendation is consistent with the American College of Obstetricians and Gynecologists' guidance.[1,4] Clinicians should provide a strong recommendation and offer vaccination as standard preventive care. Vaccination may occur during any trimester and should be given at the earliest opportunity. It may be administered at the same visit as other vaccines recommended during pregnancy. Vaccination during pregnancy also helps protect infants during the first months of life, before they are eligible for vaccination.[4] There is no need to delay pregnancy or avoid/discontinue lactation after vaccination.

Updates for the 2026-27 season[1,3,5]

- The 2026-27 vaccines are updated monovalent products targeting the JN.1-lineage XFG variant, the preferred SARS-CoV-2 variant selected by the FDA for vaccines used in the United States beginning in fall 2026.
- Adults ≥65 years should receive two doses of the updated vaccine during the season, with the second dose administered 6 months after the first, to help maintain protection as immunity wanes over time. Patients who are moderately or severely immunocompromised may benefit from additional dosing. Follow the current product-specific and specialty society guidance.
- Offer 2026-27 vaccination as soon as the updated formulation is available, especially for adults ≥65 years, adults at increased risk, residents of long-term care facilities and HCP.

The guidance in this document provides information on COVID-19 vaccination, including vaccine types, age-based recommendations, testing, diagnosis, treatment options, risk factors and population-based therapies.

Selection of vaccines

The COVID-19 vaccines available for the 2026-27 season are listed in *Table 1*. There is no preferential recommendation among licensed products. For patients who prefer a non-mRNA option, Nuvaxovid™ (protein subunit) is available for eligible patients.[6] FDA indications are age- and risk-based and are narrower than AAFP recommendations for some patients. See *Table 1* and the practice notes below.

Table 1. Vaccines approved for use, by population[6-10]

Vaccine	Approved for use in the following populations
Nuvaxovid™ (Novavax)	≥65 years 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)	≥65 years 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)	≥65 years 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)	≥65 years OR 6 months through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
Practice notes: AAFP recommendations are broader than FDA-approved indications. The AAFP recommends COVID-19 vaccination for all adults ≥19 years.[1,11] FDA indications for 2026-27 products are narrower to include adults ≥65 years or younger patients within product-specific age ranges who have at least one condition that places them at high risk for severe COVID-19.[6-9] A healthy adult 19 through 64 years without a qualifying condition may therefore fall outside the FDA-approved indication despite the AAFP recommendation. Use of a product outside an FDA-approved indication is considered off-label prescribing in the practice of medicine. Review the current product label and counsel the patient. Coverage and pharmacy authority may vary; confirm local payer and pharmacy requirements when access is uncertain.	

For more information, please visit the FDA's Vaccines licensed for use in the United States.
For more information, please visit the CDC's COVID-19 vaccine basics.

Table 2. COVID-19 vaccination guidance and age-based recommendations[10]

6 through 23 months	
Previously unvaccinated children in this age group are recommended to receive:	2 doses of Spikevax® (Moderna), 1 month apart
Children in this age group who previously received 1 or more of the Moderna COVID-19 vaccine doses are recommended to receive:	1 dose of Spikevax (Moderna), with timing based on the number and timing of prior Moderna doses and current product labeling
2 through 18 years	
Children in recommended risk groups should receive 1 dose, regardless of prior COVID-19 vaccination status, including those at high risk for severe COVID-19, those living in congregate settings, those never vaccinated or those with a household contact at high risk. Other families seeking protection should have access to vaccination.	1 dose of an age-appropriate vaccine
19 through 64 years	
The AAFP recommends vaccination for all adults in this age group. Product choice depends on age, risk status and FDA indication.	1 dose of an age-appropriate vaccine. If previously vaccinated, follow the minimum interval in the current product label.
≥65 years	
Adults in this age group are recommended to receive:	2 doses of a COVID-19 vaccine, with the second dose coming 6 months after the first dose

For more information, please visit the AAFP's Birth through age 18 immunization schedules and Adults 19 and older immunization schedules.
For more information, please visit the CDC's Coronavirus disease 2019 (COVID-19) vaccine safety.

Timing of vaccination

For most people who need a single seasonal dose, offer vaccination as soon as the 2026-27 formulation becomes available in the fall, especially for those at highest risk.[1] COVID-19 vaccines may be administered at the same visit as influenza, respiratory syncytial virus and other indicated vaccines.[12]

Continue vaccination efforts throughout the respiratory season while SARS-CoV-2 is circulating and unexpired vaccines are available.[11] Follow current product labeling and specialty society guidance when additional doses are indicated.

Contraindications and precautions

COVID-19 vaccines are safe for most people. The principal contraindication is a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of the same vaccine type or to a vaccine component.[13]

Use current product labeling and clinical guidance to evaluate precautions, including a history of myocarditis or pericarditis after a prior COVID-19 vaccine dose. Currently available COVID-19 vaccines are not recommended for children younger than 6 months.

Signs of a severe allergic reaction can 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

Testing, diagnosis and treatment for higher-risk patients

The AAFP has developed clinical guidance to help family medicine practices provide evidence-based care for patients, especially those with underlying medical conditions who are at higher risk of severe COVID-19 outcomes.

Recent evidence continues to demonstrate that updated COVID-19 vaccines reduce the risk of hospitalization, severe disease and death, with the greatest absolute benefit observed among older adults, infants, people who are pregnant and people who are immunocompromised.[14]

Primary risk factors for severe COVID-19 outcomes

The CDC defines severe outcomes of COVID-19 as hospitalization, admission to the ICU, intubation, mechanical ventilation or death.[15] Knowing the primary risk factors for these outcomes helps family physicians and care teams make informed decisions about patient care and increases awareness among patients who are at high risk.

The CDC has identified the following risk factors:

Age

Older age is the strongest risk factor for severe COVID-19 outcomes, and risk rises substantially with age, especially after 65 years.[15] The 2025-26 U.S. respiratory season continued to show the highest hospitalization burden among older adults, with infants younger than 6 months also experiencing comparatively high hospitalization rates.[14]

Age should be considered together with vaccination status, underlying medical conditions, immune status and other factors that influence exposure and access to timely treatment.[15]

Health inequities and access barriers

COVID-19 outcomes are shaped by social, structural and access-related factors.[15,16] Some racial and ethnic minority groups have experienced higher infection, hospitalization and mortality rates. This may reflect differences in exposure; ability to take time off work; social conditions; and access to transportation, insurance, vaccination and treatment rather than race or ethnicity as biologic risk factors.

Medical conditions

People with certain underlying medical conditions, including those shown in *Table 3*, are at higher risk of severe COVID-19 outcomes. Risk increases further when multiple conditions are present. The CDC list is evidence-based but not exhaustive, and the strength of evidence differs by condition.[15] Consider the patient's age, number and severity of underlying conditions, vaccination status, immune status and other clinical factors when assessing risk.

Table 3. Underlying medical conditions associated with a higher risk for severe COVID-19[15]

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 (e.g., mood disorders, schizophrenia spectrum disorders)
Neurologic conditions (including dementia and Parkinson disease)	Obesity	Pregnancy and recent pregnancy

Note: This list of underlying medical conditions is not exhaustive. A longer list is available on the CDC website.

COVID-19 testing and diagnosis

Prompt testing can help confirm diagnosis and support timely treatment decisions, especially for patients at higher risk of severe COVID-19.

Test patients with compatible symptoms when the result will guide treatment, infection-control decisions or other clinical management. For patients at higher risk, avoid delays in testing and treatment evaluation.[17]

Diagnostic tests

Viral testing for current SARS-CoV-2 infection includes antigen tests and nucleic acid amplification tests (NAATs), such as polymerase chain reaction. NAATs are generally more sensitive than antigen tests.[18]

For people without a positive COVID-19 test in the prior 90 days, either an NAAT or antigen test may be used. After a recent infection, NAATs can remain positive for up to 90 days, so the CDC recommends antigen testing to assess possible reinfection during that period. A single negative antigen test does not rule out infection. The FDA recommends repeat antigen testing 48 hours apart: at least two negative tests for people with symptoms and three negative tests for people without symptoms.

When testing a patient for COVID-19, provide clear, concise information about the reason testing is being performed, the type of test administered, interpretation of results and the next recommended steps.

Preventive measures

Vaccination, early testing when clinically indicated, timely treatment for patients at increased risk and practical measures to reduce exposure remain important tools for reducing severe COVID-19 and transmission.[19,20]

Strongly recommend 2026-27 COVID-19 vaccination to patients according to AAFP and population-specific guidance. If your practice does not stock the COVID-19 vaccine, help patients identify an accessible vaccination site. Encourage patients at increased risk to promptly seek testing and clinical evaluation when symptoms begin so the antiviral treatment can be started within the recommended treatment window. Discuss measures that can reduce transmission during periods of respiratory illness, including staying home when acutely ill, improving ventilation and using well-fitting masks when appropriate.

COVID-19 treatment options and recommendations

Antiviral treatment should be considered for patients with mild to moderate COVID-19 who have one or more risk factors for progression to severe disease.[21,22] Treatment should begin as soon as possible and within the product-specific treatment window.

Nirmatrelvir/ritonavir is generally the first outpatient option considered when clinically appropriate.[22] Remdesivir is an effective alternative, and molnupiravir is reserved for adults when preferred options are not available or clinically appropriate.



Table 4. Therapeutics by population with recommendations[21-25]

Therapeutic	Type	Population	Background	Key considerations	Recommendations
Nirmatrelvir packaged with ritonavir for coadministration (Paxlovid®)	Oral antiviral	Adults; children ≥12 years who weigh at least 40 kg (88 lb) under an EUA	FDA-approved for adults with mild-to-moderate COVID-19 who are at high risk for progression to severe disease; pediatric use in eligible adolescents remains under EUA.	Screen carefully for clinically important drug-drug interactions. Dose adjustment is required for renal impairment, including a specific regimen for severe renal impairment and hemodialysis. Not recommended in severe hepatic impairment.	Start as soon as possible after diagnosis and within 5 days of symptom onset. The IDSA recommends nirmatrelvir/ritonavir as the preferred oral antiviral for high-risk outpatients when clinically appropriate.
Remdesivir (Veklury®)	IV antiviral	Adults; pediatric patients from birth who weigh at least 1.5 kg	FDA-approved for patients who are hospitalized and for nonhospitalized patients with mild-to-moderate COVID-19 who are at high risk for progression to severe disease.	No dosage adjustment is required for any degree of renal impairment, including dialysis. Check hepatic laboratory testing and prothrombin time before initiation and monitor as clinically appropriate.	For nonhospitalized high-risk patients, initiate within 7 days of symptom onset and administer once daily for 3 consecutive days. Hospitalized treatment duration depends on clinical status and response.
Molnupiravir (Lagevrio™)	Oral antiviral	Adults ≥18 years	Authorized under EUA for certain adults with mild-to-moderate COVID-19 at high risk for progression when alternative FDA-approved or authorized treatment options are not accessible or clinically appropriate.	Not recommended during pregnancy. Breastfeeding is not recommended during treatment and for 4 days after the last dose. Counsel patients about current contraception recommendations in the EUA fact sheet.	Start as soon as possible after diagnosis and within 5 days of symptom onset. Use only when preferred options such as nirmatrelvir/ritonavir or remdesivir cannot be used.

EUA = emergency use authorization; IDSA = Infectious Diseases Society of America.

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.

COVID-19 rebound

COVID-19 rebound is a recurrence of symptoms or a new positive viral test after initial improvement.[26] Rebound can occur with or without antiviral treatment and is generally mild. Rebound should not be a reason to withhold indicated antiviral therapy from patients at increased risk of severe disease.

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