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AMERICAN ACADEMY OF PEDIATRICS

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement

Committee on Infectious Diseases

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All authors contributed substantially to the conception and design; review and interpretation of relevant literature; drafting and revisions; and final approval of the published version.

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ABSTRACT. This policy statement updates the recommendations of the American Academy of Pediatrics (AAP) for the use of COVID-19 vaccines in the prevention of severe COVID-19 in children. A review of evidence supporting these recommendations is in the accompanying technical report (<https://doi.org/10.1542/peds.2026-079046>). These COVID-19 vaccine recommendations may change in future seasons or as additional variants emerge. The AAP recommends all infants and children 6 through 23 months of age who do not have contraindications receive 2026–2027 COVID-19 vaccine. The AAP also recommends a single dose of age-appropriate

2026–2027 COVID-19 vaccine for all children and adolescents 2 through 18 years of age at increased risk of severe COVID-19, regardless of prior COVID-19 vaccination status. Children 2 through 18 years of age not considered at increased risk of severe COVID-19 whose parent or guardian desires their protection from COVID-19 should be offered a single dose of age-appropriate 2026–2027 COVID-19 vaccine. Any available COVID-19 vaccine appropriate by age and health status can be administered and the most updated version of the COVID-19 vaccine that is available should be used.

ABBREVIATIONS: AAP, American Academy of Pediatrics; COID, Committee on Infectious Diseases.

INTRODUCTION

This policy statement updates the recommendations of the American Academy of Pediatrics (AAP)¹ for the use of COVID-19 vaccines in the prevention of severe COVID-19 in children. A review of evidence supporting these recommendations is in the accompanying technical report (<https://doi.org/10.1542/peds.2026-079046>).² These COVID-19 vaccine recommendations may change in future seasons or as additional variants emerge.

COVID-19 continues to be a cause of hospitalization^{3,4} and death⁵ in the pediatric population. COVID-19 vaccines are safe^{6,7,8,9,10,11,12,13} and effective¹⁴ in protecting individuals and populations against serious outcomes associated with SARS-CoV-2 infection, including postacute sequelae of SARS-CoV-2 infection (long COVID)¹⁵ and multisystem inflammatory syndrome in children (MIS-C).¹⁶

METHODOLOGY

The AAP Committee on Infectious Diseases (COID) developed these recommendations through an evidence-based process informed by scientific literature, public health data, and expert review. For COVID-19, the COID convened a subgroup of COID members and external experts with relevant

expertise. The subgroup worked in collaboration with strategic partners including the Vaccine Integrity Project and professional societies such as the American Medical Association and the Council on Medical Specialty Societies to access salient data sources.

The subgroup identified clinical questions and reviewed available data on disease epidemiology; morbidity; mortality; and vaccine safety, efficacy, and uptake, considering relevant domains of the Evidence to Recommendations framework.¹⁷ Conflict of interest disclosures were collected from all participants, and members with relevant conflicts recused themselves from evidence review and recommendations meetings as well as voting as required. Proposed recommendations were presented to the full COID for discussion and vote by eligible members. Approved recommendations were incorporated into this policy statement and the accompanying technical report. Additional information about the 2026-2027 AAP immunization recommendation development process can be found at <https://www.aap.org/en/patient-care/immunizations/aap-immunization-recommendations-process-2026/>.

RECOMMENDATIONS

- Infants and children 6 through 23 months of age are at high risk for severe COVID-19.^{3,4,5} The AAP recommends all infants and children in this age group who do not have contraindications^a receive 2026–2027 COVID-19 vaccine, as follows:
 - Those who are previously unvaccinated should receive an initial vaccine series.
 - Those who are previously vaccinated but did not complete their initial vaccine series should complete their initial vaccine series.

^a COVID-19 vaccine contraindication includes a history of severe allergic reaction (eg, anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.

- Those who are previously vaccinated and completed their initial series should receive a single dose. This dose should be administered at least 8 weeks after the last dose was received.
- Those with a previous asymptomatic infection or symptomatic disease caused by SARS-CoV-2 should also receive COVID-19 vaccination.

Additional evidence regarding the burden of COVID-19 among infants and young children 6 through 23 months of age is provided in the accompanying technical report.²

- Children 6 months through 18 years of age who are moderately or severely immunocompromised require 2 or more doses of age-appropriate 2026–2027 COVID-19 vaccine depending on previous vaccination status.¹⁸ Refer to the [AAP Recommended Child and Adolescent Immunization Schedule](#) for dosing recommendations at [AAP.org/ImmunizationSchedule](#). Conditions associated with moderate or severe immunocompromise, as well as evidence regarding risk for severe COVID-19 and immune responses to COVID-19 vaccination in this population, are described in the technical report.²
- The AAP recommends a single dose of age-appropriate 2026–2027 COVID-19 vaccine for all children and adolescents 2 through 18 years of age in the following risk groups (as described in Table 1), regardless of prior COVID-19 vaccination status:
 - Persons at high risk of severe COVID-19³
 - 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^{3,19}

Further information on these risk groups and the rationale supporting vaccination recommendations is provided in the technical report.²

- Children 2 through 18 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered a single dose of age-

appropriate 2026–2027 COVID-19 vaccine.²⁰ This dose should be administered at least 8 weeks after the last dose was received.

- Any available COVID-19 vaccine appropriate by age and health status that is approved by the US Food and Drug Administration through a biologics license application can be used. The most updated version of the COVID-19 vaccine that is available should be used.

TIMING CONSIDERATIONS

In recent years, SARS-CoV-2 has circulated year-round with recurring summer and winter peaks.²¹ Despite this year-round activity, COVID-19–associated hospitalization rates have consistently been highest during the winter months, and infants and young children experience the greatest burden, including hospitalization rates that are higher and more sustained than those observed among older children and adolescents.⁴

Updated COVID-19 vaccines have generally become available in late summer or early fall. Children for whom vaccination is recommended and those desiring protection from COVID-19 should receive the updated vaccine as soon as it becomes available and they are eligible, rather than waiting for a particular point in the season. For most children, vaccination soon after the updated vaccine becomes available can provide an opportunity to develop protection before the winter months, when COVID-19 disease burden has generally been highest. When indicated, COVID-19 vaccine may be administered at the same visit as seasonal influenza vaccine; coadministration is supported by safety and immunogenicity data and may improve vaccine uptake and timeliness.

However, because SARS-CoV-2 circulates year-round, COVID-19 vaccination provides protection even when administered at other times of the year. Variations in specific timing of administration may occur because of access to vaccine, individual risk assessments, local epidemiology,

and timing of prior doses of vaccine. Therefore, eligible individuals who do not receive the vaccine in the fall can still receive COVID-19 vaccination at any time during the season.

ADDITIONAL RESOURCES

For additional clinical guidance on COVID-19, refer to the *Red Book: 2024 Report of the Committee on Infectious Diseases* (<https://publications.aap.org/redbook>). For more information on the dosing and administration of COVID-19 vaccines, storage and handling, reporting, and patient education, visit www.aap.org/covid-19.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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TABLE 1. Pediatric Populations Recommended to Receive the COVID-19 Vaccine During the 2026–2027 Season

Population	Characteristics
Infants and children 6 through 23 months of age	Recommended for all in this age group.
Children and adolescents who are moderately or severely immunocompromised	See Box 1 for examples of qualifying conditions and treatments. These children may require additional vaccine doses. ^a
Children and adolescents at high risk of severe COVID-19	See below for examples of medical conditions for which COVID-19 vaccination is recommended.
Residents of long-term care facilities or other congregate settings	Congregate care settings refer to places where individuals live together in structured environments outside of their home, including residential treatment facilities, group homes, emergency shelters, juvenile detention centers, etc.
Children and adolescents who have never been vaccinated against COVID-19	Those who have not previously received vaccine-derived protection against COVID-19.
Children and adolescents with household contacts at high risk for severe COVID-19	Household contacts may include infants and young children less than 24 months of age, adults aged ≥ 65 years, persons who are moderately or severely immunocompromised, and children, adolescents, or adults with medical conditions associated with severe COVID-19. ^{3,19}
Underlying conditions with common examples^{3,b}	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg, abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic disease	Chronic liver disease
Hematologic disease	Sickle cell disease
Metabolic disorders	Diabetes mellitus
Obesity	Body mass index (BMI) $\geq$ the 95th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg, wheelchair dependent)
Immunosuppressive conditions	See Box 1.
Rheumatologic, autoimmune disease	Systemic lupus erythematosus Juvenile idiopathic arthritis

^a Additional doses may be administered at ≥ 8 week intervals, informed by the clinical judgment of a health care provider and personal preference and circumstances. Refer to [AAP Recommended Child and Adolescent Immunization Schedule](#) for dosing guidance at [AAP.org/ImmunizationSchedule](https://www.aap.org/ImmunizationSchedule).

^b List of examples is not exhaustive.

BOX 1. Moderate and Severe Immunocompromising Conditions and Treatment²²

Individuals may be considered moderately or severely immunocompromised if they have one or more of the following conditions or treatments. Examples include, but are not limited to, the following:

- **Active treatment for solid tumor and hematologic malignancies**
- **Hematologic malignancies associated with poor responses to COVID-19 vaccines** regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
- **Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy**
- **Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT)^a**
- **Moderate or severe primary immunodeficiency** (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- **Advanced^b or untreated HIV infection**
- **Active treatment with immunosuppressive or immunomodulatory therapies^c**

^a Within 2 years of transplantation or taking immunosuppressive therapy

^b Includes individuals with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV.

^c Examples include high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell-depleting agents).

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