Consensus WCHA 2025-26 Respiratory Virus Season Immunization Recommendations

The West Coast Health Alliance (WCHA) is issuing immunization recommendations for the 2025-2026 respiratory virus season. These recommendations are informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states.

Immunization is safe, effective, and the best protection available against respiratory viruses such as COVID-19, influenza, and RSV. Seasonal immunization is also a critical public health tool to reduce serious illness, community transmission, and health care systems strain.

WCHA recommendations are based on data regarding the people most impacted by these respiratory viruses, especially our most vulnerable. This includes: the youngest and oldest individuals in our states; other individuals at higher risk for complications, including people who are pregnant; individuals living in congregate settings; and those who live or work with people at higher risk. The WCHA will continue to evaluate new evidence and recommendations as they become available and is committed to sharing any updated assessments with our communities.

The WCHA reviewed COVID-19 epidemiology, vaccine effectiveness, safety data, and national medical organization recommendations to arrive at the consensus recommendations. Individuals with risk factors for severe COVID-19 infection, including age, underlying medical conditions, unvaccinated status, and congregate living facility residence were recommended to receive an updated 2025-26 COVID-19 vaccine. No new safety concerns were reported since the last thorough review. COVID-19 vaccines continue to protect individuals from hospitalization and death. WCHA recommendations have been adopted by the Oregon Immunization Program.

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Age/Condition	COVID-19	Influenza	RSV
Children	• All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors • All who choose protection[a]	• All 6 months and older	• All younger than 8 months[b] • All 8-19 months with risk factors[c]
Pregnancy	• All who are planning pregnancy, pregnant, postpartum or lactating	• All who are planning pregnancy, pregnant, postpartum or lactating	• 32-36 weeks gestational age[b]
Adults	• All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection	• All	• All 75 years and older[d] • All 50-74 years with risk factors[d,e]

[a] COVID-19 vaccine is available for persons 6 months of age and older.
[b] Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.
[c] Effective September 15, 2025, see https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html for additional information on risk factors for severe RSV disease in children 8-19 months.
[d] Adult RSV immunization recommendations are currently for a single lifetime dose. Those who have previously received a dose do not need a second dose.
[e] Effective September 15, 2025, see https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html for additional information on risk factors for severe RSV disease in adults 50-74 years.

2025-26 COVID-19 Vaccine Dosing Recommendations

Age Group	Recommendation	
Children 6-23 months	2 or more doses[f]	• All previously unvaccinated children • All children who are moderately to severely immunocompromised
	1 or more doses[f]	• All previously vaccinated children who did not complete the initial series
	1 dose	• All previously vaccinated children who completed the initial series
Children 2-18 years	2 or more doses[f]	• All children who are moderately to severely immunocompromised

	1 dose	• All children at increased risk for exposure or severe COVID-19 infection, including but not limited to:
		  ○ All previously unvaccinated children
		  ○ Children with underlying medical conditions[g]
		  ○ Children who live in congregate settings
		  ○ Children with household members at increased risk of severe COVID-19
		• All children whose parent or guardian chooses protection against COVID-19

Pregnancy	1 dose	• All people who are planning pregnancy, pregnant, postpartum, or lactating
Adults 19-64 years	2 or more doses[h]	• All adults who are moderately to severely immunocompromised

[f] For dosing details for children, see the AAP Recommended Child and Adolescent Immunization Schedule.
[g] For additional information on underlying medical conditions associated with severe COVID-19 infection in children, see Appendix A.
[h] For dosing details for adults who are moderately to severely immunocompromised, see Appendix B.

	1 dose	• All adults at increased risk for exposure to or severe COVID-19 infection, including but not limited to:
		  ○ All previously unvaccinated adults
		  ○ Adults with underlying medical conditions[i]
		  ○ Adults who live or work in congregate settings
		  ○ Adults with household members at increased risk of severe COVID-19
		• All adults who choose protection against COVID-19

Adults 65 years and older	2 doses[j]	• All adults 65 years and older

[i] For additional information underlying medical conditions associated with severe COVID-19 infection in adults, see Appendix C.
[j] All adults 65 years and older should receive a second dose of COVID-19 vaccine at least 6 months following their first dose.

Appendix A. Underlying Medical Conditions Associated with Severe COVID-19 Infection in Children

A number of underlying medical conditions have been associated with an increased risk of severe COVID-19 infection in children (Ref. 1-11). For this reason, COVID-19 vaccination is recommended for all children ≥ 6 months of age with underlying medical conditions which may include, but are not limited to, the following:

Underlying medical condition	Examples
Cardiovascular disease	Congenital heart disease, aortic regurgitation, aortic stenosis, hypertension
Chronic lung disease	Asthma/reactive airway disease, obstructive sleep apnea, oxygen dependency, bronchopulmonary dysplasia
Chronic metabolic disease	Diabetes mellitus, thyroid dysfunction, adrenal disorders
Feeding tube dependence	
Gastrointestinal and liver disease	Ulcerative colitis, Crohn's disease, chronic liver disease
Immunosuppressive conditions	Leukemia, lymphoma, other cancers
Neurologic disorders	Developmental delay, seizure disorders, cerebral palsy
Obesity	For children ≥ 2 years, body mass index ($kg/m^{2)}$ ≥95th percentile for age and sex based on CDC growth charts
Prematurity	Gestational age < 37 weeks
Renal disease	Chronic kidney disease, nephrotic syndrome, end-stage renal disease
Rheumatologic and autoimmune disorders	Rheumatoid arthritis, lupus erythematosus

Appendix B. COVID-19 immunization Schedule for Adults Who Are Moderately to Severely immunocompromised

For adults who are moderately to severely immunocompromised, it is recommended that vaccine from the same manufacturer be used for all doses in the initial vaccination series. There is no preferential recommendation for one vaccine product over another in unvaccinated individuals.

Vaccination status	Manufacturer	Recommendation
Unvaccinated	Moderna	• 4 doses: 3-dose initial series 2025–26 Moderna at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses.[k]
	Pfizer-BioNTech	• 4 doses: 3-dose initial series 2025–26 Pfizer-BioNTech at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses.[k]
	Novavax	• 3 doses: 2-dose initial series 2025–26 Novavax at 0, 3 weeks, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses.[k]
Incomplete initial vaccination series before 2025–26 vaccine	Moderna	• Previously received 1 dose: complete initial series with 2 doses 2025–26 Moderna at least 4 weeks apart, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses.[k]

[k] Additional doses of the 2025-26 COVID-19 vaccine may be administered to moderately or severely immunocompromised individuals through shared clinical decision-making and should be administered at least 2 months after the most recent dose.

		• Previously received 2 doses: complete initial series with 1 dose 2025–26 Moderna at least 4 weeks after most recent dose, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses. [k]
	Pfizer-BioNTech	• Previously received 1 dose: complete initial series with 2 doses 2025–26 Pfizer at least 4 weeks apart, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses. [k] • Previously received 2 doses: complete initial series with 1 dose 2025–26 Pfizer at least 4 weeks after most recent dose, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses. [k]
	Novavax	• Previously received 1 dose: complete initial series with 1 dose 2025–26 Novavax at least 3 weeks after most recent dose, followed by 1 dose of any approved 2025-26 COVID-19 vaccine 6 months later (minimum interval 2 months). May administer additional doses. [k]
Completed the initial vaccination series before 2025–26 vaccine	Any	• 2 doses of any approved 2025-26 COVID-19 vaccine 6 months apart (minimum interval 2 months). Administer the first dose at least 8 weeks after the most recent dose. May administer additional doses. [k]

Appendix C. Underlying Medical Conditions Associated with Severe COVID-19 Infection in Adults

A number of underlying medical conditions have been associated with an increased risk of severe COVID-19 infection in adults (Ref. 12-21). For this reason, COVID-19 vaccination is recommended for all adults ≥ 19 years of age with underlying medical conditions which may include, but are not limited to, the following:

Underlying medical condition	Examples
Cardiovascular disease	Hypertension, coronary artery disease, congestive heart failure, atrial fibrillation, aortic stenosis
Chronic lung disease	Asthma/reactive airway disease, chronic obstructive pulmonary disease, obstructive sleep apnea, oxygen dependency, interstitial lung disease
Chronic metabolic disease	Diabetes mellitus, thyroid dysfunction, adrenal disorders
Gastrointestinal and liver disease	Non-alcoholic fatty liver disease, cirrhosis, ulcerative colitis, Crohn's disease, chronic liver disease
Immunosuppressive conditions	Immunosuppressive therapies, cancers, HIV infection
Neurologic disorders	Dementia/Alzheimer's disease, cerebrovascular disease, seizure disorders, cerebral palsy
Obesity	Body mass index (BMI) ≥30 kg/m^2
Pregnancy	Pregnant, postpartum, lactating, or planning pregnancy
Renal disease	Chronic kidney disease, nephrotic syndrome, end-stage renal disease
Rheumatologic and autoimmune disorders	Rheumatoid arthritis, lupus erythematosus, vasculitis

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