



COVID-19 Vaccines 2025-26 (Canada)

full update September 2025

The first chart below provides dosing and storage information for COVID-19 vaccines approved in Canada. The product monographs can be found at https://covid-vaccine.canada.ca/. A second chart provides information and resources to help you address frequently asked questions about COVID-19 vaccination.

--Information in this chart is from the Canadian product monographs (see link in **footnote a**), unless otherwise cited.--

Vaccine	Dosing	Storage/Stability
Comirnaty (COVID-19 vaccine, mRNA) 2024 to 2025 formula (Omicron LP.8.1) for patients ≥6 months of age. Pfizer Canada	 For patients ≥12 years of age (vials have gray cap and label border). Each dose is 0.3 mL (30 mcg) IM. Administer at least three to six months after any previous COVID-19 vaccine dose. For patients 5 to 11 years of age (vials have blue cap and label border). Each dose is 0.3 mL (10 mcg) IM. Administer ≥6 months after any previous COVID-19 vaccine dose. For patients 6 months through 4 years of age (vials have yellow cap and label border). REQUIRES DILUTION with 1.1 mL of 0.9% sodium chloride injection, USP. Each dose is 0.3 mL (3 mcg) IM. No previous COVID-19 vaccine: give three doses (at week 0, at week 3, and ≥8 weeks after the 2nd dose). If the infant/child started the series with a previous year's Comirnaty, they can complete the three-dose series with Comirnaty LP.8.1. Patients with a history of completion of a COVID-19 primary series: administer ≥6 months after any previous COVID-19 vaccine dose. Immunocompromised patients: see footnote b. 	 Prefilled syringe: Store in refrigerator (2°C to 8°C). Use within 4 hours of attaching needle. Vials May arrive frozen at ultra-cold temperatures in thermal containers with dry ice. May store in ultra-low temp freezer at -90°C to -60°C or transfer to refrigerator. Refrigerator (2°C to 8°C):

Vaccine	Dosing	Storage/Stability
Spikevax (COVID-19 vaccine, mRNA) 2025 to 2026 formula (Omicron LP.8.2) for patients ≥6 months years of age.	 For patients ≥12 years of age. Dose is 0.5 mL (50 mcg) IM. Administer ≥6 months after any previous COVID-19 vaccine dose. For patients 5 to 11 years of age. Dose is 0.25 mL (25 mcg) IM. Administer ≥6 months after any previous COVID-19 vaccine dose. 	 Store frozen between -50°C and -15°C. Refrigerator (2°C to 8°C): 50 days (unpunctured); 24 hours (punctured) Room temperature (8°C to 25°C): 12 hours (punctured or unpunctured).
Moderna Royal blue cap with strength printed in coral blue.	For patients 6 months through 4 years of age. • Previously vaccinated (≥1 previous dose): dose is 0.25 mL (25 mcg) IM. Administer ≥6 months after any previous COVID-19 vaccine dose. • Not previously vaccinated: two doses (0.25 mL [25 mcg] IM), given four weeks apart. Immunocompromised patients: see footnote b.	

Abbreviations: IM = intramuscular; NACI = National Advisory Committee on Immunization

a. Canadian product monographs used in creation of this resource: Comirnaty (June 2025), Spikevax (June 2025). Canadian product monographs can be found in the *COVID-19 Vaccines and Treatments Portal*: https://covid-vaccine.canada.ca/.

b. Immunocompromise:

- Individuals who are moderately to severely immunocompromised should receive an extra dose each year, four to eight weeks after the last dose. 16,18
 - Hematopoietic stem cell transplant (HSCT) or chimeric antigen receptor (CAR) T-cell therapy patients should receive a three-dose series three to six months post-treatment. Each dose should be four to eight weeks apart.¹⁸
- Examples of moderately to severely immunocompromised conditions can be found in the COVID-19 Vaccines chapter of the Canadian Immunization Guide: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a6.4.considerations.

--- Continue to the next section for Frequently Asked Questions About COVID-19 Vaccination-

Frequently asked questions about COVID-19 vaccination

Question	Pertinent information or Suggested Resources
How do COVID-19 vaccines work?	See "Ask the experts COVID-19 vaccine questions: how the approved vaccines work" at https://www.canada.ca/en/health-canada/services/video/ask-experts-covid-19-vaccines/how-approved-vaccines-work.html#a4.
Do mRNA vaccines affect DNA?	No. COVID-19 vaccines do not interact with DNA in any way. ⁵
Can a COVID-19 vaccine cause a COVID-19 infection?	No. COVID-19 vaccines do not contain the COVID-19 virus. ¹⁷
Can a patient get a COVID- 19 vaccine if they have a COVID infection?	 Patients with any respiratory virus should delay vaccination to avoid exposing healthcare providers and others to COVID.⁴ Previously vaccinated patients can wait three months after test-confirmed COVID-19 infection to receive a COVID-19 vaccination.¹⁶ For patients not previously vaccinated, the interval that can be considered from infection to vaccination in the primary series is the same as the recommended intervals between COVID-19 vaccine (eight weeks for those who are not immunocompromised, and four to eight weeks for those who are moderately to severely immunocompromised^b).¹⁶ When considering the suggested intervals outlined shows historical and social risk features for exposure (a.g.)
	 When considering the suggested intervals outlined above, biological and social risk factors for exposure (e.g., local epidemiology, living settings) and severe disease should also be taken into account.¹⁶ Reinfection is unlikely in the first three months post-infection.⁸ Delaying vaccination for three months may improve vaccine response.⁸ Reasons to get vaccinated sooner include high personal risk of severe disease or high COVID-19 transmission in the community.⁴
How effective are COVID-19 vaccines?	 For adults, the 2023 to 2024 COVID-19 vaccines reduced the risk of:¹⁵ Critical illness from COVID-19 by almost 70% in the first two months after vaccination. During the 10 months after vaccination, the vaccines reduced critical illness by ~50%. COVID-19 hospitalization by ~50% in the first two months after vaccination. During the 10 months after vaccination, the vaccines reduced COVID-19 hospitalization risk by ~30%. need for COVID-19 urgent/emergency care by ~50% in the first two months. Preliminary evidence for the 2024 to 2025 COVID-19 vaccines suggests vaccine effectiveness of ~45% against hospitalization in immunocompetent patients ≥65 years of age.¹⁹

Question	Pertinent information or Suggested Resources
Can COVID-19 vaccines be given with other vaccines?	COVID-19 vaccines may be given concurrently (i.e., same day) or any time before or after non-COVID-19 vaccines (including live and non-live vaccines). 18
What are some common adverse effects of COVID-19 vaccines, and what can be done about them?	 As with other vaccines, side effects are usually mild or moderate and go away in few days, if they occur at all. 16 Common side effects include fatigue; muscle or joint pain; headache; chills; fever; pain; swelling; and redness at the injection site; and axillary (or groin) swelling or tenderness. 16 It is not recommended to take analgesics before vaccination to prevent side effects, but they can be taken to treat side effects if they occur. 16 For arm pain and swelling, a clean, cool, wet washcloth can be applied over the area. The patient should keep using their arm. 4
Do COVID-19 vaccines cause heart problems?	 Many viruses, including COVID-19, can cause myocarditis and pericarditis.⁶ In one study, patients with COVID-19 had almost 16 times the risk of myocarditis compared with patients who did not have COVID-19.¹⁴ Although rare, the COVID-19 vaccine has been associated with myocarditis and pericarditis.⁶ Myocarditis associated with COVID-19 vaccination is less common and less severe than with COVID-19 infection.⁷ Most cases associated with COVID-19 vaccination are mild, transient, and resolve on their own.⁷ The incidence of myocarditis/pericarditis in the first week after receipt of the 2023-2024 COVID-19 vaccine was ~8 cases/million doses in patients 6 months through 64 years of age, and ~27 cases/million doses in males 12 through 24 years of age.¹⁰ Waiting at least 8 weeks between doses may decrease risk.^{8,9}
Do COVID-19 vaccines cause Bell's palsy?	• It is unclear if mRNA COVID-19 vaccines are associated with Bell's palsy. ¹³
Do COVID-19 vaccines cause Guillain-Barre syndrome?	mRNA COVID-19 vaccines do not seem to be associated with Guillain-Barre syndrome. 11
Will COVID-19 vaccination cause a positive COVID test?	• No. ⁸

Question	Pertinent information or Suggested Resources
Can antibody testing be used to assess the need for COVID-19 vaccination?	Serologic testing is not needed before or after immunization with COVID-19 vaccine. 16
Do you need to stick with the same vaccine every year?	Generally no, but the primary series in children six months to four years of age should be completed with the same vaccine.
Do COVD-19 vaccines prevent "long COVID"?	 Vaccination is the best available tool to prevent long COVID.¹ Vaccination may reduce the risk of long COVID-19 by almost 50%.^{2,3}
Can patients who are pregnant or breastfeeding get a COVID vaccine?	COVID-19 vaccination is recommended for people who are pregnant, trying to get pregnant, or who might become pregnant in the future, and for people who are breastfeeding. 12

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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