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2026-2027 COVID-19 Vaccine Standing Order for Administering Vaccine

Standing Order and Protocol

Purpose:

To reduce morbidity and mortality from COVID-19, this statewide standing order authorizes qualified health care professionals to administer the 2026-2027 COVID-19 vaccine to individuals who meet the criteria established by the Illinois Department of Public Health (IDPH).

Authority:

This standing order is issued pursuant to the Department of Public Health Act, 20 ILCS 2305, which allows the agency to order the administration of vaccines or other treatments as necessary to prevent the probable spread of a contagious and infectious disease. This legal authority extends to IDPH's authority and obligation to restrict and suppress the spread of COVID-19 as a respiratory illness that increases during the fall and winter seasons.

Policy:

This standing order authorizes health care professionals (HCPs) licensed in the State of Illinois who work in pharmacies and other appropriate clinical settings and who are authorized to administer vaccines acting within the scope of their respective practice acts (Medical Practice Act, 225 ILCS 60; Nursing Practice Act, 225 ILCS 65; Pharmacy Practice Act, 225 ILCS 85; Physician Assistant Practice Act, 225 ILCS 95; Podiatric Medical Practice Act, 225 ILCS 100; Illinois Optometric Practice Act, 225 ILCS 80/31) to assess and vaccinate individuals who satisfy the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction. Any health care professionals who administer vaccines as a delegated task or duty from a collaborating or supervising physician must ensure the collaborating or supervising physician has authorized administration of vaccines under this standing order.

Procedure

1. Assess individuals ages 6 months and older for vaccination against SARS-CoV-2.

- Confirm COVID-19 vaccination history and whether the individual is moderately or severely immunocompromised. Self-attestation by the patient or parent/guardian of their moderately or severely immunocompromised status is acceptable.
 - See Appendix for dosing guide.
- COVID-19 vaccination is recommended for the following groups:
 - Children
 - All children ages 6 months through 23 months
 - Children ages 2 years through 18 years in the following risk categories (Self-attestation of risk by the parent/guardian is acceptable.):
 - 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
 - Children ages 2 years through 18 years not included in a risk group above whose parent or guardian desires their protection from COVID-19
 - Pregnant People
 - All individuals who are or will be pregnant, during any trimester of pregnancy, postpartum, or during lactation
 - Adults
 - All adults ages 19 years and older
- Additional Clinical Considerations
 - The COVID-19 vaccine may be simultaneously administered with other routinely recommended vaccines.
 - A moderately or severely immunocompromised patient's clinical team is best positioned to determine the degree of immune compromise, need for revaccination, and appropriate timing of revaccination.
 - Patients and parents/guardians may self-attest to high-risk status. However, if needed for reference, see [CDC Underlying Conditions and the Higher Risk for Severe COVID-19](#).

2. Screen for contraindications and precautions.

- **Contraindications:**
 - History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.
- **Precautions:**
 - History of:

- A diagnosed non-severe allergy to a component of COVID-19 vaccine.
 - Non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of one COVID-19 vaccine type, if receiving the same vaccine type.
 - Moderate to severe acute illness, with or without fever.
 - Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A).
 - Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine.
- If there is any uncertainty about proceeding with vaccination, consult your facility's medical director, your collaborating or supervising physician, or the patient's primary care or specialty provider.

3. Provide vaccine information statements.

- Prior to vaccination, provide all patients or their parent/guardian with a copy of the most current federal vaccine information statement (VIS). Provide non-English speaking patients or their parent/guardian with a copy of the VIS in their native language, if one is available and desired, in addition to an English language VIS.
- If the 2026-2027 English-language VIS is not yet available, provide the patient or their parent/guardian with the manufacturer's *Information for Recipients and Caregivers* document.
- COVID-19 VIS in English: <https://www.cdc.gov/vaccines/hcp/current-vis/covid-19.html>
- COVID-19 VIS in Additional Languages: <https://www.immunize.org/vaccines/vis/covid-19/>

4. Prepare to administer the vaccine.

- Verify that the vial or syringe label indicates the 2026–2027 formulation and that the dosage is appropriate for the patient’s age.
- Choose the needle gauge, needle length, and injection site according to the following charts:

Infant/Child:

Age of Child	Needle Gauge	Needle Length	Injection site
Age 6 through 11 months	22-25	1"	Vastus lateralis of anterolateral thigh ¹
Age 1 through 2 years	22-25	1"	Vastus lateralis of anterolateral thigh ¹
	22-25	5/8–1"	Deltoid muscle of arm
Age 3 through 10 years	22-25	5/8 ² –1"	Deltoid muscle of arm ¹
	22-25	1"	Vastus lateralis of anterolateral thigh
Children, 11–18 years	22–25	5/8 ² –1"	Deltoid muscle of arm ^{1,3}

Adapted from <https://www.immunize.org/wp-content/uploads/catg.d/p3085.pdf>

¹ Preferred site

² Alternate needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin.

³ The vastus lateralis muscle in the anterolateral thigh can also be used. Most adolescents and adults will require a 1- to 1.5-inch (25–38 mm) needle to ensure intramuscular administration.

Adult:

Weight of Adult	Needle Gauge	Needle Length	Injection Site
Less than 130 lbs	22–25	5/8 ⁴ –1"	Deltoid muscle of arm
130–152 lbs	22–25	1"	Deltoid muscle of arm
153–200 lbs (females) 153–260 lbs (males)	22–25	1–1 ½ "	Deltoid muscle of arm
>200 lbs (females) >260 lbs (males)	22–25	1½"	Deltoid muscle of arm

Adapted from <https://www.immunize.org/wp-content/uploads/catg.d/p3085.pdf>

⁴ A 5/8" needle for patients weighing less than 130 lbs may be used for IM injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

5. Administer any recommended, age-appropriate, COVID-19 vaccine using the vaccine product and dosing chart below, and according to the number of recommended doses and intervals between doses following the COVID-19 vaccination guidelines in the [American Academy of Pediatrics \(AAP\) Child and Adolescent Immunization Schedule](#) for children 6 months through 18 years and the [American Academy of Family Physicians Adult Immunization Schedule](#) for adults 19 years and older. (See Appendix for dosing guide).

COVID-19 Vaccine Products and Dosing Based on Age:

Age	COVID-19 Vaccine product	Dosage
6 months through 4 years	Spikevax (Moderna)	25 mcg/0.25 mL
5 years through 11 years	Comirnaty (Pfizer-BioNTech)	10 mcg/0.3 mL
	Spikevax (Moderna)	25 mcg/0.25 mL
12 years and older	Comirnaty (Pfizer-BioNTech)	30 mcg/0.3 mL
	Spikevax (Moderna)	50 mcg/0.5 mL
	mNEXSPIKE (Moderna)	10 mcg/0.2 mL
	Nuvaxovid (Novavax)	5 mcg of rS and 50 mcg of Matrix-M adjuvant/0.5 mL

6. Document vaccination.

- Document each patient's vaccine administration information and any needed follow-up in the following places:
 - Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If the vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccination with the patient at the next visit.
 - Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
 - Immunization Information System (IIS) or "registry": The [Illinois Immunization Registry Code, 77 Ill. Admin. Code § 689.40\(d\)](#) requires providers to report all administered COVID-19 immunizations to the Illinois Immunization Information System.

7. Be prepared to manage medical emergencies.

- Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
- Maintain and follow policies in accordance with General Best Practices for Immunization (<https://www.cdc.gov/vaccines/hcp/imz-best-practices/index.html>)
- Resources:
 - CDC's Preventing and Managing Adverse Reactions: <https://www.cdc.gov/vaccines/hcp/imz-best-practices/preventing-managing-adverse-reactions.html>
 - CDC's Considerations for People With a History of Allergies or Allergic Reactions: https://www.cdc.gov/covid/hcp/vaccine-considerations/contraindications-precautions.html#cdc_vaccine_special_topics_research-considerations-for-people-with-a-history-of-allergies-or-allergic-reactions
 - Immunize.org's Medical Management of Vaccine Reactions in Adults in a Community Setting: www.immunize.org/catg.d/p3082.pdf.
 - Immunize.org's Medical Management of Vaccine Reactions in Children and Teens in a Community Setting: <http://www.immunize.org/catg.d/p3082a.pdf>.

- To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Consider observing the following people for 30 minutes:
 - A history of a non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of one COVID-19 vaccine type, if receiving the same vaccine type
 - A history of a diagnosed non-severe allergy to a component of the COVID-19 vaccine, if receiving the same vaccine type
- Health care personnel who are trained and qualified to recognize the signs and symptoms of anaphylaxis as well as to administer epinephrine should be available at the vaccination location at all times.

8. Report adverse events to VAERS.

- Report all adverse event following the administration of COVID-19 vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Order Authorization

The guidance, protocols, and procedures outlined in this standing order shall become effective on September 10, 2026 and remain in force until rescinded or until September 9, 2027. Any prior IDPH COVID-19 vaccine standing orders are hereby rescinded.

Sameer Vohra

Physician's Signature

License: 036135164
NPI: 1841585783
License No. and NPI No.

9/10/2026

Date

Sameer Vohra MD, JD, MA
Physician's Name (Print)

Effective Date: September 10, 2026
Expiration Date: September 9, 2027

Appendix

2026-2027 COVID-19 Vaccine Dosing Guide

Refer to the AAP COVID-19 Vaccine Dosing Quick Reference Guide. For your convenience, the current version of the reference guide (updated September 2026) is attached. The most up-to-date version can be found online at aap.org/CovidVaccineGuide.

Notes:

- The guide's dosing for individuals 12 years and older applies to both children and adults in this age group.
- Page 2 of the guide is for individuals who are moderately or severely immunocompromised.
- Adults 65 years and older should get an annual updated COVID-19 vaccine, followed by a second dose 6 months later (with a minimum interval of 2 months).

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

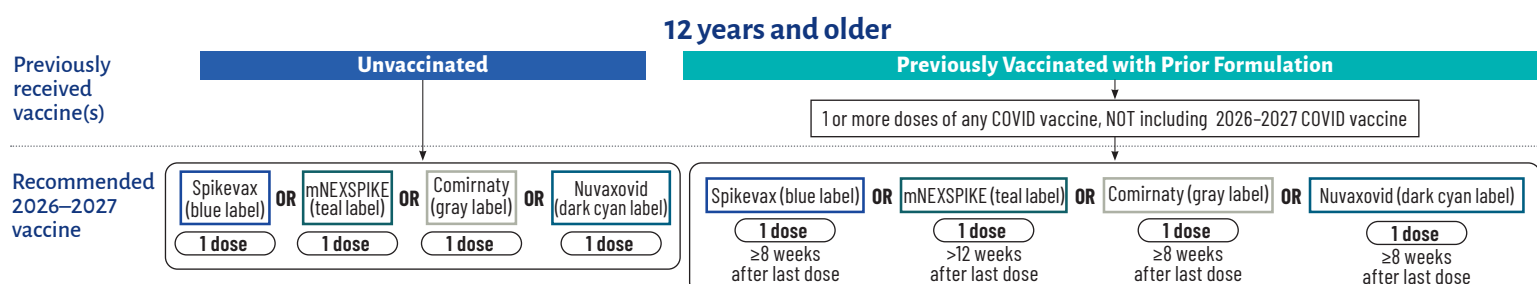
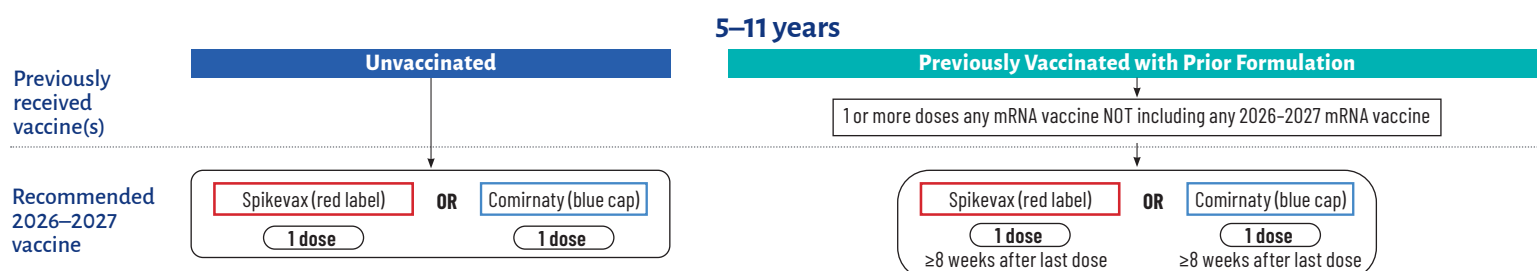
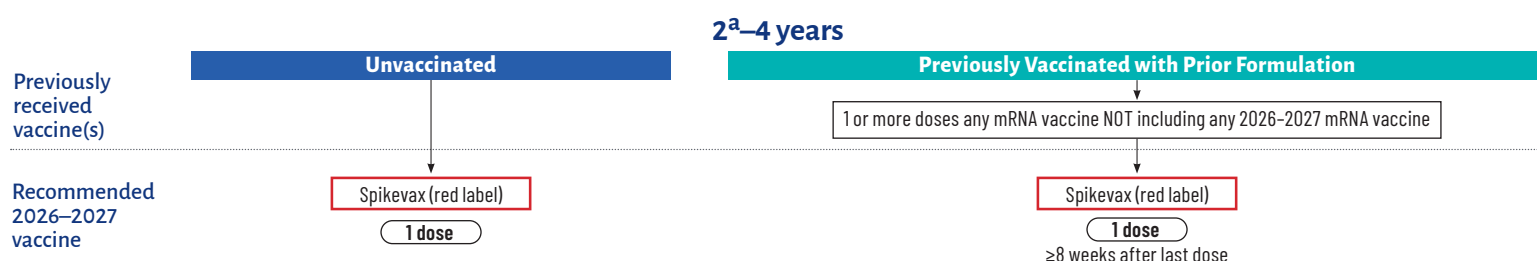
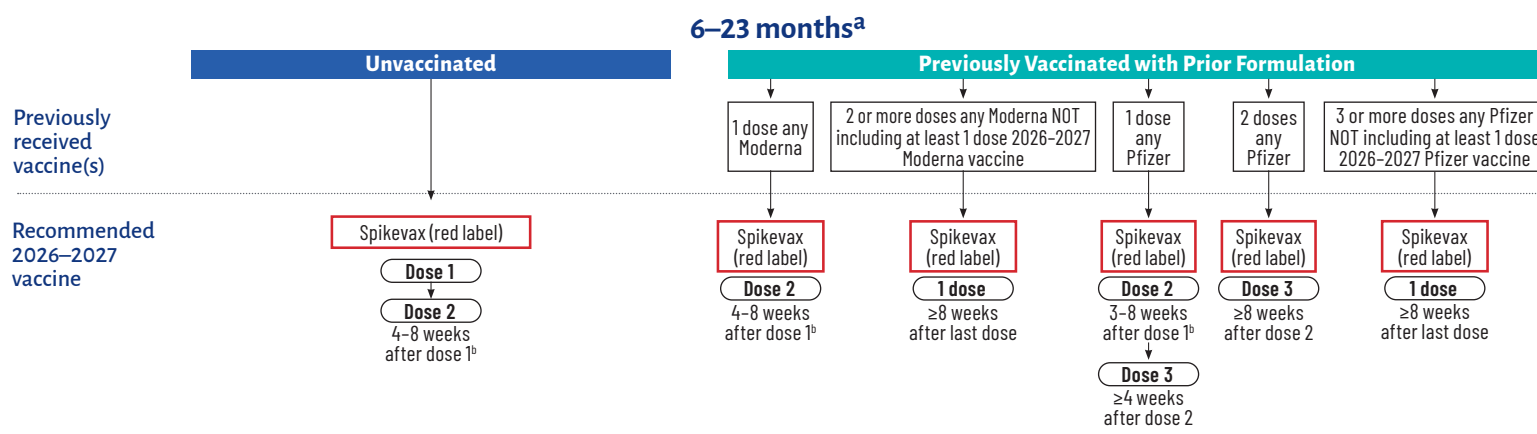
Moderna, Pfizer-BioNTech, and Novavax COVID-19 Vaccine Products

American Academy
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Moderna COVID-19 Vaccine Products 2026–2027 Formula			Pfizer-BioNTech COVID-19 Vaccine Products 2026–2027 Formula		Novavax COVID-19 Vaccine Product 2026–2027 Formula
Spikevax (red label) 6 months–11 years 0.25 ml single-dose prefilled syringe	Spikevax (blue label) 12 years and older 0.5 ml single-dose prefilled syringe	mNEXSPIKE (teal label) 12 years and older 0.2 ml single-dose prefilled syringe	Comirnaty (blue cap) 5–11 years 10 mcg/0.3 ml single-dose vial	Comirnaty (gray label) 12 years and older 0.3 ml single-dose prefilled syringe	Nuvaxovid (dark cyan label) 12 years and older 0.5 ml single-dose prefilled syringe



^a For children who turn 2 during their vaccine series, complete the initial series using the recommended schedule as outlined for individuals 6–23 months.

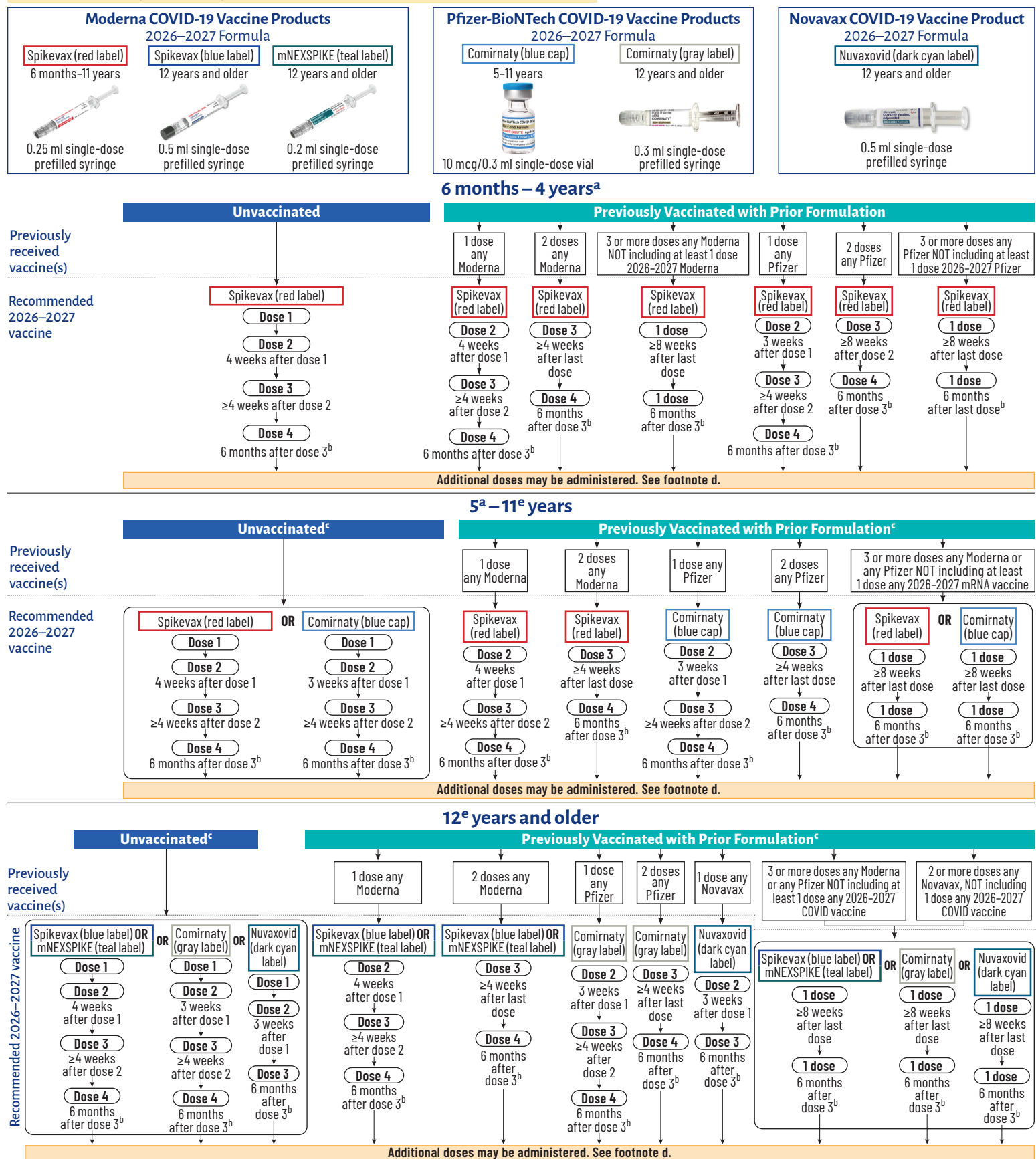
^b An 8-week interval between the first and second COVID-19 vaccine doses might be optimal for some people as it might reduce the rare risk of myocarditis and pericarditis associated with these vaccines.

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

Moderna, Pfizer-BioNTech, and Novavax COVID-19 Vaccine Products for Individuals who are Moderately or Severely Immunocompromised

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a. For children who turn 4 to 5 years during their vaccine series, follow dosing recommendations based on age on the day of vaccination.

b. Individuals who are moderately or severely immunocompromised should receive one additional age-appropriate dose of 2026–2027 COVID vaccine from any manufacturer 6 months following the last recommended 2026–2027 dose (minimum interval 2 months).

c. COVID-19 vaccine doses from the same manufacturer should be administered whenever recommended. In the following circumstances, an age-appropriate COVID-19 vaccine from a different manufacturer may be administered: (1) Same vaccine not available at the vaccination site at the time of the clinic visit; (2) Previous dose unknown; (3) Person would otherwise not receive a recommended vaccine dose; (4) Person starts but unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication. A [Vaccine Adverse Event Reporting System \(VAERS\)](#) report is not indicated in these circumstances.

d. Individuals who are moderately or severely immunocompromised may receive further additional doses at ≥2 month intervals, informed by clinical judgment of a healthcare provider and personal preference and circumstances. Individuals 5 years and older may receive any age-appropriate 2026–2027 COVID vaccine for all additional doses, regardless of manufacturer for the initial series.

e. For children who turn 11 to 12 years during their vaccine series, follow dosing recommendations based on age at the time of vaccination.