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Date: September 10, 2026

BCD 2026-09
Replaces BCD 2025-03

To: Wisconsin Vaccinators

From: Ryan Westergaard, MD, Ph.D. Chief Medical Officer and State Epidemiologist for Communicable Diseases

Statewide COVID-19 Vaccination Standing Order

For the 2026–27 Respiratory Virus Season

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Background

COVID-19 remains a significant cause of serious illness, hospitalization, and death in Wisconsin and across the United States. Vaccination with updated seasonal formulations has been shown to reduce emergency visits, hospitalizations, and deaths, as well as to lower the risk of post-COVID conditions ("long COVID"). Multiple large-scale reviews and a recent synthesis by the Vaccine Integrity Project, confirm that vaccines are safe and effective across populations, including children, pregnant individuals, and people with underlying conditions. Major professional organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP), recommend broad use of updated COVID-19 vaccines, and have formally published their consensus clinical recommendations in the fall of 2026.

Purpose:

The purpose of this statewide standing order is to reduce morbidity and mortality from COVID-19 by authorizing qualified health care personnel to vaccinate any eligible individual aged 6 months and older without a patient-specific prescription. This order authorizes the administration of updated vaccines to groups for whom national professional society guidelines recommend vaccination, including healthy children, healthy adolescents, pregnant and lactating individuals, and healthy adults under 65 years of age.

Statewide standing order:

A standing order is defined in Wis. Stat. § 450.01(21p) as an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients.

Authority:

As the state lead agency for public health, this standing order is issued pursuant to Wis. Stat. § 250.04(1), which permits DHS to execute what is reasonable and necessary for the prevention and suppression of disease; and pursuant to Wis. Stat. § 250.03(1)(L)1. and 7., which requires that DHS

perform or facilitate the monitoring of health status of populations to identify and solve community health problems and link individuals to needed personal health services.

Effective date:
September 10, 2026 (supersedes all previous versions)

Expiration of standing order:
This standing order shall remain in effect until withdrawn by DHS Medical Officer, DHS Secretary, or either's designee, or on September 10, 2027, whichever comes first. DHS retains the right to modify, rescind, or supplement this order as needed.

Approved for use as a standing order by:
Wisconsin Department of Health Services (DHS)

Policy:
To be valid under this order, all COVID-19 vaccines must be administered by qualified personnel, as defined below, in accordance with product labeling when applicable and with evidence-based clinical recommendations from professional societies. Vaccination must be conducted in compliance with requirements related to staff qualifications and training, patient eligibility, and administration procedures, as described in detail below.

Procedures:
1. Staffing requirements:
    a. A COVID-19 vaccine can be obtained, ordered, and administered under this order. Only appropriately trained and qualified health care personnel, working within their Wisconsin scope of practice, may administer COVID-19 vaccines under this order ("qualified personnel"). Qualified personnel include physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses acting under appropriate supervision, pharmacists, and pharmacy interns and qualified pharmacy technicians acting under the supervision of a licensed pharmacist. All qualified personnel must hold an active Wisconsin license in good standing and meet the training requirements specified below.

2. Training requirements:
    a. COVID-19 vaccines may be administered only by qualified personnel who have completed training consistent with their Wisconsin scope of practice. Training must include current CDC and DHS immunization best practices, with emphasis on proper storage and handling of vaccines, screening for contraindications and precautions, correct preparation and administration technique (including age-appropriate dosage and injection site), recognition and management of adverse events such as anaphylaxis, documentation of doses in the Wisconsin Immunization Registry (WIR), and reporting of adverse events and administration errors to the Vaccine Adverse Event Reporting System (VAERS).

3. Authorized products and vaccine eligibility
    a. COVID-19 vaccines for the 2026–2027 respiratory virus season may be administered

under this order as follows:

i. FDA-approved indications:

1. Pfizer-BioNTech COMIRNATY® (mRNA, 2026–27 formulation): Licensed for adults aged ≥65 years, and individuals aged 5 to 64 years who have at least one underlying chronic medical condition that places them at high risk for severe COVID-19. (Note: Comirnaty is not approved or licensed for children under 5 years of age).
2. Moderna SPIKEVAX® (mRNA, 2026–27 formulations): Licensed for adults aged ≥65 years, and individuals aged 6 months to 64 years who have at least one underlying chronic medical condition that places them at high risk for severe COVID-19. (Note: Spikevax is the only available product licensed for children under 5 years of age).
3. Moderna MNEXSPIKE® (mRNA, 2026–27 formulations): Licensed for adults aged ≥65 years, and individuals aged 12 to 64 years who have at least one underlying chronic medical condition that places them at high risk for severe COVID-19. (Note: Features a highly concentrated 0.2 mL dose volume).
4. Novavax NUVAXOVID® (protein subunit, 2026–27 formulation): Licensed for adults aged ≥65 years, and individuals aged 12 to 64 years who have at least one underlying chronic medical condition that places them at high risk for severe COVID-19.

ii. Additional indications based on professional society guidance and independent evidence reviews. Vaccination may proceed for these groups when, in the judgment of the vaccinating clinician, the benefits outweigh the risks:

1. **All children and young children aged 6 through 23 months**: The AAP recommends routine seasonal COVID-19 vaccination for all infants in this range using Spikevax (0.25 mL / 25 mcg), as they experience highly disproportionate rates of severe outcomes, hospitalization, and death.
2. **Children and adolescents aged 2 through 18 years**: The AAP recommends routine seasonal vaccination for specified risk groups (chronic medical conditions, residents of long-term care or congregate facilities, never-vaccinated individuals, and those with high-risk household contacts). Additionally, a single seasonal dose, administered at least 8 weeks after their last COVID-19 vaccine dose, should be offered to all other healthy children and adolescents in this age range whose parent or guardian desires protection. Patient attestation of a risk factor or a desire for protection is acceptable; no documentation or clinical proof is required.
3. **Adults under 65 years of age without chronic conditions:** The AAFP recommends that all adults aged ≥19 years receive an updated seasonal COVID-19 vaccine. For adults under 65, patient self-attestation of a risk factor or a desire for protection is acceptable; no documentation or clinical proof is required.
4. **Two doses for adults ≥65 years.** To counteract waning immunity in vulnerable older adults, the AAFP recommends that all adults aged ≥65

years receive two doses of the updated 2026–2027 vaccine, spaced 6 months apart (Month 0 and Month 6).

5. **Pregnant, postpartum, and lactating individuals:** ACOG recommends routine seasonal vaccination during any trimester of pregnancy, or during postpartum/lactation, using any age-appropriate formulation to protect the parent and transfer vital passive immunity to the newborn.
6. **Moderate to severely immunocompromised individuals (Ages ≥6 months):** The IDSA recommends age-appropriate seasonal vaccination for all immunocompromised patients. Patients may receive a second seasonal dose 2 to 6 months after the first, with additional doses within 12 months based on clinical judgment.

4. Procedures for administration
    a. Assess need for vaccination.
        i. Verify the patient's vaccination history in the WIR. All persons age 6 months and older, including pregnant individuals, are eligible for seasonal COVID-19 vaccination. Offer vaccine regardless of prior infection history.
    b. Screen for contraindications and precautions.
        i. Contraindications: Severe allergic reaction (for example, anaphylaxis) after a previous COVID-19 vaccine dose or to a vaccine component.
        ii. Precautions: History of non-severe, immediate allergic reaction (<4 hours) after a COVID-19 vaccine dose. History of myocarditis or pericarditis within 3 weeks of a COVID-19 vaccine. History of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A). Moderate to severe acute illness, with or without fever.
    c. Provide vaccine information statements.
        i. Give the current federal Vaccine Information Statement (VIS) for COVID-19 vaccine, in the patient's preferred language when available.
    d. Prepare to administer vaccine.
        i. Verify product label indicates the 2026–2027 formula. Select appropriate product, dose, needle gauge/length, and injection site by age and weight.
    e. Administer the vaccine.
        i. Use any FDA-approved or authorized COVID-19 vaccine appropriate by age and health status (e.g., COMIRNATY®, SPIKEVAX®, MNEXSPIKE®, NUVAXOVID®). Follow product-specific dosage instructions.
    f. Document the vaccination.
        i. Record date, product, lot number, dose, site, route, and vaccinator in the patient's medical record and the WIR. Provide a record card to the patient.
    g. Be prepared to manage medical emergencies.
        i. Ensure immediate availability of epinephrine and emergency response equipment. Observe vaccine recipients for at least 15 minutes post-vaccination (30 minutes for those with history of anaphylaxis).
    h. Report adverse events.
        i. Submit clinically significant adverse events to VAERS at www.vaers.hhs.gov or

by calling 800-822-7967.

ii. The administering qualified provider is responsible for responding to FDA requests for information about COVID-19 vaccine administration errors, adverse events, cases of MIS in children and adults and cases of COVID-19 that result in hospitalization or death following administration of COVID-19 vaccine to recipient patients.

SIGNATURE: **DATE:** September 10, 2026

Dr. Ryan P. Westergaard, Chief Medical Officer and State Epidemiologist for Communicable Diseases

Wisconsin Medical License: #55727

By following this order, qualified personnel performing under this order attest they have read, understand, and shall follow this order.