

# MODERNA COVID-19 VACCINATION SCHEDULE AND DOSING

## Moderna Ages 6 months–4 years

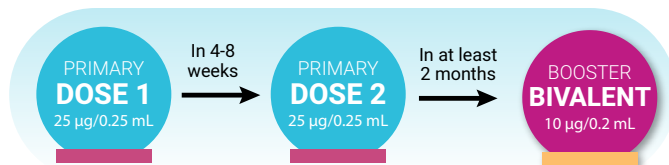
dose/injection volume  
(Do NOT dilute before use)

### Primary Dose:

Blue Cap (magenta label)

### Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)



## Moderna 5 year olds ONLY

dose/injection volume  
(Do NOT dilute before use)

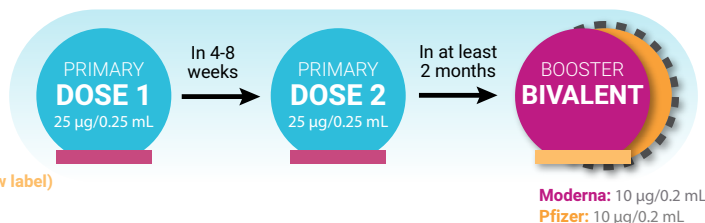
### Primary Dose:

Blue Cap (magenta label)

### Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)

Pfizer Orange Cap



## Moderna Ages 6 years–11 years

dose/injection volume  
(Do NOT dilute before use)

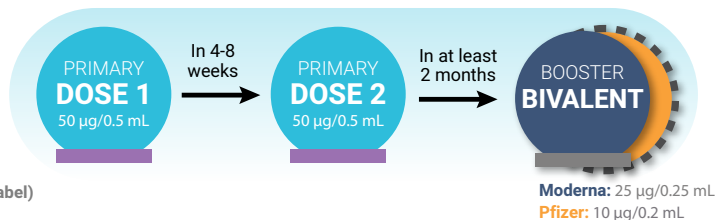
### Primary Dose:

Blue Cap (purple label)

### Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Orange Cap



## Moderna Ages 12 years and older

dose/injection volume  
(Do NOT dilute before use)

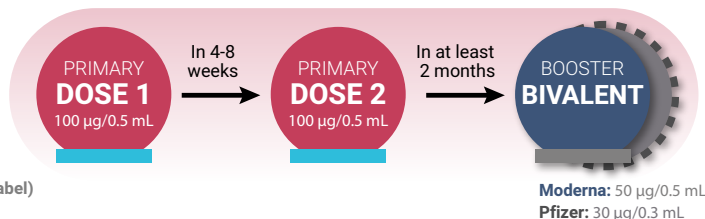
### Primary Dose:

Red Cap (blue label)

### Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Gray Cap



See the [Pfizer-BioNTech COVID-19 Vaccine Guidance](#) for children who are transitioning from a younger to older age group during their vaccination window.

\* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years. Source: [CDC](#).

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

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