

MH 34:24/8
30 December 2025

MOH Circular No: 88/2025
CDA Circular No: CDA-G-D-0016-2025

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AVAILABILITY OF JN.1 NOVAVAX/NUVAXOVID COVID-19 VACCINE UNDER NATIONAL VACCINATION PROGRAMME FOR 2025/2026

This circular informs (i) all medical providers and (ii) all healthcare institutions/establishments that the JN.1 Novavax/Nuvaxovid COVID-19 vaccine will be available from 2 Jan 2026 to 31 May 2026 under the National Vaccination Programme (NVP) for 2025/2026.

2. For 2025/2026, Novavax will not be updating its COVID-19 vaccine to the LP.8.1 strain. Instead, it will continue manufacturing the JN.1 vaccine strain. This is the same vaccine strain as that used for 2024/2025.
3. For 2025/2026 COVID-19 vaccination, either the JN.1 Novavax/Nuvaxovid vaccine or LP.8.1 Pfizer/Comirnaty and Moderna/Spikevax vaccines can be used. LP.8.1 and many circulating strains are descendants of the JN.1 lineage. Studies also show that both LP.8.1 and JN.1 vaccines increase antibody responses against recently circulating strains, although this may be greater with the LP.8.1 vaccine strain. In other words, while LP.8.1 may better protect against more recent circulating SARS-CoV-2 strains, both vaccine strains are expected to offer additional protection against severe disease.
4. Individuals who have not received an additional COVID-19 vaccine dose in the past 12 months, including those who have received the JN.1 vaccine in 2024/2025 (Pfizer-BioNTech/Comirnaty, Moderna/Spikevax or Novavax/Nuvaxovid) and wish to receive the JN.1 Novavax/Nuvaxovid vaccine for 2025/2026 may do so as vaccine protection would have waned over time, and an additional dose in 2025/2026 can increase protection against severe disease. Individuals receiving the JN.1 Novavax/Nuvaxovid vaccine as an additional dose should do so around one year (and at least five months) from the last vaccine dose.

5. There are no changes to the COVID-19 vaccination recommendations for 2025/2026 (see MOH **Circular 67/2025 or CDA-G-D-0008-2025**). A summary of the COVID-19 vaccination recommendations is included in the Annexes for ease of reference.

6. As the JN.1 vaccine formulation will no longer be supplied by the manufacturer once the current stocks expire, eligible individuals who wish to receive the JN.1 Novavax/Nuvaxovid vaccine will have to do so by 31 May 2026. However, the LP.8.1 mRNA vaccines will continue to be offered.

7. Individuals who require multiple doses of the COVID-19 vaccine (e.g. moderate to severe immunocompromised individuals requiring three initial doses) and wish to receive the JN.1 Novavax/Nuvaxovid should ensure sufficient time to complete the doses before starting the vaccination, taking into account the interval between doses and the expiry date. Individuals may wish to discuss alternative vaccination options if medically appropriate e.g. vaccination with mRNA vaccines.

8. Patients may book an appointment for the JN.1 Novavax/Nuvaxovid vaccine at a participating General Practitioner (GP) clinic through <https://vaccine.gov.sg/covid>. Healthier SG enrollees keen to receive the JN.1 Novavax/Nuvaxovid vaccine are encouraged to visit their enrolled clinic for the vaccination if the clinic offers the JN.1 Novavax/Nuvaxovid vaccine.

9. Please disseminate this circular to the relevant staff for their attention. For clarification on this circular, please email CDA_records_management@cda.gov.sg, or moh_info@moh.gov.sg.



PROF KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH

This circular is an update to the following:

MOH Circular 67/2025 or CDA-G-D-0008-2025 – COVID-19 VACCINATION RECOMMENDATIONS FOR 2025/2026 AND THE UPDATED LP.8.1 COVID-19 VACCINE

Distribution List

To:	<p>CEOs of Clusters CEOs & CMBs of Public Hospitals CEOs of Community Hospitals CEOs of Polyclinics Directors of National Specialty Centres GCFOs of clusters CFOs of National Specialty Centres, Polyclinics, Public Hospitals and Community Hospitals CEOs, GMs & MDs of Private Hospitals</p> <p>All Licensees of the following HCSA services:</p> <ul style="list-style-type: none"> • Acute Hospital Service • Assisted Reproduction Service • Ambulatory Surgical Centre Service • Community Hospital Service • Nursing Home Service • Outpatient Dental Service • Outpatient Medical Service • Outpatient Renal Dialysis Service <p>All Registered Medical Practitioners – via MOH Alert System</p>
Cc:	<p>CEO, CDA CEO, HPB CEO, HSA CEO, AIC Chief of Medical Corps, MINDEF Chief Medical Officer, MHA Chief Medical Officer, SCDF Chief Medical Officer, SPS Chief Medical Officer, MOM</p> <p>Deputy Director-General of Health (Public Health), MOH Group Director (Ageing Planning Office), MOH Group Director (Crisis Strategy & Operations Group), MOH Group Director (Healthcare Finance Group), MOH Group Director (Health Services Group), MOH Director (Finance Policy), MOH Director (Hospital Services), MOH Director (Policy and Plans Division), MOH Director (Primary & Community Care), MOH Director (Strategic Resource Management Division), MOH Director (Subsidy and Subvention), MOH Covering Group Director (Policy & Systems), CDA Group Director (Communicable Diseases Programmes), CDA</p>

	Clinical Advisor (Clinical Advisor Office), CDA Director (Immunisation Policy & Strategy), CDA Director (Air & Droplet Borne Division), CDA Director (National Infection Control & Healthcare Epidemiology), CDA
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Annexes

ANNEX A	LIST OF MEDICAL CONDITIONS FOR WHICH PERSONS ARE CONSIDERED MEDICALLY VULNERABLE TO SEVERE COVID-19
ANNEX B	COVID-19 VACCINATION RECOMMENDATIONS
ANNEX C	PRECAUTIONS FOR COVID-19 VACCINATION

ANNEX A

List of Medical Conditions for Which Persons are Considered Medically Vulnerable to Severe COVID-19

Medically vulnerable persons who are at higher risk of severe disease due to medical risk factors should be vaccinated against COVID-19.

Persons with the following conditions are recommended to receive COVID-19 vaccination in 2025/2026:

1. Diabetes
2. Heart conditions such as heart failure, ischaemic heart disease, cardiomyopathy
3. Chronic lung conditions, including severe asthma
4. Chronic liver conditions, including cirrhosis
5. Chronic kidney conditions at any stage, including dialysis
6. Chronic neurologic conditions, including stroke
7. Cancer on active treatment
8. Blood conditions such as thalassaemia and sickle cell anaemia
9. Immunodeficiencies, including HIV infection
10. Obesity (BMI \geq 30)
11. Genetic or metabolic conditions, including Down's syndrome and cystic fibrosis
12. Persons on non-cancer immunosuppressive treatment
13. Pregnancy (any trimester)

ANNEX B

COVID-19 Vaccination Recommendations

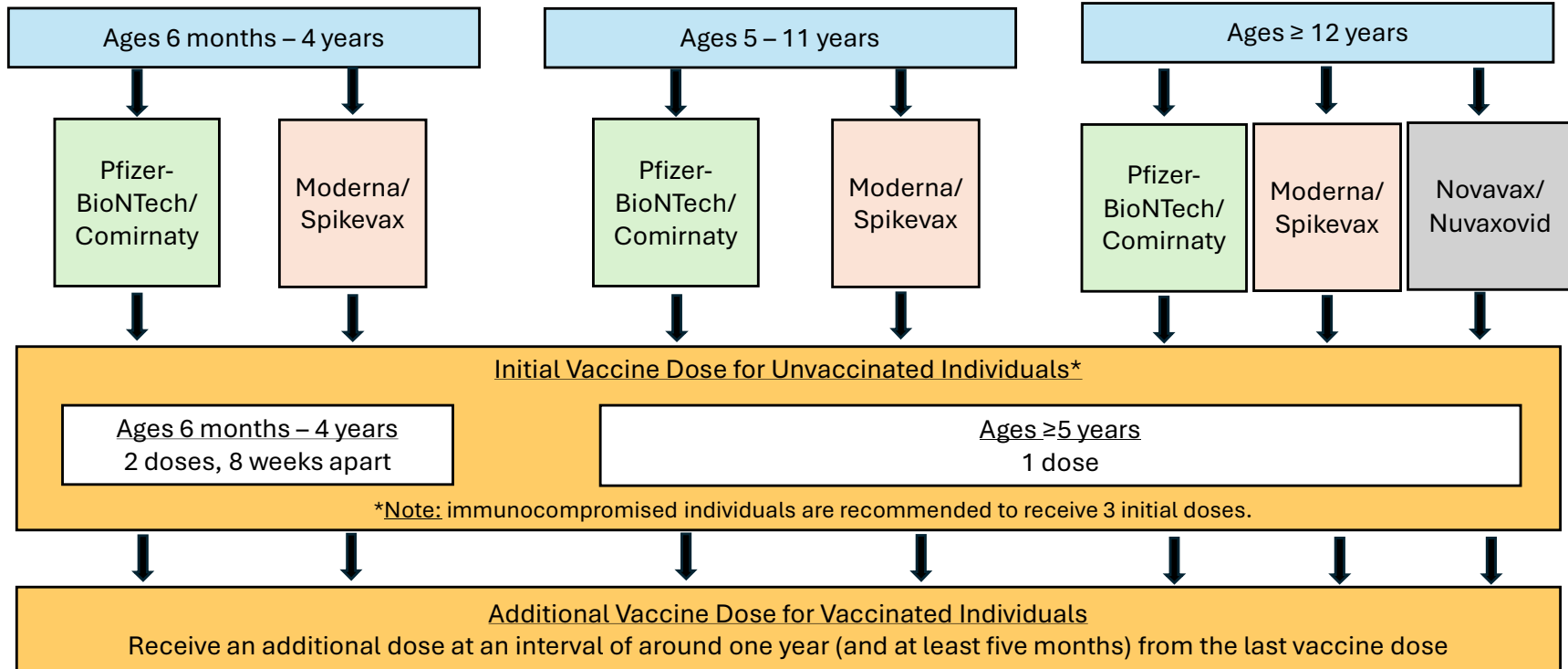
S/N	Recommendations																																
1.	<p>Persons recommended for COVID-19 vaccination (i.e. initial dose(s) for unvaccinated; additional dose for vaccinated) in 2025/2026 are:</p> <ul style="list-style-type: none">a. Individuals aged 60 years and aboveb. Medically vulnerable individuals aged 6 months and abovec. Residents of aged care facilities <p>Healthcare workers and persons living or working with medically vulnerable individuals are encouraged to consider receiving the vaccine. Other individuals aged 6 months and above who wish to receive the COVID-19 vaccine can continue to do so.</p>																																
2.	<p>Initial Doses for Unvaccinated</p> <p>Unvaccinated individuals (without moderate to severe immunocompromised conditions) receiving COVID-19 vaccination in 2025/2026 should receive one of the following vaccines:</p> <table><tr><th></th><th>Vaccine</th><th>Age</th><th>Doses</th></tr><tr><td>1</td><td>Pfizer-BioNTech/Comirnaty</td><td>6 months to 4 years</td><td>Two 3mcg doses*</td></tr><tr><td>2</td><td>Pfizer-BioNTech/Comirnaty</td><td>5 to 11 years</td><td>One 10mcg dose</td></tr><tr><td>3</td><td>Pfizer-BioNTech/Comirnaty</td><td>12 years and above</td><td>One 30mcg dose</td></tr><tr><td>4</td><td>Moderna/Spikevax</td><td>6 months to 4 years</td><td>Two 25mcg doses*</td></tr><tr><td>5</td><td>Moderna/Spikevax</td><td>5 to 11 years</td><td>One 25mcg dose</td></tr><tr><td>6</td><td>Moderna/Spikevax</td><td>12 years and above</td><td>One 50mcg dose</td></tr><tr><td>7</td><td>Novavax/Nuvaxovid</td><td>12 years and above</td><td>One 5mcg dose</td></tr></table> <p>*(a) The recommended interval between the two doses is eight weeks. Individuals, particularly those who are at risk for exposure to COVID-19 or severe disease, may receive the second dose earlier than eight weeks after the first dose but not less than the minimum intervals (21 days for the Pfizer-BioNTech/Comirnaty and Novavax/Nuvaxovid vaccines and 28 days for the Moderna/Spikevax vaccine).</p> <p>(b) If the child has had a documented COVID-19 infection, providers may at their clinical discretion, and in discussion with parents, decide to administer one initial vaccine dose instead of two.</p>		Vaccine	Age	Doses	1	Pfizer-BioNTech/Comirnaty	6 months to 4 years	Two 3mcg doses*	2	Pfizer-BioNTech/Comirnaty	5 to 11 years	One 10mcg dose	3	Pfizer-BioNTech/Comirnaty	12 years and above	One 30mcg dose	4	Moderna/Spikevax	6 months to 4 years	Two 25mcg doses*	5	Moderna/Spikevax	5 to 11 years	One 25mcg dose	6	Moderna/Spikevax	12 years and above	One 50mcg dose	7	Novavax/Nuvaxovid	12 years and above	One 5mcg dose
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	(c) Children whose second dose is due on or after turning 5 years old, should still receive the second dose at the dosage for a 5-year-old after the recommended interval from the first dose.																								
3.	<p>Three Initial Doses for Immunocompromised</p> <p>Persons with moderate to severe immunocompromised conditions are recommended to receive a total of three doses of the mRNA vaccines for their initial doses. This comprises a second dose eight weeks after the first dose, and a third dose two months after the second dose as part of an enhanced three-dose primary series. This includes persons with the following conditions:</p> <ul style="list-style-type: none">a. Transplant patients on immunosuppressive therapy, including solid organ and allogenic stem cell transplantsb. Cancer patients on active treatment with chemotherapy and immunosuppressive therapyc. Haematological cancersd. Immunosuppressive treatment for non-cancer conditionse. End-stage kidney diseasef. Advanced or untreated HIV <p>The dosage of each dose is as described in the previous section (S/N 2).</p>																								
4.	<p>Additional Dose for Vaccinated</p> <p>Vaccinated individuals aged 6 months and above who are recommended to receive an additional dose of COVID-19 vaccination in 2025/2026, should receive it at an interval of around one year (and at least five months) from the last vaccine dose.</p> <table><tr><th></th><th>Vaccine</th><th>Age</th><th>Dose</th></tr><tr><td>1</td><td>Pfizer-BioNTech/Comirnaty</td><td>6 months to 4 years</td><td>One 3mcg doses</td></tr><tr><td>2</td><td>Pfizer-BioNTech/Comirnaty</td><td>5 to 11 years</td><td>One 10mcg dose</td></tr><tr><td>3</td><td>Pfizer-BioNTech/Comirnaty</td><td>12 years and above</td><td>One 30mcg dose</td></tr><tr><td>4</td><td>Moderna/Spikevax</td><td>6 months to 11 years</td><td>One 25mcg dose</td></tr><tr><td>6</td><td>Moderna/Spikevax</td><td>12 years and above</td><td>One 50mcg dose</td></tr></table>		Vaccine	Age	Dose	1	Pfizer-BioNTech/Comirnaty	6 months to 4 years	One 3mcg doses	2	Pfizer-BioNTech/Comirnaty	5 to 11 years	One 10mcg dose	3	Pfizer-BioNTech/Comirnaty	12 years and above	One 30mcg dose	4	Moderna/Spikevax	6 months to 11 years	One 25mcg dose	6	Moderna/Spikevax	12 years and above	One 50mcg dose
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	Immunocompromised persons can consider receiving the additional dose of COVID-19 vaccine from 5 months after their last dose in consultation with their treating physician for better protection.			
5.	Persons who Have Recovered from Recent COVID-19 Recently recovered persons being vaccinated should receive a vaccine dose at the recommended interval after any previous dose(s), and at least 28 days after the infection, although an interval of three months from the infection is recommended for better effectiveness.			

COVID-19 Vaccination for 2025/2026

Recommended for: (1) Ages ≥ 60 years, (2) Medically vulnerable of ages ≥ 6 months, (3) Residents of aged care facilities



ANNEX C

COVID-19 Vaccination Precautions

Myocarditis

1. Male vaccinees aged 12-29 years who are receiving any dose of Moderna/Spikevax, Pfizer-BioNTech/Comirnaty or Novavax/Nuvaxovid COVID-19 vaccines should be advised to refrain from participating in strenuous physical activities for one week after vaccination. During this period, they should promptly seek medical attention if they experience chest pain, shortness of breath, or abnormal heartbeats. Additional medical advice may be considered based on individual medical and occupational circumstances.
2. Vaccinated persons who had been diagnosed with myocarditis / pericarditis following their receipt of a COVID-19 vaccine should not receive any further doses of an mRNA or Novavax/Nuvaxovid vaccine.

Hypersensitivity Reactions

3. Persons who develop anaphylaxis to mRNA COVID-19 vaccine or its components [including polyethylene glycol (PEG)] **SHOULD NOT** receive an mRNA-based vaccine again.
4. Persons who develop the following high-risk hypersensitivity / allergic reactions to a previous dose of mRNA COVID-19 vaccine or its components [including PEG] **SHOULD NOT** receive an mRNA-based vaccine again:
 - Urticaria and/or angioedema with onset **within 4 hours** post-vaccination
 - Mucositis and / or bullous skin eruptions occurring at any time after vaccination
5. Similarly, persons who develop anaphylaxis or hypersensitivity to the Novavax/Nuvaxovid vaccine or its excipients / components **SHOULD NOT** receive it again.
6. Such persons may be eligible to receive a different vaccine type. For example, an individual who had anaphylaxis to an mRNA vaccine previously should not be given another dose of an mRNA vaccine but should instead be considered for vaccination with Novavax/Nuvaxovid .
7. For persons with a past history of allergic reactions (<4h) to any other COVID-19 vaccines or any anaphylaxis, observe for 30 minutes after vaccination with a suitable alternative vaccine.

Pregnancy and Breastfeeding

8. Women planning to conceive, pregnant women (any trimester) and breastfeeding women **CAN** be vaccinated.