

[A summarized unofficial version of the press release]

2026-2027 National Immunization Program against COVID-19

- *COVID-19 vaccination will be included in the National Immunization Program for a secure public health.*
- *The vaccination will be implemented sequentially by target/age groups, starting from 12 October with seniors aged 70+ and the immunocompromised.*

Osong, 17 September 2026 — The Korea Disease Control and Prevention Agency (KDCA) announced that the National Immunization Program (NIP) will include COVID-19 vaccination, which had previously been offered as an interim immunization program.

The decision has been made after an in-depth discussion at an expert advisory meeting (on 22 May) and deliberation by the Advisory Committee on Vaccination (on 17 June). Along with that, a comprehensive review was conducted for the

decision-making, including COVID-19 outbreak trends, WHO recommendations, and policy directions of key nations such as the U.S., Japan, the U.K., and Australia

The 2026-2027 COVID-19 vaccination program under the NIP will begin sequentially from 12 October, and end 30 June 2027. It is advised to check eligible medical facilities and your eligibility for vaccination on the KDCA NIP website prior to visiting.

[Inclusion to the National Immunization Program]

Novel COVID-19 variants emerge and spread every year, evading pre-existing immunity. Among hospitalized patients with COVID-19, those aged 65+ account for approximately 63%. Consequently, high-risk groups including seniors face elevated risks of hospitalization, severe symptoms, and death caused by COVID-19, requiring routine immunization like Influenza.

The WHO recommends routine vaccination against COVID-19 for at-risk groups. Major nations also promote government-led COVID-19 vaccination programs. Therefore, the Republic of Korea has decided to include COVID-19 vaccination

in a secure and sustainable routine immunization program, the NIP, to protect vulnerable populations, while transitioning from the interim immunization program implemented during the pandemic.

[Details of the Vaccination]

The 2026-2027 COVID-19 vaccination program aims to protect at-risk groups from severe symptoms or death. The details are as follows:

The 2026-2027 COVID-19 vaccination targets high-risk groups: seniors aged 65+, the immunocompromised, and individuals admitted to high-risk infection settings. The government provides 1 dose of XFG vaccine (manufactured by Moderna or Pfizer) per year, but provides 2 doses per year for the immunocompromised.

In particular, stem cell transplant patients almost lose pre-existing immunity after transplantation, necessitating re-vaccination. From three to six months after transplantation to up to three years, support covers primary COVID-19 vaccination (4- to 8-week intervals between 1st & 2nd, 8- to 12-week intervals between 2nd & 3rd, a total of 3 doses) and booster vaccination (6-month intervals, 2 doses per year).

Consultation with healthcare providers is needed to determine the exact schedule, as the post-transplant recovery period and immune recovery speed may vary depending on each patient.

The vaccination will begin sequentially by target groups, starting from Monday, 12 October for seniors aged 70+, the immunocompromised and individuals admitted to high-risk infection settings aged 12+. COVID-19 and Influenza vaccines can be given at the same time.

Target Group		Schedule
Seniors aged 65 + (Born before 31 December 1961)	• those aged 70 + (Born before 31 December 1956)	12 October 2026 (Mon.) - 30 June 2027
	• those aged 65 to 69 (Born between 1 January 1957 and 31 December 1961)	15 October 2026 (Thu.) - 30 June 2027
The immunocompromised & in-admitted people in infection-vulnerable facilities	• those aged 12 + (Based on date of birth at the time of vaccination)	12 October 2026 (Mon.) - 30 June 2027

* The COVID-19 vaccination under the NIP for the immunocompromised and admitted individuals in infection-vulnerable facilities aged under 12 is now underway. The schedule will be announced in a near future.

4.84 million XFG vaccines have been secured for the 2026-2027 COVID-19 vaccination. As before, 1 dose of vaccine will be provided, but 2 doses will be provided for the immunocompromised. However, the immunocompromised aged

under 12 may require primary vaccination once or twice. Consultation with healthcare providers is needed for specific details.

The 2026-2027 COVID-19 vaccination can be received at nearby eligible medical facilities or public health centers regardless of residence. It is advised to check eligible medical facilities and your eligibility for vaccination on the KDCA NIP website prior to visiting.

* Find eligible medical facilities on the KDCA NIP (<https://nip.kdca.go.kr/>) under [Vaccination Management → Find a Contracted Medical Institution] by using Google Translate.

In addition, it is recommended that seniors aged 65+ who are eligible for both Influenza and COVID-19 vaccinations receive both during a single visit to weather the winter season.

Identification or documents* (Resident Registration Card or National Health Insurance Certificate) must be presented to verify eligibility at vaccination sites. It is advised to remain at the facility for 20-30 mins after vaccination for monitoring adverse reactions and to rest adequately after returning home.

* For immunocompromised individuals, documents (e.g., diagnosis certificates, opinion letters, facility admission confirmation) must be presented. Vaccination may proceed without documentation, if the administering physician determines the individual to be immunocompromised.

KDCA Commissioner Dr. Seung-kwan Lim stated, “COVID-19 continues to evolve with new variants annually, evading pre-existing immunity. Annual vaccination is essential for high-risk populations.” He also added, “Since seniors aged 65+ can receive COVID-19 and Influenza vaccines at once in one go, I hope they get both vaccinated through the programs for their convenience.”

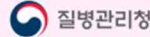
<Attachment>

1. Poster of the 2026-2027 National COVID-19 Immunization Program

2. Criteria for Target Group

(The Immunocompromised and High-Risk Infection Settings)

3. FAQ on the 2026-2027 National COVID-19 Immunization Program



2026-2027분기 **건강할 때 더 건강하게**

코로나19 예방접종 4가지 포인트

1 대상 및 일정

65세 이상
[1961. 12. 31. 이전 출생자]
· 75세 이상: 10. 12. [월] ~
· 70~74세: 10. 12. [월] ~
· 65~69세: 10. 15. [목] ~

면역저하자
[생후 6개월 이상]
10. 12. [월] ~
※ 면역저하는 6개월 이후 한 번 더 접종 가능

**감염취약시설
입원·입소자**
[생후 6개월 이상]
10. 12. [월] ~

3 백신효과

코로나19로 인한 입원
약 45% 예방



질병관리청 <24~25분기 코로나19 백신
예방효과 평가> 결과, 입원(44.8%) 및
중증 진행(42.6%) 예방효과 확인

코로나19 예방접종
4가지만
기억해주세요



2 백신 및 접종기관

**위탁의료기관 및
보건소에서
유행 변이 대응
신규 mRNA 백신
(모데나, 화이자) 1회 접종**

단, 아직 기초접종을 미완료한
12세 미만 고위험군의 경우
기초접종 완료 필요



접종 가능 여부는
예방접종도우미 누리집 에서
사전 확인

4 예방접종 후 이상반응

**예방접종 후
발생 가능한 이상반응**

- 국소 이상반응
접종부위가 빨갛게 부어오름, 통증
- 전신 이상반응
발열, 무력감, 근육통, 두통 등

**예방접종 후
이상반응이 생기면**

경미한 이상반응은 예방접종 후
나타날 수 있으며,
1~2일 이내 호전됩니다

다만 증상이 심해지거나
장기간 지속되는 경우,
그 밖에 다른 증상이 나타난 경우
의사의 진료를 받도록 합니다



예방접종 후 이상반응이 발생하면 보건소 및 의료기관을 통해 신고하실 수 있으며,
「예방접종피해 국가보상제도」를 운영하고 있으니 주所知 관할 보건소로 문의하시기 바랍니다

Attach 2

Criteria for Target Group (The Immunocompromised and High-Risk Infection Settings)

- The immunocompromised aged 6 months+ meeting below criteria

Age Group	Criteria
Ages 6 months – 4 years	<ul style="list-style-type: none"> Severely immunocompromised individuals: <ul style="list-style-type: none"> Long-term (14 days or more) use of high-dose steroids (prednisone equivalent ≥ 20 mg/day or ≥ 2 mg/kg/day) Undergoing chemotherapy for hematologic malignancies, etc. Receiving immunosuppressive therapy Solid organ transplant recipients Severe primary immunodeficiency disorders and HIV infection, etc. Recipients of bone marrow or hematopoietic stem cell transplant, or Chimeric Antigen Receptor T-cell (CAR-T) therapy Chronic pulmonary disease, chronic cardiac disease, chronic hepatic disease, chronic renal disease, neurologic/neuromuscular disorders Disabilities requiring frequent assistance with daily living, such as severe cerebral palsy or Down syndrome (Trisomy 21) Other cases deemed necessary for vaccination by a physician's judgment as immunocompromised individuals equivalent to the above criteria
Ages 5 years+	<ul style="list-style-type: none"> Undergoing chemotherapy for solid tumors or hematologic malignancies Solid organ transplant recipients currently taking immunosuppressive agents Patients within 3 years of hematopoietic stem cell transplant, or those beyond 3 years post-transplant but still receiving immunosuppressive therapy; or those receiving Chimeric Antigen Receptor T-cell (CAR-T) therapy Primary (congenital) immunodeficiency disorders (e.g., antibody deficiencies, DiGeorge syndrome, Wiskott–Aldrich syndrome, etc.) Undergoing treatment with high-dose corticosteroids or other immunosuppressive drugs Other cases deemed necessary for vaccination by a physician's judgment as immunocompromised individuals equivalent to the above criteria

- Individuals aged 6 months+ admitted to high-risk infection settings meeting below criteria

Facility	Criteria
Long-term Care Hospital	Prescribed in Article 3 (2) 3 of the Medical Service Act
Long-term Care Facility	Prescribed in Article 38 (1) 3 and the Article 34 of the Welfare of Senior Citizens Act ※ Long-term care facilities for the elderly, co-living homes for the elderly, and short-term care facilities among community care facilities for the elderly
Residential Facilities for the Homeless	Based on the types of residential facilities among social welfare facilities in the 『2025 Social Welfare Facility Management Guidelines』

	<p>※ Homeless relief facilities, homeless rehabilitation facilities, homeless welfare facilities</p>
Residential Facilities for the Disabled	<p>Based on the types of residential facilities among social welfare facilities in the 『2025 Social Welfare Facility Management Guidelines』</p> <p>※ Residential facilities by disability type, residential facilities for severely disabled persons, residential facilities for disabled infants/young children, short-term residential facilities for the disabled, co-living homes for the disabled, shelters for abused disabled persons, shelters for abused disabled children</p>
Mental Health Medical Institution	<p>Medical institutions operating protected wards (closed wards) among mental medical institutions prescribed in subparagraph 5 of Article 3 of the Act on Improvement of Mental health and the Support for Welfare Services for Mental Patients</p> <p>※ Includes not only patients in protected wards (closed wards) but also patients in general wards (open wards). In cases where the mental health medical institution is a general hospital (including tertiary hospitals) or higher-level hospital, vaccination targets include patients in both closed and open wards of the hospital-level psychiatry department.</p>
Mental Welfare Facilities & Mental Rehabilitation Facilities	<p>Facilities where residents live (reside) with lodging (residential facilities, comprehensive facilities); facilities used only for certain hours of the day are excluded</p> <p>※ Residential facilities, co-living homes, community transition facilities, addiction rehabilitation facilities, and comprehensive facilities among mental welfare facilities and mental rehabilitation facilities</p>

FAQ on the 2026-2027 National COVID-19 Immunization Program**Q1.****Who is eligible for the 2026-2027 COVID-19 Vaccination Program this year?**

A: The government-led vaccination support targets seniors aged 65+ (born before 31 December 1961), the immunocompromised and individuals aged 6 months+ admitted to high-risk infection settings.

Q2.**How can non-eligible individuals get vaccinated?**

A: They can receive vaccines at medical facilities using privately distributed COVID-19 vaccines at their own expense. Check facility availability via vaccine manufacturers' customer service lines. Some local governments provide separate immunization expense support programs. Inquiry at your local public health center for program rollout status and eligibility.

Q3.**Does COVID-19 vaccination prevent transmission 100%?**

A: Protective antigens form two weeks after vaccination. Effectiveness against infection is reportedly 40 to 50% for high-risk groups. However, vaccine effectiveness may vary by virus-vaccine match and individual immunity. COVID-19 vaccination significantly reduces not only transmission risk, but also severe illness and death.

Q4.**Why does COVID-19 vaccination schedule differ by age groups?**

A: Schedules are staggered to prevent safety incidents among seniors caused by overcrowding in the early stage of immunization program.

Q5.

Where can I get the government-supported COVID-19 vaccine and find designated medical facilities?

A: You can receive vaccination at any public health center (regardless of residence) or a designated medical facility. Visit KDCA NIP website (<http://nip.kdca.go.kr>) or call a public health center to find eligible medical facilities for vaccination.

Q6.

Do government-supported (free) vaccines differ from privately purchased (paid) vaccines?

A: No, they are same. The government purchases COVID-19 vaccines for the free immunization program; medical facilities purchase the same vaccines directly from manufacturers for paid vaccination. Only the supply method differs.

Q7.

Can I receive COVID-19 and Influenza vaccines at the same time?

A: Yes, you can. If receiving both, they should be injected at different body sites. Simultaneous vaccination protects against both infections.

Q8.

What adverse reactions can occur after COVID-19 vaccination?

A: Common reactions include redness and soreness at the injection site, mostly resolving in one or two days. Since severe reactions (e.g., anaphylaxis) can occur, remain at the site for at least 20 to 30 mins for monitoring before returning home. In addition, KDCA posts the monthly adverse event report of COVID-19 vaccination at the KDCA Infectious Disease Portal (<https://dportal.kdca.go.kr/>).