

COVID-19 Vaccine

Delta Variant & FAQs

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What is the Delta variant and where did it come from?

The Delta variant is a highly contagious SARS-CoV-2 virus strain, first identified in India in December 2020. The first Delta case in the United States was diagnosed in March 2021 and it is now the dominant strain in the U.S. This variant seems to spread more easily and quickly than other variants, which may lead to more cases of COVID-19.

Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.

So far, studies suggest that the current authorized vaccines work on the circulating variants. Scientists will continue to study these and other variants.

Is the Delta variant more contagious than other strands?

Yes. The Delta variant is now the most common COVID-19 variant in the U.S. and is spreading more easily than other variants. The virus multiplies itself faster, meaning it has a much higher viral load, and is much more contagious.

Can I still get the Delta variant if I am fully vaccinated?

The vaccines are effective against the Delta variant, but it is still possible to get an infection even when vaccinated. However, the vaccines dramatically reduce the risk of serious illness, hospitalizations or death.

What are the symptoms related to the Delta variant?

Symptoms vary between those who are vaccinated and those who are not vaccinated.

According to the CDC, vaccinated people that develop a COVID 19 infection have milder symptoms than those who are not vaccinated. The vaccine also prevents severe illness and hospitalization.

The most common symptoms for fully vaccinated people include headache, sore throat, runny nose and sneezing. Symptoms from earlier variants have moved down the list, such as loss of smell, shortness of breath, and fever.

For unvaccinated people, the most common symptoms are much more severe and persistent. These include fever, headache, cough, loss of taste or smell, and trouble breathing.

Who is at risk for contracting the Delta variant?

People who have not been fully vaccinated against COVID-19 are most at risk, including children. Young people are a concern as well. Recent studies suggest that children and adults under 50 were 2.5 times more likely to become infected with the Delta variant, and hospitalization rates for these groups is on the rise.

Do I need to wear a mask indoors even if I've been vaccinated?

The CDC is recommending that all individuals, regardless of their vaccination status, wear masks in indoor settings and large public gatherings due to the threat of the more transmissible Delta variant. While the risk of contracting COVID-19 or developing serious illness from COVID-19 is relatively low for vaccinated individuals, they could still become infected with the virus and potentially transmit the virus to other people.

What is the best way to protect myself and others from contracting the virus?

Being vaccinated is the best way to reduce the risk of developing severe infections. At this point, that means if you get a two-dose vaccine like Pfizer or Moderna, for example, you must get both shots and then wait the recommended two-week period for those shots to have full effect. Whether or not you are vaccinated, it's also important to follow CDC prevention guidelines that are available for vaccinated and unvaccinated people.

If there is a chance I can still contract COVID-19 and still have to mask even if I get vaccinated, what is the point of the vaccine?

The vaccines are effective against the Delta variant, and though it's still possible to get infected, the vaccines dramatically reduce the risk of serious illness that leads to hospitalization or death. The vaccine also reduces the risk of contracting and spreading other variants that are expected to occur and likely be extremely contagious and produce new and more-severe symptoms.

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