

## South Africa COVID-19 and Vaccine Social Listening Report 26 October 2021, Report 24

This is a weekly report of COVID & vaccine sentiment, rumours & misinformation in SA. Further information giving background to this report is available [here](#).

### KEY TRENDS

- **Rollout to teenagers:** There has been a huge response to the decision to offer Covid vaccination to 12 - 17 year olds ([here](#), [here](#) and [here](#)). On the first day, 20 October, more than 39,000 children registered for vaccination ([here](#)) and nearly 7,000 were vaccinated ([here](#)).
- **Mixed opinion on vaccinating children** ([here](#)), both pro ([here](#)) and anti ([here](#)), especially opposition as parental approval is not required ([here](#) and [here](#)). Most parents appear to support vaccination of 12 – 17, but there is vocal opposition, particularly from some Christian groups. There are many reports from communities around SA of parents opposing vaccination of children, e.g. a mother saying, “I’ll never let them do it, I don’t trust it”, another saying, “Children should be left alone”. Also, there are reports of teenagers in high school expressing concerns that vaccine certificate might be mandatory, and required for them to write their final exams. A school in Rustenberg did not allow a vaccination pop-up site within 600 metres of the school. There has been a good response to the “Teen lives matter” campaign, the DOH social media ([here](#)) with the most engagement. Youth 18 – 34 remain the most vaccine hesitant age group already being vaccinated, and it is unknown what the level of vaccine acceptance among 12 – 17 year olds will be.
- **Questions about vaccination of children** need to be addressed as it influences vaccine hesitancy among children, and parents who experienced side effects themselves or know someone who did. Explanation and reassurance are needed, e.g. “Why kids should be vaccinated when there’s almost with no risk for this age group?”
- **Social Media:** Interest in the following search queries was rising on Google over the past week: “12 -17 covid vaccine”, “Colin Powell vaccine”, “Vaccine certificate” (+4,250%), “Sputnik Covid vaccine” (+3,250%), “Vaccine under 18” (+850%), “Covid vaccine 12 - 17 years old” (+800%). Tweets about COVID-19 vaccines in the country generated 30,000 engagements, 25% down compared to the previous week. Vaccine safety was the subject of 26% of online vaccine conversations, vaccination and children 16% (this was smaller than the spike of interest in Vaccine Passports last week). The most shared links on Twitter in SA were about Vaccines not changing DNA ([here](#)), the government vaccine certificate portal ([here](#)), vaccine rollout to 12 – 17 year olds ([here](#)) and UCT making vaccination compulsory ([here](#)).
- **Third wave ending:** Very welcome reduction of Covid infections and deaths as the 3<sup>rd</sup> wave ends, with numbers of new cases on Tuesday the lowest since May 2020. This generated much conversation on Dept of Health social media, with some accusations of government manipulating the figures to present good news before the local government elections.
- **Pfizer and myocarditis:** There is concern about short-lived inflammation of the heart muscle after the second dose of Pfizer, one reason for only giving one shot to 12 – 17 year olds ([here](#)),

which is being overstated by opponents of Covid vaccination ([here](#) and [here](#)). Most assumed that the few cases of myocarditis reported had been fatal, which was not the case.

- **Changing vaccine narrative:** There is confusion and concern as different studies indicate new results, e.g. 50% of people who survive covid infection could suffer lingering covid symptoms ([here](#)) and deaths amongst fully vaccinated ([here](#)). Comments on DOH social media include, “Anyone realise how the narrative changes as we go along?”, “How does anyone makes policy decisions based on this unstable virus?”
- **Vaccine passports:** There is continued interest in downloading vaccine passports, with related frustration of difficulties in using the system. It is a main reason for calls to the National Covid Hotline. The vaccine passport is sent as a PDF file to a smartphone which has caused several problems – people without smart phones, people who used someone else’s phone to register, and people unfamiliar with accessing a file sent to their phone all have difficulty.
- **Elections:** There has been less opposition to vaccination from political parties during the local election campaign than had been feared (with the exception of ACDP, see below). There has been discussion of the risk of voting being a super-spreader event, though epidemiologist Dr Harry Moultrie of the NICD says that, “While there will likely be some cluster outbreaks associated with campaign activities related to the elections, it appears unlikely that this will result in a resurgence” ([here](#)).
- **Opposition to ‘forced’ vaccination:** ‘Forced’ is being used as an intentionally emotive word for the discussion about compulsory or mandatory vaccination for various reasons (e.g. working in a particular company or entering a shopping mall). The ACDP is making opposition to ‘forced’ vaccination a central part of their election campaign ([here](#)), and an NGO ‘Hola Bon Renaissance Foundation’ is running a campaign against it, with a way to report examples of ‘forced’ vaccination ([here](#)).
- **Sputnik vaccine from Russian** has not been approved in SA due to heightened risk of HIV ([here](#)), which the EFF opposes ([here](#)).
- **Time off work:** Government has mandated time of work for vaccination, but many employers are not allowing this, making it harder for working people to vaccinate.
- **Booster shots:** Online conversation following SAMA’s call for health workers who received the single J&J vaccination in the Sisonke trial to get booster shots before the fourth wave ([here](#)), which has led to questions about the efficacy of one J&J shot ([here](#)). The FDA in USA approves ‘mix & match of vaccines and booster shots ([here](#)). Quote on Twitter, “This is so confusing; the efficacy of the J&J is unknown for a period longer than eight months?”
- **Long Covid:** Concerns that long Covid is showing up in much higher proportions in women compared to men in SA ([here](#)), with depression and anxiety common symptoms.

## LOCAL / DISTRICT / PROVINCIAL ISSUES

This section summarises social listening from areas around the country. For more information on reports from health districts around the country, see [here](#).

- **Amathole, E Cape.** There is a reduction of people going for vaccination in all sites. Suspicion that vaccine campaign and statistics are being manipulated to suit the election campaign. Transport to sites in this large district remains a problem. There is ‘panic’ around children now being vaccinated.
- **Buffalo City, E Cape.** More people are getting vaccinated, but most men are still not coming forward. Someone who was vaccinated but then got Covid and went to hospital has been very demotivating for others. There is a need for a loud-hailer to support vaccine promotion.
- **Mangaung, Free State.** Pop-up sites have been effective. Men remain the most hesitant, especially due to a fear of needles. One concern is whether J&J vaccine is really effective if it

now needs a booster shot. Transport from farms remains a big problem. A group in Thaba Nchu claim to be vaccinated but do not have reference numbers (registration must catch up with all people who have vaccinated).

- **City of Johannesburg, Gauteng.** Fear that the Pfizer second dose will have more severe side effects has led many people, especially men, to 'drop out' and not take the 2<sup>nd</sup> vaccination. Most religious leaders in Orange Farm are against vaccination.
- **Ekurhuleni, Gauteng.** Vaccine acceptance is very different in different areas. Men are much more resistant than women. There is concern about the need for J&J booster shots – 'If vaccines work properly, why do we need a booster, will we need one again & again?' Interviews on local radio have been effective. There are more genuine questions and concerns than conspiracies and misinformation.
- **Ehlanzeni, KZN.** Vaccine uptake has increased this week, though men are more hesitant than women, and youth more hesitant than their parents. There is scepticism about decreasing statistics of Covid infections and deaths in the run up to the local government elections.
- **Harry Gwala, KZN.** Vaccine hesitancy is growing, especially among youth, largely due to misinformation on social media amplified by their peer group, especially stories that vaccinated people can't have children. Misinformation that the vaccine causes penile dysfunction in men. There is a need to focus on education in schools, and for more branding & publicity materials.
- **King Cetshwayo, KZN.** Vaccine acceptance is increasing following help from traditional leaders as well as community and religious leaders. Following education efforts with these leaders there is less fear than before. The main myth here is that people will die 2 years after vaccination, which is hard to disprove. Local mobilisation the day before a pop-up site arrives is necessary to get large numbers to come.
- **iLembe, KZN:** Men aged 18 – 34 are particularly vaccine hesitant.
- **Namaqua, N Cape.** The J&J vaccine, which is much preferred especially among the youth, is now available here which has led to an increase in vaccinations. Rumours that vaccine kill are still around, but are decreasing as more people are vaccinated. Some still say that the vaccine is the work of the devil, with the number of the beast 666. Pentecostal churches and Rastafarians are still strongly opposed, though discussion helps to persuade some to vaccinate. More staff, publicity materials and a loudhailer are needed to promote vaccination.
- **Bojanala Platinum, NW.** There is fluctuating demand, and more local mobilisers does have an effect. The announcement of booster for J&J had a demotivating effect as people are losing confidence on the efficacy of any vaccine ("Why would they need a booster if they work as we have been told?"). Rastafarians say they will only vaccinate if an African vaccine is introduced. More branding, people and loudhailers are needed. Health experts are needed on local radio to explain issues, especially regarding parental consent for 12 – 17 years children.
- **Dr Ruth Segomotsi Mompoti, NW.** More people are vaccinating, especially women. In rural areas people are still struggling with transport to get to vaccination sites. Particularly influential misinformation is that vaccines lead to erectile dysfunction; will kill people with high blood pressure; and the side effects are very severe. The Vooma campaign has been effective. Several civil society organisations want to support vaccination but cannot without transport from rural areas, food or airtime.
- **Central Karoo, W Cape.** Vaccine acceptance is increasing, as people notice that those already vaccinated are fine. A Wellness Bus is effective in taking services to the people. There is a lack of supply of J&J vaccine, which many particularly want. Each town only receives 20 J&J doses per week, leaving many who want it unvaccinated (though there are many Pfizer doses).
- **Western Cape Metro / City of Cape Town, W Cape:** Inequity between suburbs which often have triple provision (normal public sites, private sites, and mass sites like the CT International

Convention Centre), whereas some townships don't have enough doses or vaccinators. Resource allocation is still not aligned with equity goals. At present, vaccine hesitancy is not experienced in townships as there is more demand than what is provided for – the problem is more due to lack of access. There are some areas with high vaccine hesitancy, such as parts of Mitchells Plain. More pop-up sites have been effective in increasing vaccinations. Concern that the waves of Covid are being planned / controlled by people as the fourth wave is being confidently predicted before it happens.

- **Garden Route, W Cape.** In a local survey (using the widely-used classifications), African black respondents are much less vaccine resistant (11%) than Whites (30%) and the Coloured community (32%). Reasons for resistance to vaccination are: they are already healthy, they don't have time, it's against their religious beliefs, they trust herbs more than vaccines, and they are waiting to see how it works in others. Matric students particularly fear side effects during the exam period. The introduction of vaccine certificates has led to many people wondering if vaccination will become compulsory and will people be forced. People prefer the J&J vaccine. The district communicators register 100s of people who do not have phones, so the vaccination codes come to the communicators and not the people themselves which causes significant problems in the vaccination process with people being turned away. It is request that ID numbers could to be used.

## MISINFORMATION

- **MISINFO:** ~~You need a vaccine certificate to vote.~~ **TRUTH:** Voters in the upcoming municipal elections will not be required to provide proof of Covid-19 vaccination to cast their ballot ([here](#)).
- **MISINFO:** ~~Vaccines cause infertility in men and women and negatively impacts their sexual performance.~~ **TRUTH:** There is no evidence to support these claims, but getting Covid-19 can negatively impact fertility and sexual function (see [here](#) and [here](#) and [here](#)).
- **MISINFO:** ~~Children have to have their parents' consent to be vaccinated.~~ **TRUTH:** Children above 12 years of age can give their own informed consent to be vaccinated without their parents' permission. However, it is advisable for parents to support their child's decision making ([here](#)).
- **MISINFO:** ~~Vaccines have only been tested on white people.~~ **TRUTH:** While early trials in Europe and North America were conducted predominantly on white people ([here](#)), which drew strong critique, in South Africa's the Sisonke trial of over 288,000 health workers were mostly African Black people ([here](#)).
- **MISINFO:** ~~Vaccines are creation of the devil and the mark of the beast.~~ **TRUTH:** There is no evidence to support such an interpretation of the Bible ([here](#)).
- **MISINFO:** ~~Covid-19 can be cured with herbs and other natural remedies.~~ **TRUTH:** While some traditional treatments are being investigated for efficacy (see [here](#), [here](#) and [here](#)), currently, no herbal remedy has been validated for use to prevent or treat Covid-19.

## PROPOSED ACTION FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Communicate to children:** Communication is needed targeted to children aged 12 – 17 to motivate them to vaccinate and address fears about the vaccination of teenagers: are there any risks, what is the motivation? Make it clear that vaccination does not affect entrance to exams.
- **... and their parents:** Communication to parents is also needed to explain the reason for children's vaccination and reassure them about safety. Even if parental consent is not needed, parents remain very influential, including providing transport to sites. Focus on positive media – protecting the whole family, from babies to grand-parents.
- **... and teachers:** High school teachers can have a great influence on whether vaccination is considered a good thing to do or not, and help establish the social norms. Specific

communication through the Department of Basic Education and teachers' unions is suggested. Produce information booklets and posters for distribution in high schools.

- **Multi-lingual:** There is a huge amount of Covid and vaccine information in English, but very little in other SA languages (e.g. Venda and Swati). Media is needed in all SA languages and it should be disseminated in the relevant areas.
- **Booster shots:** Produce simple communication on booster shots for healthworkers and the general public to prevent conspiracy theories and confusion.

## ISSUES RAISED FOR FOLLOW-UP:

- **Longer vaccine site opening hours:** Requests from many parts of the country for vaccine sites to be open for longer hours during working days and at the weekend to make it easier for working people and school children to be vaccinated.
- **Consider post-exam parties** for high-school learners who have vaccinated. Explore with the Department of Basic Education whether some form of celebration in the 6,000 High Schools which are only open to the vaccinated are possible, which could motivate vaccine uptake.

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## METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (AIRA, see [here](#)), the "Identify" stage. We pool information from the following:

OTHER RESOURCES	
Background info for this report	<a href="#">Here</a>
SA Corona virus website	<a href="#">Here</a>
Real 411 to report misinfo	<a href="#">Here</a>

- **SA National Department of Health**
- **Covid Hotline:** Reports from the national Covid call centre
- **Praekelt.Org:** NDOH Covid WhatsApp system
- **WHO Africa Infodemic Response Alliance (AIRA)**
- **UNICEF:** digital analysis of content on Google, Twitter, YouTube and Facebook, and digital news
- **Red Cross:** Network of over 2,000 community volunteers reporting misinformation and concerns
- **Real 411 Media Monitoring Africa:** a mis- and disinformation reporting and debunking initiative
- **COVID Comms:** a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **Community Constituency Front (CCF), People's Vaccine Campaign**
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care,**
- **SA Vaccination and Immunisation Centre, Health Systems Trust, HSRC, IPSOS**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch, Sefako Makgatho**

Other organisations involved: Government Communications & Information Service, SA Council of Churches, Clinton Health Access Initiative, Heartlines, Children's Radio Foundation, DG Murray Trust, People's Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV Institute, UN Verified, HealthEnabled, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

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