



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



TOGETHER WE CAN BEAT THE CORONAVIRUS



South Africa COVID-19 and Vaccine Social Listening Report 5 October 2021, Report 21

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

KEY TRENDS

- **Vooma Vaccination Weekend:** Widespread welcome for the large effort for increased vaccination in the weekend 1 – 3 October which led to 350,000 vaccinations (double a normal weekend).
- **End of the third Covid wave:** There is widespread relief that the third wave of Covid has officially ended in SA, with greatly reduced infection and death numbers ([here](#)).
- **Politicisation:** Some political parties are opposing vaccination and other aspects of the Covid response ([here](#)). While the ANC, DA, EFF, UDM and IFP are generally supportive of the vaccination campaign, many smaller parties are not. The ACDP is actively hostile to vaccinations ([here](#) and [here](#)). The African Transformation Movement also is ([here](#)). The newly-formed Party Of Action (POA) is very opposed to vaccination ([here](#) & [here](#)). In KZN some Radical Economic Transformation elements of the ANC are against vaccination. The Cape Independence Party is hostile to vaccination, joining anti-vaccination protests. “Forced vaccination” is the focus of much political opposition, though no one is proposing this. Warnings that the election itself could lead to super-spreader events ([here](#)).
- **Vaccine passports:** President Ramaphosa has announced that vaccine passports will be used in SA ([here](#)). There is much debate – much support ([here](#), [here](#) & [here](#)) and also strong opposition to this ([here](#) and [here](#)), some saying it’s like a Dompas ([here](#)) and “worse than Apartheid” ([here](#)). Protests have been organised ([here](#)), such as in Sea Point, Cape Town, on Saturday 2 October.
- **International protests:** Many people in SA shared posts supporting anti-vaccine protests happening in other countries opposing vaccine mandates (Australia [here](#), France [here](#), USA [here](#), worldwide [here](#)).
- **“Discrimination”** against unvaccinated people with unvaccinated people complaining of being discriminated and “harassed by pro-vax people”; asking, “why are these pro-vax people keep accusing us of being a threat to them?”, “Why discriminate against each other?” ([here](#)).
- **Social media:** Great interest in Google search queries for “Nurse Iris Adams” (+1,650%), “First nurse to receive Covid vaccine” (+1,000%), “Zoliswa Gidi-Dyosi” (+300%), “Why is my arm sore after Covid vaccine shot?” (+180%). On Twitter there were 30,000 engagements around Covid and vaccines (25% decrease on last week). The 3 relevant articles which were most shared on Twitter in SA are [here](#), [here](#) and [here](#). The articles on digital news with the most engagements are [here](#), [here](#) and [here](#).
- **Unverified ‘research:** There is much sharing of unverified and untrue vaccine information and claiming it to be ‘research-based’, this is a relatively new trend on social media in South Africa. This makes it more challenging for people to differentiate ‘real’ news from ‘fake’ news. Examples of this trend for misinformation, claiming to be based on research, are given [here](#), [here](#) and [here](#).
- **Distressing:** There are many distressing disinformation messages circulating widely in SA (e.g. [here](#) & [here](#)). Local celebrity Bonnie Mbuli reported bad side-effects ([here](#)) which has been jumped on by many hostile to vaccines (with 5,000 likes and 1,700 retweets). A Tweet with 13,000 retweets suggests pharma company Pfizer is manipulating vaccine side-effects for profit ([here](#)).
- **Resistance to 2nd jab:** 1 million people in Gauteng who had the first Pfizer injection are not coming for the second jab ([here](#)), especially those who had side effects the first time fearing it’ll be worse 2nd time.
- **Vaccine preference:** Social media conversations are ongoing about the desire for all vaccines to be available at all sites so that individuals can choose which vaccination they want to take. Most vaccine preference is for J&J, though others prefer Pfizer. There is a shortage of J&J vaccines in SA ([here](#)).

- **Mobilising in informal settlements:** Work in Protea South has successfully demonstrated that community organising can lead to demand for vaccination ([here](#)). The Community Organising Working Group, with the support of the University of Johannesburg, have shown how trusted local activists can mobilise a community in ways that external top-down government services cannot.
- **... and in rural areas:** Experience from the Eastern Cape and Limpopo shows that there can be high rates of vaccination if things are done right – by taking vaccination sites to remote communities, respectfully working with community organisations and trusted local figures such as councillors and traditional leaders, providing information and ‘community sensitisation’, sorting out logistics so the local site can open early, cutting through time-consuming registration, and using single dose J&J ([here](#)).
- **... but it’s not the poor’s priority:** There is growing sentiment that the government cares more about vaccines than what people in poverty need, expressed in this widely-circulated WhatsApp text: *“Poor unemployed people who live in unfinished RDP houses and shacks with no water, electricity, street lights, food etc. They must vaccinate to protect and save SA, save lives? But no one is protecting and saving them from their daily struggles. The most important thing for the poor is food not the job, not the vote”.*
- **Mining:** In the mining industry, 47% of staff and contractors are vaccinated, with an ambitious target of vaccinating 80% by the end of October. Goldfields South Deep mine has already reached 90% vaccination rate. The most vaccine hesitant mines are in the Northern Cape, with fears of vaccines causing infertility especially strong. Providing information and responding to concerns, making vaccine sites very accessible in the mines, and lotteries of groceries vouchers for the vaccinated have helped.
- **Undocumented:** There is frustration at the ongoing difficulty undocumented South Africans experience getting vaccinated ([here](#)).
- **EVDS uncertainty:** Some people are unaware that EVDS registration is not required before going to vaccinate, with requests on social media and calls to the call centre asking for easier registration.
- **YouTube ban:** YouTube is actively taking down anti-vax content, which is supported by about 60% of people commenting on this on Dept of Health social media.
- **Vaccinating children:** Debate about whether children should be vaccinated now that SAPHRA has approved it for 12 – 17 year olds ([here](#)), and vaccination of 5 – 11 is coming in other countries ([here](#)).
- **Call centre:** The Covid - hotline call centre saw an increase in volume and requests for registration for vaccination on the back of the National Department of Health social media posts and the Solidarity Fund radio campaign and initiatives.
- **For-profit anti-vax:** Nick Hudson, the chairperson of “Pandemic – Data Analytics” (PANDA) who is very vocal against the vaccine rollout in SA, has been found to profit from this ([here](#)).

LOCAL / DISTRICT / PROVINCIAL ISSUES

This section summarises social listening from areas around the country. More details are [here](#).

- The **Eastern Cape** is targeting men in taverns for vaccination ([here](#)). There was a suggestion by the Health MEC that women should withhold sex from unvaccinated partners ([here](#)).
- **OR Tambo (Eastern Cape)** long queues at vaccination sites are putting off people. Difficulties with the Wilo community being turned away from vaccination sites, and low uptake in Nyandeni have been dealt with. Transport to sites and public communication remain challenging.
- In **Amathole (Eastern Cape)** youth are particularly resistant to vaccination.
- In **Dr Ruth Segomotsi Mompati (North West)** vaccination continues, but slowly. Many myths are believed (vaccines cause infertility, or are deadly). Vaccination sites are most accessible to large numbers with no transport arranged to take people there. Engagement, explanations and answering questions has a strong effect increasing vaccine acceptance. A provincial vaccine coordinator is needed in the North West.
- **Bojanala (North West)** is a traditional rural district, where many men say they will only go if there is a man (not a female nurse) to vaccinate them. Many people are spreading anti-vaccination rumours. There has been a shortage of vaccines at some outreach sites. The local radio station has started providing good airtime to cover Covid and vaccine issues.
- In **King Cetshwayo (KZN)** district there are many fears of vaccination side-effects (including that the 2nd Pfizer vaccination could be deadly, so only take the first). There has been positive engagement with Churches and traditional leaders to promote vaccination.

- In **Harry Gwala (KZN)** district, political organisations are taking advantage of the vaccination programme to criticize the government for not doing enough for the people, which confuses the community about the vaccination campaign.
- In **Ehlanzeni (Mpumalanga)** vaccination is increasing but at a very slow rate as information on vaccines isn't widespread, and a door-to-door campaign is suggested. There is widespread fear of dying or catastrophic side effects from vaccination. Some people fear government services will be withheld from people who don't vaccinate. There is talk of government's 'empty promises' hindering vaccine uptake. Long waiting times at sites discourage people returning for the second Pfizer dose. More information on sites is needed.
- **Namaqua (Northern Cape)** finds vaccine acceptance definitely increasing. However, much misinformation is still circulating (Vaccines kill; vaccines are the work of the Devil 666; vaccines cause erectile dysfunction and infertility; Covid can be cured by herbs and natural remedies). The J&J vaccine is considered to be more effective than Pfizer (meaning some people won't come if only Pfizer is available). Some Pentecostal churches and Rastafarians are hostile to vaccination and are very influential – a summit with Pentecostal and Rastafarian leaders is planned. Youth resistance continues.
- **Mangaung (Free State)** has increased vaccine uptake. Some taxi drivers are hostile to vaccination.
- In **Johannesburg (Gauteng)** there continues to be resistance from youth that they don't need to be vaccinated, they shouldn't be forced or coerced, that Elon Musk refused vaccination and that vaccination is less important to the underprivileged than many things the government is not delivering.
- In **Ekurhuleni (Gauteng)** vaccine acceptance is increasing with good use of local radio & pop-up sites.
- The **Cape Town Metro (Western Cape)** in some communities there is strong uptake of vaccination, while others (e.g. Mitchells Plain) have low rates. There is widespread concern that Covid vaccines can lower libido and cause infertility, or kill people after 2 years. There are several people actively promoting anti-vax sentiment and organising protests.

MISINFORMATION

- **MISINFO:** ~~The first nurse in SA to be vaccinated for Covid died of side effects of the vaccine.~~ **TRUTH:** Sister Iris Adams indeed did tragically die, but not due to the Covid vaccine, see [here](#). The first person in SA to receive the Covid vaccine was actually the nurse Sister Zoliswa Gidi-Dyosi ([here](#)).
- **MISINFO:** ~~Vaccines cause infertility.~~ **TRUTH:** There is no evidence to support this, but getting Covid can negatively impact fertility, see [here](#) and [here](#).
- **MISINFO:** ~~European Union (EU) ruled that Covid vaccines are no longer justified and that 5 new therapies will be used instead.~~ **TRUTH:** The EU has reiterated that vaccination against Covid-19 offers the best way to protect individuals, end the pandemic and for society to return to normal life, see [here](#).
- **MISINFO:** ~~The side effects of the vaccine are intentionally being hidden and so are the deaths caused by the vaccine.~~ **TRUTH:** Government and the NICD encourage reporting of adverse effects, see [here](#). Figures for deaths and severe adverse events are released by SA Health Products Regulator ([here](#)).
- **MISINFO:** ~~Vaccines haven't been fully approved, even in America.~~ **TRUTH:** Covid vaccines are overwhelmingly safe and in many countries have been granted emergency use approval, including in the USA ([here](#)). The Pfizer vaccine (used in SA) has been fully approved by the US Food & Drug Administration (FDA) ([here](#)). The vaccines used in SA have been approved by SAHPRA ([here](#)).
- **MISINFO:** ~~Vaccines cause more deaths than Covid.~~ **TRUTH:** Globally 4.8 million people have died from Covid ([here](#)). 6.3 Billion doses of vaccines have been given ([here](#)), with a few (less than 100) tragic cases of death due to vaccinations ([here](#) & [here](#)). There have been no deaths due to Covid vaccination in SA ([here](#)). This stunning graphic from the Western Cape shows how effective vaccines are ([here](#)), and also in the Eastern Cape ([here](#)).
- **MISINFO:** ~~Vaccines increase blood pressure.~~ **TRUTH:** There is no evidence for this, but if you have heart condition or high blood pressure Covid can cause severe damage ([here](#)).
- **MISINFO:** ~~Vaccines are a means to kill off Africans in 3 – 5 years.~~ **TRUTH:** This is a pure conspiracy theory, with no evidence at all (see [here](#) and [here](#)).
- **MISINFO:** ~~Organic herbs are just as powerful as the vaccine.~~ **TRUTH:** While some research shows possible positive impact of some herbal medications, there is not yet clinical trial evidence supporting this, and further research is welcome ([here](#)). Several people are promoting supplements and alternative treatments to make money (e.g. [here](#)).

- **MISINFO:** The side effects of the vaccine are under reported and so are the deaths caused by the vaccine. **TRUTH:** Government and the NICD encourage reporting of adverse effects ([here](#)). Figures are released by the SA Health Products Regulator ([here](#)). No one has died due to Covid vaccines in SA ([here](#)) after more than 16 million vaccinations, though here have been a few tragic cases globally.

SUGGESTED ACTIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- It is important to emphasise that people no longer need to wait for SMSs to get vaccinated, as ‘not receiving SMS appointment’ continues to be a reason for people not vaccinating. A text should be sent to all people registered in EVDS to say they can vaccinate now.
- Communication is required on the importance of taking the second Pfizer vaccination – someone doesn’t have full immunity without it, and it will not kill.
- It must be clarified that whilst vaccination does not stop all infection, it does dramatically reduce the risk of hospitalisation and death from COVID-19.
- Increased communication about vaccine sites are required, especially in rural areas. In particular, there should be community communication and mobilisation one week before a pop-up site appears.
- Further communication with Traditional Leaders in Contralesa and other bodies is recommended so traditional leaders around the country can be promoters of the vaccination programme.

ISSUES FOR WIDER CONSIDERATION

- Consider approaching the Independent Electoral Commission (IEC) for guidance to parties not to spread misinformation in the local election campaign which undermines the national vaccination effort, with potentially fatal consequences. Criticism of implementation and lockdown regulations is open for political debate, but life-saving vaccinations should not be undermined.
- Suggestion to finalise and communicate the arrangements for undocumented people to be vaccinated, both South African and people from other countries.

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:

- **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, HealthEnabled**
- **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 RESOURCES

- | | |
|---------------------------------|----------------------|
| Background info for this report | Here |
| Reports from districts | Here |
| SA Corona virus website | Here |
| Real 411 to report misinfo | Here |

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, Section 27, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA. Drafting team: Lizzie Harrison, William Mapham, Charity Bhengu & Peter Benjamin

Contact:

Nombulelo Leburu, National Department of Health.	nombulelo.leburu@health.gov.za	082 444 9503
Peter Benjamin, Demand acceleration task team.	peter@healthenabled.org	082 829 3353
Charity Bhengu, National Department of Health.	charity.bhengu@health.gov.za	083 679 7424