

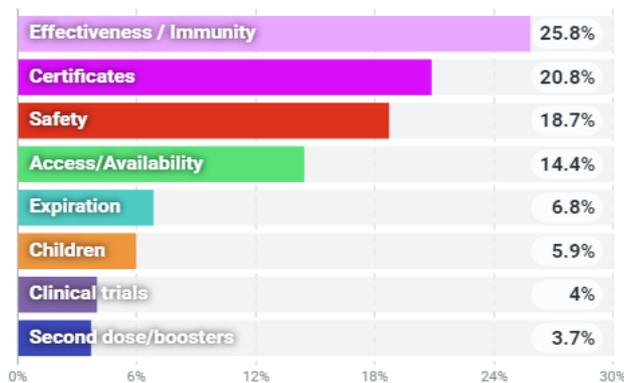
South Africa Covid and Vaccine Social Listening Report

4 April 2022, Report 43

This is a weekly report of Covid & vaccine sentiment, rumors & misinformation in SA. Further info is [here](#).

KEY TRENDS

Social media. There was a decline in vaccine certificate related queries, but an increase in the subtopic of the effectiveness of vaccines and the immunity gained from the vaccine, especially related to the vaccine in children ([here](#)). A further trend observed was interest in vaccine equity, given that some expired vaccines will be destroyed after 31 March 2022 ([here](#)). Interest in the following search queries was rising: “vaccine certificate” (+4 500% compared to previous week, [here](#)), “UJ vaccination” (+350%, [here](#)), “Athlone stadium vaccination site” (+250%, [here](#)), “Clicks vaccination times” (+140%, [here](#)), “drive through sites near me” (+140%, [here](#)). This graphics shows the interest in specific sub-topics:



“Covid’s over”. There is widespread feeling that Covid is less important now, with perception that the virus is weaker and SA should get on with other things. Many people believe that SA has reached natural herd-immunity from vaccination and prior infections. Closure of vaccination sites is being misinterpreted as an end of Covid. As health officials have said, “We are moving towards integrating Covid-19 vaccination into our routine health services, which means clients will be offered vaccination at all our health facilities, in addition to the outreaches and pop-up sites. But it will now be available to all at any health facility” ([here](#)). However, there is widespread sentiment that this change means Covid is a lower priority for the Department of Health, and therefore Covid is less important.

Confusion about the latest regulations and the State of Disaster: There is great interest and concern about new regulations as the State of Disaster may be ending. There are conspiracy theories and scientific concern about proposed new regulations ([here](#) and [here](#)). The latest Covid-19 regulations have been a contested issue causing confusion ([here](#)). It is anticipated that vaccine mandates within religious sectors will “cause divisions” as there might be anti-vaccination sentiments among some religious leaders ([here](#)).

Boosters, not first vaccinations. Demand for vaccination has improved during March with around 100,000 vaccinations daily, particularly after an SMS was sent to people registered on EVDS reminding them to come for their second Pfizer doses and boosters. However, there are very low numbers coming for first vaccination.

KwaZulu-Natal’s low Covid-19 vaccination rate remain a concern. Authorities have partnered with local sport teams to increase awareness, mitigate misinformation and intensify Covid-19 vaccine uptake in KZN ([here](#)). There is also a drive to highlight the impact of misinformation on public health interventions by explaining the consequences of misinformation to the public ([here](#)).

Increase conversation about the fifth wave. Social media posts are surfacing in anticipation of the fifth wave that might hit South Africa, causing a surge in Covid-19 infections ([here](#)). Unfortunately, this does increase the amount of Covid-19 denialist communication ([here](#)). There is a conspiracy fear that predictions of a fifth wave indicate that Covid infections are being actively controlled and planned by some agency.

World Health Organization (WHO) Covid strategy. An updated strategy was published by the WHO to assist the preparedness, readiness and response plan for Covid. This strategy outlined a series of anticipated scenarios for Covid in 2022, as well as suggesting unintended consequences should certain strategies not materialise. Within the strategy, the worst case scenario was also described, with the likelihood of this event explained ([here](#)). According to the World Health Organisation, ending the acute phase of the pandemic in 2022 requires countries to invest in five core components:

- Surveillance, laboratories, and public health intelligence;
- Vaccination, public health and social measures, and engaged communities;
- Clinical care for Covid-19, and resilient health systems;
- Research and development, and equitable access to tools and supplies;
- Coordination, as we transition from an emergency to long-term respiratory disease management.

Community engagement reveals youth sentiment. A pilot study engaging youth in Mpumalanga shed light on the negative sentiment the youth have toward Covid-19, and how it impacted their lives. The engagement illustrated some of the frustration felt with some stating “Why all this havoc?”, “You really turned 2020 into a bleak memory” and “You took away life from us”.

Re-opening of stadiums: People are excited that finally they will be able to attend sporting events, music concerts and other social events in stadiums – but only for people who can show a vaccination certificate or a recent negative Covid test.

Concern about vaccination mandates. Many unvaccinated people, especially youth, are concerned about companies that require vaccination certificates for employment, and universities or college that require all their students to be vaccinated. Some citizens say that they can’t celebrate Human Rights Day & Month, while their constitutional rights are being violated by the extended state of disaster and vaccine mandates.

National Covid-19 Contact Centre. Sentiments remains similar to the previous week.

- The contact center continues to receive many calls from citizens who are unable to download their vaccination certificates and updating records on EVDS, vaccinations that were not properly recorded; and what the risks of vaccination are for people with underlying health conditions.
- There are many enquiries about the eligibility of minors (children) to get vaccinated; and whether there are any costs associated with vaccinations.
- Many people call to ask about the location of operating vaccination sites, and the contact centre does not have reliable information on all vaccination sites and their operating hours. This can cause frustration as several people have gone to sites that were not offering vaccinations.
- There were not many reports of side effects, except for a few citizens who were concerned about still feeling sick 4 days after receiving the vaccination.
- There have been, once again, requests request for vaccinators to come out to homes for citizens who are unable to travel.

DISTRICTS REPORTS

- **OR Tambo (Eastern Cape):** People in rural areas are very receptive to vaccination, especially elderly who are worried about winter. However, there are few vaccination sites or they are inaccessible. Chiefs and communities want vaccination and other health services to come to them.
- **Harry Gwala (KZN):** Vaccine acceptance in youth 12 – 17 years is improving. There have been sports events in the district, and everyone in the Mayor’s Cup competition needed to be vaccinated. Also some want to be vaccinated before the Easter holiday. Many say that there is no Covid anymore, so question why the President did not lift the State of Disaster yet. Youth are interested in the KeReady Flex campaign.
- **Ehlanzeni (Mpumalanga):** There have been no school vaccinations in the past week. More men are vaccinating this year. Youth 18 – 34 years are now vaccinating more than any other age group.

- **Dr Ruth Segomotsi Mompoti (North West):** Many youth read myths on the internet and social media, which make them resistant to vaccination. Myths include that they will become zombies after vaccination, and generally people are scared of side effects. Some youth believe there is a micro-chip to track people in the vaccination; and that vaccination is only for old people as they are the only ones that get very sick. There is now better cooperation with the District Development Model team and more sub-districts are actively promoting vaccination. KeReady has been effective in involving youth. More women are getting vaccinated than men. Vaccination sites are far from many people. Youth feel vaccination is irrelevant as few people are now sick with Covid and they have survived the pandemic for 2 years without the vaccine.
- **Cape Winelands (Western Cape):** Few people are coming for vaccination, with no real difference in sentiment. However, the KeReady competition does seem to be encouraging some youth to come. Some families are coming to vaccinate all together.
- **Central Karoo (Western Cape):** Concern about booster shots – if you need more doses, does it mean it doesn't work? Elderly feel that they were the priority at the start of vaccination but now it's all about youth. Some who took boosters are telling others not to as their arms took longer to recover from pain.
- **Garden Route (Western Cape):** Vaccination uptake is now very slow – there is no outreach and many people are unwilling to go to the clinics. Some youth are entering the KeReady Flex challenge without being vaccinated – people are more interested in the challenge than getting vaccinated. Many youth say there is no Covid any more.
- **Khayelitsha (KESS, Western Cape):** Vaccine acceptance is increasing, especially with students who require certificates to go to college or work. People staying far away from health facilities are not going for boosters – they would prefer pop-up sites to come closer to them. Undocumented foreigners are scared to vaccinate as they think they may be deported. The KeReady campaign is having a positive influence. At the recent TB day many people also got the Covid vaccine.
- **Namakwa (Western Cape):** Many people over 50 years are taking boosters, though youth vaccine hesitancy continues. Predictions of a fifth wave 'proves' to anti-vaxers that outbreaks are planned and human controlled. Widespread view that the Covid virus is so weak that vaccination isn't necessary any more. Some religious groups, especially Rastafarians, are still hostile to vaccination. Youth are interested in the KeReady, especially as it has been translated in Afrikaans. Local newspapers are supporting the KeReady campaign. Some youth who take drugs think that dagga and Tik protect them from Covid.
- **Swartland (Western Cape):** Vaccine acceptance is increasing among young people. Many people are refusing to get their boosters as they were sick after earlier jabs, especially in Riebeeck Kasteel. There are some very positive responses to public information about boosters and new registrations, particularly in Yzerfontein. Many youth still don't have accurate information and are scared of injections.

MISINFORMATION

- **MISINFO:** ~~The prediction of a 5th wave shows that the pandemic is manipulated to control the population.~~ **TRUTH:** There is no evidence to support this. Predictions come from carefully considered epidemiological models, based on previous experience. See [here](#) and [here](#).
- **MISINFO:** ~~Only older people need to get vaccinated as only they face real risk of death.~~ **TRUTH:** While older people do have higher risk, it's important for young healthy people to also be vaccinated, to help reach herd immunity and limit new variants. See [here](#) and [here](#)
- **MISINFO:** ~~Pfizer's own data shows over 1,291 side effects of Covid vaccine.~~ **TRUTH:** It is true that a report from Pfizer released in 2021 does list 1,291 potential side effects of any new drug. However, this is NOT a list of side effects of their Covid vaccine; instead it is a list of the possible side effects that their study was watching out for. The vaccine is safe, being authorised by the SA Health Products Regulatory Authority and similar bodies around the world. See [here](#) and [here](#).
- **MISINFO:** ~~Covid vaccines kill many people and there is a high chance they can kill you.~~ **TRUTH:** This is not true. Most side effect are mild and self-resolving. Severe adverse events due to vaccines are tracked very closely ([here](#) and [here](#)). There have been no deaths in SA due to Covid vaccination ([here](#)). Over 11 billion shots of Covid vaccines have been administered globally ([here](#)),

with a small number of deaths caused by vaccines. While it is difficult to get reliable statistics of vaccine-related deaths globally, in the United Kingdom, over 141 million doses have been given, and medical authorities believe just 9 people have died due to the vaccine ([here](#)). By way of contrast, the UK has had over 163,000 deaths from Covid ([here](#)). See [here](#), [here](#) and [here](#). Most people who lost their lives to Covid in South Africa in the 4th wave were unvaccinated or only partially vaccinated. See [here](#).

- **MISINFO:** ~~Foreigners will be deported if they try and get vaccinated.~~ **TRUTH:** While vulnerable people especially may be fearful, anyone in South Africa can be vaccinated, regardless of nationality. Foreigners are not arrested and deported while being vaccinated. See [here](#) and [here](#)
- **MISINFO:** ~~Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** There is no evidence to support these claims. Covid however can impair sexual performance. See [here](#), [here](#) and [here](#).
- **MISINFO:** ~~Covid booster vaccines are dangerous.~~ **TRUTH:** There is no evidence to support this claim. Booster shots are normal practice for many vaccinations. The vaccine for booster shots is the same as for the previous vaccinations, and usually has similar side effects. See [here](#) and [here](#).
- **MISINFO:** ~~Covid cases are low so now we don't need to vaccinate.~~ **TRUTH:** Having lower case numbers is wonderful, but this doesn't mean there is no reason to be vaccinated. If you are unvaccinated you are more likely to spread Covid and encourage variants. See [here](#) and [here](#).
- **MISINFO:** ~~Covid vaccination can give you HIV.~~ **TRUTH:** There is no evidence to support this claim at all. Vaccines, including Covid vaccines cannot cause AIDS / HIV and do not make us more susceptible to contracting this virus. See [here](#) and [here](#).
- **MISINFO:** ~~Covid vaccines are dangerous and are linked to "vaccine-acquired immunodeficiency syndrome" or "VAIDS".~~ **TRUTH:** There is no evidence at all to support the claim of immunodeficiency being related to Covid vaccines. See [here](#) and [here](#).
- **MISINFO:** ~~Vaccines don't work – if they did they would completely stop us from getting Covid.~~ **TRUTH:** Anyone vaccinated is less likely to get Covid, and if they do get Covid it will most likely be far less severe. See [here](#), [here](#) and [here](#).

Africa Infodemic Response Alliance & VIRAL FACTS

This section comes from the World Health Organisation's Africa Infodemic Response Alliance (AIRA) who carry out social listening on Covid and vaccines throughout Africa, and produce Viral Facts videos to counter misinformation. Key concerning misinformation trends this week are:

- "The fifth wave is just the flu"
- "Ukraine bio-labs have released new strains of diseases"

Here are links to recent Viral Facts Africa productions: Dr. Janet Kayita, a WHO Malawi Country Representative answers the most pressing questions around polio in Malawi for Viral Facts.

- Is the polio vaccine related to the COVID-19 vaccine? [[Here](#)]
- Why do we need a polio vaccine campaign? [[Here](#)]
- How is COVID-19 impacting the fight against polio in Malawi and other African countries? [[Here](#)]
- Why is it important for children to be vaccinated against polio? [[Here](#)]
- Is wild polio virus really back in Africa? [[Here](#)]

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Local need, local transport & pop-up sites.** As mentioned above by 4 districts as well as the contact centre, there is a great need to organise pop-up vaccination sites and local transport (vaxi taxis) for people who want to vaccinate but are not able to for logistical reasons, mainly due to time, cost and availability of transport, as well as knowledge of where operating vaccination sites are. The UJ/HSRC research (mentioned in previous reports) suggests there are many millions of people in SA who are willing to vaccinate but have not done so due to practical barriers. These people are overwhelmingly in poorer areas such as informal settlements and rural areas - access to vaccination is an equity issue. Pop-up

sites and vaxi taxi linked to community mobilisation and collaboration with trusted local leaders can lead to millions more people being vaccinated, allowing SA to reach the 70% vaccination target. This appears to be the most likely way – indeed the only way – to make the vaccination campaign a success. This should be the priority approach to controlling Covid.

- **Update lists of operating vaccination sites.** There isn't a reliable list of all vaccination sites and their operating hours in SA. The list used by the national contact centre and Apps to find your nearest site are not reliably and regularly updated by district and provincial Departments of Health. This leads to people going for vaccination and failing to get one. As well as frustration and the waste of time and money, these people are less likely to return meaning that some willing people remain unvaccinated. This should be resolved urgently.
- **Integrated messages on TB and Covid-19:** Communication on TB and Covid needs to be shared as they both affect the respiratory system, and the same non-pharmaceutical interventions apply to both. The TB and Covid messages have prompted discussions about the risks of Covid vaccine in people with underlying conditions, questions and concerns about safety, drug resistance, and the contraindications of Covid vaccine for TB patients, [here](#) and [here](#).
- **Transitioning to the next Covid phase.** With the pandemic changing in SA and potential changes in the State of Disaster regulations, the SA Covid vaccination communication strategy should be reviewed and adjusted. The Risk Communications and Community Engagement Technical Working Group (RCCE TWG) should update their strategy, including the Social Listening team that produces this report. This can take advantage of the expertise of WHO AIRA and local Social & Behaviour Change Communication experts. The new strategy should then be disseminated to communication partners and local mobilisers.

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), Covid Hotline, Health Systems Trust**
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases,**
- **SA Vaccination and Immunisation Centre, HSRC, DG Murray Trust, Right To Care**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch, Sefako Makgatho**

OTHER RESOURCES

Background info for this report	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, IPSOS, People's Health Movement, and 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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