

# South Africa Covid-19 & Vaccine Social Listening Report

## 16 May 2022, Report 49

This is a weekly report of Covid-19 & vaccine sentiment, rumours & misinformation in SA. Further information that provides the background to this report, especially input from many health districts, is available [here](#).

### KEY TRENDS

**Fifth wave looms large.** Covid infections have increased in the last few weeks, with up to 10,000 daily confirmed cases. While the fifth wave of the pandemic in SA has not formally been declared, the Minister of Health Joe Phaahla says that *“the risk of the fifth wave continues to loom large”* ([Here](#)). As winter comes, Covid cases are expected to increase with more people staying indoors where infection is more likely. In KZN, the new variant is spreading especially fast ([Here](#)). However there is a decrease of 5% in hospital admissions from last week ([Here](#)).

**Reinfections with Omicron.** Someone who has been infected with Covid develops some immunity which reduces the likelihood of being infected again. At least 70% of South Africans have been exposed to Covid ([Here](#)). However, the Omicron subvariant BA.2.12.1 is changing this as reinfections are widely observed ([Here](#)). It has been detected that among vaccinated people, the symptoms are less severe, and reinfections are less likely ([Here](#)). There are some sentiments that this reduces the need for vaccination: *“So, the death rate is very low for this wave. Perhaps natural immunity is the best way to go”* and *“New variants are milder. Why does not also push natural immunity as much or more than vaccines?”* ([Here](#)).

**Pandemic in women and children.** Research is showing that the Covid vaccine is safe for pregnant women ([Here](#)). A variety of healthcare workers have suffered as a result of the pandemic, including midwives ([Here](#)). The need for psychosocial support in children as a result of the pandemic is increasing ([Here](#)). The age group with the highest positivity is the 10-14 years (34.6%) ([Here](#)), though the surge is being seen in all age groups and is due to a highly transmissible Omicron sub-variant that has shown some immune escape ([Here](#)) with younger people having a lower vaccination coverage and lower immunity ([Here](#) and [Here](#)). With the increase in maternal mortality, Covid has been integrated into the routine care for mothers and babies ([Here](#)). A measles outbreak in Zimbabwe has claimed the lives of 14 children ([Here](#)). The most frequent sentiment on children and vaccines is exemplified by *“children are not at risk even from earlier strains of Covid19 and the new variants are milder”* ([Here](#)).

**Mask mandates are contested.** The current regulations for mask mandates are confusing to the public ([Here](#)). Despite scientific evidence ([Here](#), [Here](#), [Here](#), [Here](#), [Here](#) and [Here](#)) and news articles related to the importance of wearing masks ([Here](#)), many opinions are circulating against mask mandates, some even claiming they are harmful. In the new Covid rules mask mandates remain, especially for indoor public areas, until the Health Minister announces changes in the regulations ([Here](#)). Many people are tired of vaccines and masks - posts on the Department of Health’s Facebook page include: *“Please lift the mask mandate other countries are free of it!”* ([Here](#)), *“Two and half years later still wearing a mask! It makes no sense”* ([Here](#)), *“Tired of this nonsense”* ([Here](#)) and *“Would you stop already!”* ([Here](#)).

**National Covid Contact Centre.** General queries from the public still largely relate to vaccine certificates and people requiring their vaccination code ([Here](#)). There were multiple queries about general Covid vaccination support including changes in mobile numbers, questions around regulations, and Covid test results ([Here](#), [Here](#) and [Here](#)).

**Effective communication.** Opinion articles have circulated pointing out that addressing the anti-vaccine mindset is a costly exercise ([Here](#)), but that effective communication is vital ([Here](#)). As the World Health Organisation says, the task is to flood the ‘infosphere’ with evidence-based information and make it easier for people to find accurate information than misinformation. A report has been published in South Africa on

meeting the challenges of ‘information disorder’, which is defined as the “large-scale contamination of the public sphere with rumours, hate speech, dangerous conspiracy theories, harmful misunderstandings and orchestrated conspiracies of deception” ([Here](#)). Information disorder can be approached strategically if journalism is supported as a public good while ensuring ethically responsive and trustworthy quality content. There is continuing concern around vaccines and the unfounded belief of a link with impotence, and amusing and informative communication has been developed addressing this concern ([Here](#)). More people are searching for information related to the Covid disease itself instead of looking for information about the Covid vaccine. Even fewer are enquiring about the Covid booster vaccination. From this data – it would be important that vaccine and booster vaccine related information is integrated with general Covid related information on all official platforms.

**Wastewater testing.** There is support for wastewater testing for Covid as a useful way to gain information on levels of infection ([Here](#)). The following views indicate concern: *“This is the only way to accurately know what’s happening because so many won’t test or can’t afford to test. The numbers are much higher than we think”* and *“With sewage running down the streets in most townships across Mzansi, government is hugely helping to spread the risk!”* ([Here](#)).

**Vaccine issues globally.** People opposed to vaccines have accused the children’s cartoon “Peppa Pig” of “brainwashing” their children ([Here](#)). The lower the vaccine uptake in a country, the higher the negative attitudes toward the vaccine ([Here](#)). Opposition to vaccines has led to legal challenges to large organisations, including universities and Twitter ([Here](#)), with some opponents of vaccines withdrawing their claims and pulling out of legal disputes ([Here](#)). Vaccine hesitancy in Hong Kong is associated with the largest death rate per capita in the world ([Here](#)).

**Hashtags with online traction.** The following are conversations that generated traction online in SA using hashtags #Pfizerdocuments #Vaccineinjuries #Vaccinedeath, consisting of conversations about Covid vaccine concerns and misinformation in social media, according to a report ([here](#)):

- There is a rise in conversations related to “chronic illness after vaccine jabs”.
- People are still stating that “vaccines cause people to die”.
- Speculation is rising that the “FDA and CDC are hiding information about Pfizer fatalities” and that there are other compounds within the vaccines that may cause harm.

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## DISTRICT REPORTS

This information comes from District Communicators working in districts around the country. The full reports are available [here](#).

- **OR Tambo (Eastern Cape).** We are seeing an increase in vaccinations. Bad roads are making some areas inaccessible, and we cannot get to some areas because of the bad weather. Vaccine hesitancy is fueled by the belief that Covid is over and low risk; and that there are no deaths, hospitalization or new cases in the areas in which they live. The challenge is a lack of loud hailers, transport, communication equipment and branding and Information, Education & Communication (IEC) materials.
- **Johannesburg (Gauteng).** Vaccine acceptance is increasing with the youth due to operating in schools, and a growing understanding that vaccines can lower the risk of severe disease and death. Integration of sports and vaccine support is proving to be successful in the uptake of the vaccine.
- **Tshwane (Gauteng).** Demand creation is being done through a successful Mamelodi Sundowns campaign, handing out free tickets to FNB game; twitter re-tweets of information has amplified campaigns, The local winner of the #KeReady competition gave interviews. We are conducting street mobilisation which is going well. We are seeing a slight increase in vaccine acceptance.
- **Ethekwini (KZN).** Working with local radio stations is useful to answer questions and reach many people. The mobilization team is increasing community dialogues at priority sites. Challenges include low vaccine availability outside working hours, and transport is a problem. Implementing vaccines at soccer stadiums is working. Working at schools is increasing vaccinations. More youth focused activations, vaccinating at soccer events and integrating with CBOs is needed. More loud hailers are required. More radio engagements and community dialogues will increase vaccination.
- **Umkhanyakude (KZN).** Work mandated vaccination encourages uptake. Flu season has also contributed to some increase, while others prefer just having a flu vaccine. More people are coming for

their booster doses than those taking the vaccine for the first time. Youth outside school are resistant to the vaccine, with a strong belief in natural immunity. They could participate in #KeReady without being vaccinated so there actually was not a cost of not being vaccinated.

- **Namakwa (Northern Cape).** There is continued recklessness, especially amongst the youth, in spite of warnings of a looming fifth wave and the surges of Covid. Very few totally unvaccinated people are showing up at vaccination sites. Key beliefs fueling hesitancy include fertility and virility fears amongst men and women, belief in immunity due to negative testing and belief that we already have herd immunity. Businesses, especially in the entertainment sector, are not observing vaccine protocols. We need Afrikaans content to explain boosters. Successes include progress with the Department of Basic Education and a slight increase in young people vaccinating. Vaccinations could be increased by providing free transport to vaccination sites, incentives, compulsory vaccination for sports clubs and youth organizations, as well as vaccination at work places.
- **Bojanala (North West).** There is slow vaccine uptake due to poor resources and bad placement of pop-up sites. Myths include the belief that predictions of Covid waves proves that the government manipulates them for their own benefit. Challenges include the unavailability of vaccines after 4.00pm when vaccination services shut so that vaccines can be returned to pharmacies. Also people lack resources to access sites and they want incentives to vaccinate. Mobiliser teams are not updated regularly and cannot address questions and counter myths adequately. On the positive side, hosting #KeReady events has increased interest in the vaccine. Large numbers come to these and radio slots generate positive responses. More mobilisation is required.
- **Dr Ruth Segomotsi Mompoti (North West).** Youth accessing information on the internet fuels disinformation. Myths include that people are going to become Zombies after vaccinating; the vaccine will kill them; information of severe side effects is spreading; vaccine inserts a micro-chip to track people's movement. Youth also believe that the vaccine is for older people, since they are the only ones that get very sick with Covid. Challenges include a lack of transport for mobilization, poor IEC material distribution, and bad weather. Successes include better site distribution and district facilitators coordinating stakeholders. The #KeReady campaign has had a positive effect with greater youth involvement, though lack of mobile phone network connectivity undermines reach. Youth would be encouraged with incentives, events, seeing role models vaccinated and awareness of others vaccinating (social norms).
- **Cape Winelands (Western Cape).** Vaccinations have increased in response to door-to-door mobilising. Youth are coming and there needs to be more involvement by sports organisations. Door-to-door vaccination is effective.
- **Garden Route (Western Cape).** Key challenges include winter weather and inability to keep people warm if they come to activations or events. Integrating vaccines into services is affecting men, who do not go to clinics as a rule. Reliance on international and web-based information feeds vaccine hesitancy – more and better local information would help.
- **Swartland (Western Cape).** Vaccine acceptance is increasing amongst the elderly. Young people are attending vaccination sites, but many are not interested and think Covid is over. There is resistance to boosters. Marketing vaccine sites is effective.

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## MISINFORMATION

**MISINFO:** Vaccines side effects are being under reported and can kill you. The website 'SA Vaccine Adverse Events Reporting System' shows that 73 people have died from the vaccine in SA **TRUTH:** This claim is not supported by evidence, most side effects are mild and self-resolving. See [here](#), [here](#) and [here](#). SA has excellent adverse reporting mechanisms backed by evidence see [here](#) for credible local site on adverse reactions. The SA Health Products Regulatory Authority has conducted extensive research and determined that no one in SA has died due to the Covid vaccine ([Here](#)).

**MISINFO:** I have survived four waves of Covid already so I don't need a vaccine now to survive a fifth one. **TRUTH:** Getting vaccinated helps you reduce your chance of getting Covid which is now highly contagious, prevents the spread of Covid to others, and helps to limit new variants emerging. See [here](#) and [here](#).

**MISINFO:** Covid isn't that bad, so we don't need to be vaccinated. **TRUTH:** While some people who get Covid can show no symptoms, vaccines are highly effective in preventing serious illness and hospitalisation. See [here](#) and [here](#).

**MISINFO:** Natural immunity is better than vaccine immunity and shows we don't need to be vaccinated. **TRUTH:** Natural immunity can help protect you but it depends on when you had Covid, which variant and the strength of your immune system and overall health. Vaccines are essential to giving sufficient anti-bodies to protect you, which is why boosters are necessary too. 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](#). Fun new video is [Here](#).

**MISINFO:** Covid booster vaccines are dangerous **TRUTH:** There is no evidence to support this claim. The Covid boosters are the same drugs used in the previous injections. Boosters shots are normal practice for many immunisations. See [here](#) and [here](#).

**MISINFO:** The prediction of a 5<sup>th</sup> wave of Covid shows that the pandemic is controlled by the government and is carefully planned to control the population. **TRUTH:** This is an untrue conspiracy theory, and there is no evidence to support this. Predictions of the waves of Covid infections come from carefully considered epidemiological models, based on previous experience. See [here](#) and [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. No foreigner has been arrested or deported while getting vaccinated in SA. See [here](#) and [here](#).

**MISINFO:** Vaccines are dangerous and cause "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](#).

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## WHO Africa Infodemic Response Alliance (AIRA) & Viral Facts

AIRA is the Africa-wide initiative of the World Health Organisation, managing the infodemic of misinformation and communications overload related to Covid and vaccination. They produce the Viral Facts content responding to misinformation which can be used freely. Here are the latest [ViralFactsAfrica](#) resources (please use them):

- Explainer: Routine childhood immunization ([Here](#))
- Explainer: The XE variant ([Here](#))
- Mythbuster: Flu & Covid vaccines ([Here](#))
- The importance of getting vaccinated as countries relax Covid restrictions ([Twitter](#), [Dropbox](#), [Facebook](#))

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## PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Clarify new regulations.** The new Covid regulations and vaccine requirements, especially regarding travel, are not widely known by the public. They should be communicated with an explanation of why they are important, with information in all SA languages widely disseminated.
- **Vaccine booster information confusion.** There is a need to campaign for the vaccine booster in addition to the original vaccination. There is increasing confusion about what is required to have sufficient protection.
- **Communication for ALL vaccines should be strengthened.** Routine vaccination for children has reduced during the Covid pandemic, partly due to lockdown restrictions, strain in the public health system during the pandemic and also general negative sentiment to vaccines as a whole as a result of misinformation around Covid vaccines. There are outbreaks of several preventable diseases that have a

significant impact on children. General vaccine communication campaigns are needed to increase uptake of all approved vaccines in South Africa.

- **Misconceptions should be addressed with effective and factual answers.** Communicators require correct information from the scientific community to update their communication strategies. Updated information needs to be sent at least monthly to healthcare workers, community mobilisers and communicators, as well as other supportive community organisations.
- **NICD and NDOH dashboards made public.** There is a need to work from a “single source of truth” when it comes to public communication. Official sources include the dashboard indicators of the National Institute for Communicable Diseases (NICD) and the National Department of Health (NDOH). These organisations have dashboards which should be made public and widely shared. All mainstream media, news sites and other media organisations should be sent information on the authoritative sources of information on the Covid pandemic in SA and about responsibly reporting the science of the pandemic.
- **Clarify mask misinformation.** There is a growing need to debunk reported “harms” of wearing masks that some vaccine resistant people claiming.
- **Addressing Covid fatigue.** Covid infections are still high, and the community should remain responsible when in public spaces. Reluctance to adhere to regulations compromise public health efforts to curb the spread of the disease. Strategies should include a focus on effective communication at primary healthcare, within clinics, as well as in public spaces.
- **More expert opinion articles by RCCE members:** There is a need for expert led Op-Eds related to the fifth wave, the Covid vaccines, the Covid booster, general vaccination, and vaccine side-effects (both for Covid and other routine vaccinations), as well as pieces covering mandatory vaccination issues.

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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:

- **SA National Department of Health**
- **Covid-19 contact centre:** Reports from the national call centre
- **Praekelt.Org:** NDOH Covid-19 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-19 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-19 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	<a href="#">Here</a>
SA Corona virus website	<a href="#">Here</a>
Real 411 to report misinfo	<a href="#">Here</a>

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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