

# South Africa Covid-19 & Vaccine Social Listening Report

## 23 May 2022, Report 50

This is a weekly report of Covid-19 and 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

**South Africa is entering a new phase of Covid.** An influential article in The Conversation said that, “The country entered the latest wave some three weeks ago and may already be seeing new infections slow down. The good news is that people have built up immunity against the virus – either through acquired immunity via vaccine or through previous” ([Here](#)). However, some people “don’t care” saying “more people dying from other diseases than Covid.” and that there should be a “focus on healthy living habits, teach people on how to protect themselves against respiratory infections since we are in winter” ([Here](#)). Other prominent views on social media say, “so, not really a wave just a ripple” and “a very small wave”, “it’s not that small just very low impact from immune memory” and “I have a feeling that the numbers will jump again, this is too good to be true” ([Here](#)).

**Increase in Covid deaths creating anxiety.** 55 deaths were reported on 18 May ([Here](#)). An expert view was that “cases during this BA.4/BA.5 wave peaked at 30.1% of the Omicron BA.1 peak” though with lower testing ([Here](#)). In Gauteng “cases have peaked, the test positivity rate has peaked, hospitalisations have started levelling off and deaths remain low” ([Here](#)). However, the main sentiment in response to Department of Health’s social media messaging was that the Covid deaths before vaccines “were way more than this” ([Here](#)) and others believed that “more than half of the new cases are from vaccinated people, but you won’t mention it” ([Here](#)).

**Nearing halfway mark for adults’ vaccination.** Nearly half of SA adults have had at least one Covid vaccination. Admittedly, this is not 70% of the whole population being fully vaccinated, but it is still a significant milestone. The number is now 49.86%, which is 43,000 less than 50%, and at current rates the country should achieve a half of adults within a week. Five provinces are already over 50%. These statistics are taken from the SA Corona Virus website, Vaccine report, Slide 9 (all statistics are [Here](#)).

Province	Total Adult Population [18 Years & Older]	Total Number of Individual Adults Vaccinated	Individuals Vaccinated as % of the Adult Population
Eastern Cape	4,099,543	2,211,586	53.95
Free State	1,914,521	1,138,449	59.46
Gauteng	11,311,326	5,346,443	47.27
Kwazulu-Natal	7,219,795	3,135,137	43.42
Limpopo	3,695,801	2,081,726	56.33
Mpumalanga	3,039,520	1,352,910	44.51
North West	2,693,247	1,312,602	48.74
Northern Cape	847,545	430,575	50.80
Western Cape	4,976,903	2,834,720	56.96
<b>Total</b>	<b>39,798,201</b>	<b>19,844,148</b>	<b>49.86</b>

**Interest in Covid news.** Interest in the following news searches rose on Google over the past week: “RIP to everyone who got vaccinated on sabc news” (up +4,300% compared to previous week), “royal showground vaccination centre Pietermaritzburg” (+550%), “can my employer force me to get vaccinated in South Africa” (+250%), “proof of vaccination for travel” (+110%). These are the top Covid news articles in SA: [vaccine-refusal-retrenchment](#), [DOH-studying-treatment-of-immigrants](#), [second-jj-shot-prevents-hospitalisation](#), [practices-see-increase-respiratory-illness-cases](#) and [jj-vaccine-remains-safe](#). These generated over 16,000 engagements this week, up 60% compared to the previous week. On Facebook there were about 15,000

engagements (5% less than the previous week) and Covid related tweets generated 3,600 engagements (down 50% from last week).

**Vaccinating due to fear of hospitalisation.** In light of the winter months combined with the recent lifting of the national disaster act, many people are anxiously watching for an increase in Covid infections and rising hospital admissions, though the number is actually far smaller than in previous peaks ([Here](#)). The proportion of patients requiring intensive care is also smaller, as are the fatalities ([Here](#)). While reports of “*vaccination because of fear of hospitalization and death*” are rising, there is still much work to be done to increase vaccine uptake as there is “*still uncertainty about time intervals for vaccines or booster shots*”, “*questions about vaccination without ID documents*”, “*ongoing issues about the locations of vaccination sites*”, “*also uncertainty about information shared on social media*” and “*reports about adverse events being the main reason for resisting vaccination*”.

**KwaZulu-Natal has the most active confirmed Covid cases.** Many people left homeless by the floods have moved into crowded halls and centres for temporary settlement. The overcrowding in confined spaces poses a serious risk of Covid spread. KZN now has the largest number of active Covid cases at 35,700 on 20 May ([Here](#)). The following are sentiments on social media about the surge. ‘*The test positivity rate shows that the pandemic is beyond our control.*’ ([Here](#)), “*KZN has the highest number of new cases since the floods*” ([Here](#)) and “*Why with no more than 15 000 not so long ago, now has 35 000*” ([Here](#)).

**Fifth wave appears to peak in Gauteng.** Confirmed Covid cases remain high. Hospitalisations in the province are the highest, around a third of those seen during the fourth wave, though there was a 9% decrease in new admissions this week. The percentage testing positive was 25.3%, 1.1% lower than the previous week, and was the highest in the 10-14 years age group (31.3%). Deaths, meanwhile, are still rising – but this is expected as deaths come after infection and hospitalisation data ([Here](#)). “*Overall, trends in this BA.4 and BA.5 driven fifth wave of Covid infections in Gauteng continue as expected: A high number of infections – underestimated – but significantly fewer hospitalisations and deaths due to high level of population immunity*” ([Here](#)).

**Concerns about Covid vaccines, side effects and infections.** Most of the comments on the Department of Health’s social media are negative, demonstrating great mistrust of government. Several of the posts refer to natural immunity being more important than vaccination. Some feared that the vaccine worsened their pre-existing conditions, for example, “*after taking da jab my eczema started spreading like a wildfire*”, others wondered why there was no mention of “*the numbers of the vaccinated who have died as a result of the vaccine*” and people felt deceived by half-truths. Others believed that “*we have reached the peak and, on our way, down*” and that “*It looks like the new OMICRON variants BA4 and BA5 might not be so severe as past variants. It seems like people are not feeling sick enough to get tested*” while one person refused to “*live in fear of Covid*”.

**Monkey pox:** There is growing concern about a Monkeypox epidemic, though less than in many other countries. This concern is mainly in online social media, and is much less widely discussed in offline conversations in communities around the country. The news of Monkeypox has triggered similar reactions to Covid – fear of new infection that can cause death, claims that this is just another conspiracy for “them” to control people and make profit (“The K is silent. Monkeypox = Money pox”). UNAIDS has warned that stigmatizing language on Monkeypox jeopardises public health ([Here](#)).

**Offline questions and sentiments.** These were the most frequently asked questions about Covid, vaccination and regulations during many community engagements and workshops conducted around the country:

- “Is there a need to take the booster even if I have caught this virus?”
- “The lockdown is over, why are we still wearing masks?”, “Are we going to wear masks forever?”
- “Is this vaccine harmful to women and children?”
- “Why are we changing the Health Act?”
- “They recalled the J&J vaccine, I have been warning them about this. Why not in SA?”

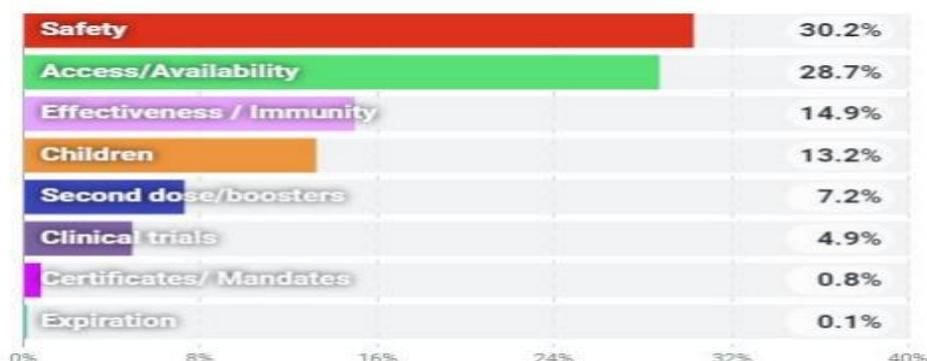
Sentiments expressed included:

- “It’s a waste of money as the pandemic is now nothing more than a flu.”
- “All the reports about Covid are not true!”
- “They are pushing the numbers to force us to wear masks or take vaccines”.

- Some wanted the breakdown of Covid deaths on a daily basis but some of them said they “no longer cared” and wanted to be “left alone”.
- "It is impossible to tell flu from Covid" and Covid facts are either "speculation" or "out of date" ([Here](#))

**False beliefs about vaccines.** A widely circulating rumour is that vaccines cause miscarriages and premature births. Some online vaccine resistant groups have published articles to discredit vaccines by over-emphasizing the dangers of getting vaccinated. An article using the Pfizer documents questioning why pregnant women should be administered Covid vaccines, created more confusion. “Pfizer vaccine is not the only Covid vaccine that has come under fire online, the Johnson & Johnson vaccine questioned because of the FDA’s restrictions related to this specific vaccine causing blood clots in some patients – causing more vaccine hesitancy.” These are some of the online conversations highlighted ([Here](#)) related to safety (30%), access and availability (29%), effectiveness and immunity (15%) and children (13%).

**SA share of engagement by vaccine subtopic** on Twitter, digital news and selected Facebook channels:



**SACTWU success.** The SA Clothing and Textile Workers union has confirmed that 80% of workers in the clothing manufacturing industry are now vaccinated against Covid. This is widely welcomed and SACTWU should be congratulated. This was achieved through active voluntary encouragement, not compulsion.

**Post-Covid syndrome.** Many people are reporting symptoms after recovering from Covid ([Here](#)). Others fear long-term side effects from vaccination which spreads conspiracy theories that encourage vaccine hesitancy. Online conversation about vaccine injuries has led to claims that vaccines cause more harm than Covid itself, including death. Such claims have fuelled mistrust and vaccine hesitancy.

---

## DISTRICT REPORTS

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

- **OR Tambo (Eastern Cape).** Local radio is effective (the communicator heard someone say they were wearing a mask in a taxi because they had heard about it on the radio – and it was that communicator being interviewed!) Some say wearing masks makes coughing worse. Vaccine hesitancy is fueled by the belief that Covid is over now, and that there are no deaths, hospitalization or new cases in the area. The challenge is a lack of transport, communication equipment, branding and Information, Education & Communication (IEC) materials.
- **Johannesburg (Gauteng).** Vaccine acceptance is increasing with the youth due to operating in schools. It is important to encourage school learners who fear the pain of injection. Other people are reluctant to vaccinate as they believe it will make no difference. Integration of sports and vaccine support is proving to be successful in the uptake of the vaccine.
- **Ethekwini (KZN).** Some people are vaccinating, but youth remain hesitant. Some need one-on-one interaction due to misinformation from social media. Local radio stations are very helpful to reach large audiences and respond to questions and concerns. There is a strong team from the health district working in priority sites to engage the community during Pop-up sites. Some men come to the site drunk, which is a problem as we have to turn them away, asking them to return tomorrow. At the Pop-up site in eMakhosini there have been robberies and muggings of people coming to vaccinate. Loud hailing and

one-on-one sessions do still work. We get good support from Aurum and HST, and sometimes people who come for HIV testing are then persuaded to have the Covid vaccination. Transport is still a problem, especially on weekends. Normal health facilities are now also doing vaccinations which helps. Doing vaccination in soccer stadiums has increased the number vaccinating. In Umlazi the team is going door-to-door, sending people to health facilities which works well. Many people being vaccinated now also bring their partners and family members. We should run events at youth centres on weekends. The local NGOs funded for vaccine mobilization have done little. Pop-up sites for youth in the Durban CBD have been fairly successful. Social media misinformation about bad side effects makes young people reluctant to vaccinate. We need mobilisers in malls in Umlazi.

- **Harry Gwala (KZN).** Mandatory regulations to vaccinate by some employers and learning institutions are encouraging youth to vaccinate. Some are also vaccinating as they fear the 5<sup>th</sup> wave. When mobile vaccination sites go to farms people are coming in large numbers. After the KeReady campaign, some youth are now encouraging others to vaccinate. Social media is full of KeReady information. Slots on local radio has been very useful in reaching youth.
- **iLembe (KZN):** People don't understand why they need boosters after being told they were fully vaccinated. This week we combined Covid awareness with the child protection campaign. There is Covid fatigue. When I am talking with people, many do not want to hear about Covid and vaccinations any more. People don't fear Covid now – some say they had it and recovered without severe illness, others say they will only have minor symptoms if they become infected. However, door-to-door work can assist in persuading people to vaccinate.
- **Namakwa (Northern Cape).** There is continued recklessness, especially amongst the youth, in spite of warnings of a looming 5<sup>th</sup> wave and surges of Covid. Very few totally unvaccinated people are showing up at vaccination sites. The announcement that the R350 grant will end makes unemployed people even more critical of the government. 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. We need to communicate better with communities, especially through schools. Businesses, especially in the entertainment sector, are not observing vaccine protocols. We need Afrikaans infographics, posters and other materials to explain boosters. One success is that we compiled a crossword puzzle in Afrikaans related to Covid which is being published by the Namakwalander newspaper. 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).** Many people in rural areas are interested in vaccinating but cannot easily access vaccination sites. However, vaccination sites are closing which is a big problem. Most people in Bojanala live in townships or rural areas where health facilities are always far away and vaccination sites are also too distant. Ground transport should be arranged, or sites established after consulting residents door-to-door. Vaccination needs to be taken to the people as they won't come – many believe they have nothing to lose as they have already survived 4 waves without being vaccinated. Most working people knock off work at the same time as vaccination sites close, making it very hard for them to vaccinate even when they want to – opening til 9pm some days would help a lot. Myths remain strong, such as that vaccinated people will die, all at the same time. One belief is that government leaders have a remote control and can push a “die” button when they want. Some say they want incentives to vaccinate. Mobilisers should be updated regularly on responses to misinformation, there are new myths and misinformation every day. The KeReady is really motivating people to vaccinate, and weekly slots on community radio is crucial to reaching many people. We get positive feedback from the radio interviews. We can change the mind of some vaccine resistant people when I talk to people on the ground. Most of the young people here are not afraid of Covid. They fear vaccines more than Covid itself.
- **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; the vaccine inserts a micro-chip to track people's movement; and also misinformation about severe side effects is spreading. 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. Some youth

feel that vaccines are no longer relevant since few people are sick from Covid. There is a problem with youths who don't have IDs. Youth could be encouraged to vaccinate 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 mobilizing as we can give immediate response to fears and stigma. Youth are coming and there needs to be more involvement by sports organisations, clubs, choirs, youth centres and churches.
- **Central Karoo (Western Cape):** Undocumented people are reluctant to go and vaccinate. Many over 50s come for boosters, but very few youths 18 – 34 get vaccinated. However, children 12 – 17 years now have high vaccine acceptance. Many youth feel they should be paid to get vaccinated, which could be through airtime or phone data.
- **Swartland (Western Cape).** Vaccine acceptance is high among the elderly. Some young people are attending vaccination sites, but most youth are not interested and think Covid is over. Others are resistant due to religious reasons. There is resistance to boosters. Marketing vaccine sites is effective, e.g. saying when the sites are open in different areas. When I do site visits there are new registrations and vaccinations. Community workers are helping. Vaccine resistance is being caused by fear of the vaccine due the misinformation and the influence of gangsterism.

---

## MISINFORMATION

**MISINFO:** ~~The Post Office saying they will no longer pay the R350 grants shows government is lying about its commitment to helping the poor.~~ **TRUTH:** While it is true that the Post Office will no longer pay the R350 social relief of distress grant, the grant continues and people can now get it paid at any Pick n Pay, Boxer, Shoprite, Checkers or Usave. See [here](#).

**MISINFO:** ~~The J&J vaccine has been recalled because it is dangerous and ineffective.~~ **TRUTH:** The US Federal Drug Administration has said that there is a very low risk of thrombosis in some patients. They still advise that this vaccine should still be taken if there is no alternative vaccine available. See [here](#) and [here](#).

**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 an excellent adverse reporting mechanisms backed by evidence ([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 still 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:** ~~Only older people need to get vaccinated as they face the biggest risk of death from Covid.~~ **TRUTH:** While it is true that older people do have higher risk, it's important that young healthy people are also vaccinated, to increase overall immunity, limit the development of new variants and protect the more vulnerable, such as elders. See [here](#) and [here](#).

**MISINFO:** ~~Natural immunity is better than vaccine immunity and shows we don't need to be vaccinated.~~ **TRUTH:** Natural immunity does 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 effective at 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](#). A 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](#).

**MISINFO:** Covid vaccination requires long painful needles. **TRUTH:** Covid vaccines may cause slight pain, like a poke or pinch for only for a few seconds. Very long needles are not used. See [here](#) and [here](#) for tips and advice on managing fear and pain.

---

## 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 [Viral Facts Africa](#) resources (please use them):

### Key concerning Covid Trends

- Covid vaccines are more likely to kill than save lives
- Dangers of the Covid vaccine shedding

Recent **Viral Facts Africa** productions:

- Explainer: Routine childhood immunisation ([here](#))
- Explainer: Malaria vaccine development ([here](#))
- Explainer: The XE variant ([here](#))
- Mythbuster: Flu and Covid vaccines ([here](#))
- The important of getting vaccinated as countries relax Covid restrictions ([Dropbox](#), [Twitter](#), [Facebook](#))

Gavi, the Vaccine Alliance, vaccine resource pack [here](#)

**Viral Facts Africa campaign countering vaccine hesitancy**, together with the UK Government ([here](#) and [here](#)).

---

## PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Prepare 50% communications.** Passing 50% of adults having at least one Covid vaccination will happen in the next few days and should be celebrated. The task is to make this fact visible, and not just a statistic on a website. Knowing most adults have vaccinated can redefine the social norm in favour of vaccination. A communications campaign highlighting this should be prepared for early June, including social media, broadcast media and community mobilisation. The Presidency is asked to consider requesting our President Cyril Ramaphosa to hold a 'Family Meeting' about the 5<sup>th</sup> wave and that a majority of adults have had a Covid vaccination.
- **Distribute misinformation guides.** Health workers, as well as local pro-vaccination mobilisers and communicators, are often challenged around concerns, conspiracies and misinformation regarding Covid and vaccines. Short guides on how to respond to these issues should be prepared and sent weekly to all health workers, funded NGOs, supportive organisations, local mobilisers, Vax Champs and similar groups. (The Misinformation section in these social listening reports may assist).
- **Information for pregnant women.** Information on the risks of Covid and of the vaccines for pregnant women should be prepared. There is a great deal of concern and misplaced anxiety about this issue.
- **Information on Monkeypox.** It is certain that concern about Monkeypox will increase in SA, with questions regarding its relation to Covid and vaccines. Communications material around this should be prepared now to go out in the next few weeks.
- **Information on FDA ruling on J&J.** There has been online malinformation (misinformation through negative spin on real true information) about the US Food and Drug Administration ruling regarding the J&J vaccine, though this doesn't appear yet to be a widespread concern in offline conversations in SA. Messaging to explain the ruling and reassuring people that the J&J vaccine is safe to use in SA should be prepared and distributed online.

---

## 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 [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.

This week's report was written by Charity Bhengu, William Bird and Peter Benjamin.

### Contact:

Nombulelo Leburu, National Department of Health  
Peter Benjamin, HealthEnabled  
Charity Bhengu, National Department of Health

nombulelo.leburu@health.gov.za  
peter@healthenabled.org  
charity.bhengu@health.gov.za

082 444 9503  
082 829 3353  
083 679 7424