

South Africa Covid-19 & Vaccine Social Listening Report

13 June 2022, Report 53

This is a weekly report of Covid-19 and vaccine sentiment, rumours & misinformation in SA.

KEY TRENDS

Inequality kills. There has been widespread concern that the Covid-19 pandemic has hit the poor hardest, and published evidence now backs this up. An analysis of 440,000 Covid patients showed that inequality in South Africa influences who lives and who dies ([Here](#)). The African black population had a higher rate of Covid-19 infection through living conditions, such as travelling in kombi taxis or staying in crowded housing. Of those infected, black South Africans were more likely to die of Covid-19, but were less likely to get an Intensive Care bed. The pandemic has exposed long-existing structural inequality.

Additional information related to boosters. New vaccine protocols have been welcomed by some, while others question why medical practice changes frequently. Government is now offering an additional booster dose of the Pfizer vaccine to people over 50 years whose last vaccination was at least 120 days ago ([Here](#)). As more evidence emerges on the efficacy of third doses of the Covid-19 vaccine, experts say it's high time public health authorities revise the definition of "fully vaccinated" to include a booster dose ([Here](#)).

Increase in mental illness. There is concern that as a consequences of lockdown, Covid-19 illness and related mortalities, there has been an increase in mental health problems over the past two years ([Here](#)). On top of this, the recent floods in KZN have led to an increase in anxiety, depression and may worsen suicidal thoughts ([Here](#)). Although there is progress among the communities affected by the natural disasters in 2022, there is still a need to provide resources and support to community members ([Here](#)).

Misinformation and stigma concerns. Health workers who are not empowered with updated scientific information to counter misinformation are not able to reduce stigmatization which reduces people's willingness to comply with health regulations, including contact tracing ([Here](#) and [here](#)).

Vaccine mandates. Business and other establishments requiring staff or clients to be vaccinated is one of the most contentious issue around Covid-19, with strong feelings on both sides. A number of businesses in South Africa are reviewing their decisions on vaccine mandates ([Here](#)). This will evolve through consultation with workers who are often hostile to vaccine mandates ([Here](#)), as new variants emerge in waves of Covid-19 infections, and as government regulations change.

Clarity on why some people refuse the vaccine. Understanding why people are resistant to vaccination is vital to inform effective techniques to encourage wider vaccine rollout. The CVACS Survey by SALDRU and another by University of Johannesburg and HSRC have been discussed ([Here](#)). Vaccine hesitancy increased over time and a third of the cohort said they would refuse to be vaccinated, though there still are millions who are willing to vaccinate but logistical and access barriers have prevented them doing so. A general reaction is that people are either tired of vaccines or consider their socio-economic challenges more important than vaccinating.

Vaccine acceptance strategies: A paper in the Lancet ([Here](#)) recommends the following Covid vaccine acceptance strategies in Sub-Saharan Africa: Community empowerment is needed to effectively engage all sections of society during the COVID-19 pandemic; People-centred strategies improve low public confidence; Innovative education can address inequitable distribution of knowledge and promote understanding; Novel and improved tools can build vaccine literacy and enhance uptake, such as music videos; Training personnel to respond to local needs can empower women and enable more people to benefit from vaccination; Non-traditional avenues endorse and facilitate vaccination, such as influencers championing vaccination, as well as TV and radio broadcasts of sports events and mobile phone messaging.

Increase in disease surveillance by scientists and a drop in restrictions. Scientists interested in tracking the progression of disease and interested in the early detection of new diseases are using a variety of innovative measures to identify disease, including measuring wastewater ([Here](#)). The city of Cape Town is discussing the removal of restrictions put in place to mitigate the spread of Covid-19 ([Here](#)).

Increase in Covid-related death among pregnant women. How Covid and vaccines influence pregnancy has been a major area of concern. A study across 22 health facilities in 7 countries from March 2020 to March 2021 found that women with Covid-19 who were pregnant had a 2.4 times higher risk of needing intensive care and a two times higher risk of death compared with other women with the disease who weren't pregnant ([Here](#)).

Covid-19 in different age groups. The shifting age pattern of Covid-19 infections has been widely discussed, challenging the view that Covid-19 doesn't affect young people. The number of South African children under nine years admitted to hospital with Covid-19 has overtaken the proportion of patients aged over 80 for the first time. According to Discovery Health ([Here](#)) 17% of all Covid-19 related admissions were children in that age group. Over 1 million children between 12 and 17 years old are vaccinated, and information on the impact Covid-19 has on children has been published ([Here](#)). While over 6 million people between 18 and 34 have received their first dose, this is the largest age group in SA, and they have the lowest rate of vaccination ([Here](#)).

Increase in monkeypox narrative. The monkeypox outbreak in Europe and America has led to much online conversation, and the level of concern feels excessive given the relatively small number of cases – there are no confirmed cases of monkeypox in SA. Many feel that the outbreak is human made ([Here](#)). Speculation centres on the idea that government is using the monkeypox outbreak to further violate human rights and to control people ([Here](#)), as well as increase the profits of pharmaceutical companies. The increase in monkeypox cases has led to a rash of social media posts, many claiming the chimpanzee adenovirus vector used in AstraZeneca's Covid vaccine is behind the outbreak ([Here](#)) and some suggesting the infection is basically shingles and a "well-known" side effect of the jab ([Here](#)).

Rumours that Pfizer has developed a monkeypox vaccine. Social media posts have also claimed that the US Food and Drug Administration (FDA) recently approved a new monkeypox vaccine from pharma giant Pfizer, which developed the first available Covid vaccine. This is false - the only vaccine for the prevention of monkeypox in the United States was approved by the FDA in 2019, and Pfizer does not manufacture it ([Here](#)).

DISTRICT REPORTS

This information comes from District Communicators working in districts around the country.

Harry Gwala (KZN): Vaccine mandates at tertiary institutions and businesses are increasing vaccine acceptance. There is a good response when vaccinators go to farms. Peer youth programmes are continuing through #KeReady on social media, national radio and community radio.

Ilembe (KZN): People do not understand the need for boosters after being told they were fully vaccinated. Experience of mild disease in infected people has reduced interest in vaccination. Vaccine uptake improves when health care professionals go door-to-door and more of this is required.

Umkhanyakude (KZN): Vaccine uptake has increased when it was coupled with other health services such as TB and HIV testing and screening and nurses encouraged people to have the vaccine. Challenges include that many do not see the vaccine as a priority.

Namakwa (Northern Cape): Many parents and guardians do not trust that the Covid vaccines are safe for themselves and their children. Misinformation circulating include that there is a major outbreak of monkeypox in SA; that there is a link between monkeypox and Covid-19; and that undocumented foreigners will be arrested and deported if they come to a vaccination site. There is widespread ignorance about and resistance to boosters. There is a need for credible information about monkeypox, especially Covid vaccines do not cause monkeypox. Many youth don't think of themselves as being at risk of severe Covid-19 disease, and don't understand their role in reducing spread to more vulnerable people.

Cape Winelands (Western Cape): Door-to-door campaigns have been very effective in encouraging new people to vaccinate. Youth peer education is starting to work as there has been an increase in vaccinating 12 – 17 year olds.

Garden Route (Western Cape): Rains have affect uptake. There is poor understanding of the difference between the flu and Covid vaccines.

Swartland (Western Cape): Vaccine acceptance is increasing amongst elderly people and decreasing amongst young people who believe that Covid is over. Cannabis use also fuel disinterest in the vaccine. Positive response to getting vaccinated can be improved by free transport.

MISINFORMATION

MISINFO: “You have participated in a Covid study and you will get paid (if you do something)”, in a text to your phone. **TRUTH:** These messages are scams. Participation in any legitimate clinical trial in South Africa requires informed consent, and any payments have to be approved by an ethics committee and will usually only cover transport. See [here](#) for all the policies followed locally and [here](#) for informed consent.

MISINFO: Monkeypox is just the new Covid scam to control and kill us, OR Monkeypox is the scam name for the side effects of the Pfizer Covid vaccine. **TRUTH:** Monkeypox is a viral disease and not an auto-immune disease, so it cannot be caused by a side effect of a vaccine. Covid vaccine have no relation to monkeypox (which has been around many years before Covid vaccines), and Covid vaccines do not have any live virus in them. See [here](#), [here](#), [here](#) and [here](#).

MISINFO: Monkey pox only impacts gay people. **TRUTH:** This is wrong. Most cases of monkeypox are not among the LGBT+ community. However, it is true that several cases have been identified with people who identify as gay or bisexual. We must be careful of creating stigma, especially when there isn't evidence to support the claim. Similar false rumours were damaging at the start of the AIDS epidemic. See [here](#) and [here](#).

MISINFO: Ivermectin is an effective treatment for Covid-19. **TRUTH:** The SA Health Products Regulatory Authority (SAHPRA) carried out a study into the use of Ivermectin and concluded that “there is currently no credible evidence to support a therapeutic role for Ivermectin in COVID-19”. SAHPRA therefore ended their trial early. See [here](#) and [here](#).

MISINFO: Vaccines side effects are being under reported and can kill you. SA vaccine adverse effects reactions website shows how many have died! **TRUTH:** Evidence does not support this claim, most side effect are mild and self-resolving. See [here](#), [here](#) and [here](#). SA has 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 Covid for 2 years already so I don't need a vaccine now. **TRUTH:** Getting vaccinated helps you reduce your chance of getting Covid-19 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-19 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: Vaccines cause infertility and erectile dysfunction. **TRUTH:** There's no evidence to support these claims. However, Covid-19 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. The Covid booster vaccines are the same drugs used in the previous injections. Boosters shots are normal practice with many forms of immunization. See [here](#) and [here](#).

MISINFO: Foreigners will be deported if they try to get vaccinated. **TRUTH:** It is understandable that vulnerable people may be fearful of dealing with official bodies. However, anyone in South Africa can be

vaccinated, regardless of nationality or official status; and no one in SA has been arrested or deported when vaccinating. See [here](#) and [here](#).

MISINFO: ~~Vaccines are dangerous and now 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-19 vaccines. See [here](#) and [here](#).

MISINFO: ~~Covid vaccination requires long painful needles.~~ **TRUTH:** Covid vaccination 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.

MISINFO: ~~Vaccines contain a microchip to track movement and shut you down if you misbehave.~~ **TRUTH:** This is not true. It is a common conspiracy theory, but there is no evidence to support this claim. See [here](#) and [here](#).

MISINFO: ~~Pfizer’s own data shows over 1,291 side effects of the Covid vaccine.~~ **TRUTH:** A report from 2021 did have a long list of potential side effects, but these were NOT side effects of their Covid vaccine. It was a list of potential side effects that the safety study was watching out for. The vaccine is safe and side effects are mostly mild. See [here](#) and [here](#).

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 Disease Trends: Monkeypox is a new laboratory-grown strain

Key Covid-19 Misinformation Trends: Covid-19 vaccine side effects spread sexually

Pfizer Covid vaccine cancer risk ([Twitter](#), [Facebook](#))

Flu and Covid vaccines ([Twitter](#), [Facebook](#))

Routine childhood vaccines ([Twitter](#), [Facebook](#))

Update from Global Alliance for Vaccines and Immunisation, the Vaccine Alliance (GAVI): After a year of severe constraints, we are now in a situation where global Covid-19 vaccine supply is high enough to support equitable, full vaccination of all adult and adolescent populations globally. However, challenges remain – including that low-income countries (LICs) remain the furthest behind. To help build confidence among priority audiences in LICs, Gavi, the Vaccine Alliance has compiled a resource pack with articles, video content, and social media suggestions. It is available [here](#).

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioural science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic. The assets are [here](#).

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Monkeypox clarification.** While there are no confirmed cases of monkeypox yet in SA, there is widespread concern. Credible information about monkeypox needs to be produced and disseminated, especially that Covid vaccines do not cause monkeypox.
- **Respond to misconceptions at local level.** Misinformation about Covid-19 and vaccines is still widely circulating, despite messages debunking these claims having been disseminated nationally in SA. There is a need to spread this information in local communities, working with all health professionals, community mobilisers, vax champs and other supportive civil society groups, traditional leaders and faith communities. Clear plain-language materials on key misinformation should be produced weekly, translated into all SA languages and disseminated both electronically and in printed form for community engagement. Regular (e.g. monthly) webinars that all these groups would be encouraged to attend can provide updates and training on how to respond to misinformation.
- **Covid mental health stigma & services.** With the increase in Covid-19 related mental health issues, the stigma surrounding mental health should be addressed. Communications materials should be developed explaining mental health issues and how to access supportive services. Awareness of mental health should be publicized, with promotion of health-seeking behavior, especially among the youth.
- **Clarify new regulations.** The new Covid regulations are not widely known and even less widely followed. They should be communicated with an explanation of why they are important, with information in all SA languages widely disseminated.
- **End of the pandemic.** New communication is required to underscore that the Covid pandemic has not ended, the importance of vaccination to avoid future waves of Covid-19 infections being more severe, reduce the chance of more dangerous variants evolving and decrease potential outbreaks of other diseases in the future.

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 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

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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