

## SA COVID-19 and Vaccine Social Listening Report 21 June 2021, Report 6

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This is a weekly report of Covid & vaccine concerns, rumours and misinformation in SA prepared by the RCCE Social Listening and Infodemiology team. We aim to hear voices throughout South Africa, not just the people who are already 'loud' in social & broadcast media (see the note on methodology and collaboration below).

## KEY TRENDS

- **Vaccine demand continues to exceed supply**, more want vaccination than supply & logistics allow.
- Considerable **worry about supply of vaccines** ([here](#)) and **slowness of rollout** ([here](#)). Unfavourable comparison between South Africa's roll-out versus the roll-out in other countries, particularly Botswana.
- Fears that the **vaccine roll-out could become politicised** in the run up to the elections in October.
- **Preference for Pfizer vaccine** over J&J vaccine since the J&J vaccines in the country were destroyed because of possible contamination. Reports of medics trying to get Pfizer after already getting J&J.
- Active discussion around the **plan to vaccinate educators**, with mixed opinions expressed.
- Heightened **fear of dying** after vaccination and concerns about people getting sick after vaccination. Specific concerns around **clot formation, myocarditis** and **miscarriage** post vaccination.
- Uncertainty surrounding **policy for walk-ins** for vaccination in over 60s. National and Gauteng DOH seem to have different policies, and other provinces and districts vary in practice.
- Confusion and anxiety regarding **time period one must wait before second vaccination dose** ([here](#)).
- Confusion about **why different vaccines exist** – what is the difference and should there be a preference?
- Concern at many **problems with EVDS** ([here](#)).

- Wide reports of lack of compliance with regulations, and frustration at Level 3 lockdown status and restrictions. Despite this calls from some sources for stricter lockdown and closure of schools.
- COVID Hotline call centre: Most calls are about **frustration with EVDS, registration and vaccination process**. Also, people not getting SMSs; walk-in uncertainty; people told to go to clinics far away.
- **Digital Vibes** continues to be used to discredit the vaccination programme and health communications.
- **Increased levels of online activity** around vaccination with engagements generated by tweets up more than 100% to 25,000, by news articles up 60% to 26,000 and Facebook posts up from 330,000 to 360,000
- Discussion around potential for **mandatory vaccination**, with very mixed, yet strong, opinions voiced.
- **Limpopo has impressively high** levels of registration & vaccination of over 60s.
- In some communities, **fear of hunger** is worse than fear of the virus – a sentiment expressed repeatedly.
- View that the Acting Minister Mmamoloko **Kubayi-Ngubane is communicating** well.

**RUMOURS AND MISINFORMATION CIRCULATING** (adapted from the Africa Infodemic Response Alliance) Many rumours are repeated from previous weeks. New ones gaining traction are focussed on here.

- **In Russia, antibiotics** are used for protection against the virus, better than any vaccine.
- Numerous **lawsuits against pharmaceutical companies** due to vaccine related deaths ([here](#)).
- **Vaccine loses efficacy quickly** if you wait for second Pfizer vaccine ([here](#)).
- COVID-19 deaths are manmade and that lockdown level 3 will lead to more deaths ([here](#)).
- Questioning the value of testing ([here](#)) and whether there is any value in lockdown ([here](#)).
- You **can't get COVID-19 in Church** ([here](#)).
- **Contaminated J&J vaccines are not destroyed but given to pensioners** ([here](#)).
- There are complaints that senior **political figures are spreading misinformation** & confusing messages about COVID-19, vaccines and the vaccine rollout.

## SUGGESTED ACTIONS

- More **communications on new occupational focus** of the vaccination rollout (e.g. at schools). The change in strategy is confusing, but it seems to be generally supported when explained clearly.

- **Communicate high efficacy** rates of both Pfizer and J&J vaccines against serious illness and death, explain time needed to build immunity, and how adverse events would be treated and reported honestly.
- Organise now so that **SASSA grant queues in July** at Post Offices, Retail shops, Mobile sites etc. can be used as vaccination sites – this is urgent to organise before early July.
- Clarify how **immigrants & refugees can register** and access vaccinations without an SA ID. Collaborate with Dept of Home Affairs and Dept of Social Development, and organisations such as UNHCR, Muslim Refugee Association, African Diaspora Forum, Faith Organisations, especially to the Zimbabwean, Somali and Congolese communities.
- Provide **Community health workers with electronic devices** to register people in communities.
- Improve **transport access for over 60s** by organising subsidies / free travel in collaboration with Dept of Transport, Municipal transport services, taxi associations (e.g. SANTACO) and Uber.
- Promote **collaboration on training** for Covid & vaccine initiatives: FPD & Covid Comms to health workers; People’s Vaccine Campaign (PVC) to communities.
- Ensure training on Covid and vaccines is given to **local leaders (e.g. councillors)**. NDOH to develop a multi-lingual toolkit (based on training initiatives above) and Provincial DOH should work with COGTA and SALGA to reach all municipalities.
- Publish process for and encourage **organisations to become vaccination sites**, especially communicate this with faith-based organisations. Many churches and other faith organisations are willing to do this, and have strong links with the elderly.
- Implement this week the **translation of Covid-19 terms in all 11 languages**. Collaboration with NDOH, PVC, Covid Comms, GCIS & CHAI.
- **Provide proof of vaccination** to vaccinated people who request it at all sites (now it is not always done).
- Ask **Limpopo DOH to publicise** how they achieved high registrations & vaccinations rates.

## NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (see [here](#)), Step One to “Identify” information gaps and misinformation. This Social Listening & Infodemiology team is part of the Risk Communications & Community Engagement Working Group of the National Department of Health. We pool information from the following sources and organisations:

- - **SA National Department of Health:** DHIS2 reports and NDOH social media interaction.
  - **World Health Organization (WHO)** Africa Infodemic Response Alliance (AIRA).

- **UNICEF:** digital analysis of content on Google, Twitter, YouTube and Facebook, and digital news.
  - **Red Cross:** Network of 2,000 community volunteers reporting misinformation and concerns.
  - **Real411 Media Monitoring Africa:** a mis- and disinformation reporting and response system.
  - **Right to Care:** Call Centre and community feedback
  - **COVID Comms** is a network of communications specialists that produces and disseminates credible, easily understood and helpful information on the coronavirus pandemic.
  - **Free State DOH:** Provincial Dept of Health in collaboration with the University of the Free State.
  - **Covid Hotline:** Reports from the Covid call centre.
  - **Praekelt Foundation:** Runs the NDOH Covid WhatsApp system.
  - **Centre for Communication Impact, Centre for Analytics and Behavioural Change, Section 27.**
  - **Medical Research Council, National Institute for Communicable Diseases.**
- **Researchers at Universities of Johannesburg, Cape Town, Free State; HSRC; IPSOS.**

Other organisations involved: SA Council of Churches, Clinton Health Access Initiative, Heartlines, Health Systems Trust, Children’s Radio Foundation and HealthEnabled.

More information and the background reports that fed into this document are available on request.

**Contacts:** Charity Bhengu, National Department of Health, [charity.bhengu@health.gov.za](mailto:charity.bhengu@health.gov.za), 083 679 7424 Peter Benjamin, HealthEnabled, [peter@healthenabled.org](mailto:peter@healthenabled.org) 082 829 3353