

SA COVID-19 and Vaccine Social Listening Report 05 July 2021, Report 8

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This is a weekly report of COVID & vaccine concerns, rumours and misinformation in SA prepared by the RCCE Social Listening. We aim to hear voices throughout South Africa (note on methodology & collaboration below).

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KEY TRENDS

- **More people want the vaccine than can access it** currently. However, it is uncertain whether vaccine hesitancy is reducing. Today about half of over-60s are registered on EVDS, but new registrations are low.
- **EVDS is a major pain point.** Lack of communication, incorrect communication and mixed messages prevent people getting vaccinated. Simple typos when entering details can delay the process for weeks.
- **Confusion on the vaccine roll-out program** around the different stages and eligibility, e.g. when 50+ start vaccinating, which occupations are next, why educators get J&J and older people get Pfizer?
- Currently there are '**grey areas**' between what the Dept of Health says and the de facto practice on the ground – are walk-ins allowed? Do over 50s have to wait until 15 July?
- **COVID-19 fatigue and complacency.** Poor adherence to NPI measures ([here](#) and [here](#)). Taxi industry and retail enforcement of mask-wearing, sanitising or physical distancing now very lax ([here](#)). Some have lost hope of ever getting a vaccine, particularly youth with co-morbidities. Attitude of 'If I die, I die'.
- **Hunger.** People reporting being hungry with no way to get food to feed their families.
- **Vaccination sites.** Confusion as to where they are found and exact addresses (see map [here](#)). Requests for more easily accessible sites for those with no means of transport.

- **Vaccination types.** Queries over efficacy of J&J vs Pfizer. Sinovac approval creating more confusion.
- **Language barriers.** Mistranslation of President’s message leading to spread of misinformation. Reports that ‘Vaccine’ spoken in English during the President’s televised speech was misunderstood as ‘Vaseline’.
- **HIV & vaccines.** Confusion around whether vaccines are safe for people living with HIV ([here](#)).
- Queries about protocols regarding **appropriate workplace response to positive cases.**
- **Criticism of slow pace of vaccine rollout;** Many calling for acceleration of the vaccine rollout ([here](#), [here](#) and [here](#)). Concerns about corruption, decision to vaccinate inmates and the necessity of lockdown.
- **Reports of refugees being turned away** at vaccination sites despite meeting criteria.
- There are calls from some doctors for early **vaccination for patients with severe comorbidities.**
- **SA Google** searches for “Deborah De Richter” (+5,000%, conspiracy theory [here](#)), “Geert Vanden Bossche” (+5,000%, conspiracy theory [here](#)), “vaccine registration over 50” (+2,250%), “delta variant vaccine” (+1,750%), “J&J delta vaccine” (+1,500%). COVID-19 vaccine trending on **Twitter and Facebook** (up from last week). **YouTube** search “delta variant COVID” (+5,000%) and ‘Is vaccine safe?’ (+5,000%).

RUMOURS AND MISINFORMATION CIRCULATING (adapted from the Africa Infodemic Response Alliance)

- **MISINFO:** Ongoing **scaremongering about dangerous side effects** of vaccines. [Side effects](#) alleged include [death](#) and disability. (**TRUTH:** It is estimated that 3 billion doses of COVID vaccine have been given, and there have been a small number of deaths reported globally as a result of thrombosis and other rare events. Adverse reactions are very rare, [here](#). Death as a result of COVID-19 is far more likely).
- **MISINFO: After vaccination, individuals shed the COVID virus** which can infect those around them. (**TRUTH:** Vaccination does not make people shed the virus. People infected with COVID do shed. [Here](#)).
- **MISINFO:** Claims suggesting the **WHO does not recommend the vaccine for children** [here](#), [here](#) and [here](#). (**TRUTH:** This is based on an old recommendation about treatment of children, countered [here](#)).
- **MISINFO:** Claims **vaccines give you HIV.** (**TRUTH:** So wrong it’s hard to debunk with a straight face).
- **MISINFO:** [Phishing scams](#) suggesting ways to get new relief funds. (**TRUTH:** No additional government relief programmes are announced. These are schemes to steal from poor and desperate people – evil).
- **UNPROVEN: Ivermectin cures COVID-19.** (**TRUTH:** Some doctors claim Ivermectin is effective in treating COVID, but it’s not an approved treatment now. Many studies are examining this. [Here](#) & [here](#)).

SUGGESTED RECOMMENDATIONS

- **ADMINISTRATION MUST NOT BLOCK VACCINATION.** EVDS is an important system for registration & administration. While it is useful to many, it causes frustration for others, and is a barrier which prevents some from vaccinating; there are reports of people turned away due to SMS & registration problems and being dissuaded from returning. EVDS should support people through the vaccination process (e.g. where's your nearest site, when there is stock, symptoms of adverse reactions & what to do if you have them, when to come back for 2nd jab, thanks for vaccinating). EVDS must never be a gatekeeper blocking vaccination. Encourage walk-ins so everyone who qualifies and presents for vaccination is vaccinated.
- **Reach out to others.** The proposal above will lead to inequity – affluent people with access to internet and cars are more likely to take advantage of this. Therefore, it is essential to take vaccinations to where less affluent people are – the barriers to vaccination must be as low as possible. Set up vaccination sites where appropriate, especially to complete the vaccinations of over 60s, e.g. churches, community centres, SASSA grant queues. Send vaccination units to anywhere that 50 people over 60-years can come (over several hours, with social distancing). Encourage Community Health Workers and others to organise this.
- National **government must clarify** rollout issues, communicate these widely, and ensure all public health facilities act accordingly this week. Official policy, communications and on-the-ground practice must align.
- Implement system to **prioritise people with co-morbidities** (younger than 50) to be vaccinated early. Done through a doctor's letter, or at a public-sector pharmacy where people receive chronic medication.
- **Vaccine training for all healthworkers & municipal councillors.** Use the People's Vaccine Campaign's materials and run online training for CHWs, councillors and other local leaders.
- Publicise accurate **information on Ivermectin.** This misinformation is undermining the vaccine rollout.
- Prepare materials **explaining that all SAPHRA-approved vaccines** (J&J, Pfizer, Sinovac, Astra-Zeneca) are valuable, with information on efficacy & side effects. We know that confusion and 'vaccine preference' is coming – get 'ahead of the news' to frame the debate.
- Publicise a **statement on foreign refugees and migrants** being treated at clinics (without SA IDs). Disseminate this widely to immigrant communities and ensure all health facilities comply.
- **Covid Champions.** Encourage people to volunteer to spread accurate information in their families, communities and social media. Give badges to people who vaccinate, T-shirts for community leaders.
- The President and other officials should not only communicate in English on TV and radio. During televised speeches use **on-screen translations** in at least 2 indigenous languages. All SABC language radio stations run a live translation (so people can watch the President on TV & listen in their language).

NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (see [here](#)). The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. We pool information from the following:

- **SA National Department of Health**
- **Covid Hotline:** Reports from the Covid call centre.
- **Right to Care:** Pharmacovigilance and community feedback
- **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 2,000 community volunteers reporting misinformation and concerns
- **Real 411 Media Monitoring Africa:** a mis- and disinformation reporting and response system
- **COVID Comms** is a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **Centre for Communication Impact, Centre for Analytics and Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch; HSRC; IPSOS**

Other organisations involved: Government Communications & Information Service, SA Council of Churches, People's Vaccine Campaign, Clinton Health Access Initiative, Heartlines, Health Systems Trust, Children's Radio Foundation, DG Murray Trust, People's Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV Institute, UN Verified and HealthEnabled.

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