

SA COVID-19 and Vaccine Social Listening Report 28 June 2021, Report 7

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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).

[Click here to download a detailed report](#)

KEY TRENDS

- Positive sentiment that the mRNA vaccine manufacturing hub is being set up in South Africa (see [here](#)).
- **President's announcement** of increased lockdown and vaccine rollout plans has sparked great interest.
- **Fear of third wave** infections, health systems being overwhelmed and deaths, especially in Gauteng.
- **Google** searches for "Abdala vaccine" (+3,750%, the Cuban vaccine), "Where do teachers register for COVID-19 vaccine?" (+600%), "walk-in vaccine near me" (+300%), "fake vaccine" (+250%), "Johnson and Johnson vaccine side effects" (+200%). Topics trending on **Twitter** include: COVID-19 vaccine, vaccine, ivermectin, Cyril Ramaphosa and Zweli Mkhize.
- **Inequity in vaccine rollout:** the percentage of over 60s with medical insurance who have been vaccinated is about double the percentage of those without medical insurance (and up to three times more in Gauteng and W Cape). Practical barriers like access to transport and cost are likely contributing factors.
- **Criticism of slow pace of vaccination rollout.**
- While **demand for vaccines currently exceeds supply**, it is uncertain whether vaccine hesitancy is reducing. Currently about half of over-60s are registered on EVDS, but new registrations are low.

- Fears that the **vaccine roll-out could become politicised** in the run-up to the elections in October.
- Lots of discussion is currently centred around **Sinovac** and **Sputnik V vaccines** and the lack of SAHPRA approval for these vaccines. This relates to existing confusion about **why different vaccines exist**.
- **Confusion on the vaccine roll-out program** exists, especially around the different stages and eligibility.
- There are calls from doctors for early **vaccination for patients with severe comorbidities**.
- A negative impact of the pandemic on patients with **chronic conditions** not accessing their treatments.
- Ongoing concern about **EVDS problems** ([here](#)) and the logistical challenges presented by the system.
- COVID Hotline Call Centre: Most calls are about **frustration with EVDS, registration, vaccination process** and **scheduling**. Reports of people receiving SMS then being turned away from facilities.

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

- **MISINFO:** Miners and teachers are being given J&J vaccines that should have been destroyed or have already expired.
(*TRUTH: No contaminated or out-of-date vaccines have been, or will be, used in SA.*)
- **MISINFO:** The vaccine is very dangerous for pregnant women.
(*TRUTH: Whilst the use of the various vaccines in pregnant women is [still being investigated](#), there is no reason to believe that they are unsafe.*)
- **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:** COVID-19 vaccines make you magnetic.
(*TRUTH: Vaccinations do not make you magnetic. See [here](#).*)
- **MISINFO:** Ivermectin cures COVID-19.
(*TRUTH: Ivermectin is not an approved treatment for COVID-19, and investigation is ongoing to establish if it is an appropriate COVID-19 treatment. See [here](#).*)
- **MISINFO:** People die from vaccines. (A widely shared – now deleted – tweet from Minister Fikile Mbalula.)
(*TRUTH: Adverse reactions to vaccination are very rare. Millions of people have received COVID-19 vaccinations. There have been a small number of*

deaths reported as a result of thrombosis and other rare events. Death as a result of COVID-19 is far more likely.)

- **MISINFO:**World Economic Forum tells companies to fire unvaccinated people ([here](#)) & ([here](#)). (NOT TRUE)

SUGGESTED ACTIONS

- Take the **vaccines to the people** (as the Acting Minister says). Identify where large numbers of over 60s gather, and make it a vaccination site following health standards (e.g. church, community centres).
- Urgently organise so that **SASSA grant queues in July** at Post Offices, Retail shops, Mobile sites etc. can be used as vaccination sites (not just registration, vaccination itself).
- Widely **communicate plans for vaccination stages**, explaining process for age groups (over 60s, 50 – 59), and occupational site. There is confusion and fake news about this now.
- Address ongoing **concerns about EVDS** and Communicate regularly. Do not allow an administrative system (EVDS) to be a barrier to life-saving medication.
- Develop guidelines on the use of Ivermectin and **publicise Ivermectin policy**. Misinformation that this ‘wonder drug’ is being suppressed could be diffused by a public science-based approach.
- **Vaccine communication training for all healthworkers** (doctors, nurses and community health workers), including misinformation and fake news. Could use the People’s Vaccine Campaign’s materials.
- Consider system to **prioritise people with co-morbidities** (younger than 50) to be vaccinated early. This could be through a doctor’s letter, or at a pharmacy when receiving chronic medication.
- Publicise the process and importance of registration of vaccines, **shielding SAHPRA** so they can play their important role without political pressure.
- Conduct rapid **qualitative / ethnographic research** into why registrations & vaccinations are so low in particular districts (e.g. 5% of over 60s vaccinated in Pixley ka Seme; 8% in Nkangala). What are the barriers and what could increase vaccine demand?
- 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.

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:

- **SA National Department of Health**
- **Right to Care:** Reports from the Covid call centre and community feedback
- **Praekelt Foundation:** The NDOH Covid WhatsApp system
- **WHO Africa Infodemic Response Alliance (AIRA).**
- **UNICEF:** digital analysis of content on Google, Twitter, YouTube and Facebook, and digital news ([here](#)).
- **Red Cross:** Network of 2,000 community volunteers reporting misinformation and concerns.
- **Real411 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.
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- **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 RESOURCES**
Background information [Here](#)
AIRA report: misinfo in Africa [Here](#)
Real 411 to report misinfo [Here](#)

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

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Please circulate this report widely. We encourage others to join us.