

## SA COVID-19 and Vaccine Social Listening Report 9 August 2021, Report 13

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This is a weekly report of COVID & vaccine sentiment, rumours & misinformation in South Africa.

[click here for a detailed report](#)

### KEY TRENDS

- **Wide vaccine rollout collaboration:** There are nationwide welcome initiatives supporting the vaccine rollout, e.g. Community mobilisation, private companies and research organisations.
- **Negative vaccine consequences:** On-going concerns and fears about illness and/or death after vaccination. Many stories with people discussing relatives' and friends' deaths due to vaccination. Eusebius McKaiser and other well-known people apparently became critically ill after vaccination. There are claims that the media has been down playing this issue. These reports have been taken by some as proof that vaccines do not work and are dangerous. We encourage the public to report all Covid-19 vaccine adverse events to the COVID-19 Hotline 0800 029 999 or use the AEFI form ([here](#)).
- **Post-COVID infection immunity vs vaccine immunity:** Some people are questioning the need for a vaccine if one has had COVID and therefore has some 'natural immunity'. How much post-COVID-19 immunity contributes to protection after COVID-19 infection is not fully understood but WHO continues to monitor the situation closely.
- **Purpose of vaccine:** Some querying purpose of vaccine if one can still get sick with COVID after being fully vaccinated. DOH continues to engage the public to make clear that vaccines do not fully prevent people contracting COVID but it makes it very unlikely that people will be hospitalised or die from COVID.
- **LAMDA Variant:** Great concerns about this variant's spread especially as it's claimed to be more infectious and resistant to vaccine.

- **Compulsory vaccination:** There are debates and fears whether vaccination will be mandatory in workplaces & schools. Media reports around this went viral, [here](#) and [here](#).
- **Effectiveness and vaccine preference:** Concerns about the effectiveness of J&J vs Pfizer vaccines. Preferences for a specific vaccine: some claim J&J is better as it is given to healthcare workers and president, others claim it is less effective as it is given to poorer people (urban get Pfizer, rural gets J&J).
- **Vaccine rollout and access:** Perception that vaccine roll out is still too slow (despite 8 million vaccinated), especially outside cities. Some claims that middle class are being prioritised for vaccination.
- **Minister of Health:** Discussion on the changes in Cabinet, appointment of the new Minister of Health and resignation of previous the Minister received with mixed feelings on.
- **Vaccine implementation and access:** People unclear whether registration AND vaccination of 18+ years will both be possible from 1st September, or only registration. There are also requests to prioritise under 18s with co-morbidities for vaccination [here](#) and those who need vaccination for travel for study.
- **Provincial variations:** Vaccination processes vary from province to province and it would be helpful if provinces were better able to share experiences, or describe tailored approaches to optimise learning. For example: Gauteng provides some home vaccinations; Eastern Cape mobile teams go to rural areas; North West and Free State vaccine sites are very spread out and inaccessible.
- **EVDS/SMS problems:** EVDS continues to create problems, with the wrong SMSs being sent/received and some SMSs never being received. It seems that a lot of people do not know that they can go to the nearest vaccination site even without an SMS, and some sites actually apply this rule inconsistently.

## MISINFORMATION

- **MISINFO:** Vaccines are dangerous, untested and kill. **TRUTH:** Vaccines work. See [here](#) and [here](#)
- **MISINFO:** Shona Ferguson died as result of being vaccinated. **TRUTH:** Shona Ferguson's family said that he tragically passed away as a result of COVID related complications, not the vaccine. See [here](#).
- **MISINFO:** Vaccines don't work as you can still get infected with COVID. **TRUTH:** Yes, you can still be infected with COVID but the chances of hospitalisation and death are hugely reduced. See [here](#) & [here](#).
- **MISINFO:** COVID is a hoax and so is the PCR test. **TRUTH:** COVID is not a hoax. While the PCR test has limitations, it is a valuable tool in the fight against COVID. See [here](#) and [here](#).

## PROPOSED RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Continue build trust in adverse event reporting: There's a need for clear communication on COVID illness and death after vaccination. Communicate how to report adverse events/side effects easily (e.g. via callcentre) and the follow up investigation process.
- RCCE to strengthen collaboration with medically experts to communicate the importance of vaccination for people who have had COVID, and about acquired immunity after infection.
- RCCE to develop and disseminate more messages addressing why different vaccines are being used in different situations, and what efficacy really means.
- Provinces should learn from each other's good experiences. Start with the provincial RCCE meetings on Thursdays and document good practices to share with districts and community health workers.
- The anti-vax messaging effectively appeals to people's emotions, whereas official communications is often more fact-based. RCCE through collaboration with other stakeholders will explore innovative ideas to respond to negative online discussions that speak to internal motivations to vaccinate.

## ISSUES RAISED FOR FOLLOW-UP

- There is a need for policy direction to help RCCE communicate on issues related to mandatory vaccination by some employers and schools.
- Suggestion for consideration: could we have public reporting of numbers of deaths related to the Covid vaccine and severe adverse reactions due to vaccination to give reassurance that these are followed-up.

## NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (AIRA) (see [here](#)), the "Identify" stage. 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
- **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:** a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **Community Constituency Front (CCF):** Civil society representative in response to COVID-19
- **Centre for Communication Impact, Centre for Analytics & 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, HealthEnabled, Deaf SA, SA National Council for the Blind, and SA Disability.

Contacts:

Nombulelo Leburu, National Department of Health. [nombulelo.leburu@health.gov.za](mailto:nombulelo.leburu@health.gov.za) 082 444 9503

Peter Benjamin, HealthEnabled [peter@healthenabled.org](mailto:peter@healthenabled.org) 082 829 3353