

## South Africa COVID-19 Vaccines & Vaccine Preventable Diseases Social Listening Report 84, 03 April 2023

This is a weekly report of the RCCE Social Listening and Infodemic Management team on COVID-19 and other vaccine preventable disease outbreaks, concerns, sentiments, rumours, and misinformation in South Africa. It provides an analysis of online and offline content. Thanks to all who contribute to this report.

### ONLINE KEY TRENDS | COVID-19

**Vaccination sites.** For many people who are reluctant to visit the public sites, finding an active private COVID-19 vaccination site has become very difficult. Most private vaccination facilities are either no longer operational or those that remain open lack sufficient supplies. [\(Here\)](#) *“My husband and I are both due for a booster vaccination, but I have not been able to find a site that has stock in Gqeberha/Port Elizabeth.”* [\(Here\)](#)

**COVID-19 still exists.** There are still claims that COVID-19 is no longer present and discussions about whether vaccination is still necessary given the low transmission rate. [\(Here\)](#) *“We’ve received a number of queries and comments on social media with users alluding to the end of COVID-19. The decreased communication on the disease on social media has furthered this narrative.”* [\(Here\)](#)

**Anti-vaxx efforts.** A march against COVID-19 vaccination in London attracted local interest. The users were divided on the issue. *“I am so glad my wife and I did not get the jab”* [\(Here\)](#), *“they knowingly market a vaccine when it could not prevent illness or transmission.”* [\(Here\)](#) Others said getting vaccinated was a choice and that *“although these people are suffering, nobody forced them.”*

A doctor’s anti-vax twit has gone viral. *“I promise we will achieve justice for those who have suffered unnecessarily from an mRNA jab that should likely never have been approved certainly not without informed consent.”* [\(Here\)](#) *“The risks of Covid-19 vaccination outweigh benefits.”* [\(Here\)](#)

**COVID-19 interest.** The following digital media received more coverage. *“Over 6.5 million South Africans could be affected by long COVID”.* [\(Here\)](#) *“Millions of Pfizer vaccine doses will expire by end of March 2023”* [\(Here\)](#); *“COVID Led to Rise in Pregnancy-Related Deaths”* [\(Here\)](#) and *“One of the coronaviruses that cause common colds, boosts the immune response to COVID”.* [\(Here\)](#)

**COVID highlights.** Google trends have revealed that South Africans are still seeking information related to COVID-19 and measles which include searches for COVID-19 vaccine locations, and new Omicron variant symptoms in South Africa. They are also interested in US Senate’s resolution to end COVID-19 national emergency.

**COVID-19 engagement.** Posts on Facebook have generated about COVID-19, 1.1k interactions which included *Novak Djokovic COVID-19 vaccination status*, the *hosting of the opponent of mRNA COVID-19 vaccines in a conference in Western Cape*. False claims about COVID-19 vaccines related adverse events are still circulating with one person suggesting the jab causes vaccine-acquired AIDS or Voids and others interested in knowing whether COVID vax prevents flu.

### ONLINE KEY TRENDS | MEASLES

Social media users seek clarity on whether infection is possible despite being vaccinated, and if the private sector still offers measles vaccine. [\(Here\)](#) *“We have found that quite a number of users are still hesitant to vaccinate against the disease but some are not afraid of the associated risk of measles.”* [\(Here\)](#)

People also continued to make claims about vaccines not being safe, and that their children were sick after the measles shots. [\(Here\)](#) “My son has been sick since the measles shot”, “Why do we vaccinate kids for measles if they can still get measles?”, and others said they no longer trusted government “after COVID-19” and kept questioning the safety of the measles vaccine. [\(Here\)](#) Others were concerned about poor cross border control. “How is open border policy working for you now”. [\(Here\)](#) and [\(Here\)](#).

Not much activity has been noted around routine immunisation this time around with regards to the META AD campaign on social media. There are more questions about when, where, and how parents and caregivers can get their children immunised, and concerns around side effects but the negative comments are not as intense as before.

**Cholera.** People continue to refer to their experiences with COVID-19 when arguing against immunisations. “Covid made me doubt a lot of things.” [\(Here\)](#) Others were not surprised by the increasing case numbers because of “water-cut offs and dirty water sources. “We have had no water for months now.” [\(Here\)](#)

**HPV vaccine.** Claims that the HPV programme had suffered major setbacks due to COVID-19 related disruptions. Some people argued vaccine eligibility should be expanded to include boys as well as older girls and women newly infected with HIV. [\(Here\)](#)

**Mental Health.** Public reaction to the META paid ad campaign continues from a mix of young and older audience, and where content spoke directly to child mental health, parent and caregivers have responded by sharing traumatic childhood experiences that they had carried into adulthood.

People with mental health challenges have also expressed distress and some comments referenced the desire to take one’s own life as a solution. As seen with measles content, audiences responded to each other with similar experiences or words of encouragement.

Very few comments were negative. Only a handful accused young people of not being resilient enough or being too consumed with social media. Two comments brought in race, alleging that people of a certain race did not suffer from mental health, and this was a “white” or “western” disease that was foreign to other races.

## OFFLINE KEY TRENDS | HOTLINE

Queries across the channels included vaccination certificates; someone calling from the Netherlands for assistance with downloading a vaccination certificate, and others calling while at the border or at the airport for urgent assistance with downloading certificates.

There were also enquiries about lost vaccination cards and requests to update information on EVDS record. Others required access to information on medical records, rectifying information that was incorrectly recorded at the vaccination site, and some asking for personal details to be updated.

The calls also included enquiries about registration for vaccination, questions around whether one needs to make an appointment to get vaccinated or whether walk-ins are possible, others needing assistance with finding their closest vaccination site. Agents generally easily assist in these circumstances by using FMJ.

Others were asking about the latest COVID-19 cases. One person was not happy that the Department of Health had stopped posting stats about new COVID -19 cases. *It has not been updated since 1st February 2023 and covid is still very present in the country and some were reporting side effects after vaccinations.*

There were people asking for the latest COVID-19 guidelines, tourists enquiring about COVID-19 protocols to enter South Africa, others requesting assistance with EVDS system issues in the field, a citizen calling from the Netherlands for assistance with downloading vaccination certificate.

There were also general health enquiries about registering for medication to be delivered to their home, ambulance services, long waiting times at the clinic, and requesting a hospital transfer letter for an HIV

positive minor. There were calls about itchy skin reaction to medication, side effects to measles vaccination – a child with a swollen face and ribs. The child received antibiotics at the clinic.

There were non-health related calls about jobs, SASSA grants, payment of traffic fines, multiple calls for assistance with application for a new smart ID card and birth certificate, asking for food parcels, requesting truck breakdown service, and seeking assistance with an electricity meter.

## MISINFORMATION

**MISINFO:** ~~You can't have COVID-19 and cold flu at the same time. [\(Here\)](#)~~ **TRUTH:** Yes, you can have both diseases at the same time. Testing may be done to see if you have COVID-19 or the flu, although this is uncommon. People with flu and COVID-19 at the same time can have more severe disease than people with either flu or COVID-19 alone. Flu vaccine protects against infection from influenza viruses, while COVID-19 vaccines protect against the SARS-CoV-2 virus. [\(Here\)](#) and [\(Here\)](#)

**MISINFO:** ~~There is no need for flu vaccine if you have vaccinated for COVID-19. [\(Here\)](#)~~ **TRUTH:** Yes, you can vaccinate for flu even after vaccinating for COVID-19. COVID-19 and the flu have several differences, including different causes, complications, and treatments. They also spread differently, have different severity levels and a few different symptoms, and can be prevented by different vaccines. [\(Here\)](#) and [\(Here\)](#)

**MISINFO:** ~~The natural immunity I get from being sick with COVID-19 is better than the immunity I get from COVID-19 vaccination. [\(Here\)](#)~~ **TRUTH:** Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19 and can provide added protection for people who already had COVID-19. [\(Here\)](#) Those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery. [\(Here\)](#)

**MISINFO.** ~~COVID-19 vaccines cause variants. [\(Here\)](#)~~ **TRUTH:** COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19. Instead, COVID-19 vaccines can help prevent new variants from emerging. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants. Everyone should stay up to date with COVID-19 vaccines and boosters to reduce the spread of the virus and help prevent new variants from emerging. [\(Here\)](#)

**MISINFO:** ~~COVID vaccinations make you more susceptible to serious illness and death and most COVID deaths now are triple vaccinated people.~~ **TRUTH:** No evidence to support these claims. More people did lose their lives during COVID – due to COVID not the vaccine see [here](#) and [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 Viral Facts content responding to misinformation which can be used freely. You can find previous reports on the [AIRA page](#).

### Measles

- Use the WHO [Measles fact sheet](#) as a reference to amplify that routine immunization is a key health strategy to prevent measles deaths.
- Monitor the conversation around Measles to fact-check any misinformation that might cause harm to individuals online and offline. Amplifying accurate information is essential for the audience's knowledge about the spread of the disease.
- Emphasise that vaccination is still the most effective way to protect against measles, even for those who have been vaccinated before but did not develop immunity.

## Cholera

- Work with local communities to address any potential information gap and misinformation. Amplify accurate information on how cholera can be diagnosed, connecting users with services, and providing resources in local languages.
- Share the [\(WHO\)](#) fact sheet and VFA videos [\(Here\)](#) [\(Here\)](#) as preventive materials. Advocate for the implementation of adapted long-term sustainable solutions to ensure the use of safe water, basic sanitation, and good hygiene practices in cholera hotspots.

## PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

**COVID-19 is not over.** Continues to advocate for vigilance and adherence to public health measures to stem the spread, and to highlight the vaccine's ability to mitigate severe symptoms and complications from contracting the disease and how vaccines can protect individuals from new strains of COVID.

**COVID-19 vaccines.** Continue to emphasise that vaccination is still the most effective way to protect against measles, even for those who have been vaccinated before but did not develop immunity.

**COVID-19 vaccine sites:** It is concerning that people are frustrated about not finding a nearest vaccination site or clinic with vaccines. RCCE to address these challenges and update the vaccination list, as well as address the issue of the private sector sites that refuse to open a vial to vaccinate one person.

**Measles outbreak.** The RCCE continues to encourage parents to ensure that their children are up to date with their routine immunizations using the [Road to Health](#) schedule. The RCCE should also respond to all the questions and explain why children who are up to date with their immunizations should be vaccinated again, why older children have also been included in the national measles immunization campaign.

**Misinformation on vaccines.** Using the existing social listening platform, the RCCE continues to ensure active monitoring of misinformation and rumors to allow for rapid response to take place, including localized information on access vaccines, safety, and effectiveness.

## METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement (RCCE) Working Group of the Department of Health in South Africa. 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**
- **National Health Hotline:** Reports from the callcentre
- **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
- **SA 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
- **Health Systems Trust, Community Constituency Front (CCF), HealthEnabled**
- **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**

<p><b>National Health Hotline:</b> 0800 029 999 <b>WhatsApp</b> <a href="https://wa.me/2760012">HYPERLINK "https://wa.me/2760012"</a> <b>Email</b> <a href="mailto:healthhotline@health.gov.za">HYPERLINK "mailto:healthhotline@health.gov.za"</a> <b>Twitter   Instagram   YouTube</b> <b>SAHPRA</b> <a href="https://medsafety">HYPERLINK "https://medsafety"</a> <b>AEFI@</b> <a href="mailto:AEFI@health.gov.za">HYPERLINK "mailto:AEFI@health.gov.za"</a> <b>Find My Jab</b> <a href="https://findmyjab.co.za/">HYPERLINK "https://findmyjab.co.za/"</a> <b>Misinfo</b> <a href="https://www.real411.org/Report Misinfo">HYPERLINK "https://www.real411.org/Report Misinfo"</a> <b>WHO/AIRA</b> <a href="#">ViralFacts</a></p>
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- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch, Sefako Makgatho**

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, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

*The drafting team includes Charity Bhengu and Nombulelo Leburu. The data for this report was collected by the National Department of Health (NDOH), National Institute for Communicable Diseases (NICD), National Health Hotline, Health Systems Trust (HST), DGMT-KeReady and University of Free State (UFS).*

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