

## South Africa Social Listening and Infodemic Management Report

### 29 May 2023, Report 85

This is the weekly RCCE Social Listening and Infodemic Management trends report on COVID-19 vaccine and other health emergencies tracking and responding to public concerns, sentiments, rumours, and misinformation in South Africa. It provides key trends and analysis of online and offline content. Thanks to all contributors to this weekly report.

### KEY TRENDS | COVID-19

**Expired COVID-19 vaccines.** There was reportedly a growing concern about the expired Pfizer-BioNtech vaccines, which were said to be “*largely unavailable to many people*”. [\(Here\)](#) Several people had expressed “*frustrations*” and “*dismay*” of not accessing the Pfizer vaccines when they wanted them. However, others believe the vaccines expired because of low uptake fueled by misinformation that COVID-19 was over.

**Predictions of a severe COVID-19 variant.** An online article reported predictions of a “deadlier” COVID-19 variant soon, “*The threat of another variant emerging that causes new surges of disease and death remains*” and the threat of another pathogen emerging with even deadlier potential remains.” However, social media users dismissed these predictions as “*fearmongering*”. [\(Here\)](#)

**False narratives.** An online monitoring organization tested ChatGTP and Google’s Bard chatbot found that these tools could also prompt further spread of misinformation, highlights the potential of mass produce of variations of fake stories. In an effort to prevent medical mis/disinformation, Google has joined forces with WHO to announce new tools manage the internet. [\(Here\)](#)

### KEY TRENDS | CHOLERA

**Increasing digital media conversations on cholera.** The cholera situation has stimulated more discussions on digital media with 79K reactions this week. There was also more engagement on Twitter, among users debating about the safety of drinking water in the cholera-affected districts, with expressions like; “*You are saying there’s no cholera. Drink that water! Let’s see...*” [\(Here\)](#) and others concerned about the outbreak of diseases, “*Diphtheria, mumps, measles, whooping cough, cholera, covid, gastro, weird flu... what is going on, Southy?*” [\(Here\)](#). “*Yazi it’s just unbelievable that people are dying of cholera in 2023, in a country with a public budget of over TWO TRILLION RAND!*” [\(Here\)](#) Others also reacted that “*greed is responsible for cholera and the deaths of all those innocent people*” [\(Here\)](#)

**Cholera being politicized.** The outbreak of cholera in the country has been highly politicized to a point of being insensitive to the plight of people affected by cholera. “*You reap what you sow... the only way to understand the power of the vote...*” [\(Here\)](#) and other users were calling for “*accountability by the coalition government of Tshwane*” for the “*contaminated tap water and sewerage polluted rivers*” and some strongly against the racist remarks linked to the human suffering; “*...this has nothing to do with race*”. [\(Here\)](#)

**Linking COVID-19 to Cholera has created mistrust of government.** Misinformation among the public on linking COVID-19 with Cholera has created mistrust of government, which is also undermining the outbreak response efforts. There are claims such as; “*they are finishing us, anything to push*” [\(Here\)](#); “*first it was Covid, now cholera, what next?*” and “*Like COVID-19, cholera is manufactured to sell vaccines*” [\(Here\)](#) using all sorts of conspiracy theories to support their claims. [\(Here\)](#) The credibility of the health messages has also been under scrutiny. The sentiment is “*always reactive, there has to be a crisis first, but oversight visits won’t bring back the lost lives.*” [\(Here\)](#)

**Frustrations about lack of access to safe water.** Users have expressed frustrations and anger about the lack of access to safe water which is contributing to the spread of cholera in their communities. [\(Here\)](#); “we have no tap water to wash our hand”, “tap water is dirty”, “we can’t boil water because of loadshedding”, and “our schools have no water”. [\(Here\)](#) and [\(Here\)](#)

## KEY TRENDS | CHILDHOOD VACCINE-PREVENTABLE DISEASES

**Mumps.** Many people are concerned about “the outbreak of diseases such as mumps, measles, whooping cough, and diphtheria among children after COVID-19”.[\(Here\)](#) They also speculated that the increase in childhood diseases were due to reduced availability of clinics for childhood vaccination during COVID-19, and hesitancy on the part of parents due to misinformation. [\(Here\)](#)

There was also speculation that mumps outbreak was due to lowered population immunity post-pandemic, which are the same for whooping cough and measles. There has been a warning over growing vaccine hesitancy and children were not immunized against mumps. [\(Here\)](#)

**Diphtheria.** Public opinion about diphtheria is divided on social media. Some people believe that vaccines have been introduced for every disease outbreak. “Everything leads to vaccines”, “Covid-19, measles, mumps and now diphtheria” and “they will do just about anything to get people to take vaccines”. [\(Here\)](#) and there were conversations that these claims have led to declining trust in government messages and public health expert views.

**Measles.** Vaccine hesitancy continues among people who believe that measles vaccine causes mumps. [\(Here\)](#) “After vaccination, our children developed mumps” [\(Here\)](#) Misinformation related to measles vaccine efficacy also continue despite the communication efforts put into place. The distrust in measles vaccinations for children is concerning as vaccine is considered as important for reducing measles deaths.

UNICEF has noted a backslide in immunization coverage that has not been seen for the past 30 years, because of a drop in vaccine confidence, since COVID-19 outbreak. More parents have refused to immunize their children, which is very concerning as it may result in more childhood vaccine-preventable diseases.

**Human Papillomavirus (HPV)** An article stimulated public discussions when it mentioned the proportion of parents who continue to cite “safety or side effects” as a reason for human papillomavirus (HPV) vaccine hesitancy for their adolescent children, and others insisting it was “not necessary,” “need more information,” “lack of knowledge,” and “not sexually active” as some of the reasons for not intending to allow their children to vaccinate. [\(Here\)](#)

## KEY TRENDS | OFFLINE

The National Health Hotline which provides a service that covers a much broader range of health service, but there has not been an influx of queries or concerns about cholera. The agents continue to educate the public about the cholera outbreak.

## MISINFORMATION

**MISINFO:** ~~People who have been vaccinated are more likely to get seriously ill from COVID.~~ **TRUTH:** No evidence to support this claim. People who have been vaccinated far less likely to experience severe symptoms. See [here](#) and [here](#).

**MISINFO:** ~~Vaccines are harmful to people who are immunocompromised.~~ **TRUTH** COVID-19 vaccine is made available to provide ongoing protection, especially for older persons and those who are immunocompromised and are at the highest risk of severe COVID complications. [\(Here\)](#)

**MISINFO:** ~~Adults can’t get measles.~~ **TRUTH** You can get measles at any age. However, the virus is known to be more severe in those under the age of 5 and those over 30. If you have been vaccinated for measles, you are immune to the virus. [\(Here\)](#)

**MISINFO:** ~~The measles vaccine can kill you.~~ The vaccine is very safe and is effective at preventing measles. **TRUTH** There have not been any recorded deaths directly caused by the measles vaccine. Some of the common side effects of the vaccine would include fevers, mild rashes, and temporary pain in the joints. Very rarely, a person may have a serious allergic reaction to the vaccine. Nonetheless, being vaccinated is much safer than getting measles. ([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](#).

### Content to consider:

In South African news this week, articles featured widespread confusion and frustration with the vaccine registration process. This week's South Africa Social Listening Report also noted considerable confusion surrounding the vaccine registration process.

- Seniors struggle with registration [Here](#), [Here](#) and [Here](#)
- Confusion with walk-ins being welcome in some areas [Here](#) and [Here](#) while others claim having been denied walk-in access & having struggled to find vaccine locations [Here](#) (also noted in South Africa Social Listening Report)
- Claim that some people trying to cheat the vaccine registration system [Here](#) and [Here](#)
- Criticism around lack of coordination on vaccine enrollment and delivery [Here](#)
- Frustrated post on lack of priority for South Africans with co-morbidities [Here](#)
- Ongoing frustration with the slowness of the vaccine rollout [here](#)

## PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- Growing mistrust of government and public health expert opinion requires substantive RCCE effort as misinformation continues to threaten the gains made.
- Building the capacity of health workers and media personnel to timely respond/address misinformation on cholera among their audience is also important.
- Produce content for journalists on Adverse Events Following Immunization (AEFI) reporting and key messages.
- The risk of unchecked misinformation and unfilled information gaps might develop vaccine hesitancy, and then have a potential negative impact on children's and adults' health. Create opportunities for parents to share their concerns and questions regarding the vaccines to increase trust and uptake.

## 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 national 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**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch, Sefako Makgatho**

National Health Hotline: <a href="tel:0800029999">0800 029 999</a> WhatsApp: <a href="tel:0600123456">0600-123456</a> <a href="mailto:HealthHotline@health.gov.za">HealthHotline@health.gov.za</a> <a href="#">Twitter</a>   <a href="#">Instagram</a>   <a href="#">YouTube</a> <a href="https://medsafety.sahpra.org.za/">https://medsafety.sahpra.org.za/</a> <a href="mailto:AEFI@health.gov.za">AEFI@health.gov.za</a> <a href="https://findmyjab.co.za/">https://findmyjab.co.za/</a> <a href="https://www.real411.org/Report Misinfo">https://www.real411.org/Report Misinfo</a> WHO/AIRA <a href="#">ViralFacts</a>
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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 this week includes Charity Bhengu (NDOH), Nombulelo Leburu (NDOH) and Sowo Lebbie (WHO). The data for this report was collected by the National Department of Health (NDOH), Health Systems Trust (HST), and the National Institute of Communicable Diseases (NICD), UNICEF, KeReady, University of Free State and AIRA ViralFacts, National Health Hotline, and SA Red Cross.*

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