

South Africa Covid-19 & vaccines Social Listening Report

28 November 2022, Report 77

This is a weekly report of the RCCE Social Listening and Infodemic Management team on COVID-19 vaccine and other health emergencies 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 each week.

KEY TRENDS | COVID-19

Persistent claims about vaccine. There is talk about “*Dies suddenly*” video clip that pushes unfounded depopulation claims about COVID-19 vaccine. A trailer on the website demands “*the truth about the greatest ongoing mass genocide in human history*” and blames “*the global elite*”. [\(Here\)](#) Some groups continue to be active in opposing evidence based public health measures. There are suggestions that “further investigations into the social and public health effects of misinformation groups are needed to inform policy going forward”. [\(Here\)](#) Experts say the spread of health misinformation — particularly on fringe social media platforms like Gab — is likely to be a lasting-legacy of the coronavirus pandemic. “*And there are no easy solutions*”. [\(Here\)](#)

There are also reports that ‘verified’ anti-vax accounts and anti-vax narratives are increasing as Twitter struggles to police content based on the new policies and free speech changes to the platform. Some tools, like verification on Twitter, were meant to address impersonation on the platform by verifying the identities of government officials, public agencies, celebrities, journalists and others, but “*the tools are now being used to create a false sense of validity in order to spread dangerous falsehoods, including about vaccines*” and groups on other platforms, like Facebook, “*continue to circumvent moderation by making minor changes to their names and the terms they use to promote anti-vaccine agendas*”. [\(Here\)](#) and [\(Here\)](#)

Online articles with high interest. A global campaign for education that convened its members for the 7th World Assembly generated the most traction online. “*This assembly comes at a critical time of the COVID-19 pandemic that has resulted in many challenges for the education system including COVID-19 related learning losses*”. [\(Here\)](#) A user engaged in this conversation by sharing information on the GCE [\(Here\)](#), with low interest in a Tweet about “*fundamental skill building and the importance of leaving no one behind*” during the recovery or catchup period. [\(Here\)](#)

Another article with high interest is how South Africa’s National Institute for Communicable Diseases (NICD) filled a research gap on Long COVID, as outlined in “*a study of the long-term effects of COVID-19 infection*”, and high interest in the WHO’s long COVID-19 definition. Someone shared that “*there is a gap in knowledge on the long-term complications of COVID-19 infections*”. One of the engagements on the topic include the following sentiment: “*I would like to confirm what disease the Queen died from, really from Long Covid and not old age, as her personal doctor revealed?*” [\(Here\)](#) In social media, uninformed assumptions are being made about long COVID-19, contributing to hesitancy about vaccinations and booster shots. Others are concerned that reports that “*variants are now dodging antibody treatments*” [\(Here\)](#) “*and people may still be vulnerable to breakthrough infections*”. [\(Here\)](#)

There is considerable interest in knowing more about the aftereffects of COVID-19 vaccine in persons with diabetes. They wanted to know if “*COVID-19 infection have long-term health effects on people with diabetes, including advancing their risk for heart disease*”. Others believe that the genetic makeup of patients with diabetes or those predisposed to the disease makes them more prone to post-COVID inflammatory conditions that impact the heart and brain, and “*COVID-19 can alter a person's genetic makeup which can enhance the proliferation of disease and cause further deterioration in diabetes and associated heart disease*.” [\(Here\)](#)

“Scientists still have many unanswered questions about how the infection affects the body and brain—not just when people are sick, but over the long term as well. [\(Here\)](#)

Booster engagement increased. Overall engagement on vaccines and booster shots has increased on HealthZA social media platforms because of the booster dose campaign. The most common reactions on HealthZA to booster doses include vaccine rejections due to side effects fears. Comments about this are; *“It seems it causes blood clots which results to heart inflammation and heart failure, no thanks.” [\(Here\)](#)* Some people did not see the point in taking booster doses because *“these jabs don’t save lives, they kill. People who land in hospitals are triple jabbed,”* and *“I won’t take that chance because it is more likely to cause death or stroke.” [\(Here\)](#)*

Although some people remain sceptical about booster doses, a substantial number is eager to take them, and others cannot wait. *“I have had 3 shots, no after effects. I will gladly go for my 4th but not sure about the interval period”, “Got the 4th already. Good to be registered in the system and received SMS’s when due. Never had any side effects”, and “before I get that 4th jab, tell me how many jabs remain” [\(Here\)](#) and [\(Here\)](#)*

More questions about booster shots. *“If I have caught COVID from a person who was too lazy to wear a mask in a shopping centre while sick and I was meant to get the second Pfizer booster whenever it’s eventually loaded onto EVDS, when am I meant to get boosted again?” [\(Here\)](#)* The sentiments include *“it’s only open for over 50s for the 2nd booster right now. We are not sure when it will open to other ages yet”* and *“Waiting period for a vaccine after having mild-Covid is 30 days. Hopefully by then, EVDS system will have updated to allow the 18-49 age-cohort to get their 2nd Pfizer boosters.” [\(Here\)](#)*

Others wanted to know if the second booster shots for people with comorbidities had been set up on EVDS yet? [\(Here\)](#) The sentiment is *“the DOH is still waiting for VMAC guidelines before the changes can be implemented. We will keep you updated.” [\(Here\)](#)* and *“I am 60+ and had 2 x Pfizer in 2021 and then Boosters in Feb and June this year.”* and the sentiments is *“you are vaxxed to the max”, [\(Here\)](#)*

Mask wearing by the sick encouraged. As COVID-19 cases increase, more people are getting anxious that people who are sick are spreading the virus by not wearing masks. *“I have caught COVID from a person who was too lazy to wear a mask in a shopping centre while sick”, [\(Here\)](#)* *“People no longer wear masks when they are sick”, [\(Here\)](#)* *“This man was walking through the isles coughing and spluttering and I gave him a bit of dirty look - he knew he was sick and shouldn’t be there”, “Our receptionist took off her mask for two days and got covid,” “The least people should do is to stay home if they are very sick and mask up properly if they have symptoms”, “I am quite surprised that government is so quiet at this stage. Our cases are higher currently than they were this time last year. Surely, they should reconsider mask wearing?” [\(Here\)](#)*

Claims about COVID-19 communication. There are claims that COVID-19 communication has failed, *“not only around vaccines but the entire pandemic.”* *“Why there has not been more outrage or advocacy around the vaccination drive that fizzled out to a large extent around the time restrictions and mask regulations were dropped.”* Other sentiments are *“I’m still flabbergasted how the majority here still do not know how aerosols and virus dispersion works or how and why masks work as a primary means of reducing transmission.”* Others claim that their towns have been experiencing *“really bad flu”* for months and, *“very few are testing”* despite the increasing numbers. *“I work in a public school and we have had kids testing positive, and the fact that we are carrying on as if COVID-19 doesn’t exist, is scary” [\(Here\)](#)* and *“nobody seems to administer vaccinations anymore.” [\(Here\)](#)*

Ivermectin ruling. Conversations on social media also include an appeal to reverse ivermectin ruling. The High Court had made an order compelling the South African Health Products Regulatory Authority (SAHPRA) to report back to the court every three months on access to ivermectin. Some people were pushing for the removal of all restrictions on the use of ivermectin for Covid, [\(Here\)](#) and others excited about *“the latest booster shots provide better protection than original vaccines [\(Here\)](#) against currently circulating Omicron subvariants” [\(Here\)](#)*

KEY TRENDS | MEASLES

Measles a global concern. Nearly 40 million children are susceptible to the measles threat as measles vaccination coverage has steadily declined since the beginning of the COVID-19 pandemic. [\(Here\)](#) In 2021, a record high of nearly 40 million children missed a measles vaccine dose: 25 million children missed their first dose, and an additional 14.7 million children missed their second dose. [\(Here\)](#) Declines in vaccine coverage, weakened measles surveillance, and continued interruptions and delays in immunization activities due to COVID-19, has resulted to persistent large outbreaks with 128 000 deaths worldwide.

In South Africa, has also experience disruptive outbreaks in two provinces where 71 measles cases have since been confirmed as od 24 November 2022. A total of 60 cases are in Limpopo and 11 in Mpumalanga with an undisclosed number of sporadic cases in KwaZulu-Natal and Western Cape. Parents and caregivers are encouraged to ensure that their children are up to date with their measles vaccinations before travelling to measles endemic provinces. Some people were surprised that *“measles is in the news now?”*, *“is measles a new variant?”*, *“Why not vaccinate the kids under 12?”*, and *“how tragic that this disease is still around in the age of vaccines”* [\(Here\)](#)

The measles vaccine is routinely given to children under normal circumstances, however, loss to follow-up with routine vaccinations happened because of the COVID-19 non pharmaceutical interventions. It is therefore recommended that all children are vaccinated for measles as well as have their accompanying booster shots for measles if they received the first measles vaccine.

MISINFORMATION

MISINFO: ~~Don't take boosters, got sick all the time after vaccination.~~ **It causes blood clots which result to heart failure, no thanks.** [\(Here\)](#) and [\(Here\)](#) **TRUTH:** The side effects of booster vaccines are similar to the side effects from a first vaccine. Common side effects include tiredness, body aches and pains, low-grade fever and pain at the injection site. These side effects usually resolve completely within 24-48 hours. Call 0800 029 999 or email info@vaccinesupport.org.za for more information.

MISINFO: ~~I am fully vaccinated, got my two doses no need for boosters.~~ [\(Here\)](#) **TRUTH:** Immunity to COVID-19 – whether you get it from having had COVID-19, or from your vaccinations, decreases after several months. The booster will help to increase your immunity again.

MISINFO: ~~These jabs don't protect anyone and don't stop the COVID spread.~~ [\(Here\)](#) **TRUTH:** Vaccination does not always stop infection, but it can help reduce your risk of becoming infected with COVID-19 and from getting Long COVID. But remember, your immunity decreases overtime so a booster will help to raise it again.

MISINFO: ~~COVID is dead, gone ad over with.~~ [\(Here\)](#) and [\(Here\)](#) **TRUTH:** We're not yet at the end of the pandemic, and there is still good reason for all of us to get vaccinated and boosted to maximise our protection.

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](#).

Key misinformation trends this week are:

- *Ebola vaccine trials to “depopulate Africa”* [\(Here\)](#) and [\(Here\)](#)
- *“I'd rather die from Ebola than abstain from sex”* [\(Here\)](#) and [\(Here\)](#)
- *Prayers can heal Ebola if you believe!* [\(Here\)](#) and [\(Here\)](#)
- *Ebola exists...but only in schools* [\(Here\)](#) and [\(Here\)](#)

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Childhood immunization. Measles outbreak has spread to other places. The RCCE must continue to encourage parents and caregivers to use the Children's Road-to-Health booklet to ensure that all children are up to date with their measles vaccinations. Click www.sidebyside.org.za for more information.

Malaria transmission period. As malaria transmission increases, the RCCE TWG is working with Limpopo, Mpumalanga and relevant stakeholders including tourism and transport sectors. Travelers visiting malaria-endemic areas in South Africa and other SADC countries are cautioned to take precautionary measures.

Mask wearing. As COVID-19 cases steadily increase, people are nervous about people who do not wear mask when they are coughing and sneezing. COVID-19 vaccine and booster messages must continue reminding people to wear mask when they are sick in public and confined spaces. Wearing a mask if someone has flu-like symptoms is also encouraged. If a person displays any symptoms of an infectious illness, then it is important that the person apply the lessons learned from COVID-19 to minimize the spread of the disease. Infectious diseases such as flu, COVID-19, measles, and other viruses still places a burden on the healthcare sector and the public management of disease remains a priority in primary and secondary healthcare.

COVID-19 boosters. As COVID-19 is not yet over, the RCCE TWG continues to reinforce messages about the benefits of vaccines and booster shots to keep your immunity up and amplify social media content that debunks common claims about boosters. If you are not sure about your next vaccine or booster shot, contact [FindMyJob](#) to confirm the operational vaccination sites. The public is encouraged to contact the National Health Hotline 0800 029 999, use MedSafety App <https://medsafety.sahpra.org.za/> or email AEFI@health.gov.za to report adverse events.

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**
- **Covid-19 contact centre:** Reports from the national call centre
- **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
- **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**

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 report was drafted by Charity Bhengu (NDOH) and Herkulaas Combrink (University of Free State) and reviewed by Nombulelo Leburu. The data was collected by the (NDOH), Health Systems Trust (HST), University of Free State, Project Last Mile and National Health Hotline and Real 411.*

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