

South Africa Covid-19 & vaccines Social Listening Report 24 July 2023, Report 88

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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 key trends. Thanks to all who contribute to this report.

KEY TRENDS | ONLINE

Trust deficit. The public trust deficit in government's service delivery has affected the way people receive health messages to a point of questioning the credibility and validity of any government messages or statements begging for campaign strategists to always anticipate misinformation that is attached to trust.

The example being the reaction to the social media post about the Minister's sod turning ceremony for the Limpopo Central Hospital. Their sentiments include "*And a year down the line, the building costs would have skyrocketed and little to no progress would have been made, apart from enormous tenders benefitting the usual suspects*" ([Here](#)) "*They failed the people of Pretoria during cholera outbreak, don't trust them.*" ([Here](#))

Fact-checking. A social media poster that encourages people to fact check before sharing information on social media, was well received with few negative comments which include "*Much of it has come from this page and WHO.*" ([Here](#)) "*Who checks your fact checkers????*" "*You're the Fear Mongers*" ([Here](#)) "*All non-factual info is on this page posted by the health department.*" ([Here](#))

Fake news. A report about the fight for "*South Africa's future in the face of mounting disinformation and politicization ahead of the general elections*", is concerning. As

the news feature more politically themed electioneering stories, misinformation and fake news are also on the rise. The communication environment has become hostile with more scrutiny and focus on government messages and service delivery. ([Here](#))

Rumours about cholera. Lack of access to reliable information and an abundance of misleading rumours about cholera have caused more vaccine hesitancy. Past lessons from the COVID-19 pandemic would need to be revisited to gain the trust of the public which would also assist the eminent COVID-19 vaccine rollout for 4-11 years. *“We don’t wait for misinformation to emerge before acting proactively disseminate facts”.* ([Here](#))

Concerns about Mumps. People continue to search for information and answers to their questions about the “sudden” Mumps outbreak, with many describing Mumps as “a side effect to Measles vaccination”, and claiming the Mumps started appearing on their children after receiving vaccines for measles. Their sentiments include “*Why the sudden outbreaks? Mumps, now measles???*” ([Here](#)) “*please we are still trying to recover from Covid, we have suffered a lot abeg.*” ([Here](#))

No budgets for pandemics. There is concern about the high TB transmission rate in overcrowded and poorly ventilated spaces particularly in communities with a high TB burden, one of them being the schools where TB is problem among teenagers. ([Here](#)) A conversation on social media has focused on “*how big a problem TB is in schools with no budgets for pandemics after the COVID-19 nightmare*”. The transmission of TB is thought to be particularly high in overcrowded and poorly ventilated spaces including classrooms. “*It is concerning that South Africa did not have separate funds for pandemic prevention, preparedness and response*” ([Here](#))

Other sentiments on Twitter are “*We in South Africa have one of the worst TB epidemics in the world – and in the context of possibly the worst HIV prevalence too. We also have serious drug manufacturing muscle. Compulsory licensing should be mandated IMMEDIATELY*” “*Also, the American government decided to weaponize healthcare so if South Africa arrests Putin we get TB medication if not NO TB MEDS FOR SA. ohh politics*”. ([Here](#))

What people search for? Several trends exist looking in the way people search for information related to Coronavirus disease 2019, Influenza disease and Tuberculosis disease. The analysis in terms of weekly trends and aggregated based on the frequencies relative to one another, illustrates that Influenza disease tops the chart, followed by COVID-19 and Tuberculosis disease. The analysis of public interest and awareness of these conditions offers insights into their respective impacts on public consciousness and health-related information-seeking behaviour.

The heightened interest in Influenza may be attributed to its historical relevance and widespread occurrence during seasonal outbreaks. The analysis also highlights the seasonal patterns of Influenza searches, aligning with conventional flu seasons. COVID-19, being a relatively new pandemic, has demonstrated the second highest search volume. The rapid global spread and severe health consequences have contributed to its sustained public attention since its emergence.

Contrastingly, Tuberculosis was found to have the lowest search volume, indicating limited public awareness and interest compared to the other two diseases. Despite being a leading cause of death globally, the findings suggest a potential lack of attention and insufficient information-seeking behaviour concerning TB. ([Here](#))

Brain fog. The “brain fog’ of long Covid comparable to ageing 10 years, while the symptoms of infection can last two years, and the fact that researchers find no lasting cognitive impairment after individuals fully recover, is more concerning. The expert views are “*The fact remains that two years on from their first infection, some people don’t feel fully recovered and their lives continue to be impacted by the long-term effects of the coronavirus.*” ([Here](#)) “*We are struggling with unanswered questions about long covid.*” ([Here](#)) “*As misinformation spreads, long Covid is pitting patients against doctors.*” ([Here](#))

Misinformation swirls vaccine deaths. There is more confusion as misinformation swirls around unpublished paper on Covid-19 vaccine risks. Social media posts claim a paper attributing a high number of deaths to Covid-19 vaccines was suppressed from a major scientific journal. This is false; the preprint document was never accepted for publication by The Lancet, and the journal and independent experts said the research was flawed. Instead “A Systematic Review of Autopsy Findings in Deaths after COVID-19 Vaccination” paper in question was uploaded on preprint server before it received peer review. ([Here](#))

A sewer of disinformation. It is believed that Twitter is becoming a sewer of disinformation on social media because it “*amplified authoritarian state propaganda*” which to many critics mark the decline of Twitter as a trusted platform for news and information. ([Here](#)) and ([Here](#))

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 be severe ill 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: ~~Flu vaccines cause illness.~~ **TRUTH:** Flu vaccines are important because they help prevent the spread of influenza, a highly contagious respiratory illness. Influenza can cause severe illness, hospitalisations, and even death, particularly among vulnerable populations such as the elderly, young children, and individuals

with underlying health conditions. By getting vaccinated against the flu, individuals can reduce their risk of contracting and spreading the virus, which in turn helps to lower the overall burden on healthcare systems and protect those who are most vulnerable.

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](#))

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](#). Use the WHO [Measles fact sheet](#) as a reference to amplify that routine immunization, and the [Chollera fact sheet](#) fact sheet and VFA videos. ([Here](#)) ([Here](#))

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Proactive communication. The comparative analysis of Influenza, COVID-19, and Tuberculosis by the UFS based on Google Trends data has highlighted the differences in public interest and awareness surrounding these infectious diseases. It also highlights the importance of proactive public health communication and education campaigns to address the knowledge gaps and increase awareness of less searched diseases like Tuberculosis. Furthermore, the findings can inform policymakers and healthcare professionals in designing targeted interventions and communication strategies to combat and manage outbreaks effectively.

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:

National Health Hotline: 0800 029 999

WhatsApp HYPERLINK “<https://wa.me/27600123456>” **Email**

HYPERLINK “<mailto:healthhotline@health.gov.za>”

[Twitter](#) | [Instagram](#) | [YouTube](#) | [HealthZA/](#)

SAHPRA <https://medsafety> HYPERLINK

[AEFI@ HYPERLINK “mailto:AEFI@health.gov.za”health.gov.za](mailto:AEFI@health.gov.za)

Find My Job <https://findmyjob.co.za/>

Misinfo <https://www.real411.org>

WHO/AIRA [ViralFacts](#)

- **SA National Department of Health**
- **National Health Hotline:** Reports from the callcentre
- **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
- **University of Free State** Interdisciplinary Centre for Digital Futures (ICDF)
- **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**

Others are Government Communications & Information Service, SA Council of Churches, Clinton Health Access Initiative, Heartlines, Children’s Radio Foundation, IPSOS, People’s Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV Institute, KeReady, UN Verified, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

The drafting team includes Charity Bhengu. The data for this report was collected by the [National Department of Health](#), [Health Systems Trust](#) and [University of Free State](#) Interdisciplinary Centre for Digital Futures (ICDF)

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