

South Africa Covid-19 and Vaccine Social Listening Report 7 March 2022, Report 39

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This is a weekly report of Covid & vaccine sentiment, rumors & misinformation in SA. Further info [here](#).

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KEY TRENDS

“Covid’s over”. There is widespread sentiment that the Covid emergency is ending. There are fewer infections and deaths, a majority have some immunity through infection or vaccination, and Omicron tends to be less severe. This undermines motivation to vaccinate. There is extreme fatigue at the pandemic in general and apathy towards Government’s efforts to manage and communicate.

Progress with vaccination. Around 100,000 vaccine doses are being administered daily Monday – Friday, which is higher than in January and February, though lower than for most of 2021. Around 48% of adults in SA have been vaccinated at least once against Covid. 50% should be achieved later in March.

Youth resistance. Around 52% of adults 35 – 49 years have vaccinated; 64% of the 50 – 59 year olds; and 68% of the over 60s. The issue is with the youth: just 35% of those aged 18 – 34 years have vaccinated. Many youth say they have survived the pandemic for 2 years, why bother to vaccinate now? The vaccine is not their priority and the amount of government attention on this (rather than jobs, service delivery and other issues they care about) leads to suspicion. The #Ke-ready and Ke-ready Flex programmes are important in mobilising youth.

National Covid Contact Centre handled over 28,300 transactions in the past week. The top complaints are on Vaccination Record Updating and editing information on EVDS. Many calls were from people who needed a Vaccination Code. There were many calls regarding booster shots. People expressed the following: Young people also want incentives for vaccination (which were given to over 50s), and prefer

guaranteed rewards rather than a small chance of winning a larger prize. Many people ask for addresses and operating times of vaccination sites close to them.

Social media. Overall there has been less online discussion of Covid, possibly due to attention on Ukraine. The most Covid-related links shared on Twitter in SA included the Health Justice Initiative's court application to reveal the vaccine contracts ([here](#)), losing court bid to block vaccination mandate ([here](#)) and misinformation around deaths among the vaccinated ([here](#)).

SA News articles about Covid generated over 10,000 engagements (about half of last week). Top articles by engagement include SA recording no Covid deaths in a day ([here](#)), UK revokes mandatory vaccination for health workers ([here](#)), Hong Kong lockdown ([here](#)) and that China could 'co-exist' with the virus ([here](#)).

UNICEF graphic of the share of engagement by vaccine subtopic on Twitter and digital news in SA:

A "Dear South Africa" Facebook post gave information on resisting company mandatory vaccination ([here](#)). A damaging Tweet has come when an SACP leader compared vaccine mandates with rape ([here](#)).

CABC graph of the tone of SA Twitter comments about the Covid vaccine, showing that there was a peak of mentions around 14 February, especially from Vaccine sceptical and hesitant people.

Continuing transport problems. There are reports from many parts of the country that many people, particularly in rural areas, would like to vaccinate but the logistical and transport challenges are too difficult (especially for workers as many clinics only open on week days). There are not sufficient pop-up sites that come to remote population centres. Some provinces organise transport, the “Vaxi taxi”, but most do not.

Uncertainty on vaccinating undocumented. There is doubt on whether undocumented people (SA and foreign) can vaccinate, including with health workers. This is reported particularly in Gauteng and Limpopo.

Confusion on guidelines and boosters. There have been changes in the guidelines of the period between Pfizer doses, and boosters still cause confusion. “If the vaccine is effective, why do we have to have a booster now? If you didn’t know about boosters a year ago, how can you claim there won’t be side effects in future?” Nearly one in 5 people don’t come back for their second Pfizer jab ([here](#)).

Burnout of health workers. Health workers have been exhausted by the long hours, health risks and added stress of the Covid pandemic. Many are leaving the profession or planning to.

Vaccine mandates continue being controversial, especially in universities ([here](#) and [here](#)). There is much debate on vaccine mandates – mainly hostile – on Facebook pages. The Department of Health confirmed that there will not be a national mandate for all to vaccinate ([here](#)).

DISTRICT REPORTS

- **Buffalo City (Eastern Cape).** Vaccination is going well in schools. Many older people are going for their booster doses.
- **OR Tambo (Eastern Cape).** Many people think Covid is over now and so there is no need to vaccinate, particularly the youth. Traditional leaders want to be informed and the official information keeps changing. Youth say that all the changes in guidelines looks like we are still not sure about the vaccines.

They will only vaccinate when things are certain – they are not animals to be experimented on.

- **Ekurhuleni (Gauteng).** Vaccination acceptance is increasing as the unvaccinated face more limitations, e.g. employment opportunities. There is concern about side effects, especially fatigue. Some have said, “If the goal is to get everyone vaccinated, then why is it still voluntary?” Vaccine acceptance in youth is slowly increasing, especially in rural areas.
- **Johannesburg (Gauteng).** Many youth don’t take Covid seriously, with reports of people with Covid being fine so others don’t think they need to worry about it. Some vaccination is happening due to fear of hospitalisation and death.
- **Ilembe (KZN).** In rural areas, many men simply do not want to be vaccinated and are convinced that vaccination is part of an evil conspiracy. In February, there was a successful door-to-door campaign – many people were reassured by health workers and did agree to vaccinate. There are still many myths circulating – though after discussion with health workers these can be dealt with. Many people have had no interaction with health workers throughout the Covid period, and so rely on rumours.
- **Harry Gwala (KZN).** Vaccine rates are high in older people, but under 35s are resistant. Many youth think that Covid is over. They also share misinformation on social media (even if they don’t believe it).
- **Bojanala (North West).** There is little vaccination happening. Some say they will only vaccinate if forced to do so by the police. Some people still feel their questions about vaccination haven’t been answered. Some want to vaccinate but can’t travel to sites. Many fear vaccination more than they fear Covid.
- **Dr Ruth Segomotsi Mompoti (North West).** Vaccination rates are low as many feel Covid is no longer a threat. There is still some fear of side effects. There is youth interest in #Ke-ready.
- **Garden Route (Western Cape).** There are questions whether there will be future waves of Covid and even more boosters. Some people come for vaccination to get certificates to travel internationally. School principals are welcoming vaccination sites, though there is uncertainty regarding parental consent.
- **Khayelitsha (KES, Western Cape).** A student passed away after having her second Pfizer vaccination – a post mortem is being done, but this has scared other people. Negative sentiment about vaccines, “If you can still catch Covid and you still have to wear a mask, then why bother to vaccinate?”
- **Namakwa (Western Cape).** Unhappiness about poor service from patients with other health issues (e.g. for TB, diabetes, cancer). Unvaccinated people feel they are unfairly losing opportunities for employment. Many people think that Covid has become so weak that vaccination isn’t necessary any more. The myth that vaccination causes infertility and erectile dysfunction is still here. Some religious groups are still hostile to vaccination, e.g. the Rastafarians. There is a good partnership with local newspapers printing supportive articles. Youth are still resistant – they feel the elderly got incentives, not them. They distrust government. Many youth have a ‘fatalistic attitude’ towards their own health because they are poor, jobless and are always criticized as being bad-mannered and irresponsible.
- **Winelands (Western Cape).** Most people coming to vaccinate are for boosters, not new unvaccinated people. Most people starting vaccination now

is for a purpose like job hunting. Many people feel that Covid has gone and there is no need to worry any more. Loud-hailing and going door-to-door is effective at encouraging people to vaccinate.

MISINFORMATION

- **MISINFO:** Covid isn't that bad so we don't need to be vaccinated. **TRUTH:** While some people who get Covid can show no symptoms, vaccines are still highly effective in preventing serious illness, hospitalisation and even death. See [here](#) and [here](#)
- **MISINFO:** Covid cases are low so now we don't need to vaccinate. **TRUTH:** Having lower case numbers doesn't mean there is no reason to be vaccinated. If you are unvaccinated you are more likely to spread Covid and which enables new variants to develop. See [here](#) and [here](#).
- **MISINFO:** COVID vaccines and boosters give you HIV. **TRUTH:** There is no evidence to support this claim at all. Vaccines, including Covid vaccines, cannot cause AIDS / HIV. See [here](#) and [here](#).
- **MISINFO:** Health Minister announces a bombshell — SA took the wrong vaccine. **TRUTH:** This fake news has been circulating in SA. It is completely untrue, see [here](#).
- **MISINFO:** People aren't dying as planned so now government are pushing boosters to kill people faster. **TRUTH:** There is no evidence to support this claim. Many vaccines have boosters, and evidence clearly demonstrates unvaccinated people are at far greater risk of severe illness. Most people who lost their lives to Covid in the 4th wave in SA were unvaccinated or partially vaccinated. See [here](#).
- **MISINFO:** Vaccines are dangerous and now linked to “vaccine-acquired immunodeficiency syndrome” or “VAIDS”. **TRUTH:** There is no evidence at all to support the claim of immunodeficiency being related to Covid vaccines. See [here](#) and [here](#).
- **MISINFO:** Vaccines cause infertility and erectile dysfunction. **TRUTH:** This is a myth that has been circulating for months and there is no evidence to support these claims. COVID however can impair sexual performance. See [here](#), [here](#) and [here](#).
- **MISINFO:** Vaccines have a tracker chip to track movement and shut you down if you misbehave. **TRUTH:** No evidence to support this claim. See [here](#) and [here](#).
- **MISINFO:** Covid vaccines require use of long painful needles. **TRUTH:** Covid vaccines may cause slight discomfort, like a poke or pinch for only for a few seconds. See [here](#) and [here](#) for tips and advice to manage fear and pain.

ADVISORY SUPPORT: WHO Africa Infodemic Response Alliance (AIRA)

Misinformation reported included the outbreak of Polio in Malawi being linked to Covid vaccine; and that vaccines cause immunodeficiency disorders.

New Viral Facts Africa productions:

HIV Variant Dropbox, [Twitter](#), [Facebook](#)

Vaccine safety and effectiveness [Twitter](#), [Facebook](#)

PROPOSED ACTION FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Focus on youth.** New approaches to mobilising youth are needed as they represent the largest unvaccinated adult population. The #Ke-Ready and Ke-Ready Flex should be promoted.
- **Prepare 50% messaging.** Sometime in March, we should pass 50% of adults over 18 being vaccinated against Covid. This will be a significant achievement which should be widely promoted. Prepare messaging around “Most adults in SA are vaccinated. Don’t be in the minority”.
- **Social mobilisation.** Pop-up vaccination sites linked with community mobilisation, Vaxi Taxi and door-to-door campaigns are proven to increase vaccination numbers and should be increased.

METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. 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 Hotline:** Reports from the national Covid call centre
- **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 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
- **Community Constituency Front (CCF), Covid Hotline, Health Systems Trust**
- **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, HealthEnabled, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

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