

SA COVID-19 and Vaccine Social Listening Report 24 May2021, Report 2

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This is a weekly report of Covid and vaccine concerns, rumours and misinformation in South Africa prepared by the Risk Communication and Community Engagement (RCCE) Social Listening and Infodemiology team (see note on methodology below). Research suggests around **70 per cent of the population agree** to be vaccinated now. Main reasons for vaccine uncertainty: Various kinds of distrust (27 per cent), vaccine ineffectiveness (19 per cent), conspiracy concerns (10 per cent), side-effects (9 per cent), access/ cost issues (9 per cent), need more information (8 per cent).

Key trends

1. Public interest shifted to intense **focus on vaccine delivery and service**, with some frustration and even anger, but also celebration as Phase two of the Covid vaccine rollout started last week.
2. **Logistics of Phase two roll out** under scrutiny: registration confusions – is it free, can nationals from other countries get vaccinated, can I register without an ID number, who can get vaccinated now?
3. **Scheduling uncertainty**: How is it decided who to invite first? Who is prioritised (co-morbidities)? Short notice of appointments. Confusion about walk-ins: some sites allow walk-ins (e.g. Addington Hospital), while at some facilities people with vouchers and SMSs are turned away (e.g. Hillbrow Clinic).
4. Reports of **poor service**: long queues, vaccines not available (sites not ready), wrong info in SMS.
5. **Health-related questions**: e.g. Vaccine and pregnancy / breastfeeding issue, side effects, should you take the vaccine if you had Covid or are ill now?

6. Lack of clarity on **planned pace and scope of roll out**. View that pace of vaccination rollout is too slow compared to other countries. Government exercising too tight controls – why do we need to register?
7. Concerns about the **Third Wave** and concern about the **Indian Variant** of Covid-19.

Recommendations for communication

1. **Thank the public** for their patience and support. Thank thousands who have been vaccinated.
2. **Clarify plan for Phase 2:** who is eligible and why (why over 60 years old, why not comorbidities), why registration is needed, how to register, how scheduling happens, location and operating hours of sites offering vaccination, which vaccine will be used, how to get second dose, where to get help and information and how to report problems. **Foreground the hotline.**
3. **Manage expectations** and be honest, e.g. how many can be done in a day, how long after registration does the voucher get issued, how long queues might be, possible side effects.
4. **Encourage uptake:** Encourage **community supporters** to assist over 60 years old to register, and those who have been vaccinated to encourage others.
5. **Build trust. Daily updates** to demonstrate government has capacity for the rollout: e.g. vaccine sites, how many doses and when arriving, supply chain, number vaccinated to date, Phase three dates. Say how many vaccinations are done week, and show weekly per cent increase so people can see it is ramping up.
6. **Address legitimate fears** and concerns: be clear and be honest – what we know, what we don't know, what we still need to clarify, admit mistakes, report on adverse events.
7. **Reach community leaders.** Establish a distribution list (E-mail, WhatsApp, SMS, etc.) of stakeholder networks, religious leaders and local forums (e.g. trade unions, clinic committees) and send them weekly updates, highlighting that people can phone the helpline for further information.
8. **Greater coordination with SABC:** Ensure coherent messaging around Covid-19 and vaccines on all SABC channels, both TV and Radio.

Rumour and disinformation issues emerging

Fairly few (at most 10 per cent) of the population believe in Covid and vaccine hoaxes and misinformation (reported by Callcentre, Praekelt WhatsApp system, published research), BUT there is traction on religious concerns around vaccination (666, Chief Justice Mogoeng Mogoeng's statements), especially in charismatic churches.

Persisting online trends (adapted with thanks from weekly report of the African Infodemic Response Alliance)

- Covid is a scam/ does not exist.
- Covid case numbers/ mortality rates are exaggerated.
- Covid palliatives are being hidden/ denied to citizens.
- Herbal remedies and ivermectin are effective.
- Vaccines don't prevent death or the virus' spread/ vaccines are not effective.
- Vaccines are dangerous, and have deadly side effects
- mRNA vaccines contain microchips/ contain elements that will kill people in two to three years.
- Vaccines won't stop the need for protective measures, so why bother?
- Covid / the vaccine is intended to control / reduce the African population. *Note: According to Africa CDC, almost half the respondents in Africa believe Covid-19 is a planned event by foreign actors.*
- Concerns and fear of forced vaccinations.
- Clinical trials were rushed.
- Africans are lab rats or being used to test vaccines.
- New pandemic waves were caused by vaccines.

Note on methodology and collaboration

This report is compiled following the methodology of the WHO African Infodemic Response Alliance (see here), Step One to "Identify" information gaps and misinformation. This Social Listening and Infodemiology team is part of the Risk Communications and Community Engagement Working Group run by the national Department of Health. It pools information from the following sources and organisations:

- **SA national Department of Health:** DHIS reports and NDOH social media interaction.
- **Unicef:** analysing search trends on **Google, YouTube, and Twitter and Facebook** posts, and digital news articles. Google and YouTube trends data are from Google Trends, Twitter and digital news from Talkwalker and Facebook from Crowdtangle.
- **Real411** Media Monitoring Africa: A mis- and disinformation reporting and response system.
- **Red Cross:** Network of **2,000 community volunteers** reporting misinformation and concerns.
- **Covid Comms:** Produces media content on Covid, working with the SABC and many others.
- **Covid Call Centre (Right To Care):** Reports from the three Covid call centres integrated into one system, which received around **40,000 calls** Monday – Wednesday last week.
- **Prækelt Foundation:** Running the NDOH WhatsApp system, which conducted a **poll of 5,000** people on vaccine hesitancy last week.
- **Centre for Communication Impact.**
- **World Health Organization (WHO)** Africa Infodemic Response Alliance.

- **University of Johannesburg, HSRC, University of Johannesburg, University of Cape Town, Stellenbosch University** researchers, including input on surveys of vaccine hesitancy.

Other organisations involved: Clinton Health Access Initiative, Centre for Analytics and Behavioural Change, NICD, Children's Radio Foundation and HealthEnabled. **We encourage other organisations to join us**

Weekly cycle

Each week we conduct this social listening exercise in the following sequence.

- Thursday at 10:00: All participating organisations send mini-reports of concerns, questions and misinformation.
- Friday at 09:00: Meeting to prioritise key issues. Then one-page report drafted and reviewed.
- Monday at 09:00: One-page report circulated widely.

More information and the background reports that fed into this document are available on request.

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