

South Africa COVID-19 and Vaccine Social Listening Report 14 March 2022, Report 40

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March 17th, 2022|[Academic Articles](#)

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

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KEY TRENDS

Pfizer report misunderstanding. There has been a great amount of conversation about the Pfizer report released on the 8th March ([Here](#)). It includes a list of 1,291 potential side effects that were monitored for during the trial. This has been seized on – by anti-vaxxers and media as a list of actual Covid-19 side effects ([Here](#)). People are reacting angrily to the fact that the report was only released after a US Freedom of Information request, and see this as evidence that the number and range of side effects have been suppressed. There has been a 5,000% increase in Google searches for Pfizer, 800% increase for Pfizer side effects, and 3,500% increase in searches indicating that South Africa took the wrong vaccine. The misinterpretation of the report has been seized on by mainstream media. For instance, Gagasi FM and Ukhosi FM in KZN both reported extensively – and erroneously – on the report, as did SABC 2.

There has been a significant increase in social media discussions. Reactions include:

- Praise for influencers who are calling out the government
- Concerns around fertility after getting the vaccine
- Many people saying they will not return for 2nd dose or the booster
- Relief from who never vaccinated

A video was widely circulated to incite workers and students to sue employers and universities; “Now that we know Pfizer vaccines are killing people and they themselves acknowledge this in their findings, will students be suing universities?”

And workers suing employers who coerced them?” It also caused confusion by referencing unverified claims that “people have died because of the adverse reactions to the vaccines and SA government signed backroom to not hold the pharmaceutical companies liable”. [Here](#)

Declining media interest. Overall there has been a decline in media interest in Covid over this reporting period (351 articles compared to 525 in the first week of February) but we have seen the highest level of interaction (330,700 compared to 25 200 in the first week of February). This is largely due to responses to the Pfizer report.

Herd/natural immunity confusion. There has been social media discussion about what herd immunity means in relation to natural immunity; and what being “fully vaccinated means” in relation to booster shots.

Do we still need masks? There is confusion due to mixed messages on vaccination and masks driving more negative sentiments and vaccine hesitancy. A statement from Prof Karrim ([here](#)) on the need to review Covid mandates and the possibility of easing mask mandates generated a lot of discussion and some confusion, with reports from Free State and others areas that masks may no longer be needed. This feeds into the ongoing social media discussions that masks should not be required outdoors and should only be worn in confined places.

Changes in protocol and Covid fatigue. Changes seem to be causing confusion, e.g. changes to the protocol, mixing and matching of vaccines and waiting period before the next. Also, the rumours that “Covid is over”, “sick and tired of Covid”, “why should we continue to vaccinate or take boosters?” and that they “will only wear masks in closed spaces; work or malls” ([Here](#)) continue to cause confusion and lax attitudes towards vaccination, making it difficult to “encourage people to vaccinate and continue wearing masks” ([Here](#)).

Vaccine destruction. There is critical discussion about the news that South Africa may destroy 100 000 vaccines ([Here](#)).

Vaccine site confusion. The closure of sites has created confusion, with people complaining that they don’t know where to go, especially for second or third vaccines.

Youth campaign #KeReady. The youth focussed campaign is apparently leading to an increase in youth and 12 – 17 years olds having vaccines. There are visible increase in vaccinations where there is high engagement on KeReady youth campaign which is also helping to address misinformation. However, there are still information gaps. People still don’t know vaccine are free both at public & private and there is unhappiness with side effects and others have NOT come back for their 2nd Pfizer jab especially among the people who had side-effects from 1st jab and worried that the 2nd will be worse. Although demand has been driven around boosters, as most vaccinations are for boosters (not new), there is also a need to reach 18-34, but also some in 35–49 with more focus on vaccination sites in schools.

National Covid Contact Centre. The majority of calls are similar to previous weeks: people needing help with certificates, concerns with certificates for people travelling or emigrating, and problems due to changed phone numbers. The number of people requesting information on booster shots has increased following the release of bulk SMSs to large numbers on EVDS. Additional calls relate to side effects – none severe – and guidance on what to do if one is Covid positive.

Vaccine preference. Aurum has found a strong preference for Pfizer at sites rather than J&J.

Share of engagement by vaccine subtopic, Twitter and digital news, South Africa

DISTRICT REPORTS

- **Buffalo City Metro (Eastern Cape).** Ads in the media do help increase vaccine sentiment. There is worry that there could be new variants. Fewer people are coming to vaccination sites. Many employed people are not vaccinating as can't get time off work. Vaccination in schools is increasing.
- **OR Tambo (Eastern Cape).** Vaccination is increasing in schools, with many parents now consenting. Young adults are still hesitant. There is a rumour that people vaccinated for Covid will become HIV-positive; and another one that you will turn into an animal 3 years after being vaccinated (creating zombies). Some people are sharing #KeReady to Flex on social media.
- **Ekurhuleni (Gauteng).** It is slow, but there is still demand for vaccination, especially as unvaccinated face some limitations. Some people 36 – 49 are feeling left out – too young for vouchers, too old for #KeReady. Youth do not want to feel forced to do something, they want to make their own decisions.
- **Johannesburg (Gauteng).** There is some limited vaccination, due to fear of hospitalisation and death.

- **Umkhanyakude (KZN).** View that Covid is less dangerous now, so unclear why vaccination is still needed. Fear that vaccination will reduce their sexual performance. Less than half of high school students have vaccinated, so more education and encouragement is needed in schools, especially as students fear side effects. The fear that people will die 2 years after vaccination is hard to disprove as 2 years have not passed yet. The enthusiasm or reluctance of the teachers explain vaccination is absorbed by the students.
- **Ehlanzeni (Mpumalanga).** Vaccinations are increasingly slightly. Many vaccinations are happening in schools. Many people the health workers talk to say they have vaccinated – though it is clear if this is true, or an attempt to have the health workers stop asking questions. News reports that SA has reached the ‘recovery stage’ of the virus are circulating, which tends to demotivate people from vaccinating. Fear of severe side effects is a major concern.
- **Dr Ruth Segomotsi Mompoti (North West).** #KeReady has raised some enthusiasm among youth, but still not many are vaccinating. Many youth feel that the vaccine is no longer relevant as few people are sick with Covid anymore, and many see social media against vaccination. Many people still have difficulty getting to a vaccination site. There is fear of side effects, and also the myth that vaccines contain micro-chip. Several sub-districts are now collaborating well.
- **Namakwa (Northern Cape).** Many people over 50 years came for their booster this week, though the youth are still vaccine hesitant overall. Most people are not wearing masks. There are rumours that the virus is now so weak vaccination is not necessary anymore, and that vaccines cause infertility and erectile dysfunction. Religious groups, especially the Rastafarians, continue undermining vaccination. Local newspapers giving good coverage of #KeReady. Some youth using drugs (dagga and Tik) say that the drugs protect them from Covid. Youth feel the government is failing them with study and job opportunities, and they are not interested in vaccination.
- **Cape Winelands (Western Cape).** Many people now think that Covid is over as people are back at work and children all at school. There is zero adherence to masks in the community. Most people vaccinating are coming for boosters, not first-timers.
- **Garden Route (Western Cape).** There are still people who will vaccinate if we come to them – they will not come to the clinic themselves. Some people had bad side effects from the booster, and are telling others not to take the booster. The #KeReady campaign is generating some enthusiasm among youth.
- **Khayelitsha (KESS, Western Cape).** Young people are showing interest in the #KeReady.

MISINFORMATION

- **MISINFO:** ~~Pfizer’s own data shows over 1,291 side effects of covid vaccine.~~ **TRUTH:** The report on which the claim is made was released in 2021 and includes a list of known side effects, not those of the covid vaccine. The vaccine is safe and side effects are mostly mild. 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 encourage variants. 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 or make us more susceptible to contracting this or any other virus See [here](#) and [here](#).
- **MISINFO:** Vaccines are dangerous and 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 See [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 the use of long painful needles. **TRUTH:** Covid vaccines may cause slight pain, like a poke or pinch, for only for a few seconds. See [here](#) and [here](#) for tips and advice on managing fear and pain.

AIRA Viral Facts Africa – The COVID-19 pandemic is not over!

- **Concerns:**

There is little concern visible in the public narrative about Covid-19. While it is promising that there is no longer panic around the disease, it is concerning that some people believe that COVID-19 no longer poses a threat.

The conversation around COVID-19 in monitored countries has also declined roughly 98% from January 1 yet new COVID-19 cases have only declined roughly 16%.

- **Viral facts:**

Is the COVID-19 pandemic over?

Dropbox: https://drive.google.com/drive/folders/1c5RNsV_eplmb-sUEucgc6Ke_oPMUYAcN

Twitter EN: <https://twitter.com/viralfacts/status/1498191304064393221>

Facebook EN: <https://www.facebook.com/viralfacts/videos/1780954905448064>

HIV Variant

Dropbox: <https://www.dropbox.com/sh/i3lionpalofvno2/AABtEI5mGfU8ZCGaBohanHWca?dl=0>

Twitter EN: <https://twitter.com/viralfacts/status/1496734154868027399>

Facebook EN: <https://www.facebook.com/viralfacts/videos/4938258846260196>

Vaccine safety and effectiveness

Dropbox: <https://drive.google.com/drive/folders/1xukQjyem22JUULZTVdd4LeYNTFhR5IDD>

Twitter EN: <https://twitter.com/viralfacts/status/1496082102374178819>

Facebook EN: <https://www.facebook.com/viralfacts/videos/692397961779969>

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- Prepare and distribute a document to correct the misinterpretation of the Pfizer report. Consider engaging audiences or holding a briefing to explain the document and the research.
- Consider releasing *Find my Jab*, an NDOH/ Right to Care app that offers site information needs to as soon as possible and ensure it is up-to-date to overcome problems for finding sites.
- Create content that clarifies the meaning of herd immunity and how many need to be vaccinated to achieve this, and vaccine effects on Omicron.
- Clarify whether vaccines are expiring and what the procedures are for this.
- Prepare public for potential 5th winter wave.

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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