

SA COVID-19 and Vaccine Social Listening Report 4 August 2021, Report 12

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This is a weekly report of Covid & vaccine sentiment, rumours & misinformation in South Africa.

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KEY TRENDS

- Several surveys of vaccine hesitancy were published last week. VaxScene suggested 62.4% would probably or definitely take the vaccine (19.9% definitely or probably No); GCIS said 62% were willing or very willing to take it (28% unwilling). However, Afrobarometer study ([here](#)) suggested a majority 54% were somewhat or very unlikely to be vaccinated (43% somewhat or very likely to get the vaccine). Clearly, a big discrepancy: there are different methodologies and sample sizes. We are investigating further as this is clearly central to the success of the vaccine rollout programme. Also, low levels of trust in government were suggested in the surveys.
- Fears of losing jobs by workers if they are not vaccinated. There are reports that employers are making it compulsory for all employees to get vaccinated, on radio & news article ([here](#)).
- Ongoing online conversation about people losing family members or experiencing severe adverse effects after vaccination and not knowing how to report this. (Report adverse events to the hotline on 0800 029 999 or on MedSafety ([here](#)) or email AEFI@health.gov.za).
- Concerns about vaccination drive being perceived as perpetuating “vaccine apartheid”, i.e. middle class seen to be getting a “better vaccine” – single dose J&J vaccine taken by the President is perceived as better than the two dose Pfizer vaccine being offered to the majority.
- Some people are worried that they will not be able to work and travel if they do not have the vaccine.

- Reports that some people are forced to come to work even when they have reported being exposed.
- Many continued claims that Ivermectin is effective in treating COVID-19 ([here](#)). Black market for ivermectin is expanding with online advertising ([here](#)).
- Discussion of CNN reports that there might be a need for a third jab of Pfizer to deal with the delta variant ([here](#)). However, this has not been authorised by WHO.
- Vaccine hesitancy due to many reports of people becoming infected after vaccination (breakthrough infection), and still having to do physical distancing & mask. (The fact that vaccination reduces the risk of severe symptoms and death from COVID not known by many).
- Belief that prayer is more effective than vaccine is causing more people to be vaccine hesitant ([here](#))
- Concern that some who aren't eligible per government rollout are getting vaccinated by their employers.
- Reports of organised groups of antivaxxers in South Africa that are actively mobilising against vaccination and NPI. Some antivaxxers protests are in contravention of COVID regulations.
- High interest in Google search trends among the 18 to 34 year olds, following the president's announcement that their registration window will open on 1st September.
- Ongoing queries from people who contract COVID just before 1st or 2nd doses of vaccine who are unsure of the next course of action.
- Health facility challenges with paper-based registration and poor recording. Some vaccination sites are not capturing information in real time, which prevents some people from receiving the second dose.
- Various tweets suggesting that CDC deletes reports of COVID-related deaths on their website. This rumour is gaining traction on social media ([here](#) and [here](#)).

MISINFORMATION AND TRUTHS

- **MISINFO:** Vaccines are dangerous. **TRUTH:** Vaccines work with minimal risks. See [here](#) and [here](#).
- **MISINFO:** mRNA vaccines are suspect, are not vaccines and alter your DNA, and COVID hasn't been isolated. **TRUTH:** mRNA are vaccines and are effective. COVID has been isolated. (This isn't new misinformation, but there are new iterations of these circulating).
- **MISINFO.** Vaccination is an issue of freedom! Vaccination will become compulsory and will be fired if you refuse. **TRUTH:** In SA we have freedom of choice, no one can force you to take the vaccine, not even your employer. Vaccination is not compulsory but there are key debates about those who refuse vaccination and they are public facing. See [here](#) and [here](#).
- **MISINFO:** Masks don't offer increased protection. **TRUTH:** Masks are shown to be effective in mitigating spread of COVID19. See [here](#).

PROPOSED RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Clear messaging & widespread communications needed on EVDS / Scheduling (registration encouraged but can go for vaccination without SMS); age groups (e.g. can 18-34s register before 1 September? Can they walk in after 1 Sept without registering? etc.)
- Ongoing communication response needed to key health concerns regarding vaccines (e.g. no SA deaths related to vaccinations, how to report if adverse event), relation to alcohol and medication.

ISSUES RAISED FOR FOLLOW-UP

- Ongoing concerns about vaccination of people without documentation.
- EVDS: There are still issues where people entered incorrect information on registration, which prevents them receiving SMS, and this cannot be corrected by the call centre. EVDS team to work on this, with call centre. (RCCE to liaise with EVDS team in National DOH).
- Policy is required for vaccination sites when people present for the 2nd shot if the 1st is not recorded.

NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (AIRA) (see [here](#)), the “Identify” stage. The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. We pool information from the following:

- **SA National Department of Health**
- **Covid Hotline:** Reports from the Covid call centre
- **Praekelt.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 2,000 community volunteers reporting misinformation and concerns
- **Real 411 Media Monitoring Africa:** a mis- and disinformation reporting and response system

- **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):** Civil society representative in response to COVID-19
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch; HSRC; IPSOS**

Other organisations involved: Government Communications & Information Service, SA Council of Churches, People's Vaccine Campaign, Clinton Health Access Initiative, Heartlines, Health Systems Trust, Children's Radio Foundation, DG Murray Trust, People's Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV Institute, UN Verified, HealthEnabled, Deaf SA, SA National Council for the Blind, and SA Disability.

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