



## South Africa Covid-19 & Vaccine Social Listening

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This is a weekly report of Covid-19 and vaccine sentiments, rumours & misinformation in South Africa. It provides an analysis of online and offline content. Thanks to all who contribute to this report each week.

### KEY TRENDS

**Interest in COVID-19 vaccine.** This week saw a rising interest in search queries on Google in “Can you fire employees who refuse vaccination?” (+4600% compared to the previous week), “How does Pfizer vaccine work?” (+4150%), “Biovac Covid vaccine” (+3200%), and “best Covid vaccine” (+250%). The following links were most shared by SA Twitter users [\(Here\)](#) and [\(Here\)](#).

*Interactions over time on COVID-19 vaccine Facebook, South Africa (relevant period highlighted)*




**Conversations on COVID-19 vaccine.** Online conversations about COVID-19 vaccines that generated most engagements in the past week were related to effectiveness and immunity, access and safety. Key themes were analyzed on selected digital news, Twitter and Facebook channels, with negative sentiment showing on themes of risk and medical controls, and #worldhealthorganisations a driver of negative sentiment. Facebook posts about COVID-19 vaccines generated about 6k over the past week (-50% compared to the previous week). Issues of risks and safety were negatively portrayed. Conversations on Twitter generated 800 engagements (-75% compared to last week). Digital news articles generated over 1.3k engagements (-75% compared to previous week). Top articles on digital news media by engagement included [\(Here\)](#), [\(Here\)](#), [\(Here\)](#), [\(Here\)](#), and [\(Here\)](#)

**COVID-19 adverse events.** Ongoing questions about why the Department of Health continued to create demand for vaccines following news of a death from the J&J were noted this week. Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated. Although CDC has said data from the US Vaccine Adverse Events Reporting System (VAERS) is not necessarily complete, accurate or verified, and does not necessarily mean the vaccine caused the death, [\(Here\)](#) VAERS data continues to be promoted as showing vaccines cause death. E.g. the SAVERS group on Telegram formed to share adverse side effects people claimed to be associated with COVID-19 vaccines, circulated and shared an unverified article under the title “CDC reports 5 300 errors in vaccine doses given to kids as latest VAERS data from a government US-funded system, show 155 reports of deaths in children 6 months to 17-year-olds”. [\(Here\)](#)

**Proliferation of fake news.** There was an unusual fake news proliferation after the reported available vaccines for boosters following the extension of the Pfizer expiry date. [\(Here\)](#) In response, social scientists emphasise the need for empathy, over ‘scientific slogans.’ “Building rapport with people who are sceptical of COVID-19 vaccines is a vital ingredient to winning over those who are distrustful of the benefits of vaccination and health advice,” according to the University of Surrey researchers [\(Here\)](#). They recommended the following:

- Create partnerships to support social media activists with technical support, emotional support and support in creative, effective communications to encourage better online chats
- Use of governance frameworks that work with social media platforms to reduce misinformation.

The anti-vaxxed groups were reportedly now using the “*carrot emoji*” to hide anti-vax content from moderators and get around the social media platform’s algorithms that quash misinformation”. [\(Here\)](#) One person revealed that he “*just got invited to a Facebook group with a couple of hundred thousand members where people share stories about why they think the COVID-19 vaccine killed people they knew. But instead of saying vaccine they use the carrot symbol, presumably to evade censorship.*” [\(Here\)](#) One person said; “...my uncle 55, had brain tumour after  [\(Here\)](#)

**Ongoing interest in Pertussis spread and disinterest in the vaccine.** There was more interest and views on social media about Pertussis following the NICD report about the “increase in Pertussis cases in South Africa on 21 September 2022”. [\(Here\)](#) Negative public sentiments this week included “*My friend who is 7 months pregnant was instructed to have whooping cough vaccine, her arm is very painful 4 days later. Besides why on earth would you do that. Surely, if you breast feed baby gets natural immunity*” [\(Here\)](#) The facts about Pertussis reported by the NICD, included:

- “*Very few pertussis cases were reported through the notifiable medical conditions as result of decreased transmission related to non-pharmaceutical intervention to prevent the spread of SARS-COV-2*”
- “*From the beginning of 2022 to 15 September 147 pertussis cases were notified with a steady increase in the number of cases reported since May and a sharp increase from (n=33) and September (n=53)*”

**Omicron sub-lineage clusters.** People were sceptical about the news on the clusters of COVID-19 Omicron (XAY) sub-lineage cases reportedly found in Gauteng and Limpopo. Ten were reportedly found in Gauteng and four in Limpopo (caused by designated XBA1). However, scientists said this week they haven’t seen an increase in hospitalizations. [\(Here\)](#) People on Facebook were mostly sceptical and others blamed the media for “promoting cheap journalism” and expressed their disappointment. Misinformation included calling Omicron “a bad flu” and “a lie”, e.g.

“*Report on something else, please*”, “*Omicron, smomicron, lomicon, stop this*”, “*this is a lie*”, “*so 10 people got bad flu*”, “*no one cares*”. [\(Here\)](#)

**COVID-19 vaccine refusal.** The ongoing claims that “*COVID-19 is long gone*” have affected negatively the campaign to increase the vaccine uptake. However, new variants are still a potential threat and could lead to a significant reemergence of the disease, according to experts. Responses to the weekly COVID-19 updates were negative. [\(Here\)](#) Most people claimed they were not aware that COVID-19 still existed and were surprised by the high number of new COVID-19 cases and deaths. Others were suspicious that the cases and deaths rose ‘*after the extension of the vaccines expiry date*’, some thought it was “*a political diversion away from Eskom's failure to keep the lights on*”.[\(Here\)](#)

**New rumour.** There was also a new rumour which associates vaccine with anti-aging. “*Good thing about it [vaccine] when u take it, u won’t grow old much*”. [\(Here\)](#)

**Monkeypox vaccine.** The news that CDC has expanded pre-exposure eligibility for monkeypox was dismissed as “*madness*”, “*a joke*” and “*a scam*” on social media. [\(Here\)](#) At risk people nationwide were to be now able to get Bavarian Nordic’s Jynneos monkeypox vaccine before being exposed to the disease. However, the sentiments were negative. “*Yimpambano yodwa leyo [this is madness]*”, “*So, covid scam failed now this is a backup plan*”, “*another money making plan*”, “*Not this time we are not taking any vaccine*”, and “*leave us alone*”. [\(Here\)](#)

**COVID-19 Contact Centre.** More queries have been focused on rules for travel for this week. Citizens have been requesting exemption letters which allow them to travel without having to complete the 14-day waiting period after vaccinating. They are being redirected to the embassies. A few more citizens calling around PCR testing when leaving and entering the country. Agents continue to assist with administrative queries with regards to changing personal information, providing vaccination codes and assisting with Vaccination certificates. Many more citizens have been reporting that Clicks stores have no Pfizer vaccines available.

Health calls

- There have been a few reports around minor side effects like headaches, fever, etc
- Citizens have been calling in for their Covid test results
- Agents have been making use of the *findmyjab* app to redirect callers looking for alternative health sites.

## MISINFORMATION

**MISINFO:** ~~Covid vaccines cause heart attacks and inflammation of the heart.~~ **TRUTH:** While there are some cases of inflammation of the heart (myocarditis, the risk is very low, see [here](#)) there is no evidence to support claims that covid vaccines directly cause heart attacks. See [here](#).

**MISINFO:** ~~Vaccines side effects are being under reported and can kill you.~~ **TRUTH:** No evidence to support this claim, most side effect are mild and self-resolving. See [here](#), [here](#) and [here](#). SA has excellent adverse reporting mechanisms backed by evidence see [here](#) for credible local site on adverse reactions.

**MISINFO:** ~~People who have been vaccinated are more likely to get seriously ill from COVID.~~ **TRUTH:** No evidence to support this claim. People who have been vaccinated far less likely to experience severe symptoms. See [here](#) and [here](#).

**MISINFO:** ~~Monkeypox is just the scam name for the side effects of the Pfizer covid vaccine.~~ **TRUTH:** Monkeypox is a viral disease and not an auto-immune diseases so it cannot be caused by a side effect to a vaccine and the vaccines do not have any live virus in them. See [here](#) and [here](#).

**MISINFO:** ~~Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** No evidence to support these claims. COVID however can impair sexual performance. See [here](#), [here](#) and [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 the Viral Facts content responding to misinformation which can be used freely. You can find previous AIRA infodemic trends reports on the [AIRA page](#) and [TechNet-21](#).

### COVID-19 is over

Claims that the COVID-19 pandemic has ended have led to differing narratives regarding the need to continue to need any preventative measures in place, most specifically COVID-19 vaccinations.

What can RCCE do?

Highlight the vaccine's ability to mitigate severe symptoms and complications from contracting the disease without inoculation, and how it can protect individuals from new strains of COVID that may become prevalent. [\[LINK\]](#), and [\[LINK\]](#)

### ~~Vaccines contain mRNA which is leading to an increase in monkeypox~~

What can RCCE do?

Consistently promote accurate information regarding monkeypox symptoms, transmission, and mitigation methods as communities have expressed confusion about the disease. [\(Here\)](#) and utilize social science research to determine community-specific barriers and enablers for responses to the monkeypox outbreak to enable tailoring of RCCE and other interventions. [\(Here\)](#) and [\(Here\)](#)

### **Address persistent rumours**

**Rumour:** ~~Vaccines contain mRNA which is leading to an increase in monkeypox.~~ **Response:** Vaccines provide protection against serious complications from COVID-19 and the new variants. [\(Here\)](#)

**Rumour:** ~~Inaccurate assumptions of vaccine side effects/ long-term effects.~~ **Response:** Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated

**Rumour:** ~~COVID-19 no longer exists / never existed.~~ **Response:** COVID-19 cases have declined but health authorities are warning of a potential 5th wave Viral Facts response

## **PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT**

**Ongoing integration plans for the COVID contact centre:** The name of the centre will change as part of the RCCE efforts to integrate COVID-19 work with other health services. The RCCE will continue to promote the call centre and its operational days and hours on all communication platforms, and to inform people that COVID-19 still exists and remains a constant threat. All health messages will also include 0800 029 999.

**Community feedback mechanisms:** RCCE to reinforce national community feedback mechanisms created as part of the pandemic response to monitor and address emerging concerns regarding other health outbreaks, including monkeypox, to enable rapid response and to limit adverse effects such as increased stigma, risky behaviours, delayed access to health services, and noncompliance with public health recommendations. The RCCE will continue to promote accurate information regarding monkeypox symptoms, transmission, and mitigation methods, as well as other chronic diseases.

**Reinforce COVID-19 vaccine safety:** The RCCE will continue to engage community members to reassure the public that COVID-19 vaccination is safe and that severe side effects are rare, and to develop health promotion messages around vaccine safety and effectiveness tailored to specific population groups (e.g. adolescents, caregivers) to ensure they receive full, accessible, diversity-sensitive, and age-appropriate information through engaging and creative content.

**Booster dose campaign.** The RCCE and the demand creation team will implement a booster dose campaign before the festive season. The communication Strategy has been developed, presented to the MAC for Social Behavior Change, RCCE technical working group and provincial health communicators. The RCCE will also communicate a schedule for the booster doses.

**Vaccination sites.** The RCCE will continue to update and publicize the operating vaccination sites for booster doses. The public is encouraged to check and confirm the operational vaccination sites, especially in the private sector vaccination sites, through EVDS, Find-my-Jab or contact centre.

**Find my Jab App.** The work to update the operative vaccination sites continues. The contact centre also continues to re-direct calls to this alternative information source.

## **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-19 contact centre:** Reports from the national call centre
- **Praekelt.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
- **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-19 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.

*The drafting team this week includes Herkulaas Combrink (UFS), Janine Simon-Meyer (UNICEF) and Charity Bhengu (NDOH). The data for this report was collected by the National Department of Health (NDOH), COVID Contact Centre, Health Systems Trust (HST), University of Free State (UFS), UNICEF and Real 411. The report has been reviewed and approved by Nombulelo Leburu (NDOH).*

**Contact:**

Nombulelo Leburu, National Department of Health  
 Peter Benjamin, HealthEnabled  
 Charity Bhengu, National Department of Health

[nombulelo.leburu@health.gov.za](mailto:nombulelo.leburu@health.gov.za)  
[peter@healthenabled.org](mailto:peter@healthenabled.org)  
[charity.bhengu@health.gov.za](mailto:charity.bhengu@health.gov.za)

082 444 9503  
 082 829 3353  
 083 679 7424