

South Africa COVID-19 and Vaccine Social Listening Report 5 November 2021, Report 25

November 5th, 2021 | [Academic Articles](#)

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

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KEY TRENDS

- **Online conversations:**
 - **Online spike in vaccine hesitancy & scepticism spiked.** This week, general vaccine conversation volume was similar to the rest of October but the dynamic of the conversations had shifted significantly to the *vaccine hesitant* and *vaccine sceptic*, a spike to about 59% on social media, e.g. [here](#).
 - **New trends on vaccine hesitancy:** The key conversation drivers related to vaccine hesitancy on Facebook and Twitter included posts about “drop-outs, people not showing up for their second jab (received 11,000 likes & 2,500 retweets, e.g. [here](#)); and parents resisting the vaccination of their children “because of the low Covid risks infections among them”.
 - **Conversations on vaccine safety dominated:** Levels of vaccine-related online activity slowed across all platforms this week. Online conversations about Covid vaccines that generated most engagements in the past week were related to safety (22%), access/availability (18%) & children (16%).
- **Conspiracy theories about the Fourth Wave:** Conspiracy theories that predictions of a 4th wave of Covid in SA showed that the pandemic was actually planned and controlled by people. It was suggested that the 4th wave had been ‘put back’ until after the election campaigns for political reasons. Several people accused politicians of “gambling with people’s lives when it the elections are a super spreader should have been cancelled” (e.g. [here](#), and in comments [here](#)).
- **Global attention** on SA for “trying to end Covid-19 vaccine inequity by replicating its own vaccine” but “the intellectual property implications are still murky” ([here](#)), the

post received 1 500 likes, and a few negative comments, e.g. “replicating a disaster shot”, “Moderna won’t enforce Covid-19 vaccine patents during pandemic” and positive comments” Good for them! I wish other countries would take their lead rather than looking for a handout”.

- **Vooma Voucher scheme:** The R26m pilot scheme incentivising older people to vaccinate was received with mixed reactions. Many positive comments, some saying the resources should be re-directed for job creation believing that a lot could be achieved “If only they spend half as much time and effort into creating jobs as they do with these vaccine drives” ([here](#)), others hostile saying that this is bribery exploiting poor people.
- **Social media accounts spreading misinformation are banned:** Facebook’s and YouTube’s have agreement to remove posts making false claims about Covid vaccines ([here](#) & [here](#)) was supported by many people against misinformation causing vaccine hesitancy. Others felt this was arrogant and suppressing free speech, e.g. “typical of the capitalists to control the Covid-19 vaccine narrative”.
- **Covid-19 vaccine dropouts:** While 30% of adults have now been vaccinated ([here](#)) there is a significant problem of people who received the first Pfizer vaccination then “dropping out” and not getting the second, due to having experience some side effects the first time and fearing worse adverse reactions. This is a barrier to getting people fully vaccinated.
- **Vaccinating the undocumented:** Pilot projects allowing vaccination of SA citizens and immigrants from other countries without official documents are happening in Durban, Tshwane and Cape Town ([here](#)). However, in most of the country undocumented people cannot register and therefore cannot be vaccinated ([here](#)). This causes as “some vaccination sites are empty all day” when “COVID-19 knows no borders” ([here](#)).
- **The adoption of mandatory Covid-19 vaccination policy** across various businesses and institutions, including the University of Cape Town ([here](#)) has led to some public backlash from vaccine hesitant individuals among them many saying they had no choice and would “vaccinate to gain varsity entrance” ([here](#)). Employees reporting being forced to “conditionally accept” the policy on mandatory Covid-19 vaccination, and there is advice on how to get around these rules ([here](#) – this thread received 1 730 likes and 1 000 retweets). Others complained about being forced and the “new age of the dompas” ([here](#)), and questioning why vaccination is required to attend for some sporting events while the same restrictions did not apply for voting stations ([here](#)).
- **Concerns about side effects in teenagers** of Covid-19 vaccine to children 12-17 years old following news about the delay of the Moderna vaccine for adolescents reportedly due to the “possibility of the vaccine causing a rare heart condition” ([here](#) and [here](#)). As a result, many parents are hesitant to allow their children to vaccinate ([here](#)). Children not needing their parents’ consent for vaccination has sparked a debate about the Children’s Act and the relationship between children’s rights and parents’ rights & responsibilities.
- **Conversations about long-term side effects driving hesitancy.** These conversations were found on several social media accounts (e.g. [here](#)), falsely claiming that more vaccinated people get sick ([here](#)) and a scare story of a woman who had a stroke after being vaccinated was retweeted 1 400 times ([here](#)). Highly dubious rumours are spreading that the Pfizer vaccine disrupts women’s periods causing pain, and reports that women have been bleeding for more than 10 days, and they now cannot walk.
- **Testing expensive:** There is frustration that Covid testing remains expensive while Covid vaccination is free.

LOCAL / DISTRICT / PROVINCIAL ISSUES

This new section summarises social listening from areas around the country. For more information on reports from 13 health districts, see [here](#).

- **Johannesburg, Gauteng:** Community outreach before a pop-up vaccination site arrives has led to better uptake of vaccinations – though in a few cases pop-up sites did not come on the day they were advertised, leading to long waits for nothing, frustration and expected less eagerness to do this again.
- **Garden Route, Western Cape:** There is low uptake by 12 – 17 year-olds due to fear and the parents being vaccine hesitant themselves (via usual parental control and influence rather than any legal requirement of parental consent). There is a need for mobile vaccination units to go out to farms, especially where the health facility is far away over untarred roads.
- **Namaqua, Northern Cape:** Youth vaccination has increased now that the J&J vaccine is available, which is greatly preferred. Myths are still circulating that people will die 2 years after vaccination; the vaccine is from the Devil; cause infertility and erectile dysfunction; and that natural remedies are better. Pentecostal churches and Rastafarians remain hostile to vaccination, though individuals can be won over through dialogue. A loud hailer and more materials (leaflets, posters) are needed to increase vaccine acceptance.
- **Dr Ruth Segomotsi Mompati, North West.** There is a decline in vaccination here. Rumours circulating include that vaccines affect your DNA and severe side effects will kill you. There is suspicion here as the President previously indicated that the vaccine is not compulsory, but now it looks more like is being “forced onto people”. Parents would like to be able to sign consent forms for 12 – 17 year old children to be vaccinated. More transport is needed to bring people in remote areas to vaccine sites. Our Sunday mobilization encouraged more people to register and vaccinate, especially teenagers.
- **Amathole, E Cape:** There are several ‘anti-vaxxers’ who are actively spreading disinformation. Combing vaccination with other activities like sport & elections has been effective. Transport to sites remains a problem, and many 12 – 17 year olds remain very scared of vaccination.
- **Mangaung, Free State:** Mobilizing at schools has been effective in reaching 12 – 17 year olds. Social media spread misinformation about vaccination, especially among teenagers, which their parents and teachers do not correct, Vaccine uptake by the over 60s has decreased. More vaccine cards are needed at Dr J.S Moroka Hospital.
- **Khayelitsha and Eastern Sub-Structure, Western Cape:** Talks on radio are effective at reaching people in Khayelitsha. One caller to the radio station said they were advised by their family doctor that his mother had a stroke after receiving her vaccination shot and they are intending to sue the Government Pop-up vaccination sites are effective. A vehicle loudhailer would help.
- **Harry Gwala, KZN:** The misinformation that vaccination will make you infertile is circulating among youth on social media. Teenagers in schools are largely hostile to vaccination.
- **OR Tambo, E Cape:** Vaccine acceptance is increasing among the elderly over 60. Some you are saying why should they vaccinate when they had Covid and survived without vaccines. Some people ask why are the waves of Covid infection predicted,

and why was the fourth wave stopped for the election. It is bad timing to be trying to vaccinate teenagers now that it is exam season.

- **Ehlanzeni, Mpumalanga:** Vaccination rates are increasing, 25,000 people were vaccinated in 3 days. The elderly and women are the most vaccinated groups. There is concern about what the government will do to people who are not vaccinated; and whether undocumented foreigners can get vaccinated, or will they be deported. Risk of penile dysfunction prevents many men from vaccinating. Some local leaders are hostile to vaccination and are very influential in the area. Some local businesses are now ‘marketing’ the vaccine. More pamphlets and posters will help.

MISINFORMATION

- **MISINFO:** ~~You need a vaccine certificate to vote.~~ **TRUTH:** Voters in the upcoming municipal elections will not be required to provide proof of Covid vaccination to cast their ballot. See [here](#).
- **MISINFO:** ~~Government should be promoting ivermectin instead of vaccines.~~ **TRUTH:** The evidence on Ivermectin as an effective treatment or prevention is still not clear. Rather it seems part of campaign to mislead, see [here](#) and [here](#).
- **MISINFO:** ~~Vaccines change your DNA.~~ **TRUTH:** Covid vaccines do not change your DNA.. See [here](#) and [here](#)
- **MISINFO:** ~~Vaccine certificates are a new form of ‘dompas’.~~ **TRUTH:** This is an unfortunate comparison linking legitimate process, like yellow fever certificate, to document based on race and used as an active tool of oppression during Apartheid. See [here](#) and [here](#)
- **MISINFO:** ~~Vaccines cause infertility in men and women, and negatively impacts their sexual performance.~~ **TRUTH:** There is no evidence to support these claims. See [here](#) and [here](#) and [here](#).

PROPOSED ACTIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Increase production of leaflets and posters (IEC) to distribute in all districts, especially in local languages. Continue with the production of information for community mobiliser to help them debunk rampant misinformation.
- Continue providing accurate information with verified statistics on the risk of contracting the virus and having severe symptoms after vaccination.
- Continue providing information that demonstrates that the risks associated with contracting Covid far outweigh the risks of vaccination, and why vaccines are considered safe and effective.
- Send out messaging that vaccination does not cause infertility or erectile dysfunction, which remains a major fear driving vaccine hesitancy.

- People who have received the vaccine can be mobilised to communicate with the public and influence others to vaccinate through ‘living testimonies’. The “Vooma Vaccine Champions” (Vax Champs) will be launched next week.
- Emphasize hopeful messages highlighting vaccines are crucial for ending the pandemic and share solidarity messages around protective measure and safe behaviours

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