

## SA COVID-19 and Vaccine Social Listening Report 12 July 2021, Report 9

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This is a weekly report of COVID & vaccine concerns, rumours and misinformation in SA prepared by the RCCE Social Listening. We aim to hear voices throughout South Africa (note on methodology & collaboration below).

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### KEY TRENDS

- Relief as over 50s are starting to vaccinate. Excitement at the announcement that over 35s will be able to vaccinate in August. Many pictures & positive stories of people being vaccinated, see [here](#).
- Worry and fear at high and rising Covid third wave, especially in Gauteng, see [here](#).
- Daily vaccinations near 200,000 per day is widely welcomed.
- There is definite eagerness to register and start the vaccination process by many, see [here](#).
- Several surveys on vaccine hesitancy were published this week (NIDS-CRAM [here](#), UNICEF Community Rapid Appraisal, [VaxScene](#)). All showed increasing levels of vaccine acceptance, with over 70% willing to take the vaccine. See [here](#) and [here](#). (Recommendations from these surveys are included below).
- All surveys agreed that youth are considerably more vaccine resistant than older people.
- 18% of people worry about vaccine safety. 9% are very convinced that vaccines are unsafe.
- The Call Centre was inundated with calls; an average of 7 000 calls a day, with 112 186 calls to date. The largest number of calls on appointment queries (32 503, about 30% of calls), to reschedule venues (13 576, 12.3% of calls) and to reschedule dates (8 528, 7.5% of calls). The challenge is the centre agents do not have access to change appointments on EVDS and

many “no shows” at vaccination sites are due to this inability to reschedule appointments immediately.

- There’s a significant gap between intent and action – more want the vaccination than in practice are able to access it due to logistical and other barriers, see [here](#).
- Hunger is increasing with many calls for extended government relief programmes.
- Worrying reports of people profiting from fake cures, and also anti-vaccination religious leaders, e.g. “In God we trust, no vaccine for us”. See [here](#) and [here](#).
- Damaging endorsement of an unapproved ‘cure’ by MEC Panyaza Lesufi, see [here](#).
- Reports of large number of teachers, especially in Gauteng, refusing vaccination, see [here](#).
- Hostility to politicians and other connected people being first in the vaccination queue. Most want to see ‘normal’ people being vaccinated, see [here](#).
- Rumours about different vaccines (some favouring J&J, some Pfizer). Suggestion that there are different vaccines for rich and poor.
- Some areas are doing well with vaccinations, e.g. Limpopo and uMgungundlovu. The key issues are leadership and working with trusted local organisations.

## **RUMOURS & MISINFORMATION CIRCULATING** (with the Africa Infodemic Response Alliance)

- **MISINFO:** COVID is a giant hoax, more die from the flu. Linked to [Dr Tros Bekker](#) **TRUTH:** Flu does not kill more people than COVID, see [here](#).
- **MISINFO:** [Masks are bad](#), vaccines don’t work. **TRUTH:** [Vaccines](#) work, so do [masks](#).
- **UNPROVEN:** Ivermectin prevents and cures COVID-19. (**TRUTH:** Ivermectin is not an approved treatment for COVID-19, and investigation is ongoing to establish if it is an appropriate COVID-19 treatment. See [here](#) and [here](#)).
- **MISINFO:** Vaccines untested and kill people (**TRUTH:** Vaccines are safe. Death linked to vaccines is 0.0018%, see [here](#). In the US in June, 99% of those who died from Covid had not been vaccinated, [here](#)).
- **MISINFO:** [Phishing scams](#) saying how to get new relief funds. (**TRUTH:** Sadly, there are no additional government relief programmes. These schemes steal from poor & desperate people).

## **SUGGESTED RECOMMENDATIONS**

- **Reduce barriers** that prevent intent to vaccinate from leading to action. This will have a bigger impact than persuading the hesitant. Experience from all countries with vaccine programmes is that as the rollout proceeds, more people want it (everyone knows people who have been vaccinated without ill effect, changing social norms, not wanting to be ‘left out’).

- Need to **involve youth**. Work with youth organisations on how to support constructive engagement, and how the vaccine rollout will benefit them, their families & communities. In schools explain the vaccine process with information to take to their families. Enlist their help.
- All areas need to learn **lessons from Limpopo and uMgungundlovu** on vaccination progress.
- **Local trust** is the key. Build allies with organisations & leaders at local level. Run vaccine awareness & training for faith organisations, traditional leaders, councillors & other local groups.
- Vaccination should happen at **weekends**. It is a big missed opportunity to speed up the process.
- Make it easy to **turn intent into action** to vaccinate. In all areas identify local challenges and logistical barriers and try to overcome them. Have more mobile vaccination points which were important this week.
- **EVDS frustration** continues (most calls to the Covid Hotline are about it). EVDS must not be a gatekeeper restricting access to vaccination for the eager. Instead, it should be a supportive information system assisting people through the vaccination journey. Stop instructing people which particular facility to go to – for many this is unhelpful with many reports of people being sent to facilities far away.
- Major communication effort is needed to explain the new **vaccine rollout process**. Registration period before vaccination (e.g. for 35 – 49) is unlikely to work.
- Clear explanations of the **different vaccines** and why we are using several vaccines.
- Must be a system to prioritise **people with co-morbidities** for vaccination (younger than 35).
- Publicise that **people without IDs** (especially migrants) are able to vaccinate.
- **Covid Champions**. Start formal system for people to volunteer to encourage people to vaccinate in their families, communities and on social media.

## NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (see [here](#)). 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, 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:** network of communication specialists producing information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **SA Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27, Right To Care**
- **Medical Research Council, National Institute for Communicable Diseases**
- **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 and HealthEnabled.

**Contacts:**

Charity Bhengu, National Department of Health. [charity.bhengu@health.gov.za](mailto:charity.bhengu@health.gov.za)  
 Peter Benjamin, HealthEnabled.

083 679 7424

[peter@healthenabled.org](mailto:peter@healthenabled.org)

082 829 3353