

South Africa Covid-19 & vaccines Social Listening Report 28 February 2023, Report 82

South Africa Covid-19 & vaccines Social Listening Report 28 February 2023, Report 82

February 28th, 2023 | [Academic Articles](#)

Click [Here to download](#) as a PDF

This is a weekly report of the RCCE Social Listening and Infodemic Management team on COVID-19 vaccine and other health emergencies concerns, sentiments, rumours, and misinformation in South Africa. It provides an analysis of online and offline content. Thanks to all who contribute to this report each week.

ONLINE KEY TRENDS | COVID-19

Conversations about vaccine hesitancy. A study on vaccine hesitancy in South Africa highlighted conspiracies, mistrust, and media's role in misinformation about COVID-19 and vaccination. ([Here](#)) The sentiments included a field of suspicion in perceptions and attitudes towards illness and vaccination, and persistent uncertainties and doubts concerning adverse side effects, symptoms, or outcomes of disease. ([Here](#)) There was talk about the haphazard way in which the media reports about COVID-19 and conflicting messages coming from health experts and government authorities, and mistrust of the institutions involved. ([Here](#)) There were also speculation, rumours, "fake news" and whispers about COVID-19's nature and true origins spread via local social networks. ([Here](#))

Claims about COVID-19 vaccine shortages. A news report revealed that the health department was sitting on a huge stockpile of 29.7 million Covid-19 vaccine shots. ([Here](#)) However, many people complained that were vaccination sites without vaccines. ([Here](#)) *"The news channels are advising people to go for the booster shots but there is no vaccine. Nowhere in Witbank"* ([Here](#)) *"Haven't been able to find a site that is actually vaccinating even though there are clinics nearby."* ([Here](#)) *"Dischem and clicks in Roodepoort (Hendrik Potgieter side) don't have stock."* ([Here](#)) *"Measles is now a priority"*. ([Here](#))

More frustrations about vaccine access. There was a discussion about people being told to wait for other people before being vaccinated to avoid opening a vial of six doses for one person. *“PE Baywest Dischem keeps jerking me around. Several weeks ago, they asked me to wait for six people to vaccinate or they would have to throw away the rest. If there aren’t six, they will not vaccinate.”* ([Here](#)) *“I tried for my booster at Dischem Nicolway in Jhb but there was no stock and I tried the Petervale Public Clinic (Witkoppen/ Cambridge in Petervale) and they have plenty of stock.”* ([Here](#))

High interest in COVID-19 news. Digital news about COVID-19 that received more traction included *“HST continuation of funding to promote HPV vaccine”* using the community mobilizers to create awareness in KZN, in collaboration with the Cervical Cancer Prevention and Promotion Campaign (CCPAC). *“A War on Pediatric Care Is Putting Children at Risk”* article and misinformation by the anti-pediatric vaccine movement ([Here](#)).

Celebrity misguided tweets. Celebrities on Twitter continue to spread misinformation ([Here](#)) claiming that vaccines caused COVID-19. ([Here](#)). There was high interest in *“South Africans can finally test for Covid-19 at home with a self-test kit”* news article. ([Here](#)) and questions about *“miscarriages in pregnant women due to COVID-19 vaccinations”*. ([Here](#)) There were more misguided reactions in relation to *“Adults hospitalized with omicron die at 1.5 times rate than those admitted with flu”* ([Here](#)) and news about *“Effect of Higher-Dose Ivermectin for 6 Days vs Placebo on Time to Sustained Recovery in Outpatients With COVID-19”* ([Here](#))

OFFLINE KEY TRENDS | MEASLES

Measles controversy. A poster was shared on the Measles Outbreak WhatsApp Group that medical practitioners were divided on measles vaccines. Those in favour cited the diseases that vaccinations had eradicated while those in opposition listed the cases of children who had allegedly had adverse reactions to vaccines to the point of complete retardation of the brain. They added that almost every medication had side effects.

Another controversy on WhatsApp group involved the Muslim community led by the Jamiatul Ulama in KwaZulu-Natal (JUKZN) that the measles vaccine contained porcine gelatine (pork) that was not permissible for Muslim to take. Later that week, the United Ulama Council of SA (UCCSA) issued a statement that taking the vaccine was a matter of choice and preference; no individual may be compelled to take it, nor should one who refuses to take it be criticized or ridiculed.

However, both the Muslim Judicial Council and the Islamic Medical Association of South Africa concluded that the transformation of pork products into gelatin alters it sufficiently to make it permissible for Muslims to receive vaccines.

ONLINE KEY TRENDS | MEASLES

Measles META campaign. Feedback from this social media campaign highlighted interest in the promotional advert which received 6,8 million views in Gauteng, Northern Cape, KwaZulu-Natal, North West and Western Cape which included negative comments. ([Here](#))

Views leaned mostly towards genuine queries on the when, why, and how around the vaccine and the campaign. Some people were encouraging others to immunize their children, saying “*the measles vaccine has been around for a long time and is normal, no need to be afraid.*” ([Here](#))

The negative comments included wrong perceptions about common vaccine side effects and parents’ refusal to vaccinate their children. It was not clear whether their refusal was because they did not have the facts about the side effects, or whether it was because their children already got their dose at school or just poor communication.

Men were more negative about vaccination telling people not to “trust the government”, because they “want to kill our kids”. However, women knew more about the children’s vaccine schedule, and trusted the vaccination process more.

Measles vaccine hesitancy. Several people were sceptical about taking the measles vaccine. It was concerning that some were of the view that the measles vaccine was developed after the COVID-19 vaccine.

Measles testing sites. There were also queries about measles testing sites, uncertainty about whether all public healthcare facilities provided testing of the diseases, and required additional information about measles testing.

Measles vaccination campaign. Other people were interested in the immunization campaign. Their queries ranged from people wanting to know the ages for the additional doses and why this was limited to certain age groups, and sought more information.

There were also concerns about “*Measles outbreak declared in Cape Town*” ([Here](#)), “*Measles virus’ transmissibility more severe than Covid*” ([Here](#)) and “*African leaders call for urgent action to revitalize routine immunization*” ([Here](#)). There were also concerns about “*Measles outbreak declared in Cape Town*” ([Here](#)), about the push by health workers to vaccinate children against measles ([Here](#)) and the lessons learned about the most efficient ways to counter them ([Here](#)) and re-infection. ([Here](#))

OFFLINE KEY TRENDS | CALL CENTRE

General queries. The general queries across the channels topped this week’s calls. The sentiments on National Health Hotline highlighted a need for more information on general health issues. They included general health-related calls for information about measles and where to get the additional measles dose for children.

COVID-19 testing. The calls also included requests for COVID-19 test results, a call about the COVID-19 test results of the deceased mother to close the estate, people requiring access

to a list of sites for COVID-19 testing and information about the isolation period after testing positive for COVID-19, and guidelines for isolation.

Vaccination sites. There were calls from agents assisting citizens in using [findmyjab](#) to locate the closest vaccination site, queries about the list of available sites and one person who was unable to be vaccinated as the facility required at least 6 confirmed vaccinees before opening the vial to vaccinate.

EVDS queries. The queries included a nurse called in to report capturing the incorrect dose on EVDS, information edits including requests for changes to personal information like ID numbers, surnames, mobile numbers, as well as vaccination record updates.

Forced vaccination. A caller reported that his employer is forcing him to declare his health status, requiring assistance with access to the National Health Act and his right to privacy, an enquiry by a business as to procedure of reporting new cases of COVID-19 amongst employees.

Non-related queries. There were also calls via WhatsApp/Web chats which included queries on update on application for UIF, access to SASSA grant and updates on parcels, reports that the citizen lost handbag containing ID document and drivers' license, assistance with university applications, registration and access to student numbers, an enquiry around where to do a paternity test, and assistance with clearing debt.

OFFLINE KEY TRENDS | COMMUNITY FEEDBACK

COVID-19 engagement. Volunteers from SA Red Cross continue to communicate about COVID-19 and vaccine targeting community members including their leaders and vulnerable populations groups such as undocumented persons, migrant workers, and victims flood and other disasters in both rural and urban areas, to address related myths and wrong perceptions.

Community engagement. The volunteers reported that vaccines continue to stir most of the conversations in the communities since the introduction of the COVID-19 booster campaign. In Kimberley, many people were affected by measles and suffering without access to clean water and proper sanitation. The volunteers also continue to conduct cancer, HIV/AIDS and TB awareness through peer education programme.

Measles outbreak. The volunteers reported that community members were spreading misinformation, claiming "*measles is suddenly back because COVID-19 didn't win*". The volunteers explained the difference between COVID-19 and measles. They also helped to trace suspected measles cases and referred them to the nearest health care facilities.

Measles vs Chickenpox. The community was also interested to know about "*the difference between measles and chickenpox*". The volunteers explained the physical appearance of the diseases as chickenpox being a rash that started as raised red bumps and that these bumps turn into itchy fluid-filled blisters, or vesicles, that will eventually rupture and leak before scabbing over. While measles rash appeared as flat red spots, although raised bumps may sometimes be present.

Fear of measles vaccines. There were also claims related to hearsay about vaccine side effects. *“I hear that the vaccine makes you sick after you take it. So, I am afraid it will make things worse.”* The volunteers explained that the vaccine presented possible minor side effects in most people after administration such as a sore arm for a few hours, and tiredness. The volunteers encouraged people to seek medical assistance or to visit the clinic if the side effects persist.

Measles vaccine composition. Some people were curious about the composition of the measles vaccine, asking; *“why are ingredients of the vaccine such a secret? Is it poisonous?”* The volunteer explained that the ingredients of the Measles-Mumps-Rubella (MMR) vaccine licensed for immunization, were not a secret. Two doses of MMR vaccine are about 97% effective; one dose is about 93% effective.

COVID-19 vaccine myths. The community members were interested to know if the claim that the disease was man-made was true. *“Is COVID-19 a man-made disease? Is that why the vaccine was made so quickly?”* It was explained that misconceptions about the man-made virus remain unproven.

COVID-19 vaccine demand. There were people who expressed interest in vaccination, saying *“I would like to get vaccinated”*. The volunteers helped them to register on the EVDS and referred others to the nearest clinic where they could be assisted with vaccine registration.

HIV testing supported. The volunteers supported a community awareness effort that was initiated by Health Systems Trust (HST) on HIV testing in KwaZulu-Natal, with the highest prevalence of HIV infections. This entailed verifying the number of blood samples and test results collected at local clinics and in community-based settings, so that those found to be HIV-positive could be initiated on the ART regimen best suited for their [viral load](#) also working closely with the provincial Department of Health.

MISINFORMATION

MISINFO: ~~You can't have COVID-19 and cold flu at the same time.~~ [\(Here\)](#) **TRUTH:** Yes, you can have both diseases at the same time. Testing may be done to see if you have COVID-19 or the flu, although this is uncommon. People with flu and COVID-19 at the same time can have more severe disease than people with either flu or COVID-19 alone. Flu vaccine protects against infection from influenza viruses, while COVID-19 vaccines protect against the SARS-CoV-2 virus. [\(Here\)](#) and [\(Here\)](#)

MISINFO: ~~There is no need for flu vaccine if you have vaccinated for COVID-19.~~ [\(Here\)](#) **TRUTH:** Yes, you can vaccinate for flu even after vaccinating for COVID-19. COVID-19 and the flu have several differences, including different causes, complications, and treatments. They also spread differently, have different severity levels and a few different symptoms, and can be prevented by different vaccines. [\(Here\)](#) and [\(Here\)](#)

MISINFO: ~~The natural immunity I get from being sick with COVID-19 is better than the immunity I get from COVID-19 vaccination.~~ [\(Here\)](#) **TRUTH:** Getting a COVID-19

vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19 and can provide added protection for people who already had COVID-19. ([Here](#)) Those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery. ([Here](#))

~~MISINFO: COVID-19 vaccines cause variants.~~ ([Here](#)) **TRUTH:** COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19. Instead, COVID-19 vaccines can help prevent new variants from emerging. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants. Everyone should stay up to date with COVID-19 vaccines and boosters to reduce the spread of the virus and help prevent new variants from emerging. ([Here](#))

~~MISINFO: COVID vaccinations make you more susceptible to serious illness and death and most COVID deaths now are triple vaccinated people.~~ **TRUTH:** No evidence to support these claims. More people did lose their lives during COVID – due to COVID not the vaccine see [here](#) and [here](#) and [here](#).

~~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: Vaccines are harmful to people who are immunocompromised.~~ **TRUTH** COVID-19 vaccines are made available to provide ongoing protection, especially for older persons and those who are immunocompromised who are at the highest risk of severe COVID complications. ([Here](#))

~~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: There is no need to vaccinate the child again if they were fully vaccinated against the measles virus.~~ [here](#) **TRUTH:** The children who is fully immunized will receive an additional measles dose during the national measles campaign and their contacts will also be vaccinated.

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 Viral Facts content responding to misinformation which can be used freely. You can find previous reports on the [AIRA page](#).

Cholera – The recent announcement about cholera cases in South Africa left room for many narratives to emerge on social media platforms. Social media users were not surprised about the announcement as they blame electricity load-shedding for every issue they face, including

the insufficient supply of safe water. Some users have also displayed pandemic fatigue as they are tired from updates related to COVID-19, measles, and now cholera.

What can we do?

- Work with local communities to address any potential information gap and misinformation.
- Amplify accurate information on how cholera can be diagnosed, connecting users with services and providing resources in local languages.
- Share the [\(WHO\)](#) fact sheet and VFA videos [\(Here\)](#) [\(Here\)](#) as preventive materials.
- Advocate for the implementation of adapted long-term sustainable solutions to ensure the use of safe water, basic sanitation, and good hygiene practices in cholera hotspots.

Measles – The measles outbreaks in multiple African countries reveal information gaps and misinformation rapidly spreading through social media platforms and in communities. Depopulation narrative in South Africa in replies to a Facebook post by Eyewitness News also show the persistence of conspiracy theories that the measles vaccine is a plan “*for future population control.*” Comments on a post by the municipality of eThekweni (KwaZulu-Natal) around the national measles vaccination campaign show vaccine hesitancy and preference for traditional medicine instead.

“Plans to sterilize 400k children for future population control”, “Gates agenda continues. Don’t trust health authorities anymore after the covid vax”, “Let’s hope it’s not undercover #corona virus cz you guys are not trusted in our kids”, “what herbal/indigenous/traditional medicine can be administered instead? Where are the eThekweni traditional health practitioners and what role will/do they play la?”, “Do white kids take vaccines?”, “You know I have never seen a white person with this stamp you have on your shoulder.” [AIRA page](#)

Why it is concerning:

- There is a confusion in the media and in the public about the Measles- Rubella (MR) vaccine for pregnant women, who should not receive the MR in principle.
- Distrust in the government and global public health agencies can contribute to vaccine hesitancy and lead to low uptake of routine vaccinations.
- Distrust and challenges to accessing health facilities and vaccines may encourage people to turn to self-medication and unproven cures to protect themselves and delay seeking appropriate medical care when sick.

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

COVID-19 is not over. The RCCE continues to advocate for vigilance and adherence to public health measures to stem the spread, and to highlight the vaccine's ability to mitigate severe symptoms and complications from contracting the disease and how vaccines can protect individuals from new strains of COVID.

Vaccine side effects/ long-term effects. Side effects continue to be misinterpreted or overstated. The RCCE continue to reinforce messages on COVID-19 side effects with updated material that is relevant to a specific concern, and to provide verified accurate information regarding the COVID-19 vaccine and booster doses. For information on the Get the booster you need campaign, click here. ([Here](#))

COVID-19 vaccine sites: Concerning is that people are frustrated about not finding a nearest vaccination site or clinic with vaccines. RCCE to address these challenges and update the vaccination list, as well as address the issue of the private sectors who insist on people to wait for 6 people before opening the package.

Measles outbreak: Address misinformation about side effects from measles vaccines and create a social media poster explaining why fully vaccinated children should take an additional dose during the campaigns, and the claims of children being vaccinated at school without signed consent forms.

Measles immunization at schools: It was recommended that the RCCE should communicate the steps which schools should undertake to facilitate immunization of learners at the school premises, following requests for NICD to help facilitate the process.

Improved collaboration: Stronger partnerships were recommended with youth organisations in the communities and nationally to be able to address the gap in measles youth vaccinations, and consideration of partnering with Influencers, events managers, stadium management, youth at schools and universities to widen access to messaging and community feedback.

Information gaps. Information gaps about measles immunization were highlighted as especially about information for the vulnerable populations including undocumented persons, and to address the overlapping negative sentiments about COVID-19 and measles.

Controversies about measles vaccines. It was recommended that the RCCE should facilitate the development of official communication to respond to the views of the matter of the Muslim's communities on measles immunization, and that the health community workers should be made aware of the controversies.

Measles outbreak. The RCCE continues to encourage parents to ensure that their children are up to date with their routine immunizations using the [Road to Health](#) schedule. The RCCE should also respond to all the questions and explain why children who are up to date with their immunizations should be vaccinated again, why older children have also been included in the national measles immunization campaign.

Two-way engagement on measles. The RCCE in partnership with Side by Side has created opportunities for parents to share their concerns and questions regarding the measles immunization with expert to increase trust and uptake. There is also visible engagement on

measles on radio and social media platform, and other efforts to improve rapid response. Click here for more information on childhood vaccination (*Here*)

Misinformation on measles. Using the existing social listening platform, the RCCE continues to ensure active monitoring of misinformation and rumors to allow for rapid response to take place, including localized information on how to access routine immunization, vaccine schedules, common side effects, and effectiveness.

Confusion about measles vaccines. Clarify who is eligible for the measles vaccine, and who is eligible for the Measles-rubella vaccine as they are not necessarily the same, and share this message in trusted communication channels (e.g. health care workers, local radio, community leaders).

METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement (RCCE) Working Group of the Department of Health in South Africa. 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**
- **National Health Hotline:** Reports from the national callcentre

National Health Hotline: 0800 029 999

WhatsApp [HYPERLINK](#)

“https://wa.me/27600123456?text=Hi”: 0600-123456

He [HYPERLINK](#)

“mailto:healthhotline@health.gov.za”althotline

HYPERLINK

“mailto:healthhotline@health.gov.za”@health.gov.za

[Twitter](#) | [Instagram](#) | [YouTube](#)

<https://medsafety> [HYPERLINK](#)

“https://medsafety.sahpra.org.za/”.sahpra.org.za/

[AEFI@](#) [HYPERLINK](#)

“mailto:AEFI@health.gov.za”health.gov.za

<https://findmyjab.co.za/>

<https://www.real411.org/Report Misinfo>

WHO/AIRA [ViralFacts](#)

- **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
- **SA 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
- **Health Systems Trust, Community Constituency Front (CCF), HealthEnabled**
- **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, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

The drafting team this week includes Charity Bhengu and Nombulelo Leburu. The data for this report was collected by the NDOH, National Health Hotline, NICD, Red Cross, HST and UFS.

Contact:

Nombulelo Leburu, National Department of Health
nombulelo.leburu@health.gov.za 082 444 9503

Peter Benjamin,
HealthEnabled peter@healthenabled.org 082 829 3353

Charity Bhengu, National Department of Health
charity.bhengu@health.gov.za 083 679 7424