

SA COVID-19 and Vaccine Social Listening Report 07 June 2021, Report 4

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This is a weekly report of Covid & vaccine concerns, rumours and misinformation in SA prepared by the RCCE Social Listening and Infodemiology team. We aim to hear voices throughout South Africa, not just the people who are already 'loud' in social & broadcast media (see the note on methodology and collaboration below).

KEY TRENDS

- **Positive sentiment about vaccinations** is widespread with support for over 60s being vaccinated.
- **Vaccine demand definitely exceeds supply**, at least for now.
- **Vaccine hesitancy seems to be reducing as the rollout expands** (multiple anecdotal rather than systematic evidence).
- However, there are still many **concerns about vaccinations**. Several myths were reported by pensioners in SASSA grant queues indicating misinformation is a barrier to registration.
- **Vaccine safety** concerns are also raised by the general public, indicated by the widespread sharing of an article headlined 'More dead from COVID-19 vaccine than ALL vaccines from last 20 years combined'.
- **Vaccine Access:** Confusion around accessing the vaccine persisted, both through EVDS and at sites. Some people with appointments are turned away, while some unregistered people receive vaccines.
- **Inconsistent approach to walk-ins** at sites amplifies concerns around **lack of equity**. There was a large increase in on-line searches for vaccine sites and walk-in sites.
- **Poor EVDS user experience** and inconsistent digital access perpetuate fears of lack of equity in the vaccination rollout.

- **Poverty as a barrier to vaccination:** logistical and financial barriers impair access to vaccination, leading to frustration among those feeling excluded. This is prevalent among elderly people living in poverty, where limiting factors include transport costs, access to a smart phone and data charges. In many cases, vaccine hesitancy is not the problem – poverty is.
- The **C19PC Community Organising Working Group** says that it, “*Strongly opposes the DOH’s vaccination process*”. They reported that EVDS is inaccessible to the working class and the poor. “*It is clear that accessibility to EVDS by the working class and the poor was not a consideration when the system was created.*” They stated that, “*We don’t even get Panados for the after effects of vaccination.*”
- **Vaccine preference** is emerging (Pfizer more effective; J&J just 1 shot), and there is a desire to know the long-term efficacy of the vaccines. (Will we need booster shots? When can I stop wearing a mask?)
- There is an active discussion of the **lockdown regulations**, with both supporters and detractors.
- “**Digital Vibes**” story undermines **public trust** in health communications and the Department of Health.
- Several **anti-vaxx** SA doctors and other influencers are gaining attention on Twitter and elsewhere.

RUMOURS AND MISINFORMATION CIRCULATING (adapted from the Africa Infodemic Response Alliance) Many rumours are repeated from previous weeks. New ones gaining traction this week are in **bold**.

- One myth particularly gaining ground is that vaccination places a magnetised tracking device in your arm (with images of metal sticking to the vaccination site). Google searches for “vaccine magnet” up 750%.
- Nobel prize winner Luc Montagnier says vaccines will kill you within two years (Google searches +300%).
- Deaths attributed to vaccinations: **Ben Kruger** (Binnelanders actor) & **Linda Shaw** (BBC presenter).
- **Anti-vaxxers likening mass vaccinations to a silent holocaust.**
- Conspiracy of silence about hiding vaccine consequences and massive numbers of adverse reactions.
- Herbs are better than vaccines; Ivermectin is a cure for Covid.
- Vaccination is a plan to depopulate Africa. Africans are being used as lab rats to test vaccines.
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SUGGESTED ACTIONS

- **Improve EVDS**, including sending SMS out to confirm people have been registered. Urgently resolving technical challenges preventing Covid hotline operators from modifying registrations for frustrated callers.

- NDOH should **ensure compliance** with (or explicitly allow variation of) official guidance to health facilities on vaccination process regarding walk-ins, necessity of registration and other procedural barriers.
- **Communicate rollout details** (EVDS, supply, targets, guidelines) **widely, clearly and repeatedly** across all major media platforms, preferably with a televised speech by President Ramaphosa.
- **Improve efforts to manage expectations** and be honest with the public (how long the process may take, possible side effects, equity issues, admit mistakes). Widely circulate the hotline number and how to report an adverse event after vaccination, especially in non-urban districts. Make better use of **all media channels** to debunk myths, communicate vaccine process & manage expectations.
- Hold **weekly meetings with senior media staff** to amplify myth-busting & vaccine communications.
- **Make it easier** to be vaccinated: send mobile vaccine units to where elderly people are (e.g. arrange gatherings with local faith groups & community organisations). Promote local / community action plans.
- Explore **transport subsidies** for elderly to vaccine sites with taxi associations (SANTACO and others).
- **Vaccine sites at July SASSA payout points**: Organise good standard vaccination points (e.g. mobile units, dedicated rooms in retail shops) to reach poorer elderly people, bypassing all the issues with pre- registration, scheduling & transport to vaccination sites. We have 3 weeks to get this right.
- **De-brief those assisting elderly** to register in SASSA grant queues to understand barriers to vaccine registration. Address these barriers at all levels (national, provincial, district and microsite).
- Develop and widely circulate a **glossary of Covid-19 terms in all 11 languages** to make communication easier throughout SA. Send to media outlets (national, local and community) and offer training in usage.
- **Report anti-vaxx doctors** to the Health Professions Council of SA.
- Offer **free Panado** (paracetamol) after vaccination. It's a small price that will greatly reduce frustration.
- **Analyse data by geography** (health district level or smaller) to determine percentage of over 60s who have registered and been vaccinated by geography. Is there a difference between urban & rural?
- **Re-do the health care worker perception survey** to inform tailored communication.

NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (see here), Step One to "Identify" information gaps and misinformation. This Social Listening & Infodemiology team is part of the Risk Communications & Community Engagement Working Group of the National

Department of Health. We pool information from the following sources and organisations:

- - **SA National Department of Health:** DHIS2 reports and NDOH social media interaction.
 - **World Health Organization (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.
 - **Real411** Media Monitoring Africa: a mis- and disinformation reporting and response system.
 - **Covid Comms:** Collaboration of media professional developing content on Covid-19.
 - **Free State DOH:** Provincial Dept of Health in collaboration with the University of the Free State.
 - **Covid Hotline:** Reports from the Covid call centre.
 - **Praekelt Foundation:** Running the NDOH Covid WhatsApp system.
 - **Centre for Communication Impact, Centre for Analytics and Behavioural Change, Section 27.**
 - **Medical Research Council, National Institute for Communicable Diseases.**
 - **Researchers at Universities of Johannesburg, Cape Town, Free State; HSRC; IPSOS.**

Other organisations involved: Clinton Health Access Initiative, Heartlines, Health Systems Trust, Children's Radio Foundation and HealthEnabled.

More information and the background reports that fed into this document are available on request.

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Please circulate this report widely. We encourage others to join us.