

SA COVID-19 and Vaccine Social Listening Report 17 May2021, Report 1

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This is a weekly report on Covid & Vaccine concerns, rumours and misinformation (see note on methodology and collaborators at the end). Three surveys (different methodologies) suggest that the proportion of the population that will take a vaccine is increasing.

- UJ/HSRC (Dec/Jan): 67% (definitely/probably).
- NIDS-CRAM (Feb/Mar): 71% (strongly/definitely agree).
- UNICEF (March): 77% (yes).

Key Urgent Rumour and Disinformation issues emerging:

1. Social media tracking picked up concerns about efficacy and side effects of the vaccines.
2. Indian variant of Covid virus resulting in fears and xenophobia. Promotion of distrust of Indian people as spreading the virus, needing to block Indian people from entering SA.
3. Use of religion and Christianity in particular to imply that vaccines are tool of the devil, ungodly, unchristian etc.
4. Vaccine myths. They cause more deaths than being reported, they have deadly side effects, and they give us long term disease similar to HIV.

Recommended Actions for key rumours & disinformation:

- Develop messages and content emphasising benefit, i.e. efficacy as protection against severe illness and death, including against variants, and explaining side effects in simple language and African languages. Specify for each vaccine (J&J and Pfizer)
- Consider contact religious leaders and sector networks (e.g. Church in Action, SA Council of Churches, ZCC) to speak out about vaccines and religion to challenge that they are evil/ungodly etc.
- Interviews and experts speaking about virus mutations and variants of public concern, including in UK, India, and need to sustain protective practices.
- Where public harm imminent consider take-down requests to Facebook, Twitter and other platforms.

General Urgent Communication needs identified:

1. Clarify plan and logistics for Phase 2 from 17 May – who is eligible (Those over 60 years old), how to register, vaccination where and when, which vaccine will be used, how to get second dose, where to get help and information and how to report problems
2. Manage expectation of people and be honest, e.g. how many can be done in a day, how long after registration does the invitation/voucher get issued, how long queues might be, side effects may happen and how to respond
3. Encourage uptake – community supporters to assist over 60s to register, those vaccinated to encourage others to do the same
4. Build trust in roll out and prioritization – daily updates to demonstrate government has skill, capacity, competence and address emerging issues. (e.g. vaccine sites, supply chain, numbers vaccinated, dates and details of next phases)
5. Communicate often, address legitimate fears and concerns, be honest (what we know, what we don't know, what we still need to clarify) and clear
6. Ensure communication reaches community leaders, stakeholder networks and local forum (e.g. trade unions, clinic committees) i.e. provinces/districts and to engage and inform

Note on methodology and collaboration

It is compiled following the methodology of the WHO African Infodemic Response Alliance (see here). This Social Listening & Infodemiology team forms part of the Risk Communications & Community Engagement Working Group run by the NDOH. It pools information from the following sources

Listening reports submitted by:

- National Department of Health: DHIS and NDOH social media interaction

- Unicef: analysing search trends on *Google & YouTube, and Twitter & Facebook posts, and digital news articles*. *Google and YouTube trends data are from Google Trends, Twitter and digital news from Talkwalker and Facebook from Crowdtangle.*
- Real411, Media Monitoring Africa: Running a misinformation response system.
- Red Cross: Network of 2,000 community volunteers reporting misinformation and concerns.
- Praekelt Foundation: Running the NDOH WhatsApp system, which conducted a poll of 5,000 people on vaccine hesitancy this week.
- WHO Africa Infodemic Response Alliance
- UJ/HSRC: Researchers