

South Africa Covid-19 & vaccines Social Listening Report 13 March 2023, Report 83

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This is a weekly report of the RCCE Social Listening and Infodemic Management team on COVID-19 and other vaccine preventable disease outbreaks, 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.

ONLINE KEY TRENDS | COVID-19

Vaccination sites. People are becoming less likely to get vaccinated because of the persistent trend of people who cannot find a functioning vaccination site nearby being sent from pillar to post. *“I took my Down Syndrome daughter for her booster at Karl Bremer Hospital being the closest vaccine site to me only to be told that they have an outreach at Tygerberg Hospital”*. People are being encouraged to confirm the vaccination operations for the day before visiting the site. ([Here](#))

Other sentiments included *“Ocean View is not doing vaccinations at the moment”*, *“Could someone furnish me with clarity on my nearest vaccination centre to Ottery?”*, *“I am trying to find an active site in Johannesburg”*, *“I have been to a bunch of sites that was supposed to be active and no luck at all. Has anyone gone recently and know where to go in Johannesburg?”*, *“ZAH Hospital in Muckleneuk is centrally and easily located for Pretoria residents.”* People are advised to visit [FindMyJab](#) as well as call the National Hotline 0800 029 999 to confirm vaccination sites operating in their communities. ([Here](#))

Online media interest. *The online articles that received high interest during the social listening period included “An article about “50 leading national organizations unite to curb*

*infodemic of health and science misinformation and disinformation”, ([Here](#)) “Understanding the communication inequalities and health disparities among vulnerable groups during the COVID-19 pandemic – a scoping review of qualitative and quantitative evidence” ([Here](#)), “**Confusion about COVID-19 on social media**, the polarization of news sources, and the pace of scientific development on COVID-19, all contributed to an environment that made it easier than ever for misinformation and deliberate disinformation to spread” ([Here](#)) and “Long Covid being much less likely after omicron than after variant circulating at start of COVID-19 pandemic”. ([Here](#))*

OFFLINE KEY TRENDS | COVID-19

Adverse events. The National Institute of Communicable Diseases (NICD) received calls about the process to follow when reporting adverse events due to the COVID-19 vaccine. These queries were re-directed to the South African *Health Products Regulatory Authority* (SAPHRA), but the callers returned with the same queries.

ONLINE KEY TRENDS | MEASLES

Vaccine hesitancy. Some people were hesitant to sign consent forms for their children to be immunized because of past experiences with COVID-19 and advised others against child immunization. “*Ever since the fiasco with the COVID-19 jabs, we no longer trust the medical establishment*” and that “*it’s a lie, they are still using the same poison they wanted to give people when they said there’s COVID-19.*” ([Here](#)) Others were telling people to “*use Cod Liver Oil to treat measles*”. ([Here](#))

Another article that sparked a lot of engagement on Telegram particularly on *Vuka SA* was about the parental consent for measles vaccination. Amid the persistent misinformation about vaccination, some of the parents were unsure about whether they should give consent for measles and HPV immunization at school. ([Here](#))

The sentiments were “*They sent out a notice at my daughter’s nursery school today for measles vax, deworm and vit A drops.*” ([Here](#)) “*Don’t consent, say clearly NO, make a note and keep your child at home that day. If you don’t keep your child at home even if you do NOT consent, they jab them*”. ([Here](#))

“*I marked in bold with RED pen the NO choice. On the day I made sure I go to the teacher took her by her hand, looked her in the eye and said, you do understand that I DID not give consent, and that you do know there will be consequences if my wish is not adhered to? On the day my child and only 2 other kids stayed in the classroom, whilst the others went and received a “reward”.* ([Here](#))

Upon receipt of my 2nd child’s letter, I wrote a mail to the school asking for detail on name of vax, ingredients, side-effects (even though my answer is No). I stated that their little letter from Dept. Health is not giving the necessary information to make an informed decision. Nothing yet, letters need to be in by Monday. Mind blowing that parents just sign without

even knowing the name of the vax!!! Sending kids to the slaughterhouse without even knowing what's in it!" [\(Here\)](#)

"I didn't consent n the school called I emphasized to non-consent they didn't respect my wishes" [\(Here\)](#) _ "That's illegal. Act against them" [\(Here\)](#) and people asked for a list of facilities that provide measles immunization. [\(Here\)](#)

OFFLINE KEY TRENDS | MEASLES

Anti-vaccine. Anti-vaxxers continue to spread misinformation that *vaccine is causing mumps in children* using a WhatsApp poster. The sentiments included *this is the second case I have heard of today – a friend's daughter has not been well since measles vax at school", and past week, many people are asking about remedies for mumps.*

A poster by an anti-vax medical practitioner was also circulated on WhatsApp, claiming that *the so-called measles virus has never been proven to exist, there's no evidence that any vaccine, including the measles vaccine, is safe and effective and all vaccines contain toxic ingredients and cause harm, and even death.*

Another poster spreading doubt about vaccines on WhatsApp, encouraged users to report if a *"school is being uncool by enforcing an illegal vaccination rule and to keep your children out of school on vaccination days"* An academic article titled *Confronting the evolution and expansion of anti-vaccination.* An academic paper confirmed that the anti-vax campaign had intensified since COVID and spilling over to routine immunization.

OFFLINE KEY TRENDS | CALL CENTRE

General queries. The enquiries across the channels included a request for access to information around Cholera and they showed an interest in creating awareness at the workplace, access to hospital records, nurse seeking assistance with a patient's dog bite, and medical advice around side effects after vaccination.

EVDS system. There were vaccinators who required assistance with EVDS system in the field, assistance with registering/enrolling on EVDS, access to vaccination certificates and requests to resend vaccine codes, and others requesting changes to personal information like ID numbers, surnames, mobile numbers.

Vaccination site. There were requests for available sites – access to site times and callers confirming availability of nurses at sites for vaccinating, and others seeking assistance with findmyjab, and booster shot info around which sites offer the vaccination and where to go for "walk – in" vaccinations.

COVID-19 testing. Received enquiries about procedure after testing positive for COVID-19, citizens requesting results of COVID-19 test, rules of Isolation period after testing positive

for Covid, also enquiries about the vaccination of 5–11-year-olds at private facility, and the latest COVID-19 regulations regarding testing positive for COVID-19 and isolation period.

Health-related questions. They included *“I am a mother of 17-year-old son who was in Camp Church this weekend where one of the people in the Camp that he had contact with tested positive for Covid. my son came back with cold and flu on Monday and Tuesday, so I need to know what to do”, “I tested positive for COVID-19 at home, so need to know the process” and “I have been coughing for 2 weeks now went to the doctor but still coughing. Where can I go and test for Covid?”*

Other Non-Health related queries. Assistance with finding a nursing training school, company called “Rain” called to do a sound test (Mobile company) and about access to SASSA grant.

Chat services. Chats included queries about applications for Environmental Health Practitioner, applications for food parcels, different Job applications, and how to open a bank account.

ONLINE KEY TRENDS | TB

The conversations that gained more traction included the online article about frozen cells that revealed a clue for a vaccine to block the TB bug. It shared that *“Scientists at South Africa’s University of Cape Town have taken a major step towards creating mRNA vaccine against TB that could work for people of all ages.”* ([Here](#))

The sentiments on Twitter were “I’ll keep the one I have. No mRNA anything for me”([Here](#)), *“NPR with another big pharma ad dressed up like journalism”* ([Here](#)), *“Yeah, just load up on more shots for big Pharma. Everyone just gets more shots, live, and die the poison jabs”* ([Here](#)), *“Cool. Maybe they can create a vaccine for COVID next.”* ([Here](#))

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](#).

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.

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.

COVID-19 vaccine sites: It is concerning 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 sector sites that refuse to open a vial to vaccinate one person.

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.

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.

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:

National Health Hotline: 0800 029 999

WhatsApp HYPERLINK

[“https://wa.me/27600123456|](https://wa.me/27600123456)

Email HYPERLINK

[“mailto:healthhotline@health.gov.za](mailto:healthhotline@health.gov.za)

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

SAHPRA <https://medsafety> HYPERLINK

AEFI@ HYPERLINK

[“mailto:AEFI@health.gov.za”health.gov.za](mailto:AEFI@health.gov.za)

Find My Job <https://findmyjob.co.za/>

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

WHO/AIRA [ViralFacts](#)

- **SA National Department of Health**
- **National Health Hotline:** Reports from the callcentre
- **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 National Department of Health (NDOH), National Institute for Communicable Diseases (NICD), National Health Hotline, Health Systems Trust (HST) and University of Free State (UFS).

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