

SA COVID-19 and Vaccine Social Listening Report 19 July 2021, Report 10

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This is a weekly report of COVID & vaccine concerns, rumours and misinformation in SA prepared by the RCCE Social Listening (see the note on methodology & collaboration below).

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KEY TRENDS

- Devastating impact of unrest and looting on vaccination programme in KZN and Gauteng.
- Great excitement amongst 35 – 49 year olds who are able to register for vaccination, with over 1 million registrations in 24 hours. Lots of positivity on social media regarding this! See [here](#). 35 – 49 year olds have less challenges with the online EVDS than more elderly people, [here](#).
- Mistrust in government expressed, with vocal criticism on social media due to unrest, impact on vaccination rollout and the continued level 4 lockdown. Examples [here](#) and [here](#) and [here](#).
- The Call Centre was inundated with calls, particularly due to concerns regarding missed appointments as a consequence of unrest. Call centre agents cannot change bookings on EVDS so appointments were simply missed, not rescheduled causing anxiety in clients.
- Lower levels of engagement on digital and social media regarding COVID this week. The registration for over 35s was the stand-out Google search trend. Yet concerns continue around vaccine safety with online conversations on this topic generating 21% of total engagements. Concerns regarding impact of unrest on vaccine roll-out evidenced by [this](#) article being among top news articles by engagement, as well as News24 Tweet on Clicks and Dischem stopping vaccination featuring in the top 5 tweets of the week.
- Concerns continue regarding equity of vaccine roll-out and access due to differences in technology familiarity/access, access to transport and difficulties for non-SA residents in registering.

- Questions raised why now vaccinating 35 – 49 years olds when over 60s have not been completed.
- Launch of new WhatsApp-based survey trial by Praekelt Foundation indicates that vaccine acceptance continues to increase, with the biggest reason cited by those still hesitant being ‘risk of death due to vaccination’.
- Phishing scams offering ‘government relief’ continue to prey on people and a new phone hacking scam has been circulating widely.
- Ivermectin is being sold as a Covid cure – people are making money from misinformation, which adds a profit-motive to increased spread of misinformation, see [here](#).
- Sentiment that government & president focuses more on the needs of the employed middle class (mainly speaking English, employment subsidies and opening restaurants) than the poor (income grants, proper translation).
- There have been problems with ID numbers: many people without IDs are being turned away from sites, some fake IDs, and sometimes more than one person has the same ID number.

RUMOURS AND MISINFORMATION CIRCULATING (from the Africa Infodemic Response Alliance)

- **MISINFO:** [Natural immunity](#) is better than vaccine immunity TRUTH: Vaccines work, and vaccine immunity appears to be more effective than natural immunity. [Here](#).
- **MISINFO:** 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](#).)
- **MISINFO:** Delta variant is undetectable, and that it exhibits different symptoms including “viral pneumonia”. (TRUTH: It can be detected and can have different symptoms. [Here](#) and [here](#).)

SUGGESTED RECOMMENDATIONS

- **Increase mobile vaccination sites** – they are very appreciated. They should be well advertised – let local media & community leaders know before they come, and when they will return.
- **Vaccine inequality** will increase if barriers to access (especially transport) are not dealt with. Rapid investigation is needed into why vaccination rates are low in some districts, while sharing lessons learnt from successful places such as Limpopo and uMgungundlovu.
- Request public **input on what could reduce barriers** and make it easier for people to vaccinate. The Covid WhatsApp system could be used for this.
- Clear communication is needed on the **time for immune response** to build after vaccination, that 2nd dose of Pfizer is necessary and the continuing need for masks & social distancing. Vaccinated people getting sick (break-through infections) will

happen more frequently as vaccine rollout continues: communications must explain this clearly or confusion will undermine the vaccination effort.

- **Communication to over 60s** should say that they should vaccinate now. It doesn't make sense for them to wait for an SMS from EVDS (which may not come) while 35 year olds walk in.
- Provide regular (daily) **updates on vaccination sites** which are working to the callcentre.
- Policy & process to prioritise younger people with severe **co-morbidities** must happen urgently.
- The process needs to be clarified on the vaccination of **people without IDs** or passports (South Africans and foreigners). This must be communicated to the public widely, and to the health facilities that seem unclear on the process.
- All speeches by the President and Acting Minister of Health should be translated and broadcast on **national language radio stations**. Provincial Health MECs also should do radio PSAs in local languages.
- Start regular (**weekly**) **public sessions in each SA language** to explain the medical science of Covid and vaccines, the rollout process, respond to misinformation and answer questions. This could be through a webinar (e.g. Zoom) which is also broadcast on the national language radio.

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 and 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** is a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN**: Provincial Departments of Health
- **Centre for Communication Impact, Centre for Analytics and Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **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.

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