

South Africa COVID-19 and Vaccine Social Listening Report 21 March 2022, Report 41

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This is a weekly report of Covid & vaccine sentiment, rumors & misinformation in SA. Further info [here](#).

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KEY TRENDS

Social media: Interest in Covid and vaccines in Google searches increased this week on SA social media, especially for “Pfizer side effects”. Most shared links on Twitter include booking appointments at Clicks ([here](#)), the Pfizer report ([here](#)) and expiration of Pfizer doses ([here](#)). Engagements with news articles doubled over the previous week, no deaths from vaccines ([here](#)), potential fifth Covid wave ([here](#)), Kenya scrapping mask rules ([here](#)) and Pfizer dose expiration ([here](#)). Online conversations about COVID-19 vaccines that generated most engagements in the past week were related to effectiveness and immunity (29%), safety (16%), access and availability (14%) and children (13%).

The graph below illustrates the different tones of social media online conversation according to a “vaccine trust spectrum”. It shows that vaccine hesitancy is the largest contributor, and there was a spike in conversations in mid-March, partly due to interest in the Pfizer report.

UJ/HSRC study: This study ([here](#)) highlighted inequity in vaccination in SA. Millions of poorer South Africans, especially in informal settlements and rural areas, are willing to vaccinate but for structural reasons have not been able to. This includes lack of access to sites (there are more vaccination sites in richer areas than poorer), transport difficulties and costs, uncertainty and worry about vaccination of people without formal documents (both SA and foreign), as well as a lack of communication and community consultation. Social inequality is deeply embedded in the rollout and has reduced vaccination rates. It suggests that providing access in poorer areas, such as well advertised mobile pop-up sites, linked to community mobilization can greatly increase numbers of vaccinations. While communications aimed at persuading individuals to vaccinate is useful, this approach misses systemic equity issues of access to vaccination.

Covid fatigue: Many people express exhaustion around Covid, with sentiment that the virus is now very weak and Covid is over. There is questioning why we are still prioritising Covid. Related is less interest in vaccination – “I have survived the pandemic for 2 years, why do I need vaccination now?” There is positive sentiment at draft regulations ending mask wearing outdoors ([here](#)). There is concern that the government will not honour the proposed ending of the State of Disaster on 15 April ([here](#)).

Pfizer report: There is still considerable interest in the Pfizer report, which is being misinterpreted as a list of 1,291 side-effects of their vaccine (is actually is a list of potential side-effects that the study watched out for). This has been used by many people hostile to vaccinations as proof that they were right all along that Covid vaccines are very dangerous, Including from former Chief Justice Mogoeng Mogoeng ([here](#)) (see the Misinformation section below).

National Covid Contact Centre: Some people have reported being turned away from sites due to lack of stock of vaccine doses. Many calls come are about accessing vaccination certificates. Queries include vaccination sites operating in their area, regulations for religious gatherings, isolation periods for people infected with Covid and waiting periods before getting vaccinated, and accessing Vooma Vouchers.

Cases shifting to youth: The NICD reports that while there is an overall decrease in Covid infections, there are considerably more cases of people under 20 being infected (possibly linked to schools fully opening).

Covid infections rising in other countries: There is concern in SA at reports of Covid infections rising in many countries, including China, South Korea, Italy, UK and Germany with reports of a “stealth” sub-variant referred to as BA.2.

Sites are battling: There are many reports of vaccination sites not opening or not having vaccine doses. This leads to frustration and failure to vaccinate some willing people.

Feedback on rural KZN sentiment: Anecdotal evidence suggested that there were still misunderstandings of vaccines, lack of communications in many communities and structural problems preventing vaccination. Many people in rural areas do not have transport to vaccination sites – there are equity issues of access to vaccination. There was strong preference for the Pfizer vaccine, which was only in stock for a few days per week (in other parts of the country J&J is preferred).

This is a ‘word cloud’ of social media mentions in SA around Covid and vaccines. The emphasis on Pfizer this week is noticeable.

DISTRICT REPORTS

- **Buffalo City Metro (Eastern Cape).** Sentiment around vaccines is improving. Youth peer-pressure stops many from vaccinating, with fear of side effects and needles. People don’t know what to do if they experience severe side effects or how to report them.
- **Ekurhuleni (Gauteng).** Vaccine acceptance is slowly increasing, especially as people want to qualify for opportunities. There are concerns that young

people are being bought or bribed through the #KeReady competition. The Vooma Weekend 4 – 6 March went well.

- **Johannesburg (Gauteng).** Vaccinations are increasing in schools, and some family members use the school outreach sites as the queue moves faster. Due to the Pfizer document scare, some people are saying that the government not removing Pfizer now shows that they don't care about people's health. The changes of schedules (timing of 2nd dose and of boosters) is creating distrust.
- **Harry Gwala (KZN).** Vaccine acceptance is very low among 12 – 17 year olds – few students in schools are prepared to vaccinate.
- **King Cetshwayo (KZN).** Vaccine acceptance is increasing, especially among youth going to tertiary studies which require vaccination certificates. Deep rural communities are being ignored – many people want to vaccinate but clinics are too far away and they don't get mobile vaccination sites. Most vaccinations now are booster doses. Many youth are unemployed and say that they don't need to get vaccinated and they don't trust the government. The #KeReady campaign has been effective in increasing the numbers of youth vaccinating.
- **Ehlanzeni (Mpumalanga).** Vaccination numbers have increase by a 1,000. Men aged 18 – 34 vaccinate more than women (also men over 60 also vaccinate more than women). School vaccination is going well.
- **Bojanala (North West).** Vaccination is politicised – youth are resistant to vaccination as they are angry at government and think that Covid vaccination is only an issue for government, not them. They are much more interested in jobs than vaccination, which government appears not to care about (job not jab). Many people in peri-urban and rural areas still can't get to vaccination sites (Vaxi Taxis are needed). Age groups not getting incentives (i.e. under 50s) say they will only vaccinate if they get an incentive. Many people still don't have accurate information about vaccination. Youth programmes like #KeReady have some positive effect. Numbers for vaccination are higher at the weekends, so vaccination sites should be open then.
- **Cape Winelands (Western Cape).** Some are coming for booster shots, but vaccine sentiment is not changing. Very few people are coming for their first vaccination. Most people no longer wear masks.
- **Central Karoo (Western Cape).** Many believe that vaccines affect your sexual performance. More mobilisers in the district is helping improve vaccination rates. Social media information is circulating (particularly among youth) that there is no need to vaccinate, that SA took the wrong vaccination, and that boosters are dangerous.
- **Garden Route (Western Cape).** There is concern about another wave of the pandemic in Winter. Youth who had Covid believe they are resistant and so don't need to be vaccinated. Many youth feel that there is no Covid any more.
- **Khayelitsha (KESS, Western Cape).** This week has been better than previous weeks. When the SASSA grant payments are made more people come, especially in malls. The SMS reminder has motivated many people to get booster vaccinations. Vaccinated people help encourage other to vaccinate, giving their experience to reassure people worried about side effects.
- **Namakwa (Western Cape).** Many people over 50 years came for their booster. People opposed to vaccination are unhappy that they are not being

considered for employment. Many patients with other conditions (e.g. cancer, diabetes, TB) are suffering from poor service delivery at clinics. People are saying the President is going to lift all Covid restrictions soon. There are rumours that Covid is now so weak that vaccination is not necessary anymore, and that vaccines cause infertility. It is an ongoing battle to eliminate the anti-vaccine voice in some religious groups, including Rastafarians. There is interest in #KeReady Flex, especially when translated into Afrikaans. Local newspapers are providing us wide coverage. Youth are still very vaccine hesitant, with parents suggesting the following reasons: vaccination process takes too long; drug users (mostly dagga and Tik) believe that the drugs protect them from Covid; their bodies immune system are strong enough to withstand Covid; elderly people benefitted from cash incentives, not them; government is failing them with work and study opportunities and only care about vaccination.

MISINFORMATION

- **MISINFO:** ~~Covid booster vaccines are dangerous.~~ **TRUTH:** There is no evidence to support this claim. Boosters shots are normal practice for many vaccines, e.g. with flu vaccines. See [here](#) and [here](#).
- **MISINFO:** ~~Pfizer's own data shows 1,291 side effects of their Covid vaccine.~~ **TRUTH:** This is a misunderstanding of the report they released in 2021. It includes a list of side effects that they watched out for in the study – it is NOT a list of side effects of their Covid vaccine. The vaccine is safe and side effects are mostly mild. See [here](#) and [here](#).
- **MISINFO:** ~~Covid vaccines kill many people and there is a high chance they can kill you.~~ **TRUTH:** This is not true. Most side effect are mild and self-resolving. Severe adverse events due to vaccines are tracked very closely ([here](#) and [here](#)). There have been no deaths in SA due to Covid vaccination ([here](#)). Over 11 billion shots of Covid vaccines have been administered globally ([here](#)), with a small number of deaths caused by vaccines. While it is difficult to get reliable statistics of vaccine-related deaths globally, in the United Kingdom, over 141 million doses have been given, and medical authorities believe just 9 people have died due to the vaccine ([here](#)). By way of contrast, the UK has had over 163,000 deaths from Covid ([here](#)). See [here](#), [here](#) and [here](#).
- **MISINFO:** ~~Covid isn't that bad so we don't need to be vaccinated.~~ **TRUTH:** While some people who get Covid can show no symptoms, vaccines are highly effective in preventing serious illness and hospitalisation. It is true that the Omicron variant of SARS-CoV-2 (the Covid virus) is less likely to cause severe illness and death. However, Covid is still killing people. See [here](#) and [here](#)
- **MISINFO:** ~~Covid cases are low so now we don't need to vaccinate.~~ **TRUTH:** Having lower case numbers in SA is wonderful, but it doesn't mean there is no reason to be vaccinated. We still need to reduce infections and illness now, prevent a bad fifth wave and restrict the likelihood of even worse

variants developing. If you are unvaccinated you are more likely to spread Covid and encourage variants. See [here](#) and [here](#).

- **MISINFO:** ~~Covid vaccines and boosters give you HIV.~~ **TRUTH:** There is no evidence to support this claim at all. Vaccines, including Covid-19 vaccines, cannot cause AIDS / HIV. See [here](#) and [here](#).
- **MISINFO:** Vaccines are dangerous and now linked to “vaccine-acquired immunodeficiency syndrome” or “VAIDS”. **TRUTH:** No evidence at all to support the claim of immunodeficiency being related to Covid vaccines. See [here](#) and [here](#).
- **MISINFO:** ~~Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** There is no evidence to support these claims. Covid however can impair sexual performance. See [here](#), [here](#) and [here](#).
- **MISINFO:** ~~Vaccines have a tracker chip to track movement and shut you down if you misbehave.~~ **TRUTH:** This is simply wrong and a myth. See [here](#) and [here](#).
- **MISINFO:** ~~Covid vaccines require the use of long painful needles.~~ **TRUTH:** Covid vaccines may cause slight pain, like a poke or pinch, for only a few seconds. See [here](#) and [here](#) for tips and advice on managing fear and discomfort.

WHO Africa Infodemic Response Alliance

Issues of concern in Africa:

- **Pfizer reveals the “truth” about vaccine side effects**

Misinformation around the Pfizer report is circulating widely in Cameroon, Nigeria, Mozambique and Zimbabwe as well as SA.

- **WHO is preparing for new outbreak from Ukraine lab**

Misinformation in 4 African countries that the World Health Organisation and US is planning to release a new dangerous pathogen and will blame the invasion of Ukraine by Russia ([here](#)).

Recent viral facts videos:

- Covid reinfections after vaccinations [Dropbox](#), [Twitter](#), [Facebook](#)
- HIV and Covid [Dropbox](#), [Twitter](#), [Facebook](#)

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Communications on vaccine side-effects: RCCE partners should widely communicate that the vast majority of vaccine side-effects are minor and the

vaccines have been approved as safe to use by SAPHRA. This should cover the vaccine used in SA, the ones produced by J&J and Pfizer (this can refer to the report mentioned above).

Respond to equity in vaccination access: Many poorer areas, especially informal settlements and rural areas, have structural barriers to vaccination, leading to millions of people being willing to vaccinate but unable to. Analysis of this should be carried out at district and sub-district level. The approach means working with trusted local leaders, wide local communication, organising well-advertised pop-up sites where there is need, and clarifying that undocumented people are able to vaccinate.

Messaging about limiting the fifth wave. We should produce and disseminate information that protecting yourself and others from Covid by vaccinating is still important – it can reduce a fifth wave of Covid infection. We should wear a mask in public indoor spaces. It is also important to keep at least 1 metre from others, wash or sanitise our hands, and open windows or stay outdoors.

METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. 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**
- **Covid Hotline:** Reports from the national Covid call centre
- **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 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
- **Community Constituency Front (CCF), Covid Hotline, Health Systems Trust**
- **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, HealthEnabled, Deaf SA, SA National Council for the Blind, Treatment Action Campaign and Disability SA.

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