

South Africa COVID-19 and Vaccine Social Listening Report 23 August 2021, Report 15

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

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KEY TRENDS

- **Vaccine demand is less than supply.** It is now definite that there are more vaccines available in health facilities than people going to get vaccinated, with some vaccination sites largely empty (see [here](#)).
- **72% want vaccination.** The UJ / HSRC survey (see [here](#)) published this week suggests 72% of adults in SA are vaccine accepting (in June – July: 10% already vaccinated, 49% would definitely, and 12% would probably get vaccinated).
- **Understanding the contradiction.** There appears to be a contradiction between relatively high vaccine acceptance suggested by the survey, but less demand than supply in practice. This points to issues of social norms influencing individual behaviour, and logistical barriers in the ‘Intent – Do’ gap. Improving ease of access to vaccination, individual ‘nudges’ and community mobilisation can assist.
- **Social media** over 35,000 engagements on Twitter on vaccination (25% more than previous week). Prof Noakes hostility to vaccinations ([here](#)), fury at anti-vaxx sentiment contributing to mother’s death ([here](#)), anti-vaxxer now getting the job ([here](#)), SAPHRA finding 29 deaths were not vaccine related ([here](#)), calls to halt vaccination ([here](#)), discussion around drop in demand for vaccines ([here](#) & [here](#)).
- **Red Cross** network of 2,000 volunteers throughout the country found over 700 people mentioning unverified reports of vaccines causing death (especially in Gauteng), and over 300 people mentioning that they feared vaccines are used to track people.
- **Fear of vaccines.** Many still believe that vaccines are here to kill them ([here](#) & [here](#)). “The vaccination card is a death certificate”. Others with weak

immune systems or allergies fear getting vaccinated. For example, in Sebokeng there is widespread fear that vaccines have terrible side effects, leading to low vaccination rates there this week.

- **Positive vaccination stories** being circulated (especially by News 24): Blue Bulls rugby team ([here](#)) and there are many personal positive reports of being vaccinated on social media. Also, there is a great deal of anti-vaxx push back.
- **“God will protect me”**. Many, especially in rural areas, say that God will protect more than a vaccine.
- **Youth vaccinating**. Excitement that youth could vaccinate from Friday 20 August ([here](#)), 500,000 registered in the first day ([here](#)).
- **Public education needed**: There is widespread need for awareness raising in many communities, where many say they don’t know about the benefits of vaccinating, they just hear negative stories. Interesting account of vaccine sentiment in Soweto, with much vaccine hesitancy and misinformation ([here](#)).
- **Vaccination incentives**: Much social media discussion of incentives to vaccinate, e.g. at Wimpy (free coffee, [here](#)) & Game (10% Wednesday discount, [here](#)). Most comment positive, some very negative.
- **Engaging traditional leaders**. Community Constituency Front have been in discussion with Congress of Traditional Leaders of South Africa (Contralesa), who support the vaccination rollout but feel communities have been ignored. They are ready to be the key entry point for vaccination in rural areas. CCF also had a positive meeting with 49 religious leaders in Queenstown, Eastern Cape.
- **Vaccine-undermining medics**: 5,000% increase in Google searches about the case of Dr Susan Vosloo (vaccine-undermining SA cardiac surgeon). Strong debate on both sides ([here](#), [here](#) & [here](#)), some claiming she was speaking truth to power, she was correct and a hero, message in favour of Dr Vosloo, “If you can’t question it, it’s not science, it’s propaganda” ([here](#)). Dr Vosloo’s claims have been fully debunked ([here](#) and [here](#)), her main employer Netcare has rejected her views ([here](#)) and complaints have been lodged with Health Professions Council of SA ([here](#)).
- **SAMA**: SA Medical Association has put out a very good statement that all SA medical professionals should support the vaccine rollout, and opposing this could lead to disciplinary action (see [here](#)).
- **Anti-vaccination protests**: Small protest (around 50 people) in support of Dr Vosloo and anti-vaccination happened on Saturday 21 August outside Groote Schuur Hospital, Cape Town (see [here](#)).
- **Waiting to vaccinate**. Several people registered on EVDS are still waiting for an SMS telling them to go into vaccinate (especially people over 60 years-old). Some isolated reports of people being turned away from a health facility for not having an SMS from EVDS.
- **Waiting to vaccinate (2)**. Many people (especially youth) claim to be waiting to see if vaccines work / are dangerous before they vaccinate themselves. Many are not anti-vaccine as such, but are hesitant and choose to wait until someone they know vaccinates first before they will.
- **Reasonable concerns**: Questions received by the Covid hotline and elsewhere on vaccines are overwhelmingly ‘rational’ (side effects, efficacy, speed of development) and not about conspiracies (depopulating poison, magnetic, work of the devil, Bill Gates global control, tracking devices, etc.).

- **Why does government care about vaccines more than jobs?** Reports from several places of frustration about the government prioritising vaccination more than infrastructure and employment (I need water and a job, they only care about vaccines that I don't want). "The ANC can't bring us water in Limpopo but can bring us vaccine? Something is fishy" (see [here](#)).
- **Mining sector vaccine promotion.** Several mines have found improved success rates by making vaccination sites close to people. Acceptance still varies, but reduced inconvenience improves uptake.
- **University initiatives.** Several universities have started campaigns to increase vaccine uptake among their students in the 18+ age group through communications, surveys, active social listening and community engagement, both online and offline, to increase the demand for vaccination.
- **Free transport.** Free transport to vaccine sites has been arranged in Gauteng ([here](#)), Eastern Cape and KZN ([here](#)). This is widely welcomed.

MISINFORMATION

- **MISINFO:** Anti vaccine myths including that mRNA vaccine is poison / doesn't work / alters your DNA / aren't vaccines. **TRUTH:** Claims that the Covid vaccines from Pfizer is an 'experimental mRNA injection' is anti-vaccination misinformation (see [here](#) & [here](#)) and it's not poison (see [here](#)).
- **MISINFO:** Vaccines cause infertility and is not safe for pregnant women. **TRUTH:** Vaccines do not cause infertility in women or make men sterile ([here](#)). Vaccines are safe for pregnant women ([here](#)).
- **MISINFO:** Government is trying to force me to be vaccinated, which violates my rights. **TRUTH:** Covid vaccinations are not compulsory but are good for individuals and society ([here](#)). There is a debate on whether vaccination should become mandatory ([here](#), [here](#) & [here](#)), or that unvaccinated people could be banned from church ([here](#)) or lose their employment, as CNN has done in the USA ([here](#)).
- **MISINFO:** Vaccines are not safe if you have a weak immune system. **TRUTH:** While they may not be as effective, it is even more important for immune comprised people to be vaccinated ([here](#) & [here](#)).
- **MISINFO:** There is a fake unofficial SA website for reporting adverse events following vaccines ([here](#)), run by 'Transformative Health Justice' NGO. They claim 300 deaths caused by Covid vaccines in SA and link to Anti-vaxx sites. This website has previously been flagged and reported. The SA government has an official vaccine website with facts and myths ([here](#)) and for reporting adverse events ([here](#)).

PROPOSED ACTIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- **Support demand generation strategy.** Social listening team partners and all RCCE will collaborate closely with the new NDOH Demand Generation strategy. Social listening information can be used to monitor the strategy, and

inform communications, community engagement and reducing logistical barriers to vaccination.

- **Local social listening.** Organise social listening at Provincial, District and local levels, through collaboration with Provincial DOH communications teams, GCIS, Community Health Workers, Community Constituency Front, and other NGOs & CBOs (e.g. People's Vaccine Campaign, C19 People's Coalition).
- **Publicise the majority.** Various credible surveys (UJ/HSRC, NIDS-CRAM) indicate that a large majority, over 70%, of adults in SA are in favour of vaccination. This is not public knowledge – the anti-vax lobby are much 'louder'. This belief that many / most people are hostile to vaccination definitely influences individuals to be less likely to vaccinate, creating a perceived 'social norm' against vaccination. We should widely publicise this, e.g. "Most South Africans (7 out of every 10 adults) want to be vaccinated against Covid. Why not you, too?"
- **Vaccine training.** Develop training in Covid & vaccine medical science, vaccination rollout and responding to vaccine hesitancy (based on People's Vaccine Campaign course), translated into many languages. Then offer training through Zoom or similar online system (and face-to-masked-face where needed) to many organisations and structures: Councillors, Community Health Workers, Traditional leaders, Faith-based organisations, unions, NGOs and CBOs, and then to the general public.
- **Vaccine adverse events reporting system.** There is a good VAERS system in SA, but it is not widely known or trusted. Publicise the system widely including how to report, make the results public (e.g. number of VAEs on daily national Covid reporting statistics). That will allow any claim ("My healthy uncle died 2 hours after vaccination") to be challenged – claims need to be accompanied by evidence.
- **Vaccinate now.** Produce and distribute media content on the importance of vaccinating now, not waiting.

- **Flood out accurate information** on vaccines. 'Reasonable' questions on vaccines are mostly easy to answer, so flood SA with good accurate information. Make it easier to find accurate info than misinfo.

- **Survey collaboration.** There have been at least 7 surveys of vaccine hesitancy in SA (UJ/HSRC, NIDS-CRAM, Afrobarometer, GCIS, UNICEF, IPSOS, VaxScene). We should engage with them all to develop the richest understanding we can of numbers and relevant issues; and aim to have research resources collaborating in the national interest in the future.
- **Meeting with editors.** Organise a meeting with media editors with a strong health focus to strategize coherent vaccine communications (e.g. Bhekisisa, Health-E News, News 24, Daily Maverick).
- **Organise social media training.** Dr Siya Saleh is an SA medical doctor who successfully uses TikTok to disseminate evidence-based medical information on Covid and other health issues, with over 2 million followers ([here](#) & [here](#)). A training session will be organised for Dr Siya to teach medics how to promote vaccine acceptance and counter hostile trolls online. If successful, this training can be extended to others.

ISSUES RAISED FOR FOLLOW-UP

- **GCIS social listening.** Request Government Communication & Information System (GCIS) to collaborate in gathering social listening information from all provinces, districts and communities.
- **COGTA collaboration:** Suggestion to partner with the Department of Cooperative Governance and Traditional Affairs to offer information and training in vaccines to municipal councillors and traditional leaders, and encourage their participation in social listening efforts.

METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Dept 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 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 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):** Civil society representative in response to Covid
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **SMU – SA Vaccination and Immunisation Centre, Health Systems Trust**
- **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, Children’s Radio Foundation, DG Murray Trust, People’s Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV

Institute, UN Verified, HealthEnabled, Deaf SA, SA National Council for the Blind, and Disability SA.

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