

## South Africa Covid-19 & vaccines Social Listening Report

31 October 2022, Report 73

This is a weekly report of the RCCE Social Listening and Infodemic Management team on COVID-19 vaccine and other health emergencies 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 each week.

### KEY TRENDS | COVID-19

**Vaccine mandates.** After a news article about suspended workers who refused to vaccinate being reinstated, conversations about COVID-19 vaccine mandates and “forced vaccinations” re-surfaced. This follows reports that *“being vaccinated does not prevent an individual from contracting or transmitting COVID-19”*. Comments on Facebook were critical of the employers, saying that *“heads must roll for forcing people to inject themselves with something they know nothing about”* and calling for *“re-instatement of everyone that got dismissed in a similar fashion”*, *“good for saying no to poison”*, *“that COVID-19 was a fatal scam”*, *“even health officials don’t want to be vaccinated”* because *“they definitely know something we don’t know”*. ([Here](#)) and ([Here](#)) *“Perhaps they should also eschew involving themselves in scientific matters where they are ignorant.”* ([Here](#))

**Slight COVID-19 increase.** There has been an upward trend in COVID-19 infections in South Africa recently, “driven by the BA4 and BA5 variants”. However, there was “no need for panic” since no new variants of COVID-19 have been detected in the country. ([Here](#)) The sentiments were *“COVID-19 was becoming a silent killer”* because *while many people thought the pandemic had ended people continued to be infected and hospitalized. “Last week two people tested positive and were hospitalized; one not fully vaccinated was in ICU and the other admitted but not in ICU was fully vaccinated but did not go for a booster. We must be careful of this.”* ([Here](#))

2 215 new COVID-19 cases were reported on 26 October. ([Here](#)) The percentage that tested positive was 9,8%, which did not change significantly from the previous week (9,4%). However, the percentage testing positive was highest in Limpopo (15,3%), followed by Gauteng (13,7%) and the Western Cape (11,8%). It was highest in the 70-74 years age group (16,0), 80 years (15,0%) and 65-60 years (14,0%) age groups. The sentiments included *“when and how did we get here?”* ([Here](#)) *“Is there a reason for an increase in COVID numbers? Over 9% is a high positivity number.”* ([Here](#)). Others laughed and said the numbers were made up to force them to take boosters. *“Go ahead and laugh... this thing is still taking lives.”* ([Here](#)).

**COVID-19 vaccine call volumes.** The National Health Hotline has seen a slight drop in call volume. There was a call from a citizen who needed help downloading vaccination certificates while abroad. Others have requested vaccination codes and editing of their personal information, as well as active private vaccination sites and names of vaccines available. Currently the Clicks group only has 8 active vaccination sites, only offering J&J vaccines.

Nurses at the National Health Laboratory Services handled 545, significantly less than the 608 calls reported the previous week. The calls dealt with Health Care-, Post-vaccination, Results and Vaccine enquiries. In the majority of calls, citizens report feeling unwell, want to be tested for COVID-19, concerned about an increase in cases, and want to know whether self-isolation is still required.

**COVID-19 vaccine interest.** Interest in the following search queries on Google about *“Who should not get the COVID-19 vaccine”* (+5000% compared to previous week), *“Where to get the COVID-19 vaccine”*

(+200%), “Dischem vaccination price list” (+180%), was higher than the past week. Engagement on digital news including social media about COVID-19 vaccine is lower than the previous week.

COVID-19 vaccine digital news which generated over 2.4k engagements (-65% compared to previous week), included “Job of Covid fact-checkers is to criminalise truths” ([Here](#)); “Urgency lacking as TB passes Covid as biggest killer” ([Here](#)); and “Persecution of doctors under Covid has pushed medical science back into the Dark Ages” ([Here](#))

Tweets which generated 700 engagements (-80% compared to last week), include “DA, the globalist supporters, remember their fierce support of vaccinating children and covid lockdown?”, “NY supreme court reinstates all employees fired for being unvaccinated and orders backpay because being vaccinated does not prevent an individual from contracting or transmitting COVID-19”, “we were called all sorts of names when we spoke against the poisonous COVID vaccines”, “learned not to believe anyone who has a Prof or Dr prefix to their name who is pro COVID or vaccines”, and “President and government allowed Pfizer to be used on its citizens while he refused other fully tested and verified vaccines”.

Facebook posts about COVID-19 vaccines generated about 1.2k engagement over the past week (-70% compared to the previous week). The posts included “Kinders kan nou vanaf ses maande oud die Pfizer- of Moderna-entstof kry”, “WHO confirms an increase in COVID-19 case in Europe after a new variant was discovered, and urges peeps to get the jab”, “The Heart Squad are out with the Vax Taxi at Blueroute”, “Pfizer inc expects to raise the price of its COVID-19 vaccine to about R2 371,96 per dose”, and “To tell you the truth, i fruz ingenzani. Since ngizwe ukuth i vaccine yiyo le ebulala abantu not icovid. Ngihlabe ngaze ngahlaba i booster ke.”

## KEY TRENDS | MEASLES

**Covid-19 disrupted measles vaccination.** Although many African countries had not reached the 95% coverage required for herd immunity ([Here](#)), the COVID-19 pandemic complicated the matter. Due to its disruption of health services, children are left unprotected against the most contagious disease, which can lead to blindness, pneumonia, and even death. ([Here](#)) The sentiments include “We’ve never seen the number of unimmunised children that we’re seeing now” ([Here](#))

**Anxiety as measles spread.** As of 31 October 2022, the number of laboratory-confirmed measles cases had increased to 12 in the Greater Sekhukhune district in Limpopo; two additional measles-positive cases were reported in the Mopani district in Limpopo on 28 October 2022. A measles outbreak has been confirmed among children aged 9-24 months in the Giyani area of Limpopo, increasing the number of measles cases to three within 30 days. ([Here](#)) The measles immunization coverage data for the Greater Sekhukhune district showed a decrease of 87% to 64% for measles dose 1 and 86% to 60% for measles dose 2 from 2017 to 2022, below the 95% coverage needed to achieve herd immunity. ([Here](#))

The news articles that generated more engagement on measles locally include “Measles outbreak concern as NICD confirms twenty cases in Limpopo”, “Covid-19 disrupted measles vaccinations in Africa and now cases are surging”, and “Four more measles cases detected in Limpopo – one patient hospitalized another developed pneumonia”

The sentiments on Facebook include people asking “where in Sekhukhune? The district is massive”, “stop enforcing fear into us... this is all about control”, “your attitude towards reality is more sad”, “How about we concentrate on alleviating hunger in this country. If people aren’t hungry and eating decent meals, we wouldn’t need to panic about every virus which happens to be floating around” ([Here](#))

Limpopo is near Zimbabwe where about 750 children have died due to measles complications. ([Here](#)) The sentiment was “the case fatality is relatively higher when compared to other recent outbreaks across the continent”, “the first in many years at this scale and it’s been progressing quickly” and “I don’t know — the herbs we used cured the other children, so they work,” she said, adding: “I still believe in our way. We can’t vaccinate.” ([Here](#))

## KEY TRENDS | MONKEYPOX

As of 27 October 2022, Africa update (endemic and non-endemic countries): Since the beginning of 2022, the continent has reported 6,883 cases (891 confirmed; 5,992 suspected) and 173 deaths (CFR: 2.5%) of monkeypox from eight endemic Africa Union (AU) Member States (MS). [\(Here\)](#) Since August 2022, no monkeypox cases have been reported in South Africa. The number of confirmed cases is five, and no fatalities have been reported.

Social media posts about monkeypox that generated the most engagement include; *“Most hospitalized monkeypox patients were HIV-positive”* [\(Here\)](#) *“Monkeypox has ‘tragic’ outcomes in patients with HIV”* [\(Here\)](#), *“Could monkeypox infections have long-term consequences?”* [\(Here\)](#), *“Does monkeypox spread through air like COVID-19?”* [\(Here\)](#), *“The monkeypox virus is mutating”* [\(Here\)](#), *“Treating monkeypox is leading to STI outbreaks”* [\(Here\)](#) and *“For those with HIV or weak immune systems, monkeypox can fatal”*. [\(Here\)](#)

The sentiments are *“no need to vaccinate as yet”*, [\(Here\)](#) *“Most people over 40 years of age will have some immunity to monkeypox from their smallpox vaccinations”*. [\(Here\)](#) *“It’s almost like they knew it was coming, like it was a giant plan, from one pandemic to the next, that’s all it’s going to be now guys, that way they can keep all the control they want and keep everyone scared. This is a giant plan.”*

## KEY TRENDS | POLIO

In South Africa, no outbreak of Polio has been declared, but sporadic cases have been reported on social media. The preparedness plan for the likely outbreak has been finalized. Conversations about Polio locally include: *“It was eradicated many years ago but thanks to philanthropy its back. It’s all about making money”*, *“Imagine being in the medical profession, imagine lying to fill your pockets, imagine trying to sleep at night. Oh sorry, I forgot you need a conscience to feel guilty”*, *“Vaccines do save lives. In my locality in northern KZN, polio is so prevalent that most homes have a polio sufferer.”* [\(Here\)](#)

There are also claims that children have not received their polio vaccines since the beginning of the year due to vaccine shortages in Bushbuck Ridge, Ehlanzeni district in Mpumalanga. *“Bushbuck Ridge has not had RCG and Polio vaccines since January this year. Some were sent to the local hospitals but there was only enough for 100 patients.”* [\(Here\)](#)

## MISINFORMATION

**MISINFO:** Moderna COVID vaccine causes diabetes type 1 in children. **TRUTH:** There was 1 recorded case of a child becoming type 1 diabetic after vaccine, but diabetes was prominent in the family. Vaccines remain safe and effective in children. See [here](#), [here](#) and [here](#).

**MISINFO:** Long covid is really long term side effects of COVID vaccines. **TRUTH:** No evidence to support this claim. Long covid is caused by COVID not covid vaccines. See [here](#), [here](#) and [here](#).

**MISINFO:** A New variant of COVID Omicron BA2.75 is more infectious and deadly than the current Omicron 5 variant. **TRUTH:** Only one case in July in South Africa, and not enough known about BA 2.75. Most cases in South Africa are Omicron 5. See [here](#) and [here](#).

**MISINFO:** Covid vaccines cause heart attacks and inflammation of the heart. **TRUTH:** While there are some cases of inflammation of the heart (myocarditis, the risk is very low, see [here](#)) there is no evidence to support claims that covid vaccines directly cause heart attacks. See [here](#).

**MISINFO:** Vaccines side effects are being under reported and can kill you. SA Adverse reactions site shows how many have died! **TRUTH:** No evidence to support this claim, most side effect are mild and self-resolving. See [here](#), [here](#) and [here](#). SA has excellent adverse reporting mechanisms backed by evidence see [here](#) for credible local site on adverse reactions.

~~**MISINFO:** The second COVID Vaccine death reported by SAHPRA is one of hundreds of those who have died from being vaccinated.~~ **TRUTH:** No evidence to back up this claim. SAHPRA was transparent because it was the second clearly attributable death. See [here](#) and [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](#).

~~**MISINFO:** More than half of the pregnant women miscarried during the Pfizer vaccine trial.~~ **TRUTH:** Not true, the figures released was based on inaccurate data and miscarriage trends were in line with people outside of the trial. See [here](#) and [here](#).

~~**MISINFO:** People who have been vaccinated are more likely to get seriously ill from COVID.~~ **TRUTH:** No evidence to support this claim. People who have been vaccinated far less likely to experience severe symptoms. See [here](#) and [here](#).

~~**MISINFO:** Messages saying you have participated in a COVID drug trial asking you to take action to get paid are legitimate.~~ **TRUTH:** Participation in any legitimate clinical trial in South Africa requires informed consent, and any payments have to be approved by an ethics committee and will usually only cover transport. See [here](#) for all the policies followed locally and [here](#) for informed consent.

~~**MISINFO:** Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** No evidence to support these claims. COVID however can impair sexual performance. See [here](#), [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 the Viral Facts content responding to misinformation which can be used freely. You can find previous reports on the [AIRA page](#).

### **Persistent Rumours**

~~**COVID-19 is over**~~ What can RCCE do? Highlight the vaccine's ability to mitigate severe symptoms and complications from contracting the disease without inoculation, and how it can protect individuals from new strains of COVID that may become prevalent. [\[LINK\]](#), and [\[LINK\]](#)

~~**Fear of vaccine side effects/long-term effects continue to be misinterpreted or overstated**~~ What to do? Continue to address COVID-19 side effects with updated material that is relevant to the specific concerns. Provide clarity to the findings of the [study](#). Continue to provide verified accurate information regarding the COVID-19 vaccine with updated information around the usefulness of booster doses.

~~**Vaccines contain mRNA which is leading to an increase in monkeypox**~~ What can RCCE do? Consistently promote accurate information regarding monkeypox symptoms, transmission, and mitigation methods as communities have expressed confusion about the disease. [\(Here\)](#) and utilize social science research to determine community-specific barriers and enablers for responses to the monkeypox outbreak to enable tailoring of RCCE and other interventions. [\(Here\)](#) and [\(Here\)](#)

## **PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT**

**Practical barriers to vaccination.** There are practical barriers to accessing vaccines as the number of sites has reduced, particularly in the private sector where it's no longer viable to keep vaccination sites open in the way that they were during the mass uptake. The strategy has now shifted to using routine health services to focus on low-coverage districts. The RCCE TWG will continue to update and publicize the vaccination sites list. Use the National Health Hotline 0800 029 999 and [FindMyJab](#) to confirm the operational vaccination sites.

The RCCE TWG will continue to promote vaccine safety messages. As we approach the festive season there will be a lot of movement in and out of South Africa. The number of large gatherings for festivities will increase during this time. For safer holidays, the RCCE will use its safer holidays campaign to encourage vaccinations

The RCCE TWG will support Limpopo with advocacy, communication and social mobilisation activities and mobilize partners to support the outbreak response. During the Covid-19 pandemic Expanded Immunization Programme was disrupted by COVID-19 resulting in less children being vaccinated for measles. Parents are encouraged to use the Road to Health booklet which can also be found on [www.sidebyside.org.za](http://www.sidebyside.org.za) to check if their children are up to date with their vaccinations.

The RCCE TWG to redistribute messages on how people can download their vaccination certificates or change their personal details on the certificates by calling the National Health Hotline 0800 029 999, and how to use MedSafety App <https://medsafety.sahpra.org.za/> or [AEFI@health.gov.za](mailto:AEFI@health.gov.za) to report adverse events.

## 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:

- **SA National Department of Health**
- **Covid-19 contact centre:** Reports from the national call centre
- **Praekelt.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
- **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 (NDOH) and William Bird (Real 411). The data for this report was collected by the National Department of Health (NDOH), National Health Hotline, Health Systems Trust (HST), National Institute of Communicable Diseases (NICD), UNICEF and Real 411. The report has been reviewed by Nombulelo Leburu (NDOH).*

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