

South Africa Covid-19 & vaccines Social Listening Report 13 February 2023, Report 81

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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.

ONLINE KEY TRENDS | COVID-19

Misconceptions about COVID-19 and flu vaccines persist. There are some people who are unsure whether they still need a flu shot after receiving a COVID-19 booster. Others contend that the COVID-19 vaccine provides adequate protection against both the flu and COVID-19, negating the need to receive a flu vaccine. In their opinion, anyone who has been vaccinated for COVID-19 does not need a flu vaccine.

The sentiment is, *“There’s actually no need for a flu vaccine if you have vaccinated for COVID-19”, “I better tell my mom to stop going for her flu booster shots every year which she has been doing for the last 22 years because someone thinks she should not protect herself from the flu”*. A reaction to a comment about vaccine boosters; *“wow! it works so well you need to keep going again and again and again”, “it was approved for emergency use”, “where does it say clinical trials must take long?”* ([Here](#))

Confusion about waning vaccine protection. People lack clarity about COVID-19 boosters, especially why it requires a total of five jabs for over 50-year-olds and four for 18-49-year-olds to protect oneself against future COVID-19 variants. **They require more information about waning vaccine protection and others have dismissed the booster campaign as a criminal act to depopulate the nation.**

The sentiment is, *“I said it from 1st jab that it shall never end, u gonna have emergency jabs one day”, “we told them many times... you gonna need a recharge... a reboot”, one jab is not enough to protect against severe covid and unnecessary death”, “People who received one jab DIED, are you people stupid”, “People who get 5 jabs should have their heads examined” and “stay in your fear bubble while I live my healthy and free life”. [\(Here\)](#)*

Persistent claim that COVID-19 is a scam. There are still people who believe that *“COVID-19 is a scam”, “the PCR tests give mostly false positives”, “masks don’t work”, “COVID vax is poison and gives zero protection”, “you will get sick again”, adding that” COVID-19 causes variants”, and “stop with the lies and disinformation.”* One such person, a nurse, says *“I had a bad covid last year, this time it was not that bad. I don’t take vaccine, but I know of people who died of covid”,* and others believe *“South Africans are too woke for such nonsense”* and that *“natural immunity is the only protection against a virus”*. [\(Here\)](#)

Online conversations that gained traction. The online conversations that generated more traction include “end of mask wearing in Singapore, end of COVID-19 emergency in the US”, and “Constitutional Court ruling on the COVID-19 tourism relief fund”. The highlights and sentiments on these issues follows:

Mask-wearing no longer mandatory on public transport as well as some healthcare and residential care setting from 13 February as Singapore steps down COVID-19 restrictions to the lowest level since the pandemic started. [\(Here\)](#) Some of the engagement and sentiments include the following: *“meanwhile, still illegal to go maskless outdoors in Hong Kong.” [\(Here\)](#)* and *“for those with bad breath, pls continue to wear your mask”. [\(Here\)](#)*

The Biden administration is planning to end the COVID-19 emergency declaration on May 11 and expects to run out of government bought vaccines and treatments as soon as this summer and fall. [\(Here\)](#) *This article was shared among Twitter users and became a topic of intense discussion. The highlight is “this could spell the end for a wide range of efforts launched by health authorities over the past few years to curb COVID-19 virus”.* Some sentiments include *“so glad taxpayers made Moderna*

and Pfizer billions. Sure, millions likely died from the rushed vaccine. But for those board members and CEOs it must have been worth it". [\(Here\)](#)

Lastly, ConCourt declares COVID-19 Tourism Relief Fund unlawful and that it was unlawful that it favoured black-owned businesses. The court also dismissed with costs the Tourism Department application for leave to the appeal of the ruling. [\(Here\)](#) Some of the highlights from this report include: "Lobby group AfriForum and trade union Solidarity are the ones who took the department of Tourism to Court, saying awarding aid fund son race is unreasonable". Some sentiments on Twitter include: "Apartheid in reverse", [\(Here\)](#) "Seems Zondo is set to dismiss black ppl's advancements", [\(Here\)](#) "What you are saying makes no sense if the article is true. It merely means they were supposed to help all businesses so there would still be helping black businesses" [\(Here\)](#) and "Seems like the tourism department is in the news for all the wrong reasons."

OFFLINE KEY TRENDS | COVID-19

General queries across the channels. General queries on National Health Hotline include a few requests for assistance to book appointments at health facilities, access to health services for dieticians and counselling services, as well as COVID-19 vaccine related enquiries such as looking for private vaccination sites, assistance to obtain vaccination certificates for traveling, updating of personal records on EVDS, and requesting incentive vouchers after vaccination.

Some health-related questions. These questions include "Can I get my Covid-19 test results?", "I vaccinated yesterday and am having fever plus my arm is sore, what medicine can I buy?", "I have vaccinated and my arm is sore and swollen, what must I do?", "yesterday I was so hot, my tummy painful and my body was sore then when I stand up I will just fell and bit of headache and vomiting" and "I keep getting chest pains and my fingers and my hand can't close completely anymore. It hurts when I close my hand."

Other sentiments are about citizens requesting operating times for hospitals, people still requiring guidance around which boosters to take with which intervals, others requesting changes to personal information like ID numbers, Surnames, mobile numbers, some requesting Covid test results, rules of Isolation period after testing positive for Covid, and about referrals letter for mental health issues.

Calls about non-health related queries. These calls include people requesting assistance around data for mobile phone, access to SASSA grant remain a large call driver, assistance with university applications, registration, and access to student numbers, where to do a DNA test, how to make a loan application, assistance at an ATM, and about National Defense Force.

ONLINE KEY TRENDS | MEASLES

Measles outbreak. There are currently 484 confirmed measles cases in the country: 167 in Limpopo, 157 in North West, 91 in Mpumalanga, 47 in Gauteng and 23 in Free State, with some sporadic measles cases in other provinces. In provinces where an outbreak has been declared, the most affected age groups are still the 5–9-year-olds (40%), with a considerable proportion of cases reported among the 1-4 (28%) and 10-14 age groups (17%). [\(Here\)](#)

The sentiments are *“I believe the numbers are higher than reported from clinics because they don’t test those vaccinated and are having minor symptoms. I know of 4 kids with typical symptoms who were taken to the clinic but not tested.”* [\(Here\)](#) *Why do we get measles outbreaks if our children get vaccinated from birth? Is it because there are people who don’t vaccinate their children at all? Is it because of people from foreign countries not getting vaccinated in their country before coming to SA? Our clinics cannot handle all the big numbers queuing for medicine and other health issues.* [\(Here\)](#)

Persistent confusion about additional measles dose. Some parents are still confused about whether their children should be immunized for measles even when they are up to date with their routine immunization. *“My child was vaccinated last week Tuesday at the clinic again today the nurses went to the school, and they vaccinated him again. I am so stressed right now.”* [\(Here\)](#) and [\(Here\)](#) *“Should the kids get the vax again even though their immunization book is up to date?”* [\(Here\)](#), *“Why now up to 15 years or is it part of the covid drive.”* [\(Here\)](#)

The National Measles Vaccination campaign which started in February 06 and ends in March 31, encourages parents to ensure that their children from 6 months to 15 years (i) get additional dose of measles vaccine, (ii) get missed dose of vitamin A capsule and get missed deworming medication.

Calls for children with measles to be isolation. Social media users have expressed concern about children being infected at school, urging parents to keep infected children at home. The sentiments included; *“Why there is no quarantine, especially for those who are not fully immunized?”*, *“thanks to antivaxxers, we will soon see a steady rise in measles, chicken pox, polio and all other nasty children’s illnesses that have been kept under control for decades”*, *“we have been using childhood vaccines for decades, they are tried and tested, and so many lives have been saved from the deadlier child illnesses”* and others questioning the *“explosion of diseases after COVID”*. [\(Here\)](#)

Others wanted more information about adult persons who were not immunized as children, and those who got infected by their children; *“If someone hadn’t been vaccinated against measles as a child, could they still get the measles vaccination as an adult?”* Some believed *“there are no measles vaccines for adults, you’ll grow immunity after the infection.”* [\(Here\)](#)

ONLINE KEY TRENDS | CHOLERA

Concerns about Cholera. People have expressed great concern about the outbreak of diseases in the country and have attributed the latest cholera cases to poor service delivery. This follows the Gauteng Health Department's announcement of a third case of cholera in Johannesburg. ([Here](#))

"It's Covid, Monkeypox, Measles now Cholera, what's next. I give up", "actually the country should be in a state of emergency", and "talk about dirty water, I had scabies because of the water I had". ([Here](#)) "Contaminated water supplies are the main source of cholera infection" and others believe it's "man-made diseases, just like the pandemic." ([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](#).

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: ~~Vaccines are harmful to people who are immunocompromised.~~ **TRUTH** COVID-19 vaccines are made available to provide ongoing protection, especially for older persons and those who are immunocompromised who are at the highest risk of severe COVID complications. (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: ~~There is no need to vaccinate the child again if they were fully vaccinated against the measles virus.~~ [here](#) **TRUTH:** The children who is fully immunized will receive an additional measles dose during the national measles campaign and their contacts will also be vaccinated.

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](#).

KEY TREND | 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.
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KEY TREND | MEASLES

The measles outbreaks in multiple African countries reveal information gaps and misinformation rapidly spreading through social media platforms and in communities. Depopulation narrative in South Africa in replies to a Facebook post by Eyewitness News also show the persistence of conspiracy theories that the measles vaccine is a plan “for future population control.” Comments on a post by the municipality of eThekweni (KwaZulu-Natal) around the national measles vaccination campaign show vaccine hesitancy and preference for traditional medicine instead.

“Plans to sterilize 400k children for future population control”, “Gates agenda continues. Don’t trust health authorities anymore after the covid vax”, “Let’s hope it’s not undercover #corona virus cz you guys are not trusted in our kids”, “what herbal/indigenous/traditional medicine can be administered instead? Where are the eThekweni traditional health practitioners and what role will/do they play la?”, “Do white kids take vaccines?”, “You know I have never seen a white person with this stamp you have on your shoulder.” [AIRA page](#)

Why it is concerning:

- There is a confusion in the media and in the public about the Measles-Rubella (MR) vaccine for pregnant women, who should not receive the MR in principle.
- Distrust in the government and global public health agencies can contribute to vaccine hesitancy and lead to low uptake of routine vaccinations.
- Distrust and challenges to accessing health facilities and vaccines may encourage people to turn to self-medication and unproven cures to protect themselves and delay seeking appropriate medical care when sick.

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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.

Two-way engagement. The RCCE in partnership with Side by Side has create opportunities for parents to share their concerns and questions regarding the measles immunization with expert to increase trust and uptake. There is also visible engagement about measles on social media platform, and many efforts to improve rapid response.

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.

Confusion about measles vaccines. Clarify who is eligible for the measles vaccine, and who is eligible for the Measles-rubella vaccine as they are not necessarily the same, and share this message in trusted communication channels (e.g. health care workers, local radio, community leaders).

COVID-19 is 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.

Vaccine side effects/ long-term effects. Side effects continue to be misinterpreted or overstated. The RCCE continue to reinforce messages on COVID-19 side effects with updated material that is relevant to a specific concern, and to provide verified accurate information regarding the COVID-19 vaccine and booster doses.

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**
- **National Health Hotline:** Reports from the national 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 The data for this report was collected by the National Department of Health (NDOH, National Health Hotline and University of Free State.

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