

South Africa COVID-19 and Vaccine Social Listening Report 25 January 2022, Report 33

South Africa COVID-19 and Vaccine Social Listening Report 25 January 2022, Report 33

January 25th, 2022|[Academic Articles](#)

Click [here to download](#) this report as a pdf

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

KEY TRENDS

Confusions from changing science and international guidelines: New guidelines on boosters, expert opinion differing over Omicron severity and the continued importance of vaccination, and some countries changing Covid rules (e.g. the UK announcing reduced Covid restrictions) has caused uncertainty in SA.

Opposition to masks and other NPIs: There is widespread resistance to mask wearing, with social media conversation around masks causing people to get sick, and calls for an end to rules requiring mask wearing and other preventative measures.

Low trust in government: In many communities, trust in authorities has declined, with widespread confusion on Covid rules. Sentiment that Covid is getting less important, and health authorities are ‘fear-mongering’.

Encouraging young people to vaccinate: Interesting research on the sentiments of youth, the age group most resistant to vaccination ([here](#)), including:

“Why we don’t come for vaccination”:

1. We’re disillusioned & distrust government. Government messages have little relevance to us.
2. We feel imposed upon and resentful. Covid is not the only issue in our lives – “jobs, not jabs”.
3. We want freedom to choose – vaccine mandates reinforce our belief that government wants to take away the little freedom we have.

4. We do have anxieties about vaccine safety.
5. We see right through paid influencers and other fancy communication.

“What would convince us to come forward”:

1. Give us more control – build our agency.
2. Include us in processes – both communication design and in social mobilisation.
3. Come to our spaces; don’t expect us to come to yours.
4. Acknowledge the material realities of our lives.
5. We’re concerned about our families, so want to understand how to protect them.
6. Be honest about safety issues.
7. We’re not hopeless, but we do want opportunity.

Mandatory Vaccination: While some people are vaccinating because of vaccine mandates at work or college / university, there is growing opposition to vaccination mandates. There is widespread feeling that they are an unnecessary imposition added to lockdown restrictions. Several companies have been requiring employees to vaccinate, and rumours are circulating that some unvaccinated employees have been dismissed.

Social media: Tweets about Covid-19 in South Africa generated 17,000 engagements, increasing by 40% compared to the previous week. Facebook posts about vaccines generated about 40,000 engagements (+60% compared to the previous week).

Vaccine fear: Many people continue to be hesitant to vaccinate as they believe that it might have severe side effects or even kill them.

“**Justice For Zakhele**”: The video claiming to show terrible vaccine complications for Zakhele Goqo (some form of neck tumour) continues to be widely discussed, mostly driven by the African Christian Democratic Party (ACDP) ([here](#)).

Vaccines affecting menstrual cycle: There are several anecdotal reports of women in SA having more painful and disrupted periods after vaccination. The Commission for Gender Equality is opposing vaccination mandates ([here](#)) citing a study that vaccination can affect menstruation, though their interpretation is strongly criticised ([here](#) and [here](#)). There is research that Covid vaccination may cause increased menstrual cycle length but there is no cause for concern ([here](#), [here](#) and [here](#)). However, genuine and reasonable concern remains for many women.

Covid Hotline: There are many calls about the extension of the Vooma Vouchers into early 2022. There is some confusion about verification of citizens who have received SMS notifications, and queries around people who received vaccination out of the allotted time period. There are many calls about the Booster shots for J&J and Pfizer vaccinations. Automated SMS notification are not being sent to people the appropriate number of months after vaccination with either Pfizer or J&J (2 months after J&J vaccination, and 6 months after the second Pfizer).

EVDS: Requests for changes to the EVDS continue regarding updates of personal information that was either missing or incorrect. In particular, due to vaccination records not

being captured correctly at the site. Some people did not receive an SMS with the vaccine code which prevented them from downloading their vaccine certificates.

Jabs on the Job: Gauteng Health has started to bring the vaccination to a workplace if the company has at least 50 people. To apply send an email to popupsite@gauteng.gov.za or call 0800 22 8827.

Audit changing statistics: Due to audit of Covid records, the published national statistics on infections and deaths have had significant changes. This has reduced trust in official statistics.

DISTRICT REPORTS

Garden Route (W Cape): Very low vaccination rate NOW, except for some students returning from holiday. There is confusion about boosters – who needs one & when – including from health workers who are unsure. Many vaccines are approaching their expiration date, though doctors assure that new supply is coming. There is confusion about the new quarantine & isolation rules – new IEC & guides are needed.

Dr Ruth Segomotsi Mompati (North West): Definite slow-down in vaccination in early 2022. Rumours include that vaccines contain microchips to track people. People are skeptical of Covid vaccines as they hear about booster shots. Some groups feel that their culture prevents them from vaccinating. Health communicators request transport. More community mobilization is required in Maquassi Hills and Tswaing sub-districts.

Khayelitsha Sub-Districts (KESS), Cape Town (W Cape): Few people are vaccinating, especially during the holidays. There is continued concern about severe side effects. The plan for a vaccination drive on boosters for the elderly has been postponed to February as the need now is to focus on unvaccinated youth 18 – 34 years.

Ekurhuleni (Gauteng): Vaccine uptake has been slow during the festive season, and people are worried about boosters. There is more vaccine acceptance and uptake in urban than rural areas. Myths and misconceptions normally on social media have subsided. Questions include what happens if you don't take a booster shot, and should 12 – 17 year-olds take boosters. There are still transport difficulties for people long distances from vaccination sites which have not had pop-up sites.

Cape Winelands (W Cape): People have been on leave so vaccination is low. Parents are encouraging 12 – 17 year-old children to vaccinate. In farming communities, new recruits for harvesting are brought in by the farmers' trucks every day without checking vaccination. There are requests for explanation of vaccination on the farms where people have many fears, the same as ones we heard last year.

OR Tambo (E Cape): Interest in vaccination is decreasing as people feel the virus is weak now so see no need to vaccinate. The "Justice for Zakhele Goqo" video is circulating widely, causing fear. The contracts of some health promoters for demand creation are ending, so are finding a way to get more fieldworkers.

Buffalo City (E Cape): Vaccination rates is low. There is concern about vaccines not being effective against new variants of the Covid virus; and why people should vaccinate if it's still possible to catch Covid. Working class people in particular have not vaccinated, and meetings are happening with employers to find ways to increase vaccination.

MISINFORMATION

MISINFO: ~~Vaccine side effects are worse than we are being told and are worse than Covid itself.~~ **TRUTH:** Side effects are mostly mild. Vaccines are safe. More severe side effects should be reported to the NICD [here](#). Covid disease is much more likely to be severe and has killed hugely more people ([here](#)).

MISINFO: ~~Myocarditis is a common side effect of vaccines.~~ **TRUTH:** While Myocarditis has occurred in a few patients globally after receiving the Covid vaccine, it is very rare – around 2 cases per 100 000 ([here](#)). Most of the few cases were mild and reversible, meaning the vaccines are safe and the risk is low; actually, the vaccine is safer for this condition than Covid itself: “the risk of myocarditis is more than 30 times higher among COVID-19 patients” ([here](#)).

MISINFO: ~~Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** There is no evidence to support these claims. However, Covid can impair sexual performance ([here](#), [here](#) and [here](#)).

MISINFO: ~~The vaccines South Africa has have expired.~~ **TRUTH:** There is no evidence to support this claim. Vaccines that have expired are disposed of according to strict protocols. The processes are addressed in the Medicines Control Act ([here](#)) and require detailed policies (e.g. [here](#)). Where vaccines are approaching their expiration date, they are closely monitored (see Garden Route report above).

MISINFO: ~~Vaccines don't work – if they did they would stop us from getting Covid to begin with.~~ **TRUTH:** If you have been vaccinated you are less likely to get Covid, and if you do get Covid it is likely be far less severe ([here](#), [here](#) and [here](#)).

MISINFO: ~~Undocumented foreigners will be deported if they try and get vaccinated.~~ **TRUTH:** While vulnerable people may be fearful of authorities, anyone in South Africa can be vaccinated, regardless of nationality and they will not be arrested or deported ([here](#)).

From the WHO Africa Infodemic Response Alliance (AIRA)

- Stories from Europe signal the **transition** to a new way of addressing Covid, which many are interpreting to mean that following specific public health and safety measures are no longer needed. This may **impact continued adherence** in limiting the spread of Covid. With the potential for new variants with varying degree of severity, losing momentum in public buy-in for preventative measures could lead to further rapid and dangerous spreading of Covid variants similar to Omicron.

- Misconceptions around **vaccine efficacy** rates are likely to drive continued vaccine resistance, even as they are becoming more readily available in several African countries.
- They may also entrench already circulating frustrations around **vaccine inequity** and the perception that Africans are receiving lower quality vaccines

PROPOSED ACTIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- **Changing science & priorities:** New communications are needed to address Omicron and other mutations in the virus, changes in the pandemic epidemiology, different expert views on the role of immunisation and provide clear advice and guidelines to be available at all levels of the health system.
- **Local champions:** Most people who were originally supportive of vaccination have already been vaccinated. Other methods are needed to persuade people sceptical of health authorities and who distrust government. Working with local champions and community mobilisers is key to increasing vaccine demand.
- **Menstrual concerns:** It is important to follow-up on all anecdotal reports about vaccination disrupting menstruation. This is an important and also emotive issue that should be addressed to prevent misinformation. Clear communication is needed that this is a legitimate issue, provide the current evidence, outline why a jab in the arm can affect reproductive health, and provide guidance on concerns, risks and pathways to care if required. Communication should be based on women's voices.
- **Prepare communication in advance of another surge in infections:** Currently SA is approaching a 'lull' in Covid infections, though a 5th wave is possible in the coming months. Messages should be prepared in advance if this occurs, and current communications should stress the importance of preventing a 5th

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.

Contact:

Nombulelo Leburu, National Department of Health	nombulelo.leburu@health.gov.za	082 444 9503
Peter Benjamin, HealthEnabled	peter@healthenabled.org	082 829 3353
Charity Bhengu, National Department of Health	charity.bhengu@health.gov.za	083 679 7424