

SA COVID-19 and Vaccine Social Listening Report 28 July 2021, Report 11

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July 28th, 2021 | [Academic Articles](#)

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This is a weekly report of Covid & vaccine sentiment, rumours & misinformation in South Africa.

[Click here for a detailed report](#)

KEY TRENDS

- Clear vaccine eagerness experienced across multiple channels, with high registration rates particularly of 35 – 49 year-olds.
- Renewed interest this week on Google and social media for vaccination, showing recovery of demand after the unrest of last week.
- Many social media reports of deaths following vaccinations (e.g. [here](#) and [here](#)). All deaths are being investigated. However, data from South Africa and internationally shows Covid-19 vaccination to be safe, with the risk of adverse events being very low.
- To engage misconceptions surrounding deaths after vaccination, KZN Dept of Health is using WhatsApp to counter fake news, disinformation & misinformation, which has had a positive response.
- Concerns about vaccinating undocumented people, both South African & foreign nationals. This group cannot register or receive vaccination, and there is fear among undocumented foreigners that if they were come for vaccination, they could be arrested or deported.
- Issues regarding equity of vaccine roll-out and access continue to increase. Perceived difference in numbers vaccinated between urban vs. rural areas, between those with health insurance vs. the uninsured and between suburbs vs. informal settlements.

- EVDS still causing issues. Major problems occur when individuals enter the incorrect ID number and then are unable to be vaccinated. The Covid Hotline call-centre cannot change data in EVDS, leading to some mis-registered people calling every week without the problem being resolved.
- Many new voices on social media are asking basic questions about vaccination. This suggests previously uninterested people are starting to think about vaccination, which is a good sign.
- Concerns regarding vaccine access by people with disabilities. Many need home visits and these are proving difficult to schedule. The call-centre is trying hard, particularly in KZN, to assist these individuals, but more needs to be done.
- Concerns expressed on social media and on the ground that over 60s are being ‘left behind’, and crowded out by younger people due to the opening of registrations.
- Complaints about several workplaces where employees are forced to work despite Covid-19 exposure. Employees requesting guidance on how to deal with this situation.
- Some provinces, like KZN, Limpopo and Free State, have made arrangements with Uber and SANTACO to get people to vaccination sites. This initiative has been well received.

RUMOURS AND MISINFORMATION CIRCULATING

- **MISINFO:** Herbal/home remedies can cure corona and other diseases. **TRUTH:** There is no peer reviewed evidence that supplements can cure Covid or even have sufficient beneficial impact. [Here](#)
- **MISINFO:** World Ivermectin Day (24 July) is celebrated as it prevents & cures Covid. **TRUTH:** Ivermectin is not an approved treatment for Covid, and investigation is ongoing. See [here](#) and [here](#). **MISINFO:** Vaccines cause many people to die. **TRUTH:** While there are a few adverse reactions, serious illness and death is very rare. See [here](#) and [here](#).
- **MISINFO:** Vaccines were hastily developed, untested and are not to be trusted. **TRUTH:** While development was speedy, no steps were skipped. Enough resources, scientists and building on previous learning allowed Covid vaccines to be developed fast. See [here](#) and [here](#).
- **MISINFO:** Vaccines don’t work as you can still get Covid. **TRUTH:** While someone can still test positive after vaccination, it is very unlikely to be a serious illness. In USA now about 50% of people are vaccinated but 97% of people in hospital due to Covid are unvaccinated. See [here](#) and [here](#).

Proposed risk communication and community engagement actions

- **Communicate about confirmed reported death**, explaining how to report any death or severe adverse reaction (call 0800 029 999), with a public (anonymised) register of deaths following vaccination.
- **Engage NGOs and civil society** more in the vaccination drive to understand sentiment, identify health system problems, and disseminate information so they can mobilise members & community to vaccinate.

- Publicise process for organisations to request to **become vaccination sites**. It is agreed that protocols should be followed and a link to a pharmacy is needed (see details on the pharmacy Council website www.pharmcouncil.co.za). Some organisations, e.g. community centres and faith organisations, could do this and offer vaccination.

Issues raised for follow-up

- **Barriers to vaccination of the undocumented**, without IDs, passports, or any official permit. Suggestion to vaccinate everyone for fairness & equity, and for public health. Ways could be found to register people without an official number that have been used in other countries. Viruses don't discriminate, and neither should we. Suggestion to implement a legal & humanitarian firewall to ensure the undocumented don't face arrest, deportation or other penalty when accessing vaccinations.
- Request for **EVDS to collaborate closely with the Covid hotline** to resolve individual problems.
- As some sites are already doing, use the **15 minutes after vaccination to inform** people on vaccine issues (continue masking & social distancing), the timing & importance of the second dose, urging them to encourage other friends and family to vaccinate, and answering questions.
- **Subsidised transport** to vaccination sites is valuable. As mentioned above, the Dept of Health in Gauteng, KZN and Limpopo have organised subsidised transport to vaccination centres (e.g. with SANTACO and Uber) and even some home visits. This is very welcome and should be extended throughout the country, with publicity so everyone knows this is an option.

NOTE ON METHODOLOGY AND COLLABORATION

This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (AIRA) (see [here](#)), the "Identify" stage. The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Department of Health. 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 2,000 community volunteers reporting misinformation and concerns.

- **Real 411** Media Monitoring Africa: a mis- and disinformation reporting and response system
- **COVID Comms:** a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **Centre for Communication Impact, Centre for Analytics and Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **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, Health Systems Trust, 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 SA Disability

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