

South Africa COVID-19 and Vaccine Social Listening Report 7 September 2021, Report 17

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

KEY TRENDS

- **Youth hesitancy** is concerning. Many young people believe vaccination is unnecessary at their age, have safety concerns, and many youth are waiting for their peers to vaccinate to see what happens to them. A new **UNICEF U-Report survey** ([here](#)) found that only 55% of young people aged up to 24 would get the Covid vaccination, 22% will not get the vaccine, and 23% are unsure. Many young people encountered in Buffalo City & OR Tambo district (Eastern Cape) showed no interest in the vaccine. There is evidence of safety concerns and belief in conspiracy theories among youth. The Limpopo Health MEC has a novel approach to youth engagement: “No condom = no sex; No vax certificate = no dating”.
- **Covid Orphans**: Press reports that South Africa has close to 95 000 orphans due to Covid, according to the ‘Global Minimum Estimates of children affected by Covid-19’ report from UCT (see [here](#)).
- **Social media**: There were 35 000 engagements around vaccines in SA social media, 50% down from last week. **Top tweets** encourage vaccination. Popular tweet on a choir getting vaxxed. Another popular advocate pleading with people to get the jab, but Dr Tim Noakes’ tweet on deaths shortly after vaccination was number 3. **Top 5 Facebook posts**: NICD pro-vax posts were the top three: FAQ Afrikaans video; MAC advisory on pregnancy; FAQs in Sesotho. Fourth place was a post thanking Botshelong Hospital teams for a second jab, and fifth, News24 article from Dr Davianne de Bruin pleading with the public to vaccinate. **Google searches**: 5 000% increase in searches on withdrawal of vaccines; 1 500 increase on Germany withdraws vaccines. 9 000 engagements on ‘*Who approves vaccines*’ information.
- **COVID Call Centre**: Top 3 queries: (1) SMS related - incorrect or incomplete data; (2) Missing info - no second vaccines because of incorrect or no information; (3) People turned away without IDs.
- **On-going problems with EVDS**: There are reports of incorrectly captured details of vaccinated people making it difficult to get second vaccination; people complain that they do not receive confirmatory emails / SMS after vaccination even if they are registered. These problems are exacerbated as the Call Centre cannot amend EVDS records and sends people back to vaccine sites where they are not helped again. There has been a **positive response** to the new functionality on EVDS to change appointments.
- **Undocumented** locals and immigrants are excluded from vaccination in some cases. Growing anxiety from community organisations about the vaccination of undocumented migrants and homeless people. Many South Africans have been turned away from sites because they don’t have IDs or passports.
- **Many positive vaccination stories** were publicised in the media this week (e.g. [here](#)).
- **Foreigners’ eligibility** is not clear: confusion is rife amongst both immigrants (documented and undocumented) as well as healthcare workers providing vaccination. Some migrants avoid vaccination due to fear of deportation ([here](#)).
- **Side effects** remain a concern, with many social media posts from people experiencing uncomfortable side-effects. There are reports of people rejecting the second Pfizer vaccination due to unpleasant side effects after the first Pfizer vaccine.
- **Lack of faith in efficacy** is reported due to concerns about efficacy of vaccination in face of new variants.
- **Reasons for fewer vaccinations**. Reports about low vaccination rates in Khayelitsha ([here](#)), among sex workers ([here](#)) and the impact of religion & social media on vaccine hesitancy ([here](#)).
- **Mines** have vaccinated around 36% of their workforce of 450 000 ([here](#)).
- **Frustration with focus on vaccines and not delivery of other services**, e.g. criticism of free transport for vaccinations (“Why is there no free transport to schools or other important places?”)

- **SA vaccine records not recognised.** People expressing frustrations that they cannot get internationally recognised proof of vaccination certificates to allow travel abroad.
- **Inequity** in vaccination access continues. Transport to vaccination sites remains a challenge in many communities and digital communication messages fail to reach a large number of the population.
- **Mandatory or incentivised vaccination:** There is much debate whether vaccination should be compulsory or incentivised ([here](#), [here](#) & [here](#)). Many argue that people should not be forced or coerced to vaccinate. Discovery now has a policy mandating vaccination for staff ([here](#)). Incentivisation for vaccines are hotly debated (both Pro and Con), examples [here](#) & [here](#).
- **High acceptance but access problems in OR tambo.** Right to Care, operating in this district in Eastern Cape, reports high levels of vaccine eagerness amongst rural communities. However, there are many logistical and access barriers to overcome – reports include one woman walking 8km to a vaccine site.
- **Vertical programme.** The health system is expending huge effort and resources on the vaccine rollout, with less emphasis on other health areas. Opportunities are being missed, e.g. not testing people for TB or diabetes when testing for Covid. While understandable, in future this could be seen as over-focus on one vertical programme for Covid, while neglecting other important health issues.

MISINFORMATION

- ~~**MISINFO:** Vaccines are not safe and cause more harm than good.~~ **TRUTH:** Covid vaccines have been tested and, while they have some side-effects, they are safe and effective. See [here](#), [here](#) and [here](#).
- ~~**MISINFO:** Vaccines replace your innate immune system with an artificial one.~~ **TRUTH:** Vaccines allow your body to build up defences against the disease virus so your body can defeat the virus when it sees the virus again. Vaccines help your immune system, they do not replace it. See [here](#), [here](#) & [here](#).
- ~~**MISINFO:** Bill Gates and others have called for all vaccines to be withdrawn.~~ **TRUTH:** No such call has been made by Gates or any other reputable organisation. Check [here](#) for the latest information.
- ~~**MISINFO:** Vaccines and PCR tests are invasive and violate human rights.~~ **TRUTH:** While Human Rights must be respected, vaccines and PCR tests are important and essential tools for the protection of individual and collective human rights. See [here](#) and [here](#).
- ~~**MISINFO:** Vaccines damage fertility.~~ **TRUTH:** Vaccines do not hurt fertility ([here](#)) but Covid could ([here](#)).

PROPOSED ACTIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- **Local information for social listening** is needed to get more granular district-by-district understanding of issues affecting vaccination, through working with local activists, community health workers, GCIS and others based in communities.
- Plan and launch a programme of **Covid champions** so more people know someone who visibly supports vaccination. Aim for 10,000s to (1) Educate themselves, (2) Encourage family, friends and others to vaccinate and respond to concerns (online and offline), and (3) Report problem.
- **Heritage month** should be a focus for communication activities in September.
- **Requests for information** from companies and others should be promptly responded to.
- **FAQs.** Frequently Asked Questions developed by SA Corona Virus site, the Covid Hotline callcentre, NDOH and NICD should be compiled, shared and widely circulated as a resource to support any organisation to respond to concerns around vaccinations.
- Develop **content on Covid variants and vaccine efficacy** – there is confusion here.
- Provide more **training** to individuals and members of community organisations ‘on the ground’ to empower them to support vaccination and respond to questions that arise.
- Improved **reporting on adverse event & vaccine-related deaths** is needed to show transparency and silence conspiracy theories of 100s of deaths caused by vaccination. Provide clear messaging how to report adverse events & deaths (e.g. via hotline); then publish in the daily Covid statistics the number of cases reported & under investigation, and number of deaths caused by vaccines in SA (currently 0).
- Organise a **briefing for editors** of major news media on responsible reporting of the vaccine rollout.
- Dr Siyamak Salah (Tik Tok Doc) will organise **social media training for doctors** in September to use Facebook, Twitter, Tik Tok, Instagram, Pinterest and other social media to promote vaccination and respond to misinformation. WHO and Tik Tok have agreed to support this.

ISSUES RAISED FOR FOLLOW-UP

- Request to finalise and communicate policy on **vaccinating undocumented** people.
- Community organisations assisting with mobilisation for vaccination are requesting greater **local mobile capacity**, including vehicles to visit and transport people.

- Suggestion to create an **EVDS ticket system** for those who are undocumented or whose information is incorrect, and providing a realistic timeframe for resolution. Enable callcentre & EVDS staff to escalate issues rather than not being able to help callers or sending them to vaccine sites to resolve issues.
- Request to resolve **international recognition** for SA vaccine records.
- Request to **clarify pathway of care** for people who have bad side effects. Some NDOH staff are unsure how to find help when required.
- Request to **review the Covid vertical programme** to determine whether the huge effort on Covid could benefit other areas of healthcare.

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:

OTHER RESOURCES

Background info for this report	Here
SA Corona virus website	Here
Real 411 to report misinfo	Here

- **SA National Department of Health**
- **Covid Hotline:** Reports from the national 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), People’s Vaccine Campaign**
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care,**
- **SA Vaccination and Immunisation Centre, Health Systems Trust, HSRC, IPSOS**
- **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, 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, Treatment Action Campaign and Disability SA.

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