

South Africa Covid-19 and Vaccine Social Listening Report

25 April 2022, Report 46

This is a weekly report of Covid-19 & vaccine sentiment, rumours & misinformation in SA. Background information that went into this report is available [here](#), especially reports from districts around the country.

TRENDS

Misconception that “Covid is over”. It is very good news that Covid-19 infections and deaths are much lower in 2022 than in the previous two years. This has led to the widespread feeling throughout SA that the pandemic is effectively over and is not a major concern. While this is not true, it is influencing behaviour and, for many, life has returned to something like pre-pandemic normal, with Covid-19 considered little different from many other health issues (which has been referred to as “I’ve got 99 problems but Covid ain’t one”). According to the World Health Organisation (WHO), “We’re still in the middle of the pandemic. The virus has not settled down into any seasonal pattern or transmission pattern. It is still capable of causing huge epidemics” ([here](#)).

Sharp decline in Covid-19 cases recently may give false hope. Relating to the point above, South Africa has seen a sharp decline in the number of new coronavirus cases since the Omicron-driven peak in December 2021. Recently the Covid lockdown restrictions have been further lifted, including no requirement to wear masks outdoors but only in public indoors spaces like shopping malls and churches. This decision was taken in the context of many countries lifting all Covid restrictions (e.g. [here](#)). However, warnings from WHO ([here](#)), scientists ([here](#) and [here](#)) and SA Government ([here](#)) indicate that Covid-19 is not over and that South Africa may face a fifth wave in the coming weeks. indeed, this may already have started as Covid-19 infection numbers are beginning to rise. There is even a call for government to consider re-enacting the national state of disaster for Covid-19, which recently ended after 750 days, when the need arises ([here](#)). Not everyone agrees as widespread sentiment includes “*They want to reinstate lockdown against us*” and “*The fifth wave has arrived as ordered so they can control people*” and (sarcastically) “*We have wizards in the Department of Health*”.

Concerns over Covid-19 vaccines affecting routine immunization. Fewer children are showing up for routine immunization than pre-pandemic. An increasing number of families are projecting their negative attitude towards the Covid-19 vaccine onto other vaccine such as measles, chickenpox, meningitis and for other diseases, making it difficult to promote school-based immunisation or to catch up with children who missed immunizations during the early days of the pandemic ([here](#)). South Africa is not unique, as immunization rates for children plummeted in US in 2020 by a 15% from pre-pandemic level (U.S. CDC).

Lack of trust in Government and fear of corruption continues. While there have been many good lessons learned from the national Covid-19 response, the country is still weary of emergency responses. There is understandable fear that emergency aid could be misappropriated the same way some Covid-19 aid was. The fraudulent Covid-19 PPE procurement, Digital Vibes and other scandals have damaged people’s trust in Government to use KZN flood aid prudently, suggesting that funds be given to humanitarian organizations such as Gift of the Givers and not Government ([here](#) and [here](#)). Another contributor to lack of trust in Government is the ongoing rumour that public comments on published regulations are deleted without being read ([here](#)) with people reacting with angrily in texts and emails to Government officials.

Concerns over side effects continues, but with a difference for women. A study investigating the effect of Covid-19 vaccines on menstrual bleeding found bleeding and other period-related symptoms are common even among women who do not normally menstruate, e.g. post-menopausal and gender fluid ([here](#)). This adds to the stress among women caused by the socio-economic and psychological hardship they have faced

as a result of Covid-19 ([here](#)). Facebook posts include concerns over arm swelling after getting the jab and people questioning the need to vaccinate if one can still get infected with Covid-19 anyway ([here](#)). These sentiments are likely to reverse vaccination gains as anti-vaccine ideology gains ground locally and in other parts of the world ([here](#)).

Need for clarity on taking both the Covid-19 and the flu vaccines. Flu cases in SA usually start to increase sharply in late April. Consequently, questions around when and whether to take either of the two vaccines or both are trending ([here](#)). However, there is clarity that people no longer need to wait 14 days following a Covid-19 vaccine to get the flu vaccine ([here](#)). The only condition is that the vaccines be administered on different arms if a person is getting them at the same time. While this is official policy, it is not widely known and confusion is widespread.

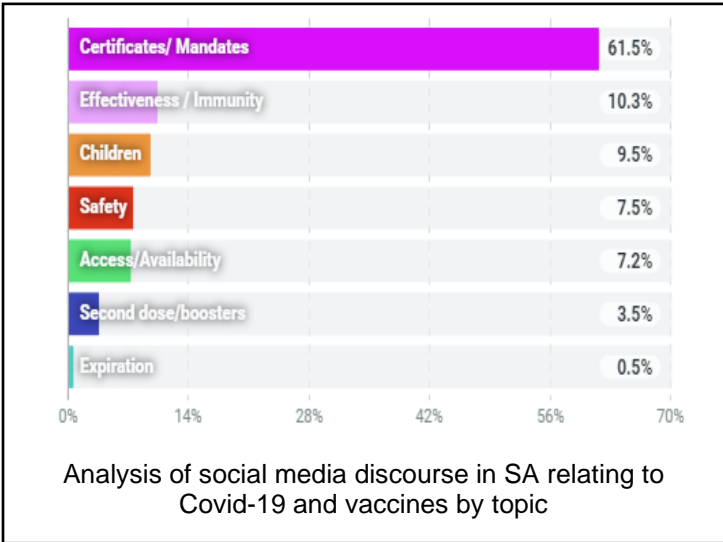
Higher Respiratory Syncytial Virus (RSV). RSV is a fairly common virus causing infection of the respiratory tract. Before Covid-19, for over a decade the RSV season in South Africa started in February. However, due to Covid-19 restrictions and behaviour change, circulation of RSV has been disrupted, with out-of-season outbreaks reported ([here](#)). There are rumours that the RSV currently circulating are increasing, with more cases expected affecting mostly children with similar symptoms to Covid-19.

Workplace mandatory vaccinations. A rising number of workplaces, colleges and events like sports matches now require proof of vaccination. Several CCMA rulings have backed dismissal of employees that refuse mandatory vaccination in the workplace ([here](#) and [here](#)). This has forced some vaccine hesitant people to reluctantly get the jab to keep their jobs ([here](#)). While this strategy can be defended, is backed by scientific evidence and has been moderately effective in SA in increasing vaccination rates, many people oppose this and believe it is a human rights violation. Many people insist that they want jobs and not to be coerced, blackmailed or forced to get vaccinated.

Political opposition: Some political parties continue to actively oppose the mandates citing a fight for the constitutional and religious rights of South Africans ([here](#)).

Vaccination certificate. There are difficulties in accessing vaccination certificates, for example when people have entered incorrect details on EVDS, the clinical admin hasn't been done recording their vaccination or for people who change their phone number. Queries about certificates and mandates made up 61.5% of all engagements on various platforms, especially in calls to the Covid contact centre.

This was followed by messaging around effectiveness of the vaccines and vaccination among children (see the graph on the right).



Very low new vaccinations, and rising booster hesitancy. There are very few first vaccinations of people who haven't vaccinated so far (around 15,000 per day, 0.04% of adults in SA). Also after a previous rush, vaccine booster uptake has decreased significantly largely due to misinformation as well as people losing hope as infections can even occur after receiving the booster. First, relatively mild Omicron infections led people to believe that they don't need boosters ([here](#)). Second, Facebook posts indicate hopelessness as people see their loved ones and colleagues getting infected even after receiving the booster vaccines ([here](#)).

Expired vaccines drive sentiments on Government wasting scarce resources. Health officials have confirmed that over 92 000 doses of the Pfizer Covid-19 vaccine that were about to expire are going to be discarded ([here](#), [here](#) and [here](#)). There is a feeling that this is a waste, while other African countries have limited supply and the drugs being prohibitive expensive which has led to low levels of vaccination in many Africa countries. Many feel the expiring SA vaccines should have been donated to neighbouring countries.

Contesting the Health Act amendments spills over to Covid-19 communication. On several social media platforms, the hashtag #Notohealthactamendments is being used as a vehicle to push a misinformation agenda against health communication, including on Covid-19, vaccination and other health issues ([here](#)). Some are speculating that the amendments are meant to replace the Covid-19 disaster act regulations, allowing continued government control ([here](#)).

Reaching the hardcore. Nearly half of adults in South Africa (49%) have received at least one Covid-19 vaccination. Some unvaccinated people who are still willing to vaccinate remain – distance from vaccination sites, transport, cost, opening hours, health system supply problems and other logistical and access issues have meant vaccination has proven impossible for them, especially in rural areas and informal settlements. However, the majority of the 51% who have not vaccinated are hesitant, resistant or flat-out opposed to vaccination. This makes it a much harder task to persuade significant numbers of the remaining hardcore to vaccinate.

South African Health Review: The SAHR has been published by the Health Systems Trust. It includes chapters on vaccine hesitancy and health communications ([here](#)).

DISTRICT REPORTS

- **OR Tambo (Eastern Cape).** Many feel that Covid-19 is no more as fewer people are getting sick and most of the lockdown regulations have been lifted– meaning there is currently little motivation to vaccinate.
- **Ilembe (KZN).** Some youth remain adamant that they will not be vaccinated and will not change their minds, especially now the Covid-19 regulations are relaxing. Many people claim to know someone who was killed by the Covid-19 vaccine (without being able to demonstrate this!).
- **Umkhanyakude (KZN).** Most people who vaccinate are coming for boosters, not first doses. There is uncertainty whether boosters are the same vaccine as the ones taken previously. Many people feel Covid-19 is no longer a threat – this is a widespread and strong belief. The Vooma Weekend was less effective at getting people to come to the vaccination sites – however we decided to drive around to mobilise people (we told the security guard to ask people to wait a short time if anyone turned up to the site, the guard then called us). The roving strategy was 5 times more successful than waiting for people to come to the vaccination site. It also worked when we went out to the Pick N Pay shops in Mtubatuba.
- **Bojanala (North West).** Pop-up and mobile vaccination sites can be effective - vaccination sites should come to people where they live or work, e.g. farms as many won't go to the vaccination site. KeReady2Flex has helped motivate some youth, though there still is a problem with many youth not interested in vaccination. Many vaccination sites close too early in the afternoon so that working people cannot attend after work. Many myths on Covid-19 and vaccination are still circulating.
- **Dr Ruth Segomotsi Mompati (North West).** Youth are more exposed to misinformation as they use the internet and social media, where they are exposed to myths, e.g. people become zombies after vaccination; the vaccine will kill you; side effects are severe; it places a micro-chip; the vaccine is just for older people as they are the only ones who get sick with Covid-19. Demand creation is hampered by a lack of transport, rain and weak cooperation with various local partners. More vaccination sites have been set up in more convenient locations which reduces logistical barriers, though transport to sites remains a problem for many. KeReady has helped to motivate youth to vaccinate – but there is still a huge problem with most youth not wanting to vaccinate.
- **Garden Route (Western Cape).** Youth here are still scared of going for the 2nd Pfizer and booster vaccinations, many they don't trust it thinking it's a new vaccine, and don't understand the fact it's given if it's the same thing inside their bodies. Myths are not trending very much, people are just negative about the vaccine and influencing others not to take it without reasons anymore. When community health workers do mobilization, people say things that government doesn't provide, employment opportunities, funding for local activities like sport, and support for local business and other services.
- **Namakwa (Western Cape).** There is a growing 'Laissez faire' attitude (people don't care much) since the latest relaxation of Covid-19 regulations. Unvaccinated people are unhappy that they cannot attend sports events or employment opportunities, and feel bullied by the government. Over 50s are receiving

booster vaccinations in numbers, though hesitancy in youth continues. People who have never caught Covid-19 feel invincible, and others who have think they have natural immunity. People are confused by the time of eligibility for booster doses. There is still a need for transport for people in remote areas to go for vaccination. Predictions of a fifth wave of Covid-19 mean that the pandemic is planned and controlled. In practice, there is little control of the spectators to football matches to check they have vaccinated (as has been announced). Transport is still really needed for willing people to get to vaccine sites. There is rising crime due to unemployment which is hindering the vaccination campaign. Successes include vaccinating 203 people on one day due to community mobilisation, successful training of new recruits from Re-Action partner organisation in social mobilization, good door-to-door visits. Door-to-door visits are still having a good effect at persuading new people to vaccinate. The water crisis in many municipalities is undermining vaccination and other campaigns. Youth are still very resistant to vaccination – many say their bodies are strong so they don't need the vaccine, especially after 2 years of the pandemic. Many people are struggling to come to grips with the untimely death of loved ones due to Covid-19. They should be offered free counselling by professionals to overcome grieving.

- **Swartland (Western Cape).** Vaccine acceptance is slowly increasing for young people, but youth are still overwhelmingly resistant. The Riebeeck Kasteel area is a big challenge – they simply refuse to vaccinate, even door-to-door work is not effective. They are scared of side effects and of injections. Some youth are not getting second doses as they fell sick after the first dose. The collaboration with community health workers is going well for local mobilisation. Many people are very appreciative when we go and inform them about Covid-19 and the vaccine. Some youth take dagga and say that this drug protects them from Covid-19.

MISINFORMATION

There are fewer myths and pieces of misinformation circulating than in previous months, and almost no new disinformation trending.

- **MISINFO:** ~~The prediction of a 5th wave shows that the pandemic is carefully planned to control people.~~
TRUTH: No evidence to support this, prediction based on carefully considered models, based on previous experience and predictions made to support planning and preparation. See [here](#) and [here](#).
- **MISINFO:** ~~Covid isn't that bad so we don't need to be vaccinated.~~ **TRUTH:** While some people who get Covid-19 can show no or mild symptoms, vaccines are highly effective in preventing serious illness and hospitalisation. See [here](#) and [here](#)
- **MISINFO:** ~~Natural immunity is better than vaccine immunity and shows we don't need to be vaccinated.~~
TRUTH: Natural immunity can help protect you but it depends on when you had Covid-19, which variant and your own immunity strength and health. Vaccines are essential to giving sufficient anti-bodies to protect you, which is why boosters are essential too. See [here](#) and [here](#).
- **MISINFO:** ~~Vaccines side effects are being under reported and can kill you.~~ **TRUTH:** There's no evidence to support this claim, most side effect are mild and self-resolving. See [here](#), [here](#) and [here](#).
- **MISINFO:** ~~Foreigners are now being targeted for vaccination as means of controlling and killing them.~~
TRUTH: There's no evidence to support this. Vaccines are safe and effective regardless of nationality. See [here](#) and [here](#).
- **MISINFO:** ~~Vaccines cause infertility and erectile dysfunction.~~ **TRUTH:** There is no evidence supporting this claim. Covid-19 however can impair sexual performance. See [here](#), [here](#) and [here](#).
- **MISINFO:** ~~Covid booster vaccines are dangerous.~~ **TRUTH:** There also is no evidence to support this claim. Boosters shots are normal practice for many vaccines. See [here](#) and [here](#).
- **MISINFO:** ~~Covid-19 vaccines and boosters give you HIV.~~ **TRUTH:** There is no evidence to support this claim at all. Vaccines, including for Covid-19, cannot cause AIDS / HIV or make us more susceptible to contracting this virus. See [here](#) and [here](#).

- **MISINFO:** Vaccines are dangerous and cause “vaccine-acquired immunodeficiency syndrome” or “VAIDS”. **TRUTH:** There is no evidence at all to support the claim of immunodeficiency being related to Covid-19 vaccines. See [here](#) and [here](#).
- **MISINFO:** Pfizer’s own data shows over 1,291 side effects of Covid vaccine. **TRUTH:** It is true that a report from Pfizer released in 2021 does list 1,291 potential side effects of any new drug. However, this is NOT a list of side effects of their Covid vaccine; instead it is a list of the possible side effects that their study was watching out for. The vaccine is safe, being authorised by the SA Health Products Regulatory Authority and similar bodies around the world. See [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-19 and vaccination. They produce the Viral Facts content responding to misinformation which can be used freely.

1. Immunity through infection is better than vaccination

Recommendations:

- Narratives questioning vaccine effectiveness are likely to continue to be prominent as countries make the transition out of the pandemic public health and safety measures, but they can serve as an opportunity to revisit the successes of public health operations during the pandemic.
- Underline the role of vaccines in bringing an end to the pandemic while limiting hospitalizations and mortality, and protecting vulnerable groups.
- Highlight the risk still posed for vulnerable populations and how simple efforts of masking and testing/self-isolation can have a large impact in limiting the duration of the pandemic.

2. The Covid-19 pandemic is over

Recommendations:

- Address the decline in the number of Covid-19 infections and deaths to highlight that diminished statistics and conversation does not equal a diminished threat. (Viral Facts video “Is the pandemic over?” [Here](#), Tips from Ask Dr. Ben on how to ensure our family and friends understand Covid-19 is real [Here](#)).
- Continue to encourage users to get vaccinated (primary series and boosters where eligible) as the vaccine is effective. Underline that vaccine uptake efforts are one of several strategies that need to be in place to prevent transmission and bring an end to the pandemic.

3. Concerns regarding Covid-19 vaccines for children

Recommendations:

- Clarify that, as healthy children tend to have milder disease compared to adults, it is generally less urgent to vaccinate them than other priority groups (see WHO roadmap for prioritizing use of Covid-19 vaccines [here](#)). Still, it is recommended that vaccines for children above 12 years old are safe and risks from infection are higher than risks after vaccination (some health authorities suggest vaccination from 5 years old).
- Share accurate information to clarify the most effective ways of preventing the spread of Covid-19 and new variants through vaccinations. (Viral Facts video on vaccine effectiveness against Omicron [here](#) and Ask Dr. Ben video [here](#)).
- Encourage patients of all ages to report severe side effects and share localized information on how adverse events following immunization are monitored. (Viral Facts side effects review [here](#), Ask Dr. Ben video on side effects after vaccination [here](#)).
- Ensure that communication materials cater to parents, older children, and adolescents, so they can understand the benefits and risks of vaccination - which is central to informed consent.

PROPOSED ACTIONS FOR RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- **Weekend vaccination.** Vaccination services over weekends are not widespread across South Africa. For many people, especially workers, that makes it difficult to reach vaccination sites. Wherever, staffing, cost and logistics allow, it is important to open vaccine sites at the weekends and advertise them widely in the community. Community mobilisation to assess need and increase demand is very valuable and need for success. Mobile vaccination units at large workplaces also are effective.
- **Sites in under-serviced areas.** Research has revealed that there are many fewer vaccination sites available in impoverished areas, especially rural areas and informal settlements. Accessing vaccination is an equity issue, with poorer people currently being unfairly treated. Local surveys to identify need are important, leading to setting up vaccination sites for under-served communities.
- **Strengthening agency.** Efforts should be increased to build advocacy in local communities that strengthen public education on vaccines and other primary healthcare interventions. This includes supporting the Vax Champs initiatives and community mobilizers carrying out community engagement ([here](#)).
- **Wider vaccine and health communication strategy.** A universal vaccine and general health communication strategy should be implemented, focussing on elements of timeous risk communication, vaccine safety, vaccine effectiveness, benefit / risk factors, as well as how to respond to various forms of misinformation. This strategy should be more than just one-way information dissemination. It should embrace reinforcing public healthcare interventions, strengthening health seeking behaviour, respectfully listening to and acting on suggestions, working in close collaboration with community healthcare workers, counsellors, community leaders and others involved in primary health care. This strategy should also be inclusive of academics, clinicians and experts versed in communication and behaviour change.
- **Integrate services.** There should be thorough integration of Covid-19 vaccination services with routine immunization services and campaigns. There is policy recommending this, but it has not happened in many health facilities. The focus is moving to longer-term integration process for Covid-19 and other respiratory diseases to ensure a more sustained and integrated system for future pandemics. This is to be supported and communications promoting this should be prepared.
- **Grief counselling.** Many people are struggling to come to grips with the untimely death of loved ones due to Covid-19. They should be offered free counselling by professionals to assist with grieving. This is both a right and compassionate service to offer, and also it can be useful for the vaccination campaign. Through counselling, the importance of vaccination in reducing the risk of tragedy can be explained, which could motivate the bereaved being advocates for vaccination. As professional counselling services are not available in most areas of the public health system, this could be done telephonically, for example working with an organisation like LifeLine to provide a counselling service for callers to the National Covid contact centre. Such counselling linked with local self-care support groups could be considered for trialling.
- **Booster clarity.** As mentioned above, there is confusion and concern regarding boosters. Why have them? Does it mean the original vaccine didn't work? How long will we have to repeat nasty vaccinations? Is the booster vaccine the same as the original ones – so will this also not work? Why have confusing different timing gaps for different vaccines? Some think the booster is a new vaccine which could be worse for them – it's a separate vaccine to worry about. Communications should be developed and distributed widely on this.
- **Recommend or even require vaccination for long travel.** Spreading infection throughout SA through long distance travel can spread the pandemic, especially new variants. All distant travel services should at a minimum ask about and encourage vaccination in every interaction, e.g. at highway tolls, petrol stations on motorways, as well as in train, bus, coach and taxi transport.
- **Empower mobilisers on wider issues.** In many areas, community health workers and vaccination mobilisers are the only visible government representative going out to people. While the health workers want to talk about vaccination, often people want to complain about the government not

providing employment opportunities, funding for local activities like sport, support for local business and other service delivery issues. This undermines the vaccination message, disempowers the health worker, leading to frustration, apathy and even anger for all. While community health workers are not responsible for other services, they could be supported to respond to legitimate concerns. After agreement between national departments, the district Department of Health officials should engage with other local arms of government to develop guides on how to report and escalate grievances to which official, and a list of who to contact for what problem developed. In particular, this should involve the local counsellor. Health workers can be given brief training and printed material on this. While the health department is not responsible for wider joined up, responsive and accessible government, this simple step could provide a useful service, reduce frustration and allow the vaccination message to be heard more widely.

- **Flu and Covid-19 vaccine messaging.** Further messaging should be developed and disseminated on flu and Covid-19 vaccination – covering why, how and when to do them separately or together.
- **Prepare fifth wave communication.** The fifth wave of Covid-19 in SA is almost certainly coming soon. Communication content should be developed now, highlighting the importance of vaccination to save lives, every one taking responsibility for the health of their family and community, and reducing the likelihood of lockdown restrictions returning should.
- **Prepare majority vaccinated communication.** As mentioned above 49% of adults in SA have received at least one dose of Covid-19 vaccine. Even though this number is climbing slowly, it is likely that we will reach 50% in May. This will be an achievement and could be a huge psychological boost if this is communicated well and widely. We can legitimately say that a majority of SA adults are now vaccinated – so why don't you get with the programme / join the rest of us / be part of the winning team. Widespread communication (including radio and TV) can highlight that no one in SA has died of the vaccine while over 100,000 have died of Covid (many more if excess deaths are considered). A major communications campaign can be prepared now to be triggered next month.

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-19 Hotline:** Reports from the national Covid-19 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-19 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-19 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 RESOURCES

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

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.

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