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REPUBLIC OF SOUTH AFRICA



COVID-19 vaccination messaging guideline

COVID-19 Vaccination Messaging Guideline developed by the Communication Work Stream of the Technical Committee of the Inter-Ministerial Committee on Vaccinations - 3 May 2021

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1. Introduction

South Africa is rolling out its national COVID-19 vaccine programme, which aims to vaccinate 40 million South Africans. The programme entails procurement, distribution, vaccination, monitoring, communication and mobilisation.

This COVID-19 vaccination messaging guidelines aim to assist communicators in the formulation of messages on the vaccine rollout and help address key questions stakeholders may be asking. The guidelines provide supporting content and resource links on the key areas for communication. The content contained in this version of the guide is relevant on 3 May 2021.

The rollout will take place in three phases to provide vaccinations to a minimum of 67 per cent of the population in order to achieve herd immunity. It means that the majority of the population would be immune to the virus, indirectly protecting those who are not and making the spread easier to manage and contain.

The vaccination programme is a key intervention to mitigate the public health and economic impact of the COVID-19 pandemic. It also demonstrates how far the country has come in in the fight against the pandemic. On 5 March 2021, South Africa marked one year since the first case of coronavirus was reported in the country.

Since then, we have learned a lot about the pandemic and made strong inroads into turning the tide against the virus. Through instilling behaviour change by profiling everyday preventative measures and adopting a scientific approach to fight the virus, we helped stem the spread of COVID-19. Today we know much more about the pandemic and this has allowed us to respond more effectively to it.

The country's vaccine rollout is being overseen at the highest level by the Inter-Ministerial Committee (IMC) on Vaccination, chaired by Deputy President David Mabuza. The IMC will assist

in advancing our vaccine rollout and strategy with quick decision-making to ensure a smooth implementation of the vaccination programme.

2. COVID-19 vaccine

What is a COVID-19 vaccine?

A vaccine is intended to provide immunity against COVID-19. In general, vaccines contain weakened or inactive parts of a particular organism that triggers an immune response within the body. This weakened version will not cause the disease in the person receiving the vaccine, but it will prompt their immune system to respond. Some vaccines require multiple doses, given weeks or months apart. This is sometimes needed to allow for the production of long-lived antibodies and development of memory cells. In this way, the body is trained to fight the specific disease-causing organism, building up memory against the pathogen so it can fight it in the future.

[Vaccine Explanations and Answers](#)

What process is followed before a vaccine is given to the public?

Before COVID-19 vaccines can be delivered:

- The vaccines must be proven to be safe and effective in large clinical trials.
- A series of independent reviews of the efficacy and safety evidence is required.
- The evidence must also be reviewed for the purpose of policy recommendations on how the vaccines should be used.
- An external panel of experts convened by WHO, called the Strategic Advisory Group of Experts on Immunization (SAGE), analyses the results from clinical trials.
- The panel then recommends whether and how the vaccines should be used.
- Officials in individual countries decide whether to approve the vaccines for national use and develop policies on how to use the vaccines in their country, based on the recommendations by the WHO. [COVID-19 Vaccine Checks and Balances](#)

3. Why are vaccines important

The aim of vaccination is to prevent morbidity and mortality. It is also to achieve herd immunity and prevent ongoing transmission. When a person is vaccinated against a disease, their risk of infection is also reduced. Vaccinations help lower the possibility for a pathogen to circulate in the community and protect those who cannot be vaccinated due to health conditions such as allergies or their age. [Vaccine: Frequently Asked Questions](#)

What is herd immunity?

When a lot of people in a community are vaccinated, the pathogen has a hard time circulating because most of the people it encounters are immune. This is called herd immunity. But no single vaccine provides 100 per cent protection, and herd immunity does not provide full protection to those who cannot safely be vaccinated. But with herd immunity, these people will have substantial protection, thanks to those around them being vaccinated. Vaccinating not only protects yourself, but also protects those in the community who are unable to be vaccinated. [Reaching Herd-Immunity](#)

Are vaccines necessary to prevent the spread of COVID-19?

There is overwhelming scientific evidence that vaccination is the best defence against serious infections. Vaccines do not give you the virus, rather it teaches your immune system to recognise and fight the infection. The COVID-19 vaccine presents the body with instructions to build

immunity and does not alter human cells. Vaccines have reduced the morbidity and mortality of infectious diseases such as smallpox, poliomyelitis, hepatitis B, measles, tetanus, whooping cough and pneumococcal conjugate across the world. Vaccinating enough people would help create herd immunity and stamp out the disease. [The Impact of Vaccines](#)

Why opt for one vaccine over another?

There are a number of variants of COVID-19 that have arisen around the world. No single vaccine will be effective against all the variants. South Africa's vaccination campaign is guided by science and this means the country may need to change the choice of vaccine it uses. This was demonstrated in the case with the AstraZeneca vaccine, which was less effective against the 501Y.V2 variant while the Johnson & Johnson vaccine has proved effective against the COVID-19 501Y.V2 variant. [Vaccine Efficacy 501Y-V2-Variant](#)

4. Vaccine safety

What steps are taken to ensure the COVID-19 vaccine is safe?

COVID-19 vaccines go through a rigorous, multi-stage testing process, including large trials that involve tens of thousands of people. These trials, which include people at high risk for COVID-19, are specifically designed to identify any common side effects or other safety concerns. Once a clinical trial shows that a COVID-19 vaccine is safe and effective, a series of independent reviews of the efficacy and safety evidence is required, including regulatory review and approval in the country where the vaccine is manufactured, before the WHO considers a vaccine product for prequalification. An external panel of experts convened by the WHO analyses the results from clinical trials, along with evidence on the disease, age groups affected, risk factors for disease, and other information. The panel recommends whether and how the vaccines should be used. [Steps Towards COVID-19 Vaccine Safety](#)

Are vaccines safe to use?

Vaccines undergo rigorous trials to ensure they are safe and effective. All vaccines go through a comprehensive approval process by medical regulators to ensure that they are safe. Pharmaceutical companies hand over all laboratory studies and safety trials to validate that the vaccine does work. Any safety concerns are picked up by regulators when reviewing the data. Vaccines are made to save lives - not to oppress, bewitch, possess or indoctrinate people. [Vaccine Safety Details](#)

How do we make sure COVID-19 vaccines are safe?

Government is working closely with South African Health Products Regulatory Authority (SAHPRA) to ensure there is no delay approving a vaccine for use. [COVID-19 Vaccine Vetting & Approval](#)

5. Sourcing the vaccine

Where is South Africa getting its first vaccine from?

The first doses of the vaccine are from Johnson & Johnson as its vaccine has proved effective against the COVID-19 501Y.V2 variant. The country has secured 11 million doses of the Johnson & Johnson vaccine. Of these doses, 2.8 million doses will be delivered in the second quarter and the rest spread throughout the year. South Africa has also secured a further 20 million doses of the Johnson & Johnson vaccine and is finalising the agreement with the company. [Johnson & Johnson Vaccine](#)

Who are our other vaccine suppliers?

South Africa reached an agreement with the COVAX Facility to secure 1.2 million vaccine doses. This will be complemented by other vaccines that are available to South Africa through the African Union's African Vaccine Acquisition Task Team facility. The Department of Health has signed a contract with Pfizer for 30 million vaccine doses of its COVID-19 vaccine. The government is also in various stages of negotiations with the manufacturers of other vaccines such as Sinovac, Sinopharm and Sputnik V. [Suppliers of the COVID-19 Vaccine](#)

Who is purchasing the COVID-19 vaccine for South Africa?

Government will source, distribute and oversee the rollout of the vaccine. Government as the sole purchaser of vaccines will distribute it to provincial governments and the private sector. A national register for COVID-19 vaccinations will be established. The vaccination system will be based on a pre-vaccination registration and appointment system. All those vaccinated will be placed on a national register and provided with a vaccination card. A national rollout committee will oversee the vaccine implementation in both the public and private sectors. [Vaccine Procurement](#)

Available vaccines details (as at 03/05/2021)

Pfizer /BioNTech Vaccine

- Regulatory: Emergency Use Authorizations by US Food and Drug Administration including WHO *Prequalification* Programme.
- Efficacy: > 90% protection – 2 dose vaccine
- Rollout has happened in a few countries.
- Storage: minus 70 deg C (limitation for SA as we have limited commercial ultra-low cold chain storage)
- Effective against the 501Y.V2 variant

AstraZeneca/University of Oxford Vaccine

- Regulatory: Approved as Emergency Use Authorizations by Medicines and Healthcare products Regulatory Agency and Drugs Controller General of India.
- Efficacy: 70% efficacy – 2 dose vaccine
- AZ has outsourced the production of the vaccine to various sites globally including the largest vaccine producer globally - the Serum institute of India (SII).
- This vaccine likely to be widely used globally due to temperature stability and volumes.
- Storage: 2 – 8 deg C

Johnson & Johnson

- Regulatory: Emergency Use Authorisation by FDA. The FDA temporary suspended rollout on 13 April 2021.
- Approved by South African regulators for general use.
- Single dose product.
- Vaccine has shown to be 66% effective.
- Product will also be manufactured at the Aspen facility in South Africa.
- Refrigerator storage
- Effective against the 501Y.V2 variant

Moderna

- Regulatory: Emergency Use Authorizations by FDA
- Two dose vaccine
- Storage: minus 20 deg C
- Effective against the 501Y.V2 variant

Sputnik V

- In Phase 3 clinical trials in the UAE, India, Venezuela and Belarus.
- Sputnik V is already registered in 17 countries
- Sputnik V is a two dose vaccine
- Efficacy of over 90%.
- Storage: The lyophilized vaccine can be stored at a temperature of +2 to +8 degrees Celsius

CoronaVac (Sinovac)

- In phase three trials in various countries.
- Interim data from trials in Turkey and Indonesia show 91.25% and 65.3% effective respectively
- Storage: Refrigerator at 2-8 degrees Celsius

6. COVID-19 surveillance and research

Scientists at the KwaZulu-Natal Research, Innovation and Sequencing Platform (KRISP) initiated the genomic surveillance of the spread of the SARS-COV-2 virus in South Africa since early April 2020. In June 2020, the Network for Genomic Surveillance in South Africa (NGS-SA) was established to ensure that the public health response to COVID-19 in South Africa has access to the best possible scientific data.

The activities of KRISP and the NGS-SA groups led to the detection of the 501Y.V2 mutation, which was mostly responsible for the second wave of the COVID-19 pandemic in South Africa. The work of the NGS-SA group was expanded to include other scientists in order to study the effect of the 501Y.V2 mutation. This led to the discovery that certain vaccines are less effective against the mutated virus, with the resultant withdrawal of the AstraZeneca vaccine from the country's vaccine rollout programme.

The scientists also discovered that exposure to the COVID-19 virus during the first wave does not provide sufficient protection against the 501Y.V2 variant responsible for the second wave of COVID-19 infections. The research by KRISP and NGC-SA is a testament to South Africa's scientific prowess and leadership in dealing with COVID-19 pandemic.

Through constant surveillance, our scientists remain at the forefront of tracking the virus and using science to understand how to fight it. South Africa's response against COVID-19 has always been scientifically based, led by our world-renowned scientists.

Ground-breaking Discovery on the 501Y.V2 Variant

The scientists at the KwaZulu-Natal Research, Innovation and Sequencing Platform (KRISP), African Health Research Institute (AHRI) and the National Institute of Communicable Diseases (NICD) made the ground breaking discovery that individuals who became infected with 501Y.V2 in the 2nd wave now have antibodies against reinfection with 501Y.V2 or pre-existing variants in the country.

The 501Y.V2 variant is able to generate immune responses that neutralise it and therefore a vaccine based on this variant is likely to generate neutralising antibodies. While the discovery is a

positive development in our fight against COVID-19, we cannot afford to become complacent. The finding does not mean we are immune to the virus or can disregard safety protocols that have thus far helped protect many South Africans from infection. Furthermore, it does not mean that those who were infected in the 2nd wave will be protected from future variants of the virus.

The virus continues to spread through contact and indiscriminately kills. We still have a long way to go to defeat the virus and South Africans have an important role to play by participating in our vaccination drive and adhering to health protocols. Vaccinating not only protects oneself but through herd immunity, also protects those who are unable to be vaccinated such as new born babies. Washing hands with soap or 70% alcohol-based sanitiser, wearing of masks in public and social distancing keeps the virus at bay.

The research results place South Africa at the centre of discovering a lasting solution to the fight against COVID-19. These findings now form the basis for further research into the vaccine and its efficacy. It will also assist the world in streamlining its focus on a vaccine that would eradicate the virus. Vaccines already developed and those in the pipeline can now be tweaked to adequately respond to the virus. [KRISP Research Findings](#)

7. Funding the vaccine rollout

The 2021 National Budget has allocated R10 billion for the purchase and delivery of vaccines to fight the spread of COVID-19. The bulk of the money – R6.5 billion - will be allocated to the Department of Health to buy and distribute the vaccine while R2.4 billion will be allocated to provinces to help them distribute and administer the vaccines.

The Medical Research Council received a R100 million injection for vaccine research and GCIS will preside over a R50 million allocation to run mass communication campaigns around the vaccine rollout.

Treasury has also identified another R9 billion that could be drawn from the country's contingency reserve and emergency allocations to support the vaccination programme.

8. Vaccines for the rollout

Efficacy Studies

Government is committed to ensure that best options and approaches are utilised to protect the population from infections. South Africa has well established protocols of ensuring safe use of all new health products.

South African scientists commenced studies on the efficacy of various vaccines during 2020. They focused on the impact of vaccines against the 501Y.V2 variant in the latter part of the year. The results of these studies became available only on 5 February 2021, which established that the AstraZeneca vaccine does not prevent mild to moderate disease of the 501Y.V2 variant.

The government's process of procuring vaccines preceded the discovery of the 501Y.V2 variant and other variants. At the time, South Africa could not delay receipt of the AstraZeneca vaccine batches as it would have relegated the country to the back of the line for vaccines due to global shortage of supplies.

Johnson & Johnson Vaccine

On 22 April 2021, Cabinet lifted the suspension of the Johnson & Johnson vaccine programme. Phase 2 of the country's vaccine rollout will now begin on 17 May 2021.

The rollout of the Johnson & Johnson vaccine was temporary paused following a decision by the US Food and Drug Administration (FDA) to temporary suspend the Johnson & Johnson vaccine rollout in the United States.

It was found that 6 females developed unusual blood clots with low platelets. These incidents occurred between 6 and 13 days after vaccination in women between the ages of 18 and 48 years. More than 6,6 million citizens have been inoculated with Johnson & Johnson vaccine in the US. [FDA Temporary Suspension J&J Vaccine](#)

The decision to temporary suspend the rollout was taken after consultation with South African scientists. It was also in line with government's commitment to ensure that comprehensive safety measures are undertaken regarding the vaccine roll-out.

The reviewed data had confirmed that South Africa had not experienced any rare blood clots with the already vaccinated healthcare workers. South Africa had vaccination 292 623 healthcare workers at the time under the Sisonke Programme.

After reviewing relationship between the development of clots and the Johnson & Johnson vaccine, the South African Health Products Regulatory Authority (SAHPRA) recommended that the pause in the Sisonke programme be lifted, provided that specific conditions are met. These conditions include:

- Strengthen screening and monitoring of participants who are at high risk of a blood clotting disorder.
- Ensure the safe management of any participants who develop vaccine induced thrombosis and thrombocytopenia (VITT).
- Participant information sheets and informed consent forms be updated to include the newly identified adverse events.

The South African Health Products Regulatory Authority also announced on 29 April 2021 that pregnant women who are at high risk of exposure to COVID-19 be vaccinated with the Johnson & Johnson vaccine in consultation with their health care provider under the Sisonke vaccination programme. The regulatory body added that vaccines that use the same viral vector as the Johnson & Johnson vaccine have been given to pregnant people in all trimesters of pregnancy.

South Africa opted to use the Johnson & Johnson vaccine instead of the AstraZeneca vaccine in its vaccination drive. The Johnson & Johnson vaccine proved effective against the 501Y.V2.

Efficacy trials of the Johnson & Johnson vaccine were done as part of the company's Phase 3 Ensemble clinical trials. The Johnson & Johnson's vaccine has been approved by South African Health Products Authority for general use.

Sisonke Programme

The vaccination of healthcare workers with the Johnson & Johnson vaccine is part of the Sisonke ('Together') programme, a study to assess the real world effectiveness of the vaccine among healthcare workers. It sets out to monitor, track and assess the occurrence of hospitalisations, the incidence of severe SARS COV-2 infections, the diversity of breakthrough infections and evaluates vaccine uptake among healthcare workers.

The programme is a partnership of the South African Medical Research Council and the National Department of Health that will vaccinate 500 000 healthcare workers. Through the programme government is able to make this safe and effective vaccine immediately available.

The Sisonke programme is not a clinical trial but rather a way that the research study can help to make the vaccine available while the licensing process takes place. Government chose to move ahead with this programme because it would be unethical to withhold a vaccine known to be safe and effective.

The programme is overseen by an experienced team of healthcare professionals who receive, store and dispense the vaccine. They work closely with national and provincial health public and private vaccine centres to ensure that the vaccination of healthcare workers is done safely and carefully managed. [South Africa Reaches Vaccination Milestone Early](#)

Pfizer vaccine

A contract for 30-million doses of Pfizer vaccine has now been signed. On 2 May 2021, the first batch of 325 000 doses of the Pfizer vaccines had arrived in South Africa and a further 1.3-million doses are expected by the end of May 2021. South Africa will have received 4.5-million doses of the Pfizer vaccine by the end of June 2021. [Pfizer Vaccine Delivery](#)

9. Vaccine rollout

The vaccine will be administered free of charge at various points of service across all parts of the country. The country's vaccination campaign draws on the principles of universal health coverage where all adults living in South Africa have access to the vaccine.

This is the largest vaccination campaign undertaken in our history – it stretches across 52 districts and 280 wards to reach 40 million of our people. The programme entails procurement, distribution, actual vaccination, monitoring, communication and mobilisation.

The COVID-19 vaccine will be rolled out in three phases. It is anticipated that by the end of the final phase, 40 350 000 citizens would have been immunised. While government will lead the vaccine rollout initiative, it requires a multi sectoral collaboration to ensure that the vaccine drive is effective.

- **Who will get the COVID-19 vaccine first?**

We will begin by vaccinating our country's estimated 1.25 million healthcare workers. The rollout will proceed in the form of an implementation study with the partnership of the Medical Research Council and the National Department of Health vaccination sites across the country. This will provide valuable information about the pandemic in the post-vaccination community and thus ensure early identification of breakthrough infections should they occur amongst vaccinated health workers. [Vaccine Rollout Infographics](#)

- **How will the vaccine be distributed?**

Our rollout of the vaccine will take a three-phase approach that begins with the most vulnerable in our population. Our target is to vaccinate 67 per cent of the population, which will allow us to achieve herd immunity.

Phase 1: Focused on frontline healthcare workers, with a target of 1 250 000 people.

Phase 2:

- Essential workers. Target population: 2 500 000
- Persons in congregate settings. Target population: 1 100 000
- Persons >60 years. Target population: 5 000 000
- Persons >18 years with co-morbidities. Target population: 8 000 000

The second phase of the COVID-19 vaccine rollout will begin on 17 May 2021 and continue until October 2021. There are 3 338 -vaccination sites that have been identified across the country. Phase 2 will run in two stages, the first stage from mid-May to end-July 2021 and second stage from August to the end of October 2021.

Over the six-month period, more than 13 million South Africans who fall under vulnerable groups and essential workers will be vaccinated. People with the highest risk of hospitalisation and death such as those over 60 and people living with co-morbidities will be prioritised,

Phase 2 will expand to over 2 000 vaccination sites and will include the private sector in order to improve efficiency and speed. Sites include general practitioners, consulting rooms, community clinics and pharmacies.

Registration for Phase 2 has already begun on the Electronic Vaccination Data System for people 60 years and above. People are encouraged to register online but those without online access will be able to register in person. The system will allow people to register, receive appointment dates, as well as receive digital certificates or hard copies confirming vaccination statuses.

Phase 3: Focuses on persons older than 18 years, targeting 22,500,000 of the population. The phase is expected to kick off in November 2021 until February 2022.

- **How will the vaccines be administered?**

The vaccination system will be based on a pre-vaccination registration and appointment system at a specific vaccination site. The system will help government plan ahead on the amount of doses needed at any particular point in time. All South Africans who are vaccinated will be placed on a national register and provided with a vaccination card.

- **Do I have to travel to receive the vaccine?**

After targeted groups receive the vaccine, mass vaccinations will take place in urban centres at pharmacies, health facilities, community halls and schools. These sites will have to be registered and must comply with a number of requirements to secure and safeguard the vaccination process.

- **How do I sign up for the vaccine?**

An electronic vaccination data system (EVDS) will assist with the rollout of COVID-19 vaccines across the country. EVDS is an online self-enrolment portal where South Africans can register via a digital device for an appointment.

They will have to provide their ID, a contact number and medical aid number if a member of a medical scheme. Those who qualify will be sent a notification through SMS informing them of the time and place that the vaccine will be available. Registration does not guarantee that you will be vaccinated immediately. .

On 16 April 2021 government launched the Electronic Vaccination Data System to the general public, inviting all citizens aged 60 years and above to register for vaccination. The EVDS can be accessed through www.vaccine.enroll.health.gov.za

The Department of Health will send out mobile teams to help vulnerable citizens who do not have access to the internet or digital technology: this includes the elderly, the homeless and those who live in deep rural areas that are difficult to reach.

These team members will be easy to identify and can be verified as accredited outreach team members. The team members will also be trained to be able to educate and raise awareness on vaccination in the community.

Those who are unable to register via these methods may simply go to the nearest vaccination centre to be registered on the spot. Those who are 60 years or above can also be vaccinated at the same time. [EVDS Self Enrolment Portal](#)

10. Key communication issues related to COVID-19 vaccines

Vaccine safety communication

Vaccine safety communication is an essential component of immunisation services and programmes. Even before a vaccine safety issue occurs, communication must be ready to engage effectively. The link below sets out the guidelines by the World Health Organisation to enable effective planning and implementation of proactive communication. It promotes an understanding of the importance of vaccines in preventing illness and preventable deaths, and raises awareness of vaccine risks and perceptions of risk [COVID-19 Vaccine Toolkit](#)

Managing expectations

Communication and messaging should manage and mitigate any potential disappointment expressed by unmet demand for the vaccine or eagerness amongst people. Not all South African will be vaccinated at one time, the rollout of the vaccine will take a three-phased approach that begins with the most vulnerable in our population. The infographic resource details South Africa's rollout: [COVID-19 Vaccine Rollout](#)

Vaccine hesitancy

Communication should address vaccine hesitancy that could arise because of apprehensions around vaccine safety, efficacy and misconceptions. It is common for new vaccines to be met with initial hesitancy, which later resolves as the vaccine programme becomes established. The following links provide a resource for addressing and understanding vaccine hesitancy.

Communicating risk

As with all medicines, there could at times be minor side effects. Risk communication should acknowledge that the COVID-19 vaccines have temporary side effects such as fever and muscle pain. Communication should reassure the public that there is no need for concern, these side effects pass within 24 to 48 hours. Serious side effects such as allergic reactions are exceedingly rare. [COVID-19 Vaccines Side Effects](#)

Preparing media

It is also crucial to prepare the media on possible side effects, especially with regard to when elderly people get vaccinated. When dealing with older persons, some tragic events could happen even when the vaccine has nothing to do with it. It is important not to jump to the conclusion that there is a connection between the vaccination and those events.

The only way to determine if vaccines have serious side effects is by scientific means. It would require looking at the data from many vaccinated people, and by comparing them to what would be expected in that age group.

Engaging communities

South African civil society, community-based organisations and community leaders have a rich history of supporting communities. These organisations can play a crucial role in communicating the positive norms towards vaccination. Community leaders should engage with empathy, transparency, and honesty to develop and maintain public trust and communicate effectively. A diversity of community groups should be included in engagement activities. Through the work of the IMC on Vaccination, established by President Cyril Ramaphosa and Chaired by Deputy President David Mabuza, strong partnerships with civil society, business, the faith community and many other sectors have been forged all of whom are coming to the fore to advance the effort to build confidence amongst communities to vaccinate, and help in dispelling myths, rumours and conspiracy theories.

Let the public do the talking

Getting the public involved in spreading the message is helpful. In this regard, social media can be a valuable asset. Social influencers or endorsements from experts and official voices should be used to spell out the process of immunisation (where, how, who, when date, and time); and emphasise the safety and efficacy of vaccines and explain the decision to conduct the drive in a phased manner.

11. Addressing COVID-19 vaccine misinformation

Anti-vaccination misinformation focuses on the need for vaccines, how they work, safety, their components, their moral or religious acceptability, and their development and testing. The following facts can be used to address anti-vaccination misinformation.

Fact: Vaccines are rigorously tested to ensure that they are safe

Vaccine development is a rigorous process with [layers of safety and efficacy reviews](#) before approval for widespread use can be gained. Once vaccines are licensed for use, they are subject to ongoing safety surveillance. Regulators and researchers use passive or active systems to determine whether there is a spike in adverse events following a particular vaccine. This is particularly the case with a new vaccine programme. [Testing of Vaccines](#)

Fact: Claims linking vaccines to autism relied on poor and fraudulent research

One of the most prevalent misinformation theories around vaccines stems from a widely discredited, and since retracted, study published in the Lancet in 1998. The study's discussion raised questions about whether there was a link between the MMR vaccine and autism. Since then further studies have demonstrated there is [no causal link](#) between any vaccine and autism. [The Lancet Journal](#), [MMR Vaccine Reaction](#) and [The Lancet Response](#)

Fact: Vaccines prevent diseases and do not cause them

One of the rare side effects of vaccines is that they can cause mild symptoms resembling those of the disease they are providing protection against. However, these symptoms are actually the [body's immune system](#) reacting to the vaccine and not the disease itself. [How Vaccines Prevent Diseases](#)

Fact: Vaccines contain chemicals that we encounter every day

Some people worry that ingredients contained in a vaccine, such as mercury, aluminium, and formaldehyde, are harmful due to their perceived toxicity. In high concentrations these chemicals are indeed toxic, but only trace amounts are used in vaccines. [Vaccine Chemical Safety Facts](#)

Fact: Vaccines can help where the body's natural immunity cannot

Some diseases can allow natural immunity to develop without vaccination. However, this exposes the body to dangerous risks that vaccinations do not. For example, to get immunity to measles you must first have the measles. Unfortunately, complications from measles include pneumonia, brain swelling and even death in [1 in 1000 cases](#). Vaccines provide a safe way to build immunity without the damaging and potentially fatal impacts of contracting a preventable disease.

12. Busting vaccine myths

It is important to protect the public against misinformation and propaganda. Before spending time and resources on addressing specific misinformation, it is also important to know whether it is really having an impact or is likely to have an impact.

Every time misinformation is addressed, someone else's agenda is being profiled. Because misinformation can spread fast, it is best if communicators and messengers are prepared. One approach against misinformation is achieved by explaining misleading or manipulative argumentation strategies to people. It includes a warning that people may be misled, followed by a pre-emptive refutation of the misleading argument. [Infographics on Vaccine Myths](#)

The following are some of the misinformation and myths that have been recorded during the COVID-19 pandemic.

Were vaccine safety protocols circumvented to fast track their authorisation for use?

The fast development and approval of vaccines is a great human feat worthy of celebration. This has been possible because we have learnt over many decades how to make and test vaccines and we were able to take those lessons and challenge ourselves to produce a vaccine much quicker. No step in the development, testing or ratification of the COVID-19 vaccines has been skipped. The world was able to develop vaccines fast because scientists and governments around the world collaborated in a manner that has never been achieved before and pooled resources and information to ensure that everyone can contribute to the knowledge.

Will the vaccine change a person's DNA?

Vaccines work by stimulating the body the same way the virus would if someone were infected. The vaccine does not work on the DNA of the body. Some people think that because some of the vaccines are made using RNA technology that the RNA will interact with the DNA. That is not how it works. The technology is simply the way the vaccine is made - not what it will do to the body.

The Vaccines have the mark of the Beast – 666.

Vaccines have no connection with any religious organisations and cannot be infused with spirits, demons or other abstract ingredients. There is no conspiracy to possess, bewitch or control anybody

Big businesses are pushing vaccines to improve profits.

The COVID-19 crisis has caused massive upheaval across the globe and no nation has been spared. A vaccine represents the best hope to save lives and to restore our way of life. Many governments have therefore entered into direct talks with vaccine makers to ensure a timely supply of vaccines

Vaccines contain a form of microchip that will be used to track and control an individual.

There is no vaccine "microchip" and there is no evidence to support claims that such a move is planned. Receiving a vaccine will not allow people to be tracked and personal information would not be entered into a database.

Do 5G networks cause the coronavirus through radiation emissions?

The World Health Organisation has made it clear that viruses cannot travel on radio waves/mobile networks. It is also a fact that COVID-19 is spreading in many countries that do not have 5G mobile networks.

COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

Vaccines are a way for our former oppressors to oppress us again.

Government would never allow a situation where any country or nation would be allowed to oppress our people through any means. Scientists and governments all over the world, including our own, have contributed to the knowledge that has led to the development of the vaccines. It has not just been the work of Western and rich countries but a global collaboration.

13 Conclusion

While the vaccine is an important part of COVID-19 protection, it is important for all communication to continue to emphasise the continued practice of COVID-19 appropriate non-pharmaceutical behaviours.

It includes the frequent and thorough cleaning of hands, wearing a mask/face cover and physical distancing of not less than 2-metres for personal safety and prevention of community transmission.

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