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## THE ANTI-VACCINE SENTIMENTS IN GEORGIA

***Abstract:** The paper attempts to analyze major arguments and/or in fact, - counterarguments that have been being employed by the anti-vaccinationists in Georgia. This is a truly undeniable fact that as in the case of other countries, quite a solid and sometimes ever-increasing number of anti-vaxxers caused serious problems in the former Soviet republic as well – when struggling against the COVID-19 pandemic, which has still not ended globally. Taking into account various findings of several types of research conducted to explain the vaccine hesitancy in general and particularly related to the coronavirus disease in the world, very topical even nowadays – scepticism seems to be rooted substantially in the lack of or inadequate knowledge and misbeliefs. To better understand the anti-vaxxers’ motivations, and then try to approach them wisely – most probably to end up with new solutions that would be beneficial in terms of the prevention and mitigation of the consequences of the virus, we discuss the Georgian vaccine deniers’ concerns about the quality of the vaccine and specifically address the belief that they can overcome the pandemic without vaccination. While focusing on the significance of the online vaccine disinformation, there is a need to distinguish several groups: those who are opposed to immunization in general, Russia-oriented groups seeking to discredit the American and European vaccines, and opportunistic websites and groups that use vaccine scare-mongering as clickbait. Noteworthy to particularly consider how some priests from the influential Georgian Orthodox Church position themselves as sympathizers of the anti-vaccine sentiments.*

***Keywords:** Anti-vaccinationists; anti-vaxxers; Georgia; COVID-19 pandemic; online vaccine disinformation*

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## Introduction

There seems to be a quite evident and logical reality that similar to the occurrences in other parts of the world, a persistent and in some cases rising amount of anti-vaxxers created formidable challenges in the former Soviet republic of Georgia as well in terms of dealing with the global pandemic, undoubtedly one of the most impactful in all spheres of life events of the 21<sup>st</sup> Century – COVID-19, which even nowadays has neither disappeared anywhere on its own nor was successfully managed yet to be ended worldwide.

Taking into account the above-mentioned, accordingly, the given paper intends to investigate the main standpoints and/or claims that have been being used and communicated by the anti-vaccinationists in Georgia.

## Important statistics

In Georgia, from January 3, 2020, to November 18, 2022, there have been 1,785,138 confirmed cases of COVID-19 with 16,912 deaths, reported to the World Health Organization (WHO)<sup>2</sup>. As of October 29, 2022, a total of 2,724,765 vaccine doses have been administered<sup>3</sup>. Assuming every person needs at least 2 doses, the number seems enough to have vaccinated around 37% of the country's population.

*Table. 1 Situation by Region, Country, Territory & Area.*

| Name    | Cases – cumulative total | Cases – newly reported in last 7 days | Deaths – cumulative total | Deaths – newly reported in last 7 days | Total vaccine doses administered per 100 population | Persons fully vaccinated with the last dose of primary series per 100 population | Persons Boosted per 100 population |
|---------|--------------------------|---------------------------------------|---------------------------|--|---|--|------------------------------------|
| Global  | 634,522,052              | 1,885,905                             | 6,599,100                 | 4,832                                  | 166.06  | 64   | 29.62                              |
| Georgia | 1,785,1                  |                                       | 16,912                    |  | 68.3  | 29.6   | 6.236                              |

<sup>2</sup> WHO COVID-19 Dashboard, <<https://covid19.who.int/region/euro/country/ge>> (19.11.2022).

<sup>3</sup> *Ibidem.*

Source: adapted by the author from WHO COVID-19 Dashboard.

### **Anti-Vaccination: The Definition and Usage**

According to Merriam-Webster, ‘anti-vaccination’ has been defined as opposition to vaccination<sup>4</sup>. The first known use of ‘anti-vaccination’ took place in 1849, and the following are provided below as examples of the usage of the term in the meaning described above: “But state health officials and vaccine proponents have argued that unvaccinated children pose a health risk to others. They point to the recent measles outbreak in Johnson County and elsewhere, a disease that has reappeared since the anti-vaccination movement has grown” (Sarah Ritter)<sup>5</sup>. Or – “Anti-vaccination parents have slammed a new law that bans unimmunised children from kindergartens” (Thomas Duff)<sup>6</sup>.

Based on the same source – Merriam-Webster, “a person who opposes the use of some or all vaccines, regulations mandating vaccination, or usually both” is defined as an ‘anti-vaxxer’<sup>7</sup>. The first known use of ‘anti-vaxxer’ in the meaning defined above dates from 2001<sup>8</sup>.

### **Anti-Vaccination Movements: A Historical Outline**

Although vaccination has been praised by medical professionals as one of the top ten achievements of public health in the 20<sup>th</sup> Century<sup>9</sup>, scepticism and antagonism to it, i.e. vaccination, existed as long as the latter itself.

The precise history of the anti-vaccination movements begins with the period when the vaccine deniers started and had been rejecting the smallpox vaccine in England and the United States from the middle to the second half of the 19<sup>th</sup> Century. This was followed by the formation and functioning of the subsequent anti-vaccination leagues in England and the United States, after getting particularly encouraged by the British anti-vaccinationists.

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<sup>4</sup> Merriam-Webster, *anti-vaccination*, <<https://www.merriam-webster.com/dictionary/anti-vaccination>> (17.11.2022).

<sup>5</sup> *Ibidem*.

<sup>6</sup> *Ibidem*.

<sup>7</sup> Merriam-Webster, *anti-vaxxer*, <<https://www.merriam-webster.com/dictionary/anti-vaxxer>> (15.11.2022).

<sup>8</sup> *Ibidem*.

<sup>9</sup> Centers for Disease Control and Prevention (CDC), *Ten Great Public Health Achievements. United States, 1900-1999*, <<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>> (16.11.2022).

Almost a century after the first-ever confrontation about the issue, new vaccination controversies over the safety and efficacy of diphtheria, tetanus, and pertussis (DTP) immunization emerged in Europe, Asia, Australia, and North America, among which the United Kingdom (UK) and the United States (U.S.) became the leading countries.

Nearly 25 years after the DTP controversy, more specifically, by the end of the 20<sup>th</sup> and at the beginning of the 21<sup>st</sup> Century, England found itself at the epicentre of major anti-vaccination activity again. This time, the cause was the measles, mumps, and rubella (MMR) vaccine and the story of the British doctor Andrew Wakefield, who in 1998, recommended further investigation of a possible relationship between bowel disease, autism, and the MMR vaccine. Later, in 2011, the doctor was reported to have committed scientific fraud by falsifying data, and also that Wakefield hoped to financially profit from his investigations in several ways.

Thimerosal, a mercury-containing compound used as a preservative in vaccines, has also been the centre of a vaccination and autism controversy. Even though there is no clear scientific evidence that small amounts of thimerosal in vaccines cause any harm, leading U.S. public health and medical organizations, as well as vaccine manufacturers together made a decision that thimerosal should be reduced or eliminated from vaccines as a precautionary measure already in 1999. Despite scientific proof, concerns over thimerosal have led to a public ‘Green Our Vaccines’ campaign, a movement to remove ‘toxins’ from vaccines, for fear that these substances lead to autism.

As soon as the COVID-19 vaccine mandate went into effect during the outbreak of persisting the coronavirus disease, similarly to all the other, above-mentioned and earlier cases of opposition to vaccination, when anti-vaxxers’ vocal discontent was a simultaneous and direct reaction to the obligatory vaccination laws, people began to rebel recently as well.

Even though quite a long time has passed since it all started, various sentiments, attitudes and deeply-built beliefs of philosophical, political, spiritual or other nature, underling the vaccination opposition have remained relatively consistent indeed – since Edward Jenner introduced vaccination<sup>10</sup>.

### **The Lack of Knowledge, Misbeliefs, and Social Media**

There is no doubt that in the case of any vaccines, speaking also of those, which by the official medicine are believed, established, and promoted to protect people against COVID-19, the vaccine deniers are facing the problems

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<sup>10</sup> *History of Anti-Vaccination Movements*, <<https://historyofvaccines.org/vaccines-101/misconceptions-about-vaccines/history-anti-vaccination-movements#Source-2>> (14.11.2022).

of inadequate or insufficient awareness and misbeliefs accordingly, about them, i.e. the vaccines. Even looking at the history of anti-vaccination movements and anti-vaxxers in general, one can clearly and objectively see the consequences of not only a lot of ill health and medical practices being employed by the early medical professionals and doctors like for example, using non-disinfected instruments during conducting different medical procedures that later on have been finally solved for good or commonly – various professional and/or ethical mistakes and challenges stemming from still developing condition of the health and medical sciences overall.

At the same time, it always has to be taken into account the influence and outcomes of personal experiences with the healthcare institutions, policies, and a wide variety of guidelines functioning in the past, although not always formerly as they – different regulations, practices, and of course – even well-formed institutions may change with time, and that's what's happening pretty frequently too. The personal experiences, obviously not always very positive, might have a complex nature depending on several factors, including the social, cultural, economic and political contexts of a given country or locality, along with the common development level of health and medical sciences and practices. Especially the racial in the United States, and/or other minority, etc. issues in separate countries and places could explain many problems for distinct communities residing in specific environments.

Besides all the above-mentioned, significant is the factor of a mandatory status of vaccines that evidently can be and normally is justifiable when applicable, considering particular circumstances and scales of danger assessed in regards to any given infections and diseases. Bearing in mind the variety of psychological mechanisms responding with resistance from the part of the public to forceful decisions made and implemented top-down by the governments and other decision-making authorities in charge of separate states or internationally, there can be described the whole anatomy of inadequate or insufficient knowledge, and/or of the controversial beliefs determined mainly by the former.

Even though we all do quite logically believe in the special role of ever-increasing social media platforms with their rising indeed influence on our daily lives almost in every sphere and aspect of our contemporary livelihood, according to different research, depending on the varying demographic specificities like categorization by age, gender, nationality, education level, socioeconomic status, preferred social media platform, etc. of those surveyed, and also considering the time when the studies have been undertaken – prior or after COVID-19, still it does not seem that the majority of respondents – 76.4% have been influenced by the posts on social media about vaccines, while most of them – 92.7% have seen the posts. The majority of the interviewees – 82.2% identified themselves as middle-class socioeconomic status (SES), mainly aged

25–34 – 29.6%, females accounted for 80.1%, and predominantly North American with 70.3% from the USA and 12.9% – from other North American Countries. 34.5% of the respondents completed a Bachelor's (4 years) degree in terms of education level. Facebook appeared to be the most commonly used social media type in the population with 69.8%, followed by Twitter 15.6%, Instagram 12.9%, and then other forms of social media 1.7%. Other forms of social media were identified as Snapchat, Tumblr, Reddit, Pinterest, or using all platforms equally. Most people – 47.9% claimed to only spend 0-2 hours on social media daily. People claimed to trust doctors 89.4% the most with their immunization-related information/decisions. The remaining people trust the internet 4.1%, family 2.0%, peers and friends 2.3%, social media 0.2% and the government 2.0% with their information and decisions. Of the 2517 respondents overall – 2417 were included in the study analysis based on the inclusion/exclusion criteria. The research that was conducted by a cross-sectional multiple-choice study created via Survey Monkey, was available for completion from August 15, 2018, till November 1, 2018<sup>11</sup>.

On the other hand, however, the data from a huge variety of surveys conducted during and in the time post-COVID-19 pandemic, shows in general more increased level of influence of information and correspondingly, misinformation on the disease posted on different social media platforms, and that such effects have been found globally more negative towards vaccination acceptancy rather than positive<sup>12</sup>.

Noteworthy to emphasize at the same time that social media has created an easily accessible way to reach others, first of all, credible sources such as various national, regional or international medical institutions, associations, and organizations for instance, Centers for Disease Control and Prevention (CDCs) and WHO, who made their trustworthy and solid presence known at least at the moment of the height of the pandemic through many effective social media campaigns.

### **The Anti-Vaxxers' Major Arguments**

We can group, subgroup or even cross-group various claims usually raised and often even loudly vocalized by the anti-vaxxers worldwide towards the following addresses:

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<sup>11</sup> S. L. Benoit, R. F. Mauldin, *The "anti-vax" movement: a quantitative report on vaccine beliefs and knowledge across social media*, „BMC Public Health”, vol. 21, 2106(2021).

<sup>12</sup> F. Cassini, et. al., *Social media and attitudes towards a COVID-19 vaccination: A systematic review of the literature*, "eClinicaMedicine", Vol. 48, Jun 2022.

- a. Medical doctors (vaccine deniers' pretensions are about their qualifications or grounded on the credibility of the vaccines – how much the latter have been tested sufficiently, etc.);
- b. Governments and/or other political institutions, internal or external (anti-vaxxers' distrust of formal decision-making bodies operating locally, nationally, on regional or international levels).

And/or based on:

- a. Diverse religious fundamentalist grounds (number of Christian-Protestant, Catholic, Orthodox, other Christian, Jewish, Muslim, Amish, Hinduist and Sikhist groups' objections to vaccination frequently relate to – the faith in divine protection and healing);
- b. The concept of individual liberty and choice (a lot of vaccine deniers stand for autonomy over their and their children's bodies).

Those questioning the need, trustworthiness, rationality, desirability or eventual acceptability of the usage of the COVID-19 vaccines, among the variety of the arguments or counterarguments explained above, are first of all revealing quite huge, in fact, worldwide scepticism about political powers leading states, elites, different decision-making organs, formal and informal policy actors, professionals and experts, and even the most authoritative institutions and international organizations like WHO.

### **How Legitimate Can the Lack of Trust Be?**

The lack of trust towards governance systems, domestic or international, or the deficit of any trust, may not be generally surprising due to such an unknown virus, spread so massively and dangerously across the globe after almost a century from the similar experience of another global pandemic connected with the 1918 Spanish flu.

When we try to explain the scepticism among the public, not speaking of the dramatic social, economic, and other long-term consequences caused by the pandemic and hard to address, the crucial management problems of the disease treatment and control should be noted here as well, especially for the very start of the outbreak of COVID-19.

The Spanish flu has been assessed as the second deadliest pandemic in human history after the Black Death bubonic plague, which was raging in Western Eurasia and North Africa from 1346 to 1353.

The above-discussed, highlighted, and thoroughly analyzed lack of confidence in the political institutions at large, can be undoubtedly considered as one of the key indicators showing the fundamental problems with the social capital, so decisive for the successful functioning of cohesive societies and states. The mistrust in the given context, can play an agent for raising anarchic sentiments either.

## The Georgian Anti-Vaxxers' Main Claims Revealed

While making special efforts to particularly find out, deconstruct as much as possible, and address them with the corresponding effective ways towards identifying preventive and mitigating measures in regards to managing the outcomes of the current global pandemic, probably the most severe one in the 21<sup>st</sup> Century, we, first of all, pay our attention to learning of the motivations of anti-vaxxers living in Georgia.

To investigate what serves as major drivers for the Georgian vaccine sceptics and their arguments, it has been immensely useful to analyze the findings of the important survey conducted for the National Democratic Institute (NDI) by the Caucasus Research Resource Center (CRRC-Georgia) from February 17 to 24, 2021<sup>13</sup>.

The NDI poll revealing that economic and health concerns remained top priorities, and there have been persisting challenges ahead to building confidence in the COVID-19 vaccination program<sup>14</sup>, was carried out through telephone interviews with a nationwide representative sample of Georgia's adult population, excluding occupied territories, that included 2,024 completed interviews. Respondents were selected using the random-digit-dial method.

The study results have found that a year into the coronavirus pandemic, Georgians appeared to keep remaining concerned first of all about the state of the economy and healthcare. Even though the public continued to credit the government with managing the pandemic effectively (68%, up from 60% in December 2020), they proceeded to be sceptical of the planned vaccinations. Amidst persisting political crisis, Georgians have been looking to their elected leaders to prioritize policies that address their pressing concerns<sup>15</sup>.

Similarly to the previous months before the survey, the economic condition of the country, as well as the impact of COVID-19 remained central among the citizens' concerns. A quarter of the population reported either losing their job (13%) or experiencing salary/income reduction (12%) since the very start of the pandemic, while a plurality said they had remained unemployed. Georgians in the retail, construction, transport, and restaurant sectors were most affected by the pandemic. The public has been divided when evaluating the government's economic response to the pandemic; 50% assessed the government's economic

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<sup>13</sup> *NDI Poll: Economic and Health Concerns Remain Top Priorities; Challenges Ahead to Build Confidence in COVID-19 Vaccination Program*, <<https://www.ndi.org/publications/ndi-poll-economic-and-health-concerns-remain-top-priorities-challenges-ahead-build>> (19.11.2022).

<sup>14</sup> *Ibidem*.

<sup>15</sup> *Ibidem*.



plan as effective and half of those who had received financial assistance reported it as being sufficient<sup>16</sup>.

As Georgia was beginning to roll out its vaccination plan at the time when the poll was being conducted<sup>17</sup>, the population remained quite sceptical. Less than half (42%) of Georgians appeared to believe that the government's vaccination plan has been effective. Only 35% would choose to receive a vaccine if given the option right at the moment; 53% said they would not. The vaccine hesitancy was highest among women and individuals under 55. Among those who expressed themselves as hesitant, in the first place concerns about the quality of the vaccine (48%) and afterwards, the belief that they could overcome the pandemic without vaccination (20%) have been named as the main reasons for the scepticism regarding the COVID-19 vaccination. Georgians, who stated that they have been getting their news on COVID-19 primarily from television (60%) and the internet (35%), looked to medical professionals (74%) and the Georgian National Center for Disease Control (NCDC) (68%) for trustworthy information<sup>18</sup>.

Looking ahead, Georgians surveyed expressed their strong wish towards the elected representatives to make the public concerns and needs the first and major priority. For the upcoming year – 2022, the interviewed wanted to see the Georgian parliament focused on the economy, healthcare, and education. They revealed the anticipation from the political parties to address issues of inclusion, starting within their ranks: a majority of Georgians also would like to see more women in parliament; around half of them opted for equal representation. These priorities kept being consistent across political affiliations. However, Georgians continued doubting the parliament's willingness and readiness to address and solve their problems. A majority did not believe parliament would take into account the opinions of people like them (54%) and believed that MPs would only serve their interests (55%). The lack of faith in parliament likely contributed to low interest in engagement with the institution. When asked about the preferred form of communication, a plurality (39%) said they didn't want to be engaged with the parliament<sup>19</sup>.

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<sup>16</sup> *Ibidem*.

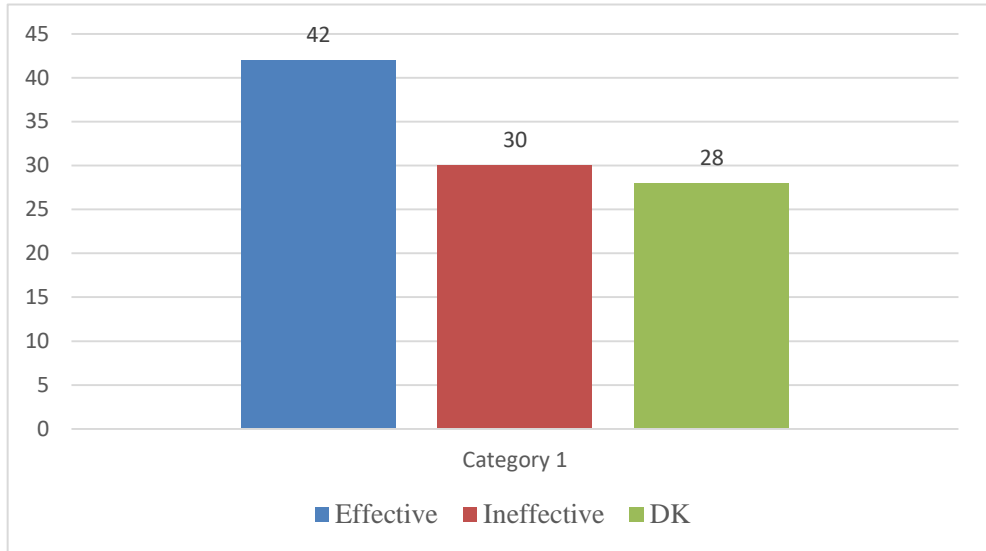
<sup>17</sup> The COVID-19 vaccination started in the country in March 2021. See: *COVID-19 Vaccine is Already in Georgia*, <<https://www.moh.gov.ge/news/5767/>> (20.11.2022).

<sup>18</sup> *NDI Poll...*

<sup>19</sup> *Ibidem*.

Figure 1. Government vaccination plan.

Q. In your opinion, how effective or ineffective is the government’s plan for COVID-19 vaccination? (20)



Source: adapted by the author from the National Democratic Institute (NDI)<sup>20</sup>.

Table 2. Government’s vaccination plan.

Q. In your opinion, how effective or ineffective is the government’s plan for COVID-19 vaccination? (20 X Settlement, Age, Gender, Party closest to you)

|                     | Effective | Ineffective | DK | RA |
|---------------------|-----------|-------------|----|----|
| National            | 42        | 30          | 28 |    |
| Capital             | 39        | 30          | 31 |    |
| Urban               | 45        | 29          | 25 |    |
| Rural               | 42        | 30          | 28 |    |
| 18-34               | 43        | 32          | 25 |    |
| 35-54               | 40        | 30          | 30 |    |
| 55+                 | 42        | 28          | 30 |    |
| Male                | 40        | 31          | 29 |    |
| Female              | 43        | 29          | 28 |    |
| Georgian Dream (GD) | 67        | 10          | 23 |    |

<sup>20</sup> The author adapted all the following tables’ data from the National Democratic Institute.

|                             |    |    |    |  |
|-----------------------------|----|----|----|--|
| supporters (23%)            |    |    |    |  |
| Opposition supporters (15%) | 24 | 55 | 21 |  |
| Did not name a party (62%)  | 36 | 31 | 32 |  |

Table 3. Will you get vaccinated if you have a chance?

| Don't know | Will not get vaccinated | Will get vaccinated |
|------------|-------------------------|---------------------|
| 12%        | 53%                     | 35%                 |

Table 4. COVID-19 vaccine.

Q. Would you or would you not get vaccinated? (q21 X Settlement, Age, Gender, Party closest to you)

|                             | Yes | No | DK | RA |
|-----------------------------|-----|----|----|----|
| National                    | 35  | 53 | 12 |    |
| Capital                     | 40  | 48 | 12 |    |
| Urban                       | 34  | 54 | 11 | 1  |
| Rural                       | 33  | 55 | 12 |    |
| 18-34                       | 33  | 56 | 11 |    |
| 35-54                       | 32  | 56 | 12 |    |
| 55+                         | 40  | 47 | 13 |    |
| Male                        | 39  | 52 | 9  |    |
| Female                      | 32  | 54 | 14 |    |
| GD supporters (23%)         | 49  | 39 | 12 |    |
| Opposition supporters (15%) | 33  | 60 | 7  |    |
| Did not name a party (62%)  | 31  | 57 | 13 |    |

Table 5. Why against vaccination?

Q. If not, why would not you get vaccinated? (q22) – of the 65% who did not say they would get vaccinated

|  |    |
|--|----|
| I don't trust the quality of COVID-19 vaccine                      | 48 |
| I believe we can handle the COVID-19 pandemic without vaccination  | 20 |
| I won't be able to get vaccinated because of health-related issues | 10 |

|  |   |
|--|---|
| I will not do it because vaccination has alternative goals | 6 |
| Because I am generally against vaccination                 | 5 |
| Other  | 4 |
| DK   | 6 |
| RA   | 1 |

Table 6. Why against vaccination?

Q. If not, why would not you get vaccinated? (q22 X Settlement) – of the 65% who did not say they would get vaccinated

|  | Capital | Urban | Rural |
|--|---------|-------|-------|
| I don't trust the quality of COVID-19 vaccine                      | 49      | 47    | 48    |
| I believe we can handle the COVID-19 pandemic without vaccination  | 25      | 21    | 16    |
| I won't be able to get vaccinated because of health-related issues | 9       | 10    | 11    |
| I will not do it because vaccination has alternative goals         | 5       | 8     | 5     |
| Because I am generally against vaccination                         | 3       | 4     | 7     |
| Other  | 5       | 4     | 5     |
| DK   | 3       | 6     | 7     |
| RA   | .       | 1     | .     |

Table 7. Why against vaccination?

Q. If not, why would not you get vaccinated? (q22 X Gender) – of the 65% who did not say they would get vaccinated

|  | Male | Female |
|--|------|--------|
| I don't trust the quality of COVID-19 vaccine                      | 45   | 51     |
| I believe we can handle the COVID-19 pandemic without vaccination  | 25   | 16     |
| I won't be able to get vaccinated because of health-related issues | 6    | 13     |
| I will not do it because vaccination has alternative goals         | 6    | 6      |
| Because I am generally against vaccination                         | 7    | 4      |

|       |   |   |
|-------|---|---|
| Other | 6 | 3 |
| DK    | 5 | 6 |
| RA    | . | 2 |

Table 8. Why against vaccination?

Q. If not, why would not you get vaccinated? (q22 X Party closest to you) – of the 65% who did not say they would get vaccinated

|  | <b>GD supporters (23%)</b> | <b>Opposition supporters (15%)</b> | <b>Did not name a party (62%)</b> |
|--|----------------------------|------------------------------------|-----------------------------------|
| I don't trust the quality of COVID-19 vaccine                      | 33                         | 61                                 | 50                                |
| I believe we can handle the COVID-19 pandemic without vaccination  | 26                         | 13                                 | 20                                |
| I won't be able to get vaccinated because of health-related issues | 12                         | 10                                 | 9                                 |
| I will not do it because vaccination has alternative goals         | 6                          | 8                                  | 5                                 |
| Because I am generally against vaccination                         | 7                          | 2                                  | 5                                 |
| Other  | 7                          | 3                                  | 4                                 |
| DK   | 8                          | 2                                  | 6                                 |
| RA   | .                          |                                    | 1                                 |

Table 9. Information sources.

Q. What are your main sources of information for receiving news about COVID-19? Please tell me, which is your first main source of information. And what is your second main source of information about COVID-19? (q23, q24)

|                     | <b>First source</b> | <b>Second source</b> |
|---------------------|---------------------|----------------------|
| TV                  | 60                  | 23                   |
| Internet/Facebook   | 35                  | 28                   |
| Neighbours, friends | 1                   | 12                   |
| Colleagues          | 1                   | 3                    |
| Family members      | 1                   | 6                    |

|   |   |    |
|---|---|----|
| Other   | 1 | 2  |
| Do not receive information about COVID-19               | 1 |    |
| Receive information about COVID-19 only from one source |   | 25 |
| DK  |   | 1  |

Table 10. Information sources.

*Q. What are your main sources of information for receiving news about COVID-19? Please tell me, which is your first main source of information. And what is your second main source of information about COVID-19? (q23 X Settlement, Age, Gender and Party closest to you)*

|                             | TV | Internet/<br>Face-<br>book | Neigh-<br>bours<br>friends | Col-<br>leagues | Other |
|-----------------------------|----|----------------------------|----------------------------|-----------------|-------|
| National                    | 60 | 35                         |                            |                 |       |
| Capital                     | 45 | 48                         |                            |                 |       |
| Urban                       | 59 | 35                         |                            |                 |       |
| Rural                       | 70 | 26                         |                            |                 |       |
| 18-34                       | 40 | 55                         |                            |                 |       |
| 35-54                       | 57 | 37                         |                            |                 |       |
| 55+                         | 81 | 14                         |                            |                 |       |
| Male                        | 59 | 34                         |                            |                 |       |
| Female                      | 61 | 35                         |                            |                 |       |
| GD supporters (23%)         | 65 | 31                         |                            |                 |       |
| Opposition supporters (15%) | 62 | 34                         |                            |                 |       |
| Did not name a party (62%)  | 57 | 36                         |                            |                 |       |

Table 11. Trust towards information sources.

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? (q25) – of the 99% who receive information about COVID-19*

|  | Trust | Distrust | Do not receive information from this source | DK | RA |
|--|-------|----------|---|----|----|
| Medical professionals (outside NCDC)                             | 74    | 19       | 4   | 4  |    |
| NCDC   | 68    | 23       | 4   | 5  |    |
| Government   | 62    | 30       | 3   | 4  |    |
| Journalists/media  | 56    | 34       | 4   | 6  |    |
| Your religious leader/church                                     | 47    | 15       | 33  | 5  | 1  |
| Your local government (Sakrebulo <sup>21</sup> , Mayor's office) | 46    | 23       | 27  | 5  |    |
| NGOs   | 28    | 27       | 37  | 7  |    |

Table 12. Trust towards information sources – medical professionals.

Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? Medical professionals (outside NCDC) (q25\_3 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19

|          | Trust | Distrust | Do not receive information from this source | DK | RA |
|----------|-------|----------|---|----|----|
| National | 74    | 19       | 4   | 4  |    |
| Capital  | 73    | 20       | 2   | 4  |    |
| Urban    | 77    | 19       | 1   | 3  |    |
| Rural    | 72    | 17       | 6   | 5  |    |
| 18-34    | 76    | 17       | 5   | 2  |    |
| 35-54    | 72    | 20       | 4   | 5  |    |
| 55+      | 73    | 19       | 3   | 5  |    |

<sup>21</sup> Tbilisi City Municipal Assembly.

|                             |    |    |   |   |  |
|-----------------------------|----|----|---|---|--|
| Male                        | 73 | 19 | 4 | 4 |  |
| Female                      | 74 | 19 | 3 | 4 |  |
| GD supporters (23%)         | 89 | 6  | 2 | 3 |  |
| Opposition supporters (15%) | 67 | 26 | 5 | 2 |  |
| Did not name a party (62%)  | 69 | 22 | 4 | 5 |  |

Table 13. Trust towards information sources – NCDC.

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? NCDC (q25\_2 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|                             | Trust | Distrust | Do not receive information from this source | DK | RA |
|-----------------------------|-------|----------|---|----|----|
| National                    | 68    | 23       | 4   | 5  |    |
| Capital                     | 69    | 23       | 2   | 5  |    |
| Urban                       | 71    | 24       | 2   | 3  |    |
| Rural                       | 66    | 21       | 6   | 6  |    |
| 18-34                       | 69    | 22       | 5   | 4  |    |
| 35-54                       | 68    | 23       | 4   | 5  |    |
| 55+                         | 68    | 22       | 3   | 7  |    |
| Male                        | 67    | 24       | 5   | 5  |    |
| Female                      | 70    | 22       | 3   | 5  |    |
| GD supporters (23%)         | 88    | 6        | 2   | 3  |    |
| Opposition supporters (15%) | 54    | 38       | 6   | 2  |    |
| Did not name a party (62%)  | 64    | 25       | 4   | 6  |    |

Table 14. Trust towards information sources – Government.

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? Government (q25\_1 X Settlement, Age,*



*Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|                             | <b>Trust</b> | <b>Distrust</b> | <b>Do not receive information from this source</b> | <b>DK</b> | <b>RA</b> |
|-----------------------------|--------------|-----------------|--|-----------|-----------|
| National                    | 62           | 30              | 3  | 4         |           |
| Capital                     | 64           | 29              | 2  | 5         |           |
| Urban                       | 62           | 32              | 2  | 3         |           |
| Rural                       | 61           | 29              | 5  | 5         | 1         |
| 18-34                       | 63           | 30              | 3  | 4         |           |
| 35-54                       | 61           | 32              | 4  | 3         |           |
| 55+                         | 63           | 28              | 3  | 6         |           |
| Male                        | 61           | 30              | 4  | 5         |           |
| Female                      | 63           | 30              | 3  | 4         | 1         |
| GD supporters (23%)         | 86           | 9               | 2  | 3         |           |
| Opposition supporters (15%) | 46           | 49              | 5  |           |           |
| Did not name a party (62%)  | 57           | 33              | 4  | 6         |           |

*Table 15. Trust towards information sources – Journalists/media.*

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? Journalists/media (q25\_5 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|          | <b>Trust</b> | <b>Distrust</b> | <b>Do not receive information from this source</b> | <b>DK</b> | <b>RA</b> |
|----------|--------------|-----------------|--|-----------|-----------|
| National | 56           | 34              | 4  | 6         |           |
| Capital  | 52           | 39              | 5  | 4         |           |

|                             |    |    |   |   |   |
|-----------------------------|----|----|---|---|---|
| Urban                       | 57 | 35 | 2 | 6 |   |
| Rural                       | 58 | 31 | 5 | 6 | 1 |
| 18-34                       | 55 | 36 | 5 | 3 | 1 |
| 35-54                       | 55 | 33 | 5 | 6 |   |
| 55+                         | 57 | 33 | 2 | 7 |   |
| Male                        | 56 | 35 | 4 | 5 |   |
| Female                      | 56 | 33 | 4 | 6 | 1 |
| GD supporters (23%)         | 64 | 29 | 3 | 3 | 1 |
| Opposition supporters (15%) | 60 | 32 | 5 | 3 |   |
| Did not name a party (62%)  | 52 | 37 | 4 | 7 |   |

*Table 16. Trust towards information sources – Religious leader/church.*

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? Your religious leader/church (q25\_4 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|                             | <b>Trust</b> | <b>Distrust</b> | <b>Do not receive information from this source</b> | <b>DK</b> | <b>RA</b> |
|-----------------------------|--------------|-----------------|--|-----------|-----------|
| National                    | 47           | 15              | 33   | 5         | 1         |
| Capital                     | 47           | 19              | 30   | 4         | 1         |
| Urban                       | 50           | 13              | 32   | 5         |           |
| Rural                       | 46           | 13              | 35   | 6         |           |
| 18-34                       | 48           | 14              | 33   | 3         | 1         |
| 35-54                       | 50           | 14              | 31   | 5         | 1         |
| 55+                         | 44           | 16              | 34   | 6         |           |
| Male                        | 49           | 13              | 32   | 5         | 1         |
| Female                      | 46           | 16              | 33   | 5         |           |
| GD supporters (23%)         | 61           | 6               | 30   | 3         | 1         |
| Opposition supporters (15%) | 38           | 25              | 33   | 4         |           |
| Did not name a party (62%)  | 44           | 15              | 34   | 6         | 1         |

*Table 17. Trust towards information sources – Local government.*

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? Your local government (Sakrebulo, Mayor's office) (q25\_6 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|                             | <b>Trust</b> | <b>Distrust</b> | <b>Do not receive information from this source</b> | <b>DK</b> | <b>RA</b> |
|-----------------------------|--------------|-----------------|--|-----------|-----------|
| National                    | 46           | 23              | 27   | 5         |           |
| Capital                     | 45           | 24              | 25   | 5         |           |
| Urban                       | 47           | 28              | 22   | 4         |           |
| Rural                       | 45           | 18              | 30   | 6         |           |
| 18-34                       | 48           | 23              | 26   | 3         |           |
| 35-54                       | 44           | 24              | 26   | 5         |           |
| 55+                         | 46           | 21              | 27   | 6         |           |
| Male                        | 46           | 22              | 27   | 5         |           |
| Female                      | 46           | 23              | 26   | 5         |           |
| GD supporters (23%)         | 69           | 10              | 18   | 3         |           |
| Opposition supporters (15%) | 33           | 37              | 27   | 3         | 1         |
| Did not name a party (62%)  | 40           | 24              | 30   | 6         |           |

*Table 18. Trust towards information sources – NGOs.*

*Q. How much do you trust or distrust information about the COVID-19 vaccine received from the following sources ...? NGOs (q25\_7 X Settlement, Age, Gender, Party closest to you) – of the 99% who receive information about COVID-19*

|                             | Trust | Distrust | Do not receive information from this source | DK | RA |
|-----------------------------|-------|----------|---|----|----|
| National                    | 28    | 27       | 37  | 7  |    |
| Capital                     | 28    | 33       | 33  | 6  |    |
| Urban                       | 31    | 27       | 34  | 8  |    |
| Rural                       | 27    | 23       | 42  | 7  |    |
| 18-34                       | 33    | 30       | 33  | 4  |    |
| 35-54                       | 29    | 27       | 37  | 7  |    |
| 55+                         | 24    | 25       | 42  | 9  |    |
| Male                        | 28    | 29       | 38  | 6  |    |
| Female                      | 29    | 26       | 37  | 8  |    |
| GD supporters (23%)         | 30    | 32       | 31  | 7  |    |
| Opposition supporters (15%) | 39    | 25       | 33  | 3  |    |
| Did not name a party (62%)  | 26    | 26       | 41  | 8  |    |

### Online Vaccine Disinformation

When realizing the clear importance of online vaccine disinformation, and attempting to thoroughly examine it in the example of Georgia, based on various studies<sup>22</sup> conducted primarily by the Media Development Foundation/Fund (MDF), a Georgian NGO monitoring and combating disinformation, we need to analyze major specific trends, and accordingly, distinguish three key groups:

1. Those who are opposed to immunization in general (This group does not position itself to have any other political agenda and it frequently seems to borrow its anti-vaccine content and narratives from almost identical websites and webpages administered in the West, and particularly, the U.S.);
2. Russia-oriented groups striving to discredit the vaccines of American and European origin (These groups are almost universally focused first

<sup>22</sup> T. Kintsurashvili, et al., *Infodemic in Georgia 2020*, Tbilisi 2021, <<http://mdfgeorgia.ge/uploads/Publication-ENG-with%20hyperlink-web.pdf>> (20.11.2022); T. Kintsurashvili, et al., *Anti-Western Propaganda 2020*, Tbilisi 2021, <[http://mdfgeorgia.ge/uploads/antidasavlurieng2020\\_compressed.pdf](http://mdfgeorgia.ge/uploads/antidasavlurieng2020_compressed.pdf)> (20.11.2022)

of all, on the geopolitical context, employing vaccine scepticism similarly. They alternatively promote the alleged superiority of the Russia-developed *Sputnik V*, for instance.);

3. Opportunistic websites and groups that at any opportunity use vaccine scare-mongering as clickbait (Such groups as *Pears of Georgia*, *The Christian*, *The Truth*, etc., kept circulating especially the images of religious content like the photos of Mary and the baby Jesus or different saints claiming that they were ‘coronavirus-repelling’ and could be suggested as alternatives to vaccination.).

Worth underlining that many priests from the influential Georgian Orthodox Church, representing usually far-right and ultra-conservative or even greatly radical flank of the institution, openly and actively lead multifaceted anti-vaccination propaganda, which not rarely attracts the broader public.

In conclusion, there is a definite need to stress that even though in general, it is quite a big challenge to accurately measure the real effects of every variety of such complex phenomena as online disinformation campaigns, however, it is impossible to neglect, and we certainly should not underestimate the impressive numbers of hundreds, thousands or more shares and reposts of this kind of content on the internet with anticipated lasting and far-reaching consequences even ahead.

## BIBLIOGRAPHY:

1. Benoit S. L., Mauldin R. F., *The “anti-vax” movement: a quantitative report on vaccine beliefs and knowledge across social media*, „BMC Public Health”, vol. 21, 2106(2021)
2. Cassini F., et al., *Social media and attitudes towards a COVID-19 vaccination: A systematic review of the literature*, "eClinicaMedicine", Vol. 48, Jun 2022
3. Centers for Disease Control and Prevention (CDC), *Ten Great Public Health Achievements. United States, 1900-1999*, <<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>>
4. *COVID-19 Vaccine is Already in Georgia*, <<https://www.moh.gov.ge/news/5767/>>
5. *History of Anti-Vaccination Movements*, <<https://historyofvaccines.org/vaccines-101/misconceptions-about-vaccines/history-anti-vaccination-movements#Source-2>>
6. Kintsurashvili T., et al., *Anti-Western Propaganda 2020*, Tbilisi 2021, <[http://mdfgeorgia.ge/uploads//antidasavlurieng2020\\_compressed.pdf](http://mdfgeorgia.ge/uploads//antidasavlurieng2020_compressed.pdf)>
7. Kintsurashvili T., et al., *Infodemic in Georgia 2020*, Tbilisi 2021, <<http://mdfgeorgia.ge/uploads//Publication-ENG-with%20hyperlink->

- web.pdf>
8. Merriam-Webster, *anti-vaccination*, <<https://www.merriam-webster.com/dictionary/anti-vaccination>>
  9. Merriam-Webster, *anti-vaxxer*, <<https://www.merriam-webster.com/dictionary/anti-vaxxer>>
  10. *NDI Poll: Economic and Health Concerns Remain Top Priorities; Challenges Ahead to Build Confidence in COVID-19 Vaccination Program*, <<https://www.ndi.org/publications/ndi-poll-economic-and-health-concerns-remain-top-priorities-challenges-ahead-build>>
  11. *WHO COVID-19 Dashboard*, <<https://covid19.who.int/region/euro/country/ge>>