

*Report 3.2.1.
Health Misinformation
in Poland's Infosphere in 2025*

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Summary

The report presents an analysis of health misinformation¹ disseminated in the Polish-language information environment between 1 January and 31 December 2025, with particular attention to key narrative themes, dominant manipulation techniques, and selected behavioural patterns of actors involved in the dissemination of such content. The identified messages were grouped thematically, covering areas such as health education, vaccination and infectious diseases, prevention and diagnostics, reproductive health, oncology, and other medical topics, as well as content targeting public institutions and conspiracy-driven narratives. The analysis is primarily based on data collected through monitoring social media accounts that most frequently disseminate disinformation and exhibit consistent, and often coordinated, activity.

Key findings

The analysis of health misinformation circulating in the Polish-language information environment in 2025 examined both the nature of the content and the behavioural patterns of actors involved in its dissemination. On this basis, two main trends were identified:

1. Ongoing adaptation and reinforcement of entrenched health narratives – similar content is constantly reproduced and adapted in response to current events (e.g. regulatory changes, scientific publications, health crises), often without clearly defined objectives other than maintaining audience attention and reinforcing disinformation narratives. Its circulation occurs primarily online.
2. Health-related narratives situated within political and ideological discourse – content links health issues with ideological, normative, or legislative arguments, often centred on disputes over health policy, legal regulation, and the scope of individual freedoms. These activities are typically carried out by identifiable public figures associated with various organisations, who frequently focus on social mobilisation and influencing decision-making processes, and operate across both online and offline environments.

¹ In the Polish-language report, the term 'dezinformacja' (disinformation) is used consistently, as it is more widespread in public discourse on false and misleading content. The term 'misinformacja' (misinformation) is also used, but it appears more frequently in scientific literature or in works conceptualizing the broader issue of information disorder. In English, however, the term health misinformation is most commonly used. This reflects the assumption that in many cases it is difficult to definitively determine the intent of the authors of false or misleading messages, particularly in the health domain. Medicine, as a field of science, is complex, rapidly evolving, and grounded in the latest research. As a result, false health-related content may sometimes arise from misinterpretations of scientific studies, scientific misconduct or misuse of research, or inherent scientific uncertainty; the boundary between error, overinterpretation, and deliberate manipulation is often blurred. See <https://nap.nationalacademies.org/catalog/27894/understanding-and-addressing-misinformation-about-science> [accessed: February 18, 2026].

Both strands are not mutually exclusive; they can permeate and reinforce each other, draw on the same or similar sources, and operate through the same communication channels.

Trend 1: Ongoing adaptation and reinforcement of entrenched health narratives

This type of health misinformation often relies on unreliable, misquoted, or selectively interpreted scientific publications, as well as statements by self-proclaimed ‘experts’ lacking genuine credentials. In 2025, particularly visible narratives concerned autism, infectious diseases, and vaccination, perpetuating and reinforcing claims that have long circulated in the infosphere. The English-language infosphere exerted a strong influence here, especially in the context of shifts in health policy in the United States and the activities of Robert F. Kennedy Jr., which facilitated the further spread and legitimisation of health-misinformation content. A key mechanism for lending these messages an appearance of credibility was the citation of publications that did not meet scientific standards or had not undergone peer review (preprints). Disinformation actors used open channels of scientific communication – such as repositories – to create the impression of expertise, even though their arguments rested on low-quality sources, isolated findings contradictory to scientific consensus, and the disregard of the hierarchy of scientific sources in evidence-based medicine (EBM). English-language content was then transferred into the Polish-language infosphere without providing essential context, information about the publication status, or authors’ affiliations.

Trend 2: Health-related narratives situated within political and ideological discourse

These narratives are domestic in nature and aim to influence public debate and decisions related to health policy. In 2025, content concerning health education, reproductive health and abortion was particularly prominent, with medical issues subordinated to ideological framing. Mandatory vaccinations were also a key topic, frequently discussed in the context of personal freedom. Such narratives relied on a dichotomy between ‘freedom of choice’ and ‘state coercion’, marginalising or distorting scientific and epidemiological arguments. Unlike the first trend, this activity focused on social and political mobilisation, often accompanied by explicit calls to action. The actors involved were recognisable public figures: representatives of NGOs, civic initiatives, politicians and selected media outlets. These activities took place both online and offline and could significantly shape the social discourse, especially in areas already marked by intense conflict and polarisation.

Persistent presence of conspiracy themes

Many disinformation narratives are accompanied by conspiracy threads that take various forms, ranging from subtle suggestions and insinuations to extreme claims completely detached from facts. They constitute a persistent element of messages that undermine scientific findings and medicine, reinforcing distrust in experts and institutions. These themes are disseminated both by various groups of actors as

part of broader disinformation campaigns and by anonymous accounts specializing in promoting conspiracy content. They often incorporate elements of spirituality, esotericism, and the idealisation of nature as a source of supposedly simple, effective, and hidden therapies, as well as references to other domains of public life, such as politics, climate, and technology.

Methodological assumptions

The aim of the analysis is to map current trends in the field of health misinformation, as well as to describe the manipulative mechanisms and techniques used to disseminate it in Polish infosphere. The work was conducted using a database of previously identified accounts active in spreading health-related misinformation (including, among others, profiles of false experts, activists, and online content creators) and a repository of posts archived in the internal System for Countering Disinformation maintained by the NASK's Disinformation Analysis Center. On the basis of monitored content, thematic domains were defined, and search queries were subsequently prepared for these domains to enable in-depth examination of specific threads, selection of the case studies described in this report, and estimation of the reach of health-misinformation mentions between 01.01.2025 and 31.12.2025. Monitoring covered content on X, Facebook, Instagram, YouTube, and TikTok, as well as content available on websites. Due to the specific characteristics and limitations of the tools used for content monitoring, the quantitative data show a significant predominance of content published on X, which may affect the interpretation of the findings, particularly with regard to quantitative indicators.

On the basis of a purposively selected sample, a qualitative analysis was conducted, drawing on elements of the ABCDE Framework (*Actor, Behaviour, Content, Degree, Effect*), the FLICC taxonomy (*Fake Experts, Logical Fallacies, Impossible Expectations, Cherry Picking, Conspiracy Theories*), and case studies.

Actor	<i>What kinds of actors are involved?</i> This question can help establish, for example, whether the case involves a foreign state actors.
Behaviour	<i>What activities are exhibited?</i> This inquiry can help establish, for instance, evidence of coordination and inauthenticity.
Content	<i>What kinds of content are being created and distributed?</i> This line of questioning can help establish, for example, whether the information being deployed is deceptive.
Degree	<i>What is the overall impact of the case and whom does it affect?</i> This question can help establish the actual harms and severity of the case.

Effect	<i>What are the risks posed as a result of the information risks? Such as protection risks, reputational risks, risks to staff safety, etc.</i>
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Table 1. The ABCDE Framework, James Pamment

The original ABCDE Framework² (Table 1.) was modified to account for the specific characteristics of health misinformation.

Health misinformation is usually not a one-off incident, but rather an ongoing process of recurring narratives that are updated and modified in response to new events and contexts (e.g., new scientific publications, changes in health policy, or therapeutic programs).

- Health misinformation often relies on the use of scientific content that is taken out of context, manipulated, or partially true. Such phenomena require more specialised tools for identification and classification, such as the FLICC taxonomy, which makes it possible to distinguish between types of argumentative fallacies, assess the quality and credibility of sources presented as scientific, and identify conspiracy themes.
- Health misinformation is often overt in nature and is carried out by non-governmental organisations and activists, usually in relation to a specific objective, such as influencing the legislative process. This specificity affects the analysis of the actors involved in such activities. Although health misinformation may also be instrumentally used by actors operating on behalf of other states, in many cases it remains strongly embedded in the domestic context (which does not, however, exclude external influences).

These observations were used to modify the ABCDE Framework in accordance with the guiding questions below.

Actor	<i>What kinds of actors are involved?</i> This question helps establish, for example: • whether the thread involves actors linked to other countries, • whether the actors operate openly and publicly, • whether the actors cooperate with one another, forming coalitions and broader influence groups.
Behaviour	<i>What activities are exhibited?</i> This inquiry can help establish, for example: • evidence of coordination and inauthenticity, • forms of linking online and offline activity, • attempts to influence decision-making processes, such as legislation or the design of vaccination programs,

² <https://www.unhcr.org/handbooks/informationintegrity/practical-tools/analysis-potential-impact/abcde-analysis-framework>, see also: <https://carnegieendowment.org/research/2024/02/the-eus-role-in-fighting-disinformation-crafting-a-disinformation-framework> [accessed: 06.02.2026]

	the dominant manipulation techniques (according to the FLICC taxonomy).
Content	<i>What kinds of content are being created and distributed?</i> This line of questioning can help establish, for example: - whether the information being disseminated is deceptive, - what forms the disinformation content takes (e.g. falsehoods, manipulation, conspiracy theories), - whether the content is novel and to what extent it refers to pre-existing narratives and/or current events.
Degree	<i>What is the overall impact of the case and whom does it affect?</i> This question can help establish the actual harms and severity of the case. - What reach did the disinformation content achieve on social media? - On which platforms was its presence recorded?
Effect	<i>What are the risks posed as a result of the information risks?</i> This question can help establish the impact of the case. - What outcome may the dissemination of a particular disinformation narrative have? - What impact may it have on health practices, public policies, and society, as well as on medical personnel?

Table 2. The ABCDE Framework, adaptation for the purposes of health misinformation analysis

The FLICC taxonomy was originally developed to categorise techniques used in denying climate change, but it can be applied more broadly, including to the analysis of other topics, such as those related to health.³ In this report, the taxonomy was used to describe health misinformation content that referenced scientific findings but distorted their meaning or context, or denied scientific consensus and the hierarchy of evidence. For messages that drew more strongly on moral, religious, or ideological considerations rather than on scientific arguments, the ABCDE Framework was applied, and the content was verified against original documents (e.g., the core curriculum for the subject *Health Education*, legal regulations, or recommendations and position statements issued by expert groups and health-related

³ <https://www.mcgill.ca/oss/article/critical-thinking-student-contributors/anatomy-bad-argument>, <https://skepticalscience.com/history-flicc-5-techniques-science-denial.html>, see also: <https://www.nature.com/articles/s41598-024-76139-w> [accessed: 22.01.2026]

institutions).

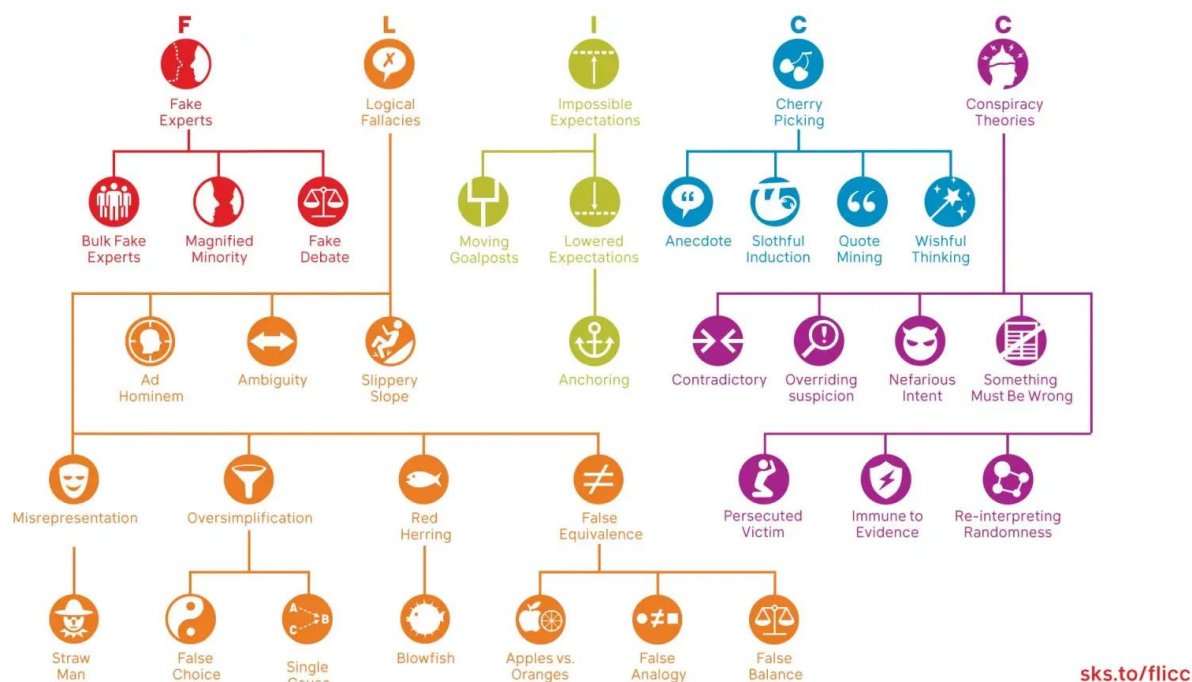


Figure 1. FLICC taxonomy (source: crankyuncle.com)

In the description of the individual narratives, five key elements of the disinformation incident were included in accordance with the ABCDE Framework. Greatest attention was devoted to content, the description of which constitutes the main part of the individual chapters. The remaining elements of the ABCDE Framework were summarised in a table to reflect the specificity of each narrative. Reach estimates were based on data from the Meltwater tool and derived from targeted queries designed to capture disinformation content as accurately as possible. These figures are approximate and are calculated on the basis of results obtained through specific queries prepared to extract disinformation content as precisely as possible. The charts present mentions of the topic under discussion published primarily on X. Due to the limited automated monitoring of TikTok, Facebook, and Instagram, it is difficult to determine how interest in individual topics has evolved on those platforms.

The report does not cover disinformation content that circulated primarily through other channels, such as advertisements for supplements, products, or services that are not supported by evidence-based medicine (EBM), websites used to sell or promote the aforementioned products and services, or closed groups on social media that may revolve around the activities of individuals offering evidence-unfounded therapies. It also does not include the circulation of false or misleading content disseminated by individuals invited as guests on the programs of well-known journalists or podcast creators. Guests presented as experts in health or dietetics gained additional legitimacy through the popularity of the hosts and the interview format, which was often lacking mechanisms for verification and the immediate correction of false information. In 2025, content of this kind achieved wide reach and high visibility, both

through positive engagement on social media (approval, further sharing) and in a negative context, as a result of the work of fact-checking experts who addressed controversial statements and corrected them in the public sphere.

Types of actors involved in the spreading health misinformation

The analysis of the monitored content provided a basis for distinguishing several categories of actors involved in the creation and dissemination of health-related misinformation. To some extent, these categories are arbitrary, and elements of different categories may overlap. The chapters on specific narratives identify the most active groups of actors and describe the collaboration between them, where observed.

Fake experts

Fake experts are individuals who present themselves as authorities in the field of health or medical science despite lacking the relevant qualifications, experience, or up-to-date knowledge. They often use their academic degrees, past professional experience, or the status of 'independent researcher' to build credibility in the eyes of their audience. Their message is typically based on the selective presentation of data, pseudoscientific arguments, and undermining trust in reputable institutions and scientific sources. They are active both online and offline, at various types of conferences, meetings, or parliamentary committee sessions. They also frequently engage in commercial activity, offering consultations, training, or products. Typical characteristics of this category of actors include self-promotion and undermining scientific consensus and the credibility of recognised sources and institutions, often by presenting themselves as the 'voice of truth' against the 'system'.

'Libertarian' physicians

Doctors described as 'libertarian' or 'independent' operate based on anti-establishment narratives that undermine trust in science and public health institutions. In their communication, they often invoke libertarian slogans and express opposition to mandatory vaccinations or the public health restrictions imposed during the COVID-19 pandemic. They may act independently or through associations advocating for legislative changes aimed at deregulating the medical profession⁴, e.g. the abolition of the requirement to belong to medical chambers or right to practice medicine based on one's own experience. This group includes, among others, individuals whose right to practice medicine has been

⁴ The medical profession in Poland is a regulated profession requiring formal confirmation of qualifications. The Supreme Medical Chamber (NIL) maintains the Central Register of Physicians (CRL), which is the official source for verifying the right to practice medicine in Poland. See: <https://sip.lex.pl/akty-prawne/dzu-dziennik-ustaw/zawody-lekarza-i-lekarza-dentysty-1679828>, <https://rejestr.nil.org.pl/> [accessed: 17.02.2026]

revoked or suspended, or against whom such proceedings are pending. Such physicians may use their former authority to legitimise misinformation and may refer to cooperation with supportive patients. They often portray themselves as 'persecuted for telling the truth'. Their activities are often linked to monetisation, including the sale of alternative therapies, supplements, guides, courses, or consultations. They are frequent speakers at conferences organised by their community. Their images promote pseudomedical journals, in which, through sponsored articles, they lay pseudoscientific foundations for the marketing of advertised supplements. In this context, their pseudomedical activity can be seen as part of a broader marketing strategy. This category partially overlaps with fake experts.

Activists

Activists, whether affiliated with nongovernmental organisations or operating in informal groups, play a significant role in spreading health misinformation by mobilizing the community and attracting new supporters. They organise protests, parliamentary meetings, conferences, and public events, thereby strengthening their presence in the public discourse. They construct an image of themselves as 'defenders of rights' against the 'system', using both online and offline channels for mobilisation, and often align their activities with other anti-establishment and political movements. They frequently rely on professional legal support and build their own expert network, publishing reports and petitions, which lends them an impression of credibility. In their activities, they often use legal instruments guaranteed by the democratic system, such as registering organisations as foundations or associations, actively participating in parliamentary committees and working groups, or exercising the right to access public information. By abusing legal instruments, such as requests for public information, they transform them into tools for combating the system and scientific consensus. They often finance their activities through public fundraising (crowdfunding).

Politicians

This group works closely with activists from the movement clustered around health misinformation, playing an important role in it mainly by bringing the movement's voice into the parliamentary forum. A milestone in this regard was the establishment in 2016 of the Parliamentary Group for the Safety of the Vaccination Program for Children and Adults,⁵ which brought anti-vaccination activists into the work of the Sejm. The electoral capital of movements associated with health misinformation was recognised, and in the following years this collaboration intensified, among other things through inclusion of activists on electoral ballots. Politicians who use health misinformation as a tool for attracting voters, in addition to establishing parliamentary groups and bringing activists to parliamentary committee meetings, also misuse the instrument of parliamentary interventions.

⁵ <https://www.sejm.gov.pl/sejm8.nsf/agent.xsp?symbol=ZESPOL&Zesp=371> [accessed: 06.02.2026]

Online creators

Online content creators (bloggers, YouTubers, and social media influencers) generate income from views, subscriptions, advertising, and donations, which creates pressure to increase reach at the expense of content quality. The topics of interest to this group cover a broad spectrum, which is linked to frequent references to current events that attract public attention. This approach is aimed at maximizing views – content must be engaging and published at a specific frequency. As a result, these individuals may play a significant role in spreading misinformation formulated in a provocative, controversial manner, based on sensational, highly emotional, or polarizing narratives. Such content is often more engaging than reliable information and is additionally promoted by social media algorithms. The influencers' business model is therefore based on the monetisation of online content but may also include promoting supplements, services, courses, or consultations.

Anonymous accounts spreading misinformation

Anonymous accounts, operating on social media without revealing their identities, often gain significant visibility in the Polish-language infosphere. They use a variety of communication strategies, such as attracting attention by publishing controversial, provocative, or seemingly parodic content. Some of them also serve as 'trolls', deliberately generating chaos, escalating conflicts, and fuelling emotions, which facilitates the further spread of misinformation. Many anonymous accounts do not limit their activity solely to health misinformation. They often simultaneously disseminate anti-Ukrainian, anti-EU, anti-establishment narratives, as well as conspiracy theories. Combining these threads is a characteristic way of building a coherent, emotionally charged message that undermines trust in public institutions.

Other actors, including journalists, celebrities and entrepreneurs

Other actors involved in health misinformation include individuals and entities that engage in spreading false content on an incidental basis, yet their impact may be significant due to their reach and social authority. Journalists and media outlets – both traditional and online – can amplify health misinformation by failing to reference credible sources, publishing sensational material, or giving a platform to controversial experts in the name of 'balance of opinions'. In some cases, media organisations deliberately exploit conspiracy-related topics to boost viewership, further reinforcing false narratives. Celebrities may also play an important role in amplifying misleading content, as their statements – even when rooted in personal beliefs – quickly gain massive reach on social media. Owing to their visibility and perceived authority among followers, such content becomes viral, strengthening the message within information bubbles and lending it an appearance of credibility. The incidental involvement of these actors allows health misinformation to reach broad audiences, often extending beyond the original recipients who follow the activity of the primary misinformation actors described above.

The promotion of misleading content may also form part of the sales strategies used by entrepreneurs in the health and wellness sector. By leveraging public distrust toward medical institutions and

pharmaceutical companies, businesses redirect attention toward supposedly ‘safe’ and ‘alternative’ solutions. Such messaging helps construct the image of a credible alternative, facilitating the sale of supplements, ‘natural therapies’, health courses or online consultations. As a result, health misinformation functions as a marketing tool that not only increases reach but also strengthens a sense of community among customers, drawing on narratives about the alleged risks associated with conventional medicine.

Introduction of Health Education in schools

Health Education was a topic around which misinformation narratives were formulated throughout the vast majority of the period under analysis. In the first quarter of the year, protests against plans to introduce Health Education as a school subject were exploited in the presidential election campaign. The topic was characterised by high political engagement and was widely discussed in the media. In January, the original proposal was withdrawn and it was decided that the subject would not be mandatory. The culmination of the misinformation campaign came in September, when parents were mobilised to withdraw their children from the classes. Student attendance data (approx. 30%)⁶ indicate that these efforts achieved their intended effect.

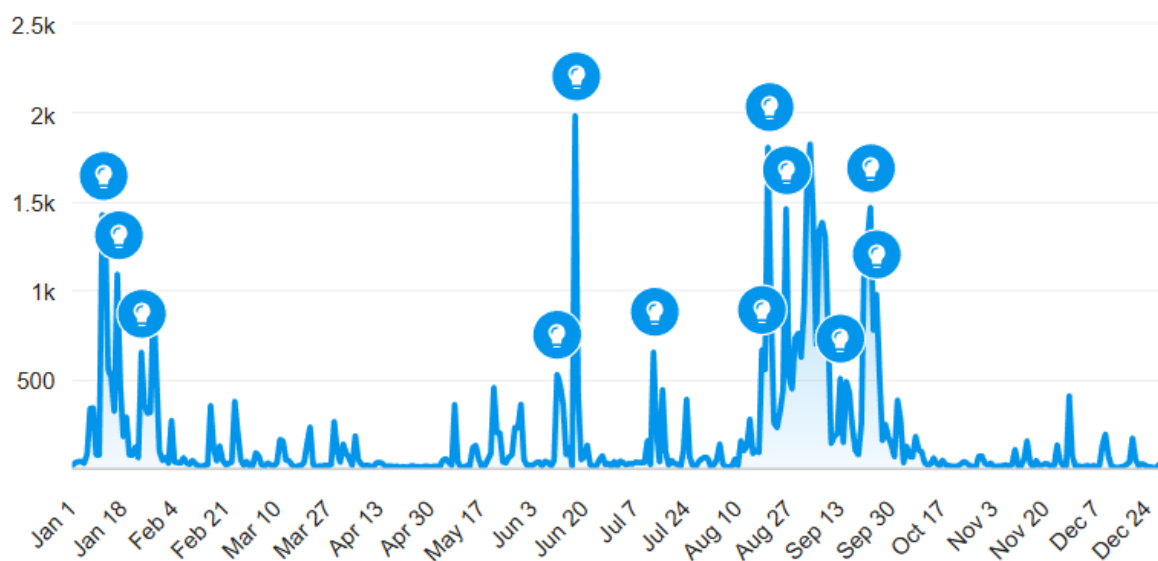


Figure 2. Occurrence of misinformation-related mentions about Health Education published in the Polish-language infosphere in 2025

The dynamics of disinformation narratives concerning health education were largely influenced by the following events:

- January 2025 – numerous nationwide protests against Health Education.

⁶ <https://www.gov.pl/web/edukacja/edukacja-zdrowotna---pierwszy-rok-wdrazania-przedmiotu-w-szkole> [accessed: 06.02.2026]

- 12 January 2025 – Minister of National Defence Władysław Kosiniak-Kamysz, asked at a press conference in Szczecin about the protests against Health Education, announced that the subject would be non-mandatory.⁷
- 16 January 2025 – on RMF FM, Minister of Education Barbara Nowacka confirmed that participation in the classes would be voluntary.⁸
- 17 June 2025 – the increase in interest during this period was driven by a public debate concerning the choice of schools for their children by Radosław Sikorski and Roman Giertych. According to circulating posts, they were allegedly sending their children to a conservative network of private Catholic schools, which was presented as evidence of the public education system's shortcomings. In this interpretation, the politicians' choice was also framed as an attempt to protect their children from the alleged ideological influence present in public schools.
- 27 August 2025 – publication of an appeal by the Commission of the Polish Episcopate for Catholic Education, followed by intensified involvement of the Catholic Church in the campaign against Health Education.
- 1 September 2025 – start of the school year and the launch of an intensive campaign urging parents to withdraw their children from the classes.
- 25 September 2025 – final day for submitting declarations of withdrawal from participation in the classes.

In messaging concerning health education, emotional language was used, employing terms such as 'demoralisation', 'depravity', 'sexualisation', or 'ideologization'. It often took on an alarmist tone through slogans such as 'stand up for children', 'leave our children alone', or 'protect our children', and called for engagement and active resistance. Such slogans and the content presented by various actors were intended to appeal to parents' fears for their children. Audiences were exposed to numerous false claims about the harmful impact of classes on the safety and health of minors. Children were allegedly portrayed as being at risk of, among other things, paedophilic contact, sexually transmitted infections, teenage pregnancies, being encouraged to use puberty blockers or even undergo surgical interventions, and being taught masturbation by instructors. The content shared often had a discriminatory character towards LGBTQ+ communities, including homo- and transphobic elements. Non-heteronormative sexual orientation or transgender identity were portrayed as perversions or as mental disorders.

The messaging was largely characterised by religious conservatism and references to so-called traditional values, presenting the subject as a threat to the traditional family model understood as a marital union between a woman and a man and their offspring. According to disinformation narratives,

⁷ <https://samorzad.pap.pl/kategoria/edukacja/kosiniak-kamysz-edukacja-zdrowotna-w-szkolach-bedzie-nieobowiazkowa> [accessed: 06.02.2026]

⁸ <https://www.rmfm24.pl/tylko-w-rmf24/poranna-rozmowa/news-nowacka-potwierdza-edukacja-zdrowotna-w-roku-szkolnym-2025-b.nld.7892975> [accessed: 06.02.2026]

the classes were also said to promote sexual promiscuity and to present sexuality in isolation from moral, social, and psychological aspects.

The narratives also targeted the Ministry of National Education and, personally, Minister Barbara Nowacka, portraying both the institution and the minister as incompetent, ideologically driven, acting to the detriment of children and contributing to the destruction of the Polish education system. The aim was to fuel distrust toward public institutions. Personal attacks were also directed at Prof. Zbigniew Izdebski, the coordinator of the Expert Team responsible for preparing the draft curriculum for the new subject. It was suggested that he supported paedophiles or was inspired by their actions. In this context, attempts were made to associate Izdebski with the German psychologist and sexologist Helmut Kentler, who, as part of an experiment, placed children in the care of individuals suspected or previously convicted of offences of a paedophilic nature.⁹ The alleged evidence of Izdebski's connection to Kentler was, among other things, the fact that the Polish scholar had been honoured with the Magnus Hirschfeld Medal awarded by the German Society for Social-Scientific Sexuality Research (Deutsche Gesellschaft für Sozialwissenschaftliche Sexualforschung – DGSS).¹⁰ The fact that Helmut Kentler served as president of the association between 1979 and 1982 was presented as alleged proof of Izdebski's connection to him. Izdebski was accused of supposedly drawing inspiration from Kentler's scandalous experiment.

Distrust toward the World Health Organization (WHO) and its guidelines was also fuelled, with claims that countries following them were facing catastrophic consequences. According to this narrative, these consequences were said to include the life tragedies of young people, the breakdown of families, a growing number of abortions and sexually transmitted infections, as well as an increasing group of 'self-mutilating individuals' who 'deeply regret it' – a reference to gender-affirming care and people who have undergone detransition.

⁹ Sobański, P., & Kmieciak, B. (2021). "Eksperyment Kentlera" z perspektywy prawno-historycznych analiz i refleksji. *Dziecko krzywdzone. Teoria, badania, praktyka*, 20(1), 113-137.

¹⁰ <https://naukawpolsce.pl/aktualnosci/news%2C100760%2Cprof-zbigniew-izdebski-pierwszym-polakiem-uhonorowanym-przez-niemieckie> [accessed: 06.02.2026]

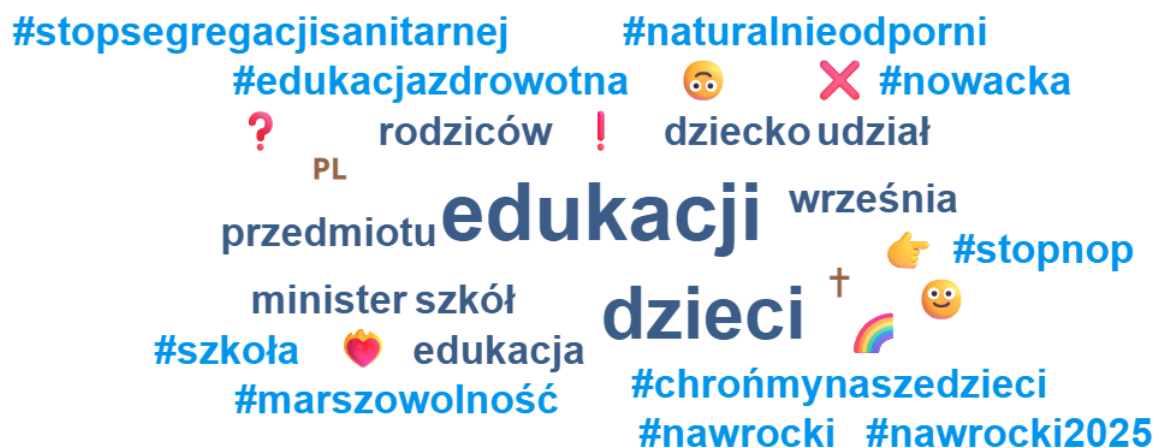


Figure 3. Word cloud of keywords contained in misinformation posts about Health Education. The words in the tag cloud have been left in their original Polish wording.

CASE STUDY: DETERRING FROM HEALTH EDUCATION IN SCHOOLS (INITIATIVES TARGETED AT PUPILS' PARENTS)

A key role in misinformation activity related to health education was played by the Coalition for the Saving of the Polish Schools (KROPS). Under its banner, more than 90 organisations came together, including paramilitary groups, patriotic organisations, anti-abortion groups (e.g. Fundacja Pro Prawo do Życia, which can be translated as the 'Pro Right to Life Foundation', Instytut Myśli Pro-Life, translated as the 'Pro-Life Thought Institute', Centrum Życia i Rodziny, translated as the 'Center for Life and Family'), anti-vaccination organisations (e.g. Ogólnopolskie Stowarzyszenie Wiedzy o Szczepieniach 'STOP NOP', which can be translated as the 'Nationwide Association for Knowledge about Vaccinations "STOP NOP"', Fundacja Polskie Veto, translated as the 'Polish Veto Foundation', the Ordo Medicus Foundation, Polskie Stowarzyszenie Niezależnych Lekarzy i Naukowców, translated as the 'Polish Association of Independent Doctors and Scientists', and Stowarzyszenie 'Bronimy Munduru dla Przyszłych Pokoleń' translated as "'We Defend the Uniform for Future Generations" Association'), religious fundamentalists (the Ordo Iuris Institute for Legal Culture, the Osuchowa Foundation), as well as organisations promoting naprotechnology (Instytut Naturalnego Planowania Rodziny według metody prof. dr. med. J. Röttera; translated as 'Institute of Natural Family Planning according to the method of Prof. J. Rötzer, MD'). Cooperation among these organisations resulted in numerous protests against Health Education across the country.

Among the activities surrounding this issue, it is worth noting the statement issued on Wednesday, 27 August 2025 (i.e. before the start of the school year) by the Catholic Education Commission of the Polish Episcopal Conference (KWKEP). It was an appeal directed at parents not to consent to their children's participation in Health Education classes.¹¹ It encouraged people to download a template letter of withdrawal from the takdlaedukacji.pl website run by the aforementioned Coalition for the Rescue of the Polish School (KROPS).

The appeal also stated that the subject would expose children and adolescents to 'the risk of serious dangers that could affect their entire lives, as well as the lives of their families'. Some parishes also offered a template for a declaration opting out of the subject in the church sacristy,¹² and media reported leaflets being distributed on church premises in various regions of Poland.¹³

¹¹ <https://archive.ph/JPBuK> [accessed: 06.02.2026]

¹² <https://archive.ph/E3Wcc> [accessed: 06.02.2026]

¹³ <https://katowice.wyborcza.pl/katowice/7,35063,32217284,aktywisci-rozdawali-w-kosciolach-ulotki-przeciwko-edukacji-zdrowotnej.html>, see also: <https://archive.ph/5k61P> [accessed: 06.02.2026]

Komunikat w sprawie zmian podstawy programowej szkół podstawowych i ponadpodstawowych
www.ratujmyszole.pl/sprzeciw-rodzicom

Od 1 września 2025 r. w polskich szkołach podstawowych i ponadpodstawowych zostanie wprowadzony nowy przedmiot edukacja zdrowotna, zawierający edukację seksualną w wersji antyrodzinnej, Genderowej i deprawacyjnej. Wycofany zostanie dobrowolny przedmiot wychowanie do życia w rodzinie (WDŻ), w którym seksualność osadzona jest w kontekście miłości, rodziny i odpowiedzialności oraz profilaktyki.

Edukacja zdrowotna zawiera m.in. dział „Zdrowie seksualne”. Realizuje on permissywny model edukacji seksualnej, która niszczy w dziecku to, co potrzebne do założenia trwałej i szczęśliwej rodziny. Anty-edukacja anty-zdrowotna narusza prawo, uderza w dobro uczniów i rodzin.

W związku z tym Rodzice mogą złożyć pisemną rezygnację z udziału swojego dziecka w zajęciach edukacji zdrowotnej do 25 września 2025 roku. Wzór rezygnacji można pobrać ze strony www.ratujmyszole.pl/sprzeciw-rodzicom.

Ks. Zbigniew Pysko
Przewodniczący Wydziału
Nauczania i Wychowania Katolickiego

APEL DO RODZICÓW
Ochronmy nasze dzieci i wnuki przed systemową demoralizacją
Najbliższy rok będzie dla tysięcy uczniów pierwszym, w którym wezmą udział w zajęciach nowego przedmiotu – „Edukacji zdrowotnej”. To przedmiot, który – trzeba przyznać – w wielu aspektach porusza ważne zagadnienia z zakresu biologii, wychowania fizycznego, a szerzej mówiąc – zdrowego stylu życia. Niestety, w podstawie programowej znajdują się również elementy, które wprost szkodzą dzieciom i młodzieży. Skala problemu jest na tyle poważna, że cały projekt, choć w wielu miejscach rzeczywiście wartościowy, nie może zyskać poparcia środowisk zaangażowanych w ochronę zdrowia naszych dzieci.

„Edukacja seksualna” bez oparcia o wartości
Nie wiadomo w oparciu o jakie wartości będą uczone nasze dzieci. Bez wątplenia jednak „Edukacja zdrowotna” nie ma charakteru prorodzinnego.

Cały artykuł na:
<https://pro-life.pl/edukacja-zdrowotna/>
Wzór oświadczenia o rezygnacji z udziału dziecka w przedmiocie nazywanym „Edukacją zdrowotną” jakie trzeba dostarczyć do Dyrektora szkoły najpóźniej do 25 września:
<https://www.portaloswiatowy.pl/.../rezygnacja-z-udzialu-w-...>

Edukacja zdrowotna - poniżej udostępniamy link do informatora dla Nauczycieli i Rodziców. Zachęcamy do przeczytania i rozpowszechniania informacji o wprowadzanych do polskich szkół zajęciach, które mogą zagrażać moralności dzieci i młodzieży oraz wpływać na kształt rodziny.

DIECEZJA.WAW.PL
diecezja.waw.pl

„Edukacja zdrowotna”???

Drodzy Rodzice!
Przyszłość dzieci jest w Waszych rękach. Pamiętajcie, że jesteście w sumieniu przed Bogiem odpowiedzialni za ich prawidłowe wychowanie. Nie wolno Wam zgodzić się na systemową deprawację Waszych dzieci, która ma być prowadzona pod pretekstem tzw. edukacji zdrowotnej. W trosce o wychowanie i zbawienie, apelujemy, abyście nie wyrażali zgody na udział Waszych dzieci w tych demoralizujących zajęciach.

Prezydium Konferencji Episkopatu Polski
@obserwujacy

123 komentarze 46 udostępnień

Tak dla edukacji. Stop deprawacji. Nie dla edukacji zdrowotnej.



DIECEZJAPLOCKA.PL
Apel Komisji Wychowania Katolickiego KEP w związku z wprowadzeniem do szkół przedmiotu edukacja zdrowotna

Figure 4. Examples of posts urging parents to withdraw their children from Health Education classes, published on the social media profiles of selected administrative units of the Catholic Church. All posts are shown in their original Polish wording.

!!! STOP edukacji zdrowotnej w polskich szkołach! !!!
Od 1 września 2025 r. w szkołach podstawowych i średnich w Polsce wprowadzony zostanie przedmiot „Edukacja zdrowotna” z elementami edukacji seksualnej, promujący kontrowersyjne idee. Jako rodzice i opiekunowie mamy prawo wrazić sprzeciw.

Zachęcamy do zapoznania się z informacjami i podpisania pisemnej rezygnacji z udziału dzieci w tych zajęciach. Chrońmy nasze dzieci przed niepożądanym wpływem.

Wiecej informacji i wzory dokumentów na stronie: www.ratuimyszkole.pl



APEL KOMISJI WYCHOWANIA KATOLICKIEGO KEP W ZWIĄZKU Z WPROWADZENIEM DO SZKÓŁ PRZEDMIOTU EDUKACJA ZDROWOTNA

Drodzy Rodzice!

W roku szkolnym 2025/2026 Waszym dzieciom – począwszy od klasy IV szkoły podstawowej, aż po klasę III szkoły ponadpodstawowej – zostanie zaproponowany udział w zajęciach edukacji zdrowotnej. Zajęcia te nie są obowiązkowe, jeżeli jednak nie zadeklarujecie Państwo braku zgody do nieprzekraczalnej daty 25 września br., dziecko zostanie automatycznie zapisane do udziału w tych lekcjach i będzie miało obowiązek w nich uczestniczyć.

Dobrze wiecie, że jako rodzice jesteście odpowiedzialni za wychowanie własnych dzieci. Macie prawo wychowywać je zgodnie z własnymi przekonaniami. Jeśli widzicie, że w szkole są przekazywane jakieś wartości i zasady życia, z którymi się nie zgadzacie, możecie wyrazić swój sprzeciw.

W programie zajęć z edukacji zdrowotnej są treści wartościowe, takie jak troska o zdrowie fizyczne, higienę psychiczną czy rozpoznawanie zagrożeń. Jednak są też treści, które nie są zgodne z wiarą katolicką i narażają dzieci i młodzież na ryzyko poważnych niebezpieczeństw, mogących wpłynąć na całe ich życie, a także życie rodziny.

Program przedmiot – w naszym ocenie – stanowi zagrożenie dla katolickiej wizji rodziny, małżeństwa oraz dojrzałości ludzkiej dzieci i młodzieży. Problematyka małżeństwa i rodziny, rozumianych jako wspólnota ojca, matki i dzieci, została potraktowana w nim w sposób marginalny. Tymczasem Konstytucja Rzeczypospolitej Polskiej wyraźnie podkreśla, że małżeństwo, rodzina, macierzyństwo i ojcostwo znajdują się pod szczególną ochroną państwa. W programie znalazły się treści dotyczące tożsamości płciowej oraz kwestii prawnych i społecznych związanych ze środowiskiem LGBTQ+. Wszystkie osoby zasługują na szacunek, ale ich wizja seksualności nie jest zgodna z nauką

Kobiety, wszystkie osoby zasługujące na szacunek, dzieci i młodzież seksualności nie jest zgodna z ideą Kościoła. Propagowane treści mogą prowadzić do zniesławienia obrazu kobiecości i męskości, a nawet powodować, że dziewczęta będą identyfikowały się jako chłopcy, a chłopcy – jako dziewczęta, w ich najbardziej wrażliwym okresie życia, w którym młody człowiek poszukuje własnej tożsamości i potrzebuje szczególnego wsparcia, opieki i towarzyszenia mu przez najbliższych. Niezwykłe zaś łatwo jest wtedy skrzywdzić młodych ludzi i doprowadzić w konsekwencji do wielu zaburzeń.

Zajęcia poruszające tak istotne i wrażliwe kwestie powinny powstać w oparciu o szeroką debatę społeczną. W Polsce dużą część obywateli stanowią przecież ludzie, którzy przyjmują chrześcijańską wizję małżeństwa i rodziny.

Dlatego zwracamy się do Was, Drodzy Rodzice wyznający katolicką wiarę, abyście głęboko rozważyli proponowane zajęcia z edukacji zdrowotnej i nie wyrażali zgody na udział swoich dzieci w tych zajęciach. Wzór pisma do rezygnacji można znaleźć na stronie: tak dla edukacji.pl
Bp Wojciech Osiał - Przewodniczący Komisji Wychowania Katolickiego KEP

8

1 udostępnienie

APPEL KOMISJI WYCHOWANIA KATOLICKIEGO KEP
W ZWIĄZKU Z WPROWADZENIEM DO SZKÓŁ PRZEDMIOTU EDUKACJA ZDROWOTNA

Drodzy Rodzice, W roku szkolnym 2025/2026 Waszym dzieciom – począwszy od klasy IV szkoły podstawowej, aż po klasę III szkoły ponadpodstawowej – zostanie zaproponowany udział w zajęciach edukacji zdrowotnej. Zajęcia te nie są obowiązkowe, jeżeli jednak nie zadeklarujecie Państwo braku zgody do nieprzekraczając daty 25 września br., dziecko zostanie automatycznie zapisane do udziału w tych lekcjach i będzie miało obowiązek w nich uczestniczyć.

Dobrze wiecie, że jako rodzice jesteście odpowiedzialni za wychowanie własnych dzieci. Macie prawo wychowywać je zgodnie z własnymi przekonaniami. Jeśli widzicie, że w szkole są przekazywane jakieś wartości i zasady życia, z którymi się nie zgadzacie, możecie wyrazić swój sprzeciw.

W programie zajęć z edukacji zdrowotnej są treści wartościowe, takie jak troska o zdrowie fizyczne, higienę psychiczną czy rozpoznawanie zagrożeń. Jednak są też treści, które nie są zgodne z wiarą katolicką i narażają dzieci i młodzież na ryzyko poważnych niebezpieczeństw, mogących wpłynąć na całe ich życie, a także życie rodziny.

Program przedmiotu – w naszej ocenie – stanowi zagrożenie dla katolickiej wizji rodziny, małżeństwa oraz drożności ludzkiej dzieci i młodzieży. Problematyka małżeństwa i rodziny, rozumianych jako wspólnota ojca, matki i dzieci, została potraktowana w nim w sposób marginalny. Tymczasem Konstytucja Rzeczypospolitej Polskiej wyraźnie podkreśla, że małżeństwo, rodzina, macierzyństwo i ojcostwo znajdują się pod szczególną ochroną państwa. W programie znalazły się treści dotyczące tożsamości płciowej oraz kwestii prawnych i społecznych związanych ze środowiskiem LGBTQ+.

Wszystkie osoby zasługują na szacunek, ale ich wiza seksualności nie jest zgodna z nauką Kościoła. Proponowane treści mogą prowadzić do zniekulturalenia obrazu kobiecości i męskości, a nawet powodować, że dziewczęta będą identyfikowały się jako chłopcy, a chłopcy – jako dziewczęta, w ich najbardziej wrażliwym okresie życia, w którym młody człowiek poszukuje własnej tożsamości i potrzebuje szczególnego wsparcia, opieki i towarzyszenia mu przez najbliższych. Niezwykle zaś łatwo jest wtedy skrzywdzić młodych ludzi i doprowadzić w konsekwencji do wielu zaburzeń.

Zajęcia poruszające tak istotne i wrażliwe kwestie powinny powstać w oparciu o szeroką debatę społeczną. W Polsce dużą część obywateli stanowią przecież ludzie, którzy przyjmują chrześcijańską wizję małżeństwa i rodziny.

Dlatego zwracamy się do Was, Drodzy Rodzice wyznający katolicką wiarę, abyście głęboko rozważyli proponowane zajęcia z edukacji zdrowotnej i nie wyrażali zgody na udział swoich dzieci w tych zajęciach. Wzór pisma do rezerwacji można znaleźć na stronie: takdlaukacji.pl

Bp Wojciech Osiał
Przewodniczący Komisji Wychowania Katolickiego KEP

Apel Komisji Wychowania Katolickiego KEP w związku z wprowadzeniem do szkół przedmiotu edukacja zdrowotna

Drodzy Rodzice

W roku szkolnym 2025/2026 Waszym dzieciom – począwszy od klasy IV szkoły podstawowej, aż po klasę III szkoły ponadpodstawowej – zostanie zaproponowany udział w zajęciach edukacji zdrowotnej. Zajęcia te nie są obowiązkowe, jeżeli jednak nie zadeklarujecie Państwo braku zgody do nieprzekraczalnej daty 25 września br., dziecko zostanie automatycznie zapisane do udziału w tych lekcjach i będzie miało obowiązek w nich uczestniczyć.

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W programie zajęć z edukacji zdrowotnej są treści wartościowe, takie jak troska o zdrowie fizyczne, higienę psychiczną czy rozpoznawanie zagrożeń. Jednak są też treści, które nie są zgodne z wiarą katolicką i narażają dzieci i młodzież na ryzyko poważnych niebezpieczeństw, mogących wpłynąć na całe ich życie, a także życie rodziny.

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Proponowane treści mogą prowadzić do zniekształcenia obrazu kobiecości i męskości, a nawet powodować, że dziewczęta będą identyfikowały się jako chłopcy, a chłopcy – jako dziewczęta, w ich najbardziej wrażliwym okresie życia, w którym młody człowiek poszukuje własnej tożsamości i potrzebuje szczególnego wsparcia, opieki i towarzyszenia mu przez najbliższych. Niezwykle zaś łatwo jest wtedy skrzywdzić młodych ludzi i doprowadzić w konsekwencji do wielu zaburzeń. Zjawiska poruszające tak istotne i wrażliwe kwestie powinny powstać w oparciu o szeroką debatę społeczną. W Polsce dużą część obywateli stanowią przecież ludzie, którzy przyjmują chrześcijańską wizję małżeństwa i rodziny.

Dlatego zwracamy się do Was, Drodzy Rodzice wyznający katolicką wiarę, abyście głęboko rozważyli proponowane zajęcia z edukacji zdrowotnej i nie wyrażali zgody na udział swoich dzieci w tych zajęciach. Wzór pisma do rezygnacji można znaleźć na stronie: takdlaedukacji.pl

Był Wojciech Osiał

Przewodniczący Komisji Wychowania Katolickiego KEP

15

1 komentarz 6 udostępnień

Figure 5. Posts urging parents to withdraw their children from Health Education classes, published on the social media profiles of selected administrative units of the Catholic Church. All posts are shown in their original Polish wording.

The KROPS material included in this report was downloaded from the website nauczycieleprawolnosci.pl. The leaflet contains a call to action and numerous false claims about the

newly introduced classes, including suggestions of a correlation between Health Education and: an increase in sexual violence among children, a rise in teenage pregnancies, a higher incidence of sexually transmitted infections, an increase in 'homosexual activity among young people', and the removal of the 'protective barrier against the sexual behaviour of adults'. According to the authors, the classes would also lead to a lack of acceptance of one's biological sex, a desire to 'change sex', and the use of puberty blockers. The classes were additionally linked to surgical mutilation, mastectomy and castration.

STOP **EDUKACJI ZDROWOTNEJ**
W POLSKICH SZKOŁACH

► **Ostrzegamy! Od 1 września 2025 r. w polskich szkołach podstawowych i średnich**

► zostanie wprowadzony nowy przedmiot **edukacja zdrowotna**, zawierający **EDUKACJĘ SEKSUALNĄ** w wersji **antyrodzinną, genderowej i deprawacyjnej**, która zniszczy w Twoim dziecku to, co potrzebne do założenia trwałej i szczęśliwej rodziny

► wycofany zostanie dobrowolny przedmiot **wychowanie do życia w rodzinie (WDŻ)**, w którym seksualność osadzona jest w kontekście miłości, rodziny i odpowiedzialności oraz profilaktyki.

► **Podobne programy permisywnej edukacji seksualnej na Zachodzie spowodowały:**

- wzrost **przemocy seksualnej** między dziećmi
- wzrost liczby **ciąży u nastolatków**
- wzrost ilości **chorób wenerycznych**: kila, rzeżączka, chłamydioza, HIV / AIDS
- wzrost aktywności **homoseksualnej** młodzieży
- pozbycie się bariery ochronnej** wobec seksualnych zachowań osób dorosłych
- zaburzenia psychiczne**: wstręt do siebie, nadpobudliwość, uzależnienie od pornografii, seksuolizm, depresje, próby samobójcze.
- brak akceptacji własnej płci**
- dążenie do **"zmiany płci"**
- zażywanie szkodliwych substancji, dostępnych w internecie: hormonów płci przeciwniej oraz tzw. blokerów dojrzewania, których skutkiem jest **zatrzymanie rozwoju płciowego i bezpłodność**
- docelowo: **chirurgiczne nieodwracalne okaleczenia**, usunięcie narządów płciowych, mastektomia, kastracja.

PRZECZYTAJ broszurę na temat permisywnej edukacji seksualnej
www.stronazycia.pl/broszura-2024

OBEJRZYJ lekcje edukacji seksualnej w innych krajach na filmie **"TO NIC TAKIEGO"**
www.tonickiego.pl

OBEJRZYJ film **"ZATRUTE UWISŁY SZKOŁA WEDŁUG NOWACKIEJ"**
pch24.tv - Polonia Christiana

OBEJRZYJ na YT film o skrzywdzonej dziewczynie, która próbowała zmienić płeć **"JAKA JA WTEDY BYŁAM ŁADNA"**

CO MOŻESZ ZROBIĆ ?

- ZŁOŻ U DYREKTORA SZKOŁY PISEMNĄ REZYGNACJĘ** z udziału swojego dziecka w zajęciach edukacji zdrowotnej; **pobierz wzór rezygnacji** ► www.ratujmyszkole.pl/sprzeciw-rodzicom
- Twórz lokalne grupy rodziców, uświadamiaj, ostrzegaj!**
- Organizuj spotkanie, zaprosz eksperta Koalicji!** kampania@takdlaedukacji.pl

KOALICJA NA RZECZ OKALECZENIA POLSKIEJ SZKOŁY

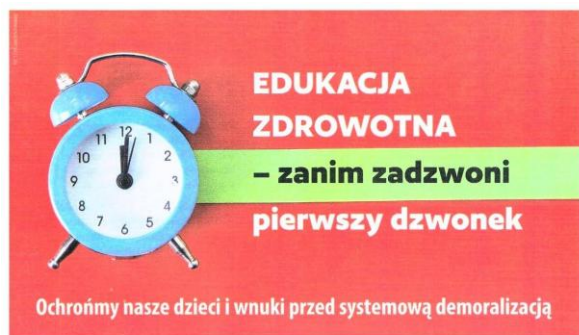
STAŃ W OBRONIE DZIECI !

www.ratujmyszkole.pl www.takdlaedukacji.pl

Figure 6. Leaflet prepared by KROPS. Health education described as 'anti-family, gender-bending and depraved sex education that will destroy in your child what is necessary to establish a lasting and happy family.'

scientific knowledge, as a method of treating infertility. Like the KROPS leaflet, the leaflet of Polskie Stowarzyszenie Obrońców Życia Człowieka also included a call to action encouraging parents to submit declarations withdrawing their children from the classes.

Leaflets with similar themes were also produced by Polskie Stowarzyszenie Obrońców Życia Człowieka (which can be translated as the 'Polish Association of Defenders of Human Life'). The authors claimed that the curriculum fails to inform students about the beginning of life at conception and its protection under Polish law, the negative effects of hormonal contraception, emergency contraception ('morning-after pills'), puberty blockers, or the negative consequences of transition. They pointed to the absence of information on the ethical aspects of methods of birth regulation and contraception, as well as on natural and ecological family planning methods, and ultimately the lack of information on naprotechnology. According to the authors, the classes do not present the physical, psychological or ethical costs of abortion. Meanwhile, in vitro fertilisation is allegedly presented in the curriculum, contrary to



Najbliższy rok będzie dla tysięcy uczniów pierwszym, w którym wezmą udział w zajęciach nowego przedmiotu – „Edukacja zdrowotna”. To przedmiot, który – trzeba przyznać – w wielu aspektach porusza ważne zagadnienia z zakresu biologii, wychowania fizycznego, a szerzej mówiąc – zdrowego stylu życia. Niestety, w podstawie programowej znajdują się również elementy, które wprost szkodzą dzieciom i młodzieży. Skala problemu jest na tyle poważna, że cały projekt, choć w wielu miejscach rzeczywiście wartościowy, nie może zyskać poparcia środowisk zaangażowanych w ochronę zdrowia naszych dzieci.

„Edukacja seksualna” bez oparcia o wartości
Nie wiadomo w oparciu o jakie wartości będą uczone nasze dzieci. Bez wątpienia jednak „Edukacja zdrowotna” nie ma charakteru prozdrowotnego. Nie ma mowy o tym, że dla prawidłowego rozwoju psychofizycznego dziecka właściwym miejscem wzrostu jest rodzina, i to rodzina rozumiana jako związek kobiety i mężczyzny. Podstawą nie wspomina o odpowiedzialnym i świadomym rodzicielstwie.

Nie ma słowa o tym, że życie zaczyna się od poczęcia i jest chronione przez polskie prawo, w tym przede wszystkim przez Konstytucję. To fundamenty, których brak w podstawie programowej Barbary Nowackiej. Słowa minister edukacji znana jest zresztą ze swoich skrajnie lewicowych poglądów, jako

zwolenniczka powszechnego dostępu do aborcji, adopcji przez pary jedнопłciowe, rozszerzenia praw osób pozostających w związkach nieformalnych, powszechnego dostępu do zapłodnienia pozaustrojowego, w tym dla samotnych kobiet.

→ Kolejnym bulwersującym aspektem wchodzącego do szkół przedmiotu jest przemilczenie zdrowotnych kosztów przyjmowania antykoncepcji hormonalnej, pigulek wczesnoporonnych i blokerów dojrzewania.

→ Nie ma słowa o tragicznych skutkach tzw. transycji czy zaburzeniach tożsamości płciowej.

→ Nie ma wzmianki o etycznych aspektach korzystania z metod regulacji poczęć i antykoncepcji.

→ Tematyka życia seksualnego jest oderwana od świata wartości, a nawet od sfery społecznej czy psychicznej.

→ Nie ma mowy o naturalnych, ekologicznych metodach planowania rodziny.

→ Nie wspomina się o naprotechnologii, modelu Creightona czy innych metodach rozpoznawania płodności.

→ Uczeń nie dowie się, że nieodpowiedzialne i zbyt wczesne podjęcie aktywności seksualnej ma wpływ na całe późniejsze życie.

→ Nie mówi się o zagrożeniach nastoletniej ciąży, wynikającej wprost z nieuporządkowania seksualnego. Jednym aspektem, na który zwracają uwagę twórcy podstawy programowej jest wymóg świadomej zgody na współżycie. To skrajny relatywizm moralny i niebezpieczna luka, która może zagrozić bezpieczeństwu dzieci.

→ Pojawia się wzmianka o prostytucji dziecięcej (słusznie wskazując, że jest to zagrożenie, przed którym dzieci należy chronić), ale nie ma mowy o tym, że prostytucja osób dorosłych również jest czymś moralnie nieuporządkowanym i złym.

Życie od poczęcia? Nie w tym programie

W podstawie programowej nowego przedmiotu ani razu nie pojawia się zapis mówiący, że dziecku znajdującemu się pod sercem matki przynależna jest pełna prawna ochrona, wynikająca wprost z Konstytucji. Nie padają stwierdzenia o poczęciu, rozwoju prenatalnym dziecka. W odniesieniu do aborcji nie ma mowy o kosztach fizycznych, psychicznych i etycznych podjętej decyzji. Nie ma wzmianki o syndromie poaborcyjnym. Metoda zapłodnienia pozaustrojowego (in vitro) jest wskazywana jako metoda leczenia niepłodności, co stoi w sprzeczności z nauką. In vitro nie leczy bowiem przyczyn niepłodności, natomiast z całą pewnością doprowadza do śmierci nadliczbowych zarodków. O tym z podstawy programowej też się nie dowiadujemy.

Treści niezgodne z polskim prawem

„Edukacja zdrowotna” zakłada między innymi, że uczeń będzie znał kwestie prawne i społeczne związane z przynależnością do mniejszości

Ochrońmy nasze dzieci i wnuki przed systemową demoralizacją!

Wzór oświadczenia o rezygnacji z udziału w zajęciach „Edukacji zdrowotnej” można pobrać z naszej strony internetowej: www.pro-life.pl/edukacja-zdrowotna.

seksualnych (LGBTQ+). I o ile każdy człowiek ma tę samą niezbywalną godność, i to niezależnie od wyznawanych poglądów, o tyle wśród wzorców propagowanych przez to środowisko jest m.in. ten zakładający istnienie „rodziny tęczyowej” czy „patchworkowej”. W analizowanej podstawie programowej modele te są wymienione w jednym szeregu z tzw. modelem tradycyjnym. Podstawa nie wspomina, że wzorce „środowisk tęczyowych” nie są ujęte w polskiej Konstytucji, chroniącej małżeństwo jako szczególnie związek kobiety i mężczyzny.

Nieobowiązkowa, ale...

Uczestnictwo w zajęciach będzie w nadchodzącym roku szkolnym nieobowiązkowe. Aby dziecko mogło ale uczestniczyć w nowych lekcjach, rodzic lub opiekun prawny musi złożyć deklarację rezygnacji z przedmiotu. Jeśli tego nie zrobi do 25 września 2025 roku, dziecko będzie zmuszone (!) do uczestnictwa w zajęciach.

Artykuł 53. Konstytucji Rzeczypospolitej Polskiej stanowi, że „rodzice mają prawo do zapewnienia dzieciom wychowania i nauczania moralnego i religijnego zgodnie ze swoimi przekonaniami”. W odniesieniu do nowego przedmiotu oznacza to, że rodzic może nie zgodzić się ze szkodliwymi treściami, które, pod płaszczykiem troski o dobrostan fizyczny czy psychiczny dzieci, będą przedstawiane w szkołach od września.

RAZEM Z NAMI RATUJ ŻYCIE DZIECI NIEJARODZONYCH I WPLAĆ DAR SERCA JUŻ DZIŚ!



Polskie Stowarzyszenie
Obróńców Życia Człowieka

Bank Pekao SA Oddział w Krakowie
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Więcej bezpłatnych materiałów edukacyjnych na www.pro-life.pl. Nasz Fundusz Dziecka Chorego to konkretna finansowa pomoc dla rodzin wychowujących dzieci z niepełnosprawnościami. Dołącz!

Figure 7. Leaflet of the Polish Association of Human Life Defenders. Excerpt from the leaflet: 'Let's protect our children and grandchildren from systemic demoralisation'.

On the official websites of some parishes¹⁴ and dioceses,¹⁵ a 42-page PDF by Zbigniew Barciński, PhD in theology, titled 'HEALTH EDUCATION. A change in the model of sex education at school. Information for parents and teachers' was made available for download. It served as informational material for the social campaign 'YES TO EDUCATION! NO TO DEPRAVITY!'.

The material questions the rationale for introducing the subject, undermines the credibility of the Ministry of National Education's actions, and describes them as 'an attack on parents' rights'. The Ministry's actions are presented as incompatible with the Constitution, the Charter of Fundamental Rights of the European Union, the Universal Declaration of Human Rights, and the International Covenant on Economic, Social and Cultural Rights. The material also discredited Professor Izdebski by suggesting that he had ties to paedophiles and drew inspiration from their ideas.

¹⁴ <https://archive.ph/tc8wR> [accessed: 06.02.2026]

¹⁵ <https://archive.ph/mub7C> [accessed: 06.02.2026]

The brochure compares the principles of Family Life Education (a former course for students in Polish elementary and secondary schools, designed to prepare young people for family life) and Health Education. The former is presented, among other things, as a program focused on the acceptance of fertility and parenthood, pro-family, promoting the model of sexual self-control, and the acceptance of one's own biological sex as the only correct attitude. In contrast, the authors claim that Health Education rejects fertility and promotes treating a child as a threat. Pregnancy is to be presented solely as a source of depression. Health Education is said to promote a model of passive submission to sexual desire and to reject the 'distinction between normal and disordered gender identity,' thereby undermining the concept of gender rooted in biology. The Health Education program is alleged to have ideological roots in Marxism and to portray the family as worthless, a place of violence and oppression, or even to contain a 'hidden anti-family edge', with the de facto aim of destroying it.

Zbigniew Barciński

EDUKACJA ZDROWOTNA

Zmiana modelu edukacji seksualnej
w szkole

——— INFORMATOR ———
DLA RODZICÓW I NAUCZYCIELI



6 Twoja decyzja

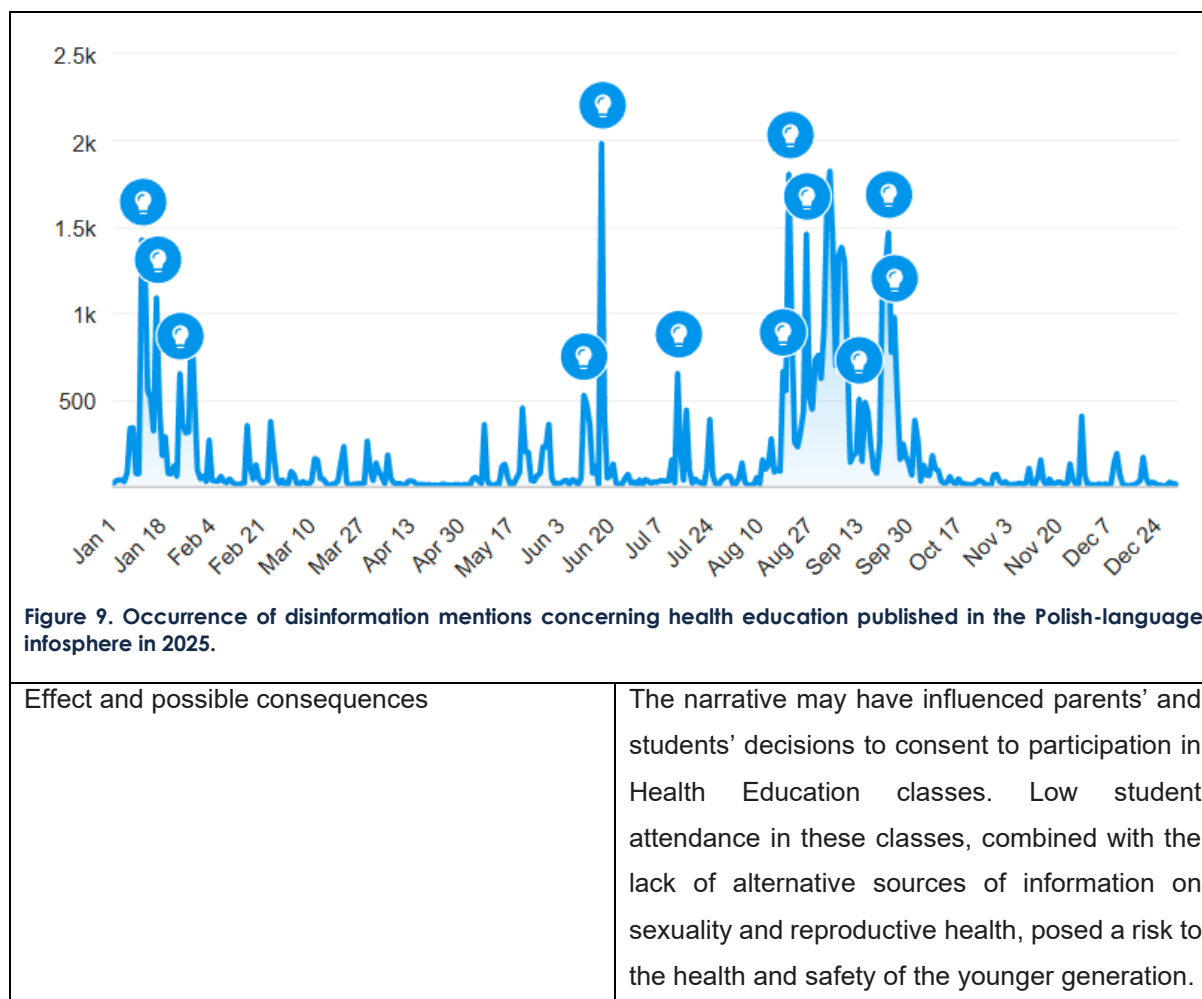
Drogi Czytelniku! Jaka jest Twoja decyzja? Które argumenty Cię przekonują? Który model edukacji seksualnej wybierasz? Prorodzinny czy antyrodzinny? Czego chcesz dla swoich dzieci?

Czy chcesz, aby Twoje dzieci ceniły małżeństwo, rodzinę, dzieci? Aby potrafiły założyć i budować trwałą, szczęśliwą rodzinę? Aby podjęły trud samowychowania, zdobyły panowanie nad sobą? Aby akceptowały swoją kobiecość lub męskość? Aby podejmowały współżycie seksualne w sytuacji dojrzałej, odpowiedzialnej miłości, którą wyrażą przysięgą małżeńską? Aby chciały mieć dzieci i czerpały radość z macierzyństwa lub ojcostwa?	Czy chcesz, aby małżeństwo i rodzina nie miały dla nich żadnej wartości? Aby całe ich życie to były kolejne związki partnerskie? Aby wszelkie kontakty seksualne – heteroseksualne, homoseksualne, biseksualne, grupowe – uznawały za tak samo dobre i warte wypróbowania? Aby podejmowały ryzykowne zachowania seksualne, które mogą przynieść w efekcie choroby przenoszone drogą płciową? Aby kwestionowały własną płć? Aby, jeśli tego będą chciały, to poddały się operacji okaleczenia własnego ciała?
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Figure 8. 'Health Education. Changing the Model of Sex Education in Schools. Guide for Parents and Teachers' by Zbigniew Barciński. Excerpt from the guide: 'Which model of sex education do you choose? Pro-family or anti-family?.'

Activity carried out in the information space around Health Education classes, strengthened by the inclusion of call-to-action elements (e.g., in leaflets), created the potential to manipulate and misinform the target audience (primarily parents of students). Emotional appeals to feelings and tradition – which omitted the actual, scientific rationale for introducing the subject into schools – may have negatively influenced parents' willingness to verify the curriculum and contributed to the further spread of unverified and false information.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative enjoyed broad support from various types of actors – it was spread by anonymous disinformation actors, fake experts, as well as activists. These groups collaborated with one another, forming coalitions and reinforcing each other's efforts.
Behaviour and Manipulation Techniques	The content referenced, among other things, ethical principles, morality, and the teachings of the Catholic Church. The messaging was emotionally charged, portraying the classes as a threat to children's safety, an attack on parental rights, and traditional family values. The content engaged the audience through calls to action. Online activities were designed to encourage recipients to withdraw from the course, thereby having a tangible impact on their real lives.
Degree	The reach of the narrative (the entire discussion around the topic) was very high. The total number of mentions reached nearly 34.2 thousand, and the estimated reach of the narrative was 7.45 billion. The content appeared across various social media platforms, including X, Facebook, Instagram, and TikTok.



Vaccinations and infectious diseases

In 2025, numerous pre-existing narratives undermining the rationale and effectiveness of immunisation circulated in the information environment, alongside claims promoting the alleged harmfulness of vaccines and their purported serious side effects. Among the most persistent and recurring are narratives associating vaccinations with autism, which have persisted for years despite the absence of scientific evidence. The influence of the COVID-19 pandemic remains steadily visible, particularly in threads concerning mRNA technology, the 'experimental' nature of vaccinations, or their supposed harmfulness. Content of this type regularly resurfaces and is adapted to current events, subsequent infection seasons, or ongoing campaigns promoting vaccination.

An additional factor facilitating the spread of health misinformation about vaccinations was the shift in U.S. health policy,¹⁶ which amplified anti-vaccine narratives and lent them an appearance of credibility, for example, by referencing statements and actions of U.S. Secretary of Health Robert F. Kennedy Jr. These changes contributed to an increase in narratives about the alleged link between vaccines and autism, the questioning of mRNA technology safety, and the reinforcement of broader claims about the harmfulness of vaccines, especially those administered to children. The actions taken by U.S. authorities resonated widely across the infosphere and became an important contextual factor that fuelled the intensification of health misinformation both domestically and abroad.

In Poland, a particularly intensively discussed topic was HPV vaccination, driven by the continuation of initiatives by the Ministry of Health, the vaccination programme for children and adolescents, and plans to include the vaccine in the mandatory vaccination schedule. Narratives concerning diseases frequently appearing in media reports¹⁷ were also observed, for example in connection with specific cases of illness or a general increase in detected cases of whooping cough¹⁸, diphtheria¹⁹, and tuberculosis.²⁰ A common thread across discussions of these diseases was the denial of the legitimacy of mandatory vaccination, which was framed as a form of coercion or even 'terror'. In this context, anti-vaccination content was combined with direct attacks on institutions responsible for public health, such as the Ministry of Health and the Chief Sanitary Inspectorate, alongside attempts to undermine their competence and motives.

Vaccinations and autism

The thesis linking vaccinations to autism originated from Andrew Wakefield's publication²¹ in the prestigious scientific journal *The Lancet* (1998). The article suggested a possible association between the MMR vaccine (measles, mumps, and rubella) and autism in children. Although the study was later retracted and numerous subsequent studies have found no evidence supporting such a link,²² these claims continue to circulate within anti-vaccine narratives. These narratives primarily appeal to parents'

¹⁶ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01495-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01495-3/abstract), <https://publichealth.jhu.edu/2025/risks-of-cuts-to-mrna-vaccine-development>, <https://www.france24.com/en/live-news/20250808-us-health-chief-based-vaccine-cuts-on-misinformation-researchers-say> [accessed: 17.01.2026]

¹⁷ <https://www.pap.pl/aktualnosci/wzrost-zachorowan-na-grozne-choroby-zakazne-w-polsce-gus-podal-dane> [accessed: 17.01.2026]

¹⁸ <https://www.pap.pl/aktualnosci/krztusiec-i-rsv-w-natarciu-pakiet-krztuscowy-ma-byc-odpowiedzia-na-wzrost-zachorowan>, <https://tvn24.pl/tvnwarszawa/okolice/krztusiec-na-mazowszu-rekordowy-wzrost-liczby-zachorowan-st8266033> [accessed: 17.01.2026]

¹⁹ <https://www.mp.pl/szczepienia/aktualnosci/375515.lekarze-walczą-o-życie-dziecka-chorego-na-blonice>, <https://www.pap.pl/aktualnosci/wroclaw-lekarze-potwierdzili-zachorowanie-dziecka-na-blonice-jest-w-stanie-ciezkim>, <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/9760798.blonica-we-wroclawiu-2025-objawy-leczenie-i-zagrozenia-co-musisz-wiedziec.html> [accessed: 17.01.2026]

²⁰ <https://zdrowie.pap.pl/choroby/dlaczego-gruzlica-nie-zniknela-mimo-postepow-medycyny>, <https://www.rynekzdrowia.pl/Choroby-zakazne/Nauczycielka-objawy-miala-od-dluzszego-czasu-Na-zakazenie-narazonych-nawet-kilkaset-osob.278255.22.html> [accessed: 17.01.2026]

²¹ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(97\)11096-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf) [accessed: 13.01.2026]

²² <https://www.vaccinesafety.edu/do-vaccines-cause-autism/>, <https://publichealth.jhu.edu/2025/vaccines-do-not-cause-autism>, <https://www.who.int/news/item/24-09-2025-who-statement-on-autism-related-issues> [accessed: 13.01.2026]

concerns about their children's health, and their persistence is reinforced by the fact that the causes of autism have not yet been conclusively established.²³ In 2025, the thesis portraying vaccines as a cause or risk factor for autism was promoted using content originating from the American information space, which can be linked to the broader context of U.S. health policy. Robert F. Kennedy Jr., who has been widely described as a leading figure in the anti-vaccine movement, assumed the position of U.S. Secretary of Health and Human Services (HHS) in President Donald Trump's administration. As the founder of the Children's Health Defense, he promoted claims questioning vaccine safety, including unsupported links between vaccines and autism. His swearing-in sparked debate about the direction of U.S. health policy, particularly regarding vaccination approaches. Subsequent statements and policy positions were associated with increased visibility of contested health narratives in public discourse.

The highest spike in mentions linking vaccinations to autism was recorded in February 2025, which was connected to Robert F. Kennedy Jr.'s swearing-in as Secretary of Health. Subsequently, in March 2025 and July 2025, fragments of two interviews (conducted by John Stossel²⁴ and Tucker Carlson²⁵) circulated in the Polish-language infosphere, in which Kennedy discusses an allegedly concealed CDC study that purportedly shows a significant increase in autism risk following the hepatitis B vaccine. Another spike in mentions was noted in October 2025, following the publication of the 'Determinants of Autism Spectrum Disorder' report prepared by the McCullough Foundation.



Figure 10. Word cloud of keywords, hashtags, and emoticons related to the thread on autism caused by vaccinations in 2025. The words in the tag cloud have been left in their original Polish wording.

²³ <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>, <https://www.health.harvard.edu/mind-and-mood/what-is-autism-spectrum-disorder>, <https://www.niehs.nih.gov/health/topics/conditions/autism>, <https://news.ki.se/what-do-we-know-about-genes-and-environmental-factors-in-autism> [accessed: 13.01.2026]

²⁴ <https://www.facebook.com/JohnStossel/videos/rfk-jr-on-deficits-war-green-energy-chronic-disease-and-vaccines/537339302656543/>, verification of claims about the link between vaccinations and autism: 55:24 min, https://www.youtube.com/watch?v=w_fzlwXJZAA, see also: <https://science.feedback.org/review/rfk-jr-misrepresents-cdc-study-false-claim-hepatitis-b-vaccine-autism-link>, <https://abcnews.go.com/Health/rfk-jr-cdc-panel-casting-doubt-hepatitis-vaccine/story?id=123423585>, <https://www.aap.org/en/news-room/fact-checked/fact-checked-hepatitis-b-vaccine-given-to-newborns-reduces-risk-of-chronic-infection> [accessed: 13.01.2026]

²⁵ https://www.youtube.com/watch?v=w_fzlwXJZAA, a fragment of an interview was circulated: 6:46 min [accessed: 13.01.2026]

In November 2025, the CDC updated its webpage on the alleged link between vaccines and autism, including statements such as: ‘The claim “vaccines do not cause autism” is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism’, and ‘Studies supporting a link have been ignored by health authorities’.²⁶ The claim referenced in the first sentence contradicts the best currently available scientific evidence. Using the absence of evidence of harm as evidence of harm, or as a pretext to sow doubt, is a known manipulation technique, sometimes combined with shifting the burden of proof or demanding irrefutable evidence. The second sentence suggested that institutions responsible for public health had neglected their duties by failing to consider certain studies, yet the webpage did not specify which studies or publications were meant. These changes were subsequently used to promote the claim that the CDC ‘admits’ that vaccines are linked to autism.

False and misleading content also repeated claims already present in the infosphere before 2025, such as claims that there are no reported cases of autism in Amish communities²⁷ or that autism did not exist in Vietnam until Bill Gates introduced a vaccination program there.²⁸ Misleading formulations referring to the causes or prevalence of autism were used, e.g., ‘post-vaccination autism’, ‘mass autism’, or ‘avalanche of autism’.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative received broad support from various types of actors, including false experts, politicians, activists, as well as anonymous accounts.
Behaviour and manipulation techniques	English-language content was used, including materials presented as scientific. The narrative employed the following manipulation techniques according to the FLICC taxonomy: false experts (invoking the authority of U.S. Secretary of Health and citing unreliable studies), logical fallacies (oversimplifications), cherry picking (selective presentation of data), as well as elements typical of conspiracy theories (persecuted victim, nefarious intent).
Degree	The reach of the narrative was relatively high. The total number of mentions amounted to nearly 4,000, while the estimated reach of the narrative was 1.2 million. The content was identified across various social media platforms, including X, Facebook, Instagram, and TikTok.

²⁶ <https://www.cdc.gov/vaccine-safety/about/autism.html> [accessed: 13.01.2026]

²⁷ See: <https://www.reuters.com/article/fact-check/no-evidence-that-amish-kids-have-zero-cancer-diabetes-and-autism-idUSL1N39D0IN/>, <https://science.feedback.org/review/claim-that-the-amish-are-healthier-because-they-opt-out-of-all-vaccines-is-incorrect/>, <https://cedmohub.eu/trump-falsely-claims-amish-have-essentially-no-autism/>, <https://www.bbc.com/news/articles/cj07e3rjev2o>, <https://www.snopes.com/fact-check/the-amish-dont-get-autism/> [accessed: 13.01.2026]

²⁸ <https://factcheck.afp.com/doc.afp.com.33PX7TD> [accessed: 13.01.2026]

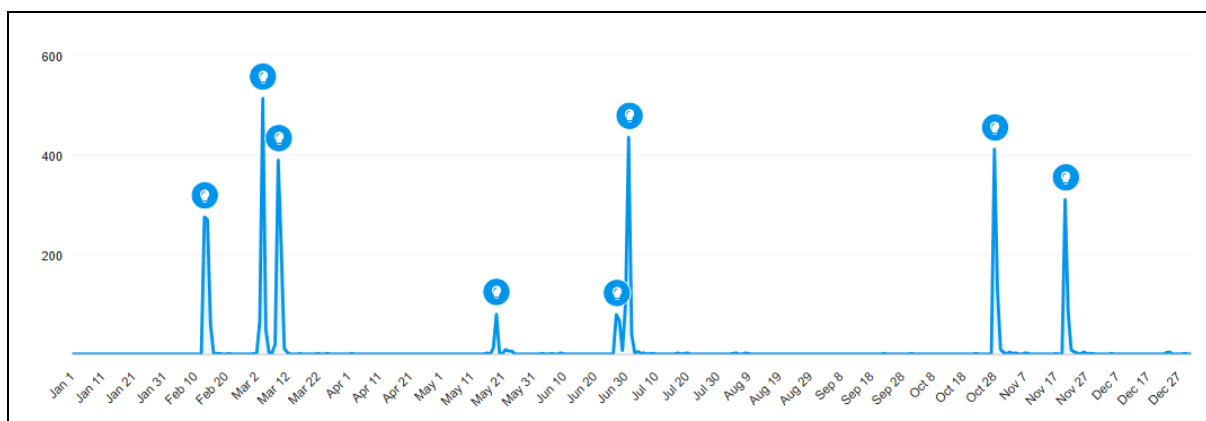


Figure 11. Occurrence of disinformation mentions regarding the link between vaccinations and autism published in the Polish-language infosphere in 2025.

Effect and possible consequences

The narrative may lead to refusal of mandatory vaccinations, which in consequence may reduce the level of herd immunity. In the long term, such narratives may increase the risk of disease outbreaks. By referring to unreliable scientific studies, the narrative may also contribute to declining trust in scientists and science.

CASE STUDY: PRESENTING UNRELIABLE CONTENT AS SCIENTIFIC INFORMATION



Figure 12. Post on platform X, beginning of the post: 'Report based on over 300 studies on the causes of autism: vaccines as the dominant risk factor.'

In October 2025, the Polish-language infosphere saw widespread promotion of the claim that vaccinations are the dominant risk factor for autism. The justification relied on the report 'Determinants of Autism Spectrum Disorder' prepared by the McCullough Foundation.²⁹ The document was described as the most comprehensive analysis of the causes of autism, covering more than 300 studies, including 136 on the relationship between vaccinations and autism. It was claimed that 107 studies confirm a link between vaccinations and autism, and the current scale of diagnoses was referred to as 'mass autism'.

The publication is not a peer-reviewed scientific work and has not been published in a scientific journal. The report was uploaded to the catch-all repository Zenodo,³⁰ which has

²⁹ <https://x.com/NicHulscher/status/1982895909668302992> [accessed: 13.01.2026]

³⁰ <https://zenodo.org/records/17451259> [accessed: 13.01.2026]

previously been used to disseminate unreliable papers questioning the safety and effectiveness of vaccines.³¹

Among the report's authors are individuals known for disseminating misleading or false vaccine-related content, including those with retracted scientific publications or disciplinary actions affecting their medical licenses, such as Andrew Wakefield³² and Peter McCullough.³³

Content of this kind regularly appears within anti-health (including anti-vaccine) narratives. The sources used vary in scientific quality, are cited without justification or in a manipulated manner, often without proper selection or methodology. Their thorough verification would require a rigorous scientific review. The report in question was critically commented on by Prof. Ernest Kuchar and Prof. Agnieszka Szuster-Ciesielska.³⁴

COVID-19 mRNA vaccinations

COVID-19 mRNA vaccines were portrayed as a form of gene therapy and a dangerous experiment allegedly threatening human health and life. The messaging emphasised that these preparations interfere with the human genetic code, leading to permanent changes in the body and severe complications. A key element of this narrative is the emphasis on possible side effects, presented usually in an exaggerated or entirely unsupported manner. Among the most frequently repeated claims are those already present in previous years, concerning, among others, a sudden increase in cancer cases referred to as 'turbo cancers',³⁵ alleged immune system impairment similar to AIDS (Vaccine Acquired Immunodeficiency Syndrome, VAIDS),³⁶ as well as numerous cases of blood clots, myocarditis, and infertility.

False and misleading content concerning COVID-19 vaccines is also frequently embedded in the context of conspiracy theories. Claims about the deliberate concealment of vaccine harms by pharmaceutical companies and state institutions reinforce the narrative of a 'Big Pharma conspiracy'. There are also narratives presenting vaccines as a dangerous experiment, a 'biological weapon', or a depopulation tool

³¹ <https://zenodo.org/records/8120771> [accessed: 13.01.2026]

³² <https://www.mp.pl/pacjent/szczepienia/sytuacje-szczegolne/59132,artykul-wakefielda-wiazacy-szczepionke-mmr-zautyzmem-byl-oszustwem> [accessed: 13.01.2026]

³³ <https://retractionwatch.com/2024/02/19/paper-claiming-extensive-harms-of-covid-19-vaccines-to-be-retracted/>, <https://www.documentcloud.org/documents/23242430-abim-decision-on-mccullough/>, <https://retractionwatch.com/2021/10/25/covid-19-vaccine-myocarditis-paper-to-be-permanently-removed-elsevier/> [accessed: 13.01.2026]

³⁴ <https://politykazdrowotna.com/artykul/raport-fundacji-mccullougha-n2122067>, <https://demagog.org.pl/wypowiedzi/autyzm-to-skutek-szczepien-nowy-raport-to-pseudonauka/> [accessed: 13.01.2026]

³⁵ See: <https://zdrowie.pap.pl/byc-zdrowym/szczepienia-na-covid-19-nie-prowadza-do-turboraka>, https://demagog.org.pl/fake_news/wadliwe-szczepionki-i-turbo-nowotwory-to-dezinformacja/, https://demagog.org.pl/fake_news/czy-szczepionki-wywolaly-fale-turbo-rakow-sprawdzamy/, <https://www.reuters.com/article/fact-check/no-evidence-covid-19-vaccines-cause-turbo-cancer-idUSL1N3340PQ/> [accessed: 13.01.2026]

³⁶ Por. <https://www.reuters.com/article/factcheck-vaids-fakes-idUSL1N2UM1C7/>, <https://apnews.com/article/fact-check-australia-study-vaccine-immunodeficiency-vaids-188567674141> [accessed: 13.01.2026]

used by global elites, the WHO, or governments (see the chapter on conspiracy theories).



Figure 13. Word cloud of keywords, hashtags, and emoticons related to the mRNA vaccination thread in 2025. The words in the tag cloud have been left in their original Polish wording.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was supported by a wide range of actors – it was spread by fake experts, politicians, activists, as well as anonymous accounts.
Behaviour and manipulation techniques	English-language content was used, including materials presented as scientific. The narrative employed the following manipulation techniques according to the FLICC taxonomy: false experts (relying on unreliable studies), logical fallacies (oversimplifications), cherry picking (selective presentation of data), and conspiracy theories (persecuted victim, nefarious intent).
Degree	The reach of the narrative was relatively high. The total number of mentions amounted to nearly 3,400. The estimated reach of the narrative was approximately 1.1 million. The content was identified across various social media platforms, including X, Facebook, Instagram, and TikTok.

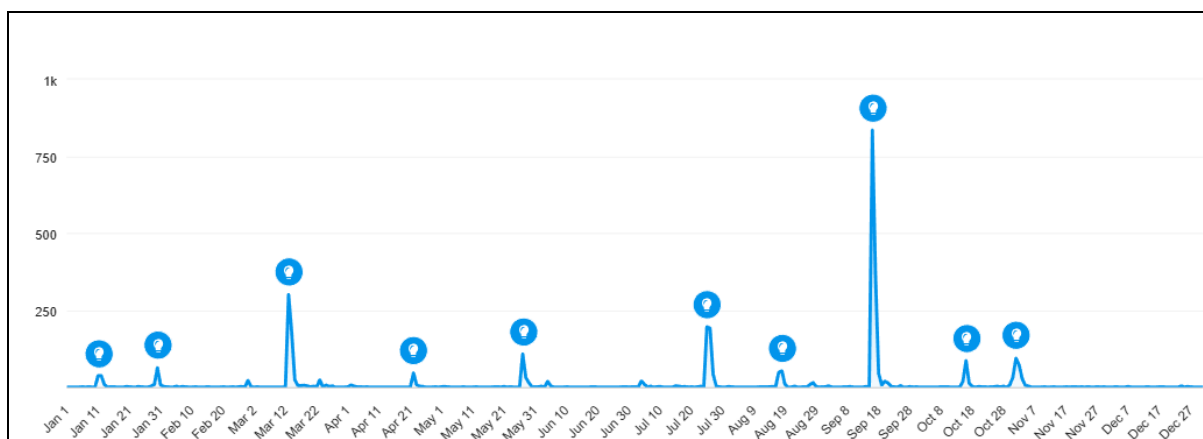


Figure 14. Occurrence of disinformation mentions regarding COVID-19 vaccinations published in the Polish-language infosphere in 2025.

Effect and possible consequences

The narrative may lead to opting out of COVID-19 vaccinations and potentially other vaccines developed using mRNA technology. The narrative has been associated with some influence on scientific research, including reports of halted federally funded research on mRNA vaccine development. Furthermore, the narrative may exacerbate social polarisation (e.g., through conspiracy threads), erode trust in public health institutions and scientists.

CASE STUDY: FALSE CAUSE

Disinformation content claimed that scientists had, for the first time in history, documented the integration of genetic material from an mRNA vaccine into the human genome,³⁷ which was presented as the cause of aggressive cancers. As the source of this information, the narrative pointed to the study 'Genomic Integration and Molecular Dysregulation in Aggressive Stage IV Bladder Cancer Following COVID-19 mRNA Vaccination', uploaded to the catch-all repository Zenodo.³⁸

³⁷ <https://x.com/NicHulscher/status/1967650643482644684> [accessed: 13.01.2026]

³⁸ <https://zenodo.org/records/17122912> [accessed: 13.01.2026]

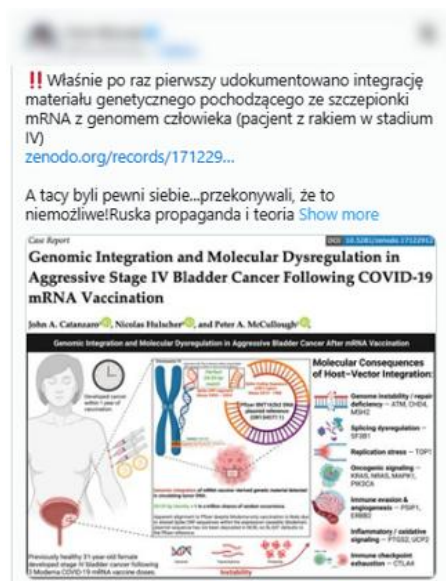


Figure 15. Post on platform X; beginning of the post: 'For the first time, the integration of genetic material derived from an mRNA vaccine into the human genome has reportedly been documented (a patient with stage IV cancer).'

Scientific content was cited in a distorted manner that implied causality. The referenced study, however, reported only a temporal association between COVID-19 vaccination and cancer diagnosis, which does not permit causal inference, particularly in the case of isolated observations. According to the current state of scientific knowledge, mRNA vaccines do not integrate into the human genome, and claims suggesting such mechanisms are not supported by evidence.³⁹ It should also be noted that the cited scientific source is a preprint that has not undergone peer review. One of the study's authors is cardiologist Peter A. McCullough, a physician who has publicly criticised COVID-19 vaccination policies and whose board certification status has been subject to professional scrutiny by the American Board of Internal Medicine.⁴⁰ The study's methodology also raises doubts. As Prof. Agnieszka Szuster-Ciesielska emphasizes, the methods used in the study are neither verified, validated,

nor widely applied in the scientific research.⁴¹

Misleading conclusions were also used to undermine the credibility of science itself and to foster further polarisation. Vaccinated individuals or more broadly, decisions based on scientific facts were referred to in a dismissive and mocking manner. The message relied on polarizing rhetoric that divides society into two opposing groups: 'us', the aware and uninfluenced by media, and 'them', those who trust authorities and are perceived as misled by them.

HPV vaccinations

HPV vaccination was one of the most frequently addressed topics in health-related misinformation in 2024. Narratives questioning its efficacy, safety, or legitimacy often circulated in response to the introduction and promotion of a universal free vaccination programme in schools.⁴² The dominant theme was the emphasis on a high risk of serious health problems in the face of uncertain and insufficiently proven benefits of receiving the vaccine. In parallel with the dissemination of disinformation targeting

³⁹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8316065/>, <https://www.reuters.com/article/fact-check/mrna-vaccines-are-distinct-from-gene-therapy-which-alters-recipients-genes-idUSL1N2PH16N/>, <https://www.reuters.com/article/fact-check/mrna-vaccines-do-not-turn-humans-into-hybrids-or-alter-recipients-dna-idUSL1N2M61HW/> [accessed: 13.01.2026]

⁴⁰ <https://www.medpagetoday.com/special-reports/features/113624>, <https://www.abim.org/verify-physician?type=name&In=McCullough&fn=Peter&d=12%2F29%2F1962> [accessed: 17.01.2026]

⁴¹ <https://x.com/AgnieszkaSzust3/status/1968185649221292446> [accessed: 17.01.2026]

⁴² <https://www.gov.pl/web/zdrowie/hpv>, <https://www.pap.pl/aktualnosci/w-szkolach-rusza-dobrowolny-program-szczepien-przeciw-hpv-leszczyna-mozemy-uratowac> [accessed: 17.01.2026]

In 2025, the topic of HPV vaccination attracted significantly less attention. From January to April 2025, the discourse was dominated by claims questioning the efficacy and safety of vaccination, including allegations of severe and long-term side effects, a perceived high risk of death following administration of the Gardasil vaccine, and claims of sterilisation of girls as a result of vaccination. References were also made to statements by the U.S. Secretary of Health, Robert F. Kennedy Jr., as well as to the 2015 Danish television production *Vaccinated Girls*. In more extreme content, narratives circulated containing allegations of child mutilation and killing, as well as depopulation.

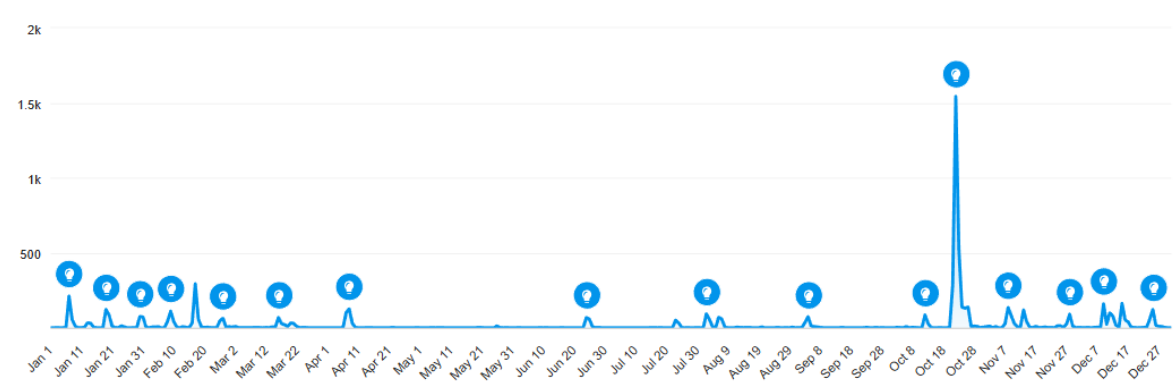
The low level of interest in the topic from May to September 2025 may be linked to the engagement of disinformation actors in a related topic, health education (see the chapter on health education). It is also possible that the small number of mentions resulted from public attention being focused on the presidential elections, followed by the holiday period.



Figure 16. Word cloud of keywords, hashtags, and emoticons related to the HPV vaccination thread in 2025. The words in the tag cloud have been left in their original Polish wording.

The increase in disinformation mentions recorded in October 2025 was linked to plans for mandatory HPV vaccinations, which sparked public debate and critical reactions from opponents of mandatory vaccinations. Disinformation actors continued to share content questioning vaccine safety, but greater reach was achieved by misleading content regarding the legal basis for the Ministry of Health's actions (see chapter on public health institutions) and claims portraying vaccinations as a form of coercion and repression, paired with calls to action opposition to the Minister of Health's draft regulation.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK

Actors	The narrative was supported by a wide range of actors – it was spread by fake experts, activists, politicians, as well as anonymous accounts.
Behaviour and manipulation techniques	English-language content was used, including materials presented as scientific. The narrative employed the following manipulation techniques according to the FLICC taxonomy: false experts (invoking the position of U.S. Secretary of Health and relying on unreliable or misrepresented sources), logical fallacies (misrepresentation, oversimplifications), cherry picking (selective presentation of data, anecdotal evidence). Disinformation content was combined with a call to action – signing a petition against mandatory HPV vaccination, justified by claims of numerous and frequent adverse events following vaccination.
Degree	The reach of the narrative was relatively high. The total number of mentions exceeded 7,000. The estimated reach of the narrative was approximately 1.6 million. The content was identified across various social media platforms, including X, Facebook, Instagram, and TikTok.
 Figure 17. Occurrence of disinformation mentions regarding HPV vaccinations published in the Polish-language infosphere in 2025.	
Effect and possible consequences	The narrative may lead to reduced uptake of HPV vaccination and the mobilisation of opposition to mandatory immunisation. Due to its strong association with criticism of the Ministry of Health, it may also contribute to a decline in trust in public institutions.

CASE STUDY: MISREPRESENTATION OF STATISTICAL DATA



Figure 18. Post on platform X, beginning of the post: 'SHOCKING! HPV vaccine Gardasil = deadly threat? NOW CONFIRMED BY THE U.S. SECRETARY OF HEALTH! 1. Mortality after Gardasil 37x higher than the risk of cervical cancer!'

Content questioning the safety of HPV vaccination included claims of a high mortality risk following immunisation. It was asserted, with reference to Robert F. Kennedy Jr., that mortality rates observed in clinical trials of the Gardasil vaccine were 37 times higher than the mortality rate from cervical cancer in the general population. However, no supporting sources were provided for this claim, making its origin difficult to trace and its validity difficult to verify.

This assertion had already been circulated in the Polish-language infosphere earlier, in 2024, and based on that data, an attempt can be made to trace the calculations.⁴³

The comparison is based on a juxtaposition of the cervical cancer mortality rate, which in the United States was 2.3 per 100,000,⁴⁴ and a rate of 85 per 100,000, allegedly derived from the leaflet for the Gardasil vaccine.⁴⁵ This calculation does indeed yield a 37-fold difference; however, two errors can be identified in the underlying reasoning: the first is

arithmetic in nature,⁴⁶ while the second involves the unjustified attribution of deaths to vaccination and the implication of a causal relationship.

It is worth noting that similar claims circulated in 2024, asserting that the manufacturer of HPV vaccines reported an expected rate of 2,500 serious adverse events per 100,000 recipients, a figure which was then contrasted with significantly lower cervical cancer incidence rates. This claim is based on an implied causal relationship that has not been established. The term 'serious side effects' used in the post likely refers to what clinical trials define as serious adverse events (SAEs). These are defined as any untoward medical occurrence in a participant receiving a medicinal product, regardless of whether a causal

⁴³ <https://archive.ph/iiu89> [accessed: 14.01.2026]

⁴⁴ Currently, it stands at 2.1; however, data from the last decade oscillate between 2.2 and 2.3. See: <https://seer.cancer.gov/statfacts/html/cervix.html> [accessed: 14.01.2026]

⁴⁵ <https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/Package-Insert---Gardasil.pdf> [accessed: 14.01.2026],

⁴⁶ It is unclear how the rate of 85 per 100,000 was calculated, as it does not correspond to the proportional calculation of 40 deaths in a group of 29,323 people. Additionally, disinformation content mentioned another rate of approx. 65 per 100,000, but this was not the basis for the calculations. See: 'In clinical trials of the Gardasil vaccine, 40 deaths were recorded in groups exposed to the vaccine, aluminum-containing "placebo", or a solution containing polysorbate 80 and borax. Although about half of the deaths were related to accidents or suicides, among the remaining fatal cases (~65/100,000), many causes of death - such as sepsis, cardiac events, and autoimmune diseases - could likely be linked to the vaccine', <https://archive.ph/iiu89> [accessed: 14.01.2026]

relationship with the treatment has been established.⁴⁷ The vaccine manufacturer reports that during studies of Gardasil 9 (the 9-valent vaccine), such events occurred in 2.3% of participants, and in studies of Gardasil - 2.5%,⁴⁸ which corresponds to the calculation of 2,500 cases per 100,000 people. However, the manipulation lies in the use of the term 'side effects', which suggests a causal link between the vaccine and the serious event.

Tuberculosis vaccinations

In 2025, the safety and effectiveness of tuberculosis vaccines were called into question on social media. The popularity of this topic stemmed largely from online discussions initiated by anti-vaccine activists. They relied on anecdotal evidence describing alleged adverse events following immunization (AEFIs).

A significant event that influenced the discourse on social media was the meeting of the Parliamentary Group for the Protection of Life and Health of Poles on 16 December 2025. The topic of the meeting was: "Mandatory tuberculosis" a side effect of forced vaccinations'. The meeting was attended by anti-vaccination activists and a mother invited by them whose child was said to have experienced an adverse reaction following a tuberculosis vaccination.

The main claim made by the anti-vaccination movement was the narrative claiming that the BCG vaccine itself leads to the development of tuberculosis, referred to as post-vaccination tuberculosis or bone tuberculosis. The vaccine was also portrayed as ineffective. To support this claim, it was argued that the decline in tuberculosis incidence occurred before the introduction of vaccination, or epidemiological data from Germany and Poland were compared, emphasizing that in Germany this vaccination is optional.

Mandatory tuberculosis vaccination, like other vaccines in the mandatory vaccination schedule, was presented as forced vaccination. This is not true – the use of direct coercion in vaccination in Poland is only possible in cases of a threat to public health, as described in Article 36 of the Act on Preventing and Combating Infections and Infectious Diseases in Humans.⁴⁹ The use of this term in reference to mandatory vaccinations is intended to create in audiences a sense that their civil liberties are being violated, and consequently leading to provoke outrage and opposition. This narrative has a long history – as early as 2012, the Chief Sanitary Inspector addressed it.⁵⁰

The message used narratives typical of vaccination in general and was characterised by epistemic relativism, mainly through an individual perception of risk. It referred to freedom-based arguments ("there

⁴⁷ <https://pacjentwbadaniach.abm.gov.pl/pwb/moj-udzial-w-badaniu/dzialania-niepozadane/197,Dzialania-i-zdarzenia-niepozadane-w-trakcie-badania-klinicznego.html> [accessed: 14.01.2026]

⁴⁸ https://www.merck.com/product/usa/pi_circulars/g/gardasil_9/gardasil_9_pi.pdf [accessed: 14.01.2026]

⁴⁹ Dz.U. 2008 nr 234 poz. 1570

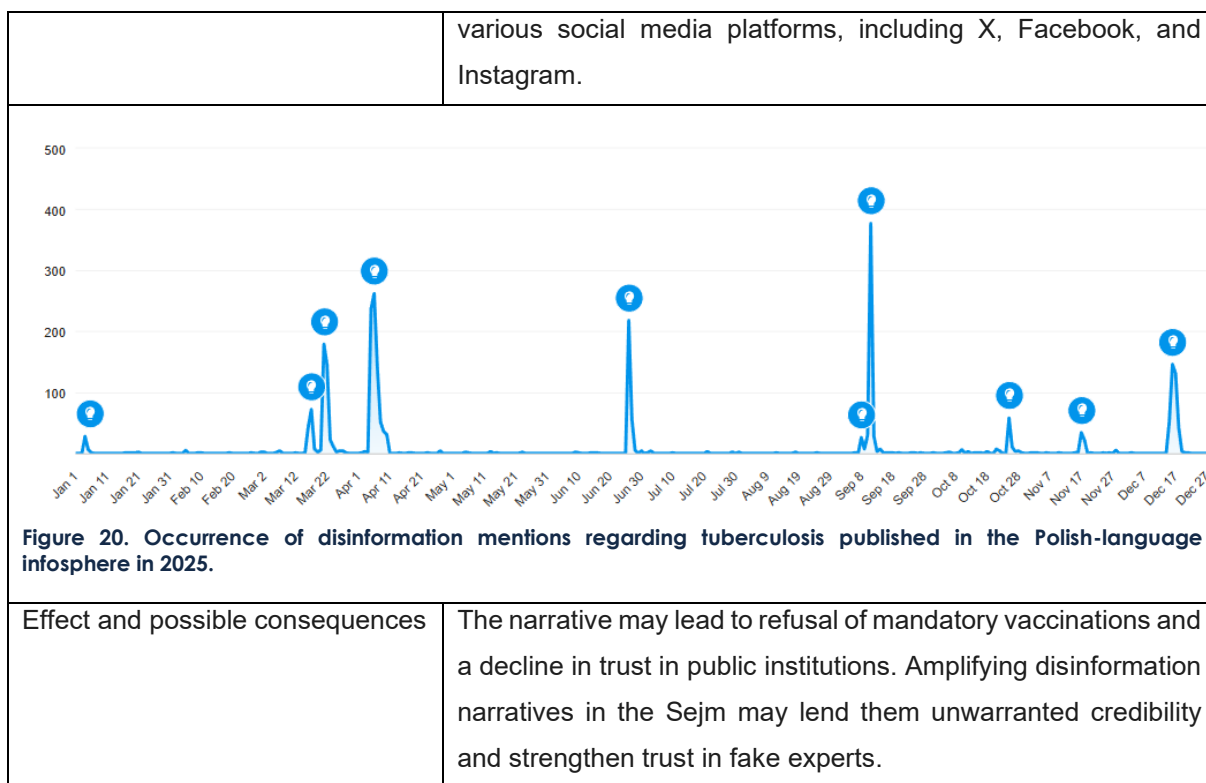
⁵⁰ <https://www.rynekzdrowia.pl/Uslugi-medyczne/GIS-obowiazek-szczepien-nie-jest-rownoznaczny-z-przymusem,121239,8.html>

is risk, there must be choice'), and created a sense of fear for children's health, and emphasised the need to take action to protect them ('let's protect children').



Figure 19. Word cloud of keywords, hashtags, and emoticons related to the tuberculosis vaccination thread in 2025. The words in the tag cloud have been left in their original Polish wording.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread by activists, fake experts, and politicians, and to a lesser extent also by anonymous disinformation actors.
Behaviour and manipulation techniques	The narrative placed particular emphasis on the risk of post-vaccination tuberculosis and severe complications. In content discussing the decline in incidence before the introduction of vaccination, the following manipulation techniques were used according to the FLICC taxonomy: fake experts (citing a doctor who had been suspended from practising medicine for a year), logical fallacies (misrepresentation, oversimplifications), cherry picking (selective presentation of data, anecdotal evidence), and conspiracy theories (nefarious intent).
Degree	The reach of the narrative was moderate; however, it additionally gained visibility through the discussion of the topic within the work of the Parliamentary Group for the Protection of Life and Health of Poles. The total number of mentions amounted to approximately 2,600. The estimated reach of the narrative was nearly 1 million. The content was identified across



CASE STUDY: SYNERGY BETWEEN ACTIVIST AND POLITICAL ACTIONS



Figure 21. Post on the X platform sharing a recording of a press conference in the Sejm related to the meeting of the Parliamentary Team for the Protection of Life and Health of Poles on 16 December 2025; excerpt from the post: "Mandatory tuberculosis", that is a side effect of forced vaccinations.'

On 16 December 2025, a meeting of the Parliamentary Group for the Protection of Life and Health of Poles took place. The topic of the meeting, proposed by a lawyer acting on behalf of the anti-vaccination movement, was titled 'Mandatory tuberculosis vaccination, i.e. a side effect of forced vaccinations'. This is an example of a recurring pattern of collaboration between activists and a political movement, in which one party grants activists access to a meeting on the floor of the parliament, while the other provides content, fake experts, and views on its channels. On the day of the meeting, a press conference was organised and the session was broadcast. The narratives disseminated in numerous videos are lent credibility by the venue where they are presented – the Sejm building. The meetings feature so-called 'experts' affiliated with the anti-vaccination

movement, as well as parents who share personal stories intended to illustrate the issue at hand and

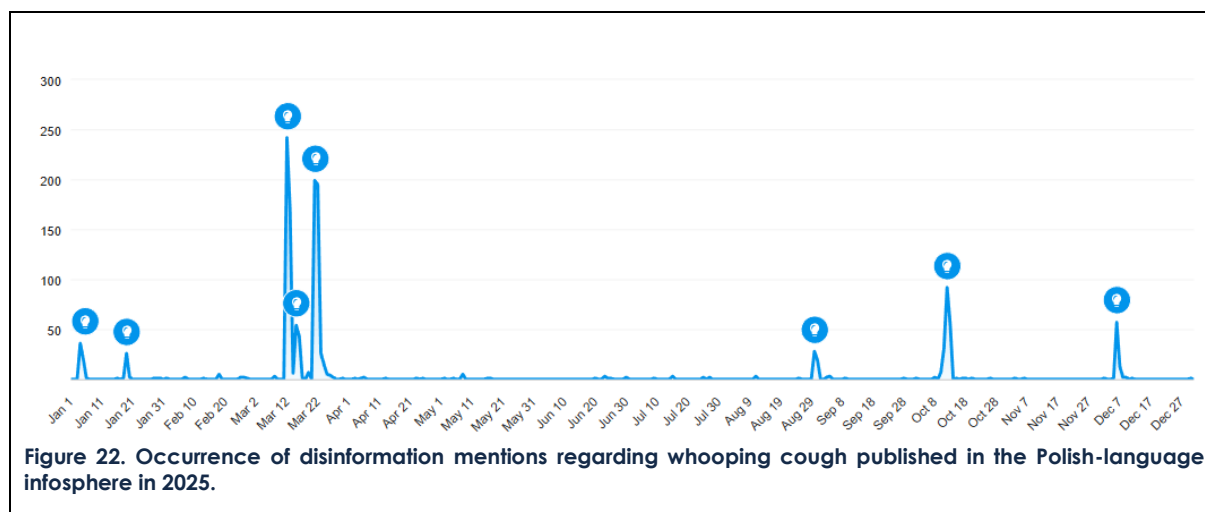
make the message more emotionally compelling. In the case described, the title of the meeting alone introduces two disinformation narratives – the first concerns the alleged forced nature of vaccinations, while the second suggests a danger associated with vaccination, in which the act of vaccination is equated with contracting tuberculosis.

Whooping cough

In 2025, one of the main narratives surrounding whooping cough centred on the alleged misrepresentation of the disease's incidence in Poland. The media were allegedly manipulating epidemic data to portray the disease as a growing threat, which was then supposed to influence decisions to get vaccinated based on false premises. Vaccinations were also portrayed as ineffective, and their introduction as unjustified, a popular argument used to this end was that the decline in incidence had occurred even before the introduction of vaccinations, thanks to adherence to hygiene rules. Vaccines were further portrayed as a threat to health and life, with claims that receiving them led to deaths.

Regardless of downplaying the scale of the whooping cough threat and disseminating the narratives described above, the information space also featured threads linking the increase in cases to migrants and Ukrainian refugees, portrayed as the supposed cause of the rising number of cases.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread by fake experts, activists, and anonymous disinformation actors.
Behaviour and manipulation techniques	The narrative employed the following manipulation techniques according to the FLICC taxonomy: fake experts, logical fallacies (misrepresentation, oversimplifications), impossible expectations, and cherry picking (selective presentation of data, anecdotal evidence).
Degree	The reach of the narrative was moderate. The total number of mentions exceeded 1,300. The estimated reach of the narrative was approximately 765,000. The content was identified across various social media platforms, including X, Facebook, and Instagram.



Effect and possible consequences

The narrative may lead to opting out of mandatory vaccinations and a decline in trust in public institutions. Linking the increase in whooping cough cases to migrants from Ukraine may intensify xenophobic attitudes and polarise public debate.

CASE STUDY: IMPOSSIBLE EXPECTATIONS

To demonstrate the ineffectiveness of vaccinations, the author employs a tactic that distorts the very concept of effectiveness. The author argues that alleviating the symptoms of infection, which is the

Ciekawy artykuł o krztuścu. I to na Wyborczej...

👉 Dzięki szczepieniu przeciw krztuścowi osoby zaszczepione chorują lekko, więc zarażają całą populację, czyli mamy "sukces szczepień". 🙌👉

👉 Dzieciom w Polsce podaje się obowiązkowo bardziej niebezpieczną szczepionkę pierwszej generacji, która ma cięższe i częstsze skutki uboczne. Za mniej niebezpieczną szczepionkę drugiej generacji rodzice muszą sobie sami zapłacić. 🙄

👉 Dorośli nie doszczepiają się regularnie co 10 lat, choć powinni. Czyli każdy dorosły Polak, który nie chce się doszczepiać co 10 lat przeciw krztuścowi, jest "antyszczepem". 🙄

wiadomosci.gazeta.pl/wiadomosci/7,1...

Figure 23. Post on platform X, excerpt from the post: 'Thanks to the pertussis vaccination, vaccinated people get only mildly ill, so they infect the entire population, i.e. we have a "vaccination success".'

desired effect of vaccination, is an insufficient outcome and proof that the expected 100% protection against the disease is lacking. This manipulation can be described as an eristic technique that takes the form of attacking a straw man and is based on unrealistic expectations.

Diphtheria

The topic of diphtheria was frequently discussed in March 2025, when the media reported on a 6-year-old child in serious condition at a hospital in Wrocław with a confirmed diphtheria infection. As in the case of pertussis, disinformation posts on social media accused the media of manipulating audiences to create a sense of danger. It was claimed that in reality there was no reason for concern and that the only purpose of raising the issue was to generate demand for vaccinations, often framed as serving the interests of pharmaceutical companies or as an attempt to use up vaccine batches stored in warehouses. A presidential candidate also addressed the topic of diphtheria, blaming the anti-vaccine movement and rival candidates sympathetic to it for the alleged threat. Her social media post triggered a wave of comments, including from false experts, who used the situation to construct a siege mentality narrative.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread by fake experts, activists, and anonymous disinformation actors.
Behaviour and manipulation techniques	The narrative referred primarily to the media discourse surrounding the diphtheria case in Poland. In content discussing the decline in incidence before the introduction of vaccination, the following manipulation techniques were used according to the FLICC taxonomy: fake experts (citing a doctor who had been suspended from practising medicine for a year), logical fallacies (misrepresentation,

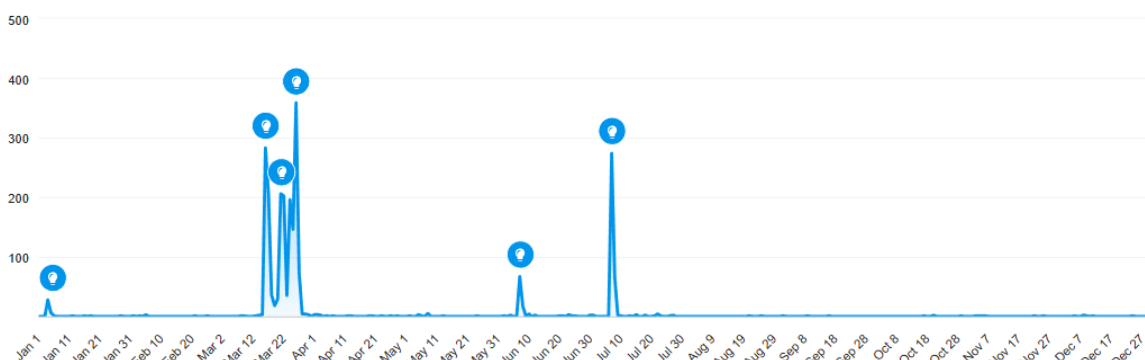
	oversimplifications), cherry picking (selective presentation of data, anecdotal evidence), and conspiracy theories.
Degree	The reach of the narrative was moderate. The total number of mentions was approximately 2,200. The estimated reach of the narrative was nearly 1 million. The content was identified across various social media platforms, including X, Facebook, and Instagram.
 Figure 24. Occurrence of disinformation mentions regarding diphtheria published in the Polish-language infosphere in 2025.	
Effect and possible consequences	The narrative may lead to opting out of mandatory vaccinations and a decline in trust in public institutions. Theories about alleged economic motivations reinforce conspiracy thinking tendencies.



Figure 25. Word cloud of keywords, hashtags, and emoticons related to the diphtheria vaccination thread in 2025.
The words in the tag cloud have been left in their original Polish wording.

Influenza vaccinations

Just like with other infectious diseases, in the case of influenza, the media were also accused of deliberately exaggerating the threat posed by the disease. There were also accusations that society was intentionally scared with a non-existent threat to increase stress levels, which would ultimately weaken citizens' immune systems and expose them to disease development. Another alleged reason was acting in the financial interest of pharmaceutical companies. These posts were characterised by conspiracy thinking. Vaccine effectiveness was presented as negligible, and side effects were claimed to be underestimated. It was suggested that people vaccinated against influenza are more susceptible to contracting the disease. A healthy lifestyle was portrayed as an effective alternative to vaccination for maintaining the immune system.

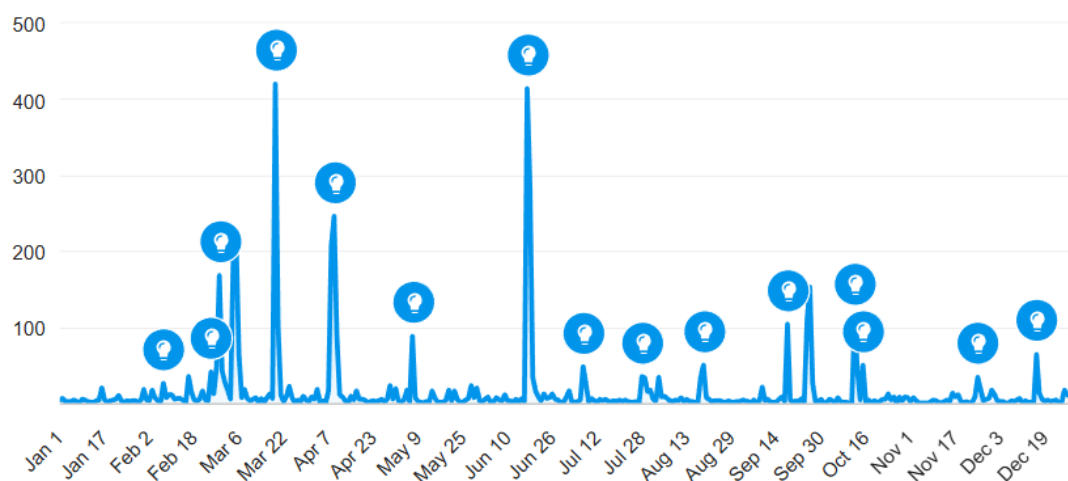


Figure 26. Occurrence of disinformation mentions regarding influenza vaccinations published in the Polish-language infosphere in 2025.



Figure 27. Word cloud of keywords, hashtags, and emoticons related to the influenza vaccination thread in 2025. The words in the tag cloud have been left in their original Polish wording.

CASE STUDY: REPORTING ON THE FLU SEASON AS A SIGN OF A CONSPIRACY

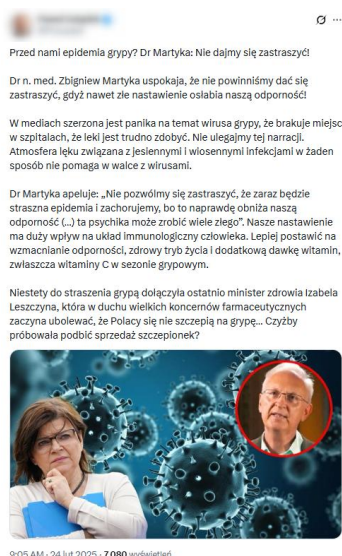


Figure 28. Post on platform X, excerpt from the post: ‘Unfortunately, Health Minister Izabela Leszczyna has recently joined the flu scare tactics, echoing the sentiments of large pharmaceutical companies by lamenting that Poles aren’t getting vaccinated against the flu. Could she be trying to boost vaccine sales?’

Posts downplaying the risk of infection frequently promoted conspiratorial thinking. The media and publicly speaking health experts were portrayed as part of a global plot aimed at intimidating citizens and harming public health in the interest of pharmaceutical companies. In contrast to mainstream reporting, the narrative highlighted the statement of a doctor active in the anti-vaccine movement, presented as calming and suggesting that caring for mental health and strengthening immunity through vitamin C supplementation was an effective alternative to vaccination. The post concluded with a leading question implying bad intentions on the part of the Ministry of Health.

Preventive and diagnostic examinations

The observed trend of undermining trust in the credibility, effectiveness, safety, and rationale of conducting preventive and diagnostic tests should be considered a particular threat to public health. It targets a broad population of asymptomatic individuals, as well as oncology patients and those with chronic illnesses. Consequently, it may lead to opting out of screening tests, thereby contributing to delayed diagnosis and treatment initiation in the late stages of disease, when the chances of effective therapy are lower. In the case of patients with diagnosed conditions, it may result in not starting or abandoning already initiated treatment. These narratives, by simultaneously eroding trust in conventional medicine, foster the creation of an audience interested in pseudomedical therapies. These individuals may in turn generate future demand for supplements sold online.

Mammography

False information about the effectiveness and safety of mammography screenings draws on a long-standing fake news item circulating in the Polish-language infosphere, claiming that Switzerland was supposedly the first country to ban this procedure. This myth originates from a 2013 recommendation by the Swiss Medical Board, which advised against introducing new screening

programmes and limiting the existing ones.⁵¹ However, the Board served solely as an advisory body, and its recommendations were met with broad criticism from the medical community. Ultimately, the Federal Office of Public Health continued to recommend mammography screening. Switzerland does not have a nationwide screening programme – these decisions are made individually by each canton.⁵²

This narrative is accompanied by a wide range of related subtopics. The overall message is highly elaborate and is reproduced in an almost unchanged form in many languages, despite the presence of numerous fact-checking articles online. Similar posts could be found in, among others, French^{53,54}, Slovak⁵⁵, Finnish⁵⁶, and Spanish.⁵⁷ These reports were debunked by AFP's English-language⁵⁸, Croatian⁵⁹, Czech⁶⁰, German⁶¹, Greek⁶², Portuguese⁶³, and Dutch⁶⁴ branches, as well as by the Croatian Faktograf⁶⁵, Turkish Doğruluk Payı⁶⁶, Romanian Factual⁶⁷, Catalan Verificat⁶⁸, Bolivian Bolivia Verifica⁶⁹, and the U.S. editorial team of USA Today.⁷⁰

One of the themes accompanying this narrative was the claim that mammography produces 50–60% false-positive results, allegedly causing unnecessary stress for healthy patients. In reality, the cumulative risk of receiving at least one false-positive result for women who begin screening at age 50 and undergo ten screening rounds is 20%.⁷¹ A false positive result is presented in posts as a definitive diagnosis of breast cancer. However, according to scientific literature, a false positive mammography

⁵¹

https://www.swissmedicalboard.ch/index.php?id=70&no_cache=1&tx_news_pi1%5Bnews%5D=38&cHash=e7bda81cbe977e8cee5d3f51cd8ce547 [accessed: 06.02.2026]

⁵² Gutzeit, A., Dubsky, P., Matoori, S., Plümecke, T., Froehlich, J. M., Bech-Hohenberger, R., ... & Diebold, J. (2024). Breast cancer in Switzerland: a comparison between organised-screening versus opportunistic-screening cantons. *ESMO open*, 9(10), 103712. [accessed: 06.02.2026]

⁵³ <https://archive.ph/Z32KA> [accessed: 15.02.2026]

⁵⁴ <https://perma.cc/MQ4V-22J5> [accessed: 15.02.2026]

⁵⁵ <https://perma.cc/VL5D-9HJN?type=image> [accessed: 15.02.2026]

⁵⁶ <https://perma.cc/UU43-NX5R> [accessed: 15.02.2026]

⁵⁷ <https://perma.cc/C2HD-Z2AB?type=image> [accessed: 15.02.2026]

⁵⁸ <https://factcheck.afp.com/doc.afp.com.34TP33W> [accessed: 15.02.2026]

⁵⁹ <https://provjeracinjenica.afp.com/doc.afp.com.34U99AM> [accessed: 15.02.2026]

⁶⁰ <https://napravoumiru.afp.com/doc.afp.com.34697W2> [accessed: 15.02.2026]

⁶¹ <https://faktencheck.afp.com/doc.afp.com.34VB4KT> [accessed: 15.02.2026]

⁶² <https://factcheckgreek.afp.com/doc.afp.com.346364R> [accessed: 15.02.2026]

⁶³ <https://checamos.afp.com/doc.afp.com.346F49Z> [accessed: 15.02.2026]

⁶⁴ <https://factchecknederland.afp.com/doc.afp.com.348G7LG> [accessed: 15.02.2026]

⁶⁵ <https://faktograf.hr/2023/10/30/mamografija-je-najvaznija-slikovna-metoda-za-rano-otkrivanje-raka-dojke/> [accessed: 15.02.2026]

⁶⁶ <https://www.dogrulukpayi.com/dogruluk-kontrolu/isvicre-mamografiyi-yasakladi-mi> [accessed: 15.02.2026]

⁶⁷ <https://www.factual.ro/dezinformati-rs/fals-intre-60-si-70-din-rezultatele-pozitive-la-mamografie-ar-fi-incorecte-si-ar-duce-la-diagnostic-false/> [accessed: 15.02.2026]

⁶⁸ <https://www.verificat.cat/es/mamografias-no-provocan-cancer-como-afirman-mensajes-virales-salvan-vidas/> [accessed: 15.02.2026]

⁶⁹ <https://boliviaverifica.bo/suiza-no-prohibio-las-mamografias/> [accessed: 15.02.2026]

⁷⁰ <https://eu.usatoday.com/story/news/factcheck/2024/06/13/mammograms-banned-switzerland-fact-check/74005275007/> [accessed: 15.02.2026]

⁷¹ Román, M., Hofvind, S., von Euler-Chelpin, M. *et al.* Long-term risk of screen-detected and interval breast cancer after false-positive results at mammography screening: joint analysis of three national cohorts. *Br J Cancer* **120**, 269–275 (2019). <https://doi.org/10.1038/s41416-018-0358-5> [accessed: 06.02.2026]

result occurs when a patient with an abnormal result is referred for further diagnostic testing, and this testing does not confirm the diagnosis or shows that the detected changes are benign.

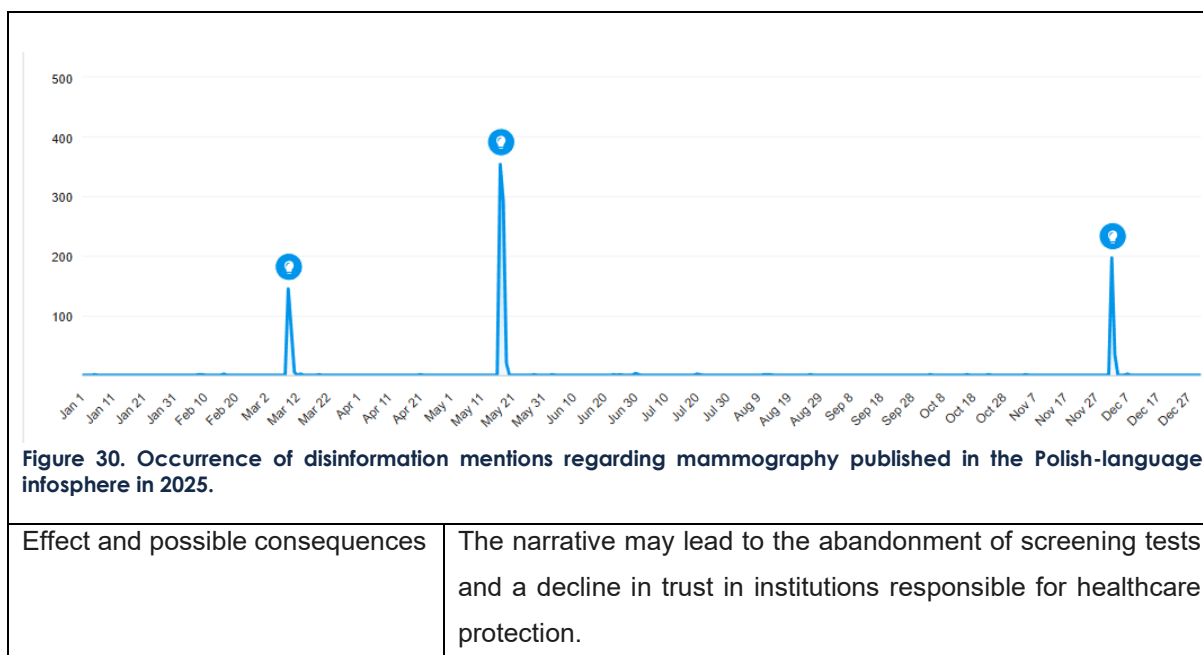
It is also suggested that mammography stimulates tumour growth and the spread of metastases, or even causes breast cancer in healthy women. This narrative exploits fear of ionizing radiation, which in sufficiently high doses has carcinogenic effects. However, posts omit the context of safe dosage levels.

The aim of the narrative is not only to discourage women from undergoing regular screening. In a broader perspective, it is yet another narrative that undermines citizens' trust in institutions responsible for public health.



Figure 29. Word cloud of keywords, hashtags, and emoticons related to the mammography thread in 2025. The words in the tag cloud have been left in their original Polish wording.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread primarily by anonymous disinformation actors.
Behaviour and manipulation techniques	The narrative most frequently referred to fake news about mammography screening in Switzerland. In content invoking scientific studies on the effectiveness and safety of mammography, the manipulation techniques used – according to the FLICC taxonomy – consisted primarily of logical fallacies (misrepresentation).
Degree	The reach of the narrative was relatively small. The total number of mentions was just over 1,000. The estimated reach of the narrative was 350,000.



CASE STUDY: FALSE ALTERNATIVE



Figure 31. Post discouraging the use of mammography tests published on the Facebook platform. Excerpt from the post: 'Switzerland has made a great decision. What instead of mammography? Non-invasive thermography, of course.'

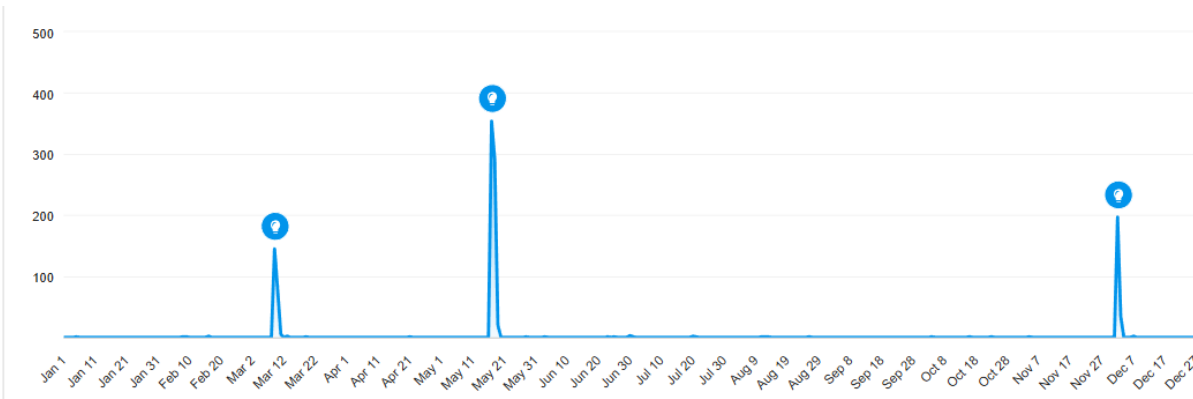
Most posts repeating this narrative leave audiences without any information about possible alternatives. An exception is a Facebook post published on a page run by a naturopath, which used a popular piece of fake news to promote thermography services. A reader might interpret the offered service as an effective alternative to mammography; however, thermography can at best serve as a supplementary method and should not replace recommended screening tests. Using thermographic methods instead of evidence-based screening carries a high risk of missing early-stage cancer, thereby reducing the chances of effective treatment.⁷²

Biopsy

On social media, a small number of low-reach narratives were also observed regarding biopsies, which were claimed to stimulate metastasis in cancer patients. A few posts additionally presented tumours as

⁷² <https://pulsmedycyny.pl/medycyna/onkologia/termografia-nie-jest-uznana-metoda-wykrywania-raka-piersi/>

the body's way of containing toxins, and that disturbing them would interrupt the healing process and cause the spread of 'poison'. Despite their limited reach, this topic deserves attention as an example of a narrative that poses a threat to the safety of cancer patients.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was primarily disseminated by anonymous disinformation actors, including accounts spreading conspiracy theories.
Behaviour and manipulation techniques	The narrative most often repeated English-language content. According to the FLICC taxonomy, the techniques used consisted primarily of appeals to false experts and conspiracy theories (nefarious intent).
Degree	The reach of the narrative was relatively small. The total number of mentions was approximately 350. The estimated reach of the narrative was 200,000.
 Figure 32. Occurrence of disinformation mentions regarding biopsy published in the Polish-language infosphere in 2025.	
Effect and possible consequences	The narrative may lead to opting out of tests and a decline in trust in public institutions.

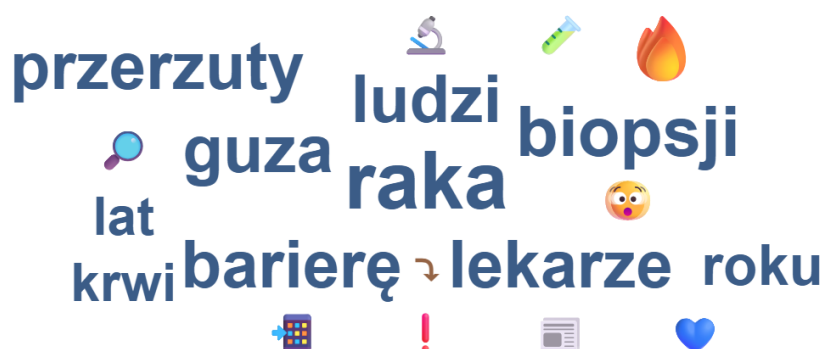


Figure 33. Word cloud of keywords, hashtags, and emoticons related to the biopsy thread in 2025. The words in the tag cloud have been left in their original Polish wording.

Blood pressure norms

Low-reach posts were observed claiming that blood pressure norms are deliberately lowered in order to force people into regularly buying and taking antihypertensive medication for many years. The narrative assumes that decisions made by the WHO or other institutions are driven not by patient welfare but by nefarious intentions aligned with the interests of pharmaceutical companies. This narrative not only exposes patients to the risk of abandoning treatment, thereby endangering their health and lives, but, in a broader perspective, represents yet another attempt to undermine trust in public institutions.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	Both anonymous accounts and some media representatives were involved in spreading the narrative.
Behaviour and manipulation techniques	Institutions were frequently attacked in the narrative. According to the FLICC taxonomy, the techniques used consisted primarily of conspiracy theories (nefarious intent).
Degree	The reach of the narrative was relatively small. The total number of mentions was approximately 500. The estimated reach of the narrative was 295,000.

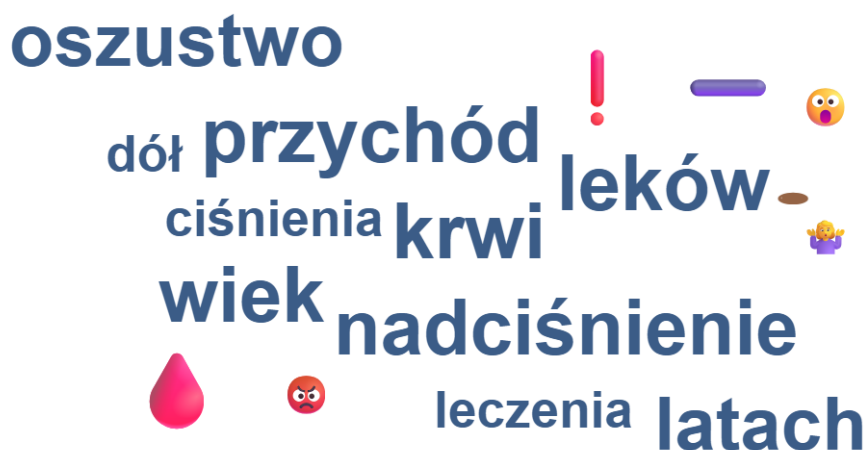
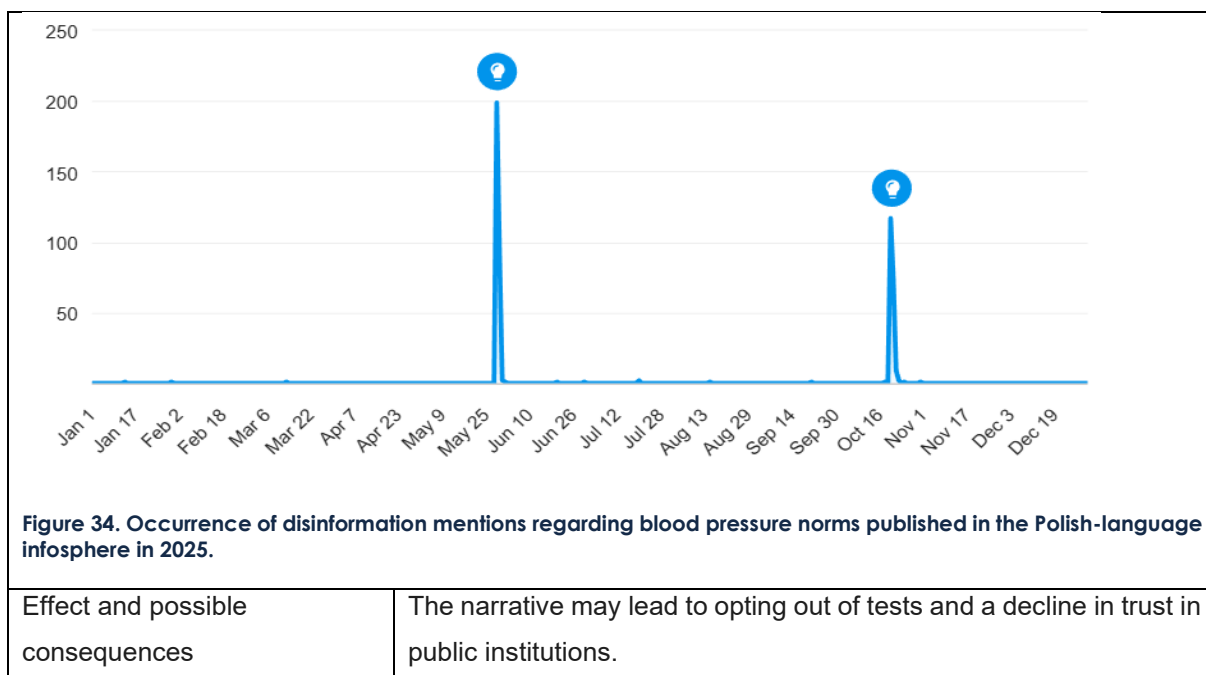


Figure 35. Word cloud of keywords, hashtags, and emoticons related to the blood pressure norms thread in 2025. The words in the tag cloud have been left in their original Polish wording.

Cancerous diseases

The topic of cancer is frequently taken up by disinformation actors. This may be due to the significant potential it holds. The prospect of a possible cancer diagnosis evokes fear in audiences. Cancer is associated with burdensome treatment and a slow process of dying. At the same time, it represents a danger that can affect anyone, regardless of age, health condition, or social status. The topic also does not feel distant, oncological diseases cover a wide spectrum and are a common cause of death, which

means there is a high likelihood that the audience has had someone with cancer among their close acquaintances. Direct contact with the disease can make the audience more receptive.

Four distinct categories of disinformation narratives related to cancer were identified. The first category includes conspiracy-theory posts claiming that a drug is being withheld from the public. The second category comprises posts that undermine the public's trust in standard cancer treatments (chemotherapy and radiation therapy). The third category includes posts offering alternative cancer therapies. The fourth category comprises posts that question the aetiology or nature of cancer.

Mammography screenings, which overlap with this chapter, are described in the section on prevention (see the chapter on preventive and diagnostic examinations).

Hidden cancer cure

Cancer and oncological treatment are frequent subjects of conspiracy theories. This may stem from a lack of understanding of the complexity of the topic and the need for an individualised approach to patient care. Audiences often expect a simple solution – a single ‘cure for cancer’. For similar reasons, the topic is widely covered in the media, which can heighten frustration among audiences who may struggle to understand why cancer patients continue to die despite having encountered reports about a ‘new cancer cure’. In this context, it may seem more intuitive to accept the explanation that a cure does exist but is being hidden from the public as part of a conspiracy. Posts in this category are a textbook example of conspiratorial thinking. The role of the villain with nefarious intentions is played by elites or the pharmaceutical industry, who are said to be hiding an effective cancer cure for their own benefit or for their own use. According to the 2024 Eurobarometer survey⁷³, as many as 47% of surveyed Poles agreed with the statement that a cure for cancer exists but is being hidden from the public due to commercial interests. However, this result was below the European average, which stood at 55%.

Chemotherapy and radiotherapy

Posts in this category aim to present oncology treatments aligned with EBM as ineffective or even dangerous for patients' health. The threat posed by cancer is sometimes downplayed. In this framing, it is not the cancer that leads to patients' deaths, but the treatment itself. A recurring disinformation narrative concerned claims that cancer metastases are stimulated by chemotherapy. Oncological treatment is portrayed as a tool of Big Pharma used to ensure continuous profits, while oncologists are presented as lacking competence.

⁷³ <https://europa.eu/eurobarometer/surveys/detail/3227>

Pseudomedical therapies

The narratives in this category offered viewers simple solutions to a serious health problem, often presenting them as natural (and therefore safe) and effective. Sometimes these methods were kept hidden from the public, or were among those that ‘your doctor won’t tell you about.’

Among the remedies mentioned were drugs such as ivermectin and hydroxychloroquine, whose popularity in disinformation narratives dates back to the COVID-19 pandemic, as well as propranolol. Supplements included vitamin D3, vitamin C, vitamin B17, and melatonin. Numerous narratives also featured natural-origin substances such as graviola leaves, horseradish, stevia extract, honey, red clover, sweet wormwood, green walnut husk, dandelion, and apricot kernels (as a source of amygdalin).

Some disinformation posts undermined the scientific consensus on the aetiology and nature of cancer. They portrayed cancer as a metabolic disorder and proposed treating it with a ketogenic diet and ‘body alkalisation’, including the use of apple cider vinegar or baking soda. Some posts denied the role of genetic factors in oncogenic processes. A particularly distinctive group of posts presented tumours as encapsulated parasites. In this narrative, effective treatment was said to involve antiparasitic drugs such as ivermectin, fenbendazole, and mebendazole, as well as methylene blue.

The total reach of disinformation content concerning cancer diseases was not estimated due to the broad thematic scope and the difficulty of predicting possible keywords, particularly in relation to substances promoted as ‘alternative’ treatments.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread mainly by anonymous disinformation accounts.
Behaviour and manipulation techniques	By spreading these narratives, existing conspiracy theories were reinforced. English-language texts and video materials were used and translated into Polish. Content generated with AI was also cited. According to the FLICC taxonomy, the following manipulation techniques were employed: false experts (invoking the authority of a doctor or celebrity), anecdotal evidence, logical fallacies (oversimplifications), and conspiracy theories (nefarious intent, excessive suspicion).
Effect and possible consequences	The narrative largely focuses on promoting conspiratorial thinking, weakening trust in evidence-based medicine (EBM) and in physicians themselves – by undermining both their intentions and their competence. By questioning the aetiology of oncological diseases, it may lead to downplaying the threat. Undermining the effectiveness and safety of

	conventional treatment can discourage cancer patients from pursuing effective therapy. Narratives that erode trust in recognised treatment methods may also serve as a form of priming audiences for content promoting pseudomedical therapies. These narratives pose a direct threat to patient health, leading to delayed treatment or its complete abandonment.
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CASE STUDY: REFERENCE ERROR



Figure 36. Post on platform X referencing a statement generated using OpenAI. Post content: 'Chemotherapy and the oncology industry through the eyes of AI.'

An example of material using content generated by artificial intelligence was a recording of a statement produced by OpenAI. Its message questioned the safety and effectiveness of chemotherapy. According to the AI model, the substances used in treatment were supposedly identical to those employed as chemical warfare agents during World War II. The use of chemotherapy, presented as unsafe and ineffective, was framed as being motivated solely by the profit interests of the pharmaceutical industry, fitting neatly into the broader Big Pharma conspiracy narrative. The AI model proposed alternative forms of therapy, such as immunotherapy, but also vitamin protocols, diets, and light and sound therapy. These, however, were said to be downplayed or censored due to their alleged lack of patentability. Notably, the fact that the source of the information was artificial intelligence was not concealed from the audience, suggesting that the creator assumed AI would be perceived as a credible source in the eyes of viewers.

Reproductive health and abortion

Issues related to reproductive health – particularly women's health – and abortion remained a significant area of disinformation activity throughout the analysed period. A clear increase in the intensity of such content was observed in August and December 2025, linked to the public attention surrounding the case

of Dr Gizela Jagielska. Dr Gizela Jagielska is a Polish gynaecologist who openly assists women in obtaining abortions and speaks publicly about her work. Until winter 2025, she worked at the District Hospital Complex in Oleśnica, where so-called pro-life activists regularly held protests. In anti-choice messaging, she was accused of ‘killing children’, and in extreme cases subjected to antisemitic slurs and dehumanising language, despite the fact that the procedures she performed were compliant with the applicable legal framework.

Emotional language and offline mobilisation

The analysis of the material indicates that the dominant feature of the narratives concerning abortion was emotionally charged messaging. Abortion was regularly described as ‘murder’, ‘genocide’, ‘infanticide’, or a ‘barbaric’ act, and in extreme cases compared to the Holocaust or the biblical Massacre of the Innocents. In this type of content, hyperbolic historical analogies were frequently employed, including comparisons between abortions figures and the actions of Hitler or Stalin.

These messages portrayed women’s right to safe and legal healthcare as an expression of the so-called ‘civilisation of death’. This emotional rhetoric was frequently accompanied by direct calls to action, such as organising pickets and demonstrations outside medical facilities carrying out legal procedures. These messages thus went beyond the online sphere and could generate a chilling effect on medical staff.

Disinformation concerning grounds for abortion

A recurring theme in the messaging involved false claims about the legal and medical grounds for terminating a pregnancy. The disinformation narratives included claims that Poland’s then Minister of Health, Izabela Leszczyna, had introduced measures in 2024 enabling abortion ‘on demand’. In fact, the procedures in question concerned pregnancy termination on grounds such as risks to the pregnant person’s mental health.⁷⁴

Contrary to widely repeated claims, a psychiatrist’s certificate does not constitute a referral for the procedure. According to the guidelines of the Polish Psychiatric Association, it is only one element of the decision-making process, and the final decision rests with the pregnant person and the physician performing the procedure.⁷⁵ Presenting this procedure as ‘abortion on demand’ is an oversimplification and a distortion of the applicable regulations. These narratives also involved a tendency to downplay

⁷⁴ <https://www.gov.pl/web/zdrowie/wytyczne-w-sprawie-obowiazujacych-przepisow-prawnych-dotyczacych-dostepu-do-procedury-przerwania-ciazy>, por. także: <https://www.termidia.pl/mz/Szpital-dokonuja-terminacji-ciazy-zgodnie-z-przepisami,63278.html> [accessed: 06.02.2026]

⁷⁵

https://psychiatria.org.pl/news.tekst,506.wytyczne_dla_lekarzy_psychiatrow_dotyczace_wydawania_orzeczenia_stwierdzajacego_o_zagrozeniu_dla_zycia_lub_zdrowia_kobiety_ciezarnej_jako_przeslanki_legalnego_przerwania_ciazy [accessed: 06.02.2026]

the importance of mental health, which is at odds with the accepted definition of health as a state of physical, mental, and social well-being.

In parallel, false claims were circulated suggesting that a threat to a pregnant woman's life could justify abortion only in the case of ectopic pregnancy - a denial of the scientific evidence acknowledging other causes of life-threatening risk in pregnancy.

Manipulative descriptions of medical procedures

Another category of disinformation consisted of alarmist and factually incorrect descriptions of how abortion procedures are performed. The authors of such posts suggested, for example, that 'unborn children' are 'murdered' by 'sticking a needle into the heart'. One post warned that in Gdańsk there had been 'Killing Unborn Children in a Nazi Style: Ruthless Potassium Chloride in Gdańsk', implying that this was a common practice. These narratives ignored the fact that such procedures are rarely used in Poland and, according to international recommendations – including those of the WHO – are intended to ensure rapid foetal asystole in late term pregnancies. This method is highly effective, with asystole occurring immediately upon administration of the agent.⁷⁶

Attacks on pro-choice facilities and organisations

During the analysed period, disinformation campaigns also targeted the AboTak clinic, operated by the Abortion Dream Team. The clinic provides support for carrying out medical abortion using pills supplied by organisations such as Women Help Women. These narratives falsely portrayed the clinic's activities as illegal and suggested that it was 'killing children', while activists were accused of infanticide. Additionally, false claims were spread alleging that medical abortion leads to sepsis, despite the lack of confirmation in medical data.

In vitro and contraception – supplementary narratives

In addition to abortion, in vitro fertilisation (IVF) and contraception were also subjects of disinformation. The WHO was portrayed as an institution allegedly demanding universal access to IVF, including for single individuals and same-sex couples. In this context, the document 'Guideline for the prevention, diagnosis and treatment of infertility' was cited in a selective and distorted manner.⁷⁷ Health recommendations were interpreted as a call for a 'right to a child', while the WHO was portrayed as an entity acting against the interests of children and families.

⁷⁶ https://ptzsr.org.pl/wp-content/uploads/2024/03/Rekomendacje-w-zakresie-aborcji-PTZSR-2024_WYDANIE-1.pdf, por. <https://www.rynekzdrowia.pl/Prawo/TYLKO-U-NAS-Aborcja-po-22-tygodniu-ciazy-Rekomendacje-sa-sprzeczne-szpitalu-dopytuja-o-chlorek-potasu,263009,2.html> [accessed: 06.02.2026]

⁷⁷ <https://www.who.int/publications/i/item/9789240115774> [accessed: 06.02.2026]

At the same time, messages appeared suggesting that in vitro does not treat infertility, damages women's health, or requires 'killing embryos'. Similarly, in the case of contraception, false information was spread about its allegedly severe health effects (including fatal brain cancers or causing PCOS), and it was presented as a tool of depopulation.

Summary

During the analysed period, narratives concerning abortion and reproductive health rank among the most emotionally and ideologically charged areas of medical disinformation in the Polish infosphere. This disinformation systematically undermines medical knowledge and the authority of health institutions, replacing them with moral or religious arguments presented as facts. This messaging contributes to the escalation of social tensions and the stigmatization of women, medical personnel, and pro-choice organisations, and in extreme cases leads to the mobilization of offline actions, such as pickets in front of hospitals and clinics. Anti-scientific narratives increase recipients' susceptibility to further disinformation messages and may influence political and legislative decisions in the area of reproductive health.

CASE STUDY: DISINFORMATION NARRATIVES TARGETING DR GIZELA JAGIELSKA

During the analysed period, the Polish information space saw intensive disinformation campaigns targeting Dr Gizela Jagielska, a physician working at the hospital in Oleśnica, where legal pregnancy terminations were performed. In 2025, Jagielska became the target of coordinated attacks in which extremely pejorative labels were used, portraying her as an 'executioner' or 'murderer'. In some posts, she was even compared to the Nazi war criminal Josef Mengele.

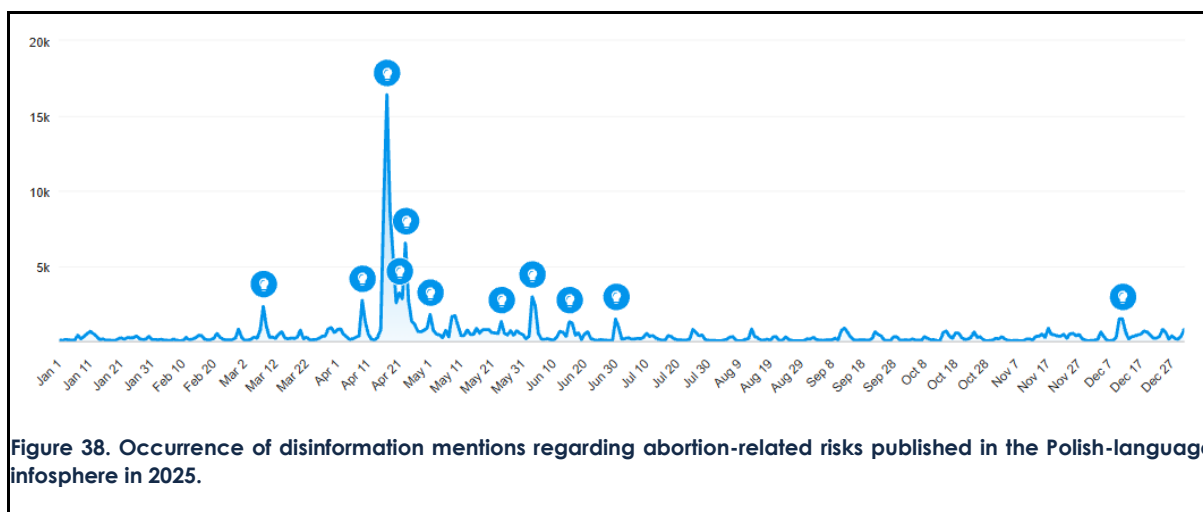
Some content additionally featured antisemitic themes, in which the doctor was accused of 'killing gentiles', which constituted an attempt to exploit ethnic prejudices to escalate recipients' emotions. At the same time, her professional competence was questioned, suggesting that she allegedly diagnosed developmental defects in healthy fetuses or performed abortions in cases where the foetus was supposedly capable of independent life.

Disinformation messages concerning Jagielska were highly emotional and charged with language designed to provoke strong reactions from recipients. Accusations of 'child murder' regularly appeared, and the doctor's activities were compared to historical events of a genocidal nature, including the Holocaust. Some narratives also attributed to her alleged 'pleasure' derived from performing late-term abortions and forcing patients to undergo the procedure.



Figure 37. Post on platform X. Dr Gizela Jagielska characterised as a type "physician" just like doctor Mengele'. The case described as 'practices known from the Nazi era.'

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	The narrative was spread by a wide range of actors, including fake experts, politicians, activists, and anonymous accounts engaged in disinformation activities. The involvement of multiple types of sources increased its perceived credibility among audiences and facilitated its rapid dissemination.
Behaviour and manipulation techniques	The content used was emotionally charged and employed language designed to provoke shock and moral outrage. Dr Jagielska's activities were portrayed as 'killing children', intended to create emotionally charged messaging and polarise recipients. These materials were often accompanied by idealised images of fetuses, used to enhance emotional impact and divert attention from medical and legal facts.
Degree	The reach of the narrative was very high. The total number of mentions was approximately 170,000. The estimated reach of the narrative was 9.6 million. The content was identified across various social media platforms, e.g. X and Facebook.



Effect and possible consequences	The disseminated narratives may lead to a decline in trust in doctors performing legal abortion procedures. As a result, pregnant women may approach medical recommendations regarding abortion with greater suspicion, even in medically and legally justified cases. Narratives targeting Dr Jagielska also contribute to further demonization of abortion in Poland – instead of presenting it as a medical procedure, it was described in terms of murder or extermination. In addition, the disinformation campaign had real consequences for the doctor's private and professional life, leading to public stigmatization and increasing social pressure.
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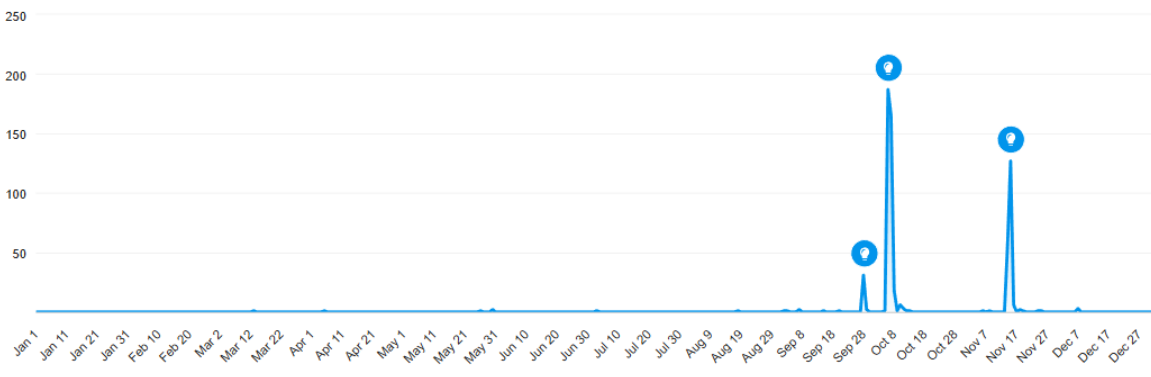
Blood transfusions, transplantation, futile therapy

In 2025, isolated narrative threads appeared in the infosphere concerning blood transfusions from COVID-19 vaccinated individuals, transplantation presented as an alleged organised practice of 'killing' patients to harvest organs, and futile therapy, which was also linked to eliminating patients. These narratives employed alarmist and sensationalist language, combined with moralising framing, while simplifying complex medical and ethical issues and promoting false dichotomies. These threads may have contributed to fostering distrust in medicine, healthcare professionals, and public institutions, and in some cases may have promoted conspiratorial beliefs.

Blood transfusion from vaccinated donors

Claims about blood transfusions from individuals vaccinated against COVID-19 suggested that such blood is 'contaminated' with spike protein, poison, or even should be perceived as a biological weapon, allegedly posing a threat to recipients' health. Particular emphasis was placed on the fact that blood banks do not differentiate between donors based on their vaccination status, and correspondence with a blood donation station confirming this was presented as supporting evidence. False and misleading

mentions cited alleged scientific evidence and doctors' statements, but without credible sources; sensational messaging and emotional phrasing were used, e.g., vaccinated blood was called 'toxic' or 'poisoned'. The lack of possibility to choose blood from unvaccinated individuals in the case of transfusion was also highlighted. This narrative was present in the infosphere in previous years and was promoted, among others, in the context of the COVID-19 pandemic.

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	Anonymous accounts were involved in spreading the narrative.
Behaviour and manipulation techniques	By spreading these narratives, existing conspiracy theories were reinforced. English- and German-language materials were used, translated into Polish, and textual content was combined with video footage. According to the FLICC taxonomy, the following manipulation techniques were employed: false experts (invoking the authority of a doctor without providing credible scientific sources for their claims), logical fallacies (oversimplifications, slippery slope), and conspiracy theories (persecuted victim, nefarious intent).
Degree	The reach of the narrative was relatively small; only a few original posts were recorded, which entered the Polish infosphere from English- and German-language infospheres. The total number of mentions was approximately 600. The estimated reach of the narrative was 300,000. The content was identified across various social media platforms, e.g. X and Facebook.
 Figure 39. Occurrence of disinformation mentions regarding risks associated with blood transfusions from vaccinated individuals published in the Polish-language infosphere in 2025.	

Effect and possible consequences	The narrative largely focuses on undermining trust in healthcare institutions and physicians, as well as in the idea of blood donation. Through themes of segregation and discrimination against vaccinated blood donors, as well as the use of emotional language that creates a sense of threat, the narrative may lead to social polarisation and deepen divisions between supporters and opponents of vaccinations.
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CASE STUDY: CREATING A SENSE OF THREAT



Figure 40. Post on platform X, excerpt from the post: 'The entire blood supply in the USA and the rest of the world is contaminated with spike protein, a poison and biological weapon, warns American doctor Ben Marble.'

The dominant manipulation technique in this message is the use of emotionally charged language designed to induce fear and spread distrust toward medical institutions. The post employed extremely alarmist language, describing the blood of vaccinated individuals as 'contaminated poison' or a 'biological weapon'. The narrative relies on catastrophic scenarios and extreme consequences, such as sudden deaths, strokes, or heart attacks, presented without any evidence. Additionally, the message constructs an image of a global, concealed threat, suggesting that the entire world's blood supply is unsafe. This construction is further reinforced by portraying the doctor promoting the narrative as a victim, a 'persecuted truth-teller', which aligns with classic conspiracy-theory framing. The message operates primarily on an emotional level, deliberately omitting scientific evidence and established safety procedures.⁷⁸

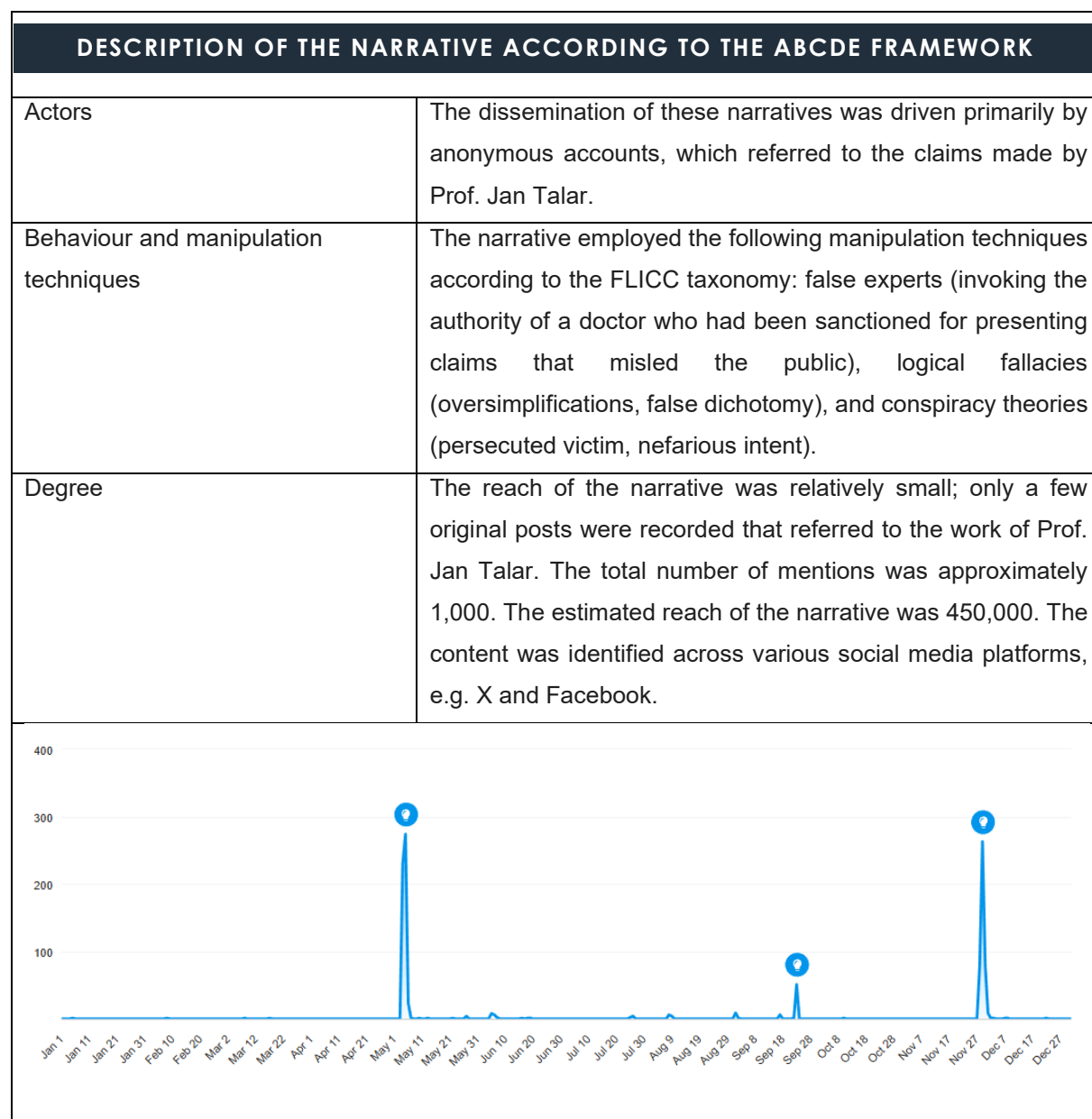
Transplantation and the rejection of brain death

It was suggested that organ harvesting is carried out on living people, and that brain death or brain stem death is a fiction used to legalise this practice. Within this narrative, it was alleged that doctors deliberately fail to save patients in order to obtain healthy organs, and that the legal system in Poland⁷⁹ facilitates such practices. Organ procurement for transplantation was equated with euthanasia, thereby

⁷⁸ See: <https://www.reuters.com/article/fact-check/it-is-safe-to-receive-a-blood-donation-from-a-vaccinated-person-idUSL2N2NC12D/>, <https://www.france24.com/en/live-news/20230125-vaccine-misinformation-spawns-pure-blood-movement>, <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/important-information-about-directed-blood-donations-are-not-medically-indicated> [accessed: 14.01.2026]

⁷⁹ In Poland, presumed consent for organ donation is in force. Individuals who do not wish to give such consent may register their objection in the Central Register of Objections maintained by the Organisational and Coordination Centre for Transplantation 'Poltransplant', see: <https://poltransplant.org.pl/prawo/>, <https://poltransplant.org.pl/centralny-rejestr-sprzeciwow/> [accessed: 17.02.2026]

introducing a moral framework and portraying such practices as unethical and at odds with fundamental values. It was further implied that doctors mislead donors' families and that transplantation is merely a business. The messaging often had a sensational tone and relied on emotional language. No references to credible scientific sources were noted; instead, the narrative invoked the authority of Prof. Jan Talar, a Polish physician who was sanctioned by the Supreme Medical Court in Poland, which suspended his licence for one year following an interview in which he presented his views on brain death. According to the court, he misled the public and undermined trust in the medical profession.⁸⁰



⁸⁰ <https://www.termedia.pl/mz/Talar-z-zakazem-wykonywania-zawodu-decyzja-sadu-lekarskiego.52257.html> [accessed: 18.01.2026]

Figure 41. Occurrence of disinformation mentions regarding transplantation published in the Polish-language infosphere in 2025.

Effect and possible consequences	The narrative is primarily oriented toward undermining trust in healthcare institutions, doctors, and the field of transplant medicine. By suggesting that transplants are merely a business based on systemic abuses and the deliberate misleading of patients and their families, the narrative may weaken societal support for transplantation. Consequently, it may also influence individual decisions by families of patients declared brain dead regarding the use of their organs after death.
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CASE STUDY: FALSE DICHOTOMY



Figure 42. Post on platform X, excerpt from the post: ‘Brainstem death does NOT EXIST! Such a thesis was presented by Professor Jan Talar, known for bringing patients out of comas, causing a scandal at a scientific symposium. According to the professor, doctors harvest organs from LIVING people.’

The messaging referred to statements by Prof. Jan Talar, who has publicly argued that the diagnosis of brain death is not equivalent to the death of a person. On this basis, some narratives suggested that organs for transplantation are taken from living individuals. This framing constitutes an oversimplification of complex medical, neurological, ethical, and legal criteria, leading to a false dichotomy in which either the patient is perceived as ‘alive and capable of recovery’ or physicians are portrayed as harvesting organs from living people instead of attempting to save them. Such content ignores the distinction between coma, vegetative states, and legally established brain death criteria.⁸¹ This was reflected in claims that some patients had ‘woken up’ after being declared dead.

The narrative also omitted information concerning the complex and multi-stage procedures designed to safeguard against diagnostic errors and the premature or unjustified declaration of death, including in the context of organ procurement for transplantation.⁸² The criteria for determining death remain the subject of ethical, philosophical, medical, and legal debate, and may continue to evolve alongside developments in medical knowledge and diagnostic practice. This

⁸¹ <https://www.mp.pl/pacjent/objawy/150085.spiazka>, <https://polskieradio24.pl/artukul/3049794.smierc-mozgu-to-nie-spiazka-a-lekarze-nie-hoduja-ludzi-na-narzady-chirurg-obala-mity-dot-transplantologii>, <https://intensywna.pl/smierc-mozgu-w-swietle-prawa-i-medycyny-prof-owczuk-kryteria-rozpoznania-sa-jednoznaczne/> [accessed: 18.01.2026]

⁸² <https://monitorpolski.gov.pl/M2020000007301.pdf>, <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20051691411/T/D20051411L.pdf> [accessed: 18.01.2026]

complexity was largely absent from the narrative, which did not account for definitional disputes, conceptual limitations, the historical evolution of diagnostic criteria, the possibility of diagnostic error, or potential abuses. At the same time, the existence of such debates and limitations does not invalidate the broader medical and legal framework underlying the concept of brain death.

Withdrawing medically futile treatment

The theme of futile therapy appeared in disinformation narratives mainly in the first quarter of 2025. The activity of disinformation actors was linked to the amendments to the Code of Medical Ethics, in force since January, which prohibit the use of futile therapy (Art. 33).⁸³ The amendments resulted in work on the guidelines of the Polish Society of Internal Medicine (TIP) concerning the use of futile therapy outside intensive care units, which were published in April 2025.⁸⁴

Disinformation narratives online were reinforced by the following events:

- 04.02.2025 – meeting of the Parliamentary Group for the Protection of the Life and Health of Poles, topic: ‘Euthanasia under the name “futile therapy”’.⁸⁵
- 05.02.2025 – during the 28th session of parliament, MP Roman Fritz delivered a speech in which he equated the developing guidelines with euthanasia.⁸⁶
- 18.03.2025 – meeting of the Parliamentary Group for the Protection of the Life and Health of Poles, topic: Futile therapy, legal aspects.⁸⁷
- 02.04.2025 – a letter from the Ordo Iuris Institute for Legal Culture Foundation containing allegations directed at the position of the Working Group of the Polish Society of Internal Medicine (TIP) on futile therapy in internal medicine wards.⁸⁸
- 20.05.2025 – the Confederation of the Polish Crown party published a set of questions addressed to the candidates who advanced to the second round of the presidential election. Among them was a question asking whether the candidate would commit to abandoning

⁸³ <https://nil.org.pl/dokumenty/kodeks-etyki-lekarskiej> [accessed: 06.02.2026]

⁸⁴ <https://pulsmedycyny.pl/medycyna/wskazania-i-standardy/terapia-daremna-powstaly-wytyczne-poparte-przez-wiekszosc-towarzystw-naukowych/> [accessed: 06.02.2026]

⁸⁵ https://www.sejm.gov.pl/Sejm10.nsf/transmisja.xsp?documentId=ED3A38D7E3EF5C59C1258C1C00405509&symbol=TRANS_MISJA_ARCH&info=T [accessed: 06.02.2026]

⁸⁶ https://www.sejm.gov.pl/Sejm10.nsf/wypowiedz.xsp?posiedzenie=28&dzien=1&wyp=163&type=P&symbol=WYPOWIEDZ_POSLA&id=081 [https://archive.ph/3rtyn, accessed: 06.02.2026]

⁸⁷ <https://www.sejm.gov.pl/Sejm10.nsf/agent.xsp?symbol=POSIEDZENIAZESP&Zesp=933> [accessed: 06.02.2026]

⁸⁸ <https://intensywna.pl/odpowiedz-towarzystwa-internistow-polskich-na-zarzuty-sformulowane-przez-fundacje-instytut-na-rzecz-kultury-prawnej-ordo-iuris-pod-adresem-stanowiska-grupy-roboczej-towarzystwa-internistow-polskich-t/> [accessed: 06.02.2026]

‘euthanasia introduced, among other things, under the slogans of “futile therapy” and “brain death”’.⁸⁹

The messaging was dominated by claims equating the withdrawing futile therapy with euthanasia and eugenics.⁹⁰ Guidelines were presented as a way to relieve medical facilities, which – according to the narrative – were struggling due to the influx of patients from Ukraine, by eliminating seniors and chronically ill individuals. More restrained narratives portrayed withdrawing futile therapy as inconsistent with the law and the code of medical ethics.



Figure 43. Word cloud of keywords contained in disinformation posts regarding withdrawal from futile therapy. The words in the tag cloud have been left in their original Polish wording.

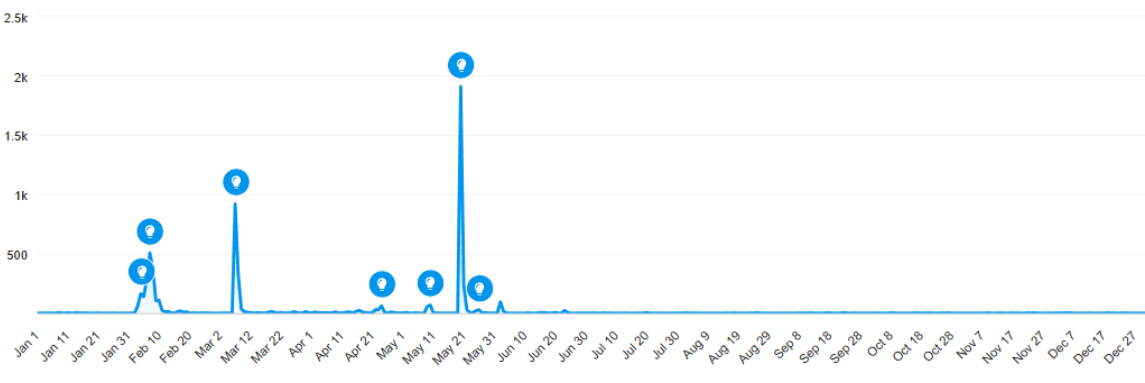
Contrary to the facts, it was suggested that the withdrawing futile therapy also applies to new effective treatments not previously used in a given patient, and that ‘the protocol provides for the withdrawing treatment also from people who are not dying’. In reality, this concept primarily concerns medical procedures used to sustain the vital functions of terminally ill patients, which merely prolong the dying process while causing excessive suffering or violating the patient’s dignity. Presenting the withdrawing futile therapy as a procedure concerning patients who are not in a terminal condition is intended to provoke anxiety and distrust toward healthcare professionals.

Activist Justyna Socha emphasised on social media that ‘the risk of doctors withdrawing treatment also applies to children’.⁹¹ Mentions concerning children are intended to evoke fear among parents for their children’s health and uncertainty as to whether, in the event of an accident, their children would receive the best possible care.

⁸⁹ <https://archive.ph/m8Dlj> [accessed: 06.02.2026]

⁹⁰ <https://archive.ph/ciW7a> [accessed: 06.02.2026]

⁹¹ <https://archive.ph/bIAvL> [accessed: 06.02.2026]

DESCRIPTION OF THE NARRATIVE ACCORDING TO THE ABCDE FRAMEWORK	
Actors	Politicians, activists, and some media representatives were involved in spreading the narrative. Activity by anonymous disinformation accounts was also observed.
Behaviour and manipulation techniques	The narrative was spread online – through social media – and offline, during meetings of parliamentary teams as well as in the form of official letters and statements, including questions addressed to presidential candidates during the 2025 presidential election. The messaging primarily appealed to ethical and religious concerns. Some elements of the narrative displayed features of a false debate (a variant of the fake experts technique in the FLICC taxonomy). This consisted of creating the impression that there is no consensus within the medical and scientific community, while ignoring or misrepresenting the position of the Medical Ethics Committee.
Degree	As part of the narrative, approximately 6,000 mentions were recorded, with a reach of over 2.8 million.
 Figure 44. Occurrence of disinformation mentions regarding guidelines on withdrawal from futile therapy in the Polish-language infosphere in 2025.	
Effect and possible consequences	The narrative may lead to a decline in trust in doctors and an increase in social polarisation, including in matters of worldview.

CASE STUDY: FAKE DEBATE

The topic of futile therapy brought together the activities of anti-vaccination and conservative activist groups, which in public discourse rely on arguments grounded in morality and the teachings of the Catholic Church. Particularly visible was the activity of groups calling for the tightening of abortion laws in Poland. The post below, published by anti-abortion activists, refers to an interpretation of the new provisions issued by the Ordo Iuris Institute for Legal Culture Foundation. The publication is presented



W Polsce toczy się obecnie dyskusja na temat wątpliwości etycznych dotyczących tzw. protokołu terapii daremnej, opracowanego przez Towarzystwo Internistów Polskich, który wszedł od niedawna do praktyki medycznej.

Protokół przewiduje odstąpienie od leczenia także osób, które nie są umierające, co odróżnia go od przesłanek zaniechania tzw. terapii uporczywej. Jak podkreślają eksperci, jest on niezgodny z obowiązującym prawem i standardami etyki lekarskiej.

[ordoiuris.pl/ochrona-zycia/...](https://ordoiuris.pl/ochrona-zycia/)



Ostatnia zmiana: 12:25 PM · 19 lut 2025 · 1241 wyświetleń

Figure 45. Post on platform X, excerpt, concerning futile treatment: 'The protocol provides for the withdrawal of treatment even for people who are not dying, which distinguishes it from the grounds for abandoning so-called persistent therapy. As experts emphasize, it is inconsistent with applicable law and the standard of medical ethics.'

as evidence of a lack of expert consensus regarding the ethical and legal assessment of the introduced changes. Such framing of the situation creates a misleading impression among recipients that the changes were introduced hastily and without broader consultation.

The post also claimed that these actions were inconsistent with the Code of Medical Ethics, even though Article 33, which concerns futile therapy, is part of that very document. Moreover, the work on the amendments had been underway for a long time, and the Medical Ethics Committee issued a commentary on the newly introduced provision. According to this commentary, futile therapy refers to medical interventions that were initially justified based on the patient's condition and current medical knowledge, but which, in the course of care, proved ineffective and no longer provide any benefit to the patient.⁹²

It is important to note that the post uses the phrase 'withdrawal of treatment', which would suggest that no forms of treatment are being provided at all. In reality, this refers to a specific form of therapy that has proven ineffective for a given patient. Moreover, even when other therapeutic options have been exhausted, palliative care is still provided. This wording is intended to undermine trust in the competence and intentions of healthcare professionals and public health institutions.

Another argument of the post's author is presenting futile therapy as a type of action distinct from persistent therapy. According to the presented narrative, the difference between these terms lies in the patients' health status – persistent therapy is to apply exclusively to terminally ill persons, whereas futile therapy also concerns individuals who are not dying. Combining this interpretation with the phrase 'withdrawing treatment' used in the text may evoke in the recipient the impression that the doctor has the right to refuse treatment to persons who are not dying.

In reality, the commentary of the Medical Ethics Committee explains that the two concepts are closely related, and that the introduction of the term futile therapy aims to replace the pejorative tone present in the previously used formulation:

⁹² <https://nil.org.pl/aktualnosci/8674-terapia-daremna-komentarz-do-znowelizowanego-kel-art-33> [accessed: 06.02.2026]

‘According to the definition of persistent therapy, it refers to “the use of medical procedures to maintain vital functions in a terminally ill patient, which prolongs the process of dying and is associated with excessive suffering or a violation of the patient’s dignity”. The term futility refers to the failure to achieve the intended goal of an intervention that was justified at the time it was initiated, whereas persistence places (pejorative) emphasis on the attitude of the person continuing ineffective medical interventions’.

The credibility of public institutions and organisations

The Ministry of Health and the Chief Sanitary Inspectorate

Undermining the credibility of the Ministry of Health and the Chief Sanitary Inspectorate was a recurring element of anti-vaccine narratives, which often portrayed state institutions as unreliable or acting against citizens’ interests. Both preventive programmes and immunization policies were criticised, frequently accompanied by claims that they were driven by financial interests or influenced by pharmaceutical companies. These messages promoted claims about the alleged manipulation of information, or a lack of transparency, all of which were intended to reinforce a broader sense of distrust toward institutions

responsible for public health. The overall reach of content undermining the actions of the Ministry of Health and the Chief Sanitary Inspectorate was not estimated, as such narratives frequently merge with other themes, most commonly anti-vaccination messaging.

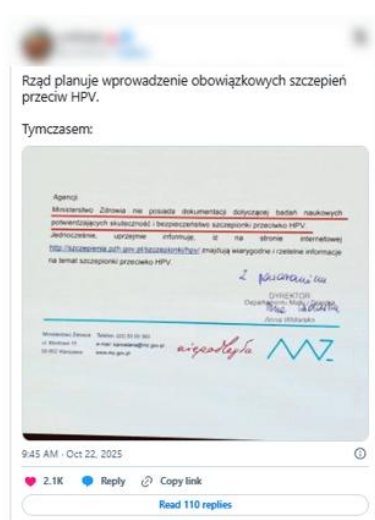


Figure 46. Post on platform X: ‘The government is planning to introduce mandatory HPV vaccinations. Meanwhile...’, and underlined part of the document: ‘The Ministry of Health does not possess documentation of scientific studies confirming the effectiveness and safety of the HPV vaccine.’

CASE STUDY: MISUSE OF THE RIGHT OF ACCESS TO PUBLIC INFORMATION

The post cited correspondence with the Ministry of Health, claiming that the ministry does not hold data on the effectiveness and safety of vaccines. The letter dates back to 2018,⁹³ thus, it has no connection to the ministry’s current activities. It was cited in a misleading and unsupported way, as it does not demonstrate a lack of data on the effectiveness and safety of vaccines. These issues are addressed in detail on a dedicated vaccination website, which provides evidence-based analysis along with a list of

⁹³ <https://x.com/Leszczyna/status/1888555970374054225>, see also: <https://konkret24.tvn24.pl/zdrowie/szczepionki-na-hpv-pismo-z-resortu-zdrowia-wykorzystane-do-falszywego-przekazu-st8715965>, <https://demagog.org.pl/wypowiedzi/ministerstwo-nie-ma-dowodow-na-bezpieczenstwo-szczepionek-przeciwno-hpv/> [accessed: 17.02.2026]

scientific sources,⁹⁴ run by the National Institute of Public Health – National Research Institute (NIZP PZH – PIB). The benefits of the nationwide HPV vaccination programme have also been assessed by the Agency for Health Technology Assessment and Tariff System (AOTMiT). According to AOTMiT, HPV vaccines could potentially prevent around 54% of HPV-related cancers, which in Poland would mean approximately 4.6 thousand fewer cancer cases per year.⁹⁵

The right of access to public information was used to trivialise complex issues and discredit state institutions. In such correspondence, questions may be framed in a manipulative way, making it difficult to provide concise and definitive answers or prompting responses that can later be used against the institution. This involves exploiting an asymmetry in communication: disinformation actors have considerable freedom in formulating questions and setting expectations, while institutional representatives are held to increasingly demanding evidential and communicative standards. The dissemination of such content is often accompanied by a sarcastic tone, intended to ridicule and discredit institutions.

Undermining the credibility of the Chief Sanitary Inspectorate was frequently combined with personal attacks on Dr Paweł Grzesiowski. He was accused of ignoring the alleged risks associated with vaccines, acting on behalf of pharmaceutical companies, and promoting a vaccination mandate despite the supposed lack of evidence of their safety. A significant share of mentions relating to the Chief Sanitary Inspectorate appeared in connection with the plan announced in January 2025 to verify vaccination data recorded in immunisation cards.⁹⁶ This topic was addressed in numerous media reports in the first half of the year, which was reflected in the activity of disinformation accounts portraying it as a form of ‘sanitary tyranny’ or as a mechanism for intimidating parents of unvaccinated children.

CASE STUDY: CALL TO ACTION BASED ON FALSE DATA

There are no studies indicating that more than 20 million Poles oppose mandatory vaccination. Poland has approximately 38 million inhabitants, of whom about 30 million are adults. The claim that 20 million Poles oppose vaccination would mean that nearly 65% of adult citizens hold such a view. No reliable public opinion poll shows figures anywhere near this level. The latest public opinion surveys conducted by The Public Opinion Research Center (CBOS) indicate that over 72% of adult Poles believe that

⁹⁴ <http://szczepienia.pzh.gov.pl/> [accessed: 17.02.2026]

⁹⁵ <https://bip.aotm.gov.pl/assets/files/ppz/2024/REK/14-10-2024%20RP%20PPZ%20HPV%20publikacja.pdf>, <https://abm.gov.pl/pl/aktualnosci/2546,Powszechny-program-szczepien-przeciw-HPV-przewidywane-skutki-zdrowotne-dla-popul.html>. The Agency had also previously addressed the widely circulated disinformation contained in the so-called ‘White Book on HPV Vaccination’, see also: <https://www.aotm.gov.pl/en/aktualnosci/najnowsze/reiterate-the-position-of-the-president-of-aotmit-on-the-hpv-vaccination-white-paper/> [accessed: 06.02.2026]

⁹⁶ <https://www.gov.pl/web/gis/biezaca-dzialalnosc-panstwowej-inspekcji-sanitarnej-kontrola-szczepien-sytuacja-epidemiologiczna-i-infekcje-sezonowe-bezpieczne-ferie-wspolpraca-dla-zdrowia-publicznego>, see also: <https://next.gazeta.pl/next/7,151003,31632462,gis-ruszy-z-kontrola-szczepien-dzieci-rodzice-moga-dostac-surowe.html>, <https://serwisy.gazetaprawna.pl/zdrowie/artykuly/9716936,gis-rusza-z-wielka-kontrola-szczepien-dzieci-co-grozi-za-brak-szczepi.html> [accessed: 06.02.2026]

mandatory childhood vaccinations should be maintained in their current scope. Only about 13.5% believe that the obligation to vaccinate should be completely abolished and the decision left to parents.⁹⁷

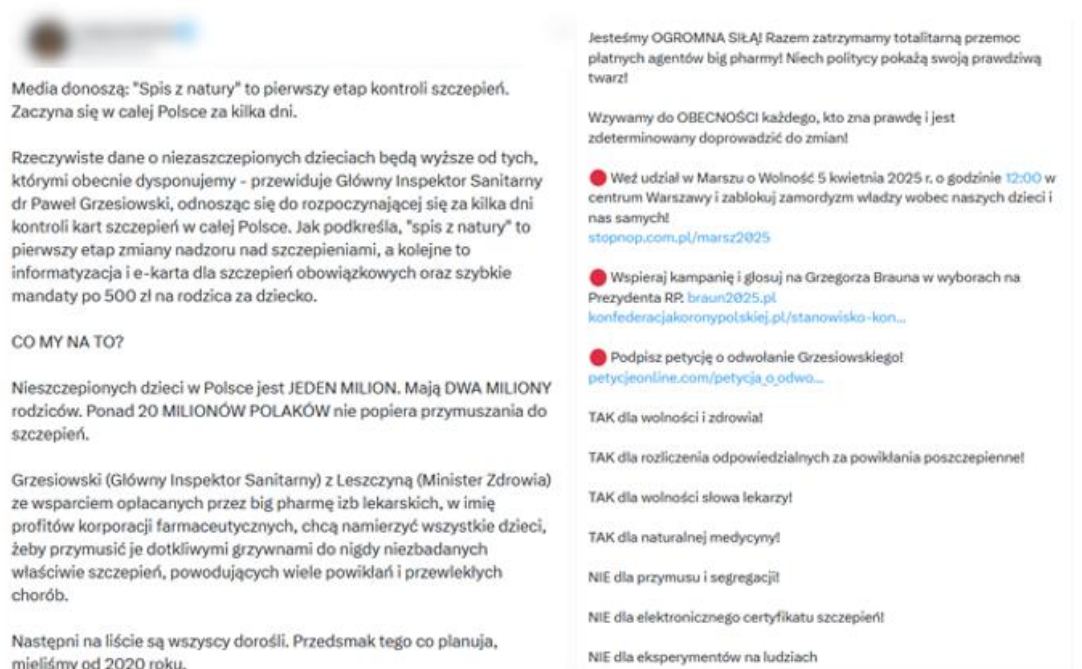


Figure 47. Post on platform X, excerpt from the post: 'There are ONE MILLION unvaccinated children in Poland. They have TWO MILLION parents. More than 20 MILLION POLISH CITIZENS do not support coercion in vaccination'.

World Health Organization

In content questioning the credibility of the World Health Organization, the most frequent accusations concerned corruption, criminal activity, attempts to exert control over states, undermine national sovereignty, and pursue allegedly totalitarian ambitions. In more extreme narratives, claims appeared alleging conspiracies and deliberate actions harmful to human life and health, including accusations of sterilising women or causing cancer. Ideological themes were also invoked, for example through calls for the 'denazification of medicine'. These narratives are strongly emotional, conspiratorial, and marked by aggressive language. The purpose of spreading such content may be to undermine trust in WHO, weaken the legitimacy of international health regulations, and reinforce anti-globalist and anti-vaccination attitudes. Undermining WHO's activities is often combined with an explicit call to action, such as petitions advocating for Poland's withdrawal from the organisation or encouraging opposition to the pandemic treaty.⁹⁸

⁹⁷ <https://www.mp.pl/szczepienia/aktualnosci/392752,jaki-odsetek-polakow-jest-przeciwnych-obowiazkowi-szczepien-dzieci> [accessed: 22.01.2026]

⁹⁸ <https://pulsmedycyny.pl/medycyna/zdrowie-publiczne/zazadali-wyjscia-polski-z-who-ministerstwo-zdrowia-odpowiedzialo/>, https://www.petycjeonline.com/stop_who_danie_wyjcia_polski_ze_wiatowej_organizacji_zdrowia,

CASE STUDY: SHIFTS IN HEALTH POLICY OF THE UNITED STATES

The increase in mentions observed in January 2025 was a reaction to the decision of the United States to withdraw from the WHO. This information revived discussions about taking similar steps in Poland. In many posts, the call to leave WHO, often promoted in the form of the concise slogan ‘Stop WHO’, was embedded in a narrative of defending national sovereignty. Leaving the organisation was presented as a contemporary equivalent of rejecting the ‘authority of the emperor’, a gesture of self-determination and resistance to global structures. At the same time, WHO was systematically delegitimised as a corrupt, pathological, or even criminal organisation allegedly acting solely in the interests of large pharmaceutical corporations. The announcement from the U.S. administration served as a legitimising reference point, it lent credibility to the message and made it easier to weave disinformation claims into what appeared to be neutral reporting on an important event. The concentrated activity over a short period created the impression of an ‘explosion’ of discussion, while the repetition of similar content may have given the appearance of broad consensus. In some posts, a clear issue-bundling strategy was evident: ‘Stop WHO’ slogans appeared alongside messages such as ‘Stop sanitary segregation’, as well as opposition to the EU, the Green Deal, abortion, and ‘gender ideology’. Combining multiple topics within a shared anti-establishment frame helps mobilise diverse groups. The discussion also indicated the involvement of political actors.

Conspiracy theories

Conspiracy theories constitute a complex and multidimensional phenomenon, appearing in health-related content with varying intensity: ranging from suggestions and insinuations about the alleged financial motives of experts and physicians to more elaborate, fact-detached narratives. They often remain a constant feature of narratives that challenge scientific findings and modern medicine, reinforcing messages that question the authority of experts and institutions. This type of content is spread by various groups of actors and is most often linked to specific disinformation narratives (see, for example, those related to infectious diseases). Conspiracy theories are also systematically spread by anonymous accounts specialised in promoting such content related to both health and other topics, such as technology, climate, finance, and politics.

Conspiratorial content frequently invokes spirituality, esotericism, and a connection with nature as sources of effective, low-cost remedies allegedly suppressed by the pharmaceutical industry. The full scale of the phenomenon remains difficult to capture, as conspiracy narratives often overlap with other

<https://stopwho.pl/konferencja-who-2/>, see also: Activities of the Parliamentary Team on the World Health Organization in 2024, <https://www.sejm.gov.pl/Sejm10.nsf/agent.xsp?symbol=POSIEDZENIAZESP&Zesp=901> [accessed: 22.01.2026]

forms of disinformation and cannot always be clearly separated from other types of narratives.⁹⁹ For this reason, the following subsections do not include estimates of the reach of conspiracy theories.

Pharmaceutical companies accused of conspiring to profit

Within this narrative, vaccines are portrayed as part of a ‘Big Pharma’ conspiracy aimed at increasing profits. The alleged group of conspirators includes pharmaceutical companies, international and national medical organisations, public health institutions, and health-care workers. Supporters of vaccination are depicted as being aligned with or dependent on these actors. Conspiracy-based arguments about financial gain are often combined with claims of ‘government cover-ups’ of vaccine-related risks. Scientists and physicians are accused of acting against patients’ interests. Such content may refer not only to vaccines but also to widely used and recommended therapies and medicines. These narratives frequently appear as components of other themes, including the conspiratorial motifs described earlier and categorised under the FLICC taxonomy.

Vaccines portrayed as a tool of control and depopulation

According to the narrative, the COVID-19 pandemic was a media-fabricated hoax, and SARS-CoV-2 was a biological weapon created in a laboratory for the purpose of depopulation. Pandemic restrictions are described as ‘pandemic genocide’. Some variants of the conspiracy theory depict COVID-19 vaccines as biological weapons designed to kill nearly one billion people or alter the demographic structure of the population, for instance by reducing the number of elderly individuals. Additionally, in some mentions, pandemic-related content was linked to the 5G technology. According to these narratives, vaccines are said to contain graphene or other substances that, when activated by a 5G signal, lead to virus activation, cause cancer, or result in death. The content also linked such claims to intelligence activities, including narratives alleging that the CIA funded politicians to target those revealing the ‘truth’ about 5G, Russia, and supposedly ‘lethal’ vaccines.

Depopulation conspiracy theories frequently referred to mRNA technology, the alleged presence of toxic compounds in vaccines, and the supposed concealment of adverse events. Intentional harm to humanity was attributed to the actions of global elites (e.g., Klaus Schwab, Bill Gates, George Soros). The content features highly emotional narratives that blend current events with historical themes. References to the COVID-19 pandemic are common, and expressions such as ‘sanitary terror’, ‘vaccine genocide’, or descriptions of mRNA vaccines as ‘depopulation agents’ are widely used. A marked increase in social polarisation is visible, shaped by ‘us versus them’ rhetoric. The issue-bundling strategy is also evident

⁹⁹ Certain characteristic phrases can help identify conspiracy themes within broader narratives. For example, discussions about vaccinations often use terms such as ‘depopulation’, ‘extermination’, ‘experiment’, or ‘biological weapon’, or suggest that public health institutions and pharmaceutical companies have manipulated data or concealed and censored reports about the risks of specific products. Another feature of conspiracy narratives is the tendency to link health-related topics with broader issues, such as global governance, social control and surveillance, or the hidden influence of elites on legislation and health recommendations.

in the combination of health-related disinformation with anti-EU and anti-institutional narratives, such as criticism of the Green Deal, the Sustainable Development Goals (SDGs), and public institutions more broadly.

Health narratives in the context of the war in Ukraine and national security

The ongoing war in Ukraine, incidents involving violations of Polish airspace by Russian drones,¹⁰⁰ as



Figure 48. UN Sustainable Development Goals and conspiracy narratives presented in the SDG color palette

well as actions taken to reform and improve civil defence,¹⁰¹ became frequent contexts for the spread of conspiracy theories concerning vaccinations or COVID-19. Some narratives drew parallels between COVID-19 restrictions and the current security situation, often framed as claims that Poland is being dragged into war.¹⁰² They were expressed through comparisons and analogies, e.g. 'Each new armament replaces another dose of vaccines', 'First they put a mask on you, now they're figuring out how to put a helmet on you', or 'Ukraine protects us from Russia in the same way a vaccine protects us from COVID-19'. These techniques were intended to strengthen distrust in state institutions and delegitimise government actions by appealing to negative emotions and experiences related to the

¹⁰⁰ See. <https://www.reuters.com/world/live-poland-shoots-down-drones-its-airspace-during-russias-ukraine-attack-2025-09-10/>, <https://www.reuters.com/business/aerospace-defense/russian-drones-polands-airspace-stir-worries-europes-civil-aviation-2025-09-11/>, <https://www.bbc.com/news/articles/c147065pzdzo> [accessed: 17.02.2026]

¹⁰¹ See. <https://www.polskieradio.pl/395/7789/Artykul/3461157,new-polish-civil%2%A0protection-law-signed-by-president>, <https://www.pap.pl/en/news/warsaw-approves-civil-defence-initiative-valued-billions>, <https://tvpworld.com/89584077/polands-civil-defense-infrastructure-prepares-for-the-future> [accessed: 17.02.2026]

¹⁰² https://www.lemonde.fr/en/international/article/2025/10/08/poland-hit-by-unprecedented-disinformation-attack-following-russian-drone-incursion_6746208_4.html, <https://www.polskieradio.pl/395/7784/artykul/3628952.poland%2%A0targeted-by%2%A0six-disinformation-waves-in-2025-analysts-say> [accessed: 17.02.2026]

pandemic. As a result, health and security issues were deliberately intertwined into a single conspiracy narrative, fostering social polarisation and undermining trust in official communications.



Figure 49. Graphics using analogies and comparisons linking the pandemic with the war in Ukraine, text on the first graphic: 'Ukraine protects us from Russia just like the vaccine protects us from Covid. IN BOTH CASES IT'S ALL ABOUT MONEY'.

Other conspiracy theories referred to plans for civilian evacuation in the event of a threat, warning that specially prepared buses could be used as a pretext for forced vaccination, ultimately leading, according to these narratives, to the implantation of control-enabling devices and the incapacitation of citizens. Such conspiracy narratives are based primarily on fear, distrust of state institutions, and the mistaken belief that measures related to security and crisis management serve hidden purposes. As a result, they may undermine trust in evacuation procedures and mobilise the public to oppose rescue operations, which in situations of real danger constitutes an additional risk to health and life.

Health narratives in the context of migration, and the situation at the Polish–German border

In 2025, anti-migrant and conspiracy-oriented narratives were also recorded, appearing for example in July in connection with media reports concerning a patient from Stargard with detected *Vibrio cholerae* bacteria, in a case later classified as non-cholera infection.¹⁰³ In false narratives, the case was associated with migrants and the situation at the Polish–German border,¹⁰⁴ with claims that the infection originated from migrants from African countries allegedly 'smuggled across the border' by German

¹⁰³ <https://www.pap.pl/en/news/cholera-case-confirmed-poland>, <https://www.polskieradio.pl/395/7784/artykul/3553727,first-cholera-case-in-poland-in-6-years-chief-sanitary-inspector-confirms> [accessed: 17.02.2026]

¹⁰⁴ See: <https://www.gov.pl/web/primeminister/poland-temporarily-reinstates-border-controls-with-germany-and-lithuania>, <https://www.reuters.com/world/europe/poland-introduce-controls-borders-with-germany-lithuania-pm-says-2025-07-01/>, <https://dfirlab.org/2026/02/11/inauthentic-networks-fuel-polands-border-vigilante-movement/> [accessed: 17.02.2026]

authorities. The supposed evidence consisted of photos from February 2025 showing German officers in protective suits; however, these images were taken in a different context.¹⁰⁵ Similar narratives also surfaced in other contexts, such as those involving Ukrainian residents in Poland and reports of water contamination in public supply systems. In these narratives, context is often distorted through unjustified generalizations, false associations, and dehumanizing or hateful language, contributing to the stigmatisation of certain ethnic groups and deepening social divisions. An emotional, alarmist tone further erodes trust in public institutions and limits the state's ability to respond effectively to threats.

Summary

Actors

Various groups of actors are involved in creating and disseminating health misinformation, often operating in parallel or engaging in strategic collaborations that amplify the reach and perceived credibility of their messages. These actors include anti-vaccination groups, influencers with large followings, non-governmental organisations, and politicians who incorporate health-related issues into their messaging. Although their motivations differ, ranging from ideological to political and financial, the convergence of interests facilitates the formation of broad and flexible narrative coalitions.

Such coalitions typically emerge around specific national events or public debates, such as the introduction of new health recommendations, updates to vaccination programmes, legislative initiatives in healthcare, or nationwide campaigns and educational efforts. During periods of heightened public attention, different groups may align their messaging, reinforce each other's content, and direct audiences across platforms, creating the impression of widespread grassroots opposition to decisions made by public institutions.

As a result, individual narratives gain greater reach and momentum, while audiences may find it increasingly difficult to distinguish spontaneous public discontent from coordinated communication activities carried out within networks of affiliated groups.

Behaviour and manipulation techniques

Health misinformation is not confined to the online sphere or social media. It often extends into offline environments, where misleading narratives become central themes of public discourse, including events, lectures, protests, and civic initiatives. These messages are frequently amplified by various opinion leaders, influencers, activists, or politically engaged actors.

¹⁰⁵ https://demagog.org.pl/fake_news/niemiecka-policja-podrzuca-chorych-imigrantow-do-polski-nieprawda/, <https://konkret24.tvn24.pl/polska/niemieckie-sluzby-przekazuja-migranta-do-polski-wyjasnienie-zaskakuje-st8305803> [accessed: 07.02.2026]

Some disinformation narratives are additionally coupled with explicit calls to action. Audiences are not only exposed to distorted content but are also encouraged to undertake specific behaviours, such as signing petitions, participating in protests, attending meetings, further disseminating selected content, or financially supporting particular initiatives, organisations, or individuals. Such calls to action facilitate the translation of disinformation into concrete social, political, or financial engagement, thereby increasing its reach and mobilisation potential.

Among the most frequently employed manipulation techniques are appeals to false authority; logical fallacies (including misrepresentation of issues, excessive simplification, and false dichotomies); cherry-picking, understood as the selective use of data, publications, and arguments, often reinforced by anecdotal evidence; as well as elements of conspiracy narratives, which typically involve attributing malicious intent to specific groups or constructing persecuted victim figures designed to evoke strong emotional responses and a sense of threat. A recurring theme across many narratives is also the targeting of institutions responsible for public health protection, as well as personal attacks on their representatives.

In some contexts, there is also a greater reliance on presenting opinions as facts, the use of highly emotive language, and appeals to moral judgement, often alongside the false or distorted presentation of information.

Content

Disinformation content spans a wide range of topics, from vaccinations and diagnostic methods to cancer therapies, reproductive health, transplantation medicine, and the credibility of institutions and medical professionals. Despite this thematic diversity, these narratives share a common objective: undermining trust in science, medicine, and public health systems, while replacing evidence-based knowledge with emotionally charged conspiratorial or pseudoscientific interpretations. They often rely on selective use of information, distortion of context, and the amplification of uncertainty and fear.

A recurring element across many of these narratives is the systematic targeting of institutions responsible for protecting public health, including government agencies, international organisations, and research bodies. These attacks are frequently accompanied by personal accusations directed at individual experts, physicians, or officials, aimed at discrediting their authority and eroding public confidence. Over time, such content contributes to the normalisation of distrust, fosters polarisation, and creates an environment in which misinformation can spread more easily and be more readily accepted.

Degree

Determining the actual reach of disinformation content is difficult due to the technical limitations of tools used to monitor and analyse the infosphere. These tools often depend on incomplete datasets, restricted platform access, or a focus on selected platforms, meaning the data only partially reflects how

information actually circulates. Despite these constraints, estimating the relative reach of individual narratives remains valuable, as it allows for approximations of the scale and visibility of disinformation spread. Such analyses make it possible to identify content that attracts the highest levels of attention within specific platforms or communication channels, as well as to observe patterns of amplification, persistence, as well as, to some extent, cross-platform migration.

Health misinformation is present across all major social media platforms; however, Facebook and X remain the primary tools for mobilisation. These platforms host accounts of key actors consistently involved in spreading disinformation, who systematically amplify their messages, engage audiences, and direct them to other channels or offline activities.

Effect and possible consequences

A full assessment of the effects of health misinformation requires dedicated, in-depth research that examines not only individuals' views and beliefs but also their actual health-related behaviour. Such analysis should consider how false or misleading information shapes decisions about prevention, treatment, and the use of healthcare services. Only by combining self-reported perspectives with observations of real-world practices can we reliably assess the scale and long-term impact of misinformation on public health.

Qualitative analysis of individual narratives, considering both context and the behaviour of disinformation actors, allows for cautious hypotheses about their potential effects. Examining language, persuasive strategies, and distribution channels helps identify mechanisms that might shape audience responses. While not a substitute for in-depth social research, such insights provide a useful starting point for anticipating the public health impacts of false and misleading narratives.

Health misinformation can affect individual choices as well as wider social behaviour, creating tangible risks for public health. False messages may discourage preventive care, delay diagnosis and treatment, or, in extreme cases, prompt people to abandon life-saving therapies in favour of unproven methods. Combining false or misleading content with emotional language and elements of conspiracy narratives often activates mechanisms that evoke confusion, a sense of threat, or fear. Messages constructed in this way can heighten stress and push audiences toward decisions driven by emotion rather than reliable knowledge.

At the societal level, misinformation can contribute to eroding trust in public institutions, experts, and science, weakening the foundations of both the healthcare system and democratic governance. It can fuel social polarisation, create antagonisms around health-related issues, and mobilise groups against institutions responsible for public health. As a result, even neutral actions, such as updated recommendations or preventive campaigns, may face resistance, protests, or waves of hostile narratives. Misinformation may increase susceptibility to conspiracy theories, which can further reinforce distrust and expand the space for manipulation. In some contexts, such dynamics may be exploited for political, economic, or ideological purposes and have implications for national security. Over time, this can reduce the space for constructive debate and contribute to social polarisation, thereby hindering effective health communication efforts.

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