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ORIGINAL RESEARCH

Public Attitudes towards COVID-19 Misinformation and Institutional Trust during the Infodemic in Bulgaria: Results from a Cross-Sectional Survey

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Authors' Contribution:
A – Study design;
B – Data collection;
C – Statistical analysis;
D – Data interpretation;
E – Manuscript preparation;
F – Literature search

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Abstract

Background and Aim of Study: *The COVID-19 pandemic was accompanied by an unprecedented infodemic – a massive overabundance of information, including misinformation and disinformation – that posed significant threats to public health. Bulgaria, like many countries, experienced the dual burden of both the pandemic and the spread of health misinformation through traditional and social media channels. The aim of the study: to examine public attitudes towards COVID-19 misinformation, assess levels of institutional trust during the infodemic, and identify differences in information behaviour between the general public and healthcare professionals in Bulgaria.*

Material and Methods: *A cross-sectional quantitative survey was conducted in October 2024 among two groups: 800 members of the general public (representative urban sample, ages 18–70) and 101 healthcare professionals (physicians and nurses). Data were collected and aggregated via the Alchimer online survey platform, with face-to-face interviews also conducted among healthcare professionals. Descriptive statistics (frequencies and percentages) were used to summarise responses, and comparative analyses were performed primarily using Q-Research software, with IBM SPSS-26 Statistics used for supplementary analyses; the chi-square test was applied to compare categorical variables (statistical significance set at $p<0.05$).*

Results: *Over 92.0% of respondents confirmed that fake news circulated during the pandemic. The most trusted information sources were healthcare experts (79.8% general public; 90.1% healthcare professionals) and official health websites. Social media received the lowest trust ratings and the largest post-pandemic decline in trust (net change: −35.8% general public; −15.4% healthcare professionals). Fake news most strongly affected mental health (67.5% general public; 71.4% healthcare professionals reported strongly negative impact). A majority of the general public (62.8%) believed institutions failed to adequately address misinformation, while healthcare professionals were nearly evenly divided. Significant differences were observed between the two groups regarding information-seeking behaviour, source evaluation, and perceived pandemic authenticity.*

Conclusions: *The COVID-19 infodemic substantially eroded institutional trust in Bulgaria, particularly towards social media and political actors. Healthcare professionals demonstrated stronger media literacy and maintained higher trust in expert sources. These findings underscore the urgent need for institutional communication strategies, media literacy programmes, and coordinated infodemic management policies.*

Keywords: *COVID-19, infodemic, misinformation, institutional trust, health communication, Bulgaria, fake news*

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Introduction

The COVID-19 pandemic, declared by the World Health Organization (WHO) in March 2020, generated not only a public health emergency of global proportions but also an "infodemic" – defined by the WHO as an overabundance of information, both accurate and inaccurate, that makes it difficult for people to find trustworthy sources and reliable guidance when they need it (World Health Organization, 2020). At the Munich Security Conference in February 2020, the WHO Director-General described the infodemic as a second epidemic running alongside the disease itself, potentially more dangerous in some respects due to its capacity to undermine public health responses.

Misinformation and disinformation about COVID-19 spread rapidly through digital channels, encompassing claims about the virus's origins, exaggerated or minimised health risks, unproven treatments, and vaccine hesitancy narratives. Research consistently demonstrates that exposure to health misinformation correlates with reduced compliance with protective measures, increased vaccine hesitancy, and deteriorating trust in health institutions (Lazarus et al., 2022; Neely et al., 2022; Wilson & Wiysonge, 2020).

The financial and human costs of COVID-19 misinformation have been documented across multiple healthcare systems, with estimates suggesting thousands of preventable deaths attributable to misinformation-driven behaviour changes (Meiske et al., 2020; Stoto et al., 2022).

Bulgaria represents a particularly important case study in this context. As a European Union member state with historically lower vaccination rates, high social media penetration, and documented susceptibility to both domestic and foreign-origin disinformation, Bulgaria faced specific challenges in managing the information environment during the pandemic. The country has a complex media landscape, with high levels of audience fragmentation.

Despite the significance of this problem, empirical research examining Bulgarian public attitudes towards COVID-19 misinformation, information-seeking behaviour, and changes in institutional trust remains limited. This study addresses that gap by presenting findings from a large cross-sectional survey conducted among two key population groups: the general public and healthcare professionals.

The research is grounded in two core hypotheses: (1) that a significant portion of the public loses trust in representative institutions during a health crisis and becomes susceptible to misinformation; and (2) that untimely and ineffective communication leads to reduced trust in information sources and amplifies the impact of misinformation - preconditions for infodemic development during the COVID-19 pandemic.

The aim of the study. To examine public attitudes towards COVID-19 misinformation, assess levels of institutional trust during the infodemic, and identify differences in information behaviour between the general public and healthcare professionals in Bulgaria.

Materials and Methods

Study Design

A cross-sectional quantitative survey was conducted in October 2024. The study examined perceptions, attitudes, trust, and behaviour related to fake news and COVID-19 misinformation, its impact on public health, and potential strategies for promoting accurate information.

Participants

Two target groups were surveyed. The first group consisted of 800 members of the general public, recruited through a quota sample representative of the Bulgarian urban population (ages 18-70), stratified by sex and city size. The second group comprised 101 healthcare professionals (physicians and nurses), residing in urban areas. Data collection methods included online questionnaires (15 minutes in duration) for the general public and a combined approach of face-to-face interviews and online questionnaires for healthcare professionals.

Survey Instrument

The structured questionnaire covered seven thematic domains: (1) pandemic behaviour and compliance with public health measures; (2) information-seeking behaviour; (3) trust in information sources during the pandemic; (4) perceptions of misinformation and its sources; (5) perceived impact of fake news on health and institutions; (6) institutional response to misinformation; and (7) changes in trust after the pandemic. Questions used Likert-type response scales and multiple-choice formats. The instrument was pilot-tested prior to deployment.

Data Analysis

Descriptive statistics (frequencies and percentages) were calculated for all variables. Comparative analyses between the general public and healthcare professional groups were performed for key indicators, primarily using Q-Research software, with IBM SPSS-26 Statistics used for supplementary analyses. The chi-square test was applied to assess differences between groups, with statistical significance set at $p<0.05$. Sub-group analyses were conducted by settlement type, age group, and COVID-19 illness history. All data were analysed using weighted percentages where applicable. Data collection and aggregation were conducted via the Alchimer online survey platform.

Results

Sample Characteristics

The general public sample (n=800) was 52.5% female and 47.5% male. The age distribution was 18-29 years (14.5%), 30-39 years (18.5%), 40-49 years (23.5%), 50-59 years (28.5%), and 60-70 years (15.0%). Educational attainment was high, with 49.75% holding a master's degree and 22.0% a bachelor's degree. Geographically, 28.0% resided in Sofia, 22.3% in cities over 100,000 inhabitants, 15.5% in cities of 50,000-100,000, and 34.3% in smaller cities.

The healthcare professional sample (n=101) was 75.8% female, with a higher concentration in the 30–49 age bracket (64.8% combined). The group included

physicians (27.5%), nurses (29.7%), and other medical specialists (42.9%).

Pandemic Behaviour and COVID-19 Illness Experience

Approximately 75.8% of healthcare professionals reported having contracted COVID-19 at least once, compared to 59.75% of the general public. Regarding compliance with public health measures, healthcare professionals demonstrated higher levels of strict adherence across all measured behaviours. Mask-wearing in indoor spaces was strictly observed by 67.0% of healthcare professionals versus 48.8% of the general public. Social distancing was strictly observed by 63.7% and 51.3% respectively. Complete self-isolation was the least observed measure in both groups, with 26.3% of the general public reporting non-compliance.

Information-Seeking Behaviour

Healthcare professionals showed significantly higher engagement with pandemic-related information. Nearly 62.6% actively followed multiple information sources and sought to be well-informed, compared to 43.5% of the general public. Only 1.1% of healthcare professionals reported not following the news at all, versus 5.0% of the general public. Approximately 89.0% of healthcare professionals believed they had a realistic understanding of the situation (fully or partially), compared to 74.3% of the general public.

Regarding social media activity, approximately 49.5% of healthcare professionals shared or published COVID-19 information online (frequently or occasionally), compared to approximately 49.5% of the general public. Notably, 23.1% of healthcare professionals acknowledged they may have unwittingly spread misinformation, compared to 11.8% of the general public.

In terms of fact-checking behaviour, 57.1% of healthcare professionals verified the source of information, compared to 45.75% of the general public. One third of the general public (32.3%) took no special steps to identify false information, compared to only 15.4% of healthcare professionals.

Trust in Information Sources during the Pandemic

Table 1 presents trust levels (combined "fully trust" and "partially trust" responses) in key information sources during the COVID-19 pandemic for both groups.

Table 1

Trust in COVID-19 Information Sources (% Trusting Fully or Partially)

Information Source	General Public (%)	Healthcare Professionals (%)
Healthcare experts	79.8	90.1
Official Bulgarian health websites	71.5	87.9
Official international health websites	68.3	80.2
National TV (BNT1, bTV, Nova TV)	72.5	85.7
World Health Organization	67.3	75.8
International websites	60.5	76.9
Bulgarian websites	59.3	73.6
International TV	57.8	76.9
National Radio (BNR)	56.8	80.2
Print media	47.0	73.6
Social media	48.5	64.8

Healthcare experts were the most trusted source in both groups, though the margin was substantially higher among healthcare professionals (90.1% vs. 79.8%). Social media consistently received the lowest trust ratings. The WHO enjoyed relatively higher trust among healthcare professionals than among the general public.

Perceived Objectivity and Misinformation

The vast majority of respondents in both groups – 92.3% of healthcare professionals and 92.5% of the general public confirmed that fake and false news circulated during the pandemic.

Table 2 shows the perceived objectivity of key information sources.

Social media and Bulgarian websites were perceived as the channels most associated with disinformation by both groups. Healthcare experts and the WHO were most frequently rated as "always objective," particularly by healthcare professionals. Both groups indicated that sources simultaneously trusted and perceived as sometimes spreading false news, reflecting the complex information environment of the pandemic.

Main Topics of Misinformation

Respondents identified vaccine necessity as the most common misinformation topic among the general public (62.8%), followed by pandemic origin theories (60.8%), treatment and medication claims (51.0%), and the genuine threat to life and health (50.8%).

Among healthcare professionals, pandemic origin theories were most frequently cited (56.0%), followed by the genuine health threat (44.0%), vaccine necessity (42.9%), and treatment information (36.3%). The average number of misinformation topics identified per respondent was 3.5 for the general public and 2.8 for healthcare professionals.

Table 2

Perceived Objectivity and Disinformation Spreading by Information Source (Selected Items)

Information Source	Always objective – GP (%)	Always objective – HP (%)	Spread disinfo – GP (%)	Spread disinfo – HP (%)
Healthcare experts	26.0	42.9	58.3*	49.5*
WHO	25.3	41.8	52.8*	48.4*
National TV (BNT1, bTV, Nova)	21.8	31.9	64.5*	62.6*
Social media	5.0	9.9	78.0*	80.2*
Bulgarian websites	7.5	11.0	73.5*	81.3*

Note. GP = General public; HP = Healthcare professionals. *Figures represent combined "sometimes spread" and "exclusively spread disinformation" responses. Disinformation spreading is not mutually exclusive with perceived trust.

Perceived Impact of Misinformation

Both groups identified mental health as the domain most severely affected by fake news. Among the general public, 67.5% reported strongly negative impacts on mental health; 56.0% of healthcare professionals reported the same.

Table 3 summarises perceived impacts across key domains.

Table 3

Strongly Negative Impact of Fake News by Domain (% Reporting Strong Negative Influence)

Domain	General Public (%)	Healthcare Professionals (%)
Mental health of the population	67.50	71.4
Trust in official institutions	50.25	50.5
Physical health of the population	40.25	56.0
Trust in official media	44.75	40.7
Personally and my family	23.25	25.3

An overwhelming majority in both groups - of healthcare professionals and of the general public - agreed that misinformation and fake news in a health crisis context can lead to fatal consequences.

Institutional Response to Misinformation

Significant divergence was observed between the two groups regarding their assessment of institutional performance in addressing misinformation. Among the general public, 62.8% reported that responsible institutions failed to adequately address fake news and pandemic propaganda. In contrast, 51.7% of healthcare professionals believed institutions were sufficiently responsive. This represents a statistically notable difference in institutional evaluation between the two groups.

The abundance of information itself was perceived differently: 48.4% of healthcare professionals viewed the volume of pandemic information as having at least partially positive effects on managing the pandemic, while 59.5% of the general public considered the information overload as entirely or partially negative - creating tension and stress.

Post-Pandemic Changes in Trust

Table 4 presents changes in trust (calculated as the difference between those reporting increased trust and those reporting decreased or lost trust) across information sources after the end of the pandemic.

All information sources experienced a net decline in trust among the general public after the pandemic. The most dramatic declines were registered for social media (-35.8%) and politicians and officials (-49.3%). Healthcare experts experienced the smallest trust decline among the general public (-18.5%) and, uniquely, a slight net increase (+2.2%) among healthcare professionals. Among healthcare professionals, the WHO also showed near-neutral change (-1.1%), suggesting relative resilience of expert and institutional scientific credibility within the professional community.

Sub-Group Analysis

Analysis by settlement type revealed that residents of Sofia and large cities reported more active and diversified information-seeking behaviour compared to small-city residents.

Small-city residents were more likely to perceive the pandemic as fabricated (majority view) compared to approximately half of large-city residents who considered it genuine. Social media trust decline was most pronounced in large cities (-37.3%) compared to small cities (-34.2%).

Age-group analysis indicated that younger respondents (under 30) followed information less extensively and relied more on key news items, while older age groups (50+) actively sought comprehensive information.

Table 4

Post-Pandemic Net Change in Trust by Information Source (Positive=Increase, Negative=Decrease)

Information Source	General Public (net %)	Healthcare Professionals (net %)
Social media	−35.8	−15.4
Print media	−27.0	−16.5
Bulgarian websites	−27.0	−17.6
Politicians and officials	−49.3	−21.7
Other Bulgarian TV	−25.0	−14.3
International TV	−22.8	−11.0
WHO	−24.8	−1.1
National TV (BNT1, bTV, Nova)	−18.3	−3.3
Healthcare experts	−18.5	+2.2

Younger respondents demonstrated stronger trust in international information channels and were more likely to check author credentials and publication dates when evaluating content.

Among those who personally contracted COVID-19, slightly higher trust in healthcare experts was maintained, and smaller declines in trust were noted across most sources compared to those who did not contract the disease.

Discussion

This study provides empirical evidence on how the COVID-19 infodemic manifested in Bulgaria, confirming both major research hypotheses: that a significant proportion of the public loses trust in representative institutions during a health crisis and becomes susceptible to misinformation, and that untimely and ineffective communication amplifies the infodemic effect.

The near-universal acknowledgment that fake news circulated during the pandemic (>92.0% in both groups) underscores the pervasiveness of misinformation in the Bulgarian information environment. This finding aligns with cross-national research documenting the scale of COVID-19 misinformation (Lazarus et al., 2022) and with the WHO's own assessment of the infodemic as a parallel global crisis (World Health Organization, 2020).

The differential trust profiles between healthcare professionals and the general public are particularly noteworthy. Healthcare professionals consistently showed stronger reliance on expert and institutional sources, better media literacy, and greater confidence in their ability to evaluate information. These differences likely reflect the combined effects of professional training, access to specialised information channels, and a stronger sense of epistemic responsibility. Similar patterns have been observed in research on health literacy and pandemic information processing in other national contexts (Granelli, 2020).

The observation that nearly one quarter of healthcare professionals (23.1%) acknowledged they may have unwittingly spread misinformation - a rate roughly double that of the general public (11.8%) - is among the most striking and counterintuitive findings of this study, and merits careful interpretation. At first glance, this appears to contradict the overall pattern of stronger media literacy among healthcare professionals. However, it likely reflects a different dynamic: professionals are more active information sharers, more embedded in peer networks, and more likely to engage with and redistribute health-related content, thereby increasing their statistical exposure to misinformation even as they maintain stronger critical faculties overall. This finding is consistent with research demonstrating that information volume and sharing frequency - not merely critical literacy - are significant determinants of inadvertent misinformation spread (Pennycook et al., 2020). It also highlights an important nuance in infodemic management: the problem is not confined to poorly informed or media-illiterate audiences. Even highly trained professionals operating under conditions of information overload, time pressure, and rapidly evolving scientific guidance can become unintentional vectors of misinformation (Melnyk & Stadnik, 2020). This has direct implications for professional development and continuing medical education, which should incorporate specific training in information evaluation, source verification, and responsible digital communication as routine competencies rather than optional additions.

The role of information overload itself deserves further attention in this context. The COVID-19 pandemic generated an unprecedented volume of health-related content across all channels simultaneously - peer-reviewed preprints, official guidance, media commentary, social media posts, and informal professional communications - often arriving faster than it could be verified or contextualised. The WHO has described this dynamic as a core feature of the infodemic, noting that the sheer volume of information creates cognitive strain that impairs even expert judgment (World Health Organization, 2023; Tangcharoensathien et al., 2020). The finding in this study that 48.4% of healthcare professionals – compared to 59.5% of the general public – perceived the abundance of pandemic information as having negative effects is instructive: while professionals were somewhat more likely to see value in information abundance, a substantial proportion

still experienced it as destabilising. This convergence across groups suggests that information overload is a structural feature of modern health crises rather than a consequence of individual media literacy deficits, and that systemic responses - including curated, authoritative information hubs, rapid rumour surveillance, and proactive prebunking strategies - are necessary complements to individual-level media literacy interventions (Roozenbeek et al., 2020; Zarocostas, 2020). The WHO's EARS (Early AI-supported Response with Social Listening) platform and similar infodemic monitoring tools represent promising steps in this direction, though their integration into national public health communication systems remains uneven across European member states, including Bulgaria.

The dramatic decline in trust towards social media platforms is consistent with global trends. Our finding of a -35.8% net trust change among the general public for social media is particularly concerning given the widespread use of these platforms in Bulgaria for news consumption. Research has consistently demonstrated links between social media misinformation exposure and vaccine hesitancy (Wilson & Wiysonge, 2020; KFF COVID-19 Vaccine Monitor, 2021). The concentration of misinformation on vaccine necessity (62.8% of general public respondents) and pandemic origin theories (60.8%) reflects the primary vectors of COVID-19 misinformation documented globally.

The finding that 62.8% of the general public believed institutions failed to address misinformation adequately, compared to only 48.4% of healthcare professionals holding this view, highlights a significant communication gap. This gap aligns with the hypothesis that untimely and ineffective institutional communication creates conditions for infodemic amplification. Effective crisis communication requires transparency, consistency, and timeliness; deficiencies in these domains can create informational vacuums that misinformation readily fills (Granelli, 2020; WHO, 2022).

The mental health impact of the infodemic deserves particular attention. The finding that over two-thirds of respondents in both groups reported strongly negative mental health impacts from fake news aligns with emerging research on the psychological burden of misinformation exposure (Meiske et al., 2020). This represents a public health consequence that extends beyond the direct health effects of disease, further justifying infodemic management as a core public health function.

The divergence in perceptions of pandemic authenticity – approximately 43.3% of respondents combined expressing some degree of doubt about the pandemic's reality – represents a significant challenge for future health emergency preparedness. This level of scepticism, likely amplified by exposure to conspiracy-oriented misinformation, creates barriers for rapid, compliant public health responses in future crises.

Geographic and demographic variations in this study illuminate how infodemic dynamics interact with broader social determinants. The finding that smaller-city residents more frequently doubted the pandemic's authenticity while simultaneously trusting international media more for disinformation attribution suggests differentiated information ecosystems that require tailored intervention strategies.

The Bulgarian context warrants particular attention in interpreting these findings. As a post-communist society with historically low institutional trust and a media landscape characterised by high concentration, ownership opacity, and susceptibility to foreign influence operations, Bulgaria entered the pandemic in a position of pre-existing informational vulnerability (Loucaides & Perrone, 2021). Research on disinformation in Eastern European contexts suggests that populations with weaker traditions of independent journalism and civic media literacy are disproportionately exposed to health-related misinformation during crises (Granelli, 2020). The exceptionally sharp decline in trust towards politicians and government officials observed in this study (-49.3% net change among the general public) likely reflects not only pandemic-specific disappointments but also deeper, longer-standing patterns of political distrust that the infodemic further reinforced. This finding resonates with broader European survey data documenting accelerated institutional trust erosion in countries where pre-pandemic governance credibility was already fragile (Roozenbeek et al., 2020), as well as studies examining the role of the state as a guarantor of the health and safety of its citizens and the global community through the implementation of various approaches to tackling the COVID-19 pandemic in an international context (Melnyk, 2020). Addressing the infodemic in such contexts therefore requires not only technical communication improvements but also structural investments in independent media, transparent governance, and long-term public trust-building – measures that extend well beyond the scope of any single health emergency.

Conclusions

This study provides robust evidence that the COVID-19 infodemic exerted substantial negative effects on institutional trust in Bulgaria, with the most severe erosion affecting social media platforms, politicians, and official media. Healthcare experts emerged as the most resilient trust anchors, particularly among healthcare professionals. The mental health burden of misinformation exposure was identified as the most immediate harm perceived by both population groups.

The findings confirm both research hypotheses, demonstrating that a significant portion of the Bulgarian public lost trust in institutions during the health crisis and that ineffective communication amplified susceptibility to misinformation. These results have direct policy implications for infodemic management, crisis communication strategy, and health system preparedness.

Public health systems should prioritise the development of institutional communication capacities that emphasise transparency, timeliness, and credibility. Investment in media literacy education, particularly for younger and

smaller-city populations, is essential for building societal resilience against future infodemics. The notably more robust information behaviours observed among healthcare professionals suggest that professional training models may offer transferable principles for public health communication more broadly. Coordination between national health institutions, international organisations such as WHO and digital platforms is critical for effective infodemic containment. Future research should investigate longitudinal changes in trust following the pandemic, the specific mechanisms through which misinformation affects health decision-making in the Bulgarian context, and the effectiveness of counter-misinformation interventions across different demographic groups.

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Ethical Approval

The study was carried out according to the Declaration of Helsinki, to the Good Clinical Practice principles for medical research and the current regulations relating to the protection and processing of personal and sensitive data.

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References

Abed, S., Ioos, S., & Shindo, N. (2024). Understanding disinformation in the context of public health emergencies: The case of COVID-19. *Weekly Epidemiological Record, 99*(4), 38–48. https://iris.who.int/bitstream/handle/10665/375832/WER9904-38-48.pdf

Chou, W.-Y. S., Oh, A., & Klein, W. M. P. (2018). Addressing health-related misinformation on social media. *Journal of the American Medical Association, 320*(23), 2417–2418. https://doi.org/10.1001/jama.2018.16865

Cinelli, M., Quattrociocchi, W., Galeazzi, A., Valensise, C. M., Brugnoli, E., Schmidt, A. L., Zola, P., Zollo, F., & Scala, A. (2020). The COVID-19 social media infodemic. *Scientific Reports, 10*(1), Article 16598. https://doi.org/10.1038/s41598-020-73510-5

Featherstone, J. D., & Zhang, J. (2020). Feeling angry: The effects of vaccine misinformation and refutational messages on negative emotions and vaccination attitude. *Journal of Health Communication, 25*(9), 692–702. https://doi.org/10.1080/10810730.2020.1838671

Granelli, F. (2020). Disinformation's societal impact: Britain, Covid, and beyond. *Defence Strategic Communications, 8*, 89–140. https://doi.org/10.30966/2018.RIGA.8.3.

Hamel, L., Lopes, L., Kirzinger, A., Sparks, G., Stokes, M., & Brodie, M. (2021, November 8). *KFF COVID-19 vaccine monitor: Media and misinformation.* Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-media-and-misinformation/

Islam, M. S., Sarkar, T., Khan, S. H., Mostofa Kamal, A. H., Hasan, S. M. M., Kabir, A., Yeasmin, D., Islam, M. A., Amin Chowdhury, K. I., Anwar, K. S., Chughtai, A. A., & Seale, H. (2020). COVID-19–related infodemic and its impact on public health: A global social media analysis. *The American Journal of Tropical Medicine and Hygiene, 103*(4), 1621–1629. https://doi.org/10.4269/ajtmh.20-0812

Lazarus, J. V., Wyka, K., White, T. M., Picchio, C. A., Rabin, K., Ratzan, S. C., Parsons Leigh, J., Hu, J., & El-Mohandes, A. (2022). Revisiting COVID-19 vaccine hesitancy around the world using data from 23 countries in 2021. *Nature Communications, 13*, Article 3801. https://doi.org/10.1038/s41467-022-31441-x

Loucaides, D., & Perrone, A. (2021). *Germany's COVID sceptics fuelled by Russian media and far-right conspiracies.* Open Democracy. https://www.opendemocracy.net/en/germanys-covid-sceptics-fuelled-by-russian-media-and-far-right-conspiracies/

Meiske, D., Duke, C., Suter, J., Manly, L., & Petersdorff, C. V. (2020). *The cost of lies: Assessing the human and financial impact of COVID-19 related online misinformation on the UK.* London Economics. https://londoneconomics.co.uk/wp-content/uploads/2021/01/The-Cost-of-Lies_clean_2.2.21.pdf

Melnyk, Yu. B., & Stadnik, A. V. (2020). Medical and psychological support to specialists under conditions of pandemic COVID-19. *Minerva Psichiatrica, 61*(3), 109–112. https://doi.org/10.23736/s0391-1772.20.02083-X

Melnyk, Yu. B. (2020). International view at health: World after pandemic COVID-19. *International Journal of Science Annals, 3*(2), 24–32. https://doi.org/10.26697/ijsa.2020.2.4

Neely, S. R., Eldredge, C., Ersing, R., & Remington, C. (2022). Vaccine hesitancy and exposure to misinformation: A survey analysis. *Journal of General Internal Medicine, 37*(1), 179–187. https://doi.org/10.1007/s11606-021-07171-z

Pennycook, G., McPhetres, J., Zhang, Y., Lu, J. G., & Rand, D. G. (2020). Fighting COVID-19 misinformation on social media: Experimental evidence for a scalable accuracy-nudge intervention. *Psychological Science, 31*(7), 770–780. https://doi.org/10.1177/0956797620939054

Roozenbeek, J., Schneider, C. R., Dryhurst, S., Kerr, J., Freeman, A. L. J., Recchia, G., van der Bles, A. M., & van der Linden, S. (2020). Susceptibility to misinformation about COVID-19 across 26 countries. *Royal Society Open Science, 7*(10), Article 201199. https://doi.org/10.1098/rsos.201199

Stoto, M. A., Schlageter, S., & Kraemer, J. (2022). COVID-19 mortality in the United States: It's been two Americas from the start. *PLOS ONE, 17*(4), Article e0265053. https://doi.org/10.1371/journal.pone.0265053

Tangcharoensathien, V., Calleja, N., Nguyen, T., Purnat, T., D'Agostino, M., Garcia-Saiso, S., Landry, M., Rashidian, A., Hamilton, C., AbdAllah, A., Ghiga, I., Hill, A., Cunningham, J., De Domenico, M., Stilianakis, N., Ghafur, S., & Godlee, F. (2020). Framework for managing the COVID-19 infodemic: Methods and results of an online, crowdsourced WHO technical consultation. *Journal of Medical Internet Research, 22*(6), Article e19659. https://doi.org/10.2196/19659

Wilson, S., & Wiysonge, C. (2020, December 3). *Misinformation on social media fuels vaccine hesitancy: A global study shows the link*. The Conversation. https://doi.org/10.64628/AAJ.suyfyr3nf

World Health Organization. (2020, February 15). *Munich Security Conference [Speech by the Director-General]*. https://www.who.int/news-room/speeches/item/munich-security-conference

World Health Organization. (2021, May 31). *Strengthening WHO preparedness for and response to health emergencies*. Seventy-Fourth World Health Assembly. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf

World Health Organization. (2022). *Donors making a difference: Fighting myths and misinformation.* https://www.who.int/news-room/feature-stories/detail/donors-making-a-difference--fighting-myths-and-misinformation

World Health Organization. (2023). *Infodemic management 101.* OpenWHO. https://openwho.org/emergencymgmt/499738/Infodemic+management

Zarocostas, J. (2020). How to fight an infodemic. *The Lancet, 395*(10225), Article 676. https://doi.org/10.1016/S0140-6736(20)30461-X

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