



The Health of your Family, Friends, and Co-workers

Results, Responses and Summary

Survey conducted during November 2025
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Control Group Cooperative Ltd.

Introduction

Thank you to everyone who participated in the Control Group pop-up survey on observations of health and societal attitudes over the past year. This has been an insightful report that shows the damaging effect of the Pandemic era on personal and family relationships and a continued breakdown of trust in government and governmental systems far beyond that period.

The total number of respondents was 542, of which 46 (8.49%) reported to be healthcare professionals, which may account for some of the highest values in the observations of disease and sudden deaths.

A summary of responses has been created for each of the following regions: Africa, Asia, Australia, Canada, Europe, North America, South America, and United Kingdom.

There were 150 responses to question 5(a) regarding attitudes regarding future vaccinations for children, and 310 responses to question 5(b) regarding future vaccination choices for pets.

This report does not present an analysis, it is purely a summary of your anecdotal responses and charting of the data entered.

If you have any questions, please email support@controlgroup.coop

The aim of this survey was:

- a) To record what Control Group (CG) participants were observing in terms of the health of their friends, family and co-workers for the period of 1st January 2024 to 30th June 2025.
- b) To understand the attitudes of friends, family and co-workers towards those who chose not to take the Covid vaccination for the period of 1st January 2024 to 30th June 2025
- c) To see how attitudes to future vaccinations were changing in CG participants – bearing in mind that only about 5% of nearly 350k CG participants reported having never been vaccinated for anything.

How was the survey conducted?

The online survey was time-limited from 1st November 2025 to 30th November 2025, and open to all existing Control Group (CG) participants over the age of 18 years. Respondents had to login to their CG account to access the survey, which was self-reported, with question being either numerical or free-text entries.

Limitations

Almost all the respondents are COVID unvaccinated (approx. 98%) with most of these people already being health-aware and suspicious of mainstream medicine (by virtue of being a member of the Control Group) and therefore any change shown in attitude toward allopathic medicine is likely to be different to the general population.

QUESTION 1

Enter the number of friends, family or co-workers who have died “suddenly” or “unexpectedly” from the following between January 1st 2024 and June 31st 2025.

a) Fast Acting "Turbo" Cancer

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	523	13	3	1	2
Between 21 and 40 years old	493	41	2	2	4
Between 41 and 60 years old	408	93	17	6	18
Over 61 years old	349	144	16	10	23

b) Previously Undiagnosed Heart Issues

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	530	7	4	0	1
Between 21 and 40 years old	502	28	6	4	2
Between 41 and 60 years old	445	75	11	7	4
Over 61 years old	441	77	8	11	5

c) Other Causes (not including death by accident/injury)

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	533	6	2	1	0
Between 21 and 40 years old	517	17	3	3	2
Between 41 and 60 years old	480	44	12	5	1
Over 61 years old	426	90	17	4	5

The following is a breakdown of what respondents said they noticed within the family, friends, and co-workers regarding their health during this period.

Respondents from Africa

Although no reports of sudden deaths among close family or friends in the past year, they have heard several second-hand accounts within their wider network. Because these reports were indirect, they are unable to give any reliable numbers, conveying a general awareness of such events rather than personal experience.

In contrast, the respondents describe clear and concerning patterns of non-fatal health issues among colleagues and acquaintances. These include severe autoimmune-like conditions—such as extreme psoriasis and hives—as well as a noticeable number of neurological or neurodegenerative illnesses.

They specifically mention two cases of early-onset dementia and three cases of Parkinson's disease, which appear to stand out to them due to their seriousness and frequency.

Overall, the response reflects a tension between vague, unquantifiable awareness of sudden deaths and a more concrete perception of rising severe health problems. Respondents express unease and heightened concern, particularly around what feels like an unusual clustering of significant inflammatory and neurological conditions within their social environment.

Respondents from Asia

The Asia responses describe a mix of personal loss, unresolved illness, and emotional strain. They highlight members suffering from recurring, unexplained neurological problems—an ongoing issue marked by uncertainty and frustration, as medical professionals have been unable to determine a cause.

A main concern reflects the difficulty keeping track of how many people have died, suggesting that deaths within their community feel unusually frequent. This expresses a sense of overwhelm and emotional fatigue, indicating that the volume of loss has surpassed what respondents can easily process or recall.

Many respondents imply rising mortality within their social circle, persistent health challenges without answers, and a general sense of resignation or numbness. The overall sentiment is one of concern, exhaustion, and an inability to make sense of the health and mortality patterns surrounding them.

Respondents from Australia

The Australian responses describe a wide range of intense and often emotionally charged experiences involving sudden deaths, severe illnesses, and broader perceptions of declining health within communities. Many accounts involve unexpected or rapid deaths—from aneurysms and brain bleeds to fast-progressing cancers and motor or neurodegenerative conditions. Several respondents also describe athletic or activity-related collapses, as well as rapidly advancing dementia and rare neurological diseases. A repeated theme is the perception of unusually fast or aggressive cancer progression, which some participants label as “turbo cancers,” reflecting their sense of shock at the speed of decline.

Beyond deaths, respondents report numerous serious non-fatal conditions. These include neurological problems, cardiovascular disorders such as cardiomyopathy, and a wide array of cancers. Some also describe chronic, unexplained, or inflammatory illnesses that seem to be occurring more often in their networks. A few respondents offer commentary on healthcare systems or public health policies, expressing frustration about perceived gaps in recognition or response to these health issues. While these views reflect strong personal sentiment, they are described as perceptions rather than established medical conclusions.

A smaller subset of respondents report experiencing no deaths or serious illnesses in their circles, indicating that not all communities represented share the same degree of impact. However, many others describe broader patterns of people “being sick all the time” or noticing rising rates of serious disease, contributing to a sense of widespread decline.

Emotionally, the Australian responses convey substantial distress. Shock, grief, and alarm appear frequently, especially in relation to sudden or unexplained health events. Many describe confusion, helplessness, and anxiety in the face of rapid illness progression or unclear medical explanations. Some respondents also express distrust toward institutions or public health guidance, adding to feelings of frustration and fear. Overall, the sentiment is dominated by concern and a belief that

severe health events are becoming more common, though experiences vary across individuals and communities.

Respondents from Canada

The Canadian responses describe a wide spectrum of serious health events, including sudden deaths, rapidly progressing illnesses, chronic conditions, and mental health struggles. Many participants report heart-related deaths, cancer fatalities, and unexpected losses among relatives, co-workers, and community members. Several cancers are mentioned—pancreatic, prostate, melanoma, blood cancers, and cases described as fast-progressing or of unknown origin—alongside deaths where the cause was unclear. A small number also reference suicide as part of the health challenges being observed. These accounts often carry a tone of shock, sadness, and confusion, particularly when illnesses advanced quickly or medical explanations were unavailable.

Beyond fatalities, respondents recount numerous non-fatal but serious health problems. These include cardiovascular issues such as heart disease and blood clots, neurological disorders, rare or unexplained blood conditions, chronic debilitating illnesses, and inflammatory or dermatological problems like rosacea. Several people note that doctors were unable to identify causes for certain conditions, leading to frustration and a sense of helplessness. Some respondents describe tracking multiple illnesses within their networks, reflecting how overwhelming the volume of health events feels to them.

A smaller portion of participants report no major illnesses or deaths in their circles, sometimes framing this in relation to personal beliefs or vaccination choices. Their accounts contrast sharply with others describing numerous serious cases, highlighting variation in experiences across communities.

Broader observations appear throughout the responses, with many expressing a perception that severe illnesses and deaths are becoming more frequent. Some mention difficulties obtaining clear information about causes of death, while others raise concerns or scepticism regarding public health or medical guidance. These statements reflect personal sentiment rather than verified medical conclusions but help convey the emotional climate of the responses.

Overall, the Canadian entries reflect a community experiencing what feels like an unusually high number of serious health challenges. The dominant emotions include concern, grief, confusion, frustration, and—in some cases—distrust. While experiences vary, the prevailing impression is one of unease and heightened awareness of illness and mortality within respondents' social circles.

Respondents from Europe

The European responses describe an exceptionally wide range of serious health events, including sudden deaths, rapidly progressing illnesses, cancers, neurological and cardiovascular conditions, autoimmune disorders, infant health crises, and chronic disease. Many respondents report multiple deaths within their social circles, with some describing sudden or unexplained losses, fast-advancing cancers, and cases involving infants or young children. These accounts often carry strong emotional weight, with several respondents expressing shock at how quickly illnesses progressed or how unexpectedly people died.

Beyond fatalities, respondents list numerous severe non-fatal conditions affecting friends, relatives, and colleagues. These include strokes, blood clots, heart inflammation, autoimmune and neurological diseases such as MND, lupus, and Parkinson-like disorders, as well as a wide variety of cancers affecting multiple organs and age groups. Some also describe kidney failure, vascular disease, reproductive health concerns, and other complex medical issues. Many express the feeling that these

conditions are appearing more frequently or more aggressively than in the past, contributing to a sense of alarm.

A significant subset of responses also contains strong expressions of distrust—toward healthcare systems, government institutions, and vaccination campaigns. These statements reflect personal beliefs and emotional reactions rather than medical evidence, but they underscore the depth of frustration and scepticism present in many accounts. Some respondents additionally describe broader community patterns, such as clusters of illness in nursing homes or widespread reports of people becoming chronically unwell, contributing to a perception of population-level decline.

Although a small minority reports no significant health issues in their immediate circles, these neutral accounts are greatly outnumbered by descriptions of illness and loss. The overall emotional landscape across the European responses is dominated by grief, shock, fear, and anger. Many respondents convey a sense of being overwhelmed by the volume and severity of health events around them, along with anxiety about what they perceive as a rapid deterioration in community health and insufficient institutional acknowledgment or explanation.

Taken together, the European submissions form one of the most emotionally charged sets of responses, reflecting both extensive reports of serious illness and a profound sense of distress and unease within many social circles.

Respondents from North America

The North American responses describe a broad mix of sudden deaths, severe illnesses, and complex medical events affecting friends, relatives, colleagues, and community members. Many participants recount unexpected or rapid deaths, particularly involving cardiac events, strokes, or fast-progressing cancers. Others describe deaths tied to medical complications, infections, or unclear causes, as well as losses among both middle-aged and elderly individuals. These accounts often carry strong emotional weight, marked by shock, sadness, and confusion—especially when illnesses advanced quickly or lacked clear medical explanations.

Alongside fatalities, respondents report a wide range of serious non-fatal illnesses, including heart disease requiring surgery, myocarditis-like symptoms, neurological disorders such as ALS or Parkinson-like conditions, and multiple cancer diagnoses (including some described as sudden or fast-growing). Additional reports include severe infections, toxic shock syndrome, sepsis, acute pancreatitis, shingles complications, and significant cardiovascular or neurological events across varied age groups. Many respondents express feeling overwhelmed or emotionally exhausted by the number of cases they have witnessed.

A smaller group of participants reports no serious health issues within their social circles. These neutral or relieved responses create a sharp contrast with the heavier accounts and, in some cases, reflect personal or ideological framing around health choices.

Broader perceptions appear throughout the responses, with several people expressing the belief that serious illnesses and sudden deaths are becoming more common. Some respondents voice distrust toward medical systems, public health institutions, or vaccine programs, describing concerns about under-reporting or lack of transparency—reflecting personal sentiment rather than established medical evidence. Others describe pressure surrounding medical decisions, which contributes to feelings of resentment or helplessness.

Overall, the North American responses convey a community experiencing what feels like widespread and intensifying health challenges. The dominant emotional themes include fear, grief, frustration, and scepticism, alongside a sense of confusion about rapid or unexplained medical events. While

experiences vary considerably, the majority of accounts describe significant concern about the frequency and severity of illness and death within their social environments.

Respondents from United Kingdom

The UK responses describe a substantial number of sudden deaths, rapidly progressing illnesses, and severe chronic conditions across a wide range of ages. Many participants report unexpected losses—some involving cardiac events, strokes, or unexplained collapse—alongside a large number of cancer-related deaths, including cases described as fast-advancing or unusually aggressive. Respondents also mention deaths from neurological degeneration, organ failure, and complex medical complications. These accounts often emphasize how quickly health declined and reflect a strong sense of grief, shock, and emotional fatigue.

Beyond fatalities, respondents describe numerous serious non-fatal illnesses among friends, relatives, and colleagues. These include cardiovascular problems, neurological conditions, autoimmune issues, and a high frequency of cancer diagnoses affecting multiple organs and age groups. Some also report chronic or worsening conditions such as kidney failure, vascular disease, inflammatory disorders, and long-term health deterioration following medical treatment. Many feel these illnesses are occurring more often than before, contributing to a heightened sense of concern and alarm.

Wider community-level observations also appear throughout the responses. Several people describe clusters of illness within neighbourhoods, families, or nursing homes, noting that it seems common for acquaintances to be affected by severe disease. Some respondents link these patterns to vaccination programs or express frustration with medical or government institutions—reflecting personal sentiment rather than established medical evidence. These statements often carry strong emotional intensity, marked by distrust, anger, and a belief that important information is being overlooked or minimized.

A small minority report no significant illnesses or deaths within their immediate circles, offering a contrasting perspective that appears relatively rare compared with the broader dataset.

Overall, the UK responses present a deeply emotional picture characterised by grief, shock, fear, and frustration. Many respondents describe witnessing repeated or rapid health declines among people they know, paired with a strong sense of community-level distress and widespread concern about increasing illness and mortality.

QUESTION 2

Enter the number of friends, family or co-workers who have been diagnosed with the following between January 1st 2024 and June 31st 2025.

a) Cancer - Early Stage

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	528	12	1	1	
Between 21 and 40 years old	506	27	6	1	2
Between 41 and 60 years old	409	98	16	9	10
Over 61 years old	384	123	19	8	8

b) Cancer - Late State ('Turbo Cancer')

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	537	4	1	0	0
Between 21 and 40 years old	509	25	4	2	2
Between 41 and 60 years old	435	80	13	9	5
Over 61 years old	391	122	16	7	6

c) Diabetes

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	539	1	2	0	0
Between 21 and 40 years old	522	15	2	3	0
Between 41 and 60 years old	493	35	8	3	3
Over 61 years old	492	36	6	5	3

d) Heart Issues and/or Blood Clots

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	528	12	2	0	0
Between 21 and 40 years old	493	32	9	7	1
Between 41 and 60 years old	425	94	12	7	4
Over 61 years old	379	133	14	10	6

e) Declined Mental Capacity or Serious Memory Problems

Age	No one	Between 1 and 5 people	Between 6 and 15 people	Between 16 and 49 people	Over 50 people
Under 20 years old	532	6	3	1	0
Between 21 and 40 years old	514	19	4	5	0
Between 41 and 60 years old	476	51	5	4	6
Over 61 years old	342	159	19	13	9

The following is a breakdown of what respondents also noticed within the family, friends, and co-workers regarding their health during this period.

Respondents from Africa

The Africa responses, though few, consistently describe serious and rapid health declines among acquaintances, especially those previously healthy. Reported issues include aggressive “turbo cancers,” severe heart disease, pacemaker implantation, new autoimmune disorders, and chronic respiratory problems such as persistent colds and bronchitis.

A recurring theme is uncertainty: respondents struggle to determine numbers or causes, yet several note that illnesses appeared after COVID vaccination, while emphasizing they are unsure of any direct link.

Emotionally, the tone is marked by concern, confusion, disbelief, and a quiet fear that something has fundamentally changed in people’s health. Many express difficulty tracking the extent of illness, creating a sense of being overwhelmed.

Overall: The Africa section conveys a perception of accelerating, widespread health decline, particularly in individuals once considered robust, with respondents uneasy about both the scale and the possible causes.

Respondents from Asia

The Asia responses, though limited in detail, point to significant neurological issues and a broader sense that illness is becoming more common but difficult to fully track. One respondent describes a colleague who experienced a mini-stroke marked by slurred speech, cognitive slowing, and an extended period of medical leave, with recovery still incomplete. This illustrates a serious neurological episode with lasting effects. Another respondent mentions knowing many people with various health issues but is unable to recall or quantify them, suggesting that illness may be more widespread than what they can clearly document.

Across the responses, key themes include persistent neurological impairment, uncertainty about the extent of illness in their communities, and the feeling that health problems are rising but poorly captured. Both respondents indicate they may be under-reporting due to difficulty keeping track, which conveys a sense of overwhelm or resignation.

Emotionally, the tone reflects concern, unease, and subtle alarm—both for the specific neurological case described and for the perceived increase in health issues more generally. Overall, the Asia section communicates an impression of growing health challenges paired with significant uncertainty about their true scope.

Respondents from Australia

The Australian responses describe a broad and intensifying range of health concerns affecting many areas of physical, cognitive, and psychological well-being. Respondents report notable neurological decline—including memory loss, slowed thinking, reduced concentration, behavioural changes, and rising dementia—as well as increased accidents believed to stem from medical incidents. Psychological shifts such as mood instability, irritability, and reduced resilience also feature prominently. Many participants describe rising cardiac events, aggressive or early-onset cancers, recurring infections, chronic immune issues, and a variety of autoimmune or inflammatory conditions. Additional concerns include renal disease, reproductive loss, and prolonged post-viral illness.

Across these accounts, respondents emphasize what they perceive as widespread and population-level health deterioration. They note increases in cognitive impairment, chronic sickness, unexpected medical events, and mortality, often affecting people who were previously healthy. Several describe communities struggling with ongoing illness and heightened emotional volatility, contributing to a sense that everyday functioning has declined.

Emotionally, the responses convey strong fear, grief, and frustration. Many participants express alarm at the scale and severity of illnesses they are witnessing, alongside confusion about why such conditions appear more common. There is also a recurring sense of overwhelm due to the volume of health problems and a belief that public institutions are not fully acknowledging what respondents perceive as growing health challenges.

Overall, the Australian responses depict a community experiencing what feels to many like a marked decline in health across multiple domains, accompanied by deep concern, urgency, and emotional strain.

Respondents from Canada

The Canadian responses describe a broad and intensifying range of serious health issues, including rising cancer diagnoses, neurological decline, cardiovascular problems, autoimmune conditions, chronic infections, and noticeable cognitive or behavioural changes. Many participants report multiple cases of aggressive or fast-acting cancers across various age groups, as well as increasing neurological concerns such as early dementia, encephalitis, memory loss, cognitive slowing, and emotional instability. Cardiovascular issues—heart attacks, arrhythmias, blood clots, and transient ischaemic events—also appear frequently, along with a variety of autoimmune disorders and persistent inflammatory symptoms.

Respondents additionally emphasize recurrent or prolonged illness within their communities, noting that many people seem to be frequently sick or have weakened immunity. Some describe serious complications such as seizures, cirrhosis unrelated to alcohol, sudden cognitive collapse, and psychiatric crises. A recurring theme is the perception of widespread behavioural and emotional changes—irritability, reduced empathy, confusion, or social withdrawal—which some participants interpret as signs of broader decline. These observations contribute to the sense that health issues are affecting not just individuals but entire social environments.

Many respondents express strong emotional distress, including fear, grief, frustration, and confusion, especially when facing unexplained illnesses or rapid deterioration. Distrust toward institutions and public health narratives appears frequently, often linked to personal beliefs about vaccination, though such views reflect sentiment rather than established medical evidence. A smaller number of participants report no significant illnesses in their circles, offering a contrasting perspective that highlights the diversity of experiences across communities.

Overall, the Canadian responses portray what many participants perceive as a sharp increase in the frequency and severity of health problems—including cancers, neurological decline, cardiac events, autoimmune disorders, and chronic infections—accompanied by heavy emotional strain and a sense of growing uncertainty about community health.

Respondents from Europe

The European responses describe a wide and deeply concerning spectrum of health issues, spanning neurological disorders, cardiovascular problems, strokes, autoimmune conditions, cancers, reproductive complications, and persistent infections. Many participants report noticeable cognitive or behavioural changes—such as memory loss, irritability, concentration difficulties, emotional instability, and general cognitive slowing—alongside more formal neurological diagnoses like ME/CFS, tremors, and sensory decline. Cardiovascular events, embolisms, thrombosis, and sudden cardiac incidents also appear frequently, as do severe and unexpected strokes that leave lasting disability.

Respondents describe a substantial rise in autoimmune and inflammatory conditions, including shingles, urticaria, arthritis, and menstrual irregularities. Cancer is another major theme, with reports of various types across the age spectrum—breast, prostate, thyroid, pancreatic, leukaemia, and fast-acting or aggressive cancers. Additional concerns include miscarriages, pre-eclampsia, premature births, severe infections, repeated illness cycles, and slow recovery times.

Many participants extend these observations beyond individual cases, describing what feels like pervasive illness within their communities. Several note growing emotional and social strain—such as irritability, declining critical thinking, and reduced resilience—as part of what they perceive as a broader deterioration in well-being. A recurring belief is that immunity has weakened and infections have become more frequent or harder to overcome.

Emotionally, the responses convey strong alarm, grief, frustration, and fear. Respondents express distress over rising deaths and long-term disability, anger and mistrust toward institutions or perceived misinformation, and a sense of overwhelm at the volume of serious illness around them. Distrust of government and medical authorities is a prominent theme, reflecting personal perceptions rather than established medical conclusions.

Overall, the Europe section portrays a community experiencing what many respondents interpret as broad, multi-system health decline, accompanied by intense emotional reactions and a sense that severe illness is becoming increasingly common and visible across their social environments.

Respondents from North America

The North American responses portray a broad and accelerating range of health concerns affecting neurological, cognitive, cardiovascular, immune, and psychological systems. Many respondents describe serious neurological disorders—such as ALS, seizures, Parkinson-like symptoms, TIAs, balance issues, chronic migraines, and rapid cognitive decline—as well as cases involving memory loss or behavioural changes. Reports of widespread cognitive difficulties, including slowed thinking, impaired comprehension, anxiety, and social withdrawal, contribute to a sense that cognitive and emotional well-being are deteriorating across communities.

Cardiovascular issues also feature prominently, with mentions of heart attacks, severe arterial blockages, sudden cardiac events, and complex vascular problems. Respondents note autoimmune and inflammatory disorders—including rheumatoid arthritis, chronic sinus inflammation, and systemic inflammation—alongside recurrent infections, long-lasting respiratory illnesses, fatigue, and signs of weakened immunity. Various cancers appear across age groups, including throat, ovarian, and blood cancers, as well as multiple diagnoses within extended social networks.

Beyond individual cases, many respondents describe broader social and emotional changes, including reduced empathy, irritability, increased emotional fragility, and a perceived decline in overall mental and social functioning. Several express deep distrust toward institutions, citing concerns about under-reporting, privacy regulations limiting transparency, and a perceived unwillingness to acknowledge rising illness rates. Some respondents associate health deterioration with vaccination, reflecting personal interpretations rather than established medical evidence.

A small minority report no unusual illnesses or attribute observed changes to normal ageing, highlighting the diversity of experiences across different communities.

Overall, the North American responses convey a strong impression of widespread and multi-system health decline, marked by neurological illness, cognitive and behavioural shifts, cardiovascular events, autoimmune disorders, chronic infections, and rising cancer diagnoses. The emotional tone is intense and dominated by fear, grief, frustration, overwhelm, and concern about both personal and societal well-being.

Respondents from South America

The South America submission, though brief, conveys a striking perception of widespread cognitive decline within the respondent's community. The description emphasizes noticeable forgetfulness, slowed thinking, and behaviour likened to being "under anaesthesia," suggesting more than mild distraction—rather, a significant reduction in mental sharpness and general cognitive functioning. Importantly, the concerns focus entirely on neurological and cognitive symptoms rather than physical illness.

Emotionally, the tone reflects concern, confusion, and unease. The respondent appears alarmed by how common these cognitive changes seem and expresses implicit worry about underlying causes that are not understood. Despite being a single report, the response communicates a strong impression of community-wide mental deterioration that feels unusual and troubling to the observer.

Respondents from United Kingdom

The UK responses describe a broad and intensifying pattern of serious health issues affecting multiple body systems, including autoimmune disorders, cancers, neurological problems, cardiovascular events, reproductive complications, chronic infections, and notable cognitive decline. Many participants report increases in autoimmune and inflammatory conditions, persistent infections, and chronic fatigue. Cancer appears frequently across age groups, with respondents noting both recurring cases and aggressive or early-onset forms. Cardiovascular concerns range from atrial fibrillation and coronary stenosis to sudden cardiac instability. Neurological issues—such as rapid-onset dementia, tremors, seizures, memory loss, and general cognitive dysfunction—feature prominently and are described as affecting both older and younger individuals.

Beyond individual conditions, respondents describe what they perceive as widespread declines in physical and cognitive functioning within their communities. Reports include rising anxiety and depression, reduced stamina and balance, diminished coordination, and increased emotional instability. Several respondents express concern that everyday functioning and overall vitality appear to be deteriorating, with more people requiring medical support or disability accommodations. Many also report a growing distrust of medical institutions or public health messaging, feeling that serious illness trends are being minimized or overlooked.

Emotionally, the section conveys strong alarm, grief, and frustration. Participants express fear about the increasing severity and frequency of illness, sadness over the decline of friends and family, and

exhaustion from witnessing ongoing health deterioration. A sense of overwhelm and resignation appears in accounts noting how common persistent illness or cognitive difficulties have become.

Overall, the UK responses depict what many respondents perceive as a significant and accelerating decline in community health, marked by rising multisystem illnesses and a deep emotional concern about the well-being of society as a whole.

QUESTION 3

Thinking about general attitudes towards Covid vaccination, estimate the percentage of your friends, family, and co-workers that are.

a) *Confident about the safety and effectiveness of Covid vaccinations*

%	Family / Friends	Co-works
Estimate 25%	181	69
Estimate 50%	72	40
Estimate 75%	49	31
Estimate 100%	55	36

b) *Less confident about the effectiveness of Covid vaccinations*

%	Family / Friends	Co-works
Estimate 25%	197	93
Estimate 50%	59	41
Estimate 75%	26	14
Estimate 100%	53	22

c) *Less confident about the safety of Covid vaccinations*

%	Family / Friends	Co-works
Estimate 25%	192	90
Estimate 50%	57	36
Estimate 75%	31	13
Estimate 100%	57	25

d) *Beginning to question the safety of other vaccinations*

%	Family / Friends	Co-works
Estimate 25%	216	97
Estimate 50%	56	25
Estimate 75%	17	8
Estimate 100%	32	14

e) *Now questioning everything!*

%	Family / Friends	Co-works
Estimate 25%	208	115
Estimate 50%	65	15
Estimate 75%	16	12
Estimate 100%	33	20

The following is a breakdown of responses to the question if the respondents had any further comments they wish to have on this question.

Respondents from Africa

The sentiment across the African responses is highly negative toward COVID-19 vaccinations, expressing distrust, frustration, social tension, and a sense that discussing vaccines has become socially unsafe or taboo.

Key Themes and Sentiments

1. Increasing Silence Among Previously Pro-Vaccine People

Respondents note that people who once supported vaccination now avoid the topic entirely.

There is a belief that supporters have “gone quiet,” which some interpret as uncertainty or regret.

Sentiment: suspicion, perceived shift toward doubt.

2. Strong Social and Familial Conflict Around the Topic

Several comments describe hostility, dismissal, or ridicule from family and friends when vaccine concerns are raised.

Examples of expressed experiences:

- Being called a “conspiracy theorist” for linking sudden deaths or illnesses to vaccines.
- Complete avoidance of the topic to protect relationships.
- A sense that it has become a “no-go subject.”

Sentiment: isolation, interpersonal strain, frustration.

3. Perceived Increases in Illness or Sudden Health Events

Respondents frequently mention:

- Sudden deaths
- Heart problems
- Cancers
- Belief in a “huge increase in numbers”

They express concern that others dismiss these events as unrelated or normal, while they believe change is significant.

Sentiment: alarm, disbelief at others’ lack of concern.

4. Disagreement About Vaccine Safety and Autism

One respondent highlights disagreement with their daughter about vaccine safety, particularly around autism.

Sentiment: frustration; feeling unheard.

5. Avoidance and Social Taboo

Many people, including those who once discussed it freely, now refuse to talk about COVID-19 vaccination at all.

Sentiment: discomfort, social suppression of discussion.

The African responses show a strong breakdown of trust—both in vaccines and in interpersonal communication about them. The dominant tone is one of social conflict, perceived medical harm, and silence from both formerly pro-vaccine individuals and those who disagree with prevailing narratives. Conversations around vaccines are described as emotionally charged, divisive, and often avoided entirely.

Respondents from Australia

The Australian responses are long, detailed, and emotionally charged, offering extensive commentary on personal experiences, perceived harms, social dynamics, and deep distrust of government and medical institutions. Overall sentiment is strongly negative toward COVID-19 vaccinations, accompanied by a sense of awakening, regret, anger, and social division.

Key Themes & Sentiments

1. Strong Distrust in COVID Vaccines and Growing Scepticism

Many respondents express:

- A belief that the vaccines are harmful.
- A conviction that many people regret being vaccinated.
- A perception that trust in vaccines in general—not just COVID vaccines—is collapsing.

Some explicitly say they will never take another vaccine of any kind, including flu or routine childhood vaccines.

2. Widespread Reports of Perceived Vaccine Injuries

A dominant theme is the attribution of severe illnesses or sudden deaths to vaccination. Examples mentioned:

- Heart issues
- Turbo cancers
- Neurological disorders
- Cognitive decline
- Brain fog
- Autoimmune disorders
- Rapid health deterioration following boosters

These stories include:

- A relative dying from cancer after rapid onset
- A brother-in-law “waking up” after health issues
- Sudden deaths among nurses and managers
- Pets allegedly becoming ill after vaccinations

Whether medically accurate or not, the sentiment is that health declines are strongly associated with vaccination.

3. Social Division, Conflict, and Taboo

Nearly all respondents note:

- COVID vaccination is not discussed any more due to discomfort or conflict.
- Those who raise concerns are met with defensiveness, hostility, or silence.
- Friendships and family relationships were damaged or ended during the pandemic.
- Many believe others are quietly aware that something is wrong but refuse to admit it.

This creates an atmosphere of:

- Distrust
- Communication shutdown
- Polarization

4. Perception of Widespread Regret and Quiet Reconsideration

Respondents frequently state:

- People privately admit regret or feeling unwell since getting vaccinated.
- Many supposedly know internally that something is wrong but avoid discussing it.
- Some who initially supported vaccination are slowly questioning the narrative.

There is also a sense that older people continue to vaccinate uncritically and younger families are beginning to refuse routine childhood vaccinations.

5. Strong Distrust of Government, Healthcare System, and Global Institutions

Several respondents mention:

- Belief in corruption within government, Big Pharma, WHO, WEF, etc.
- Feeling coerced or mandated into vaccination.
- Assertions that Australia is still “in denial” about vaccine harms.
- Joining protest groups or alternative-health communities.

This reflects a significant loss of faith in official authorities.

6. Personal “Awakening” Narratives

Some describe transformative shifts in world-view:

- Questioning all medicine, institutions, and public messaging.
- Turning to natural or alternative health approaches.
- Rebuilding social circles with like-minded people.
- These “awakening” stories often include:
- Feeling vindicated
- Feeling alienated
- Feeling empowered

7. Observations in Workplaces

Reports from relief teachers, aged-care workers, nurses, and others include:

- High absenteeism
- Belief that workplaces are still highly vaccinated
- Claim that co-workers avoid discussing health issues
- Feeling isolated as the only questioning person in a professional environment

The Australian section conveys a broad, emphatic, and emotionally intense rejection of COVID-19 vaccinations, characterized by:

- Fear (of health consequences)
- Anger (at mandates, coercion, and institutional betrayal)
- Sadness (over illness, death, and broken relationships)
- Distrust (toward government, healthcare, and pharmaceutical companies)

- Identity shift (toward alternative health and activist communities)
- Discussions of vaccination have become taboo, but many believe a silent majority is now questioning the narrative.

The Australian responses present a strong narrative of perceived widespread harm, social fallout, and deep disillusionment with the institutions responsible for vaccine rollout. The dominant sentiment is that vaccination has caused significant regret, health issues, and division, and that people are increasingly questioning or rejecting further vaccines.

Respondents from Canada

The Canadian responses are emotionally charged, deeply distrustful, and marked by strong social division. The overall sentiment expressed is overwhelmingly negative toward COVID-19 vaccinations, accompanied by frustration, regret, anger, and a sense of societal breakdown around the topic.

Key Themes & Sentiments

1. Conversations About Vaccination Are Difficult or Hostile

Many respondents note:

- Vaccinated friends and family become defensive or “nasty” when the subject is raised.
- People avoid talking about the vaccines entirely.
- The topic generates conflict, tension, and silence.

Respondents often feel:

- Unable to discuss the subject without backlash.
- Dismissed, shunned, or insulted for questioning vaccines.

Sentiment: social strain, isolation, frustration.

2. Significant Distrust in the Healthcare System, Government, and “Official Narrative”

Respondents frequently express:

- Loss of trust in doctors, public health, and government messaging.
- Belief that many vaccinated individuals refuse to acknowledge problems due to cognitive dissonance.
- Anger that people continue to “follow the science” uncritically.

Some explicitly note:

- Canada is still heavily promoting the vaccine.

- Healthcare workers remain unwilling to question adverse events.

Sentiment: cynicism, scepticism, anger.

3. Reports of Perceived Vaccine Injuries Among Friends & Family

Several comments describe:

- Blood clots
- Heart conditions
- Eye issues (glaucoma, macular degeneration, detached retinas)
- New diagnoses of illness post-vaccination
- Deaths among elderly who continued to receive boosters

Though these are personal interpretations, they express a strong belief that the vaccines caused harm.

Sentiment: fear, alarm, grief.

4. Expressions of Regret Among Some Vaccinated People

A number of vaccinated individuals reportedly:

- Took the vaccine because they felt coerced, especially for job security.
- Now regret it and say they “won’t do it again.”
- Feel they were pressured by government and employers.

Sentiment: regret, betrayal.

5. Deep Social Division

Respondents describe:

- Long-term friendships damaged or lost.
- Families divided over vaccination.
- A sense of being surrounded by “sheeple” or people unwilling to question anything.
- One respondent is shocked that friends of 35+ years refuse to question the narrative.

Sentiment: alienation, sadness, bitterness.

6. Continued Division Between “Trusting” and “Questioning” Groups

Respondents observe two distinct groups:

- a) Those still fully trusting vaccines and continuing to get boosters.
- b) Those highly sceptical, refusing all vaccines, and sometimes protesting.

Some note:

- Elderly and long-time friends remain committed to regular shots.
- Alternative-health or activist communities are forming among sceptics.

Sentiment: polarization, ideological split.

7. Some Individuals Becoming More Open to Questioning

Although many remain steadfastly pro-vaccine, a smaller group is:

- Beginning to suspect something is wrong.
- Concerned about lack of accountability or liability.
- More willing to discuss potential harms privately.

Sentiment: slow shift toward doubt and reevaluation.

The tone across the Canadian responses is strongly negative toward COVID-19 vaccination. Dominant emotions include:

- Distrust (in government, public health, and healthcare providers)
- Hostility and defensiveness (in social interactions)
- Regret (among some who felt coerced into vaccination)
- Fear and worry (about perceived vaccine injuries)
- Isolation (feeling unable to speak openly)
- Polarization (communities splitting into pro- and anti-vaccine camps)

Discussion of COVID-19 vaccines has become avoided, taboo, or contentious, and many feel that a large portion of society remains in denial.

The Canadian responses reflect a population deeply fractured by COVID-19 vaccination. The dominant narrative is one of broken trust, social conflict, personal regret, and ongoing defensiveness around the topic. While a portion of people remain committed to continued vaccination, many others have turned sharply against it, often citing personal or observed health issues as catalysts.

Respondents from Europe

The European responses are emotionally intense, highly distrustful of COVID-19 vaccinations, and often accompanied by expressions of frustration, disillusionment, and social tension. Overall sentiment leans strongly negative, with recurring themes of regret, suspicion, and societal division.

Key Themes and Sentiments

1. Strong Distrust of Vaccines and Conventional Medicine

Respondents express:

- Deep scepticism toward vaccines in general, not only COVID vaccines.
- Preference for alternative health fields (herbalism, Reiki, energy healing).
- Belief that conventional medicine has failed or misled the public.

Some describe vaccines as:

- Unsafe
- Ineffective
- A “fraud” or “big lie”

A few mention that COVID vaccines are “proven not safe”, reflecting their personal belief rather than evidence.

Sentiment: distrust, rejection of mainstream medical guidance.

2. Social Silence and Taboo Around Discussing COVID Vaccines

Across many responses:

- People say discussing vaccines is actively discouraged.
- Many note that co-workers and friends no longer talk about COVID at all.
- Speaking about adverse effects risks arguments, judgment, or social tension.

Some describe:

- “Whispered” conversations
- Fear of offending co-workers who experienced adverse reactions
- A general climate of discomfort around the topic

Sentiment: tension, avoidance, suppressed dialogue.

3. Perceived Health Problems Linked to Vaccination

Several respondents attribute health issues to vaccination, including:

- Autoimmune diseases
- Diarrhoea episodes in families post-booster
- Blood clots, strokes, cancers (“turbo-cancer”)
- Persistent joint pain or inflammation
- Skin conditions (rashes, blisters)

While these are anecdotal interpretations, the sentiment is that health deterioration is closely associated with vaccination.

Sentiment: fear, concern, belief in widespread harm.

4. Regret and “Awakening” Narratives

Many respondents report:

- Individuals who regret being vaccinated.
- A slow awakening, where people begin to doubt official claims.
- Quiet admissions from friends or students that early critics “were right.”

Some believe:

- Around 80% of people wish they had not taken the vaccine.
- More people are realizing they were misled but are too afraid or embarrassed to discuss it.

Sentiment: regret, vindication, frustration at slow recognition.

5. Deep Disillusionment with Society and Human Behaviour

Some responses express:

- Harsh criticism of human nature, describing people as gullible or manipulated.
- Anger at how easily populations accepted mandates and messaging.
- Belief that society has become intellectually lazy or controlled.

Sentiment: despair, cynicism, disappointment.

6. Fear of Coercion and Future Mandates

One respondent mentions:

- Rumours of mandatory vaccination for older adults
- Strong opposition to compliance with any future mandates

Others note:

- Relief in social circles where people refused to vaccinate
- Fear that people remain “brainwashed” or coerced

Sentiment: defiance, distrust in authority.

7. Polarization Between “Awake” and “Brainwashed” Groups

Respondents frequently divide people into:

- Those who question everything (“awake,” sceptical)
- Those who trust institutions (“brainwashed,” compliant)

This division appears in:

- Families
- Workplaces
- Social groups

Some avoid discussing vaccines entirely to prevent conflict with pro-vaccine individuals.

Sentiment: polarization, alienation.

8. Concerns About Broader Global or Societal Issues

A few comments connect vaccines to broader issues:

- Government overreach
- Sky spraying, internet restrictions, global conflicts
- Distrust of decision-makers and institutions

Sentiment: suspicion of systemic corruption or manipulation.

The European responses express a dominant emotional landscape of:

- Distrust (in vaccines, medicine, institutions)
- Regret (many feel vaccination was a mistake)
- Fear (of adverse effects and future mandates)
- Frustration (friends, colleagues unwilling to discuss the topic)
- Anger/Disillusionment (feeling society was manipulated)

- Isolation (difficulty communicating about concerns)
- Polarization (sharp divide between sceptics. and supporters)

Conversations about COVID vaccines are widely described as taboo, sensitive, or avoided, despite ongoing concerns.

The European responses depict a population where scepticism, regret, and distrust dominate, reinforced by personal anecdotes of perceived harms and a sense of social suppression around discussing negative experiences. Many respondents believe that people are quietly questioning the vaccines but fear to speak openly, resulting in a mixture of resentment, vindication, and isolation.

Respondents from North America

The North American responses present a highly polarized and emotionally charged set of views. The overall sentiment leans strongly negative toward COVID-19 vaccinations, with many expressing distrust, regret, frustration, and social alienation. However, respondents also report that many around them continue to trust and receive vaccinations, highlighting deep societal division.

Key Themes & Sentiments

1. Deep Distrust of the Medical System and Public Health Institutions

Many respondents indicate:

- Long-standing mistrust of the medical system, intensified by COVID policies.
- Belief that public health narratives are collapsing or “dying a slow death.”
- Perceptions that healthcare workers remain firmly pro-vaccine and hostile to dissent.

Some describe:

- A “healthy disillusionment” with the medical field.
- A refusal to trust doctors’ recommendations, particularly around vaccines.

Sentiment: scepticism, disillusionment, erosion of institutional trust.

2. Strong Negative Sentiment Toward COVID Vaccines

Common beliefs include:

- Vaccinated individuals were “duped.”
- Vaccines caused health issues such as cancers, heart problems, or chronic illness.
- People who experienced harm remain in denial or defensive.

Some express certainty that:

- “No one will get another vax,” among certain social groups.
- People coerced into vaccination now regret it.

Sentiment: regret, anger, fear.

3. Social Division and Breakdown of Communication

A major theme is the inability to discuss vaccines without conflict.

Respondents report:

- Avoiding conversations with co-workers or family to prevent shunning.
- Being ostracized for refusing vaccinations or questioning the narrative.
- Families split, friendships damaged, and relationships strained.

Some describe:

- People who remain “arrogant,” “condemning,” or hostile toward the unvaccinated.
- A sense that discussing vaccines has become taboo.

Sentiment: isolation, sadness, frustration, resentment.

4. Reported Adverse Effects and Health Concerns

Respondents frequently attribute health problems to vaccination, including:

- Heart conditions
- “Turbo cancers”
- Illness after flu shots
- Declining health in elderly populations who keep receiving boosters
- Sensitivity to vaccinated individuals (“shedding”)

Although these are anecdotal interpretations, the sentiment is that vaccines have caused widespread harm.

Sentiment: fear, alarm, personal conviction of risk.

5. Persistence of Pro-Vaccine Groups

Despite strong negative opinions from respondents, many note that:

- Healthcare workers, elderly people, and co-workers remain fully compliant with ongoing boosters.

- Friends and family who got vaccinated still stand by their decision.
- Some people are eager for every new vaccine.

This contrast highlights an ongoing cultural divide.

Sentiment: confusion, disbelief, cultural polarization.

6. Community Realignment and Identity Shifts

Several respondents describe:

- Forming new communities of like-minded sceptics.
- Being part of groups that resisted mandates.
- Avoiding mainstream social circles due to judgment or hostility.

Some express ideological positions:

- Opposition to “biologics,” digital ID, and government control.
- Preference for alternative lifestyles or anti-establishment views.

Sentiment: empowerment mixed with alienation.

7. Belief in Coercion and Lack of True Consent

Many responses emphasize:

- People took the vaccine only to keep their jobs or travel.
- Coercion undermines trust in both government and medical systems.

Sentiment: betrayal, resentment.

The North American section reflects an emotional landscape dominated by:

- Distrust (in government, medicine, science communication)
- Regret (among those coerced or who witnessed adverse outcomes)
- Polarization (sharp divide between pro- and anti-vaccine groups)
- Hostility & defensiveness (in social interactions about vaccination)
- Isolation (difficulty finding people willing to talk openly)
- Suspicion (around vaccine safety and broader agendas)

The conversation climate is described as taboo, emotionally charged, or socially risky.

North American respondents overwhelmingly portray COVID-19 vaccination as a source of regret, distrust, illness, and social division. Conversations about vaccines have become fraught or avoided, with many perceiving a split between those who “woke up” and those who continue to trust medical authorities. Personal anecdotes of harm and coercion dominate the narrative, reflecting a broader collapse of confidence in medical and governmental institutions within this respondent group.

Respondents from South America

The South America section contains minimal input, but it indicates a gradual shift toward scepticism among individuals who initially accepted vaccination but later experienced health problems. The overall sentiment is one of emerging concern and questioning, without the emotional intensity or polarization seen in other regions.

Respondents from United Kingdom

The UK responses are extensive, emotionally charged, and deeply polarized, with strong themes of distrust, regret, health concerns, and social division. Overall sentiment trends strongly negative toward COVID-19 vaccinations, though respondents describe a wide spectrum of attitudes around them—from unwavering pro-vaccine individuals to fully sceptical groups.

Key Themes and Sentiments

1. Declining Confidence in COVID Vaccinations

Many respondents describe:

- Friends, family, and colleagues who no longer want more COVID vaccinations.
- A sense that trust in the vaccine has "gone" or that people are quietly regretting their earlier decisions.
- Individuals who took multiple doses now refusing further boosters.

Some note that pro-vaccine individuals:

- Are reluctant to speak positively about it now.
- Shut down discussions or avoid the topic altogether.

Sentiment: waning confidence, growing doubt, quiet regret.

2. Significant Reports of Perceived Adverse Health Outcomes

Respondents frequently link vaccination to severe health events in their networks, including:

- Heart attacks
- Turbo cancers
- Seizures
- Skin reactions

- Fertility issues
- Appendicitis
- Worsening chronic illness
- Deaths of friends, family, and pets

These accounts are anecdotal but strongly shape sentiment, reinforcing the belief that the vaccine is harmful.

Sentiment: fear, alarm, grief, anger.

3. Strong Distrust of Government, Media, and Medical Institutions

Numerous respondents express:

- Belief that official messaging was misleading or manipulative.
- Distrust stemming from changing definitions of concepts such as “vaccine” and “herd immunity.”
- Concern that dissenting medical professionals were silenced.
- A broader loss of faith in the NHS, regulators, and authorities.

Some mention:

- Influence from alternative media (e.g., "The High Wire").
- Calls for accountability, such as “Nuremberg 2.”

Sentiment: disillusionment, suspicion, desire for justice.

4. Social Division, Ostracism, and Changed Relationships

A recurring theme is social fallout, including:

- Being ostracised for refusing vaccination.
- Losing friends during the pandemic.
- Ongoing inability to discuss vaccines safely with family, colleagues, or clients.
- Feeling like “the only person” in one’s circle who questions the narrative.

Many describe:

- A taboo environment where vaccine-related conversations provoke conflict, shame, or defensiveness.
- Quiet admissions from others that they now have doubts but fear openly confronting the issue.

Sentiment: loneliness, frustration, social caution, resentment.

5. Perceived Awakening and Ideological Polarisation

Respondents often categorise people into:

- Those who are now “awake” and questioning everything.
- Those still “asleep,” “brainwashed,” or uncritical of vaccines.

This polarisation influences:

- Social circles
- Workplace interactions
- Trust boundaries

Many say they now surround themselves primarily with people who share their scepticism.

Sentiment: identity shift, division, empowerment within new groups.

6. Generational and Occupational Differences

Observations include:

- Older adults continuing vaccination without question.
- Healthcare workers (e.g., NHS staff, pilots) following official guidance and discouraging debate.
- Younger family members facing new illnesses or fertility challenges, interpreted as vaccine-related.

Sentiment: concern, bewilderment, contrast between demographic groups.

7. Calls for Critical Examination and Accountability

Some respondents ask:

- Why were vaccines promoted despite safety concerns?
- Why were experts who raised concerns censored?
- Why are people still unwilling to investigate inconsistencies?
- This reflects a broader desire for:
- Transparency
- Recognition of harm
- Public reckoning

Sentiment: urgency, frustration, desire for truth-seeking.

The UK entries collectively present an atmosphere of:

- Distrust in institutions, science communication, and pharmaceutical companies
- Regret among those who took the vaccine or encouraged others
- Fear and alarm about perceived health consequences
- Resentment and sadness due to social division and ostracism
- Polarisation between sceptics. and supporters
- Silence—people avoiding the topic due to past conflict
- Increasing scepticism even among those who were initially confident

The prevailing emotional tone is negative, marked by disillusionment, suspicion, and a sense of living through a societal fracture.

The United Kingdom responses depict a population heavily divided and emotionally affected by COVID-19 vaccination experiences. Many describe significant health concerns they attribute to the vaccine, widespread distrust of institutions, and long-lasting social ruptures. Conversations about vaccines remain taboo, yet respondents believe a slow shift is happening as more people privately question the official narrative. The dominant sentiment is one of doubt, regret, and erosion of trust, accompanied by a quiet but growing sense of awakening among some groups.

QUESTION 4

Please describe the attitudes of your friends, family, and co-workers towards your Covid vaccine hesitance now, and has it changed from earlier on in the Pandemic era.

Respondents from Africa

Family Summary

Overall, African responses describe a strong shift toward vaccine hesitancy within families. Many family members are now either openly hesitant, regretful, or quiet about their previous support for COVID vaccines. Some continue to see no issue with vaccination, but most accounts describe increased scepticism.

Key themes:

- **Heightened Hesitancy:** Several families now distrust government and are reluctant to vaccinate.
- **Mixed Reactions:** Some never criticized unvaccinated relatives, but others were previously strongly pro-vaccine.
- **Perceived Adverse Outcomes:** Respondents attribute health events (heart attack, dementia, Parkinson's) to vaccines.
- **Behavioural Shift:** Previously hostile or extreme reactions (refusing visits, strict distancing) have mellowed into silence or embarrassment.
- **Regret Among Some:** A few acknowledge vaccination may have been the "worst" decision they made.

Overall Sentiment: Predominantly negative toward COVID vaccination, with regret, distrust, and reduced hostility compared with early pandemic behaviour.

Friends Summary

Friends' attitudes toward COVID vaccine hesitancy show a strong shift toward scepticism. Earlier enthusiasm has largely disappeared. Many friends who once advocated strongly for vaccination ("would give a kidney for the vaccine") are now silent, ill, or regretful. Some now apologize or privately acknowledge concerns but keep distance socially due to past conflict.

Several respondents note:

- Strong hesitancy and distrust of government.
- Reports of friends experiencing illnesses post-vaccination (heart issues, diabetes, Parkinson's).
- Social fractures—loss of friendships due to differing stances.
- Only a small handful remain pro-vaccine, often deeply committed to belief in medical authority.

Overall sentiment: predominantly negative, marked by regret, quiet acknowledgment, and fractured relationships.

Co-workers Summary

co-worker attitudes in Africa show mixed but shifting patterns. Some remain aligned with workplace procedures and continue to support COVID vaccination, while others who were strongly pro-vaccine have become silent or apologetic. Reports of co-workers experiencing diabetes, heart issues, or sudden cancers after the second injection contribute to rising scepticism.

Key themes:

- Growing regret among previously pro-vaccine co-workers.
- Some still strongly support vaccination with no change in attitude.
- Health concerns (heart issues, diabetes, cancers) are shaping new hesitancy.
- Many now show curiosity about “how to prevent harm” after vaccination.
- Some respondents have no co-workers (retired, self-employed).

Overall sentiment: increasingly hesitant and reflective, with regret emerging but not universal.

Respondents from Asia

Family Summary

Overall, Asian responses indicate a difficult or sensitive family dynamic regarding COVID vaccination. Most families either avoid the topic or remain defensive.

Key themes:

- Avoidance: Many family members “don’t want to talk about it.”
- Past Compliance: Several simply “followed the flow” during the pandemic.
- Shift Toward Acceptance of Hesitancy: Some families are now supportive of others being vaccine hesitant and no longer defend pharmaceutical narratives.
- Denial of Adverse Effects: Despite personal or familial health events (e.g., blood clots), family members refuse to consider a possible link and remain in denial.

Overall Sentiment: Mixed but trending toward caution. Avoidance, denial, and quiet reconsideration dominate, with increasing openness toward hesitancy but without open discussion.

Friends Summary

Asian respondents report mixed but shifting attitudes among friends. Many now quietly agree or ask for advice, whereas earlier they avoided the topic or defended government positions.

Key observations:

- Some friends now believe the respondent “was right.”
- Others avoid discussion entirely.
- A small subset continue to trust government unquestioningly.

- Some friends have “come over from the dark side” due to alternative news sources or independent research.
- Social tension persists but has softened somewhat.

Overall sentiment: increasingly open to vaccine hesitancy, but still divided, with avoidance and selective dialogue common.

Respondents from Australia

Family Summary

Australian responses show a dramatic shift toward vaccine hesitancy, regret, and avoidance of discussion. Families exhibit strong emotional responses ranging from acceptance to silence, denial, or confrontation.

Key themes:

- **Growing Acceptance of Hesitancy:** Many now believe the respondent was “right,” or at least understand their hesitancy.
- **Regret & Reassessment:** Some family members regret vaccination, question their health changes, or stop taking further doses.
- **Polarized Reactions:** Some still believe the respondent is “crazy,” “nuts,” or a conspiracy theorist.
- **Silence & Avoidance:** Many families completely avoid the topic due to embarrassment, regret, or tension.
- **Perceived Adverse Events:** Numerous reports of health issues (heart conditions, neurological problems, rapid declines) attributed to vaccination.
- **Fear of Admitting Wrongdoing:** Several mention family members being stubborn or unwilling to reconsider decisions.
- **Generational Differences:** Older adults tend to continue vaccination; younger or middle-aged groups more hesitant.

Overall Sentiment: Strongly negative toward ongoing vaccination; heavy presence of regret, defensive silence, and fractured communication.

Friends Summary

Australian responses show dramatic social shifts. Many now regret vaccination, question the system, and openly express scepticism. Some friend groups have splintered into “awake” and “asleep” factions, while others have strengthened bonds with like-minded individuals.

Key patterns:

- A significant number regret taking the vaccine and will not take boosters.
- Some attribute severe illnesses or deaths among friends to vaccination.
- Large social loss: many friendships ended over differing views.

- Growing number of newly hesitant friends, partly due to visible health issues.
- Heavy avoidance of conversation—topic considered sensitive or taboo.
- Many respondents now form new social circles aligned with their views.

Overall sentiment: strongly negative, with widespread regret, polarization, and rising distrust.

Co-workers Summary

Australian co-worker responses show deep societal and workplace division, heavy avoidance of conversation, and substantial regret or scepticism among many who previously complied. Fear of job loss, mandates, and institutional pressure shaped earlier silence.

Key themes:

- Strong avoidance - “We don’t talk about it,” “Not mentioned,” “Taboo topic.”
- Many co-workers now admit regret, say they “wish they never had the jabs,” or show suspicion about long-term impacts.
- Reports of co-workers experiencing adverse events (menstrual issues, heart problems, type 1 diabetes).
- Younger co-workers more open to reconsidering; older co-workers tend to follow mainstream guidance.
- Workplaces remain polarized—some clusters fully unvaccinated, others heavily pro-mandate.
- Healthcare and government sectors remain most rigid; educators describe quiet scepticism but no open discussion.
- Some respondents left careers due to mandates, coercion, or social hostility.

Overall sentiment: strongly negative toward vaccination mandates and outcomes, with widespread hesitation, silence, regret, and workplace fractures.

Respondents from Canada

Family Summary

Canadian responses reveal severe familial conflict, strong regret among some vaccinated individuals, and persistent denial among others. Social fractures are prominent.

Key themes:

- Polarization: Some family members fully agree with respondents; others continue to view them as “crazy,” “right-wing,” or misinformed.
- Regret Emerging: Many now admit regret, saying things like “I was duped” or acknowledging the respondent was right.
- Ongoing Hostility: Some families remain hostile, refusing contact or ostracizing the unvaccinated.
- Silence: Many refuse to discuss COVID vaccines at all.

- Perceived Health Impacts: Respondents report cancers, heart conditions, and neurological issues in vaccinated relatives.
- Forced Vaccination: Several family members were coerced through employment.
- Partial Shifts: A growing minority are questioning vaccine safety and government messaging.

Overall Sentiment: Predominantly negative with themes of regret, hostility, estrangement, and fragmented family relationships. Some movement toward hesitancy exists, but denial remains strong in others.

Friends Summary

Canadian responses reflect severe social fragmentation. Many friendships were lost early in the pandemic and never repaired. Friend groups split into strongly pro- and anti-vaccine camps.

Key themes:

- Large numbers of former friends cut ties due to hesitancy.
- Many friends now quietly regret vaccination, especially those experiencing health problems.
- Some still defend their earlier stance and avoid discussion due to shame or denial.
- A notable increase in questioning of government narratives.
- Many respondents rebuilt social groups with like-minded individuals.
- Friends who complied for job mandates express resentment or regret.

Overall sentiment: predominantly negative, marked by regret, loss of friendships, and gradual but uneven awakening.

Co-workers Summary

Canadian responses reflect a familiar pattern of polarization, denial, and regret, with many co-workers refusing to revisit past decisions. Public-facing fields (healthcare, government services) tend to remain strongly pro-vaccine.

Key themes:

- Many co-workers regret taking the vaccine but avoid discussing it.
- Healthcare co-workers often maintain pro-vaccine stances and show “brainwashing” or blind trust.
- Significant denial - co-workers avoid linking illness or family health decline to vaccination.
- Retirees report relief in being removed from workplace pressure and mandates.
- Some workplaces did not enforce mandates, leading to more tolerance and less division.
- A minority of co-workers now question government messaging.
- Topic often completely avoided to prevent conflict.
- Some respondents faced ostracism or were considered “mavericks.”

Overall sentiment: mixed but leaning negative, dominated by avoidance, regret, and institutional loyalty in certain sectors.

Respondents from Europe

Family Summary

European responses show a wide range of views, but the majority describe growing scepticism, regret, and unwillingness to discuss the issue openly.

Key themes:

- **Increased Scepticism:** Many families now believe the respondent was right to be hesitant.
- **Regret & Health Concerns:** Several attribute serious health problems or deaths to vaccination.
- **Silence & Avoidance:** Families avoid conversation to prevent conflict; vaccine discussion is often treated as taboo.
- **Persistent Division:** Some remain strongly pro-vaccine and consider the hesitant as “crazy” or conspiracy-driven.
- **Coercion & Pressure:** Some relatives were forced by employers or medical professionals.
- **Mixed Awareness:** A minority continues to trust vaccines; others now reject all vaccines entirely.
- **Recognition of Harm:** Some now openly question the narrative and refuse further boosters.

Overall Sentiment: Mostly negative toward COVID vaccination, with a mix of regret, defensiveness, avoidance, and polarization.

Friends Summary

Europe shows a wide spectrum of attitudes, but with strong trends toward regret, scepticism, and silence. Many respondents lost friends over their stance, while new friendships formed with like-minded individuals.

Key points:

- Some friends still label respondents “conspiracy theorists,” but many now admit they may have been right.
- Several regret vaccination and now refuse boosters.
- Many refuse to discuss the topic to avoid conflict.
- Social circles have realigned; unvaccinated clusters formed.
- Reports of perceived vaccine-related health issues shape attitudes strongly.
- Fear, embarrassment, or cognitive dissonance prevents open dialogue for some.

Overall sentiment: predominantly negative with strong emotional undercurrents—regret, distrust, avoidance, and social realignment.

Co-workers Summary

Europe displays a spectrum of co-worker attitudes, from strong regret to unwavering support of vaccination, producing broad polarization and substantial silence.

Key themes:

- Many co-workers now regret vaccination, acknowledging ongoing illness or decline in health.
- Some co-workers still believe vaccination was “the best decision” and refuse to reconsider.
- Widespread avoidance - topic often “not discussed.”
- In alternative-therapy professions, high scepticism and rejection of vaccination.
- Educators report mixed awareness; many remain unaware or in denial despite observed health issues among colleagues.
- Some respect vaccine-hesitant co-workers more now than during the pandemic.
- Rising number of co-workers privately admitting doubt while publicly maintaining conformity.
- Some still ridicule or dismiss vaccine-hesitant colleagues.

Overall sentiment: predominantly negative with strong division—ranging from regret to denial, and avoidance to open scepticism.

Respondents from North America

Family Summary

North American responses reflect intense polarization, deep distrust, and significant social conflict. Families are often divided and emotionally strained.

Key themes:

- **Strong Division:** Many families are split into pro- and anti-vaccine camps, often causing long-term conflict.
- **Silence & Taboo:** The topic has become the “elephant in the room”; most families avoid discussing it.
- **Regret & Reconsideration:** Some now agree with the respondent and regret receiving the vaccine.
- **Persistent Pro-Vaccine Sentiment:** Others remain convinced vaccines are safe and necessary, refusing to reconsider.
- **Social Exclusion:** Several respondents were ostracized or labelled selfish, dangerous, or irresponsible.
- **Health Concerns:** Reports of illness after vaccination have caused some family members to question decisions.
- **Forced Compliance:** Many were vaccinated due to work mandates, contributing to subsequent regret.
- **Partial Awakening:** Some relatives are beginning to question government and pharmaceutical messaging.

Overall Sentiment: Highly fragmented, leaning negative overall, with strong emotional undertones of betrayal, regret, and family tension.

Friends Summary

North American responses exhibit strong polarization. Friends either fully agree with vaccine hesitancy or remain firmly pro-vaccine, with little middle ground.

Key findings:

- Many regret taking vaccines and quietly admit it.
- Topic is often avoided; social spaces fractured.
- Some friends still fully trust vaccination and consider hesitancy irrational.
- Several respondents lost friendships; others formed new networks of like-minded individuals.
- Many report friends experiencing illness and beginning to question their decisions.
- A growing number of friends openly acknowledge concerns and “wish they had listened.”

Overall sentiment: highly polarized, with a growing shift toward scepticism but persistent ideological divides and social tension.

Co-workers Summary

co-worker attitudes in North America remain highly polarized. Some colleagues are fully pro-vaccine, others strongly hesitant, producing an environment where discussion is often avoided.

Key themes:

- Large proportion of co-workers still believe vaccines are safe.
- Many workplaces, especially in public institutions, assume compliance and discourage discussion.
- Some co-workers now regret vaccination or privately admit concerns.
- Silence dominates - many respondents cannot discuss the issue safely at work.
- Several respondents lost work or clients due to vaccine mandates or clients' deaths.
- Small businesses and holistic health fields show high levels of scepticism.
- co-workers in some sectors (schools, healthcare, government) remain strongly aligned with official narratives.
- Some respondents report fully unvaccinated co-worker groups.

Overall sentiment: highly mixed, with strong pro- and anti-vaccine factions, avoidance of conversation, and growing but cautious scepticism among some.

Respondents from South America

Family Summary

South American responses are brief but indicate a notable shift in attitudes.

Key themes:

- Growing Awareness: Family members are beginning to recognize adverse effects.
- Attitude Change: Several now believe vaccines may have caused harm.
- Mixed Reactions: Some remain indifferent despite concerns.

Overall Sentiment: Moderately negative, with emerging scepticism replacing earlier acceptance.

Friends Summary

Limited responses, but clear signs of changing attitudes.

Patterns:

- Many friends now question vaccination after observing the respondent's health and confidence.
- Some acknowledge harm but remain unwilling to discuss it openly.
- A minority still supports vaccination strongly.

Overall sentiment: moderately negative, with growing scepticism but continued reluctance to confront past decisions.

Co-workers Summary

South American responses are brief but indicate increasing awareness among co-workers.

Key themes:

- Many co-workers lack information about vaccine risks.
- Awareness is slowly rising among some, especially as health issues become visible.
- Some remain supportive of vaccination; others begin to question or express concern.
- Indifference remains present in a portion of co-worker groups.

Respondents from United Kingdom

Family Summary

UK responses are extensive and reflect deep emotional, familial, and ideological divisions. Many families have shifted toward scepticism, while others remain firmly pro-vaccine.

Key themes:

- Strong Early Conflict: Many respondents were initially ridiculed, pressured, or treated as irresponsible.

- Major Shift Toward Regret: Many family members now regret vaccination and acknowledge the respondent was right.
- Ongoing Silence: Despite shifting views, most avoid discussing the topic, treating it as taboo.
- Persistent Polarization: Some still consider the respondent a conspiracy theorist and refuse to listen.
- Health Declines: Many describe serious illnesses or deaths in family members after vaccination, influencing attitude shifts.
- Growing Hesitancy: Many family members refuse further boosters or all vaccines entirely.
- Partial Acceptance: Some now respect the respondent's choice even if they still trust the system.
- Boundary Challenges: Some families attempt to pressure the unvaccinated, while others admire their stance.

Overall Sentiment: Predominantly negative toward COVID vaccination, characterized by regret, recognition of harm, emotional tension, and fractured communication. Many now acknowledge hesitancy was justified.

Friends Summary

UK responses show profound emotional, social, and ideological divisions. Many friends have shifted toward scepticism, while others avoid the topic entirely.

Key themes:

- Many now regret vaccination and wish they had listened.
- Topic widely avoided to prevent conflict.
- Significant relational loss—friends distanced themselves or ended relationships.
- Some friends resent respondents for being correct.
- Younger generations more questioning; older more trusting.
- Incidents of health decline among vaccinated friends influence new hesitancy.
- Some friends remain staunchly pro-vaccine, labelling respondents “conspiracy theorists.”
- Many quietly admit doubt but refuse open discussion.

Overall sentiment: strongly negative, with widespread regret, avoidance, and deep social fractures. Growing acknowledgment of hesitancy's validity, but persistent emotional barriers remain.

Co-workers Summary

UK co-worker attitudes show profound division, avoidance, and growing regret. Many workplaces remain sensitive environments where discussion is discouraged.

Key themes:

- Many co-workers experiencing health problems (heart issues, persistent illness) but do not discuss possible causes.

- Some now regret vaccination and state they would not repeat the decision.
- Strong avoidance - “We don’t discuss it,” “Never comes up.”
- Some co-workers remain strongly pro-vaccine and dismissive, following government rhetoric.
- Minority groups (“awake”) share scepticism and bond with the respondent.
- Education and healthcare sectors display high denial and continued compliance.
- Some co-workers respect vaccine-hesitant colleagues more now.
- Visible workplace sickness increases suspicion but not open dialogue.
- Several respondents felt isolated or ridiculed for earlier hesitancy.

Overall sentiment: leaning strongly negative, dominated by regret, denial, avoidance, and quiet ideological fractures.

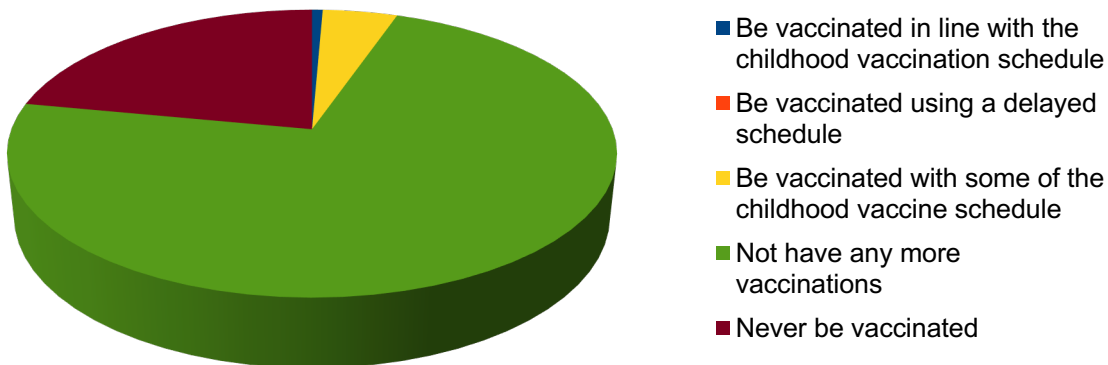
QUESTION 5

How has your attitude towards vaccinations for your children or your pets changed from before the Pandemic era.

a) Vaccinating your own children

Responses – All Respondents	%
Be vaccinated in line with the childhood vaccination schedule	1
Be vaccinated using a delayed schedule	0
Be vaccinated with some of the childhood vaccine schedule	5
Not have any more vaccinations	73
Never be vaccinated	22

Table 1: % Rounded to the nearest integer



b) Vaccinating your cats and/or dogs

Responses – All Respondents	%*
Be vaccinated in line with veterinary recommendations	8
Never be vaccinated	39
Not have any more vaccinations	53

Table 2: % Rounded to nearest integer

