



16 years ESJ
Special edition

Medical and Legal Framework for the Prevention of Infectious Diseases in Georgia

Giorgi Shashiashvili, Doctor of Law

Associate Professor, Grigol Robakidze University, Georgia

Nini Shashiashvili, 3rd-year Student

School of Medicine, Grigol Robakidze University, Georgia

Ana Tegetashvili

Dean, School of Medicine, Grigol Robakidze University, Georgia

[Doi:10.19044/esj.2026.v22n38p247](https://doi.org/10.19044/esj.2026.v22n38p247)

Submitted: 15 December 2025

Accepted: 02 February 2026

Published: 23 March 2026

Copyright 2026 Author(s)

Under Creative Commons CC-BY 4.0

OPEN ACCESS

Cite As:

Shashiashvili, G., Shashiashvili, N. & Tegetashvili, A. (2026). *Medical and Legal Framework for the Prevention of Infectious Diseases in Georgia*. European Scientific Journal, ESJ, 22 (38), 247. <https://doi.org/10.19044/esj.2026.v22n38p247>

Abstract

The spread of infectious diseases constitutes a significant challenge to both individual and public health. This article examines the legislative regulations in force in Georgia, as well as the medical and legal processes and their effectiveness, particularly in the post-COVID-19 pandemic period. The aim of the article is to assess the effectiveness of these regulations, identify weaknesses and lessons learned during the pandemic, and evaluate their compliance with international practices and standards (WHO, 2005; Law of Georgia on Public Health, 2007; ECDC, n.d.; WHO/UN Georgia, 2020). Legal methods for the prevention of infectious diseases include the state's authority to impose mandatory isolation and quarantine, ensure immediate dissemination of information, protect patients' rights, restrict freedom of movement, and declare emergency regimes. Key components of medical procedures include epidemiological surveillance, disease detection and differentiated treatment, vaccination programs, laboratory infrastructure, public awareness initiatives, and the training of medical personnel (WHO, 2016; *BMC Health Services Research*, 2023). Recent pandemic experience in Georgia demonstrated that at the onset of the pandemic and during the first

wave, strict restrictions and controls on public events were rapidly implemented, which slowed the early spread of the virus. Concurrently, it was identified that changes in the political environment, disruptions in communication strategies, and delays in the implementation of vaccination programs contributed to the intensification of disease transmission and created challenges related to scale and governance. Furthermore, monitoring of COVID-19 management revealed that the expansion of laboratory capacity, along with the mitigation of economic and socio-psychological impacts, represented significant challenges. Over time, biosurveillance systems were progressively strengthened, continuous genomic analysis of the virus was enhanced, and collaboration with public health emergency operations centers was reinforced.

Keywords: Infectious disease; preventive policy; pandemic; legislative regulation; communication strategy; medical aspects; legal procedures; vaccination; patient rehabilitation; healthcare professionals; testing; legal acts; quarantine; isolation

Introduction

Infectious diseases have historically been regarded as one of the most significant threats to public health. Even in the modern era, despite substantial advances in medical technologies, the spread of infectious diseases continues to exert a serious impact on individuals, as well as on national healthcare systems, economies, and security structures. This challenge became particularly evident during the COVID-19 pandemic that began in 2019, which clearly demonstrated the critical importance of effective, coordinated, and legally sound preventive measures (WHO, 2005).

The prevention of infectious disease transmission relies not only on medical interventions—such as vaccination, screening, adherence to hygiene standards, and treatment—but also on legal mechanisms that define individual rights and state responsibilities. Within the legislative framework of Georgia, the procedures and regulations aimed at preventing infectious diseases are clearly established. However, in practice, significant dilemmas often arise concerning the protection of human rights, informed consent, compulsory treatment, and compliance with constitutional principles (Enhom v. Sweden, 2005; Human Rights Watch, 2021).

The purpose of this study is to analyze the medical and legal procedures related to the prevention of infectious diseases as provided for in the current legislation of Georgia and in international standards. The article examines both the medical foundations of preventive measures and the legislative regulations and legal mechanisms designed to safeguard public health.

Within the framework of the study, the following issues will be examined:

- the medical nature and significance of preventive measures;
- the legislative framework of Georgia in the context of infectious disease prevention;
- legal processes and issues related to human rights;
- existing challenges and recommendations for improving the system.

Research Methodology

The present study is based on normative-dogmatic, comparative legal, and functional analysis. Its analytical framework is built on a three-stage model:

1. systematic identification and interpretation of the current legislative regulations of Georgia (within the context of constitutional, administrative, criminal, and health law);
2. functional assessment of these regulations according to their objectives, legal instruments, enforcement mechanisms, and the principle of balancing them with human rights;
3. comparative analysis with international standards and selected foreign practices.

In the course of the research, comparative examples were selected on the basis of predefined criteria:

- a) typological or institutional compatibility of the legal system;
- b) the level of development of regulation and practical experience in the field of infectious disease management (especially during the COVID-19 period);
- c) the existence of legal mechanisms ensuring a balance between the protection of human rights and public health interests;
- d) compliance with the standards of international organizations (World Health Organization, European Centre for Disease Prevention and Control, European Court of Human Rights, etc.);
- e) availability of reliable empirical studies and official sources.

The scope of the comparative method is limited to the structural-functional analysis of legal and institutional models and does not include full statistical modeling of epidemiological indicators. This approach ensures that the research remains focused on the effectiveness of legal regulations and the mechanisms of their implementation.

Medical Aspects of Infectious Disease Prevention

The prevention of infectious diseases constitutes one of the most important areas of public health, aimed at halting or preventing the spread of diseases at both the individual and population levels. From a medical

perspective, prevention is a multifaceted and complex process that encompasses measures implemented at both the individual and state levels.

In the medical field, infectious disease prevention is generally divided into the following primary levels, each corresponding to specific interventions:

- a) Primary prevention – prevention of disease occurrence, including vaccination, sanitary and hygienic measures, health awareness promotion, and the maintenance of public hygiene standards.
- b) Secondary prevention – early detection of infection and prevention of its further spread (e.g., screening, testing, contact tracing).
- c) Tertiary prevention – rehabilitation of infected patients and prevention of complications, thereby minimizing societal harm.

(Law of Georgia “On Public Health,” Tbilisi, 27/06-2007; WHO, 2005;)

Vaccination represents a central instrument of prevention and remains the most effective method against numerous infectious diseases. Through vaccination, diseases such as smallpox, poliomyelitis, measles, and others have been controlled or eradicated. As in many countries, Georgia operates a mandatory vaccination system defined by a national immunization schedule, ensuring the development of immunity against several diseases during childhood.

In accordance with public health preventive policy, infectious disease prevention cannot be successful through individual interventions alone. State-level measures are essential, including:

- monitoring and epidemiological surveillance systems;
- rapid response mechanisms;
- transparent communication of information to the public;
- continuous professional development of healthcare personnel.

In Georgia, the National Center for Disease Control and Public Health (NCDC) plays a key role in epidemiological surveillance, monitoring disease spread, and issuing recommendations regarding preventive measures.

International recommendations and standards, as well as the organizations responsible for developing and issuing them—particularly the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC)—play a significant role in infectious disease prevention. Their guidance often influences national policies, especially during pandemic situations (ECDC, n.d.; WHO, 2005).

For instance, preventive strategies developed by the WHO encompass not only vaccination and testing but also social distancing, mask use, regulation of transportation, and management of public spaces.

In light of the current international context, many countries (including the United Kingdom, the United States, and various European states) have incorporated detailed legislative regulations concerning disease notification, pathogen tracing, and the declaration of public health emergencies.

At present, international organizations (WHO, WOAHA, FAO, CDC) emphasize the interconnected “One Health” approach—integrated management of human, animal, and ecosystem health—which is also becoming increasingly relevant in Georgia.

Furthermore, foreign jurisdictions have developed consistent practices, including emergency communication strategies, transparent and timely data sharing, protection of legal mechanisms (e.g., vaccination rights and personal data protection), and clearly defined legal grounds for declaring states of emergency and ensuring subsequent oversight.

Legislative Regulations in Georgia

The prevention of infectious diseases constitutes one of the core obligations of the state and is based on both the domestic legal framework and international legal commitments and recommendations. Georgian legislation establishes specific rights, duties, and powers for individuals, state authorities, and medical institutions with the aim of preventing and controlling the spread of infectious diseases (Law of Georgia “On Public Health,” Tbilisi, 27/06-2007; Constitution of Georgia, Tbilisi, 24/08-1995).

Regulation of infectious disease prevention in Georgia is primarily grounded in the following key legal instruments:

- 1) Law of Georgia “On Public Health,” Tbilisi, 27/06-2007.

This law serves as the principal legal framework governing public health protection and defines the rights and obligations of the state, institutions, and individuals. It establishes a range of preventive and control mechanisms, including:

- epidemiological surveillance;
- mandatory vaccination;
- rules governing quarantine and isolation;

State supervision and the application of administrative sanctions in cases of non-compliance.

- 2) Law of Georgia on Patients’ Rights

Although this law primarily focuses on the protection of individual patient rights, it also incorporates principles relevant to public health protection, such as informed consent, confidentiality, and the right to refuse medical treatment, subject to limitations justified by public health interests.

3) Constitution of Georgia

The Constitution guarantees fundamental human rights and freedoms while recognizing that, under certain circumstances—particularly in the interests of public health and public safety—restrictions on individual rights may be lawfully imposed, provided that such limitations are proportionate and justified.

With regard to mandatory vaccination, the National Immunization Schedule established by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and the National Center for Disease Control and Public Health (NCDC) provides for compulsory immunization against infectious diseases prevalent in childhood, such as measles, poliomyelitis, diphtheria, and others.

In certain institutions, including schools and kindergartens, vaccination documentation may be required for registration purposes. While direct coercion is generally avoided, the state retains the authority to impose epidemiological safety requirements in public and institutional settings (Law of Georgia “On Public Health,” Tbilisi, 27/06-2007)

Georgian legislation also establishes a legal framework for quarantine and isolation measures, including:

- mandatory isolation and quarantine in situations involving a risk of infectious disease transmission;
- the authority of medical institutions to enforce compulsory hospitalization when epidemiologically necessary;
- in exceptional cases, the government’s power to declare a state of emergency and impose restrictions on movement, assembly, or specific types of activities.

(Criminal Code of Georgia, Tbilisi, 22/07-1999)

The legal regime applied during the COVID-19 pandemic clearly illustrated the practical implementation of these mechanisms. A state of emergency was declared, curfews and isolation measures were introduced, and various regulatory restrictions were imposed on the basis of the Law of Georgia on Public Health and the Law of Georgia on the State of Emergency.

State control and enforcement mechanisms have been further developed and refined. Monitoring and supervision of preventive measures are carried out by:

- The National Center for Disease Control and Public Health (NCDC);
- Ministry of Health of Georgia;
- Municipal and public health services;

Where necessary, the Ministry of Internal Affairs, particularly in cases of quarantine or isolation violations.

Violation of infectious disease prevention regulations entails various forms of legal liability under Georgian law:

- Administrative liability, including fines for breaches of quarantine or isolation requirements;
- Criminal liability, applicable where an individual's actions result in the infection or death of another person, in accordance with relevant provisions of the Criminal Code of Georgia.

For instance, Article 131 of the Criminal Code establishes criminal responsibility for so-called "disease-spreading conduct" (Criminal Code of Georgia, Article 131, Tbilisi, 22/07-1999)

Despite the existence of a comprehensive legal framework, several challenges remain in practice, including:

- a) inconsistent enforcement of legal norms;
- b) Citizens' awareness and trust in the system;
- c) Limits of legitimacy of coercive measures;
- d) Limited resources in the regions.

These challenges highlight the need for targeted policy measures, improved legal clarity, and continued institutional reform aimed at strengthening the effectiveness of infectious disease prevention in Georgia.

Legal Procedures and Human Rights

The prevention of infectious disease transmission often requires measures that may restrict individual rights and freedoms. In the name of public health protection, the state employs coercive mechanisms such as mandatory quarantine, isolation, and compulsory hospitalization or treatment. However, such measures must be accompanied by clear legal procedures that safeguard human dignity, legal security, and the principle of proportionality (European Court of Human Rights, *Enhorn v. Sweden*, 2005; Constitution of Georgia, Tbilisi, 24/08-1995)

Under the Constitution of Georgia and international legal instruments, including the European Convention on Human Rights (ECHR), the following fundamental rights are protected:

- bodily integrity and personal liberty;
- privacy of personal life;
- treatment based on informed consent;
- freedom of movement

(Constitution of Georgia, Tbilisi, 24/08-1995 ECHR, *Enhorn v. Sveden*, 2005)

These rights may, however, be restricted when necessary to protect public health, provided that such limitations satisfy the following criteria:

1. a legal basis established by law;
 2. a legitimate aim, including public health protection;
 3. necessity and proportionality;
- access to legal remedies and safeguards
(ECHR, *Enhorn v. Sweden*, 2005; WHO, 2005).

Georgian legislation provides for compulsory treatment and isolation in cases of infectious diseases that pose a high risk to public health, such as tuberculosis, plague, cholera, and others. Decisions regarding the implementation of such measures are made by the relevant medical commission. In certain cases, hospitalization against the patient's will must be justified and documented, and judicial review of the decision is available if required.

Example: In practice, if a patient diagnosed with tuberculosis refuses treatment, the state is legally authorized to seek a court order to mandate compulsory treatment.

During the COVID-19 pandemic, a range of coercive measures was implemented, resulting in temporary restrictions of certain rights, including:

- isolation and quarantine at designated locations;
- restrictions on freedom of movement;
- mandatory testing and self-reporting requirements;
- limitations on business operations and public gatherings.

Although these legal procedures are grounded in law, they may nonetheless restrict fundamental rights. In several instances, restrictions sparked public debate and protest concerning constitutional rights—for example, limitations on freedom of assembly during political events.

International standards and judicial practice provide guidance on such matters. The European Court of Human Rights (ECHR) has confirmed that the protection of public health constitutes a legitimate basis for restricting individual liberty. However, clear criteria, timely review mechanisms, and human rights safeguards are essential.

Case example: *Enhorn v. Sweden* (2005) addressed the legality of compulsory isolation of an HIV-infected patient. The Court held that, despite the legitimate aim of protecting public health, isolation must be limited in duration, proportionate, and subject to periodic judicial review (ECDC, n.d.; *Enhorn v. Sweden*, 2005; WHO, 2005).

To counterbalance the restrictions, the legislation establishes mechanisms for the protection of human rights, according to which a citizen has the right to:

- appeal against coercive measures (isolation, treatment) in court;
- request a review of the decision;

- appeal to the Public Defender or the European Court of Human Rights (ECHR) if domestic remedies prove ineffective.

Despite these safeguards, challenges remain regarding the comprehensiveness and implementation of legislative regulations in Georgia, including:

- a) the legal framework is sometimes vaguely or generally formulated;
- b) numerous instances in which citizens were not fully informed of their rights;
- c) the absence of a unified, standardized procedure for implementing compulsory isolation;
- d) public concern regarding excessive restrictions and surveillance.

These issues highlight the need to maintain a balance between public health protection and the safeguarding of human rights within a clear legal and humane framework.

Research and statistics

For the purpose of studying and analyzing the implementation of legal procedures and the state of protection of human rights, studies were conducted both at the national level and on a regional scale of foreign countries, which revealed certain statistical data in relation to the subject of the research, namely:

- 1. Study Reveals Awareness of the Population on COVID-19 and Positive Attitudes Towards Actions Taken to Combat the Pandemic — Behavior Insights Study ((WHO/UNICEF & Eu Delegation to Georgia, 2020)**

The study was conducted in April–May 2020, in several stages, across all regions of Georgia (except Abkhazia and South Ossetia).

- Approximately 76–84% of the population believed that the Government of Georgia had taken adequate measures to prevent the spread of the virus and to ensure timely response.
- A high level of trust toward state institutions was also observed among the population.

- 2. Human Rights Restriction in Georgia During the COVID-19 Pandemic – Lessons Learned and Recommendations (UN & OHCHR, Georgia 2021 june)**

- This study assessed the extent to which the restrictions imposed during COVID-19 complied with international and European human rights standards.

- It also confirmed the existence of recommendations on how to maintain a balance between the state of emergency and the protection of human rights.
- 3. The Impact of COVID-19-Related Restrictions on Pregnancy and Abortion Rates in the Republic of Georgia (BMC Health Services Research, 2023)**
 - This study carried out an analysis and comparison of the number of births and abortions registered in Georgia during the period from 2018 to April 2022.
 - It was established that pandemic restrictions had an impact on access to health services and on individual decisions in the context of reproductive rights.
 - 4. USA (State of Georgia) — Infection Prevention and Control Adherence in Long-Term Care Facilities, Atlanta, Georgia (2020)**
 - The study was conducted in June–July 2020 in 24 long-term care facilities.
 - In these facilities, out of a total of 2,580 residents, 1,004 (39%) were infected with COVID-19.
 - The study identified 33 significant indicators of infection causes (“hand hygiene,” disinfection, social distancing, personal protective equipment, symptom screening).
 - 5. USA — Cumulative Incidence of SARS-CoV-2 Infections Among Adults in the State of Georgia (2020)**
 - According to a study conducted in the State of Georgia, USA, from August to December 2020 approximately 16.1% of the population was infected with SARS-CoV-2 (seroprevalence result).
 - Only 26.6% of infection cases were identified and recorded as official cases; the infection fatality rate (IFR) was approximately 0.78%.
 - 6. USA — Community Characteristics and COVID-19 Outcomes: Counties in the State of Georgia (2020)**
 - The study, also conducted in the State of Georgia, examined factors associated with COVID-19 cases across 159 counties.
 - It was found that children living in extreme poverty and their families with poor housing conditions are significant predictors of high COVID-19 prevalence and mortality.

The above-mentioned studies played a significant role in the framework of combating the pandemic, as the identified issues led to the implementation of necessary and urgent measures from both legal and medical

perspectives, which were maximally balanced in relation to restrictions on human rights.

Problems and Dilemmas in Practice

The measures established by legislation for the prevention of infectious diseases and prescribed in the medical field often do not function ideally under real conditions. Both in Georgia and at the global level, a number of problems and dilemmas have emerged that are directly related to human factors, systemic shortcomings, and difficulties in the practical implementation of legal norms.

There is a clear deficit of awareness and a crisis of trust. The most significant barrier in the field of disease prevention is the lack of public awareness or the presence of misinformation. Many citizens do not possess comprehensive information about the benefits of vaccination, existing regulations, or potential risks, which leads to resistant attitudes (Behavior Insights Study: WHO/UNICEF & EU Delegation to Georgia, 2020; Human Rights Watch, 2021).

During the COVID-19 period, fake news and conspiracy theories spread through social media significantly reduced trust in vaccination and government regulations. In addition, the lack of effective education and awareness-raising campaigns hinders public mobilization.

Due to factors caused by legal gaps and confusion, in Georgia, in a number of cases, existing regulations are perceived as unclear or overly general, which creates chaos regarding how and when coercive measures (isolation, treatment) should be applied. This is accompanied by differing interpretations on the part of local medical institutions, law enforcement bodies, and citizens. As a result, non-uniform court practice is formed—for example, decisions made for violations of isolation or quarantine may be unequal in various aspects. This often reduces the legitimacy of regulations in the eyes of society (BMC Health Services Research, 2023).

In practice, it is difficult to precisely determine where the boundary lies between the protection of public health and the protection of human rights, which gives rise to risks of human rights restrictions. For example, in cases of tuberculosis, compulsory hospitalization may be perceived as a necessary step for society; however, for the individual, it represents a severe psychological and legal experience. There is a fear within society that preventive measures may be used for repressive purposes or as instruments of political control.

Infrastructure-related and systemic problems are also of particular importance. Insufficient development of medical and administrative infrastructure creates additional difficulties. In the regions, there is often a lack of adequate infection control facilities (isolation units, inpatient facilities). Digital epidemiological surveillance systems are imperfect, which hinders the

monitoring of infection control. In addition, a lack of coordination between state institutions and local authorities reduces the effectiveness of regulations. Alongside the above, there exists a range of ethical issues that require caution and raise fundamental questions:

- To what extent is it ethical to restrict an individual's rights in the name of public health?
- How should the limits of treatment or testing without consent be defined?
- Is society prepared to relinquish individual interests for the sake of the common good?

All of the above requires the study of these issues, in-depth analysis, and rational responses.

The influence of economic and social factors on ongoing processes is also significant. Many individuals refuse to comply with preventive measures (testing, isolation) because they are unable to suspend their daily economic activities. The large number of self-employed and uninsured individuals means that isolation may be directly associated with loss of income. Social protection in such situations is insufficient, which leads to negative attitudes toward the system (Human Rights Watch, 2021; ECHR, *Enhorn v. Sweden*, 2005).

A concluding aspect that has emerged against the background of these problems is a deepened deficit of trust between the state and citizens in their mutual relations. When citizens do not trust the fairness of regulations or when the medical system fails to provide adequate services, preventive measures cannot become effective.

Effective prevention requires partnership between the state and society, which can be achieved only through a transparent and human-rights-oriented approach.

Results and Recommendations

The present analysis demonstrates that the prevention of infectious diseases requires a multi-layered, complex approach encompassing not only medical interventions but also a clear and fair legal framework (WHO, 2005; Constitution of Georgia, Tbilisi, 27/06-2007). While the existing legislative framework in Georgia provides general mechanisms, numerous practical challenges remain—from limited public awareness to gaps in the protection of human rights mechanisms (Behavior Insights Study: WHO/UNICEF & EU Delegation to Georgia, 2020; Human Rights Watch, 2021). Accordingly, the analysis shows that infectious disease prevention in Georgia is a multifactorial process whose effectiveness depends on legal, societal, administrative, and infrastructural mechanisms.

Key Findings

1. A legal framework exists, but it functions insufficiently in practice

The legislation in force in Georgia—including the Law of Georgia “On Public Health” (2007)—defines the basic mechanisms for vaccination, quarantine, isolation, epidemiological surveillance, and other preventive measures.

However, in practice:

- legal ambiguities exist, particularly in the application of coercive measures (isolation, treatment, restriction of movement);
- administrative decisions are often uneven or insufficiently substantiated;
- supervision and control are not governed by a unified standard (WHO, 2020; HRW, 2021).

2. Low levels of public awareness and trust hinder prevention

Studies confirm that a portion of the population:

- does not possess objective information about vaccines, prevention measures, and state policy;
- has limited trust in official sources or government communication;
- is frequently exposed to disinformation, which reduces the effectiveness of preventive measures (WHO/UNICEF, 2020).

This results in passive or negative attitudes toward preventive measures.

3. Human rights protection mechanisms are insufficiently articulated

According to the case law of the European Court of Human Rights (e.g., *Enhorn v. Sweden*, 2005), coercive measures are permissible only when:

- there is scientifically substantiated evidence of a high level of risk;
- the measure is proportionate;
- no less restrictive alternative exists.

In Georgia, the practical implementation of these standards often remains partial rather than fully ensured, which increases social tension and the risk of legal disputes.

4. Infrastructure-related and economic barriers are particularly acute in the regions

In the regions of Georgia:

- access to medical institutions is limited;
- the effectiveness of epidemiological surveillance is low;
- social support for individuals subject to isolation or quarantine is insufficient.

These barriers result in prevention measures being neither uniform nor equal across the country.

5. Multisectoral cooperation is insufficient

- The prevention of infectious diseases requires coordinated action among the healthcare sector, the education system, law enforcement agencies, municipal authorities, and civil society.
- A unified policy and common standards among these sectors have not been fully established, which causes the system to function in a fragmented manner.

Recommendations

In order to eliminate the existing gaps and inconsistencies, it is advisable to implement the following measures:

1) Review of legislation, clarification, and strengthening of standards

It is recommended to:

- clearly formulate specific criteria for compulsory treatment, isolation, and other preventive measures;
- introduce a unified proportionality test into the legislation, based on the standards of the European Court of Human Rights (ECHR);
- strengthen legal oversight mechanisms to ensure that citizens have an effective right to appeal;
- clearly delineate the competencies of responsible authorities.

2) Systematic strengthening of information campaigns and public communication

Compared to the current situation:

- targeted information strategies should be developed for children, adolescents, parents, teachers, and rural populations;
- a standardized communication model should be established to ensure transparent and timely dissemination of information;
- a systematic policy against disinformation is necessary, including fact-checking platforms and media literacy campaigns.

3) Transparency, accessibility, and social support within the healthcare system

In addition to existing practices, it is desirable to:

- strengthen citizen participation in decision-making processes (public hearings, consultations);
- further reinforce social protection mechanisms during preventive measures (paid isolation, financial assistance);

- develop a special infrastructure development program for regions, including mobile clinics, laboratory services, and emergency response systems.

4) Full integration of international standards

It is recommended that the state:

- ensure that preventive and coercive measures comply with the guidelines of the WHO, ECDC, and ECHR;
- deepen cooperation with international organizations to strengthen epidemiological surveillance systems;
- develop internal protocols based on international best practices.

5) Formation and implementation of a multisectoral approach

It is important to:

- establish a coordinated working platform among institutions at all levels (healthcare, education, social sector, law enforcement bodies, and local authorities);
- develop a unified response plan for epidemic risks;
- actively involve civil society, including NGOs, professional associations, and academic circles.

Conclusion

The prevention of infectious diseases in Georgia is not solely a medical issue — it represents a combination of legal, social, and administrative processes. An effective system depends on well-formulated legislation, public trust, social support, and compliance with international standards. This process must be continuously developed in order for the country to ensure timely and proportionate responses in the field of increasing biosecurity risks. The spread of infectious diseases at both global and national levels remains one of the major challenges requiring effective and balanced responses. As demonstrated by the analysis presented in this paper, the success of infectious disease prevention depends not only on medical measures (vaccination, testing, treatment), but also on the legal framework and mechanisms that ensure the protection of public health alongside the safeguarding of individual rights.

The legislative framework of Georgia encompasses a full range of preventive measures; however, in practice, the implementation of these measures often encounters legal, infrastructural, ethical, and social barriers. The use of compulsory treatment and isolation, dilemmas related to informed consent, the necessity of protecting human rights, and the crisis of public trust collectively create a complex and dynamic environment in which each step must be taken with maximum caution.

Based on the above, it can be concluded that infectious disease prevention policy should be grounded in:

- clear and detailed legal regulations,
- the scientific basis of medical interventions,
- a high standard of human rights protection,
- active public engagement and trust-based relations between the state and society.

Only through a multidisciplinary and humane approach is it possible to establish a preventive system that is simultaneously effective, fair, and sustainable.

Conflict of Interest: The authors reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

Funding Statement: The authors did not obtain any funding for this research.

References:

1. Law of Georgia “On Public Health.” Tbilisi, 27/06/2007
2. Law of Georgia “On Patients’ Rights” (Tbilisi 05/05/2005)
3. Constitution of Georgia Tbilisi, 24/08-1995
4. Criminal Code of Georgia, Article 131 Tbilisi, 22/07-1999
5. <https://matsne.gov.ge/ka/document/view/162014> (2007)
6. Law of Georgia “On Public Health.” Tbilisi, 27/06/2007
<https://matsne.gov.ge/ka/document/view/162014>
7. Constitutional Court of Georgia – Decisions regarding COVID-19 restrictions <https://www.constcourt.ge> (2021)
8. National Center for Disease Control and Public Health – www.ncdc.ge (1996)
9. World Health Organization (WHO) – www.who.int (1948)
10. European Centre for Disease Prevention and Control (ECDC) materials – www.ecdc.europa.eu10. (2020)
11. *Enhorn v. Sweden*, ECHR, 2005
12. *Law Everywhere: A Causal Framework for Law and Infectious Disease* — Aaron J. Siegler, Kelli A. Komro, Alexander C. Wagenaar (2020)
13. *Law and the JEE: Lessons for IHR Implementation* (2018)
14. *Assessing National Public Health Law to Prevent Infectious Disease Outbreaks: Immunization Law as a Basis for Global Health Security* (2019Sep)
15. Human Rights Watch – *Public Health and Human Rights* (2021)

16. WHO (World Health Organization). International Health Regulations (2005), Third Edition <https://www.who.int/publications/i/item/9789241580496>
17. United Nations Georgia. Human Rights Restriction in Georgia During Covid-19 Pandemic – Lessons Learned and Recommendations (2021jun) <https://georgia.un.org/en/133785-human-rights-restriction-georgia-during-covid-19-pandemic>
18. BMC Health Services Research. The impact of COVID-19-related restrictions on pregnancy and abortion rates in the Republic of Georgia (2023) <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-10417-7>
19. European Centre for Disease Prevention and Control (ECDC). Guidance on infection prevention and control of COVID-19 in healthcare settings (2021) <https://www.ecdc.europa.eu/en/publications-data>
20. Council on Strategic Risks. Biosecurity and the Republic of Georgia: Maintaining Progress in an Uncertain Future (2025) <https://councilonstrategicrisks.org>
21. SSPH – International Journal of Public Health. Georgia’s Response to COVID-19: Public Trust and Pandemic Management Strategies (2022) <https://www.sspjournal.org/articles/10.3389/ijph.2022.1604410>
22. World Organisation for Animal Health (WOAH). Georgia’s One Health approach to combat vector-borne diseases (2024) <https://www.woah.org/en/article/georgias-one-health-approach>
23. WHO/UNICEF & EU Delegation to Georgia. Behavior Insights Study: Public Attitudes Towards COVID-19 Measures in Georgia (2020). <https://www.eeas.europa.eu/delegations/georgia>
24. Infectious disease control: from health security strengthening to health systems improvement at global level — Global Health Research and Policy (2023)
25. Implementing a One Health approach to emerging infectious disease: reflections on the socio-political, ethical and legal dimensions (2015)
26. Legal Frameworks for Outbreak Response (2024oct)
27. Legal Power and Legal Rights — Isolation and Quarantine in the Case of Drug-Resistant Tuberculosis (2007)