Social media regulation, fact – checking initiatives, and collaborations between technology companies and public health agencies are necessary to curb the spread of vaccine misinformation.

Conclusion

Vaccine hesitancy remains a significant barrier to achieving optimal immunization coverage among children. Addressing the underlying causes of vaccine resistance through education, policy interventions, and enhanced healthcare provider communication is critical. A multidisciplinary approach in volving policymakers, health care professionals, and community stakeholders can help counteract hesitancy and improve vaccine uptake.

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COMORBID RESPIRATORY INFECTIONS AND OTHER ASSOCIATIVE DISEASES THAT CORRELATE WITH BRONCHITIS IN PEDIATRICS: A RETROSPECTIVE STUDY

Introduction

Bronchitis is a common respiratory condition in pediatric populations, characterized by inflammation of the bronchial tubes, which can significantly impact children's health and quality of life. This condition can be acute or chronic, with the former often resulting from viral infections, while the latter may be associated with environmental factors and other underlying health issues. The prevalence of bronchitis among children highlights the need for comprehensive studies that explore not only the primary infection but also the potential comorbid respiratory infections and other associative diseases. In recent years, research has increasingly focused on the interplay between bronchitis and various comorbid respiratory infections and associative diseases. Conditions such as acute respiratory viral infections, allergic rhinitis, rhino pharyngitis, adenoiditis, and post-inflammatory pneumofibrosis have been identified as prevalent among children with bronchitis. Understanding these associations is crucial, as they can complicate diagnosis and treatment, leading to prolonged illness and increased healthcare utilization [1]. This article's objective further explores the previously mentioned correlation between the comorbidities and bronchitis. The significant relationship between bronchitis and the afore mentioned associated diseases can be explained as follows: acute respiratory viral infection can be correlated with bronchitis as it causes inflammation that leads to increased mucous production and airway obstruction , allergic rhinitis causes nasal congestion and post nasal drip aggravating bronchial symptoms, rhinopharyngitis inflammates the nasal passages and throat resulting in bronchial irritation and cough , adenoiditis is the enlargement of adenoids thereby obstructing airflow and contributing to nasal congestion, while post-inflammatory pneumofibrosis

can be a result of bronchitis prevalence it also can be the reason for the recurrence of bronchitis due to its long lasting effect of lung scarring affecting respiratory function [2].

Goal

This retrospective study aims to investigate the prevalence and correlation of comorbid respiratory infections and associative diseases in pediatric patients diagnosed with bronchitis.

Materials and methods of research

A retrospective analysis using data of 30 medical records of inpatients treated in the pediatric department no.3 of the Gomel Regional Children's Clinical Hospital in the winter period of 2024–2025. When analyzing medical documentation, the diagnosis, age of the Children, condition upon admission to the hospital, the improvement of the patients' condition throughout the stay at the hospital, as well as the underlying disease and etiological factors were taken into account.

The results of research and their discussion

By analyzing clinical records, we seek to identify patterns that may reveal the underlying mechanisms contributing to these concurrent conditions. Previous studies have indicated that infections such as respiratory syncytial virus (RSV) and environmental allergens may exacerbate bronchial inflammation, leading to a higher incidence of associated conditions like adenoiditis and post-inflammatory pneumofibrosis [3].

Based on our analysis of the 30 medical history cases from the winter period of years 2024–2025 of bronchitis: cases diagnosed with recurrent bronchitis with obstructive syndrome are 13 (43%), cases with chronic bronchitis 7 (23%), cases with acute bronchitis 5 (17%) and cases with prolonged/recurrent tracheobronchitis 5 (17%).

Bronchitis in the pediatric patients analyzed thus far are distributed in the age range of 1 year old to 15years; out of which there are 16 males (53%) and 14 females (47%).

Considering the age categories, it is further classified as; below 3 years of age (males – 1, female – 1) 7%, ages 3–6 years (males – 5, female – 7) 40%, age 6–11 years (males – 5, females – 3) 30%, ages 11 and above (males – 5, females – 3) 23%. According to our study the corresponding associative diseases that correlate with bronchitis among our analysis of the 30 medical cases; majority comprising of cases of adenoiditis 15 cases (31%) and the least being cases of rhinopharyngitis 6 cases (12%), additionally diseases such as acute respiratory viral infection 13 cases (27%), allergic rhinitis 7 cases (15%), post inflammatory pneumofibrosis 7 cases (15%) were observed.

Table 1 – Distribution of associated diseases among pediatric patients with bronchitis based on case analysis

Associate diseases	Totalno. ofcases	Male	Female
Adenoiditis	15 (31%)	8 (53%)	7 (47%)
Acute Respiratory viralinfection	13 (27%)	7 (54%)	6 (46%)
Allergic Rhinitis	7 (15%)	4 (57%)	3 (43%)
Rhinopharyngitis	6 (12%)	3 (50%)	3 (50%)
Post-inflammatory pneumofibrosis	7 (15%)	–	7 (100%)

According to our data most commonly repeated associated diseases are of 5 types as mentioned in the table above. However, a multiple of patients analyzed had been diagnosed with two or more of those diseases and thereby can be sub- categorized into cases with mixed diagnosis, as follows; 8 cases of males diagnosed as such (a 11 year old male was diagnosed with both rhinopharyngitis and adenoiditis) and 8 cases of females diagnosed as such (a 6 year old female was diagnosed with both adenoiditis and post inflammatory pneumofibrosis)

Conclusion

In conclusion, the most common diagnosis of the cases being recurrent bronchitis with obstructive syndrome. In consideration to the age distribution, it can be concluded that both males and females aged 3–6 years suffer from bronchitis approximately equally often. The most often correlated associated disease diagnosed in both males and females being adenoiditis and secondly acute respiratory viral infection. As aimed, this study sheds light on the intricate relationships between bronchitis and various associated diseases in pediatric patients. The findings indicate a significant prevalence of comorbid conditions such as acute respiratory viral infections, allergic rhinitis, rhino pharyngitis, adenoiditis, and post-inflammatory pneumofibrosis among children diagnosed with bronchitis. Each of these conditions contributes to the complexity of bronchitis, influencing its onset and exacerbating its symptoms such as nasal congestion, coughing that may worsen at night, fever mainly due to infection, persistent dry or productive cough, runny nose, dyspnea and recurrent respiratory infections like pneumonia, bronchitis, increased susceptibility to cold and others more prone in pediatric population. Understanding these connections is crucial for clinicians, as it highlights the need for a comprehensive approach to diagnosis and treatment. By addressing not only bronchitis but also its associated diseases, healthcare providers can improve overall patient outcomes and enhance the quality of life for affected children.

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IMPACT OF SCREEN TIME ON CHILD'S GROWTH AND NEUROPSYCHOLOGICAL DEVELOPMENT OF THE CHILD

Introduction

In recent years, the proliferation of digital devices has significantly transformed the daily lives of children, leading to increased screen time for entertainment, education, and social interaction. This trend has raised concerns among parents, educators, and health professionals regarding its potential impact on children's growth and neuropsychological development. Research indicates that excessive screen time may be associated with various adverse outcomes, including diminished physical activity, disrupted sleep patterns, and impaired cognitive and emotional development [1,2]

The American Academy of Pediatrics recommends limiting screen time for children, yet many children exceed these guidelines, often spending several hours a day engaged with screens [3]. This increase in screen exposure is particularly concerning given the critical nature of early childhood development, a period during which the brain undergoes significant