



Health Education Strategies for Herpes Zoster Prevention in Older Adults

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Description

Herpes zoster, commonly known as shingles, is a painful and potentially debilitating condition that disproportionately affects older adults, particularly those with weakened immune systems or chronic health conditions. With aging populations increasing globally, preventing herpes zoster and its complications, such as postherpetic neuralgia, has become a public health priority. The introduction of effective vaccines, especially the Recombinant Zoster Vaccine (RZV), provides a significant opportunity to reduce disease burden in elderly populations. However, vaccine uptake remains suboptimal, particularly among vulnerable elderly groups. This raises a critical question: Are health education interventions truly effective in improving herpes zoster vaccine willingness in this demographic?

Health education has long been a cornerstone of public health strategy, aiming to improve awareness, address misconceptions and ultimately influence health behaviors. In the case of herpes zoster, studies consistently demonstrate that lack of awareness, misinformation about the vaccine, fear of side effects and low perceived susceptibility are major barriers to vaccine uptake among older adults. Given these challenges, targeted health education interventions may play an important role in enhancing vaccine acceptance.

The elderly, particularly those in vulnerable categories such as individuals with low health literacy, limited access to healthcare, or chronic illnesses, often face compounded barriers. They may have concerns about vaccine safety due to their age-related frailty or comorbidities. Many are not informed that vaccination remains safe and beneficial even for those with chronic conditions. For this reason, personalized, accessible health education initiatives are essential to addressing these nuanced fears and fostering informed decision-making.

Studies evaluating the impact of health education on herpes zoster vaccine willingness show potential results. Interventions that include multimedia education, community-based information sessions, one-on-one counseling and printed educational materials have been found to significantly increase knowledge and vaccine interest. For example, primary care-based educational programs that include direct discussion with healthcare providers have proven particularly effective. Older adults tend to trust their physicians and when healthcare professionals take the time to explain the benefits, risks and evidence behind the vaccine, vaccine willingness tends to increase markedly.

However, the effectiveness of health education also depends on how it is delivered. Traditional didactic methods may not be sufficient to influence attitudes, particularly in older adults with low health literacy or cognitive decline. Interactive and repetitive approaches such as storytelling, visual aids and peer education can help reinforce key messages and ensure comprehension. Moreover, integrating educational interventions into routine clinical visits, community centers, or home-based care programs can ensure broader and more consistent reach.

In vulnerable elderly populations, the role of caregivers and family members must also be recognized. Education efforts targeting both the patient and their immediate support network can enhance vaccine

decision-making and adherence. When caregivers are informed and confident about vaccine safety and efficacy, they are more likely to encourage and facilitate vaccination.

Despite these efforts, systemic factors may limit the impact of education alone. In many healthcare systems, herpes zoster vaccination is not fully covered by public insurance or national immunization programs, creating an affordability barrier. Health education, while necessary, may be insufficient in isolation if access issues are not simultaneously addressed. Therefore, educational interventions must be part of a broader strategy that includes policy advocacy, equitable vaccine access and system-level support.

There is also the issue of vaccine fatigue or general hesitancy, which has increased in some populations following controversies or misinformation surrounding COVID-19 vaccines. Older adults, exposed to conflicting health messages, may carry this hesitancy forward to other adult vaccines. Addressing this requires transparent, consistent and empathetic communication that distinguishes the herpes zoster vaccine from others and clearly outlines its specific benefits for aging individuals.

In conclusion, health education can be a highly effective tool in improving herpes zoster vaccine willingness among vulnerable elderly populations, but it must be thoughtfully designed, context-specific and integrated within broader healthcare and policy frameworks. A comprehensive approach is unlikely to yield optimal results. Instead, combining evidence-based educational strategies with personalized care, community engagement and systemic support provides the best path forward. As the global burden of herpes zoster continues to grow with aging demographics, empowering older adults with the knowledge and resources to make informed vaccination decisions must be considered a public health imperative.

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