

RESEARCH ARTICLE

A CROSS-SECTIONAL STUDY OF THE KNOWLEDGE AND ATTITUDE TOWARDS HERPES ZOSTER AND KNOWLEDGE AND ATTITUDE TOWARDS HERPES VACCINATION AMONG PHCS VISITORS IN TABUK CITY, SAUDI ARABIA 2023

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Manuscript Info

Abstract

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Key words:-

Vaccination Campaign, Herpes Zoster Virus, Herpes Zoster Vaccine, Vaccine, Saudi Arabia, Attitude, Knowledge, Herpes Zoster **Introduction:** Herpes zoster is a viral infection that occurs due to the reactivation of the varicella-zoster virus. For people 50 years of age and older, immunization against herpes zoster has been approved in order to prevent its negative effects. This study aims to assess the level of knowledge and attitude toward herpes zoster and its vaccination among the PHC visitors in Tabuk City, Saudi Arabia, in 2023 and to measure the prevalence of herpes zoster among adults ≥ 50 and the most common coexisting disease.

Methodology: This study is designed as an analytical, crosssectional study. A facility-based study was conducted among 403 adults over 50 years of age to assess the level of knowledge and attitude toward herpes zoster infection and its vaccination among the PHC visitors in Tabuk city. PHCs were selected via stratified random sampling, and visitors were chosen at random. SPSS Statistics Version 23.0 was used to analyze the data.

Result: 307 participants indicated that they had ever heard about shingles, representing 83.2-76.2% (95% CI, 72.9 to 79.0). The results showed that awareness about shingles was significantly higher among women (80.4% vs. 70.8 percent among men, p =0.024). Additionally, participants' awareness increased consistently with higher educational levels. Among the respondents, only 9.4% had received the shingles vaccine. The most frequently reported barriers to getting vaccinated are the lack of awareness about the vaccine (29.0%) and concerns about the possible side effects (23.3%). Among the respondents who heard about shingles, only 4% had the disease. The most common chronic diseases were diabetes (39.5%) and hypertension (38.5%). Importantly, 54.1% of the respondents had chicken pox.

Conclusion: The population in Saudi Arabia showed positive attitudes and had good information about HZ and its vaccine. We recommend encouraging doctors to discuss this subject with

patients who are willing to be vaccinated. Arranging campaigns across the country to raise awareness of the disease. Thus increasing the vaccination rate for HZ.

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Introduction:-

Herpes zoster (HZ), commonly known as shingles, is a neurocutaneous disease caused by the reactivation of the virus that causes varicella (chickenpox). After the resolution of the varicella episode, the virus can remain latent in the sensitive dorsal ganglia of the spine. Years later, with declining immunity, the varicella zoster virus (VZV) can reactivate and cause herpes zoster, an extremely painful condition that can last many weeks or months and significantly compromise the quality of life of the affected person. [1]

Age was identified as a major risk factor for HZ incidence, which increases significantly in people >50 years of age. [2]

In most cases, the clinical appearance of zoster is preceded by prodromal symptoms such as pain or paresthesia. Pain that occurs before, during, or after the dermatomal rash stage is called zoster-associated pain. [2]

On the basis of clinical presentation, herpes zoster can be diagnosed. Herpes virus detection from the vesicle can be done using a Tzanck smear and electron microscopy (EM).

In some patients, particularly the elderly, the pain continues to persist after the rash heals and develops into postherpetic neuralgia (PHN), which is the most common complication. PHN causes physical disability, emotional distress, and interference with daily activities and sleep.

There are no seasonal fluctuations in the occurrence of HZ, as it occurs globally. The frequency of HZ varies with age, ranging from 1.2 to 3.4 per 1000 individuals annually in younger adults to 3.9-11.8 per 1000 individuals annually in senior patients (i.e., >65 years)

The incidence of HZ complications (such as post-herpetic neuralgia, ophthalmic herpes zoster, and Ramsay Hunt syndrome) was higher in the immunosuppressed population compared to the immunocompetent population.

The thoracic dermatomes are the most frequently involved. Diabetes mellitus is the most frequent coexisting disease.

HZ also causes neurological sequelae, HZ Ophthalmics (HZO) with eye involvement or disseminated disease. Severe cases of these complications often require hospitalization.

Herpes zoster and associated consequences have been demonstrated to decrease with antiviral treatment administered within 72 hours of the rash's start. It has been discovered that famciclovir is better than valacyclovir.

After taking into account relative contraindications such as hypertension, diabetes mellitus, glaucoma, osteoporosis, and peptic ulcer disease, corticosteroids improve the pain associated with acute HZ and can be administered for this reason.

The Centers for Disease Control and Prevention (CDC) recommend immunocompetent individuals over 50 years to receive two doses of Shingrix separated by two to six months, whether or not they report a previous episode of herpes zoster or a last dose of Zostavax. Also, it is not mandatory to screen for previous varicella infection, either through laboratory serology or verbally

Across a range of age groups, vaccinations have contributed to a decrease in the morbidity and mortality of certain diseases.

Materials and Methods:-

Research design and sampling method

This study is designed as an analytical cross-sectional, facility-based study with the aim of assessing the level of knowledge and attitudes regarding Herpes zoster infection and its vaccination among primary health care center (PHC) visitors in Tabuk City, Saudi Arabia.

Tabuk City has 33 PHCs; PHCs outside of Tabuk City were excluded. There were 22 primary healthcare centers in total.

Three primary healthcare centers were chosen randomly within each of the two strata (the King Khalid Hospital Sector and the King Fahad Hospital Sector) in a stratified random sample design. In total, there were six primary healthcare centers that were included in this study.

This study requires a minimum sample size of 384 participants to meet its objectives.

Sample size estimated by Raosoft Sample Size Calculator by Raosoft, Inc. The margin of error is 5%, with the confidence interval (CI) level maintained at 95%.

Data collection tools and process

The target population for this study is male and female PHC visitors who are 50 years of age or older, Tabuk residents, and Arabic-speaking.

A survey was conducted, and a pilot study of 10 people was done to test its validity. Google Forms was used to gather data. Anyone who meets our criteria to participate was interviewed. Arabic was the language used in the questionnaire. In order to collect data, a structured questionnaire with a closed-ended format was modified based on research conducted in the United Arab Emirates and the Western Region of Saudi Arabia.

The total number of closed-ended questions was 31 in total, which are divided into four categories, such as: demographics (9 questions), knowledge about herpes zoster infection and its immunization (14 questions), and attitude of the respondent towards prevention of herpes zoster (8 questions).

It had multiple-choice, true/false, and Likert scale questions. Through the use of random sampling, 403 clients, in particular PHCS, were interviewed in the period from November 10, 2023, to December 23, 2023.

In order to maintain participant confidentiality, all participants were asked to give verbal informed consent prior to the interview. In order to achieve this, no participant-identifying information was collected.

Statistical analysis

Data entry and coding were done using IBM SPSS Statistics Version 23.0 software, which then cleaned and analyzed the data after it was entered and coded.

For categorical data, we used frequencies and percentages; for numerical data, we used the median and interquartile range (IQR). The variables with multiple selections were analyzed using a multiple-response technique. When appropriate, a Pearson's chi-squared test or a Fisher's exact test were used for assessing group-based differences in participants' awareness and knowledge of shingles and the shingles vaccination. Predictors of knowledge were examined by constructing a multivariate linear regression analysis using the significantly associated factors from the group-based association analysis.

The results of the regression analysis were presented using beta coefficients and 95% confidence intervals (95% CI). Statistical significance was indicated with a p-value of 0.05.

Result:-

Sociodemographic characteristics

We received 403 responses on the online platform. More than half of the sample were women (55.8%), and more than half of the participants were aged 50 to 55 years (53.3%) and were Saudis (90.1%). Additionally, 22.8% of the

respondents were in high school, almost one-quarter of the respondents (22.3%) were employed (in the government), and 16.4% were in education. Only 5.2% of participants were working in the medical field. Of note, the most common chronic diseases were diabetes (39.5%) and hypertension (38.5%). Importantly, 54.1% of the respondents had chicken pox (Table 1).

Parameter	Category	N (%)
Gender	Male	178 (44.2)
	Female	225 (55.8)
Age	50 - 55	215 (53.3)
	56-60	82 (20.3)
	61-65	51 (12.7)
	>65	55 (13.6)
Occupation	Medical field	21 (5.2)
	Business and finance	20 (5.0)
	Governmental	90 (22.3)
	Engineering & IT	10 (2.5)
	Education	66 (16.4)
	Arts and Communication	5 (1.2)
	Others	191 (47.4)
Nationality	Saudi	363 (90.1)
	Arab	40 (9.9)
Educational level	Illiterate	61 (15.1)
	Elementary school	83 (20.6)
	High school	92 (22.8)
	Undergraduate	72 (17.9)
	University	57 (14.1)
	Postgraduate	38 (9.4)
Have a chronic condition	Yes	351 (87.1)
Type of chronic condition(s)	Hypertension	155 (38.5)
	Diabetes	159 (39.5)
	Hypercholesterolemia	86 (21.3)
	Hypothyroidism	28 (6.9)
	Osteo-arthritis	75 (18.6)
	Coronary artery disease	27 (6.7)
	Asthma	46 (11.4)
	COPD	8 (2.0)
	Gout	16 (4.0)
	Rheumatoid arthritis	16 (4.0)
	Depression	3 (.7)
	Others	5 (1.2)
Have had chicken pox	Yes	218 (54.1)
Have you ever heard of shingles	Yes	307 (76.2)
Have you ever heard of shingles vaccine	Yes	200 (49.6)

Table 1:- Socio-demographic characteristics of the pa	articipants (N=403)
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Awareness and knowledge regarding shingles

In general, 307 participants indicated that they had ever heard or were aware of shingles, representing 83.2–76.2% (95% CI, 72.9 to 79.0). Focusing on aware participants, the most common sources of awareness were the internet and television (31.5%), having heard about shingles from someone who had shingles (20.3%), and hearing about shingles from someone (11.9%) (Figure 1). Additionally, the most identifiable risk factors were immunodeficiency (41.9%), age (25.1%), and chronic diseases (16.9%) (Figure 2).

Figure 1: The percentages of participants' responses regarding the sources of knowledge about shingles.

Figure 2: The percentages of participants' responses regarding the relevant risk factors

Considering the factors that were associated with the awareness of the whole sample, the results showed that awareness about shingles was significantly higher among women (80.4% vs. 70.8 percent among men, p =0.024). Additionally, participants' awareness increased consistently with higher educational levels (62.3% among those who could be illiterate, 67.5% among those who had an elementary school education, 72.8% among those who had a secondary school education, 86.1 among those who had an undergraduate education, 87.7% among those with a university degree, and 89.5% among those with a postgraduate degree, p = 0.000). Furthermore, our research showed that participants' awareness about shingles was significantly higher among those employed in education (90.9% vs. 90.0% among engineering and IT, 85.7% among the medical field, 80.0% among arts and communication, 75.0% among business and finance, and 71.1% among governmental employed respondents, p =0.016). This is shown in Table 2.

Parameter	Category	Awareness about sco shingles (of dis		Knowledge score (of the disease)		Awareness about the shingles vaccine		Knowledge score (of the vaccine)	
		Yes, N = 307	p- valu e	Media n (IQR)	p- valu e	Yes, N = 200	p- valu e	Media n (IQR)	p- valu e
Gender	Male	126 (70.8%)	0.02 4	1(0-5)	0.01 9	92(51.7%)	0.46 2	1(0-3)	0.04 8
	Female	181(80.4%)		1(0-6)		108(48.0%)		1(0-2)	
	50 -55	162(75.3%)	0.93 2	1(0-5)	0.00 0	100(46.5%)	0.03 8	1(0-2)	0.00 1
Age	56-60	64 (78.0%)		1(0-6)		45(54.9%)		1(0-2)	
_	61-65	38 (74.5%)		1(0-4)		33(64.7%)		1(0-3)	
	>65	43 (78.2%)		1(0-4)		22(40.0%)		1(0-3)	
Nationality	Arab	34 (85.0%)	0.16 8	1(0-5)	0.00 3	22(55.0%)	0.47 4	1(0-3)	0.42 5
Nationality	Saudi	273 (75.2%)		1(0-6)		178(49.0%)		1(0-3)	
	Illiterate	38 (62.3%)	0.00 0	1(0-6)	0.00 1	32(52.5%)	0.89 8	1(0-3)	0.45 8
	Elementary school	56 (67.5%)		1(0-4)		38 (45.8%)		1(0-3)	
Educational level	High school	67 (72.8%)		1(0-5)		43(46.7%)		1(0-3)	
	Undergraduat e	62 (86.1%)		1(0-5)		39(54.2%)		1(0-3)	
	University	50 (87.7%)		1(0-3)		29(50.9%)		1(0-2)	
	Postgraduate	34 (89.5%)		1(0-5)		19(50.0%)		1(0-2)	
	Medical field	18 (85.7%)	0.01 6	1(0-3)	0.24 1	12(57.1%)	0.04 7	1(0-1)	0.00 0
	Business and finance	15 (75.0%)		1(0-5)		11(55.0%)		1(0-1)	
	Governmental	64 (71.1%)		1(0-4)		35(38.9%)		1(0-2)	
Occupation	Engineering & IT	9 (90.0%)		2(0-4)		8(80.0%)		1(0-2)	
	Education	60 (90.9%)		1(0-5)		39(59.1%)		1(0-2)	
	Arts and								
	Communicati	4 (80.0%)		1(0-1)		1(20.0%)		1(1-3)	
	on								
	Others	137 (62.7%)		1(0-4)		33(55.9%)		1(0-3)	
Hypertension	yes	118(76.1	0.98	1(0-6)	0.27	83(53.5%)	0.21	1(0-3)	0.16

Table 2:- Factors associated with participants' awareness and knowledge regarding shingles and the shingles vaccine.

		%)	5		6		3		7
	no	189(76.2 %)		1(0-5)		117(47.2%)		1(0-3)	
Hypercholesterole	yes	59 (68.6%)	0.44 2	1(0-4)	0.06 3	39(45.3%)	0.37 1	1(0-3)	0.21 8
mia	No	248(78.2 %)		1(0-6)		161(50.8%)		1(0-3)	
Ostas antaitis	yes	52 (69.3%)	0.12 3	1(0-4)	0.10 4	36(48.0%)	0.75 5	1(0-3)	0.35 9
Osteo-artnritis	No	255(77.7 %)		1(0-6)		164(50.0%)		1(0-3)	
Coronary artery	yes	23(85.2%	0.25 5	1(0-4)	0.75 4	19(70.4%)	0.02 6	1(0-2)	0.25 9
disease	No	284(75.5 %)		1(0-6)		181(48.1%)		1(0-3)	
A . (1	yes	32(69.6%	0.26 3	1(0-3)	0.52 3	25(54.3%)	0.49 6	1(0-2)	0.36 8
Asthma	No	275(77.0 %)		1(0-6)		175(49.0%)		1(0-3)	
514	yes	121(76.1	0.97 6	1(0-6)	0.04 8	84(52.8%	0.29 9	1(0-3)	0.00 9
DM	No	186(76.2 %)		1(0-5)		116(47.5		1(0-3)	
	yes	7 (87.5%)	0.44 8	1(0-4)	0.62 9	3(37.5%)	0.48	1(0-2)	
COPD	No	300 (75.9%)		1(0-6)		197(49.9 %)		1(0-3)	0.26 9
~	yes	11(68.8%	0.47 7	1(0-5)	0.00 0	5(31.3%)	0.13 4	1(1-1)	
Gout	No	296(76.5 %)		1(0-6)		195(50.4 %)		1(0-3)	0.14 8
Rheumatoid	yes	14(87.5%	0.27 8	1(0-4)	0.57 6	7(43.8%)	0.63 1	1(0-2)	0.68 2
arthritis	No	293(75.7 %)		1(0-6)		193(49.9 %)		1(0-3)	
D .	yes	3(100.0%	0.33 1	1(1-1)	0.82 2	1(33.3%)	0.57 1	1(0-1)	0.84 1
Depression	No	304(76.0 %)		1(0-6)		199(49.8 %)		1(0-3)	
0.1	yes	4(80.0%)	0.84 0	1(0-1)	0.91 1	2(40.0%)	0.66 5	1(0-1)	0.92 5
Others	No	303(76.1 %)		1(0-6)		198(49.7 %)		1(0-3)	
Have you ever had	yes	174(79.8 %)	0.06 3	1(0-6)	0.13 5	112(51.4 %)	0.44 6	1(0-3)	0.20 2
chicken pox	No	133(71.9 %)		1(0-5)		88(47.6%)		1(0-2)	
Have heard about	yes	NA	NA	1(0-6)	$\begin{array}{c} 0.00\\ 0 \end{array}$	182(59.3 %)	$\begin{array}{c} 0.00\\ 0 \end{array}$	1(0-3)	0.00 0
shingles	No	NA				18(18.8%		1(0-3)	

The median (IQR) score of knowledge about shingles was 1.0 (0.0 to 3.0), with a minimum of 0.0 and a maximum of 6.0. The score differed significantly based on the gender groups (p = 0.019), age groups (p = 0.000), nationality (p=0.003), education level (p = 0.001), having a history of DM, gout (p = 0.048), and having ever heard about

shingles (p<0.000). On the multivariate regression analysis, we showed that higher knowledge scores of shingles were independently predicted by female (beta = 0.245, 95% CI, 0.036 to 0.455, p =0.022) contrast male, postgraduate (beta = 0.743, 95% CI, 0.313 to 1.174, p =0.022) contrast illiterate and having ever heard about shingles (beta = 1.440, 95% CI, 1.234 to 1.646, p = 0.000). This is captured in Table 3.

Parameter	Category	Beta	95% CI	p-value
Candan	Mall	-	-	
Gender	Female	0.245	0.036,0.455	0.022
	Illiterate	-	-	
	Elementary school	0.019	-0.330,0.367	0.917
Educational level	High school	0.100	-0.242,443	0.566
	Undergraduate	0.200	-0.159,0.559	0.274
	University	-0.017	-0.397,0.364	0.931
	Postgraduate	0.743	0.313,1.174	0.001
Have heard about shingles	No	-	-	
	Yes	1.440	1.234,1.646	0.000

Table 3:- Predictors of high knowledge regarding shingles.

Prevalence of shingles among participants' age groups and most common coexisting disease.

Among the respondents who heard about shingles, only 4% had the disease, and the prevalence of shingles was higher among those of older age (Figure 3). Additionally, there was a higher prevalence of shingles among participants who had rheumatoid arthritis and osteoarthritis (Figure 4).

Figure 3: The percentages of the prevalence of shingles disease among participants' age groups.

Figure 4: The percentages of the prevalence of shingles disease among participants' common coexisting disease.

Awareness and knowledge regarding the shingles vaccine

A total of 200 participants were aware of the shingles vaccine (49.6%, 95% CI, 45.6-54.4). The proportions of participants who were aware of the shingles vaccine were significantly higher among >65 (78.2% vs. 78.0% among 56-60, 75.3% among 50-55, and 74.5% among 61-65, p = 0.000) and education employed respondents (90.9% vs. 90.0% among engineering & IT, 85.7% among medical field, 80.0% among arts and communication, 75.0% among business and finance, and 71.1% among governmental employed respondents, p = 0.047), having a history of coronary artery disease (p=0.026) and having ever heard about shingles (p<0.000). Table 2).

Regarding the knowledge score of the shingles vaccine, the score had a median (IQR) value of 1.0 (0.0 to 3.0) and minimum and maximum values of 0.0 and 3.0, respectively. The score differed significantly based on the gender groups (p = 0.048), age groups (p = 0.001), occupation (p = 0.000), having a history of DM (p = 0.009), and having ever heard about shingles (p = 0.000).

On the multivariate regression analysis, we showed that higher knowledge scores of shingles were independently predicted by arts and communication employed (beta = 0.728, 95% CI, 0.234 to 1.222, p = 0.004), contrast medical field employed, and governmental employed (beta = 0.309, 95% CI, 0.068 to 0.551, p = 0.012), contrast medical field employed, and having ever heard about shingles (beta = 0.242, 95% CI, 0.125 to 0.359, p = 0.000). This is captured in Table 4.

Parameter	Category	Beta	95% CI	p-value
	50-55	-	-	
	56-60	0.047	-0.084,0.179	0.481
Age	61-65	0.034	-0.127,0.194	0.681
	>65	0.122	-0.039,0.282	0.137
Occupation	Medical field	-	-	
	Business and finance	0.247	-0.063,0.558	0.118
	Governmental	0.309	0.068,0.551	0.012
	Engineering & IT	0.057	-0.325,0.439	0.769
	Education	0.159	-0.090,0.408	0.211
	Arts and Communication	0.728	0.234,1.222	0.004
	Housewife	0.227	-0.009,0.462	0.059
	Others	0.236	-0.027,0.498	0.078
Have heard	No	-	-	
about shingles	Yes	0.242	0.125,0.359	0.000

Table 4:- Predictors of high knowledge regarding shingles.

Participants' attitudes and practice toward shingles

The majority of participants were likely or extremely likely to be interested in knowing about how to prevent shingles (78.1%) and about the disease (70.2%). Conversely, almost one-quarter of participants (28.5%) were unlikely or extremely unlikely to be worried about getting shingles (Figure 3).

Figure 4:- The percentages of participants' responses regarding their attitudes and practices toward shingles.

Participants' attitudes and practices toward the shingles vaccine

Among the respondents, only 9.4% had received the shingles vaccine. However, most (77.4%) are likely or extremely likely to get the vaccine if the doctor recommends it. The most frequently reported barriers to getting vaccinated are the lack of awareness about the vaccine (29.0%) and concerns about the possible side effects (23.3%) (Table 5).

Fable 5:- Participants	' attitudes and	practices toward	the shingles vaccine.
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Parameter	Category	N (%)
Have you ever had the shingles vaccine	Yes	38 (9.4)
	No	365 (90.6)
I would get the shingles vaccine if the	Extremely likely	142 (35.2)
doctor recommended it	Extremely unlikely	28 (6.9)
	Likely	116 (28.8)
	Neutral	64 (15.9)

	Unlikely	53 (13.2)
What would prevent you from getting the	I am not at risk because I am healthy	81 (20.1)
shingles vaccine?	I do not believe in vaccines	49 (12.2)
	I would rather get medicine when I get sick	34 (8.4)
	I am concerned about the side effects of the	94 (23.32)
	vaccine	
	I did not know that the vaccine existed	117 (29.0)

Discussion:-

In the Middle East and North Africa, the subject of HZ has not yet been well studied. While numerous international studies have looked at how the HZ vaccination affects those who are at-risk and how administering the vaccine reduces financial burden, only a few studies have looked at the population's readiness to get vaccinations and the obstacles in the way.

The Saudi Arabian population has good knowledge in general about HZ. Of the participants, around 76% were aware of HZ, while approximately 49% were aware of the HZ vaccine.

This result is almost consistent with studies conducted in the Western Region of Saudi Arabia, where over 80% of participants were aware of HZ and over half were aware of the HZ vaccine.

Our findings, however, are not consistent with research conducted in the UAE community, where just 15% of respondents were aware of the HZ vaccine and just over 60%

Additionally, a US study's findings show that participants' greater knowledge of HZ and its vaccine had a major effect on their motivation for getting the vaccine.

Our results showed that awareness about shingles was significantly higher among women (80.4% vs. 70.8 percent among men). The most common sources of awareness were the internet and television, which are not the most reliable sources of information. Additionally, participants' awareness increased consistently with higher educational levels. Postgraduates knew more about HZ than other people, consistent with research from the West of Saudi Arabia and the United Arab Emirates that indicated greater HZ skills were linked to higher levels of education.

This demonstrates the value of educating the public and giving them access to original sources of information in order to reduce the dissemination of false information and distorted facts.

Numerous studies have shown that the immunization rates for HZ are extremely low across a wide range of geographical areas. our research Approximately 9% of Saudi Arabian citizens received vaccinations against HZ. Only over 3% of UAE citizens, or about 8% in the US, have received the HZ vaccine. . However, 70% of respondents said they would get the vaccine if the doctor recommended it.

Additionally, we found that approximately 29 % of the participants didn't know about the existence of the HZ vaccine. This might result from fewer interactions with HCPs, leading to a lack of knowledge about HZ and its vaccination.

Limitations

This research has a few limitations. First, the outcomes might have been affected by recall bias. The participants were asked to self-report their previous history of chickenpox. Second, the study's sample was limited to adults aged 50 and older, and it only covered PHC visitors in a single city in Saudi Arabia, which may limit the generalizability of the results.

Conclusions:-

Herpes zoster is a viral infection that occurs due to the reactivation of the varicella-zoster virus. According to a recent recommendation from the Saudi Ministry of Health, people over 50 should receive HZV from primary health centers. The population in Saudi Arabia showed positive attitudes and had good information about HZ and its vaccine.

Recommendations:-

Encourage doctors to discuss this subject with patients who are willing to be vaccinated, educate them about the existence of vaccines, and correct false information about vaccines. Campaigns conducted across the country to raise awareness of the disease, its consequences, and the importance of HZ immunization may encourage the target group to become more ready for vaccination.

Ethical considerations

The Tabuk region's Medical Research Ethics Committee gave its approval to this study. Participants' verbal consent to participate was obtained.

Disclosure statement

None of the authors disclosed any potential conflicts of interest.

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