Herpes Zoster Patient Education: A Coloring Book Approach

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Abstract
Shingles, the disease caused by the herpes zoster virus, is a widespread and widely misunderstood illness in the United States. It is preventable, but many at-risk patients do not know what measures they may take to prevent it. Clear communication from physician to patient is crucial for patient understanding of diseases. Many patient education materials on herpes zoster currently available are often unused. It is therefore beneficial to public health to disseminate new mediums of medical communication, and one way of accomplishing this is through adult coloring books. The pathophysiology of herpes zoster virus is here explored and the idea of using an adult coloring book to educate patients on the subject in a comprehensible way is presented.

Disseminated herpes zoster can be spread through contact with droplets from the nose and throat of someone who is infected. The droplets carrying the virus are
released into the air when the infected person coughs or sneezes. They can easily be inhaled (breathed in) and cause an infection. If you have had chickenpox in the past, contact with a person who has herpes zoster won’t make your virus active. For disseminated herpes zoster, visitors and staff must wear a yellow gown, gloves, and a respirator mask while in your room. You can’t walk around in the unit while following these isolation precautions. If you have either type of herpes zoster, you will not be able to walk around your unit, or go to the following areas of the hospital. Learn why herpes zoster is gaining renewed interest among ophthalmologists—and find out what you need to know about it. Questions remain about the best management approach. For example, Dr. Chodosh asked, “Should patients with recurrent ocular inflammation after shingles be treated with corticosteroids and an antiviral [i.e., valacyclovir]? Would patients who have had significant keratitis benefit from [oral] antiviral prophylaxis, similar to herpetic eye disease? Herpes zoster (commonly referred to as “shingles”) and postherpetic neuralgia result from reactivation of the varicella-zoster virus acquired during the primary varicella infection, or chickenpox. Whereas varicella is generally a disease of childhood, herpes zoster and post-herpetic neuralgia become more common with increasing age. Factors that decrease immune function, such as human immunodeficiency virus infection, chemotherapy, malignancies and chronic corticosteroid use, may also increase the risk of developing herpes zoster. Reactivation of latent varicella-zoster virus from dorsal root g.