

Editorial

Measles Resurgence in Bangladesh: An Urgent Call to Protect Every Child

Bangladesh is experiencing one of its largest measles outbreaks in decades. Once considered a preventable disease through routine immunization, measles has rapidly re-emerged as a major public health emergency, threatening thousands of children and placing additional strain on an already challenged healthcare system. The current outbreak serves as a reminder that progress in disease control can quickly be reversed when vaccination coverage declines, surveillance weakens, and health systems experience disruption.

Between 15 March and 15 July 2026, 114,164 suspected cases, 13,907 laboratory-confirmed cases, 676 suspected measles-related deaths, and 95 laboratory-confirmed measles-related deaths were reported. The outbreak affected 61 of 64 districts across all eight divisions, with the highest burden in the central Dhaka Division (51,689 suspected cases, 295 deaths), Sylhet Division (6,562 suspected cases, 93 deaths), Rajshahi Division (8,485 suspected cases, 89 deaths), Chattogram Division (20,244 suspected cases, 54 deaths), Khulna Division (7,880 suspected cases, 29 deaths) and Barisal Division (Suspected cases 11,815, 43 deaths)¹.

The majority of infections occurred among children younger than five years. Approximately one-third of cases occurred among infants younger than 9 months, many of whom had never received a measles-containing vaccine². UNICEF further reported that by early April 2026, suspected cases had risen to nearly 10,000, prompting the launch of an emergency nationwide measles and rubella vaccination campaign targeting more than 1.2 million children³.

Measles remains one of the most contagious viral diseases known. A single infected individual can transmit the virus to up to 90% of susceptible close contacts through respiratory droplets and airborne spread. It typically presents with fever, cough, coryza, and conjunctivitis, followed by a characteristic maculopapular rash. Although the disease is vaccine preventable, complications such as pneumonia, encephalitis, blindness, severe

malnutrition, and death continue to occur, particularly among young children and those with weakened immune systems. The recent resurgence in Bangladesh highlights the devastating consequences of immunity gaps that have accumulated over several years².

Several factors have contributed to the current outbreak. The disruption of routine immunization services, population displacement, increasing vaccine hesitancy, political instability, and unequal access to healthcare have all reduced childhood vaccination coverage. Public health experts have emphasized that the outbreak is largely preventable and reflects failures in maintaining high vaccination coverage rather than vaccine ineffectiveness⁴. Reports indicate that approximately 72% of confirmed cases occurred among children who had received no measles vaccine, while another 16% were only partially vaccinated, demonstrating the critical importance of completing the recommended immunization schedule⁵.

According to health authorities, Sylhet reported its first measles-related death on **6 April 2026**, when a child died from the disease. Since then, the outbreak has continued to worsen, with **93 reported deaths** in the division. Sunamganj recorded the highest number of deaths (38), followed by Sylhet (31), Moulvibazar (11), and Habiganj (8). **To date, 422 laboratory-confirmed measles cases have been reported across Sylhet Division.** Sunamganj has recorded the highest number of confirmed cases (234), followed by Sylhet (131), Habiganj (41), and Moulvibazar (16).⁶ The division borders India's northeastern states and includes remote haor wetlands and rural communities, where transportation and access to healthcare can be challenging during certain seasons. These factors may complicate routine immunization, surveillance, and timely outbreak response, particularly in mobile or hard-to-reach populations. Strengthening surveillance, maintaining vaccine supply, and supporting community engagement in Sylhet remain important public health priorities.

The response from the Government of Bangladesh, together with WHO, UNICEF, and Gavi, demonstrates the importance of coordinated public health action. The emergency measles and rubella vaccination campaign aims to protect children aged 6 to 59 months living in the highest risk districts. Rapid case detection, laboratory confirmation, community awareness campaigns, and enhanced surveillance are equally important components of outbreak control. However, emergency vaccination campaigns alone cannot replace strong routine immunization programs. Sustainable investment in primary healthcare and community based vaccination services remains essential to prevent future outbreaks⁷.

Healthcare professionals, including physicians, nurses, dental professionals, and public health practitioners, also have an important role in preventing measles transmission. Every patient encounter provides an opportunity to educate parents about routine childhood immunization, identify unvaccinated children, recognize early symptoms, and encourage timely medical evaluation. Dental professionals frequently examine children with fever and oral manifestations before systemic symptoms fully develop and should therefore remain alert for signs such as Koplik spots and unexplained febrile rash illnesses.

The resurgence of measles in Bangladesh is more than an infectious disease outbreak. It is a reflection of the fragility of public health systems when routine preventive services are interrupted. Measles is entirely preventable through safe and effective vaccination. The current outbreak should serve as a national call to action immunization programs, rebuild public confidence in vaccines, improve disease surveillance, and ensure equitable healthcare access for every child, including those living in underserved regions such as Sylhet. Failure to act decisively could reverse decades of progress in childhood immunization, child survival, and infectious disease control in Bangladesh.

Author:

Dr. Naznin Akther
Associate professor, Department of
Paediatrics, Jalalabad Ragib-Rabeya Medical
College.

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