

Editorial

Measles Resurgence in Bangladesh: Rebuilding Immunization Systems to Prevent a Public Health Crisis

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The ongoing resurgence of measles in Bangladesh represents one of the most significant setbacks in the country's immunization programme in recent decades. After years of remarkable progress toward measles elimination through the Expanded Programme on Immunization (EPI), Bangladesh is now facing widespread transmission, reminding us that gains against vaccine-preventable diseases remain fragile when immunization coverage declines.¹

Measles is among the most contagious human viral diseases, with a basic reproduction number (R_0) of 12–18. Sustained interruption of transmission requires at least 95% population immunity with two doses of a measles-containing vaccine. Even modest declines in vaccine coverage can rapidly generate susceptible populations capable of sustaining large outbreaks.²

The epidemiological situation in Bangladesh has become increasingly concerning. According to the World Health Organization (WHO), between 15 March and mid-April 2026, Bangladesh reported more than 19,000 suspected measles cases and nearly 3,000 laboratory-confirmed cases. WHO further warned that transmission was occurring across multiple districts, with young children accounting for the majority of infections. UNICEF reported that children under five years constituted the largest affected group, emphasizing the disproportionate impact on the most vulnerable segment of the population. These figures illustrate the rapid expansion of an outbreak that threatens to reverse decades of public health achievements.^{2,3}

Several factors have converged to produce this resurgence. Disruptions to routine immunization services during the COVID-19 pandemic created immunity gaps that were not adequately closed. Delayed supplementary immunization activities, vaccine supply challenges, population mobility, urban overcrowding, and inequitable healthcare access have further compounded susceptibility. Although vaccine hesitancy has remained relatively limited in Bangladesh, misinformation and missed vaccination opportunities continue to undermine optimal coverage. WHO and UNICEF have responded by supporting emergency measles-rubella vaccination campaigns targeting high-risk districts and millions of susceptible children.³

The clinical consequences of measles extend far beyond the characteristic fever and rash. Severe pneumonia, acute diarrhoeal disease, encephalitis, keratitis leading to blindness, and prolonged immune suppression contribute substantially to childhood morbidity and mortality. Malnourished children, infants, and immunocompromised individuals remain particularly vulnerable.⁴ Consequently, every measles outbreak places an enormous burden on paediatric services and risks increasing deaths from secondary infections.

The current outbreak demands a comprehensive public health response. First, routine immunization services must be strengthened to achieve and sustain at least 95% two-dose vaccine coverage in every district. Second, high-quality surveillance with prompt laboratory confirmation and rapid outbreak investigation should be reinforced to detect transmission early. Third,

catch-up vaccination campaigns targeting missed children, particularly in urban slums, remote communities, and underserved populations, should be prioritized. Finally, healthcare professionals must actively engage communities to counter misinformation and reinforce public confidence in vaccination.

Bangladesh has repeatedly demonstrated its capacity to control infectious diseases through coordinated national action. The present measles outbreak should therefore be viewed not merely as an epidemiological emergency but as an opportunity to rebuild resilient immunization systems. Sustained political commitment, adequate vaccine financing, uninterrupted supply chains, and strong community engagement are indispensable for restoring progress toward measles elimination. Preventing future outbreaks will depend not only on emergency campaigns but also on ensuring that every child receives timely, complete, and equitable vaccination.

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