

EDITORIAL

CRACKS IN THE PROTECTION SHIELD: THE RETURN OF MEASLES IN BANGLADESH

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For more than four decades, Bangladesh has been one of Asia's most successful countries in vaccinating children. Health workers have delivered vaccines to millions of families in urban slums, river delta villages, and remote hill districts to protect children from deadly diseases. Measles outbreaks have declined. Mortality rates have fallen. The disease seemed on the edge of eradication.

But today measles is back and it's back in a terrifying form. In early 2026, Bangladesh is facing its worst measles outbreak in recent memory. Children are dying from a disease that could be prevented with a readily available and inexpensive vaccine. This editorial explains what's happening, why it's happening, and what needs to be done now.

Bangladesh is currently experiencing the worst measles outbreak in recent history. As of 30 March 2026, a total of 2,190 suspected measles cases have been identified across the country, of which 676 have been laboratory confirmed, and the infection has spread to 56 of the 64 districts.¹ The scale of the crisis is alarming according to current statistics, this number has increased 75 times compared to last year and almost 11 times compared to 2024. Of this, Dhaka division alone accounts for 36 percent of the total identified patients, followed by Rajshahi (20%) and Chittagong (14%).²

The Infectious Diseases Hospital in Mohakhali reported that the hospital admitted 560 measles patients in the first three months of 2026, compared to just 69 in 2025. According to the data received, the number of monthly admissions increased sharply in March, from 35 in January to 88 in February. While in previous years only 10 percent of samples were found positive, this year the number has reached 90 percent.³

At least 42 children have died from measles this year, 32 of whom died in March alone.⁴ The World Health

Organization (WHO) has expressed deep concern. The measles incidence rate in Bangladesh, which has been below 1.6 per million population for years, has now increased to 16.8 per million.

Many children have not been vaccinated. Bangladesh's national vaccination rate is 81.6%, meaning one in five children is not fully protected. About 400,000 children are partially vaccinated, and about 70,000 children have never received a single dose of the vaccine.⁵

Several factors made the situation worse. The COVID-19 pandemic canceled vaccination programs, kept parents away from health centers, and redeployed health workers. A large international study found that COVID-19 had led to a nearly 40% increase in the number of children who had never received any vaccinations.⁶ Bangladesh fell behind in those years and is now paying the price. To make matters worse, the routine nationwide measles vaccination program, which is usually held every four years, was not conducted in 2025.

As a result, by 2025, about 44% of children were outside the measles vaccination coverage.⁴ Urban areas are particularly affected. Vaccination rates in cities are only 79%, compared to 85% in rural areas.⁵ In densely populated slums like Dhaka, families move frequently, children are left out of the vaccination program, and second doses of measles are often forgotten or skipped. Worryingly, 69% of currently infected children are under two years of age and 34% are under nine months of age, too young to have received their first scheduled dose of vaccine.¹

Measles is not just a simple rash and fever. It can cause pneumonia, dangerous inflammation of the

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brain (encephalitis), permanent blindness, and death — especially in malnourished children, which are already common in Bangladesh. Even children who survive can suffer from ‘immune amnesia’ — the virus erases their immune memory, leaving them vulnerable to other infections in the months or years that follow.⁷

Measles also spreads at a frightening rate. One infected person can spread the virus to 12 to 18 uninfected people, much faster than COVID-19 or the flu.⁷ To stop it, at least 95% of the population needs to be vaccinated. Bangladesh is well below that threshold, and as a result, we are seeing this outbreak today.

There is also a financial cost. Research by icddr shows that a single hospitalization for measles costs a Bangladeshi household around US\$159 and 78% of the poorest households face ‘catastrophic’ health costs, with the illness consuming more than 10% of their household income.⁸ Measles vaccination is provided free of charge through government programs. Families who do not get vaccinated spend hundreds of times more.

1. Launch a gap-filling campaign immediately: Without delay, a nationwide vaccination campaign should reach all unvaccinated and partially vaccinated children aged 6 months to 5 years, especially in Dhaka slums, Rajshahi, and Cox’s Bazar refugee camps.¹
2. Close the second-dose gap : Many children who receive their first measles vaccine at 9 months of age do not return for the second dose at 15 months of age. This can be addressed through simple reminders and follow-up at the community level.
3. Strengthen surveillance : Every suspected measles patient must be tested and reported promptly to the IEDCR, so that outbreaks can be quickly identified and contained. Each of the 64 districts must meet the World Health Organization’s surveillance criteria.⁹
4. Fight misinformation: False claims spread on social media, including the long-debunked idea that vaccines cause autism, are fueling vaccine hesitancy. Health workers, religious leaders, and influential figures in society need to be involved in disseminating honest and clear information about vaccine safety.
5. Protect the vaccination budget :As Bangladesh gradually moves away from international donor support (Gavi), the government must increase domestic health budget allocations to ensure that vaccination programs are never again disrupted.⁵

Bangladesh has built its defenses against measles through four decades of hard work by health workers and government investment. That defense is now broken, and children are dying as a result.

Every day of delay means more unvaccinated children, more infections, and more preventable deaths. The solution is already known. The vaccine is available for free. What is needed is the will and the urgency to take action.

So, two doses of measles vaccine must be given for every child without no exceptions.

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