

# Measles Resurgence in Bangladesh: A Preventable yet Persistent Threat in 2026

Measles, caused by the Measles virus, remains one of the most contagious infectious diseases despite the availability of a safe and effective vaccine. After decades of progress toward elimination, the world is now witnessing a concerning resurgence, culminating in widespread outbreaks in 2025 across multiple regions. Bangladesh has emerged as a particularly affected hotspot, with a rapidly expanding outbreak exposing critical vulnerabilities in its immunization system. This resurgence not only reflects global immunity gaps but also underscores country-specific challenges, including declining vaccine coverage, systemic weaknesses, and inequities in healthcare access.

Recent estimates from the World Health Organization and UNICEF indicate that global measles incidence has risen sharply in the post-pandemic period, with millions of children missing routine immunization and a substantial increase in both cases and deaths reported through 2023–2024. These widening immunity gaps have created the conditions for the large-scale outbreaks now being observed in 2025.

In Bangladesh, the current outbreak represents a significant escalation. Vaccine coverage, which was previously high, has declined markedly in recent years—falling to nearly 57% in 2025—far below the 95% threshold required for herd immunity<sup>1</sup>. In addition, prolonged interruptions in supplementary immunization activities and reported stockouts of measles–rubella vaccines have further widened immunity gaps<sup>3</sup>. As a result, a large pool of susceptible children has accumulated, including those who are unvaccinated or incompletely vaccinated.

Beyond coverage gaps, system-level failures have played a crucial role. Reports highlight weaknesses in program governance, poor planning, and inadequate monitoring of immunization services<sup>3</sup>. Importantly, deficiencies in cold chain maintenance and vaccine supply logistics have been identified as potential contributors, raising concerns about both vaccine

availability and effectiveness<sup>3</sup>. Clusters of “zero-dose” children, particularly in underserved and hard-to-reach populations, have further facilitated rapid transmission.

Socio-demographic factors—including high population density, urban crowding, and population mobility—have accelerated the spread of infection. At the same time, misinformation and declining public confidence in vaccination have contributed to reduced uptake in certain communities.

Clinically, measles presents with fever, cough, coryza, conjunctivitis, and Koplik spots, followed by a generalized maculopapular rash. However, its complications are of far greater concern. Pneumonia remains the leading cause of measles-related death, while encephalitis, severe diarrhea, and malnutrition significantly worsen outcomes. Children under five years of age and immunocompromised individuals are particularly vulnerable.

The high mortality observed in the 2025 Bangladesh outbreak reflects a convergence of several risk factors. A substantial proportion of deaths has occurred in young children, particularly those under five years of age. Malnutrition and vitamin A deficiency remain critical contributors, impairing immune function and increasing disease severity. In addition, delayed healthcare-seeking behavior, reliance on informal providers, and limited access to timely supportive care have further worsened outcomes.

Measles-induced immunosuppression predisposes patients to secondary bacterial infections, particularly pneumonia—the leading cause of death. Furthermore, the scale and intensity of the outbreak have placed considerable strain on healthcare services, reducing the capacity for optimal case management and indirectly increasing mortality<sup>4,7</sup>.

The fundamental driver of this resurgence remains inadequate vaccination coverage. Achieving herd immunity requires at least 95% coverage with two doses of a measles-containing vaccine, yet both national and

global coverage remain below this threshold. In Bangladesh, this gap has been exacerbated by system failures, including supply disruptions, cold chain weaknesses, and governance challenges.

Management of measles remains primarily supportive. Early diagnosis, isolation, adequate hydration, nutritional support, and prompt administration of vitamin A are key interventions that reduce morbidity and mortality. Antibiotics are reserved for secondary bacterial infections. Nevertheless, prevention through vaccination remains far more effective and cost-efficient than treatment.

Addressing the current crisis requires a comprehensive and coordinated response. Strengthening routine immunization services, restoring cold chain integrity, ensuring uninterrupted vaccine supply, and implementing catch-up vaccination campaigns are essential. Surveillance systems must be reinforced for early detection and rapid response. Equally important is rebuilding public trust through effective risk communication and community engagement.

In conclusion, the 2025 measles outbreak highlights how rapidly public health gains can be reversed when immunization systems weaken. In Bangladesh, the convergence of declining vaccine coverage, system-level failures—including cold chain and supply disruptions—and persistent socio-economic vulnerabilities has resulted in a preventable yet severe public health crisis. Measles should be viewed not

merely as an infectious disease but as a sensitive indicator of health system performance. Preventing future outbreaks will require sustained political commitment, systemic strengthening, and renewed public trust in vaccination.

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### **References**

1. The Lancet Infect Dis. Decline in measles vaccine coverage in Bangladesh (2025). <sup>1</sup>
2. The Daily Star. Bangladesh remains at high risk from measles; vaccine stockouts and missed campaigns. <sup>2</sup>
3. The Daily Star. How poor governance weakened Bangladesh's immunization model. <sup>3</sup>
4. Outbreak News Today. Bangladesh measles outbreak with >20,000 cases and widespread transmission. <sup>t</sup>
5. The Business Standard. Misinformation and gaps in vaccination contributing to resurgence. <sup>u</sup>
6. Bdnews24. Child deaths reported in Bangladesh measles outbreak. <sup>v</sup>
7. UNICEF / World Health Organization. Emergency response reports on measles outbreak in Bangladesh. <sup>w</sup>