Faridpur Med. Coll. J. 2026;21(2):05-06 DOI: https://doi.org/10.3329/fmcj.v21i2.90720

Editorial

Measles in Bangladesh: A Preventable Crisis Demanding Collective Action

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Executive Summary

Bangladesh has made remarkable strides in childhood immunization over the past two decades. However, recent clusters of measles cases-particularly in urban slums, refugee camps, and border areas-signal a dangerous backslide. As a physician dealing with pediatric patients, I warn that without immediate, coordinated action, we risk losing hard-won gains and facing a large-scale outbreak among under-vaccinated children.

The Current Situation

As of late May 2026, the Directorate General of Health Services (DGHS) has reported:

- ***Rising cases:*** Over 62000 suspected measles cases in the last four months, with laboratory confirmation around 8500.[1,2]
- ***High-risk zones:*** Cox's Bazar (crowded Rohingya camps), Dhaka's old city, and Chattogram's peri-urban slums. Now, 58 districts are affected. Dhaka division was affected the most, 29630after the end of the third week of May.[1,2]
- ***Age shift:*** Unlike past outbreaks concentrated in infants, we now see cases in children aged 5–9 years-indicating missed routine doses and infants aged as early as 3 months are also developing measles, and 79% of affected are under 5 and 33% under 9 months of age.[2,3]
- ***Deaths:*** Already exceeded 300 confirmed measles-related deaths, primarily from pneumonia complications.[3]

Why Measles is Returning?

1. ***Pandemic disruptions:*** COVID-19 interrupted routine immunization in 2020–2022. An estimated 600,000 Bangladeshi children missed their first measles-rubella (MR) dose.[3,4]
2. ***Vaccination coverage decline:*** National immunization coverage dropped from 85–92% (2010–2022) to approximately 60% in 2025-the lowest in nearly a decade.[4]
3. ***Weak catch-up campaigns:*** Only 40% of high-risk areas have completed supplementary immunization activities (SIAs).[3,4]
4. ***Health system gaps:*** About 45% of EPI field positions remain vacant across 37 districts, and vaccine supply chains have been compromised.[4]
5. ***Population movement:*** Internal migration and Rohingya displacement strain already fragile health posts.
6. ***Vaccine misinformation:*** Social media rumors linking the MR vaccine to infertility or fever have reduced uptake in rural districts like Sylhet and Mymensingh.

What Must Be Done Immediately?

- Emergency supplementary immunization activities (SIAs) in the top 10 affected districts by DGHS + WHO
- Mobile vaccination units in slums & camps by Urban PHC + NGOs
- School-based catch-up for children aged 5-10 by the Ministry of Education + Health
- Infection control in pediatric wards (isolation beds) by hospital directors
- Myth-busting campaign involving religious leaders, political leaders, mosques, TV, social media, and local influencers by MOHFW + IMED

What Parents & Community Leaders Can Do?

- Check vaccination cards: Any child aged 9 months to 15 years without two documented MR doses is at risk.
- Report fever with rash immediately to the nearest community clinic-do not wait.
- Isolate suspected cases: Measles is highly contagious (90% attack rate among non-immune contacts).
- Demand catch-up drives from Union Parishad health committees.

Call to Action:

Measles is not a disease of poverty-it is a disease of missed opportunity. Bangladesh has the cold chain, the vaccine, and the skilled workforce. What we lack is urgency. Every week of delay adds more children to hospital wards and more families to the list of preventable tragedies.

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