

LETTER TO THE EDITOR

Letter to the Editor

Dear Executive Editor, Green Life Medical College Journal

The recent measles outbreak in Bangladesh has once again highlighted that vaccine-preventable diseases can rapidly return when gaps appear in population immunity. Despite decades of remarkable success through the Expanded Programme on Immunization (EPI), the resurgence of measles demonstrates the necessity of sustained vaccination coverage, effective surveillance, and timely public health response.

Measles remains one of the most contagious human infections, although it is preventable through a safe and effective vaccine. Because of its high transmissibility, maintaining very high two-dose measles vaccine coverage is essential to prevent outbreaks. Even small clusters of unvaccinated or incompletely vaccinated individuals may allow transmission and threaten previous achievements in disease control.

According to the World Health Organization (WHO) and the reports published by Directorate General Health Services, Bangladesh, Bangladesh experienced a significant rise in measles cases in 2026, involving multiple geographical areas and affecting mainly children. The outbreak indicates the presence of immunity gaps despite overall national progress in childhood vaccination. Recent national reports based on Directorate General of Health Services (DGHS) data also demonstrated a continuing rise in suspected and confirmed cases, emphasizing the magnitude of the challenge.

Several factors may have contributed to this resurgence. Disruptions in routine healthcare services, missed vaccination opportunities during the last two years, migration, population movement, and difficulties in reaching marginalized communities can create susceptible groups. The impact of the COVID-19 pandemic on routine immunization services worldwide has further demonstrated how quickly progress against vaccine-preventable diseases may be threatened.

Bangladesh responded to the outbreak through emergency measles-rubella vaccination activities with support from national and international partners including WHO, UNICEF, and Gavi. Such campaigns are essential during outbreaks; however, they should complement rather than

replace strong routine immunization services. Identifying zero-dose and under-immunized children, ensuring completion of scheduled vaccines, and improving vaccination records remain critical for long-term prevention.

The current outbreak also reinforces the importance of a sensitive disease surveillance system. Early identification of suspected cases, laboratory confirmation, contact tracing, and rapid reporting are essential for interrupting transmission. Healthcare facilities must remain prepared to recognize measles promptly and implement infection prevention measures to reduce further spread.

Another important component is maintaining public confidence in vaccination. Healthcare professionals have a crucial role in addressing misinformation, providing evidence-based communication, and encouraging caregivers to complete childhood immunization schedules. Community participation involving health workers, educators, and local leaders can improve vaccine acceptance and ensure that vulnerable populations are reached.

The measles outbreak in Bangladesh should therefore be viewed not only as an infectious disease event but also as an opportunity to evaluate the resilience of preventive health systems. Past success in immunization does not guarantee permanent protection unless continuous efforts are maintained.

In conclusion, I can emphasize that this resurgence of measles reminds us that elimination of vaccine-preventable diseases requires constant vigilance. Strengthening routine immunization, improving surveillance, ensuring equitable vaccine access, and maintaining community trust are essential steps toward preventing future outbreaks and protecting the health of children in Bangladesh.

Yours sincerely,

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