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Editorial

Measles Prevention Currently Requires a Coordinated Effort: The Measles Outbreak in Bangladesh and What We Can Do

Measles was once believed to be almost eradicated and to be limited to the pages of ancient journals or medical history. The prevalence of this fatal illness has dramatically declined in many nations, including Bangladesh, as a result of extensive immunization campaigns and increased public awareness. However, the current state of public health presents a different story. Measles outbreaks have been increasing alarmingly in various countries in recent years. Bangladesh is no different. Measles cases are increasing once more in Bangladesh, according to the Directorate General of Health Services and the World Health Organization. Bangladesh's recent measles outbreak has turned into a worrisome public health emergency. Our public health system is seriously threatened by the sickness, which has spread to many of the 64 districts in the country. But this disease, which is more contagious than HIV, is completely preventable. Why has such a catastrophe emerged in a country that is regarded as a global leader in immunization? The resurgence of measles in this populous country poses a major threat not only to the health sector, but also to national development and the future of children. It's important to consider the reasons for the resurgence of a disease that can be prevented and take immediate action.

The severity and current situation of the measles crisis in Bangladesh

The outbreak, which began in mid-March 2026 in Bangladesh, quickly spread throughout the country. As of May 5, 41,793 suspected cases have been identified.[1] As of May 10, 2026, 49,159 children across the country have been hospitalized with measles symptoms. Of these, 6,819 have been laboratory-confirmed cases. Since the outbreak began, there have been 344 suspected measles fatalities, and 65 laboratory-confirmed measles deaths.[2] Most concerning, approximately 80% of that sick are children under the age of five. Public health specialists are extremely concerned about the infection of infants as young as nine months old, who are not yet eligible for immunization.[3] Additionally, children who were not vaccinated accounted for the majority of the deaths. The situation is centered in Dhaka, the capital. Densely inhabited places like Demra, Jatrabari, Kamrangirchar, Karail, and Mirpur have the greatest infection rates.[4] Nearly a million Rohingya migrants live in Cox's Bazar, where overcrowding and a lack of healthcare have made it more likely that the disease will spread quickly.[5, 6]

What could be the reason for this outbreak?

Bangladesh's vaccination rate has decreased, with the first dose rate dropping from 88.6% in 2019 to 86% in 2023.[7] Furthermore, the measles-rubella (MR) vaccination was severely lacking in 2024 and 2025. Consequently, many youngsters continued to receive "zero-dose" or incomplete vaccinations. Reluctance and gaps in vaccination, such as the disruption of general healthcare and routine vaccination programs during the COVID-19 pandemic, have led to some stagnation. As a result, a large proportion of children have remained outside the scope of vaccination. Its long-term effects are now becoming apparent. Many parents are apprehensive due to rumors, myths, and superstitions regarding vaccine adverse effects that have been circulated on social media and other media

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platforms. Lack of vitamin A supplementation and malnutrition have weakened children's immunity, which increases the risk of death. The refugee crisis and population density, especially in crowded areas like Rohingya camps, have increased the risk of infection, raising concerns about cross-border spread.

Why is it wrong to take measles lightly?

The virus that causes measles is extremely contagious. By sneezing or coughing, an infected individual can readily infect others. One infected person can infect twelve to eighteen others, making it extremely contagious. Common symptoms include high fever, cough, runny nose, red eyes, a red rash on the body, small white spots on the inside of the cheeks (Koplik spots), etc. Many people think that measles is just a fever and a red rash on the body. But if timely measures are not taken, the reality can be much more dangerous. Children who are malnourished or have not received a vaccination are particularly vulnerable. Although it may seem like a simple fever and rash, measles can lead to pneumonia, diarrhea, encephalitis (a brain infection that can cause inflammation, swelling, and permanent brain damage), blindness, and even death. In developing nations, its complications are more serious.

Integrated prevention is essential and what can we do?

To alleviate this situation, a number of coordinated actions are desperately needed as follows:

1. **Strengthening the National Immunization Program:** The mass immunization campaign is the most effective means of preventing measles. Thus, creating mobile immunization teams, executing mass immunization campaigns, finding dropout children, and guaranteeing 100% MR/MMR vaccine coverage. Door-to-door vaccination, the establishment of camps in isolated locations, and public participation are necessary for this campaign to be 100% successful.
2. **Family and parental responsibility:** Measles prevention is a communal battle, not just the governments. Here, the importance of each level cannot be disputed. Make sure the child receives the first dose of the "MR" (measles-rubella) vaccination at nine months and the second dose at fifteen months. Keep an eye out for symptoms, and see a doctor right away if you have a high fever, cough, red eyes, or rash. Make sure you eat a healthy diet, take a vitamin "A" supplement, and drink enough water.
3. **Strengthening surveillance systems through government and private initiatives:** Not only government but also private healthcare centers should be brought under the ambit of patient data collection. Controlling the disease's spread requires prompt patient identification, isolation, and treatment. Through outreach initiatives, mobile immunization facilities should be set up in isolated locations and impoverished neighborhoods.
4. **Public awareness and rumor prevention:** In cooperation with medical professionals, the media, and local leaders, awareness campaigns should be carried out through all media, including TV, radio, and social media, in order to debunk baseless concerns and rumors regarding vaccinations. Parents should be informed about the value and safety of vaccinations. In order to guarantee children's safety, educational institutions should increase awareness through schoolbased programs.
5. **Strengthening health infrastructure:** Children's hospitals should be equipped to treat critically ill patients with sufficient isolation beds and intensive care units. It is important to make sure that health personnel are trained, that there is a sufficient supply of equipment for preventing infections, that the health system's capacity is increased, and that treatment methods are made clear.
6. **Updating security systems:** Upazila-level fast reaction teams, digital reporting systems, and lab capacity building are necessary for quick illness identification, epidemic mapping, and realtime data monitoring or observation.
7. **The role of medical professionals:** Physicians and other health professionals should promptly identify illnesses, report suspicious patients, advise parents, stress the value of immunization, and send complicated patients.
8. **Strengthening the Vitamin A program:** Since vitamin A boosts immunity and lowers mortality and disease consequences, the Vitamin A Plus campaign should be extended by keeping a close eye on undernourished youngsters.
9. **Research and Policymaking:** The government should start an AI-based outbreak prediction system and conduct more study on measles epidemiology and vaccination ambiguity. Additionally, it is necessary to involve public health research institutions and medical colleges and

universities in Bangladesh in the research.

10. **Cross-border collaboration:** Bangladesh is a nation that depends on foreign travel. across order to stop the spread of illness through international travel and refugee movement, cooperative surveillance, and information sharing across India and Myanmar's border regions, regional collaboration is crucial.
11. **The media's role:** By spreading correct information, dispelling falsehoods, encouraging immunization, and airing awareness campaigns, the media can be the most effective ally in public health.
12. **Political commitment and sustainable funding:** Increased national health budgets, funding for vaccines, donor collaborations, and public-private partnerships all require sustained political commitment. National security must take health into account. Long-term success requires consistent funding.

Conclusion:

Bangladesh's current measles outbreak is a national public health emergency. According to experts, this is a warning indicator of Bangladesh's immunization system's inadequacy rather than merely a transient outbreak. Larger outbreaks, more avoidable infant deaths, and a future comeback of other vaccine-preventable diseases are all possible if prompt and coordinated action is not done. Vaccines against measles are safe, effective, and can save lives. If one child is not vaccinated, the entire society is at risk. Thousands of children in a nation that was once a global success story in immunization programs are now afflicted with measles. Urgent immunization, vigilant surveillance, restoring public confidence, and the adoption of long-term health policies are urgently needed to address the problem. The government should take steps to raise public awareness through Facebook campaigns, TV, radio, school-based health education, and the involvement of social and religious leaders. It is crucial that we, as parents, understand this. The secret is awareness.

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