

*Editorial*

# Bangladesh's Measles Resurgence Reflects Fragile Immunisation Gains Amid Public Health System Disruptions

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The ongoing measles outbreak in Bangladesh represents a major public health setback for a country once recognised for its achievements in childhood immunisation. After years of substantial progress towards measles elimination, Bangladesh is now confronting widespread transmission, increasing paediatric hospitalisations, and preventable child deaths. The resurgence highlights how quickly fragile immunisation gains can be reversed when routine vaccination systems are disrupted and immunity gaps are allowed to widen. According to the World Health Organization (WHO), measles cases have been reported across most districts of Bangladesh since early 2026, with the majority occurring among children younger than five years of age, particularly those who were unvaccinated or only partially vaccinated.<sup>(1)</sup> Many affected children were from densely populated urban settlements where access to healthcare and immunisation services remains inconsistent. The outbreak has also exposed vulnerabilities among infants who were infected before reaching the recommended age for vaccination.

For decades, Bangladesh's Expanded Programme on Immunization was considered a global success story. High coverage of measles-rubella vaccination substantially reduced disease incidence and contributed to improved child survival. However, recent disruptions to immunisation services created conditions favourable for renewed transmission. Declining vaccine coverage, interruptions in vaccine supply, delays in supplementary immunisation campaigns, shortages of healthcare personnel, and administrative instability collectively weakened population immunity.<sup>(2)</sup> The political and administrative uncertainties experienced during 2024–2026 further complicated outbreak preparedness and response. Routine immunisation activities were interrupted, while planned nationwide measles-rubella campaigns were delayed. At the same time, surveillance systems struggled to rapidly identify immunity gaps and vulnerable populations. These failures were particularly dangerous in urban slums and underserved communities, where underimmunisation and zero-dose children had already been documented.<sup>(3)</sup> The current outbreak is not only characterised by increased case numbers but also by unusually severe disease outcomes. Hospitals in several regions have reported overwhelming numbers of critically ill children requiring admission and intensive care support.<sup>(3)</sup> Such severity reflects deeper structural challenges, including malnutrition, vitamin A deficiency, delayed healthcare seeking, and inadequate vaccination coverage. Measles, although vaccine-preventable, can rapidly become life-threatening in vulnerable populations.

Bangladesh has already initiated important response measures,

including nationwide measles-rubella vaccination campaigns, strengthened surveillance, vitamin A supplementation, healthcare worker training, and rapid response activities.<sup>(1)</sup> These efforts are essential, but reactive campaigns alone are insufficient. Long-term prevention requires resilient routine immunisation systems that can function even during periods of political instability or public health emergencies. The outbreak also carries regional implications. Bangladesh shares highly mobile borders with neighbouring countries where measles transmission and immunisation gaps remain concerns. Continued transmission therefore increases the risk of cross-border spread and threatens broader regional measles control efforts. Ultimately, the resurgence of measles in Bangladesh serves as a warning that progress in vaccine-preventable disease control can quickly unravel without sustained investment, reliable governance, and equitable healthcare access. Strengthening routine immunisation, improving surveillance systems, identifying zero-dose populations, and maintaining public trust in vaccination programmes must remain public health priorities. Preventable childhood deaths from measles should not persist in an era where safe and effective vaccines are widely available.

## Competing Interests

The authors declare no conflict of interest.

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