Editorial
2026: Measles is resurging in Bangladesh

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The better a system works, the easier it becomes to take it for granted- this is the peculiar danger in public health success. Bangladesh's measles outbreak is demonstrating this paradox very brutally. By July 2026, Bangladesh reportedly recorded more than 1,07,000 suspected cases of measles, nearly 13,000 laboratory-confirmed infections and over 753 confirmed or suspected measles-related deaths since mid-March of this year. Cases and deaths are still being reported and the numbers are shocking. Bangladesh achieved an immunization success long ago, earlier than many comparable countries. International agencies and the World Health Organization (WHO), have repeatedly praised its gains. Measles is an unforgiving auditor of health care delivery systems. It is one of the most contagious human infections and it generally requires 95 percent population immunity, maintained through two doses of the measles vaccine in our country. Also, Protection must be geographically even. This outbreak in Bangladesh has many important lessons for many low- and middle-income countries that are aiming for future measles elimination. The lesson is very simple: measles returns when immunity becomes patchy, whether the gap is caused by weak primary health care, disrupted vaccine supply chains, conflict, urban exclusion, misinformation or complacency.[1]

The large number of children getting infected with measles is not evidence that vaccines failed. They are evidence that protection against this virus became uneven, surveillance too slow, and routine systems lost reach. Vaccination programs are a flagship success of public health interventions of a country. It is our most important responsibility to protect each and every child from this kind of vaccine preventable diseases. Firstly, governments must ensure regular immunization and vaccination programs. Secondly, proper planning and records for immunization programs. Thirdly, all the countries should maintain regular immunization campaigns along with proper health educational programs. Fourthly, outbreak of any disease control must combine transmission of that disease control. So, Measles vaccination campaigns should be linked with vitamin A administration. And finally, vaccine donors and governments should maintain cold chains. It is proved that prevention is working regularly in authentic ways and this sudden measles outbreak should not erase its earlier achievements in our country, it should force a more demanding definition of success.[2]

References

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