

**Situation Report-1, Measles Situation in Bangladesh | 9 April 2026**



BDRCS RCY volunteers are disseminating awareness messages on Measles along with IEC materials in Rajshahi (Photo: BDRCS Rajshahi Unit).

**Overall Situation:**

Bangladesh is currently facing a significant resurgence of measles, posing a major public health concern, particularly for young children. After several years of progress toward measles elimination, recent trends indicate a reversal, driven largely by immunity gaps and uneven vaccination coverage across the country. Measles is a highly contagious viral disease with serious health consequences, particularly for children. It spreads rapidly in low-immunity settings and can lead to severe complications such as pneumonia, encephalitis, blindness, and malnutrition. The most affected group is children under five years of age, especially those who are unvaccinated or partially vaccinated.

Bangladesh is currently has been experiencing a nationwide surge in measles cases, with confirmed transmission reported across all eight divisions. Between 15 March and 8 April 2026, a total of 1,599 confirmed and 7,577 suspected cases have been reported, with the highest burden in Dhaka, Rajshahi, and Chattogram divisions. However, the highest incidence was in Barishal Division (29.9%), followed by Rajshahi Division (29.2%), Mymensingh (28.5%) and Dhaka Division (27.0%) per million population. This

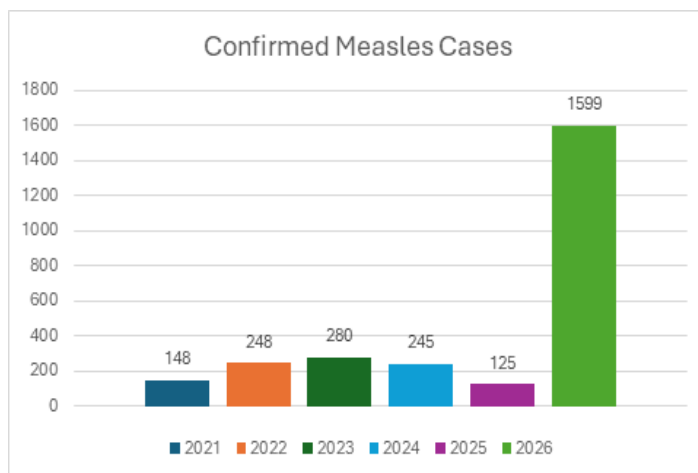


Figure 1: Confirmed cases of MR till date, data taken from DGHS

marks a sharp increase compared to 2025, when only 125 cases were recorded. In addition, 21 confirmed and 138 suspected child deaths have been reported, underscoring the severity of the outbreak and its disproportionate impact on young children. highlighting persistent immunity gaps.<sup>1</sup>

Epidemiological findings from WHO and IEDCR indicate that 81% of confirmed cases are among children under five, and 70.9% had no documented Measles and Rubella (MR) vaccination history. The test positivity rate is estimated at 25–30%, while gaps in MR1 and MR2 coverage persist at subnational levels. Measles cases have now been reported in 57 out of 64 districts, reflecting widespread transmission. In response, the Incident Management System has been activated at the Public Health Emergency Operations Centre, with Rapid Response Teams deployed to high-risk areas. According to WHO, the current outbreak is primarily due to immunity gaps in routine childhood immunization over the past two years. Despite earlier progress toward elimination, with incidence per million population declining to 0.72 in 2025, the current rate has risen sharply to around 16.8, indicating active nationwide transmission. Trend analysis further shows that both MR cases declined between 2023 and 2025 in terms of number and geographic spread. However, 2026 marks a clear shift, with a sharp resurgence of measles characterized by dense clustering across many districts, while rubella cases have dropped to very low levels. This pattern highlights a significant rebound of measles alongside a continued decline in rubella. Healthcare facilities are now facing a growing influx of children presenting with fever, respiratory distress, and generalized rash. Many hospitals have opened isolation units to manage the increased caseload and reduce further transmission. Moreover, WHO reports that these areas are recording an annualized incidence of 50 or more confirmed cases per million population. Based on this, the estimated population at risk is approximately 2.7 million.

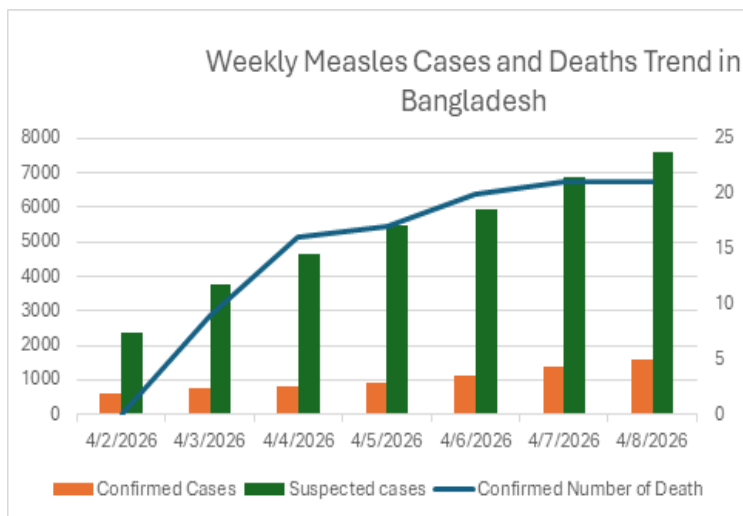


Figure 2: Weekly Measles confirmed cases and deaths trend in Bangladesh across the country as of 8 April 2026 (source: DGHS).

### Trend of Lab confirmed Measles and Rubella cases by District, 2023-2026\*

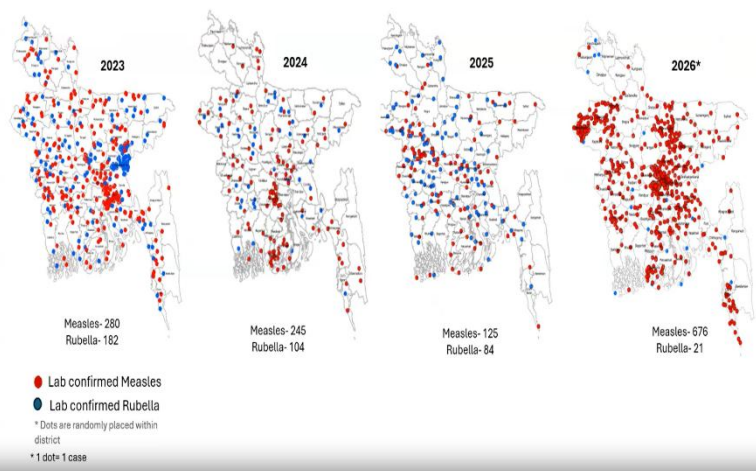


Figure 3: Confirmed cases of Measles and Rubella from 2023-2026 as per Epidemiological findings from WHO and IEDCR.

According to the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MoHFW), the hotspot areas for measles outbreak include Barishal, Jhalokathi, Chandpur, Cox’s Bazar, Munshiganj, Madaripur, Dhaka, Shariatpur, Gazipur, Jashore, Netrakona, Mymensingh, Pabna, Chapainawabganj, Rajshahi, Naogaon, and Natore districts. Hotspot areas include Barishal, Jhalokathi, Chandpur, Cox’s Bazar, Munshiganj, Madaripur, Dhaka, Shariatpur, Gazipur, Jashore, Netrakona, Mymensingh, Pabna, Chapainawabganj, Rajshahi, Naogaon, and Natore. In addition, several urban high-risk areas have been identified, including Mymensingh City Corporation, Dhaka North City Corporation, Dhaka South City Corporation, and Barishal City

<sup>1</sup> [Measles Situation Report – WHO Bangladesh](#)

Corporation. Confirmed measles cases have been reported by WHO from 57 of 64 districts, indicating widespread national transmission. Among them Barguna district has the highest incidence (104.8) of measles among all 64 districts in the country.

### Impact assessment and Gaps:

The ongoing measles outbreak in Bangladesh is driven by several key risk factors. The identified risks includes: high population density, particularly in urban centers, is accelerating transmission while a large number of unvaccinated or partially vaccinated children remain highly vulnerable to infection. A significant proportion of cases are also being reported among infants who are not yet eligible for routine vaccination, further increasing their risk. In addition, widespread malnutrition and weakened immunity among children are contributing to the severity of cases. At the same time, overburdened healthcare facilities are increasing the risk of hospital-acquired infections, compounding the overall impact of the outbreak.

The response to the outbreak is further constrained by several critical gaps and challenges. Key gaps and challenges are as follows:

- **Immunity gaps:** Low MR1 and MR2 coverage, with a high proportion of unvaccinated children
- **Infant vulnerability:** Nearly one-third of cases are under 9 months, below the routine vaccination age
- **Delayed campaigns:** Periodic mass vaccination campaigns were delayed due to COVID-19 and political instability
- **Surveillance constraints:** Limited availability of laboratory testing kits outside Dhaka, causing delays in confirmation
- **Health system pressure:** Overcrowded facilities, limited isolation capacity, and referral challenges in high-burden areas
- **Community awareness:** Gaps in risk perception, vaccine hesitancy, and misinformation
- **Data gaps:** Underreporting likely; actual caseload may be significantly higher
- **Capacity gaps in clinical management:** Limited capacity building of health professionals on bubble CPAP for managing severe measles-related pneumonia, affecting the quality of care for critical paediatric cases.

### BDRCS current and Next plan of Actions:

Currently Bangladesh Red Crescent Society (BDRCS), with support from IFRC and Partner National Societies, is supporting the response through:

- Risk Communication and Community Engagement (RCCE) in coordination with Institute of Epidemiology Disease Control and Research (IEDCR) and DGHS
- Community-Based Surveillance (CBS):
  - Active in Godagari (Rajshahi), Dhaka South, and Sylhet City Corporation
- Volunteer mobilization:
  - Household visits, courtyard sessions, public awareness (miking), emergency Measles vaccination campaign and crowd control in hotspot areas like Godagari, Rajshahi.
- IEC material dissemination: Reprinting and distribution of approved measles awareness materials
- Continuous communication to assess the needs in the hospitals.
- Regular coordination meeting with Disease Control (DC), Extended Programme of Immunization (EPI) of DGHS, IEDCR, and Director Hospital and Clinics, DGHS, health cluster.
- Update sharing meetings within country PNSs and IFRC.
- Interdepartmental coordination of BDRCS is going on.

As of BDRCS next plan of actions: BDRCS has already requested IFRC for its Disaster Response Emergency Fund (DREF) for the Measles response in Bangladesh countrywide, Under the proposed IFRC-DREF operation, BDRCS plans to scale up support in the following areas:

- Expansion of RCCE activities in high-risk districts to address vaccine hesitancy and improve care-seeking behaviour.
- Support to vaccination campaigns:
  - Deployment of trained volunteers for crowd management, registration, and community mobilization.
- Scale-up of CBS to additional hotspot districts for early detection and referral.
- Strengthening referral pathways between communities and health facilities.
- Distribution of Information, Education and Communication (IEC) materials at scale, aligned with government messaging.
- Capacity building for volunteers and frontline workers on measles detection, infection prevention, and community engagement.
- Strengthening hospital capacity through procurement of essential emergency medical items to support case management.
- Procurement and distribution of measles testing kits to improve timely diagnosis and surveillance.
- Cash for Health support to reduce financial barriers for vulnerable families in accessing healthcare services
- Hygiene promotion and WASH activities to reduce transmission risks at community level.
- Mental Health and Psychosocial Support (MHPSS) for affected families and caregivers to address psychosocial stress and stigma.
- Equipment and testing kit support to government-led response efforts.

### Government Approaches:

The Government of Bangladesh, through the Ministry of Health and Family Welfare (MoHFW), has initiated several response measures:

- 1. Vaccination:** The Government of Bangladesh, through the Ministry of Health and Family Welfare (MoHFW), has initiated a range of response measures to contain the outbreak. An emergency measles-rubella (MR) vaccination campaign was launched on 05 April 2026, targeting over 1.3 million children aged 6 months to under 5 years across 30 upazilas in 18 high-risk districts. In addition, a nationwide MR mass vaccination campaign, including Vitamin A supplementation, is planned for 20 April 2026, targeting 21.9 million children aged 6 months to under 5 years. Routine immunization activities under the Expanded Programme on Immunization (EPI) continue with support from Gavi and UNICEF.
- 2. Case Management:** Under the guidance of the MoHFW, the first phase of nationwide hands-on training on the use of Bubble CPAP – a non-invasive respiratory support technique for infants with respiratory distress syndrome in the treatment of respiratory distress due to measles-induced pneumonia was launched.

### Other Organization Approaches:

**UNICEF** is supporting the government on the outbreak response immunization rollout, including campaign support and public information. UNICEF has also been emphasizing the risk to zero-dose and under-vaccinated children and to infants under 9 months, who are especially vulnerable.

**WHO** is supporting the response with technical guidance around outbreak immunization and control, and is part of the joint emergency campaign with the government, UNICEF, and Gavi. WHO's role is centered on helping contain transmission through vaccination strategy and management.

**Gavi**, the Vaccine Alliance is part of the joint campaign support package behind the emergency measles-rubella response.

Photos of BDRCS in Actions – Ahead of Flood in Bangladesh



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