



8 April 2026

UNICEF

Bangladesh

Measles Outbreak Situation Report No. 1

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Highlights

- Bangladesh is experiencing a sharp increase in measles transmission. As of 7 April 2026, 9,883 suspected cases and 1,398 laboratory-confirmed cases have been reported nationwide, with at least 128 suspected deaths (21 confirmed).
- Young children are disproportionately affected, with children under five accounting for 81 per cent of cases, including 34 per cent among infants under nine months, who are not yet eligible for routine immunization and remain especially vulnerable.
- Most cases are among unvaccinated or under-vaccinated children, with 72 per cent zero-dose and 16 per cent partially vaccinated, reflecting significant immunity gaps. National Measles-Rubella (MR) vaccine stocks are depleted, constraining both response efforts and routine immunization.
- UNICEF rapid assessments indicate that many health facilities are already under severe strain, with overcrowding and limited triage and isolation capacity, alongside gaps in critical medical supplies and referral systems, increasing transmission and risks for vulnerable children.
- On 5 April 2026 UNICEF and partners supported the Government of Bangladesh to launch of an emergency measles-rubella campaign in 18 high-burden districts. Parallel efforts are underway to support Vitamin A supplementation, strengthen health facilities, procure critical medical supplies and reinforce community engagement.
- UNICEF requires US\$2.4 million to contain measles and restore immunization and Vitamin A coverage amid rising pressure in overstretched health facilities.

Humanitarian Needs

Bangladesh is experiencing a significant and sustained increase in measles transmission. As of 7 April 2026, 9,883 suspected cases and 1,398 laboratory-confirmed cases have been reported nationwide. This corresponds to an incidence of 16.8 cases per million population and reflects widespread transmission across the country. At least 128 suspected measles-related deaths have been reported along with 21 laboratory-confirmed deaths, although the actual mortality burden is likely higher due to underreporting.¹ To date, young children are disproportionately affected. As of 30 March 2026, children under five accounted for 81 per cent of cases, including 34 per cent among infants under nine months, who are not yet eligible for routine immunization and remain at particularly high risk.²

There are eight laboratory confirmed measles cases in Rohingya camps – seven in Cox's Bazar and one in Bhasan Char. There are total of 70 suspected measles cases in the Rohingya camps in Cox's Bazar and six in Bhasan Char.

Recent field visits to high-burden districts, including the Infectious Diseases Hospital (IDH) in Dhaka and Kushtia Medical College Hospital, highlight severely overstretched and overcrowded facilities managing rising measles cases, predominantly among young children, with limited isolation capacity. At IDH, over 90 patients were admitted in a single day, while Kushtia recorded 84 paediatric admissions, including six deaths, despite only 57 beds.

¹ DGHS Press Release on measles situation 07 Apr 2026

² WHO – Measles Situation Report No.2 – 30 March 2026

Situation in Numbers



9,883

suspected cases as of 7 April 2026 (DGHS).



81 per cent

of cases are children under five (WHO).



128

suspected measles-related deaths as of 7 April 2026 (DGHS).



56 out of 64

districts are impacted (DGHS).

Health facilities continue to face escalating pressure, with rising caseloads, staff shortages, and limited diagnostic capacity. At IDH Dhaka, 685 suspected cases have been recorded, including 573 admissions in March, compared to 69 in the same period in 2025. Across high-burden areas, overcrowding, limited surge capacity, and shortages of essential supplies are increasing risks for children. In Cox's Bazar District Hospital, an eight-bed isolation unit is managing 30–40 children at a time, with similar constraints across other facilities and limited access to intensive care. These conditions are compromising infection prevention and control and underscore the urgent need to scale up vaccination and strengthen case management.

The increase in transmission is primarily driven by immunization gaps among children, leaving large numbers of children unprotected and at heightened risk of severe disease and death. A high proportion of cases is among infants who are pre-vaccine age followed by zero-dose and under-immunized children. This reflects the impact of disruptions to routine immunization services. Bangladesh has a strong history of high immunization coverage, but despite repeated appeals from UNICEF, disruptions in MR1 and MR2 coverage in 2024 and 2025, have led to the gradual accumulation of immunity gaps over time.

The Government of Bangladesh, with support from UNICEF, WHO and GAVI, launched an emergency measles-rubella campaign on 5 April 2026, targeting over 1.2 million children in 30 hotspot upazilas across 18 districts. On the first day, 75,442 children were vaccinated (13% of target), with expansion planned to four City Corporations from 12 April and nationwide from 3 May. Compounding the impact of the outbreak, disruptions to Vitamin A supplementation were recorded in 2025, with only one of the two rounds completed. At the same time, gaps in referral systems in overstretched health facilities and hard-to-reach areas are limiting timely identification and management of cases, particularly among young children.

The growing number of cases among infants under nine months, who are not yet eligible for routine immunization, indicates sustained community transmission and underscores the urgent need to strengthen surveillance, response, and preventive measures. In response, the Government has lowered the age for receipt of the first dose to six months as part of the emergency rollout.

High levels of malnutrition in Bangladesh are a critical risk factor in the current outbreak, significantly increasing the likelihood of severe illness, complications, and death among children with measles. The Ministry of Health and Family Welfare has decided to prioritize available Vitamin A stocks for children with measles to reduce the risk of complications and severe outcomes. Additional procurement and distribution of Vitamin A is recommended to protect an estimated 20 million children under five, who remain at high risk.

UNICEF Response and Funding Gaps

UNICEF requires US\$ 2.4 million to support the Government of Bangladesh to rapidly contain measles transmission, reduce child mortality, and restore immunization and Vitamin A coverage. This support is critical to address rising transmission risks linked to overstretched health facilities and to scale up priority interventions, including vaccination, case management, and community engagement:

- **Rapidly scale up vaccination in high-burden districts**, targeting 1.2 million children and prioritizing zero-dose and missed children in 30 upazilas covering 18 districts. Strengthen routine immunization and coordination supported by over 5,000 trained community health workers. (*current funding requirements:*³ US\$ 770,000).
- **Support the nationwide measles-rubella vaccination campaign** targeting children aged 6 months to 5 years by securing and deploying 11.9 million MR vaccine doses, alongside strengthening cold chain systems and last-mile logistics to ensure uninterrupted supply and prevent stockouts in priority districts. (US\$ 25,000)
- **Strengthen case management and infection prevention and control (IPC)** in overstretched facilities, including rapid assessments of 50 facilities, training 1,370 health workers, support to 137 priority health facilities, and emergency procurement of equipment, logistics, medicines and other critical medical supplies. (US\$ 1,000,000)
- Strengthen nutrition response by rolling out a national campaign **reaching 23 million children aged 6–59 months with Vitamin A Plus supplementation**, ensuring all suspected and confirmed measles cases receive Vitamin A at facility level, including activation of the Nutrition cluster for the response (US\$ 150,000)
- **Orient 100,000 school teachers in affected districts** (including in the Refugee Camps) to support measles prevention and response, including early identification, referral of suspected cases, and promotion of vaccination, reaching 10 million students and parents and caregivers through school-based platforms. (US\$ 227,000)
- **Reach 10 million caregivers** with risk communication and community engagement (RCCE), including to promote vaccination uptake and early care-seeking and reducing transmission risks in crowded settings, engaging community and religious leaders. (US\$ 200,000)
- **Identify and refer vulnerable and excluded children to vaccination and outreach services through child protection and community outreach** platforms, such as child protection hubs, with strengthened safeguarding, guidance, and frontline capacity for the measles response. (US\$ 60,000)

³ Funding requirements are indicative and may be revised based on evolving needs. UNICEF, in coordination with government and partners, is continuously assessing the situation to inform adjustments to the response.

Health

UNICEF is supporting the Directorate General of Health Services (DGHS), in collaboration with the World Health Organization (WHO), to rollout the outbreak response immunization (ORI) campaign, launched on 5 April 2026, initially targeting children in 30 high-risk areas. Support includes planning and monitoring, supply chain and logistics management, and capacity building of vaccinators. A total of 3.4 million MR doses has been deployed. Preparations are also underway for a nationwide Measles-Rubella (MR) follow-up campaign in May targeting 20 million children, with potential expansion to older age groups in high-burden districts.

UNICEF facilitated GAVI's approval for the use of the MR vaccine doses initially earmarked for the MR campaign to support the emergency measles-rubella campaign, while advocating for timely government fund disbursement to address vaccine stockouts. Epidemiological trends continue to be closely monitored. The increasing number of cases among infants under nine months – who are not yet eligible for routine vaccination – indicates sustained community transmission and underscores the urgency of scaling up the response.

A rapid assessment was conducted at the Infectious Diseases Hospital (IDH) in Dhaka to identify key challenges in managing the surge in cases. Findings indicate that staffing shortages have limited the establishment of a functional triage system, including a dedicated measles unit, increasing the risk of cross-infection within the facility. Limited diagnostic capacity is also affecting timely clinical decision-making and case management. In response, UNICEF is supporting further assessments across specialized hospitals, medical college hospitals, and selected district hospitals. Temporary support is being provided to IDH to establish a temporary fever clinic.

At the same time, health facilities in high-burden areas are facing significant operational constraints, including overcrowding, limited isolation capacity, and gaps in triage and referral systems. UNICEF is supporting rapid health facility gap assessments, providing medical supplies and capacity building in the most affected areas. UNICEF is mobilizing urgent resources to strengthen triage and case management capacity in priority hospitals, including provision of essential medical equipment such as pulse oximeters, oxygen delivery supplies, nebulizers, nasal cannulas, to support effective management of measles cases. UNICEF has reallocated US\$200,000 of core resources to support urgent procurement of medical supplies.

UNICEF notes with concern that the outbreak coincides with constraints in fuel access, which may limit outreach to remote communities, disrupt logistics and service delivery, and delay access to care, particularly in remote areas.

Nutrition

UNICEF has already mobilised Ministry of Health and Family Welfare (MoHFW) partners to distribute the existing stock of Vitamin A to the highest burden districts for immediate use of children infected with the virus. Preparations are underway, including the issuance of official government letters to all Civil Surgeons instructing the release of required supplies to primary health care facilities in high-burden areas. UNICEF is further supporting the Institute of Public Health Nutrition, Ministry of Health and Family Welfare in the finalization and implementation of a nationwide Vitamin A plus supplementation campaign in May targeting all children aged 6-59 months.

Education

UNICEF is supporting the Directorate of Primary Education (DPE) and Directorate of Secondary and Higher Education (DSHE) to prevent or mitigate the spread of the measles outbreak by mobilizing schools and learning centres as key platforms for awareness, behaviour change, and early detection. Dissemination of key messages on measles symptoms, prevention, and the importance of immediate vaccination will be led by government counterparts, including DPE and DSHE, across schools, learning centres, and community education platforms.

Teachers and school management committees will be engaged to reinforce health-promoting behaviours, including encouraging caregivers to keep symptomatic children at home, improving classroom ventilation, and promoting regular handwashing. Linkages between schools and local health authorities will be strengthened under the leadership of relevant ministries and directorates to support rapid referral of suspected cases and vaccination activities in high-risk areas. These actions aim to ensure that education facilities function as protective environments and contribute to reducing transmission among children and their families.

Strategic Communication and Community Engagement

UNICEF has undertaken a community and social listening analysis to inform the response. Based on these findings, key messages and communication materials have been developed in coordination with the Expanded Programme on Immunization (EPI), Directorate General of Health Services (DGHS) and WHO, through mass, social and community media.

UNICEF engaged national and local partners, including the Islamic Foundation, imams and religious leaders and the Department of Mass Communication, to disseminate measles prevention messages, scaling up community outreach in 30 high-risk upazilas. Community and media monitoring are being strengthened to track perceptions, rumours, misinformation, and information gaps. A second Social Listening report, undertaken from 30 March to 6 April 2026, informed FAQ and updated social media and community engagement content.

An awareness campaign is ongoing, aligned with DGHS, reaching 7.3 million people and engaging 50,000, to inform the public on measles, with key information and symptoms, prevention and care-seeking. In addition, a U-Report poll is being developed to engage young people. In parallel, visual documentation is being commissioned to capture the rapidly evolving situation and support advocacy and resource mobilization efforts.

Child Protection

Government partners, including the Ministry of Women and Children Affairs and the Department of Social Services, are leveraging child protection community hubs and community-based platforms to ensure safe and equitable access to measles response and intensified immunization services for vulnerable children. Efforts include development of protection guidance, orientation of frontline workers, and strengthened coordination to identify and refer vulnerable and missed children.

Response by Government and other Actors

The Government of Bangladesh has allocated Tk 604 crore (US\$ 49.3 million) for emergency vaccine procurement to address current vaccine stock gaps. A National Immunization Technical Advisory Group meeting convened on 30 March 2026 recommended the rapid rollout of a nationwide MR campaign, prioritizing high-burden districts and targeting children aged 6–59 months.

On 1 April 2026, the Honorable Minister of Health and Family Welfare announced the launch of the Outbreak Response Immunization (ORI) from Sunday, 5 April 2026, targeting the districts and upazilas with high numbers of measles cases among children. The Government of Bangladesh, with the support of UNICEF, Gavi, the Vaccine Alliance, and partners, has launched an emergency measles-rubella campaign on Sunday, 5 April 2026 to protect over 1.2 million children in 30 hotspot upazilas across 18 districts. This will expand to four City Corporations from 12 April and go nationwide from 3 May 2026.

The Expanded Programme on Immunization (EPI) of DGHS, with support from UNICEF, has strengthened preparations for the ORI measles-vaccination campaign launched on 5 April 2026, including micro-planning, vaccine deployment, and targeting of zero-dose and under-immunized children. Interim measures are underway to rapidly reduce transmission, protect high-risk populations and optimize vaccine supply, including dose reallocation.

Health system preparedness measures are being strengthened in high-burden areas, including the expansion of treatment capacity in selected facilities such as the Infectious Diseases Hospital in Dhaka and other referral hospitals. Additional equipment, including ventilators, is being mobilized to support case management of severe cases. MoHFW also instructed all the civil surgeon in 64 districts to ensure an isolation rooms in health facilities to prevent further spread.

Coordination and surveillance systems are being reinforced at national and subnational levels to support surveillance, case management, and response planning. These efforts are complemented by ongoing monitoring of transmission trends to prioritize high-risk areas and guide targeted interventions.

Humanitarian Coordination

UNICEF is maintaining close coordination with DGHS, EPI, and WHO to support the national response. UNICEF is actively participating in national coordination meetings convened by WHO and DGHS and supporting the activation of risk communication and community engagement platforms. A Health Cluster meeting was held on 2 April with WHO and partners and a Nutrition Cluster meeting was held on 7 April to further support coordination and alignment.

At the subnational level, UNICEF field offices are working closely with divisional and district health authorities to monitor the evolving situation and support response planning and implementation in high-burden areas. Coordination with government counterparts and partners, including the Department of Mass Communication and the Islamic Foundation, is ongoing to strengthen community engagement and information dissemination.

Links to Media Reports

- [Bangladesh launches emergency vaccination campaign as measles outbreak spreads](#) by Reuters
- [Emergency jabs after 100 children die of suspected measles in a month in Bangladesh](#) by BBC World Service
- [Suspected measles outbreak kills nearly 100 children in Bangladesh](#) by Al Jazeera
- [Bangladesh launches emergency measles-rubella campaign with UNICEF, WHO and Gavi to protect over 1.2 million children in 30 upazilas](#) by UNICEF
- [Measles surge stems from past vaccination gaps: Health minister tells parliament](#) by The Business Standard
- [State minister: Govt prioritising every child in measles response](#) by Dhaka Tribune
- [Vaccination drive mustn't falter](#) by Daily Star
- [Negligence in procurement, now no syringes to administer vaccines](#) by Daily Prothom Alo
- [A crisis born of delay and neglect](#) by Daily Star
- [Measles has spread to 56 of 64 districts](#) by Daily Star

- [Measles outbreak in Bangladesh: Panic, politics of blame, and reality](#) by Prothom Alo
- [Measles cases in Bangladesh surged 75-fold compared to last year](#) by The Business Standard
- [Most measles cases found in infants below vaccination age](#) by Daily New Age
- [Emergency measles vaccination drive from April 5](#) by Daily Star
- [Measles breaks out amid vaccine shortage; govt steps up response](#) by The Business Standard
- [Surge in measles overwhelms hospital](#) by Daily Star
- [What are the reasons behind the recent surge in measles patients in Dhaka hospitals](#) by Dhaka Tribune

Links to Social Media Posts

- [What should you do if your child contracts measles? Find out and follow the correct guidelines](#) in Facebook
- [The prevalence of measles is increasing in various regions of the country. How will you know if your child has measles?](#) in Facebook
- [Measles transmission is currently increasing in various parts of the country. What is measles?](#) in Facebook
- [The prevalence of measles has been observed in various regions of the country. It is extremely urgent to take swift action to prevent measles infection. Please follow the guidelines below to keep your child safe](#) in Facebook

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