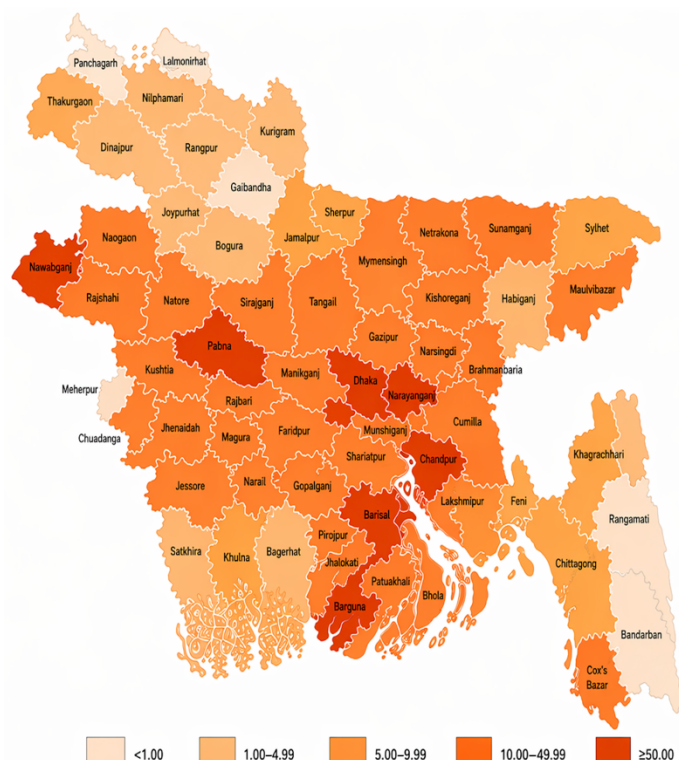


*This report was produced by the Inter-Cluster Coordination Group in collaboration with cluster coordinators and humanitarian partners, members of the Humanitarian Coordination Task Team.*

### HIGHLIGHTS

- As of 22 April, Bangladesh reported over 27,000 suspected measles cases and 3,900 confirmed cases, including about 190 deaths. Children under five make up roughly 80 per cent of cases.
- The measles-rubella vaccination campaign expanded on 20 April, with 4.14 million children vaccinated. Partners have deployed 14.9 million doses and trained over 26,000 frontline workers.
- Hospitals are overwhelmed, with shortages of isolation beds, staff and diagnostics. Surge teams have been deployed, and temporary triage facilities and urgent medical supplies are being procured.
- Government and partners are scaling up community outreach, child-friendly vaccination centres, Vitamin A distribution, and awareness campaigns.



Source: WHO - Laboratory-confirmed measles cases, incidence per million population, 2026. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

### SITUATION OVERVIEW

Measles cases continue to rise across Bangladesh, with transmission reported in much of the country and increasing strain on the health system. As of 22 April, 27,164 suspected cases and 3,934 laboratory-confirmed cases had been reported nationwide. At least 190 suspected measles-related deaths, including 38 laboratory-confirmed deaths, have also been reported, although the overall mortality burden is likely to be underestimated due to underreporting.

Children under 5 years of age remain disproportionately affected, accounting for around 80 per cent of reported cases as of 19 April. Infants aged under 9 months, who are not yet eligible for routine immunisation, represent around 34 per cent of cases and face a particularly high risk of severe outcomes.

Transmission has also been reported in Rohingya refugee camps, where 331 suspected measles cases, including eight laboratory-confirmed cases, had been reported as of 22 April. Of the laboratory-confirmed cases, 75 per cent were among children under 5 years of age, including 37.5 per cent among infants aged under 9 months. The annualised measles incidence in the camps stands at 29.44 cases per million population, compared with 5.10 cases per million population in the

previous year. Overcrowded living conditions and limited health system capacity in the camps are increasing the risk of further spread.

## **GOVERNMENT COORDINATION AND RESPONSE**

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The Government of Bangladesh, with support from Gavi, the Vaccine Alliance, UNICEF, WHO and the United States Government, scaled up the nationwide measles-rubella vaccination campaign on 20 April as part of the outbreak response. UNICEF supported the Directorate General of Health Services and the Expanded Programme on Immunisation in planning, microplanning, supply chain and logistics management, vaccine deployment and monitoring, with a focus on reaching zero-dose and under-immunised children. WHO supported outbreak coordination and provided technical assistance on surveillance, including laboratory strengthening through the provision of testing kits and reagents, specimen shipment and data analysis, while also supporting strategic decision-making through national technical advisory mechanisms, including for targeted vaccination activities in Rohingya camps. To date, UNICEF has deployed 14.9 million vaccine doses, and more than 26,000 frontline health workers have been trained in vaccination service delivery, reporting, and community engagement. As of 21 April, approximately 4.14 million children had been vaccinated, representing 22.97 per cent of the 18.02 million target population, with no serious adverse events following immunisation reported nationwide. A shipment of 17.5 million syringes is expected to arrive in May, while additional support is being mobilised to rapidly deploy other critical vaccines facing stock shortages.

The Ministry of Health and Family Welfare instructed all districts to establish isolation arrangements within health facilities to reduce the risk of transmission. Surveillance and coordination systems have also strengthened at national and subnational levels to support timely detection, reporting and response planning, alongside continued monitoring of transmission trends to inform targeted interventions. The Directorate General of Health Services convened coordination meetings at national and subnational levels to streamline the response, strengthen information-sharing and align operational priorities among government counterparts and partners. These meetings supported joint planning, clarified roles and responsibilities, and helped guide timely response measures in affected areas.

## **HUMANITARIAN RESPONSE**

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### **Child Protection Cluster**

The cluster partner, the Department of Social Services, and the Ministry of Women and Children Affairs supported safe and equitable access to measles response and immunisation services for vulnerable children through community-based child protection platforms. Activities included frontline worker orientation, protection guidance, and the identification and referral of vulnerable and missed children. Through community hubs, 1,200 awareness sessions reached nearly 30,000 people, while Department of Social Services social workers reached a further 3,700 people through outreach and referral support.

### **Education Cluster**

The cluster partners, the Directorate of Primary Education and UNICEF, supported the orientation of more than 250 national and subnational education managers on measles symptoms, prevention

measures and timely vaccination. UNICEF supported the development and cascading of standardised materials and key messages to districts and subdistricts, reaching teachers, learners, parents and caregivers. It is also supporting targeted awareness and behaviour change interventions through civil society organisations, reaching about 65,000 children and adolescents and 130,000 caregivers and teachers, while collaboration with the National University and student networks engaged about 3.4 million students as young change-makers to promote preventive practices and vaccination uptake.

The Education Cluster also supported school- and community-based awareness activities. UNICEF and JAAGO Foundation implemented a campaign through youth volunteer networks, disseminating key messages in schools and surrounding communities through parent meetings, handouts and social media outreach. The campaign was further amplified through the extensive Youth for Tolerance Foundation volunteer network, including 495 upazila committees, 64 district committees and 8 divisional committees. As of 22 April, the campaign reached around 66,000 volunteers, 6,000 students and parents, and about 20,000 community members.

## Health Cluster

AVAS supported the measles-rubella vaccination campaign in Galachipa Upazila through coordination with local health authorities, community awareness activities across 10 unions, and direct support to vaccination services. As of 20 April, 14 suspected measles samples from children under 10 had been referred for laboratory diagnosis.

Friendship, a non-government organisation, carried out measles awareness activities through 702 frontline community workers, reaching more than 500,000 people, and referred suspected and confirmed cases to nearby health facilities. The organisation also participated in coordination meetings with government health authorities in Gaibandha, Kurigram, Kutubdia and Shyamnagar. In Gaibandha, 16 boats were provided to support access to vaccination services in hard-to-reach areas.

International Federation of Red Cross and Red Crescent Societies, at the request of the Bangladesh Red Crescent Society (BDRCS), launched a six-month emergency operation through the Disaster Response Emergency Fund to complement the measles response, in coordination with the Government, UNICEF, WHO and other partners. The operation aims to support around 600,000 people, with priority given to children under 5 years of age, caregivers and affected households. Activities focus on community awareness, vaccination promotion, rumour management and feedback collection in selected upazilas across 26 districts, alongside wider risk communication and community engagement through 68 Red Crescent units in 64 districts. Child-friendly support was established at 10 vaccination centres in Dhaka North and Dhaka South city corporations, while support was also provided for essential medical supplies. During 20 and 21 April, BDRCS supported vaccination activities at 450 sites with more than 1,000 trained volunteers, vaccinating more than 100,000 children.

JAGO NARI supported the measles response through a help desk at Barguna Sadar Hospital, where 20 volunteers assisted patients, caregivers, and hospital staff over 15 days, supported crowd management, and distributed about 500 face masks to visitors to the measles ward. In parallel, 20 community awareness sessions were conducted on measles prevention, early treatment-seeking and vaccination.

UNFPA, as of 22 April, has published two information, education, and communication materials on measles during pregnancy, including one for pregnant women and one for health-care providers.

The Directorate General of Health Services circulated guidance on their dissemination and use to divisional and district health authorities, hospital superintendents and Upazila Health and Family Planning Officers. The materials were also shared through the platforms of the Directorate General of Family Planning, the Directorate General of Nursing and Midwifery, the Bangladesh Midwifery Society and the Obstetrical and Gynaecological Society of Bangladesh, and disseminated to relevant stakeholders, development partners and implementing partners to support coordinated prevention efforts. More than 17,000 field-level health workers, health-care providers, managers and other health professionals had received the materials. All midwives in government and project-supported non-government facilities were also reached and are using the guidance during antenatal care visits to support prevention, early identification and appropriate care for pregnant women during the measles outbreak.

UNICEF has supported 15 priority health facilities, including district hospitals, medical college hospitals and specialised hospitals, following a rapid assessment at the Infectious Diseases Hospital (IDH) that identified critical gaps in staffing, triage, isolation capacity and diagnostics. Support, provided in coordination with the Ministry of Health and Family Welfare and through an institutional partner, included training on infection prevention and control and critical care management. To address acute staffing shortages, a surge team comprising five doctors, 10 nurses, and 10 support staff, including two laboratory assistants, was deployed to the IDH, alongside the establishment of a temporary tent-based triage and isolation facility. Direct financial support was also provided to Mymensingh Medical College Hospital and other high-burden hospitals for the urgent procurement of life-saving medical supplies, including oxygen delivery equipment, pulse oximeters, nebulisers, paediatric care equipment, diagnostic kits, and personal protective equipment.

Unnayan Sangha, a non-government organisation, supported the measles-rubella vaccination campaign in Jamalpur District through 52 community volunteers deployed at the expanded programme on immunisation centres.

WHO has provided technical support to the Government of Bangladesh's measles outbreak response through nationwide surveillance, coordination and campaign support, including surge support from its Regional Office. Support has included laboratory surveillance, strategic advisory guidance, campaign coordination, workforce training and readiness assessments. More than 77,000 campaign personnel were trained, over 32,000 doctors and nurses received capacity-building on vaccine safety surveillance, and around 1,200 coordination meetings were facilitated. Additional support included 3,200 vaccinators, 4,800 community volunteers, orientation for more than 32,650 teachers, readiness assessments in more than 600 facilities, partner mapping, and the deployment of around 100 technical staff nationwide to support preparedness, implementation, and monitoring.

## Nutrition Cluster

Cluster partners, UNICEF and the Ministry of Health and Family Welfare, supported the rapid distribution of existing Vitamin A stocks to high-burden districts for children affected by measles, following an official directive from the Institute of Public Health Nutrition (IPHN) to all 64 districts. Around 90 per cent of districts had collected supplies from the Central Medical Stores Depot, with UNICEF supporting partner mobilisation and coordination. A rapid assessment of severe acute malnutrition services also identified critical gaps in nutrition supplies and staffing in nine upazila health complexes. In response, targeted capacity-building and distribution of essential nutrition

supplies were initiated with support from UNICEF and the IPHN. UNICEF is also supporting the procurement of about 26 million vitamin A capsules for the nationwide campaign planned for May.

## Gaps & Challenges

The response has helped ease pressure on parts of the health system, but important challenges remain. Health services continue to face capacity constraints, including pressure on laboratories and health facilities, which is still affecting timely detection and care. Shortages of essential medicines and other supplies are also affecting the response. In hard-to-reach areas, access barriers continue to delay treatment and referral.

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Or access partners' recent publications:

Bangladesh Measles - DREF Operation, 18 April 2026 - [Link](#)