

Bangladesh: Situation Report #3

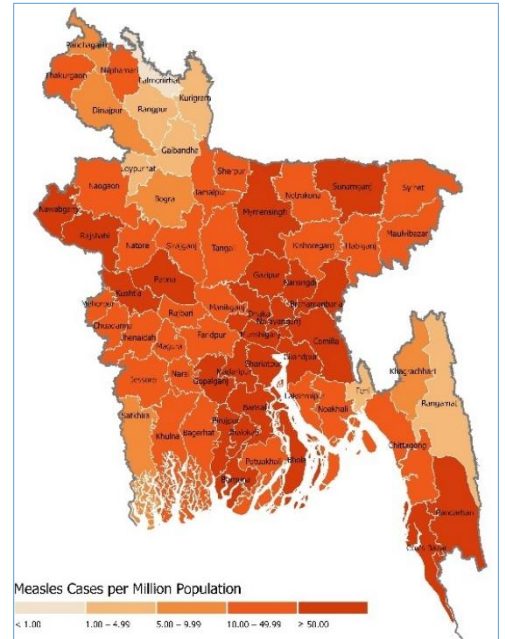
Measles Outbreak

6 May 2026

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 and covers the period 24 April to 5 May 2026.

Highlights

- As of 5 May, Bangladesh Ministry of Health and Family Planning reported almost 43,000 suspected measles cases and over 5,700 confirmed cases, including at least 54 confirmed deaths and 263 suspected deaths.
- These figures indicate approximately 18,000 new confirmed or suspected cases over a two-week period since 22 April, equivalent to approximately 9,000 cases per week. This represents a slowdown in the reported infection rate compared to the previous reporting period (with 11,000 new cases reported in the week of 15-22 April).
- Children under five make up approximately 72 per cent of cases, slightly lower than in the last reporting period where the proportion was at 80 per cent.
- The national measles-rubella vaccination campaign has expanded, with over 16 million children vaccinated.
- The outbreak is placing severe strain on the health system, especially in high-burden divisions, due to overcrowding, limited isolation and referral capacity, rising demand for critical care, shortages of trained staff and essential medical supplies.
- Government and partners are continuing to scale up community outreach, child-friendly vaccination centres, Vitamin A distribution, and awareness campaigns. Efforts include targeted support to refugees, malnourished children and hard-to-reach areas.



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 5 May, 42,979 suspected cases and 5,729 laboratory-confirmed cases had been reported nationwide. At least 263 suspected measles-related deaths, and 54 laboratory-confirmed deaths, have 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 72 per cent of reported cases as of 3 May. Infants aged under 9 months, who are not yet eligible for routine immunisation, represent around 28 per cent of cases and face a particularly high risk of severe outcomes.

Transmission continues to be reported in the Rohingya refugee camps in Cox's Bazar, with 461 suspected measles cases, including 40 laboratory-confirmed cases. UNICEF, together with the

Government and partners, is continuing a national Measles-Rubella (MR) and Vitamin A campaign targeting 178,000 children across all camps, with 57.8 per cent coverage achieved as of 3 May. The campaign will continue to 20 May 2026. In Cox's Bazar, UNICEF supported the Health Sector in conducting rapid assessments of treatment facilities across the refugee camps, with identified gaps informing ongoing response efforts.

Government Coordination and Response

The Government of Bangladesh, with the support of UNICEF, WHO, Global Alliance for Vaccine and Immunization (GAVI), the USA Government and partners, launched an emergency measles-rubella (MR) vaccination campaign on 5 April prioritizing high-risk areas, before scaling up nationally from 20 April. UNICEF continues to support the Directorate General of Health Services (DGHS) and the Expanded Programme on Immunisation (EPI) in cold chain strengthening, and last-mile delivery, with a focus on zero-dose and under-immunized children. WHO is supporting Government in measles outbreak response through coordination, surge support, and technical assistance to strengthen nationwide surveillance and evidence-based decision-making. WHO also enhanced laboratory and diagnostic capacity by providing testing supplies, supporting specimen transport, and enabling timely data analysis for effective response. To date, UNICEF has trained more than 26,000 frontline health workers in vaccination service delivery, reporting, and community engagement. As of 4 May, approximately 16 million children had been vaccinated, representing 89 per cent of the 18.02 million target population, with full coverage of the target population expected in the coming days. According to recent media reports, the Health and Family Welfare Minister made the statement while receiving a consignment of 1.5 million doses of measles-rubella (MR) vaccine and 0.9 million doses of tetanus-diphtheria (TD) vaccine (90,000 vials), supplied through UNICEF.

The Director of Communicable Diseases Control under Directorate General of Health Services conducted online meetings with paediatricians across the country to streamline clinical management of measles as part of rigorous surveillance, monitoring and coordination.

The International Health Regulations program under the Centres for Disease Control of the Directorate General of Health Services shared updates on the measles outbreak in Bangladesh with the World Health Organization Event Information Site and with the International Health Regulations focal point of India for regional and transboundary coordination. It also contributed to measles vaccine procurement through national technical mechanisms, supported initiation of the measles campaign, and conducted an online meeting with pediatricians across the country on measles management.

Humanitarian Response

Health Cluster

The Health Cluster led by WHO and DGHS has played a central role in coordinating the national response to the ongoing measles outbreak in Bangladesh, ensuring alignment of priorities, efficient use of resources, and timely information sharing across partners. Coordination efforts have been strengthened through regular Health Cluster meetings focused on aligning response priorities such as vaccination scale-up and Vitamin A supplementation. This coordination platform has enabled government counterparts, UN agencies, and partners to jointly plan and adapt interventions as the outbreak evolved.

BRAC is supporting the Government's nationwide measles vaccination campaign across 280 upazilas in 36 districts through extensive community mobilization, field coordination, and logistics support. Activities include covering union-level loudspeaker announcement for two consecutive days in all targeted unions, deployment of approximately 550 outsourced vaccinators and volunteers, and providing door-to-door awareness messages through 3,000 Shasthya Kormi (SK)/Health Workers and 24,000 Shasthya Sebika (SS)/Health Service Providers using government-provided IEC/FAC (Filed Action Card) materials. In addition, nearly 1,000 SKs and 6,500 SSs are directly supporting vaccination camps through crowd management and coordination, alongside 100 Programme Organizers who are assisting camp operations and banner placement.



শিশুদের হাম-রুবেলা প্রতিরোধে
জাতীয় টিকাদান ক্যাম্পেইন-২০২৬

১২ এপ্রিল ২০২৬ তারিখ হতে ঢাকা উত্তর, ঢাকা দক্ষিণ, বরিশাল ও ময়মনসিংহ সিটি কর্পোরেশনে ৬ মাস থেকে ৫ বছরের কম বয়সি শিশুদের বিনামূল্যে ১ ডোজ হামের টিকাদান শুরু হয়েছে।

আগামী ২০ এপ্রিল ২০২৬ থেকে সারা দেশে এই টিকাদান কার্যক্রম শুরু হবে।

৬ মাস থেকে ৫ বছরের কম বয়সি সকল শিশুকে ইপিআই টিকাদান কেন্দ্র হতে ১ ডোজ হামের টিকা নিশ্চিত করুন।

অনুগ্রহ শিশুর হামের টিকার আওতার বাইরে থাকবে, শিশু সুস্থ হওয়ার পর এই টিকা গ্রহণ করতে পারবে।

সহযোগিতায়

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National, Measles Rubella Vaccination Campaign 2026

The Centre for Injury Prevention and Research Bangladesh (CIPRB), with technical assistance from UNICEF, is supporting the measles response through surge staffing and rapid facility assessments. At the Infectious Disease Hospital (IDH), recruitment has been completed for 5 doctors, 10 nurses, 10 support staff, and 1 coordinator, with IPC orientation conducted on 5 May 2026, deployment starting 6 May 2026 for a three-month period, and ICU and emergency capacity-building training scheduled for 9–10 May 2026, alongside ongoing monitoring and supervision. CIPRB is also implementing a rapid facility assessment through recruitment of 5 research assistants (doctors) and 2 anthropologists, with training and field testing planned between 7–9 May, field deployment starting 10 May, data collection beginning 11 May, and completion expected by 21 May 2026. The assessment will cover tertiary and district health facilities across Dhaka, Rajshahi, Barishal, Sylhet, and Mymensingh, including major medical college hospitals and district hospitals, to inform targeted response actions.

Friendship, another local NGO, supported coordination and service delivery through six coordination meetings, 23 boat supports to improve access for vaccination



campaigns, and 71 vaccination points. Community engagement was strengthened through 1,959 courtyard sessions and health education activities reaching 1,132 beneficiaries, while 15,060 people received vaccination services at government facilities in intervention areas.

International Rescue Committee (IRC) is supporting the measles response in the Rohingya camps through an integrated package of vaccination, capacity building, surveillance, community engagement, and infection prevention and control interventions. Under the MR campaign, IRC supported vaccination activities in Cox's Bazar, focused on refugee camps 6, 11, 22, 25, and Nayapara Refugee Camp, targeting 11,582 individuals and successfully vaccinating 9,107. To strengthen service delivery, IRC accomplished targeted orientations and on-the-job training for healthcare providers and community health workers on measles case identification, clinical management, infection prevention and control, surveillance and reporting, as well as sensitize non-clinical staff to ensure facility-wide preparedness. Surveillance has been enhanced through active case findings at Primary Health Care Centers, regular data tracking, timely reporting, and continuous monitoring of suspected cases to enable rapid response. Community engagement efforts have intensified through outreach by community health workers focused on symptom recognition, timely vaccination, early care seeking, and rumor tracking, contributing to improved MR vaccine acceptance. In parallel, Infection Prevention and Control measures have been reinforced at Primary Health Care Centres through patient triaging, isolation of suspected measles cases, and strict adherence to hygiene and sanitation protocols to reduce transmission risk.

Support of Jhon Hopkins Program for International Education in Gynecology Obstetrics (JHPIEGO) for the MR campaign has been strengthened through a combination of newly delivered and completed interventions. In May 2026, 22,520 Government of Bangladesh IEC materials were delivered across 68 selected upazilas, alongside 1,360 GoB factsheets and 1,360 GoB FAQs to reinforce community awareness.

Earlier, in April 2026, 15 crash immunization sessions were conducted in 49 low-coverage wards within MCGL priority areas, reaching 1,052 zero-dose and under-immunized children and women. Additionally, 4,778 measles IEC materials and job aids were printed and distributed across all Marie Stopes Bangladesh health facilities in selected upazilas of the Rangpur, Mymensingh, and Barishal regions. The response also included 112 facility-based health education sessions, engagement of 527 MCGL-supported volunteers and porters in ongoing campaign activities, and 162 MR campaign supervision visits accomplished by Marie Stopes Bangladesh and partner staff to ensure campaign quality and effectiveness.

The Bangladesh Red Crescent Society (BDRCS), with support from IFRC, has scaled up its health response with the escalation of its Disaster Response Emergency Funds (DREF) operation from Yellow to Orange level. The response includes a revised strategy aligned with the extended national MR campaign, expanding activities to 10 districts, including seven additional low-coverage areas. Community and facility engagement is being strengthened through continued child-friendly activities at nine Dhaka North City Corporation (DNCC) centres until 12 May 2026, expanded miking and volunteer outreach in hard-to-reach communities, and household-level engagement to address vaccine hesitancy and misinformation.

UNICEF is supporting rapid assessments and targeted response in priority health facilities, including the Infectious Diseases Hospital (IDH) and Cox's Bazar District Sadar Hospital. Identified gaps in staffing, triage, isolation capacity, and diagnostics are being addressed through the deployment of 15 surge staff (doctors and nurses), establishment of temporary triage and isolation facilities, and training on infection prevention and control (IPC) and critical care management across 15 priority facilities. UNICEF is also supporting high-burden hospitals, including Mymensingh Medical College Hospital, to

strengthen case management capacity. Procurement and distribution of life-saving medical supplies, including oxygen delivery equipment, pulse oximeters, nebulizers, pediatric care items, diagnostic kits, and personal protective equipment (PPE), are ongoing.

Save the Children has implemented extensive measles response activities across urban and rural settings, focusing on vaccination support, community awareness, and capacity building. In Dhaka North City Corporation, 30 trained urban volunteers supported Measles Rubella (MR) vaccination centers with registration and crowd management, while an additional 300 volunteers were engaged in community awareness activities and reached around 50,000 people. In Barishal District, 630 parents of young children were sensitized through Good Manufacturing Practices (GMP) sessions across 21 unions, miking campaigns reached 200,000 people in seven unions and 72 staff jointly monitored 81 vaccination centers with government counterparts. In Rangpur and Lalmonirhat, a wide range of community engagement activities was initiated including video exhibition, courtyard sessions, school-based sessions, and group engagements that ensured reach of pregnant women, adolescents, community leaders, and service providers. These efforts were reinforced through the production of 30,000 government approved Information, Education, and Communication (IEC) leaflets and posters where 12,000 leaflets already distributed across multiple districts with the support of approximately 400 volunteers.

WHO has significantly strengthened campaign oversight through large-scale monitoring, laboratory support, and strategic coordination. Field verification has included house-to-house assessments of over 400,000 children to confirm vaccination status and monitoring of more than 70,000 vaccination sessions nationwide, with early signs of declining measles cases in 30 hotspot upazilas across 18 districts since the campaign launch on 5 April.

World Vision Bangladesh strengthened measles prevention through its GMP platform covering more than 134,000 under-five children and through 1,200 Community Health Facilitators (CHFs) in 49 Upazilas across the country (25 Districts). CHFs delivered key preventive messages during household visits and GMP sessions, focusing on completion of MR1 and MR2 vaccinations, identification of zero-dose children, and awareness of early measles danger signs such as fever, rash, cough, and red eyes. During GMP sessions, vaccination status was systematically checked, and unvaccinated or partially vaccinated children were referred to EPI outreach sites and nearby community clinics. Measles messages were also integrated into ongoing nutrition, WASH, and Infant and Young Child Feeding activities (IYCF) activities to reinforce behavior change.

Nutrition Cluster

The rapid distribution of existing Vitamin A stocks to high-burden districts has been accelerated in partnership with the Ministry of Health and Family Welfare (MoHFW). Approximately 90 per cent of districts have already received supplies from the Central Medical Stores Depot to support immediate response efforts. A rapid assessment of Severe Acute Malnutrition (SAM) services has been completed, confirming critical gaps in nutrition supplies and human resource capacity in nine Upazila Health Complexes (UHCs). In response, UNICEF and the Institute of Public Health and Nutrition (IPHN) have initiated targeted capacity-building, including the training of healthcare workers in the identified UHCs. Furthermore, UNICEF is supporting the procurement of approximately 26 million Vitamin A capsules for the nationwide Vitamin A Plus campaign in May, which targets 23 million children aged 6–59 months to reduce measles-related complications and mortality.

Education Cluster

The Education cluster response has achieved wide numerical reach through coordinated actions with the Directorate of Primary Education, UNICEF, and youth-led organizations, placing strong emphasis on scale and coverage. To date 32,650 teachers have already been oriented by WHO across the district. The “One Vaccine One Life” campaign has directly reached 40,000 children, 138,000 youth, and engaged over 504,000 parents, caregivers, and teachers. Joint orientations have involved more than 250 district and sub-district education officials, sustaining outreach to approximately 20 million students and 385,000 primary teachers nationwide. Additionally, partnerships with the National University and National University Skill Development Forum (NUSDF) have mobilized 3.4 million students as “Young Change Makers,” civil society organizations have reached 65,000 out-of-school children and 130,000 caregivers, and digital and vocational platforms have extended awareness messages to an additional 400,000 people.

Child Protection Cluster

Government partners, specifically the Ministry of Women and Children Affairs (MoWCA) and the Department of Social Services (DSS), are prioritizing the use of community-based child protection platforms to ensure safe and equitable access to vaccination services. As part of MR campaign, Bangladesh Red Crescent Society (BDRCS) is continuing Child-Friendly Corner activities in nine Dhaka North City Corporation (DNCC) centres until 12 May to further community engagement.

Gender Based Violence (GBV) Cluster

UNFPA actively supported community-level risk communication and engagement activities. Efforts have shifted from guidance dissemination to direct community outreach, including targeted activities such as community video shows and courtyard sessions conducted in Rangpur and Lalmonirhat, reaching pregnant women and mothers-in-law to strengthen awareness and response to the measles situation.

Gender in Humanitarian Action (GiHA) Working Group

As of 5 May 2026, targeted activities focused on women and girls across multiple districts, implemented by partners of the GiHA Working Group initiative supported by UN Women. In Noakhali, Local NGO, PRANN organized an awareness event in Hatia reaching 100 women, while in Bhola, Youth Power conducted 10 sessions reaching 200 girls. Community-level awareness activities are ongoing in Chattogram through Protyashi, and Local NGO, MMUS in Sirajganj has supported response alignment by participating in government coordination meetings.

For further information, please contact:

Saikat Biswas, Partnerships Senior Officer, ICCG Secretariat, UNRCO, email-saikat.biswas@un.org
H M Shahid Hassan, Information Management working group Coordinator, UNRCO, email-h.hassan@un.org

Links to Partner publications on the Measles outbreak:

- IFRC Measles Outbreak – DREF Operation 2026
- BDRCS Situation Report #2 – 5 May 2026
- UNICEF FAQs on Measles
- Risk Communication and Community Engagement (RCCE) materials endorsed by DGHS