*Editorial*

# Cracks in the Protection Shield: The Return of Measles

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Measles remains one of the most contagious viral diseases affecting individuals of all ages despite the availability of a safe, effective, and affordable vaccine for nearly six decades. In the 10th century A.D. Abu Bakr Muhammad ibn Zakariya Al-Razi (860-932) or Rhazes - a Persian philosopher and physician described measles as a disease that is "more dreaded than smallpox." Virus spread by coughing and sneezing, close personal contact or direct contact with infected nasal or throat secretions and it remains active and contagious in the air or on infected surfaces for up to two hours.[1]

Vaccination has prevented an estimated 59 million deaths from measles between 2000 and 2024; nevertheless, approximately 95,000 people died from measles globally in 2024, predominantly unvaccinated or under-vaccinated children younger than five years. These figures indicated that the progress achieved against measles is substantial, but fragile.[2,3]

The resurgence of measles in several regions demonstrates that disease elimination cannot be achieved through temporary gains alone. In 2025, global coverage with the first dose of measles-containing vaccine was approximately 84%, while only 77% of children received the recommended two doses.

The initial symptoms of measles, which usually appear 10-14 days (range 7-23 days) after infection, include high fever, cough, coryza, conjunctivitis, and a prominent exanthema. A person is infectious from four days before up to four days after the appearance of the rash. There is no specific antiviral treatment for measles, and most people recover within 2-3 weeks.[4]

Common complications of measles are pneumonia, bronchiolitis, diarrhea, acute otitis media, febrile seizure, measles encephalitis, tuberculosis. The risk of severe disease is particularly high among young children, malnourished children, individuals with vitamin A deficiency, and those with weak immune systems such as pregnancy. Importantly, measles can also cause profound immune suppression, leaving affected individuals more vulnerable to other infections.[1,2,3] Vaccination with measles containing vaccine is safe and effective, providing protection against measles and its complications for all eligible populations. WHO recommends two doses of Measles Containing Vaccine (MCV) to be provided through the routine immunization schedule.[4]

Bangladesh has made remarkable progress through its Expanded Programme on Immunization (EPI), introduced in 1979. However, persistent immunization gaps remain, particularly among children living in underserved communities, urban informal settlements, and hard-to-reach areas. WHO, UNICEF and Gavi reported in 2025, that approximately 400,000 children in Bangladesh were under-immunized and around 70,000 had received no vaccines at all.[5]

According to the Health emergency operation center & control room, Health Ministry, in the period between 25 March 2026 to 23 July 2026 the suspected measles cases were 1,21,200, among them 710 died. Besides this, confirmed measles cases were 15,007 and 95 patients died in eight divisions in Bangladesh. According to the National Measles - Rubella Immunization Programme 2026, the goal of immunization was1,80,15,064 and vaccine already given in 1,84,82,497 which was 103% coverage (25 March 2026 to 23 July 2026).

Supplementary Immunization Activities (SIAs) or

mass immunization campaigns were further recommended by WHO as an effective strategy for delivering vaccination to children who may have been missed by routine services.[4]

The responsibility for measles prevention extends beyond vaccination services alone. Healthcare professionals have a critical role in recognizing suspected cases early, ensuring appropriate infection-control measures, reporting cases promptly, and promoting vaccination. Medical institutions should strengthen education regarding vaccine-preventable diseases and evidence-based outbreak management. Researchers should continue to investigate immunization gaps, vaccine acceptance, surveillance systems, and effective strategies for reaching underserved populations.[2,4,5]

The global experience with measles provides a clear lesson: complacency can rapidly reverse decades of progress. Sustaining high two dose vaccination coverage, strengthening routine immunization systems, closing equity gaps, maintaining sensitive surveillance and fostering public trust in science remain essential to achieving and sustaining measles elimination.[2,3,5]

The Government of Bangladesh is committed to protecting all children from vaccine – preventable diseases, including those in humanitarian settings. This response reflects our continued efforts to ensure impartial access to life saving vaccines.[6] The recent measles outbreak in Bangladesh makes this message especially timely. The country has demonstrated that strong immunization programmes can achieve remarkable public health gains; the challenge now is to ensure that every child, regardless of geographical location or socioeconomic circumstance, receives timely and complete protection. Through sustained political commitment, professional responsibility, scientific research, community partnership and equitable access to vaccination, we can move closer to a future in which no child suffers or dies from this entirely preventable disease.[1,4,7]

**Professor Dr. Sharmin Sultana**
Professor, Department of Physiology,
Ad-din Sakina Women's Medical College, Jashore.

***Correspondence:** E-mail: sharminsultana2015@yahoo.com

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