



Bangladesh Records World's First HMPV Death: An Urgent Appeal for Health System Readiness in Low-Income Nations

Md. Salman Sohel¹, Md. Khaled Sifullah² , Raiyan Rahman Riyad³

¹ Department of Development Studies, Daffodil International University, Dhaka-1216 Bangladesh

² Department of Nutrition and Food Engineering, Daffodil International University, Dhaka-1216 Bangladesh

³ Department of Management, Daffodil International University, Dhaka-1216 Bangladesh

Dear Editor,

Corresponding author*

Md. Khaled Sifullah

Department of Nutrition and
Food Engineering, Daffodil
International University, Dhaka-
1216 Bangladesh

Email: khaledjnu06@gmail.com

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I am reaching out to raise an alarm about the world's first human metapneumovirus (HMPV) related death reported in Bangladesh highlighting an urgent global health concern on 16 January 2025 (Anadolu Agency, 2025). This 30-year-old woman with pre-existing health comorbidities is a harbinger of systemic vulnerabilities in basic healthcare delivery systems and -- this incident will be a wake-up call for low-income countries. HMPV's ability to cause severe respiratory infections, especially in at-risk groups such as young children, older adults, and those with chronic diseases, makes this case a priority for global concern (Jamil, Sohel, & Muhammad, 2025).

HMPV has spread in Bangladesh since 2017, but the recorded first fatality underscores the lack of early detection public health education, and clinical preparedness (The Daily Star, 2025). In the absence of a specific antiviral agent or vaccine, improved supportive care, including hydration, oxygen therapy, and mechanical ventilation (BSS, 2025).

What happened in Bangladesh is not an anomaly but a manifestation of vulnerabilities endemic to low-income countries around the world. Diagnostic skills are limited, struggles for intensive care resources are common and healthcare workers lack the relevant training -- all of which make these countries ill-equipped to effectively treat emerging infectious diseases such as COVID-19 (The Business Standard, 2025).

Global Implications and Recommendations

The implications of this HMPV case extend beyond Bangladesh. Emerging infectious diseases can spread rapidly in a highly interconnected world, highlighting the need for international collaboration and investment in global health equity. To address this challenge effectively, the following steps are recommended:

1. **Strengthening Diagnostic Capacities:** Affordable and accessible diagnostic tools must be developed and disseminated widely to enable early identification of HMPV and similar pathogens. Collaborations with governments, global health organizations, and the private sector will be key in helping us to achieve this.



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2. Enhancing Public Health Education: Public sensitization initiatives ought to emphasize prevention and emphasize seeking medical attention. These campaigns should be culturally sensitive and target remote, underserved areas.
3. Improving Healthcare Infrastructure: There is essential need for low-income countries to ensure and invest in intensive care units, ventilators and training for health workers. There are things that we can do now that will enhance resilience against both current and future health threats, and such investments do pay dividends.
4. Promoting Global Research Collaboration: It is essential to encourage global collaboration amongst those developing vaccines and antiviral treatments for HMPV. Through collaborative research initiatives, it is possible to speed up the process of finding effective solutions and ensure equitable distribution.

The first HMPV death in Bangladesh is another stark reminder of the inequitable burden of infectious diseases in low-income countries. It underscores the urgent need for action to strengthen health system, increase preparedness and mitigate inequities in global health. The significance of this tragedy must shape policy choices at the national and international levels so that no one would ever again commit an act of violence of this kind.

I hope this letter contributes to the critical discourse on global health challenges and fosters collective action to build more resilient healthcare systems worldwide.

CONFLICT OF INTEREST

No funding was received for this Editorial letter.

ETHICS STATEMENT

Ethical approval has been obtained from the Institutional Ethical Review Board, Faculty of Humanities and Social Science, Daffodil International University, located in Dhaka - 1212, Bangladesh, under Ethical No. Ethics/ Khaled09/2025.

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