Indian J Med Res 162, December 2025, pp 796-797
DOI: 10.25259/IJMR_2644_2025

Letter-to-Editor

From local triumph to global learning: Gimavi village & the journey toward schistosomiasis elimination

Sir,

The study by Doke and colleagues[1] documenting the elimination of *Schistosoma haematobium* transmission from Gimavi village in Ratnagiri district, is both inspiring and historically significant[1]. It reminds us that neglected tropical disease (NTD) elimination is not merely a biomedical exercise but a community-driven journey. The narrative approach adopted in this work captures an otherwise overlooked public health milestone. Yet, the Gimavi story also raises broader questions for the elimination agenda. The intervention package, including environmental modification, snail removal, water supply improvement and chemotherapy—echoes integrated strategies seen in China's schistosomiasis control programme, which successfully shifted from morbidity control to transmission interruption[2]. Could India's experience in a small endemic focus offer a scalable micro-model for other localized NTDs?

The study highlights the challenge of incomplete records and reliance on retrospective recall. While understandable, this gap underlines the importance of systematic data archiving in elimination settings. The WHO 2021–2030 NTD roadmap now emphasises verification dossiers that require robust epidemiological evidence and long-term surveillance[3]. Without such documentation, elimination risks becoming a silent success with little transferable learning.

Another intriguing point is the unresolved question of parasite origin. Earlier parasitological studies had linked local snails to *S. haematobium*, but modern molecular tools—such as mitochondrial cox1 or ITS2 sequencing could provide definitive evidence of lineage and introduction routes. Similar approaches have clarified transmission dynamics in Africa and the Middle East[4]. Incorporating molecular epidemiology, even retrospectively from preserved specimens, could enrich the scientific legacy of Gimavi's elimination.

Finally, vigilance to prevent reintroduction is critical. However, what should surveillance look like? Surveillance could include annual school-based urine screening, sentinel snail monitoring, or integration with malaria and filariasis platforms. Lessons from Zanzibar, where elimination remains elusive despite decades of effort, show that the absence of a clear surveillance framework can lead to recrudescence[5]. Clarifying these operational details would make the Gimavi experience a living manual rather than a retrospective narrative.

In sum, the authors have preserved an important chapter in India's public health history. The next step is to frame this story in a way that connects local achievement with global elimination science—through systematic documentation, molecular confirmation, and pragmatic surveillance design. Only then can Gimavi's lesson transcend its village boundaries and inspire the broader NTD community.

Financial support & sponsorship: None.

Conflicts of Interest: None.

Use of Artificial Intelligence (AI)-Assisted Technology for manuscript preparation: The authors confirm that there was no use of AI-assisted technology for assisting in the writing of the manuscript and no images were manipulated using AI.

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Received September 25, 2025; Accepted October 10, 2025;
Published January 31, 2026

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