

Ratnagiri district, Maharashtra State, India: A qualitative study. *Indian J Med Res* 2025; 162 : 5-13.

2. Xu J, Steinman P, Maybe D, Zhou XN, Lv S, Li SZ, *et al.* Evolution of the National Schistosomiasis Control Programmes in The People's Republic of China. *Adv Parasitol* 2016; 92 : 1-38.
3. World Health Organization. *Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030*. Available from: https://www.eliminatesthis.org/sites/gsa/files/content/attachments/2020-06-10/WHO_Revised-Draft-NTD-Roadmap2021-2030-23Apr2020.pdf, accessed on September 25, 2025.
4. Webster BL, Alharbi MH, Kayuni S, Makaula P, Halstead F, Christiansen R, *et al.* Schistosome interactions within the schistosoma haematobium group, Malawi. *Emerg Infect Dis* 2019; 25 : 1245-7.
5. Trippler L, Knopp S, Welsche S, Webster BL, Stothard JR, Blair L, *et al.* The long road to schistosomiasis elimination in Zanzibar: A systematic review covering 100 years of research, interventions and control milestones. *Adv Parasitol* 2023; 122 : 71-191.

DOI: 10.25259/IJMR_92_2026

Authors' response

Sir,

We appreciate the interest shown by Rattanapitton and colleagues¹ in the forgotten achievements of schistosomiasis elimination. The authors also appreciate the creative title used in the letter to Editor. We agree that for the elimination and eradication of such diseases, only a comprehensive approach pays dividends. Apart from the aspects mentioned by the author, behavioural change communication is one of the strong pillars in the comprehensive approach. Behavioural change communication leads to community participation. It is true that, in the absence of records, our study has relied on the memories of concerned persons. The authors attempted to search the existing records; however, as mentioned in our article, the documents were destroyed not knowing its importance. However, the extensive laboratory work, surveys, and other studies undertaken and published by the scientists working at the time have been thoroughly reviewed. The epidemiological evidence was sufficiently robust. It is equally true that systematic long-term surveillance is a missing link. The primary purpose of our article is to stimulate discussion, either directly or indirectly, involving Indian Council of Medical Research and Directorate General of Health Services Government of India in revisiting the status of elimination, which may include the modern molecular tools mentioned by

the author. We doubt the availability of any preserved specimens. The varied small steps undertaken by the Government of Maharashtra, the *Zilla Parishad*, and the Haffkine Institute can indeed be implemented in any geographical area to control schistosomiasis. Although based on the documented responses of the senior residents of the village in 1951-52 and the history of the region, we concluded that the disease might have existed since the 1600s; the enigma of its origin remains unsolved. The author has also suggested a comprehensive surveillance. The recrudescence is a theoretical possibility. The conditions mentioned in our article are all necessary but are not sufficient individually². They need to be present as a constellation. For almost 35 years, there have been no cases of haematuria, the vector snails have not been found, and the people are not usually wading through the rivulet; micturition or defecation in the rivulet is extremely rare. However, the only point of concern is the observation of *Ferrissia tenuis*, made about 25 years later and approximately 150 km away from the known focus. We do not undermine the role of comprehensive surveillance; however, our emphasis is on an extensive study to confirm the elimination and then declare accordingly.

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

References

1. Rattanapitton NK, Arunsan P, Rattanapitton SK. From local triumph to global learning: Gimavi village and the journey toward schistosomiasis elimination. *Indian J Med Res* 2025; 162 : 796-7.
2. Doke PP, Gothankar JS, Chutke AP. The untold story of elimination of human schistosomiasis from Gimavi village, Ratnagiri district, Maharashtra State, India: A qualitative study. *Indian J Med Res* 2025; 162 : 5-13.