

2026

University of Toronto Microbiology & Infectious Disease Research Days

AGENDA

Main Programming Day, May 28

Room 3154, Medical Sciences
Building, 1 King's College Circle

Presented by



UNIVERSITY OF
TORONTO



EPIC

Emerging & Pandemic
Infections Consortium

In collaboration with

U of T's Division of Infectious Diseases, Department of Medicine, and postgraduate medical and clinical microbiology program, the Division of Infectious Diseases at The Hospital for Sick Children and the Institute of Health Emergencies and Pandemics.

With support from



EPIC is a collaborative initiative between the University of Toronto and five hospital partners.



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Abstract Booklet

May 27th - 28th, 2026

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A case of concurrent dengue and *Plasmodium vivax* malaria in a returned traveler to India: Case report

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Background: Dengue and malaria are common vector-borne diseases and are associated with high morbidity and mortality. Co-infection of malaria and dengue is underestimated due to the parsimonious approach to testing once the diagnosis of either is made.

Objective: We present a case of dengue and *Plasmodium vivax* co-infection in a returned traveller from an endemic region.

Case Summary/Methods: A 27-year-old man of Indian origin from Southern Ontario took a 2-week trip India to visit his friends and relatives (VFR) and developed fatigue, myalgia, headache and generalized weakness 10 days following his return. He presented to the emergency department (ED), when his symptoms worsened with fever and chills and his complete blood count was notable for mild anemia with moderate lymphopenia of 0.3109/L and profound thrombocytopenia of 66 109/L.

Results: The initial work up by rapid diagnostic test for malaria demonstrated non-falciparum malaria and thin smear showed a parasitemia level of 0.7%. Along with infectious investigations including blood cultures and serologic testing for dengue virus, he was started on Atovaquone/proguanil 1000/400mg daily for 3 days. While seen in follow-up 5 days after discharge for ED, his malaria was identified as *P. vivax*. As such, he was started on primaquine phosphate 30-mg PO daily for 14 days as radical cure. His dengue serologic test reported reactive for IgM and IgG ELISA, confirming the diagnosis of malaria and dengue co-infection. He was clinically stable without bleeding manifestations and repeat parasitemia was 0% with resolution of deep thrombocytopenia.