

## Abstract

Malaria is a life-threatening parasitic disease distributed along the tropical belt, transmitted to humans through the bite of infected female Anopheles mosquitoes. Dengue is also a mosquito-borne viral infection that is common in wet tropical climates. Both diseases can coexist giving rise to prolong hospital stay and increased severity of infection. *Plasmodium vivax* malaria and *P. ovale* can cause latent infection presenting after several months to years of the initial exposure. We present a case of Dengue coinfection with *P. vivax* following a long incubation period

. A 58-year-old housewife with Hypertension and Diabetes with good control presented with intermittent fever associated with chills and rigors and occipital headache for two weeks duration. She had a travel history to India 10 months prior on a pilgrimage during which she had taken Malaria prophylaxis. Clinical examination was unremarkable. Investigations revealed positive Dengue infection with Co-existing *P. vivax* malaria and mild splenomegaly on Ultrasound scan of abdomen. She was successfully treated with Chloroquine and Primaquine for radical cure and was managed according to the National Dengue guidelines. She had an unremarkable recovery. Family members and other pilgrims were found to be negative on screening.

Sri Lanka being a country that has successfully eliminated Malaria though possibility remains of reintroduction through imported cases.

Prompt clinical suspicion is necessary to diagnose and prevent complication of disease as well as prevent reintroduction. Coinfection of Dengue and Malaria is well recognized in the world but less reported in Sri Lanka. Ability to form Hypnozoite in *P. vivax* and *P. ovale* can make diagnosis difficult through blood smear examination. It also allows longer incubation periods up to many years.