A 17-year-old Eritrean woman presented to our emergency room, complaining of headache, intermittent fever, and chills that had occurred approximately every 48 h for the past 7 days. She had spent the last 8 months in Ethiopia, Sudan, and Libya before recently immigrating to Switzerland. She reported that she had already been treated in Libya for similar symptoms. On admission, she was febrile (39.5°C) and in a reduced general condition. Laboratory results showed a thrombocytopenia level of $94 \times 10^9$ platelets/liter (reference, $150 \times 10^9$ to $450 \times 10^9$ platelets/liter), a slightly increased neutrophil level of $7 \times 10^9$ cells/liter (reference, $1.3 \times 10^9$ to $6.7 \times 10^9$ cells/liter) and a left shift (band neutrophils at 29.5% [reference, 5 to 15%] and segmented neutrophils at 53% [reference, 40 to 70%]), with a normal absolute leukocyte count of $8.6 \times 10^9$ cells/liter (reference, $3.5 \times 10^9$ to $10 \times 10^9$ cells/liter). C-reactive protein was clearly increased at 259 mg/liter. Erythrocytes, hemoglobin concentration, and liver and renal parameter values were normal. A thin Giemsa-stained blood smear revealed several stages of a parasite and filiform structures (Fig. 1, a to e).

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