

Ecuador

Vaccine Handout

Boxes that are checked indicate immunizations that have been recommended by and discussed with your travel health care provider, depending on your specific itinerary and activities. Some vaccines require more than 1 dose to complete the immunization series, so you may need to return for the remaining doses before departing, to ensure full protection.

Note: If 2 or more live virus vaccines (e.g., varicella, yellow fever, etc.) are to be given, they must be given on the same day or at least 28 days apart. Vaccines that contain live viruses or live bacteria are specifically noted below.

Recommended		Patient Requested	Travel Immunizations for Ecuador
Given	Declined		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A vaccine. Hepatitis A virus causes liver infection, which can be severe, but is rarely fatal. Symptoms include nausea, loss of appetite, abdominal pain, malaise, fever, dark urine, and jaundice. Infection occurs by consuming contaminated food (especially uncooked shellfish) or water. A single dose of vaccine given any time before travel will provide adequate protection for healthy persons for the duration of the trip. Two doses of vaccine given 6 to 18 months apart will confer lifelong protection. Side effects, such as injection-site reactions, are mild and transient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid vaccine. Typhoid fever is a systemic bacterial infection. Symptoms include a prolonged fever, fatigue, and loss of appetite, which may be preceded by diarrhea. Infection occurs by consuming contaminated food or water. Two types of vaccine are available: injectable and oral. One dose of the killed bacterial injectable vaccine provides protection for 2 to 3 years. Four doses of the live oral bacterial vaccine (given on days 0, 2, 4, and 6) provide up to 5 years of protection. Local pain at the injection site frequently occurs. Gastrointestinal distress and rash can occur after receiving the oral vaccine, albeit rarely.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza vaccine. Influenza virus causes a highly contagious respiratory infection. Symptoms include high fever, muscle aches, headache, severe malaise, and dry cough. Infection occurs via airborne droplets (coughs or sneezes) from ill people and occurs in cool months in temperate climates and throughout the year in the tropics. Adults should receive 1 dose of influenza vaccine each year because the vaccine lasts only for the current influenza season. Vaccine is given by injection (killed virus vaccines) or nasally (live virus vaccine). Various formulations exist for different patient populations or risk groups. Serious side effects are rare.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B vaccine. Hepatitis B virus causes liver infection, which can become chronic and lead to liver failure or cancer. Symptoms include fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored stools, and jaundice. Infection occurs through contact with infected blood or blood products, contaminated needles or syringes, and sexual contact. Three doses of the vaccine are given (at 0, 1, and 6 months). Accelerated schedules consist of 3 doses (0, 1, and 2 months; 0, 7, and 21 to 30 days; or 0, 7, and 14 days) plus a fourth dose at 12 months. A completed vaccine schedule provides lifelong immunity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A-Hepatitis B combination vaccine. The combined HepA-HepB vaccine is given in 3 doses (at 0, 1, and 6 months) and results in lifelong protection. An accelerated schedule is available: 3 doses given on days 0, 7, and 21 to 30, and a fourth dose at 12 months; 3 doses protect for 1 year, and a completed schedule provides lifelong protection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yellow fever vaccine. Yellow fever (YF) virus causes a systemic infection. Symptoms include fever, headache, vomiting, and muscle pains and may evolve into a full hemorrhagic fever syndrome. Infection occurs from day-biting mosquitoes in tropical South America and sub-Saharan Africa. YF vaccine is given either for personal protection against YF disease or may be required for entry into a country (or for both reasons). One dose of live virus vaccine is given and becomes effective in about 10 days, providing long-term protection of at least 20 to 35 years. A booster dose may be needed every 10 years (or less) for some high-risk travelers. Rarely, severe reactions with multi-organ failure or encephalitis can occur.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles, mumps, rubella vaccine. Measles, mumps, and rubella (MMR) viruses can infect multiple organs and cause serious illness in adults. Infection occurs from airborne droplets or direct contact with nasal secretions from an infected person. These diseases are common in developing countries. Persons born before 1957 in the U.S. (1970 in Canada and the U.K.; 1966 in Australia) are generally immune to all 3 diseases. Persons born after these dates and any other nonimmune persons should have received a total of 2 doses of live-virus MMR vaccine given at least 28 days apart. Serious side effects are rare.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies vaccine. Rabies virus causes uniformly fatal central nervous system infection. Infection occurs from bites or scratches of infected animals (most commonly dogs and bats) and is more common in developing countries. Preexposure immunization consists of 3 doses given on days 0, 7, and 21 to 28. No regular booster doses are needed for typical travelers. If a bite occurs, all persons, even those who were previously vaccinated, should seek medical attention immediately, because additional doses of vaccine are needed. In addition to the vaccine, rabies immune globulin must be given if the person did not receive a complete preexposure vaccine series as noted above. Serious side effects are rare. Neurological reactions can be a concern with some rabies products made abroad.
			Routine Immunizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus, diphtheria, pertussis vaccine. Tetanus bacteria causes acute, often fatal, neuromuscular disease through infected cuts or wounds. Diphtheria bacteria infect the throat and can result in fatal airway obstruction. Pertussis (whooping cough) bacteria infect respiratory tissue, and symptoms includes a severe paroxysmal cough. Diphtheria and pertussis are transmitted mainly through respiratory droplets. Adult travelers should have completed a primary series of childhood vaccine against these 3 diseases and have had 1 subsequent dose of tetanus, diphtheria, pertussis (Tdap) vaccine. A booster dose of tetanus and diphtheria (Td) vaccine (Tdap for travelers) is given every 10 years thereafter. Side effects are rare.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal vaccine. Pneumococcal bacteria infect the lungs, the bloodstream, and the covering of the brain (meningitis). Symptoms include fever, chills, malaise, and productive cough. Infection occurs from direct oral contact, respiratory droplets, or indirect contact with respiratory secretions of infected persons or carriers. All adults aged ≥ 65 years should receive 1 dose of pneumococcal conjugate vaccine (PCV13) followed by 1 dose of pneumococcal polysaccharide vaccine (PPSV23) given 1 year later (8 weeks later if necessary prior to travel). Younger adults who smoke, have asthma, or are immunocompromised may also need one or both vaccines. Side effects are rare.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella vaccine. Varicella (chickenpox) virus causes an acute, highly contagious infection affecting the skin and nerve endings. Symptoms include an itchy, blistering, crusting rash with fever and malaise. Infection occurs from inhaling aerosol droplets or direct contact with fluid from blisters of infected person. Healthy individuals and nonpregnant women born before 1980 in the U.S. are assumed to be immune. Persons born in or after 1980 and anyone else who is not immune should have received (at some time) a total of 2 doses of live-virus vaccine, with the doses given at least 28 days apart. Side effects are mild, but small blistering lesions may occur. Rare vaccine side effects include anaphylaxis, platelet deficiency, and certain neurological conditions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herpes zoster (shingles) vaccine. Varicella (chickenpox) virus may reactivate in persons who had chickenpox in the past, causing shingles. Symptoms include a localized, highly painful burning rash that may leave long-term residual pain. One dose of a live-virus vaccine is given to everyone at age 60 years, even if they have had shingles previously. No boosters are recommended. Serious side effects are rare.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human papillomavirus vaccine. Human papillomavirus (HPV), acquired through sexual contact, infects mucosal tissues, especially in the anogenital region. Illness includes cervical, penile, anal, vaginal, and oral cancer, as well as genital warts. HPV vaccine is given as 2 or 3 doses over a period of 6 months in persons aged 9-26 years. Serious side effects can include anaphylaxis and asthmatic crisis.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. National body recommendations such as ACIP/CDC may differ from the manufacturers' recommendations as found in vaccine package inserts. Travax recommendations may differ from those of individual countries' public health authorities.

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