

# Ecuador

## Medical Summary

### General Information

Ecuador is a developing nation classified as upper middle income. Located in western South America along the Pacific Ocean (north of Peru and south of Colombia), the climate is classified as humid equatorial (long dry season) along the southern coast and humid equatorial (no dry season) along the northern coast, with cooler temperatures inland in some high-altitude areas.

### Current Health Bulletins

No current health bulletins.

### Vaccinations

**Routine vaccinations** are essential due to a persistent rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles) globally. Prior to travel, travelers should be up-to-date with the age-appropriate routine vaccinations recommended by their home country, which may include: COVID-19; *H. influenzae* type B (Hib); hepatitis A; hepatitis B; influenza; measles, mumps, rubella; meningococcal; pneumococcal; polio; rotavirus; tetanus, diphtheria, pertussis (Tdap preferred; consider an early pertussis booster for high-risk travelers); varicella.

**Long-stay children** should be vaccinated (prior to departure if possible) according to destination-country vaccination schedules as applicable (which may differ from that of the home country and require off-label administration); schedules for multiple countries globally can be found at WHO Immunization Data and for European countries only at European CDC Vaccine Scheduler.

Travel-specific vaccination recommendations are noted below as appropriate.

### Yellow Fever

**Requirement (for entry, per WHO):** A certificate proving yellow fever vaccination is required for travelers aged  $\geq 1$  year coming from Brazil, Democratic Republic of the Congo, and Uganda. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in these countries.

#### **Recommendation (for health protection):**

*Recommended for travelers aged  $\geq 9$  months:* Esmeraldas Province and areas east of the Andes Mountains below 2,300 m (7,500 ft) (see map). Insect precautions are essential for unvaccinated travelers.

*Generally not recommended (except for highly risk-averse travelers and long-stay travelers):* itineraries limited to areas west of the Andes Mountains below 2,300 m except Guayaquil (see map). No human cases of YF have ever been reported from these areas, and data analysis by WHO indicates extremely low potential for YF virus exposure. Travelers aged  $\geq 60$  years going to these areas should not be vaccinated.

*Not recommended:* itineraries limited to the cities of Guayaquil, Quito, Cuenca, or Otavalo; the Cotopaxi Volcano; areas above 2,300 m; or the Galápagos Islands.

**Visa application:** Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

### All Travelers

#### COVID-19

Risk exists from November through January and May through August (although off-season transmission can occur, occasionally with significant spikes).

*Recommended for:* all travelers aged  $\geq 6$  months.

Travelers not already vaccinated with the currently available vaccine formulation should be vaccinated. Consider nirmatrelvir-ritonavir (Paxlovid) as standby self-administered therapy, especially for those who are at high risk for complications from COVID-

19 or who are not adequately vaccinated and may not be able to attain rapid, robust medical evaluation and advanced care when traveling. However, jurisdictions may differ in the degree to which the medication is available for such use. Also, the medication's ritonavir subcomponent has several drug-drug interactions that must be evaluated in each patient.

## Hepatitis A

*Recommended for:* all travelers.

## Influenza

Risk exists from December through January and June through August, although off-season transmission can occur.

*Recommended for:* all travelers during transmission season due to demonstrated influenza risk in this group.

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined.

Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

## Most Travelers

### Typhoid fever

*Recommended for:* most travelers, especially those with adventurous dietary habits; those without consistent access to safe food and water; those with prolonged stays; and those traveling outside common tourist packages and other prearranged fixed itineraries, especially in rural areas.

*Consider for:* all risk-averse travelers desiring maximum pretravel preparation.

## Some Travelers

### Chikungunya

Low risk exists in urban and rural areas throughout the country at elevations below 2,300 m (7,500 ft), especially in the western provinces (including Guayas Province). Transmission occurs throughout the year, with highest activity from January through July.

*Consider for:*

- travelers aged  $\geq 18$  years with a prolonged stay  $\geq 6$  months
- travelers aged  $\geq 65$  years, especially those with underlying medical conditions, who are likely to have at least moderate exposure (e.g.,  $\geq 2$  weeks cumulative) to mosquitoes in indoor and/or outdoor settings

Travelers should observe insect precautions; mosquitoes that transmit chikungunya can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

### Hepatitis B

High risk exists in the Amazon region, especially in Orellana and Pastaza provinces, with low risk throughout the rest of the country.

*Recommended for:* all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

*For travel to the high-risk Amazon region, also recommended for:* adventure travelers; travelers with high potential to seek medical or dental care in local facilities; those with prolonged stays; those with frequent short stays in this region or high or intermediate risk countries.

*Consider for:* risk-averse travelers with short stays going to the high-risk Amazon region desiring maximum pretravel preparation.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

### Mpox

Moderate risk exists for persons (and partners of persons) who have multiple sex partners (including commercial sex workers) in social networks that include men who have sex with men; risk for persons outside these groups is low. Travelers should avoid close contact with persons with symptoms consistent with mpox and should observe hand and respiratory hygiene and safer-sex practices.

*Recommended for:* High-risk persons and persons with known, suspected, or anticipated exposure to someone with mpox.

## Rabies

Risk from wildlife and domesticated animals exists throughout the country. Rabies in dogs rarely occurs.

### Preexposure preventive measures:

*Recommended for:* animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

Travelers should observe animal bite precautions.

### Postexposure prophylaxis considerations:

Dog, bat, and other mammal bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

### For the Galapagos Islands only:

Risk from bats exists and is presumed to have widespread distribution. Rabies is not present in dogs or other mammals.

### Preexposure preventive measures:

#### For the Galapagos Islands only:

*Recommended for:* all travelers likely to have contact with bats.

Travelers should observe animal bite precautions.

### Postexposure prophylaxis considerations:

#### For the Galapagos Islands only:

Bat bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated. Other mammal bites or scratches are less likely to involve rabies but should still be carefully assessed for risk of rabies by a qualified health care provider.

Travelers should practice proper wound care.

## Malaria

**General malaria information:** predominantly *P. vivax*. Transmission occurs throughout the year.

### Location-specific recommendations:

*Chemoprophylaxis is recommended for all travelers:* elevations below 1,500 m (4,900 ft) in most cantons east of the Andes and in certain cantons of Esmeraldas, Carchi, Manabí, Los Rios, Cotopaxi, and El Oro provinces; all cities and towns within these areas.

*Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box):* elevations below 1,500 m in certain cantons east of the Andes and in certain cantons of Esmeraldas, Guayas, Pichincha, and El Oro provinces; all cities and towns within these areas.

*Insect precautions only are recommended (negligible transmission is reported):* elevations below 1,500 m in rural areas of most other cantons west of the Andes not referenced above; elevations below 1,500 m in rural areas of certain cantons of Napo, Sucumbíos, Tungurahua, and Morona-Santiago provinces.

*No preventive measures are necessary (no evidence of transmission exists):* the cities of Quito, Guayaquil, and Santa Elena; the Galápagos Islands; Chimborazo and Cañar provinces; elevations above 1,500 m; all other areas not referenced above.

**Preventive measures:** Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Due to risk of adverse events, mefloquine should be reserved for travelers for whom it has clear advantage over other chemoprophylaxis options. Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

<b>Factors favoring chemoprophylaxis</b>	<b>Factors against chemoprophylaxis</b>
<ul style="list-style-type: none"> <li>• Adventure travel</li> <li>• Risk-averse and vulnerable travelers</li> <li>• Areas subject to infrequent epidemics</li> <li>• Immigrants visiting friends and relatives</li> <li>• Flexible itineraries</li> <li>• Travel longer than 1 month</li> <li>• Unreliable medical expertise and/or treatment drugs at destination</li> </ul>	<ul style="list-style-type: none"> <li>• Air-conditioned hotels only</li> <li>• Urban areas only</li> <li>• Non-transmission season</li> <li>• Minimal outdoor exposure</li> <li>• Travel shorter than 3 days</li> </ul>
<p>For more information, see <i>Technical Explanation of Malaria Mapping</i>.</p>	

## Travelers' Diarrhea

High risk exists throughout the country, with moderate risk in deluxe accommodations. Community sanitation and food safety measures are generally inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

## Other Concerns

### Altitude illness

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). The elevation of Quito is 2,850 m (9,400 ft). Climbers summiting Cotopaxi will reach an elevation of 5,900 m (19,300 ft).

### Dengue

Significant risk exists in urban and rural areas throughout the country at elevations below 2,300 m (7,500 ft), including on the Galápagos Islands, especially in the eastern provinces and Santo Domingo de los Tsáchilas and Zamora-Chinchiipe provinces. No risk exists in the capital city of Quito. Transmission occurs throughout the year, especially during the rainy season, with highest activity from January through July. Travelers should observe insect precautions; mosquitoes that transmit dengue can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

### Zika

Risk exists, with no evidence of current transmission, and is presumed to have widespread distribution at elevations below 2,300 m (7,500 ft). Pregnant women (in any trimester) from nonaffected areas should receive informed counseling and consider postponing nonessential travel to this country (including the Galápagos Islands). Travelers, especially pregnant women, should observe insect precautions; mosquitoes that transmit Zika can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

### Marine hazards

Risk from jellyfish exists, including highly venomous bluebottle jellyfish. Travelers wading, launching boats, or fishing are especially at risk.

Risk from stonefish and sea urchins exists. Risk from coral is limited to Galápagos Islands. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

### Tuberculosis

Tuberculosis (TB) is common in all developing countries and presents risk in certain developed countries. TB incidence in this country is 25 to 100 cases per 100,000 population (not the highest risk category).

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative.

Travelers should avoid public transportation and people who are coughing in crowded public places (whenever possible). Domestic household workers should be screened for TB.

### Avian influenza

Minimal risk exists, but human cases have occurred sporadically. In the past 5 years, subtype A(H5N1) has occurred in humans. The last human case was reported in 2022. Travelers should avoid places where direct contact with poultry and their secretions may occur (such as live animal markets and poultry farms) and observe food and beverage precautions.

### Leishmaniasis

Risk of cutaneous and mucosal disease exists throughout the country at elevations below 3,000 m (9,800 ft), especially in northern and Amazonian provinces. No risk exists on the Galápagos Islands. Transmission occurs throughout the year. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

### Air pollution

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy in select cities.

Santo Domingo de Los Colorados: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

Cuenca, Latacunga, or Quito: When air quality worsens, travelers with lung disease or at the extremes of age should reduce prolonged or heavy outdoor exertion.

### Brucellosis

Low risk exists throughout the country, mainly in northern and southern provinces. Travelers should avoid consumption of unpasteurized dairy products and meat that is raw, undercooked, or unlikely to have been inspected. Travelers should also avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides.

### Snakebites

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

### Sexually transmitted infections

Most travel increases the risk for all sexually transmitted infections (STIs), with an increased risk of mpox for persons (and partners of persons) who have behavioral risk factors; risk for persons outside these groups is low. HIV is estimated to be present in 1% of sex workers. Travelers should be counseled on risk factors for STIs, indications for mpox vaccination and short-term preexposure prophylaxis (PrEP) against HIV (with Truvada or other approved PrEP medication), and observation of safer-sex practices.

**Visa application:** HIV testing is not required to obtain a tourist, work, or residence visa.

### West Nile virus

Negligible risk may exist, but current epidemiologic data are unavailable.

### Chagas' disease (American trypanosomiasis)

Risk to travelers is unknown but is presumed to be low in rural areas throughout the country. Travelers should avoid overnight stays in houses constructed of mud, adobe brick, or palm thatch.

### Mayaro virus

Low risk exists and is limited to the western provinces of Guayas, Los Ríos, Manabí, and Santo Domingo de los Tsáchilas. Travelers should observe insect precautions; mosquitoes that transmit Mayaro can bite throughout the day but have peak activity

in the early morning, late afternoon, and evening.

### Leptospirosis

Risk exists throughout the country, especially in Esmeraldas, Manabí, Morona-Santiago, Los Ríos, and Zamora-Chinchipe provinces. Transmission occurs throughout the year. Travelers should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and consider preexposure prophylaxis with doxycycline (200 mg once per week).

### Plague

Low risk exists and is limited to Chimborazo, Cotopaxi, and Loja provinces. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

### Bartonellosis

Risk exists mainly in Loja, Guayas, and Zamora-Chinchipe provinces and less commonly in Manabí Province. Risk to travelers is low. Insect precautions are recommended.

### Helminths

Low risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should observe strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

### Anthrax disease

Negligible risk exists throughout the country. Travelers should avoid direct or indirect contact with animal carcasses or hides.

## Medical Care

Adequate private medical care that meets most international standards is available in Quito, Cuenca and Guayaquil. Highly specialized cases or complex emergencies will require evacuation. The US is a frequent destination. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. One or more JCI accredited hospitals are present in Quito.

The national medical emergency number is 911.

A hyperbaric chamber for diving injuries is located in Guayaquil.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. All visitors must have personal medical insurance coverage that is effective in Ecuador.

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*Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.*

*Destinations content is continuously updated as new information becomes available.*

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