

Ecuador

Medical Summary

COVID-19

Total cases: 65,018

Daily new cases: 845 (7-day rolling average)

Total deaths: 4,939

Last case reported: 7/10/2020

Case trend: ↘ Decreasing followed by plateau — based on the past 3 days' data or a 7-day rolling average

Entry Restrictions

No known restrictions exist.

Medical Requirements:

Nationals, residents, and foreigners arriving from any country require a medical certificate issued within the last 7 days declaring the traveler is not infected with SARS-CoV-2. If coming from a country without COVID-19 testing capability, they must undergo testing upon arrival.

Asymptomatic Arrivals

Nationals, residents, and foreigners must quarantine at home or other accommodation for 14 days if negative or at a government center if positive.

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.

Travel Vaccinations

Hepatitis A

Recommended for: all 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.

Influenza

Risk exists from June through September and from January through March, 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.

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.

Yellow fever

Requirement (for entry, per WHO): A vaccination certificate is required for travelers aged ≥ 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 ≥ 9 months: Esmeraldas Province and areas east of the Andes Mountains below 2,300 m (7,500 ft; see map). Daytime 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 ≥ 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.

Measles, mumps, rubella

Indicated for those born in 1957 or later (1970 or later in Canada and U.K.; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

Rabies

Preexposure vaccination:

Risk from wildlife and domestic animals exists throughout the country. Canine rabies rarely occurs.

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

Postexposure prophylaxis considerations:

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

Preexposure vaccination for the Galapagos Islands only:

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

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

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.

Routine Vaccinations

During the COVID-19 pandemic, routine vaccination of infants and young children aged ≤ 24 months is a top priority in the context of well-child care and should be prioritized when possible; vaccination of older children may still be conducted or postponed to a later date depending on community circumstances and resources.

Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

Pneumococcal

Recommended for adults aged ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

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 areas east of the Andes and in certain cantons of Esmeraldas and Carchi provinces; all cities and towns within these areas except the central urban area of Tena.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): elevations below 1,500 m in certain cantons of Azuay, Carchi, El Oro, Guayas, Imbabura, Los Ríos, Morona-Santiago, Napo, Orellana, Sucumbios, and Zamora-Chinchipe provinces; all cities and towns within these areas.

Insect precautions only are recommended (negligible transmission is reported): the central urban area of Tena; elevations below 1,500 m in various cantons west of the Andes; all cities and towns within these areas except Guayaquil, Manta, Portoviejo, Santa Elena, Babahoyo, and Machala.

No preventive measures are necessary (no evidence of transmission exists): the cities of Quito, Guayaquil, Manta, Portoviejo, Santa Elena, Babahoyo, and Machala; the Galápagos Islands; elevations above 1,500 m; all other areas not mentioned above.

Preventive measures: Travelers should observe insect precautions from dusk to dawn in areas with any level of transmission. Atovaquone-proguanil (Malarone or generic), doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. 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.

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

Travelers' Diarrhea

High risk exists throughout the country, with moderate risk in deluxe accommodations. Food and beverage precautions may reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.

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

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 Manabí and Guayas provinces. No risk exists in Quito. Transmission occurs throughout the year, especially during the rainy season, with highest activity from January through September. Travelers should observe daytime insect precautions.

Chikungunya

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. Travelers should observe daytime insect precautions.

Zika

Risk exists in Sucumbíos Province and areas west of the Andes Mountains, especially in Manabí and Guayas provinces. Pregnant women (in any trimester) from nonaffected areas traveling to these areas should receive informed counseling and postpone nonessential travel to these areas. No risk exists in Quito, and in all endemic areas, risk is limited to elevations below 2,300 m (7,500 ft). Pregnant women traveling to Galápagos Islands should receive informed counseling and consider postponing nonessential travel. Travelers, especially pregnant women, should observe daytime insect precautions.

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 or, alternatively, a tuberculin skin test is recommended before departure and 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.

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

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. Travelers should observe insect precautions from dusk to dawn.

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.

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.

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.

Leptospirosis

Risk exists and is presumed to have widespread distribution. Travelers who anticipate activities with extensive outdoor exposure (e.g., hiking, biking, swimming, or rafting) should consider weekly prophylaxis with doxycycline.

Plague

Negligible 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 in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and wear appropriate footwear.

Security

Consular Travel Warning: Due to civil unrest and other ongoing security concerns, U.S. (DOS) advises avoiding travel to northern areas of Esmeraldas Province (including the city of Esmeraldas) and to Carchi and Sucumbíos provinces. U.K. (FCO), Canada (GAC), and Australia (DFAT) have more limited warnings.

Key Security Threats: Kidnappings occur in northern and northeastern areas bordering Colombia and Peru, including the Cuyabeno Wildlife Reserve. Foreigners, including those working for oil companies, may be targeted. Violent crime, petty crime, and express kidnappings occur throughout the country (especially in Quito, Guayaquil, and other cities), on volcano hiking trails (including Cerro Mandango near Vilcabamba, Loja Province), on beaches in the province of Esmeraldas, and in jungle lodges in the Lower Rio Napo and Cuyabeno Wildlife Reserve. Theft of valuables from unattended accommodations is common. Scams include the use of distraction techniques to commit robbery and the intentional drugging of food and drink to facilitate robbery or assault. Additional threats to personal safety include a dangerous security environment and armed groups in areas bordering Colombia, including Cuyabeno Wildlife Reserve; unsafe passenger boats in the Galápagos Islands. For more information, see Consular Advice.

Aviation Assessment: U.S. Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in accordance with minimum international safety standards.

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 U.S. 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 emergency number is 911.

Hyperbaric chambers for diving injuries are located in Guayaquil and Puerto Ayora.

A requirement for foreign visitors going to the Galapagos Islands to show proof of personal health insurance (valid for duration of stay) at time of entry is expected to take effect November 1, 2018. 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 of other than a modest deposit may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals may provide some services free to foreigners.

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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