

Ecuador

Medical Summary

The health risk information presented here is summarized from Shoreland Travax[®], a decision-support tool used by health care providers to perform a detailed health risk analysis based on specific locations, individual travel styles, and traveler risk behaviors. Travax provides practitioners current, independently researched malaria risk and prevention recommendations in a map-based format that goes beyond the annual WHO and US CDC statements included here. Not included here are current reports from Travax of disease outbreaks or environmental events that may pose elevated risks to travelers' health and safety. The Providers section of this site offers a directory of health care providers who utilize Shoreland Travax for travel health counseling. Learn more about the detailed reports and maps available from these practitioners (includes links to samples).

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.

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; herpes zoster; human papillomavirus; influenza; measles, mumps, rubella; meningococcal; pneumococcal; polio; rotavirus; tetanus, diphtheria, pertussis (Tdap preferred; consider an early pertussis booster for high-risk travelers); varicella.

Yellow Fever

An official yellow fever vaccination certificate may be required depending on your itinerary. Vaccination is usually recommended if you'll be traveling in areas where there is risk of yellow fever transmission.

- **Requirement:** A certificate proving yellow fever vaccination 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.
- **Official Status:** listed by WHO as a country where YF transmission risk is present.

Other Vaccines

Depending on your itinerary, your personal risk factors, and the length of your visit, your health care provider may offer you vaccination against chikungunya, dengue, mpox, rabies, or typhoid fever.

Malaria

The following is current information as reported by the World Health Organization (WHO) and the US Centers for Disease Control (CDC):

WHO—*International Travel and Health* (current online update, Country List)

(2022) Malaria risk due to *P. vivax* (67%) and *P. falciparum* (33%) exists throughout the year below 1500 m, with moderate risk in coastal provinces. Risk is low in Quito and in provinces that are part of the Inter-Andean or Sierra region. Risk of *P. vivax* malaria is present in some provinces of the country, predominantly in the Amazon region, especially the provinces of Morona Santiago, Pastaza, Orellana and Sucumbíos. Risk of *P. falciparum* malaria is present in some provinces of the country with predominance on the coast, especially the province of Esmeraldas, as well as in the Amazon region, especially the provinces of Pastaza and Morano Santiago.

- Recommended prevention in risk areas: **C** – Risk of *P. falciparum* malaria. Mosquito-bite prevention plus atovaquone-proguanil or doxycycline or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects

and contraindications).^{a, b}

^aAlternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with stand-by emergency treatment (SBET).

^bIn certain areas with multidrug-resistant malaria, mefloquine chemoprophylaxis is no longer recommended. At present, these areas include Cambodia, south-eastern Myanmar and Thailand.

WHO Country List footnote: When available, the date of the most recent update or confirmation is indicated in parentheses in the country list. If no accurate date is indicated, the most recent update or confirmation was provided prior to 2013.

CDC—Health Information for International Travel (current online edition)

Transmission areas

- Areas < 1,500 m (< 5,000 ft) elevation in the provinces of Cotopaxi, Esmeraldas, Morona-Santiago, Orellana, Pastaza, and Sucumbíos
- Rare cases < 1,500 m (< 5,000 ft) in all other provinces
- No malaria transmission in the cities of Guayaquil or Quito (the capital)
- No malaria transmission on the Galápagos Islands

Drug resistance²

- Chloroquine

Species

- *P. vivax* (85%)
- *P. falciparum* (15%)

Recommended chemoprophylaxis

- Transmission areas in the provinces of Cotopaxi, Esmeraldas, Morona-Santiago, Orellana, Pastaza, and Sucumbíos: Atovaquone-proguanil, doxycycline, mefloquine, tafenoquine³
- All other areas with reported malaria transmission: No chemoprophylaxis recommended (insect bite precautions and mosquito avoidance only)⁴

² Refers to *P. falciparum* malaria, unless otherwise noted.

³ Tafenoquine can cause potentially life-threatening hemolysis in people with glucose-6-phosphate-dehydrogenase (G6PD) deficiency. Rule out G6PD deficiency with a quantitative laboratory test before prescribing tafenoquine to patients.

⁴ Mosquito avoidance includes applying topical mosquito repellent, sleeping under an insecticide-treated mosquito net, and wearing protective clothing (e.g., long pants and socks, long-sleeve shirt). For additional details on insect bite precautions, see Sec. 4, Ch. 6, Mosquitoes, Ticks & Other Arthropods.

Other Concerns

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.

Travelers should carry loperamide for self-treatment of diarrhea and, if risk is moderate to high, an antibiotic to add if diarrhea is severe. Consult a knowledgeable health care provider regarding which antibiotic is appropriate for you and most effective for your destination.

Other Food-Borne Illnesses

Precautions to prevent brucellosis may be needed.

Insect- and Arthropod-Borne Diseases

Bartonellosis, Chagas' disease (American trypanosomiasis), leishmaniasis, mayaro virus, Oropouche fever, West Nile virus, Zika may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

Additional concerns include air pollution, altitude illness, anthrax disease, avian influenza, helminths, leptospirosis, marine hazards, plague, sexually transmitted infections, snakebites, tuberculosis.

Safety and Security

Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Theft of vehicles
- Scams
- Cybersecurity
- Natural disasters

Key Security Threats

- Risk of violent protests
- Cross-border threats in areas bordering Colombia
- Explosions in public places
- Landmines
- Violent crime
- Kidnapping, which may target foreign nationals
- Random acts of armed violence
- Piracy

Emergency Contacts

The national emergency number is 911.