

Itinerary

Round Trip: United States → Ecuador → United States

Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- Vaccine-Preventable Diseases: COVID-19, hepatitis A, hepatitis B, influenza, measles, mumps, rubella, rabies, typhoid fever, yellow fever
- Malaria
- Other Diseases: anthrax disease, bartonellosis, Chagas' disease (American trypanosomiasis), chikungunya, dengue, helminths, leishmaniasis, leptospirosis, plague, sexually transmitted infections, travelers' diarrhea, tuberculosis, West Nile virus, Zika

Yellow Fever

Requirement Information (for entry, per WHO)

Is yellow fever vaccine an official entry requirement for this itinerary?

NO. An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

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.

Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

| Yellow Fever Requirement Table | | | | |
|--------------------------------|--------------|-------------------------|-----------------|----------|
| Country | Transm. Risk | Required if Coming From | Applies to Ages | See Note |
| UNITED STATES | No | None | None | |
| ECUADOR | Yes | List | ≥ 1 year | 1, 2 |

Note 1: Additional conditions pertain for this country's requirement. Please refer to the Individual Country Requirements information presented below.

Note 2: Airport transit stops (no exit through immigration checkpoint) in a "Required if Coming From" country may impact the YF requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and evaluate whether a traveler's transit stops may change the YF requirement result.

Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

Ecuador

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.

Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

YES. Vaccination is recommended for travel to areas of one or more countries on this itinerary.

Individual Country Recommendations

Ecuador

Recommended for travelers aged ≥ 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 ≥ 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.

Travel Vaccination Recommendations

COVID-19

Recommendation (for health protection)

Ecuador

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 ≥ 6 months.

Vaccination Considerations

Ecuador

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

Ecuador

Recommended for: all travelers.

Typhoid fever

Ecuador

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

Ecuador

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.

Vaccination Considerations

Ecuador

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

Ecuador

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.

Measles, mumps, rubella

Ecuador

Indicated for those born in 1957 or later (1970 or later in Canada and UK; 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

Ecuador

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.

Routine Vaccination Recommendations (adults only)

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 US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

Malaria General Information

Ecuador

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

Malaria Recommendations

Ecuador

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 mentioned 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 mentioned above.

Malaria Prophylaxis

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.

Ecuador

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.

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 outdoor exposure • Travel shorter than 3 days |
| <p>For more information, see <i>Technical Explanation of Malaria Mapping</i>.</p> | |

Travelers' Diarrhea

Ecuador

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.

Current Health Bulletins

Dengue

Ecuador

Significant Dengue Increase

Updated Mar 14, 2024 (Posted Mar 14, 2024)

According to PAHO, more than 1,400 cases of dengue fever per week are being reported. Approximately 9,500 laboratory-confirmed cases, a significant increase over average incidence, have been reported since early January 2024 throughout the country, mainly in Santo Domingo de los Tsáchilas (1,500 cases), Manabí (1,400 cases), and Los Ríos (1,300 cases) provinces. The outbreak has yet to peak. 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.

Current Safety Bulletins

Ecuador

State of Emergency

Updated Mar 11, 2024 (Posted Jan 9, 2024)

A nationwide state of emergency and curfew are in place until April 6, 2024. Explosions and other violent acts have occurred in various cities since prison riots occurred on January 8, 2024. Curfew times vary by location; travelers must remain indoors during curfew hours except for travel to or from the airport for scheduled commercial flights (with identification and flight information readily available because authorities may stop travelers). Disruptions to air travel are possible. Travelers should maintain a high level of security awareness, carry a fully charged communication device, follow the advice of local authorities (including on how to handle health care emergencies), and monitor the situation through local media and embassy communications.

Other Concerns

Altitude illness

Ecuador

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

Ecuador

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 western provinces of Manabí and Guayas. 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

Ecuador

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. Travelers should observe daytime insect precautions.

Zika

Ecuador

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 daytime insect precautions.

Marine hazards

Ecuador

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

Ecuador

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.

Leishmaniasis

Ecuador

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

Ecuador

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

Ecuador

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

Ecuador

HIV is estimated to be present in 1% of sex workers. Travelers should be clearly informed of STI concepts and risks for HIV transmission. Travelers expected to engage in very high-risk behaviors should consider short-term preexposure prophylaxis (PrEP) with Truvada or other approved PrEP medication.

West Nile virus

Ecuador

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

Chagas' disease (American trypanosomiasis)

Ecuador

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

Ecuador

Low risk exists and is limited to the western provinces of Guayas, Los Ríos, Manabí, and Santo Domingo de los Tsáchilas. Travelers should observe daytime insect precautions.

Leptospirosis

Ecuador

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

Ecuador

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

Ecuador

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

Ecuador

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.

Anthrax disease

Ecuador

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

Additional Information by Country

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.

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.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Consular Travel Warning

Due to crime and civil unrest, Australia (DFAT) advises avoiding travel within 20 km (12.4 mi) of the border with Colombia (except the official border crossing at Tulcán) and also advises reconsidering travel (or avoiding nonessential travel) to the rest of the country. US (DOS), UK (FCO), and Canada (GAC) have more limited warnings.

Terrorism Risk

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

Crime

High risk of violent crime (armed robbery and sexual assault) and high risk of petty crime exist throughout the country, especially in Quito (particularly in El Panecillo, El Ejido, and La Carolina parks and the districts of La Mariscal, La Floresta, La Marin, Guápulo, South Quito, and Old Town Quito); in Guayaquil (in the districts of Urdesa, Kennedy, Alborada, and Malecón Simón Bolívar [including Cerro Santa Ana]; near the bus terminal, the downtown and market areas, and the Sagrado Corazón de Jesús [statue of Jesus Christ] on Cerro del Carmen); in other cities (Cuenca, Manta, and Riobamba); on volcano hiking trails (including Cerro Mandango near Vilcabamba, Loja Province, the Pichincha volcano, and the volcano outside the limits of the Quito

TelefériQo or its pathway); in Montañita (Santa Elena Province); on beaches in the province of Esmeraldas; in jungle lodges in the Lower Rio Napo and Cuyabeno Wildlife Reserve.

Theft of valuables from unattended accommodations is common.

Kidnappings by criminal groups occur in northern and northeastern areas bordering Colombia and Peru, including the Cuyabeno Wildlife Reserve. Targets may include foreigners (especially Westerners), including foreigners working for oil companies.

Express kidnappings to force cash withdrawals at ATMs occur throughout the country, especially in Quito and Guayaquil.

Scams involving ATMs, credit cards, and the use of distraction techniques to commit robbery (including squirting substances on victims) have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted.

Civil Unrest

Protests and demonstrations occur throughout the country and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Unsafe Areas

A dangerous security environment exists and armed groups are present in areas bordering Colombia, including Cuyabeno Wildlife Reserve.

Water Safety

Passenger boats may be unsafe on the Galápagos Islands. Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

Outdoor Safety

Basic safety standards for adventure activities (including bungee jumping, canopy tours, and recreational off-roading) may not be in place. Travelers should only use reputable adventure-sport operators for activities and equipment rentals.

Transportation Safety

High risk of traffic-related injury or death exists. The road traffic death rate is 12 to 24 per 100,000 population. The rate is less than 10 in most high-income countries.

Airline Safety

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

Natural Disasters

The rainy season is from May through November in areas east of the Andes mountains and December through May in coastal areas. Floods, mudslides, and landslides may occur.

Seismic and volcanic activity frequently occur.

Consular Information

Selected Embassies or Consulates in Ecuador

- United States: [+593] 2-398-5000; ec.usembassy.gov
- Canada: [+593] 2-2455-499; www.ecuador.gc.ca
- United Kingdom: [+593] 2-3972-200; www.gov.uk/world/organisations/british-embassy-in-ecuador
- Australia: [+593] 4-601-7529

Ecuador's Embassies or Consulates in Selected Countries

- In the U.S.: www.ecuador.org

- In Canada: www.embassyecuador.ca
- In the U.K.: reinounido.embajada.gob.ec
- In Australia: australia.embajada.gob.ec

Visa/HIV Testing

HIV testing is not required to obtain a tourist, work, or residence visa.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Republic of Ecuador
- Nationality: Ecuadorian

Conversation

Good manners and unfailing politeness are important. Greet everyone individually upon arrival; greetings may be elaborate. Chitchat is normally exchanged prior to discussing business. Good topics of conversation include family, place of origin, and local sights. Football and local folkloric music are popular. People may ask personal questions. Ecuadorians may discuss things indirectly, rather than be straightforward. Avoid references to Peru, and public expressions of anger or frustration. Urban highland people (*serranos*) may be more reserved than people from coastal cities (*costeños*).

Currency

The official currency is the US dollar (USD). It is useful to have smaller denominations, especially USD1 notes, as many smaller shops and taxi drivers do not change large bank notes. Both US and locally minted coins are accepted everywhere.

Dress

Professional attire is preferred for business for inland cities (dark suit with tie for men; suit or dress for women), with attention to accessories and neat appearance. Dress can be more casual in coastal cities: some men wear a guayabera shirt to work; some women wear sleeveless dresses. Shorts are worn only for sports or on the beach. Keep in mind Ecuador's strong, equatorial sun, combined with chilly temperatures year-round for highland locations. Lightweight, natural fiber clothing may be more comfortable in the warm, humid lowland and coastal areas.

Food

The main meal is eaten midday. A dinner party may have drinks and appetizers around 8:00 p.m., with dinner served after 10:00 p.m. Conversation follows a meal (it is rude to leave right away). Parties may end at 5:00 a.m., and include breakfast. In a restaurant, the person who invites usually pays (a businesswoman hosting a meal should arrange payment in advance). Business is usually not discussed at dinner. Women in Ecuador drink wine; visiting women should avoid drinking liquor. Burping is considered rude.

Local cuisine features meats, varieties of corn, and potato-based soups. Traditional foods include *llapingachos* (potato-cheese patties), *locro de papas* (a hearty, potato-cheese stew), marinated fish (ceviche) on the coast, and *mote con queso* (a thick, corn-cheese stew). Roasted guinea pig (*cuy*) and roast pork (*hornero*) are specialties of the highlands. *Aji criollo* is a popular hot pepper sauce. Ecuadorians are proud of local tropical fruits, juices, and fruit-flavored ice cream. Ecuadorian-Chinese restaurants, known as *chifa*, are popular.

Gestures, Touching, and Personal Space

Offer a firm handshake to everyone present in greeting and at departure. Close male friends may exchange hugs (*abrazo*); female friends may exchange air kisses. People may stand quite close or touch during conversation. Maintain eye contact, although indigenous people may respectfully avoid sustained eye contact. Avoid public displays of affection, especially in the highlands. Beckon with the palm down, moving all 4 fingers; avoid pointing or beckoning with the index finger. Twisting a hand back and forth means "no."

Gifts

Business gifts are exchanged after negotiations are over. Gifts from a visitor's home region, quality liquor, desk accessories, and small electronic items are popular gifts. Name brands are appreciated. When visiting someone's home, bring chocolates, wine, or

flowers (avoid lilies and marigolds); small presents for children are appreciated. When receiving a gift, effusive thanks are appropriate.

Language(s)

Spanish (Castellano) is the official language. Indigenous languages, especially Kichwa (a regional dialect of Quechua), are also spoken. Some elite speak English. Kichwa and Shuar are official languages of intercultural relations. Use respectful terms of address (*usted* instead of *tú* or *vos*) until invited to use the familiar form.

Translate business card to Spanish on reverse side (include academic or professional title, e.g., Ingeniero for an engineer).

Names/Titles

Use academic/professional/religious titles when known (*Señor/Señora/Señorita* as default). Titles are very important, so people may refer to each other by their position/profession (e.g., Ingeniero for an engineer); a person with a university degree is addressed as Licenciado/a. Ecuadorians use 3 names: the given name; the father's family name, which is the individual's surname; followed by the mother's family name. Friends may use the honorific *Don* (male) or *Doña* (female) with a person's first name (e.g., Don Eduardo).

Personal

Participation in political activities by foreign nationals is prohibited, including participation in demonstrations, and may result in detention or deportation.

Photography

Ask permission before photographing people; some rural people may refuse or expect payment.

Protocol/Etiquette

Politeness and respectful behavior are valued in this stratified society, and may be expressed with formal language. Respect and deference are shown to people of greater age or status.

Religion

Freedom of religion is provided by law. The population is majority Roman Catholic, with some indigenous faith practices.

Time

Be punctual for business meetings, but understand that local notions of time can be very relaxed; local people may arrive 15-20 minutes later. (Ecuadorians refer to punctual arrival as "Swiss time" and arriving more than half an hour later as "Ecuadorian time.") Be prepared to wait for important meetings with high status individuals. For social functions, it is polite to arrive 15-30 minutes later than when invited for dinner; 30-45 minutes later than invited for a party. Social events may last all night.

Dates are written day/month/year.

Tipping

Tip 15% in restaurants. It is not necessary to tip taxi drivers, unless they help with luggage. Tip hotel porter a small amount.

Toilets

The sign for restrooms is: SS.HH. Deposit all toilet paper in small bin beside toilet (do not place in toilet). Taps are labeled 'C' for hot and 'F' for cold.

Basic Protective Measures

Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

Health

Insect Precautions

- Wear clothing that covers as much skin as practicable.

- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
 - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
 - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
 - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
 - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
 - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.
- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.
- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.
- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis (bilharzia).
- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.

Rabies

- Never assume that an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

Skin/Wound Care

Extra vigilance, as outlined below, is recommended.

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.
- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a

combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).

- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.
 - If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

Safety

Safety and Crime Avoidance

Extra vigilance, as outlined below, is recommended.

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.

- Register a foreign trip and residence information with the Department of State at travelregistration.state.gov (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.
- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.

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.

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