

Ecuador

Vaccine Handout

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

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

Recommended		Not Indicated; Given at Patient's Request	Vaccines
Given	Patient Declined		Travel Immunizations for Ecuador
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A vaccine. Hepatitis A is a viral infection of the liver acquired through the consumption of contaminated food (especially uncooked shellfish) or water or through close contact with infected persons via the fecal-oral route. Symptoms are generally mild and may include nausea, loss of appetite, abdominal pain, malaise, fever, dark urine, and jaundice. Infection can be severe but is rarely fatal. A single dose of vaccine given any time before travel will provide adequate protection for healthy persons for the duration of the trip. Two doses of vaccine given 6 to 18 months apart will confer lifelong protection. Vaccine side effects are most commonly injection-site reactions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid vaccine. Typhoid fever is a systemic bacterial infection acquired through the consumption of fecally contaminated food or water. Symptoms include a prolonged fever, fatigue, and loss of appetite, which may be preceded by diarrhea. Two types of vaccine are available: injectable and oral. One dose of the killed bacterial injectable vaccine provides protection for 2 to 3 years. Four doses of the live oral bacterial vaccine (given on days 0, 2, 4, and 6) provide up to 5 years of protection. Vaccine side effects are most commonly injection-site reactions (with the injectable vaccine). Gastrointestinal distress and rash can occur after receiving the oral vaccine, albeit rarely.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza vaccine. Influenza (seasonal) is a highly contagious viral respiratory infection acquired through the inhalation of aerosolized droplets or direct contact with respiratory secretions from infected persons and occurs in cool months in temperate climates and throughout the year in the tropics. Symptoms include high fever, muscle aches, headache, severe malaise, and dry cough. Adults should receive 1 dose of influenza vaccine each year because the vaccine lasts only for the current influenza season. Vaccine is given via injection (killed virus vaccines) or nasal spray (live virus vaccine). Various formulations exist for different patient populations or risk groups. Vaccine side effects are most commonly injection-site reactions and, less frequently, fever and muscle aches.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B vaccine. Hepatitis B is a potentially serious viral infection of the liver acquired through contact with infected blood or bodily fluids and can become chronic and lead to liver failure or cancer. Infection is prevalent in most developing countries. Symptoms include fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored stools, and jaundice. Two or 3 doses of vaccine are given over 1 to 6 months (depending on brand) and provide protection for at least 30 years. Accelerated dosing schedules for travelers are also available. Vaccine side effects are most commonly injection-site reactions, headache, and nausea.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A-Hepatitis B combination vaccine. The combined hepatitis A-hepatitis B vaccine is given in 3 doses (at 0, 1, and 6 months) and results in lifelong protection. An accelerated schedule is available: 3 doses given on days 0, 7, and 21 to 30, and a fourth dose at 12 months; 3 doses protect for 1 year, and a completed schedule provides lifelong protection. Vaccine side effects are most commonly injection-site reactions, headache, and nausea.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yellow fever vaccine. Yellow fever (YF) is a viral infection that occurs in tropical sub-Saharan Africa and forested areas of tropical South America and is acquired through the bite of day-biting mosquitoes. Symptoms include fever, headache, vomiting, and muscle pains and may evolve into a full hemorrhagic fever syndrome. YF vaccine is given either for personal protection against YF disease or may be required for entry into a country (or for both reasons). One dose of live-virus vaccine is given and becomes effective in about 10 days, providing long-term protection of at least 20 to 35 years. A booster dose may be needed every 10 years (or less) for some high-risk travelers. Vaccine side effects are most commonly injection-site reactions. Serious side effects are rare but may include brain inflammation in young children, neurological reactions, and multiple organ dysfunction (first time vaccinees only, primarily those aged ≥ 60 years).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Measles, mumps, rubella vaccine. Measles, mumps, and rubella (MMR) are viral infections acquired through inhalation of or contact with infected respiratory droplets. The viruses can infect multiple organs (resulting in a variety of symptoms) and cause serious illness in adults. These diseases are common in developing countries. Persons born before 1957 in the U.S. (1970 in Canada and the U.K.; 1966 in Australia) are generally immune to all 3 diseases. Persons born after these dates and any other nonimmune persons should have received a total of 2 doses of live-virus MMR vaccine given at least 28 days apart to provide lifelong protection. Vaccine side effects are most commonly fever, rash, and injection-site reactions.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Rabies vaccine. Rabies is an acute, fatal, viral infection of the brain occurring worldwide, transmitted via saliva from penetrating bites, licks, or scratches from rabid dogs, bats, and other mammals. Preexposure vaccination consists of 3 doses given on days 0, 7, and 21 to 28. No regular booster doses are needed for typical travelers. If a bite occurs, all persons, even those who were previously vaccinated, should seek medical attention immediately because additional doses of vaccine are needed. In addition to the vaccine, rabies immune globulin must be given if the person did not receive a complete preexposure vaccine series as noted above. Vaccine side effects are most commonly injection-site reactions and fever, headache, dizziness, and abdominal pain. Neurological reactions can be a concern with some rabies products made abroad.</p>
			Routine Immunizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tetanus, diphtheria, pertussis vaccine. Tetanus (lockjaw) is a bacterial infection affecting the muscles, which is acquired through the contamination of wounds or other breaks in the skin. Diphtheria is a severe bacterial infection of the throat acquired through inhalation of aerosolized respiratory droplets from infected persons. Pertussis (whooping cough) is a bacterial infection acquired through inhalation of aerosolized respiratory droplets or direct contact with respiratory secretions of infected persons. Adult travelers should have completed a primary series of childhood vaccine against these 3 diseases and have had 1 subsequent dose of tetanus, diphtheria, pertussis (Tdap) vaccine. A booster dose of tetanus and diphtheria (Td) vaccine (Tdap for travelers) is given every 10 years thereafter. Vaccine side effects are most commonly injection-site reactions, headache, fatigue, and fever.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Pneumococcal vaccine. Pneumococcal disease is a bacterial infection occurring worldwide acquired through direct contact with respiratory secretions from infected persons, resulting in infection of the lungs, bloodstream, and covering of the brain (meningitis). Symptoms include fever, chills, malaise, and productive cough. Two types of pneumococcal vaccine are available, and many persons will need both. All adults aged ≥ 65 years should receive 1 dose of pneumococcal conjugate vaccine (PCV13) followed by 1 dose of pneumococcal polysaccharide vaccine (PPSV23) given 1 year later (8 weeks later if necessary prior to travel). Younger adults who smoke, have asthma, or are immunocompromised may also need 1 or both vaccines. Duration of vaccine protection from PCV13 is lifelong; no booster is required. Duration of protection from PPSV23 is at least 5 years; 1 or 2 boosters are recommended for certain persons. Side effects of both vaccines are most commonly injection-site reactions.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Varicella vaccine. Varicella (chickenpox), a highly contagious viral infection that occurs worldwide (especially in developing countries), is acquired via inhalation of aerosolized respiratory droplets or blister fluid and by direct contact with blister fluid from infected persons. Symptoms are mild and include fever, malaise, and itchy, fluid-filled skin blisters that become scabs. Healthy individuals and nonpregnant women born before 1980 in the U.S. are assumed to be immune. Persons born in or after 1980 and anyone else who is not immune should have received (at some time) a total of 2 doses of live-virus vaccine, with the doses given at least 28 days apart to provide long-lasting protection. Vaccine side effects are most commonly injection-site reactions and fever; a localized or generalized varicella-like rash may occur.</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herpes zoster (shingles) vaccine. Herpes zoster (shingles) is a viral infection caused by the reactivation of the varicella (chickenpox) virus (which becomes dormant following a chickenpox infection). Symptoms include a localized, highly painful, burning rash that may leave long-term residual pain. Two doses of a killed-virus vaccine are given to everyone aged ≥ 50 years, even if they have had shingles or have previously received a dose of the live-virus vaccine. No boosters are recommended. Vaccine side effects include severe injection-site reactions (pain, swelling, and redness) that resolve within 3 days.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human papillomavirus vaccine. Human papillomavirus (HPV) infection is acquired through sexual contact. Symptoms in both males and females include lesions in or on the skin, genitals, or mucous membranes. Consequences of infection may include cancer of the cervix, vagina, penis, anus, or throat. HPV vaccine is given as 2 or 3 doses over a period of 6 or 12 months (depending on age at series initiation) in persons aged 9-45 years. Vaccine protection is long lasting; no booster dose is recommended. Vaccine side effects are mild and include injection-site reaction, fever, and headache.

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

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