# **ECUADOR**



## **COUNTRY SITUATIONAL ANALYSIS**

Ecuador is situated on the west coast of South America. Foci of sylvatic transmission persist across most of the national territory, except in cities located in the highlands. Since the introduction of the yellow fever (YF) vaccine in the childhood vaccination schedule and the implementation of mass vaccination campaigns, the case incidence has decreased significantly. However, isolated cases persist in unvaccinated populations living or working in forest areas. With the reintroduction of *Aedes aegypti*, dengue has become a primary public health problem, with progressive increases in both its incidence and geographical distribution. In addition, two other arboviruses were introduced during the last decade: chikungunya and Zika. Their dramatic spread and morbidity highlight the extraordinary capacity of these viruses to invade a mainly susceptible population.

#### **ECOLOGICAL FACTORS AND CLIMATE<sup>1</sup>**

Ecuador has wide array of climate zones, primarily due to its altitude. These include high-altitude glaciers, tropical rainforests in the Amazon upper tributaries, and dry tropical forests on the Pacific coast. The following ecoregions converge in the country:

- 1) The Amazon rainforest region in the east covers 47% of the territory.
- 2) The *Andean mountains* cross the country from north to south along the central part of the country. This is where Quito, the capital city, is located.
- 3) The *Coastal region* lies to the west, between the Andes and the Pacific Ocean, and consists mainly of dry tropical forests. While to the north, on the border with Colombia, there are rainforests.

Forest areas make up 51% of land cover, of which 22% is used for agricultural activities.

## Vector distribution and incidence

High entomological indices were found for Aedes aegypti.3

YELLOW FEVER HIGHLIGHTS				
EYE strategy risk categorization	High			
Routine immunization introduction (year)	2009			
Latest official coverage estimates (2021)	70%			
Gavi eligibility	No			
International Coordinating Group on vaccine provision requests	No			
Last disruptive yellow fever outbreak	1997			
Yellow fever vaccination proof for entry/exit	No			
Diagnostic capacity	Yes			
Fragility, conflict, and violence status	No			

DEMOGRAPHICS <sup>2</sup>				
Total population	17 373 660			
Annual population growth rate	1.7%			
Life expectancy	80 years (women) and 74 years (men)			
Percentage population living in urban dwellings	63%			
Percentage urban population living in slums	20%			

<sup>1</sup> World Bank Group. Climate Change Knowledge Portal for Development Practitioners and Policy Makers: Ecuador. Washington, DC: World Bank; 2021. Available from: <a href="https://climateknowledgeportal.worldbank.org/country/ecuador">https://climateknowledgeportal.worldbank.org/country/ecuador</a>

<sup>3</sup> Stewart Ibarra AM, Ryan SJ, Beltrán E, Mejía R, Silva M and Muñoz A. Dengue vector dynamics (Aedes aegypti) influenced by climate and social factors in Ecuador: implications for targeted control. PloS one. 2013 8(11): E78263. Available from: <a href="https://doi.org/10.1371/journal.pone.0078263">https://doi.org/10.1371/journal.pone.0078263</a>

World Bank Group. Understanding poverty: Open data. Washington, DC: World Bank; 2020. Available from: https://www.worldbank.org/en/understanding-poverty

# **EPIDEMIOLOGY**

Urban epidemics of yellow fever were observed in the port city of Guayaquil until the first half of the 20th century. After the introduction of the YF vaccine and regional Aedes aegypti controls, only enzootic foci have persisted. These mainly occurred in the Amazon region, but also in some coastal departments in which the climatic conditions and the presence of non-human primates and vectors increase the risk of the introduction of the disease. Historically, cases occurred annually with small outbreaks or isolated events. After 2000, there were no further outbreaks with only isolated cases being reported, the last was in 2017 in the province of Sucumbíos (Amazon rainforest). The incidence has further decreased over the past few years. The case fatality rate oscillates between 50% and 100%, with an average of 67%. A few cases were reported in international travelers. In all cases for which data are available, the person had not been vaccinated.

#### **Endemic areas**

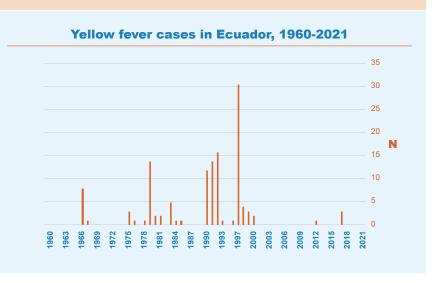
Departments to the east and south (Amazon region) are endemic. Some departments to the northwest are considered at moderate risk while the rest of the coastal areas is low-risk. There is no risk in high-mountain cities.

PAST OUTBREAKS					
Year	Number	Region	Comments		
1960-1980	30	Not available			
1981-2000	93	Not available			
2012	1	Not available			
2017	3	Province of Sucumbíos	All three fatal cases were in adult men with no vaccination history.		

#### Trends of previous outbreaks5

Ecuador reported 127 confirmed cases and 49 deaths in the period from 1960 to 2021, and only 4 confirmed cases in the last 20 years.

The country reported 30, 93, and 4 cases in the periods 1960-1980, 1981-2000, and 2001-2021, respectively. The reduction in the burden of disease in recent years is most likely due to the introduction and improvement of immunization programs. There have been no autochthonous cases in the country since 2017 when the last 3 cases were recorded.



#### ARBOVIRAL ACTIVITY

Dengue Dengue emerged in Ecuador in 1988 when a major outbreak was recorded. Since then, the disease has persisted over the years, with co-circulation of all four serotypes (currently serotypes 1 and 2 are present). Ecuador reported 733 669 cases to PAHO between 1988 and 2021.6

Chikungunya Chikungunya virus disease emerged in Ecuador at the end of 2014, with a peak incidence in 2015 that then declined in the following years. During the period from 2014 to 2017, the country reported over 30 401 cases to PAHO.7

Pan American Health Organization. Epidemiological alerts and updates: Yellow fever. Washington, DC: PAHO; n.d. Available from: https://www.paho.org/en/epidemiological-alerts-and-updates

Pan American Health Organization. Health Information Platform for the Americas (PLISA). Dengue and severe dengue: Cases and deaths for the countries and territories of the Americas. Washington, DC: PAHO: n.d. Available from: https://www3.paho.org/data/index.php/en/mnu-topics/indicadores-dengue-nacional-en/257-dengue-casos-muertes-pais-ano-en.htm

Pan American Health Organization. Chikungunya. Data and statistics. Cumulative number of confirmed cases of Chikungunya in South America from 2013 to 2017. Washington, DC: PAHO; n.d. Available from: https://www.paho.org/en/topics/chikungunya

**Zika** The first cases of Zika were recorded in Ecuador in early 2016, with a second epidemic wave in 2017. The country reported a total of 93 803 suspected cases and 9927 confirmed cases between 2015 and 2017, and 248 confirmed congenital syndromes associated with the Zika virus.<sup>8</sup>

#### YELLOW FEVER VACCINATION<sup>9</sup> Routine childhood immunization Vaccine coverage 10 Yellow fever vaccine Yes Yellow fever vaccination coverage in children introduced in Ecuador, 2010-2021 (%) Level National 100 90 Year of introduction 2009 80 Age vaccine is 70 12 administered (months) 60 50 % Single Vaccine schedule 40 dose 30 Integration with first 20 does of measles, 10 Yes mumps, rubella vaccine 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 (MMR-1) Childhood YF vaccine coverage rate ranged from 80% to 90% over the Gap MMR-1/ yellow past decade. The gap between MMR-1 and YF vaccines has been less fever vaccine to monitor Yes than 5% in recent years. program Vaccination campaigns Catch-up campaigns implemented during the last 20 years Yes Preventive mass campaigns implemented during the last 20 years Yes Reactive vaccination campaigns implemented during the last 20 years Yes Vaccination in international travelers 11 Yes Ecuador offers YF vaccination to people traveling to at-risk countries Vaccination in internal travelers (when traveling to high-risk areas in the country) No Nominal paper immunization registry system Registration system to record vaccination data<sup>12</sup> Vaccine program funding<sup>13</sup> Sources of funding Government Gaps in financing during the past 5 years? Nο Does the country require financial support? Yes

<sup>8</sup> Pan American Health Organization. Zika cases and congenital syndrome associated with Zika virus reported by countries and territories in the Americas, 2015-2018. Cumulative cases. Washington, DC: PAHO; 2018. Available from: https://www.paho.org/en/node/60231

<sup>9</sup> Pan American Health Organization. Comprehensive Family Immunization Unit: Survey for mapping of national policies on yellow fever vaccination and their implementation. Washington, DC; PAHO, 2021. Unpublished data.

<sup>10</sup> World Health Organization. Data compiled from WHO vaccine-preventable diseases: monitoring system reported through the Joint Reporting Form. Washington, DC: PAHO; n.d. Available from: https://immunizationdata.who.int/pages/coverage/yfv.html

<sup>11</sup> See Note 9.

<sup>12</sup> Ibio

<sup>13</sup> Ibid

# INTERNATIONAL HEALTH REGULATIONS14

Does the country request proof of YF vaccination at points of entry?

No

An international YF vaccination certificate is not required to enter the country. Vaccination is recommended for all travelers to the provinces of the Ecuadorian Amazon (Morona Santiago, Napo, Orellana, Pastaza, Sucumbíos, and Zamora Chinchipe) and international travelers arriving from or leaving for countries with active YF outbreaks.<sup>15,16</sup>

LABORATORY DIAGNOSTIC CAPACITY <sup>17</sup>			SURVEILLANCE <sup>18</sup>		
Member of the Arbovirus Diagnosis Laboratory Network of the Americas	Yes		National guidelines for surveillance	Yes	
National Reference Laboratory	National Institute for Public Health Research		Type of surveillance for human cases	Syndromic and case-based	
Reports to PAHO	Yes		Type of YF surveillance for non-human primates	Yes	
TESTING CAPACITY FOR YELLOW FEVER			Entomological surveillance	Yes	
IgM antibody capture enzyme-linked immunosorbent assay (MAC-ELISA)		Yes	Entomovirological surveillance	No	
Plaque reduction neutralization test (PRNT)		No	Case investigation (reactive)	Yes	
Reverse transcription polymerase chain reaction (RT-PCR) blood specimens		YELLOW FEVER CONTROL STRATEGIES			
RT-PCR tissue specimens		Yes	Multi-annual immunization plan	Yes	
RT-PCR wild type virus versus vaccine		Yes	Risk assessment methodology <sup>19</sup>	Yes	
Immunohistochemistry		No	Vector control activities	Yes	
Virus isolation		No	Diagnosis	Yes	
External quality assessment compliance		Yes	Surveillance	Yes	
Shortages of diagnostic supplies in the last 5 years		Yes	Request for proof of YF vaccine at points of entry	No	

## **POPULATION MOVEMENTS**

There has been a large influx of migrants crossing the border from Venezuela (Bolivian Republic of) over the past few years, driven by the crisis in the neighboring country. Since 2015, around 1.15 million Venezuelan citizens have entered Ecuador and some 500 000 have settled there.

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<sup>14</sup> Ibid.

<sup>15</sup> Ministry of Health of Ecuador. Yellow fever. Quito: Government of Ecuador; n.d. Available from: https://www.salud.gob.ec/fiebre-amarilla/

<sup>16</sup> Ministry of Health of Ecuador. Requirements to enter Ecuador. Quito: Government of Ecuador. Available from: https://www.ministeriodegobierno.gob.ec/requisitos-para-ingresar-a-ecuador/

<sup>17</sup> See note 9.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.