

Earthquakes in Venezuela (M7.2 and M7.5)

Situation Report #2

June 27, 2026



HIGHLIGHTS

- On 24 June 2026, **two consecutive earthquakes (M7.2 and M7.5)** struck Yaracuy state in north-central Venezuela. Since then, the president has declared a state of emergency, with over 1,430 deaths and 3,238 injured.
- Severe and widespread damage has been reported, with the greatest concentration in the Capital District, La Guaira, Miranda, Carabobo, and Yaracuy. La Guaira, now declared a disaster area, records the highest number of affected structures and remains the focus of ongoing rescue operations.
- More than 1,423 structures have been damaged, with La Guaira the hardest hit. Maiquetía International Airport is closed, Caracas Metro and railway services are suspended, and power outages persist across multiple states (1).
- Preliminary assessments of 7 health facilities** reveal **chaotic care delivery and patient flow**, marked by overcrowding, growing surgical backlogs (trauma-orthopedics and neurosurgery), a breakdown of biosafety measures, and **staff under severe stress**. Critical gaps include the **collapse of forensic and morgue services, inadequate casualty registration and missing-persons tracking**, and structural damage compromising service continuity.
- MOH Preliminary needs** (assessments ongoing) include refrigerated trucks for dead body management; laboratory reagents to restore capacity; trauma supplies (including osteosynthesis) and ICU supplies; WASH supplies for health facilities and shelters (2) (3) and vaccines (yellow fever, measles, tetanus).
- PAHO/WHO has deployed **health and engineering assessment teams** and **completed ERES rapid assessments at 7 health facilities** (5 in Caracas, 2 in La Guaira), while supporting the Ministry of Health, Civil Protection, and the Health Cluster to align priorities, coordination of the response; and manage incoming offers of assistance. It has also activated its Regional Response Team and the Virtual CICOM, with 38 EMTs and Specialized Care Teams identified (One EMT Type 3 has arrived at La Guaira).
- In parallel, **PAHO is coordinating the procurement and delivery of vaccines, medicines, and supplies**, including a 4-ton emergency shipment from its Strategic Reserve in Panama, and medical-surgical supplies and body bags already provided to the Ministry of Health.

KEY NUMBERS

1,430

deaths¹

3,238

injured people²

3

Health Facilities are in critical condition³

6

Health Facilities report structural damage or partial functionality⁴

1

EMT arrived to La Guaira⁵

712,223

people potentially exposed⁶

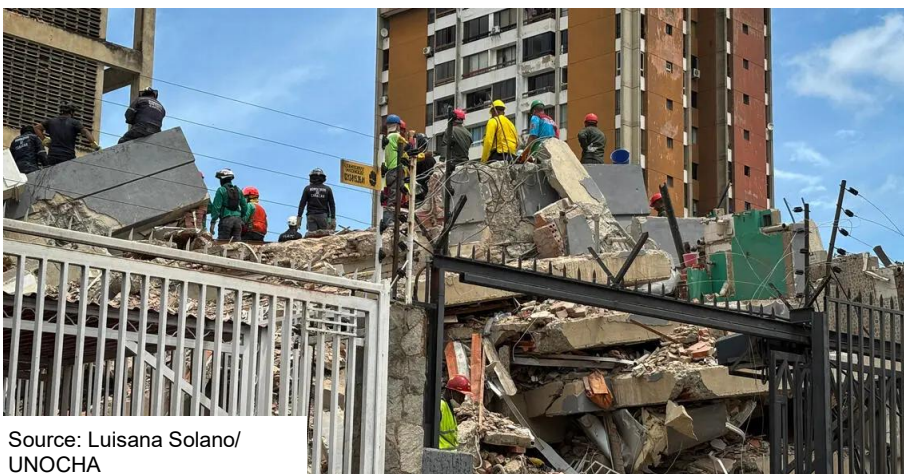
Estimated population in municipalities exposed to Mercalli intensity VI–VII.5; planning estimate, not confirmed affected population.

4 tons

PAHO emergency supplies pre-positioned⁶

Sources

- 1, 2: Official government update, June 27 1:00pm.
- 3, 4: Health Cluster: Preliminary Reports on Health Facility Operational Status
- 5: PAHO Regional/Country update
- 6: GDACS, USGS and PDC/DisasterAWARE seismic and exposure updates.



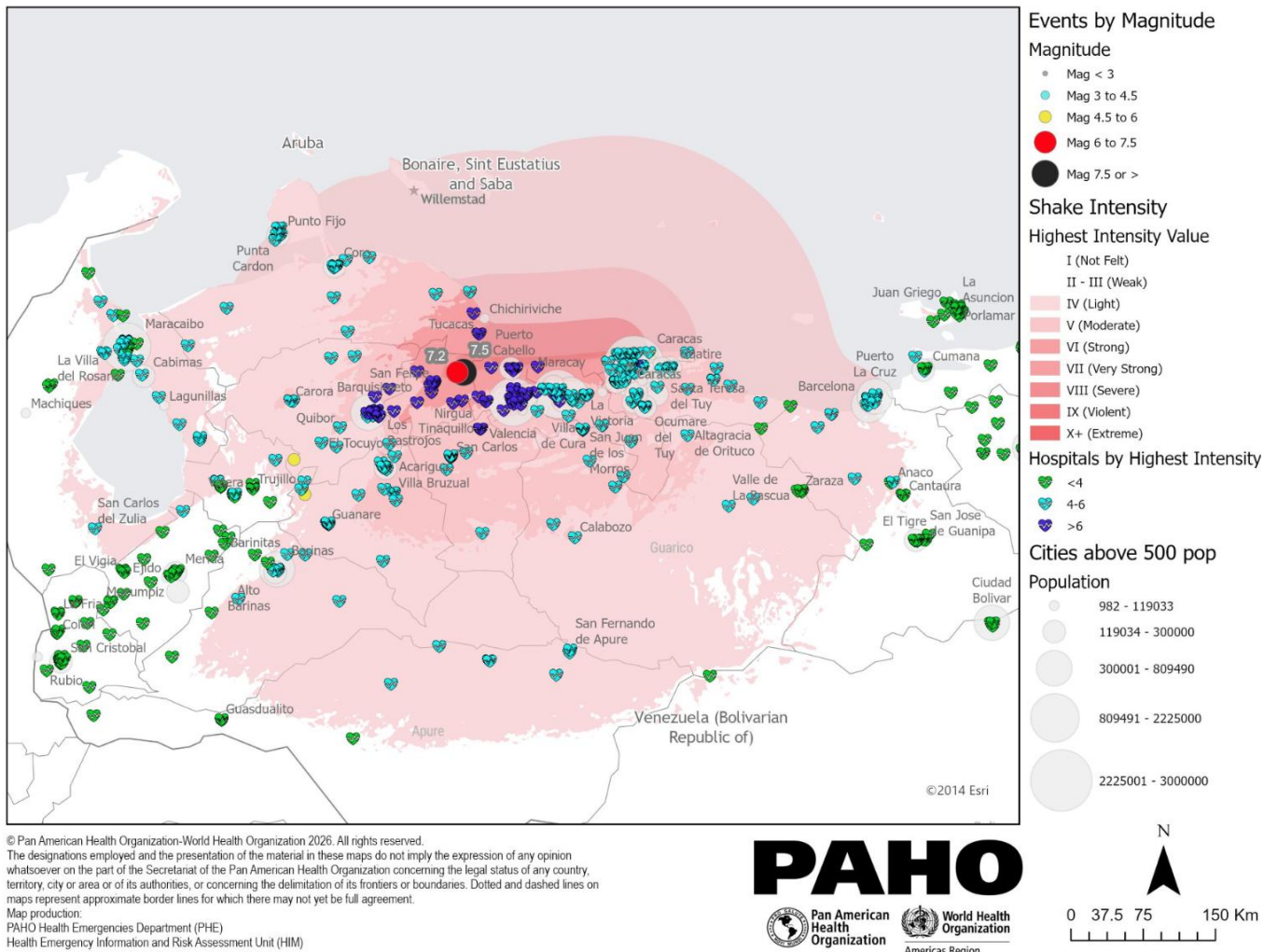
Source: Luisana Solano/
UNOCHA

Notes

Data are subject to change. Available information remains partial and is being verified by national authorities, PAHO/WHO, Civil Protection, partners and local response actors.

Casualty figures, health facility damage, hospital functionality and exposure estimates should be considered preliminary until officially confirmed.

HEALTH SITUATION (2-4)



The geospatial exposure analysis indicates that 91 hospitals are potentially exposed to Modified Mercalli Intensity (MMI) VI–VII.5 shaking, across 9 municipalities with an estimated 712,223 people potentially exposed, including approximately 64,590 children under 5 years of age and 44,014 older adults aged 65 years and above. The largest exposed populations are estimated in Puerto Cabello, San Felipe and Veroes. Within the exposed health facility network, 20 hospitals are located in areas with MMI VII or higher, including 4 hospitals in MMI VIII zones. These figures represent exposure to estimated shaking intensity and should not be interpreted as confirmed physical damage, operational disruption or service interruption. The results are being used to prioritize field verification, rapid health facility assessments and response planning. [Venezuela Hospitals \(Earthquake 2026\)](#)

As of 27 June 2026, reports on the operational status of 21 health facilities across Caracas, La Guaira, Miranda, and Falcón have been compiled from field reports submitted by Health Cluster partners. This information has not been officially verified by national health authorities and is published for operational coordination purposes only. Three facilities are in critical condition, six present structural damage or partial functionality, and the remainder are operational under significant care pressure. Seven facilities have undergone ERES rapid assessment; reports are pending.

Health Facility Status



Note: OPERATIONAL USE ONLY — Information compiled from reports submitted by health partners linked to the Health Cluster operating in the affected areas. This information HAS NOT been officially verified or confirmed by national health authorities. It is published solely for operational coordination and planning purposes. Data may contain errors, omissions, or inaccuracies. All figures and assessments should be corroborated by the competent health authorities before any official use.

#	Location	Facility Name	Preliminary Classification	ERES Rapid Assessment	Reported Situation
1	Caracas	Hospital Magallanes de Catia	Affected – partial function / high pressure	Yes – report pending	Masonry damage and pipe ruptures; multiple floors evacuated. Requests tents and emergency supplies. Receiving referrals from La Guaira.
2	Caracas	Periférico de Catia	Operational under pressure / situation consolidating	Yes – report pending	Receiving patients referred from La Guaira. No specific structural findings consolidated to date.
3	Caracas	Hospital Lídice (Dr. Jesús Yerena)	Operational / situation consolidating	Yes – report pending	Listed as available for care. No consolidated findings of damage or functional impairment.
4	Caracas	Hospital Dr. Miguel Pérez Carreño	High care demand / referral receiving center	Yes – report pending	Receiving patients including referrals from La Guaira. High demand and medical supply requirements.
5	Caracas	Hospital Domingo Luciani	Operational under high pressure / under monitoring	Yes – report pending	Initially preventively evacuated; later reported operational with water supply. High patient influx; supply needs.
6	La Guaira	Hospital Vargas IVSS / Dr. José María Vargas	Critical – overcapacity / functional & structural damage	Yes – report pending	Operating far above capacity. Care in parking lot/courtyard; floors 3–4 disabled; morgue overwhelmed; critical supply shortages.
7	La Guaira	Periférico de Pariata	Critical – patient overload / verification pending	Yes – report pending	Overloaded by patient influx. Official functionality verification required.

					Direct communication not always achieved.
8	Caracas	Hospital Militar Dr. Carlos Arvelo	High specialized demand – trauma & neurosurgery	No	High volume of trauma and neurosurgical patients. Deploys mobile clinic in La Guaira.
9	La Guaira	Military Hospital Mobile Clinic (Los Corales)	Active care point / limited capacity	No	Primary care and polytrauma. ~150 persons attended at time of visit. Refers complex cases to Caracas.
10	Caracas	Hospital Dr. Francisco Antonio Rísquez	Structural damage reported / verification pending	No	Wing collapse on lower floor reported. Evacuated. Urgent structural assessment required.
11	Caracas	Hospital Pérez de León I / II	Operational under high care pressure	No	High emergency patient influx; stretchers in external areas. No structural damage reported. Supply needs.
12	Caracas	Hospital Materno Infantil de Petare	Care overload – maternal & child health	No	High influx of pregnant women and children. Services collapsed. No structural damage reported.
13	Caracas	Maternidad Concepción Palacios	Essential service affected / partial function	No	Partial evacuations, care in limited areas, transport difficulties, water and supply needs.
14	Caracas	Hospital de Niños J.M. de los Ríos	Pediatric service affected / emergencies only	No	Some structural damage reported; care restricted to emergencies. Water supply required.
15	Caracas	Clínica Ávila	Structural damage reported / functionality uncertain	No	Severe structural damage reported. Pending official confirmation and urgent functionality verification.
16	La Guaira	Hospital Materno Infantil de Macuto	Partial function / requires support	No	Reported operational but with collapsed service areas. Supply needs.
17	La Guaira	Ambulatorio Tipo II La Guaira	Not operational or severely limited	No	No electricity; very limited or no operational capacity. Low patient attendance observed.
18	Miranda / Los Teques	Hospital Victorino Santaella Ruiz	Critical – structural damage & functional collapse	No	Evacuated by authorities. Structural damage in internal and external walls. Staff and supply shortages.
19	Miranda / Guarenas	IVSS Dr. Luis Salazar Domínguez	High care pressure / supply needs	No	High patient influx, space reorganization, supply needs.
20	Falcón / Tucacas	Hospital Dr. Lino Arévalo	Saturated / limited local capacity	No	Only public health facility in the area. Saturated by the emergency. Trauma supplies and timely referral required.
21	Caracas	Hospital Oncológico Luis Razetti	Affected / verification pending	No	Infrastructure damage reported. Functional impact pending further verification.

- **Preliminary findings from the ERES rapid assessments** carried out in seven health facilities highlighted the following challenges:
 - **Chaos in care delivery and patient flow**, with overcrowded services and specific supply shortages.
 - Growing surgical waiting lists, primarily in trauma-orthopedics and neurosurgery.
 - Breakdown of biosafety measures.
 - **Health personnel are under stress and pressure**. Mental health and psychosocial support (MHPSS) are urgently needed.
 - **Large numbers of bodies remain exposed to the elements amid the collapse of forensic services**, which are operating under precarious conditions. Refrigerated trucks and improved storage facilities are being arranged to manage human remains in Caracas and other affected states.
 - **Inadequate casualty registration and patient tracking** reported across health facilities, including the recording of fatalities, injuries, and patient transfers and a centralized report of missing persons.
 - Health facilities not directly engaged in the emergency response have nonetheless sustained damage that is compromising service continuity.
 - Needs related to shelters for evacuated populations.
 - Chaos in the management of donations at collection points.
- **Multiple health workers in La Guaira remain missing following the earthquake**, including the official responsible for the entire maternal care pathway in the area. This has created a critical gap in obstetric care and partially explains the lack of information on the status of pregnant women, while also undermining the capacity to quantify and register cases.

SHELTERS (1,3)

- Temporary shelters have been established, including the Macuto baseball stadium in La Guaira and five sites in Caracas.
- Large displaced population, concentrated mainly in La Guaira, facing elevated health risks due to low pre-event vaccination coverage and limited current access to vaccines (tetanus, measles, yellow fever).

PRIORITY HEALTH RISKS AND NEEDS

HEALTH RISKS (5):

- Venezuela's protracted **humanitarian crisis has severely weakened the health system**, driving widespread **medicine shortages** – reflected in a 37% shortage index for hospital emergency supplies as of September 2024 – alongside **deteriorating service quality, critical staffing gaps and limited access to diagnostic and imaging services**.
- **Many hospitals cannot sustain essential services**—water, power, and medical gas—for 72 hours during outages, and no contingency plans have been reported.
- From an epidemiological perspective, Venezuela faces substantial public health threats, including

the re-emergence of vaccine-preventable diseases such as measles, diphtheria, and pertussis, driven by insufficient immunization coverage. In addition, vector-borne diseases—including dengue, chikungunya, Zika, Oropouche, malaria, and yellow fever—remain significant and persistent health challenges.

- Given the pre-existing fragility of the health system and the protracted humanitarian emergency in Venezuela, the earthquake is likely to drive additional requests for support, including emergency medical supplies, trauma care, health facility assessments, and operational coordination.

HEALTH NEEDS (2,3):

Preliminary needs identified by PAHO Country Office:

Official damage and needs assessment are still ongoing.

- Critical trauma care: procure osteosynthesis materials, required medical equipment, and intensive care packages.
- Diagnostic support: provide medical equipment, clinical laboratory reagents, and imaging support.
- Blood bank: strengthen services with reagents, disposable materials, service organization, and blood donation campaigns.
- Management of deceased persons: identify and procure 10,000 body bags.
- WASH: urgently provide WASH supplies for hospitals and shelters.
- Immunization and disease control: accelerate ongoing vaccination activities, including Td toxoid, MMR/MR, and pentavalent vaccine.

Additional health needs identified through field and partner reports:

- **Rapid health facility functionality and structural assessments**, prioritizing La Guaira, Gran Caracas, Miranda, Carabobo, Zulia, Falcón and Aragua, including emergency departments, operating theatres, inpatient beds, water, electricity, oxygen, fuel, telecommunications and referral capacity.
- **Expansion of emergency care capacity**, including tents, temporary triage areas, stabilization points and field medical capacity to decongest overwhelmed hospitals, especially in La Guaira and Gran Caracas.
- **Ambulance services and referral pathways**, including support for safe patient transfer, patient distribution across the public and private network, and referral of trauma, surgical, neurosurgical, obstetric and critical care patients.
- **Essential medicines and emergency medical supplies**, including analgesics, broad-spectrum IV antibiotics, IV fluids, catheters, syringes, dressings, bandages, plaster, burn supplies, gloves and other consumables.
- **Continuity of essential health services**, including emergency care, maternal and newborn care, dialysis, chronic disease care, oncology services, mental health and psychosocial support, and disease surveillance.
- **WASH and essential services in health facilities and shelters**, including safe water, sanitation, hygiene, waste management, electricity, fuel and infection prevention and control.
- **Mental health and psychosocial support**, including psychological first aid and referral pathways for affected people, families of missing persons, displaced populations, health workers and first responders.

- **Restoring family links and protection-related health coordination**, especially in La Guaira and other areas with reports of missing persons, to link hospitals, shelters, morgues, emergency services and protection actors.

EMERGENCY RESPONSE

PAHO/WHO RESPONSE ACTIONS:

PAHO/WHO is supporting national authorities and the health sector response through technical cooperation, coordination, information management and readiness for additional surge support. Priority support actions include:

COORDINATION:

- PAHO/WHO is supporting coordination with the Ministry of Health, Civil Protection, the Health Cluster and health partners to align response priorities, consolidate information and avoid duplication.
- PAHO is also engaging with neighboring countries and regional counterparts to explore potential health-related donations and support, according to identified needs and national requests.
- In coordination with the government and the United Nations, PAHO is helping strengthen the overall response and the management of incoming offers of assistance.
- PAHO's Country Office in Venezuela activated its Rapid Response Team and the Incident Management System (IMS) and deployed technical assessment teams on health and engineering. As part of this response, it maintains permanent coordination with the Caracas command center, with a focal point for the La Guaira command center to be designated shortly.
- **Health Cluster** partners are being convened to review the situation and staff duty of care, stand up a consolidated health information cell, update 3W/4W mapping, identify priority needs and gaps, and launch rapid health facility assessments in affected states.
PAHO has initiated the deployment of **Regional Response Team** specialists to support health coordination, hospital safety, mass casualty management and trauma care, logistics, information management, risk communication, MHPSS, and WASH.

CLINICAL CARE:

- Geospatial analysis of potentially affected hospitals is underway, based on Copernicus Emergency Management Service satellite imagery, to classify apparent structural damage, identify priority facilities for field verification, and inform service-impact analysis and response planning. [Venezuela Hospitals \(Earthquake 2026\)](#)
- PAHO is supporting the Ministry of Health through rapid health facility assessments and needs analysis, cross-referencing data to identify required supplies and actions. In parallel, support is being provided to health facilities to strengthen registration processes for patients, injuries, fatalities, and transfers.
- To date, assessments have been completed at 7 health facilities (5 in Caracas and 2 in La Guaira), focusing on structural damage, emergency care flows (laboratory and imaging), prehospital coordination, and supply inventory.
- **Emergency Medical Teams readiness:** At the request of the Ministry of Health, the Virtual CICOM (Coordination Cell) was activated on Friday, 26 June, with PAHO technical support, to process offers and coordinate the mobilization of EMTs.
 - One EMT Type 3 (Samaritan's Purse) is en route, with arrival expected on Saturday, 27 June. A further 37 EMTs and Specialized Care Teams have been made available, as detailed below:

As of 27 June 2026 — 38 teams total (1 arrived, 3 confirmed, 5 ready if accepted, 9 stand-by, 20 monitoring)

Status	Quantity	Teams — Name (Country) – Capability
Arrived	1	Samaritan's Purse (USA) – Type 3
Confirmed & Ready to Deploy	3	AECID (Spain) – Type 1 Fixed; Johanniter (Germany) – Type 1 Fixed/Mobile; Lithuanian EMT (Lithuania) – Type 1 Mobile
Ready to Deploy if Accepted	5	ISAR (Germany) – Type 1 Mobile; MINSAL (Dominican Republic) – Type 1 Fixed; BHSR (Colombia) – Type 1 Fixed; Barbados Defence Force (Barbados) – Type 2; SDC (Switzerland) – RMNCH Rapid Care Team
Stand-by	9	Humanity First (Canada); UK MED (UK) – Type 1; UK EMT (UK) – Type 2/Type 1; UK EMT (UK) – Rehabilitation SCT; Peace Winds (Japan); SAMU Response (USA/Spain); Team Rubicon (USA); Secouristes Sans Frontières (France); IMC (USA)
Monitoring	20	ASB (Germany); PCPM (Poland); Czech EMT (Czechia); INEM (Portugal); RescueNET International (Netherlands); CMAT (Canada); Massachusetts General Hospital (USA) – Surgical SCT; Massachusetts General Hospital (USA) – Dialysis SCT; TMAT (Japan); Korea Disaster Relief Team (South Korea); EMERCOM Field Hospital (Russia); EMT2 Toscana (Italy) – Type 2; CCSS (Costa Rica); MEDAR (France); Humanity & Inclusion (France) – Rehabilitation SCT; MINSA (Peru); Heart to Heart International (USA); Salamandra Operaciones Especiales (Colombia) – Surgical SCT; SAMUR-PC (Spain); Save the Children (UK) – RMNCH

SCT = Specialized Care Team; RMNCH = Reproductive, Maternal, Newborn & Child Health.

- PAHO/WHO is supporting the identification of urgent needs related to triage, mass casualty management, trauma care, surgical and neurosurgical capacity, referral pathways, ambulance services and patient distribution across the public and private network.
- PAHO is working with the Ministry of Health to establish a patient coordination center, with private-sector support, to streamline patient flow and enable more accurate patient allocation

COUNTERMEASURES/ LOGISTICS:

- PAHO/WHO is coordinating the procurement and delivery of vaccines, medicines, and essential supplies to meet the needs of at-risk populations.
- PAHO's Strategic Reserve in Panama has readied an emergency shipment of 4 tons of supplies, comprising of essential medical trauma kits, medicines and supplies, as well as field equipment—including rapid deployment backpacks, personal protective gear, shelter items, lighting, water purification supplies, and basic medical and survival tools—designed to enable immediate response in crisis conditions
- PAHO Country Office in Venezuela has provided the Ministry of Health with medical-surgical supplies, body bags and technical advice on mass casualty management.
- In coordination with the Ministry of Health, PAHO is channeling offers from neighboring countries to facilitate the Ministry's receipt of supplies and ensure adherence to the necessary quality standards.

REFERENCES:

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Earthquakes – Venezuela: Situation report no. 3. 26 June 2026. [Cited 27june]. Available from: <https://reliefweb.int/report/venezuela-bolivarian-republic/earthquakes-venezuela-situation-report-no-3-26-june-2026-time-300-pm>
2. Pan American Health Organization. Venezuela Earthquake Response Coordination Meeting #1, 26 June 2026. Caracas: PAHO; 2026. Unpublished
3. Pan American Health Organization. Venezuela Earthquake Response Coordination Meeting #2, 27 June 2026. Caracas: PAHO; 2026. Unpublished
4. Global Health Cluster. Earthquake Emergency Response Coordination Meeting, 26 June 2026. Caracas: GHC. Unpublished.
5. Pan American Health Organization. Public Health Situation Analysis: Venezuela. Washington DC: PAHO:2026. Unpublished