

## HIGHLIGHTS

- On 24 June 2026, **two consecutive earthquakes (M7.2 and M7.5)** struck Yaracuy state in north-central Venezuela with ~3.9 million people exposed to severe shaking.
- **The earthquake was felt across several states**, including Miranda, Aragua, Yaracuy, Lara, Mérida, Falcón, Carabobo, La Guaira and the Capital District. **La Guaira may be among the worst affected** –with multiple collapsed buildings, ongoing search and rescue, and a disaster-area declaration – while collapsed buildings and damaged infrastructure are also reported in parts of Caracas and Miranda. Assessments are still ongoing
- Venezuela's Acting President, Delcy Rodríguez, has **declared a state of emergency** and reported on Thursday that **164 deaths and 971 injuries had been registered** following the two major earthquakes.
- **The public and private health networks have reportedly been mobilized to provide immediate care to injured people (including 20 public and private health facilities in Gran Caracas)**. Reported disruptions to electricity, water, domestic gas, transport systems and telecommunications in affected areas may further affect health service continuity, emergency referrals, hospital operations, ambulance dispatch, referral pathways and coordination.
- The Simon Bolivar **International Airport was reportedly seriously affected and is currently closed**.
- Authorities have reportedly suspended school activities and non-essential work in affected areas to facilitate response, some hotels have been turned into shelters available for those displaced or with structurally unsafe homes, and activated a national crisis management mechanism.
- The **main risks** at this stage remain **structural collapse, aftershocks, trauma injuries, disruption of health services, damage to health facilities, interruptions to power, water and connectivity, access constraints**.
- PAHO/WHO staff are reported safe, and the PAHO office withstood the earthquake.
- PAHO/WHO is supporting health sector coordination with the Ministry of Health, Civil Protection and the Health Cluster—convening partners, supporting evaluations, mapping partner presence and capacity, and engaging regional counterparts on potential donations. It is supporting rapid health facility functionality and damage assessments and identification of urgent needs for medicines, supplies, oxygen, fuel and other critical response needs. The PAHO Regional Response Team is on standby, with specialists identified for potential deployment across coordination, hospital safety, mass casualty care, logistics and other key areas.

## KEY NUMBERS

**164 deaths** <sup>1</sup>

**971 injured people** <sup>2</sup>

**30 aftershocks** <sup>3</sup>

**GDACS Red Alert**

*Event classified as Red Alert.*

**91 emergency hospitals potentially exposed** <sup>4</sup>

*Located in areas exposed to Mercalli intensity VI or above; exposure estimate, not confirmed damage.*

**20 emergency hospitals exposed to intensity VII or above** <sup>5</sup>

*Located mainly in Carabobo and Yaracuy; priority for rapid functionality and damage assessment.*

**712,223 people potentially exposed** <sup>6</sup>

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

**Priority areas for verification**

*La Guaira, Capital District/Caracas, Miranda, Aragua, Carabobo, Falcón, Zulia, Yaracuy and Lara.*

**46 Health Cluster partners** <sup>7</sup>

*Available sectoral coordination capacity.*

### Sources

1, 2,3: Ministry of Health of Venezuela official statement, 25 June 2026.

4,5,6: PAHO/WHO earthquake exposure analysis, 25 June 2026.

7: Venezuela Health Cluster / PAHO-WHO operational updates.

- GDACS, USGS and PDC/DisasterAWARE seismic and exposure updates.

- Media and partner reports, pending verification.

### Notes

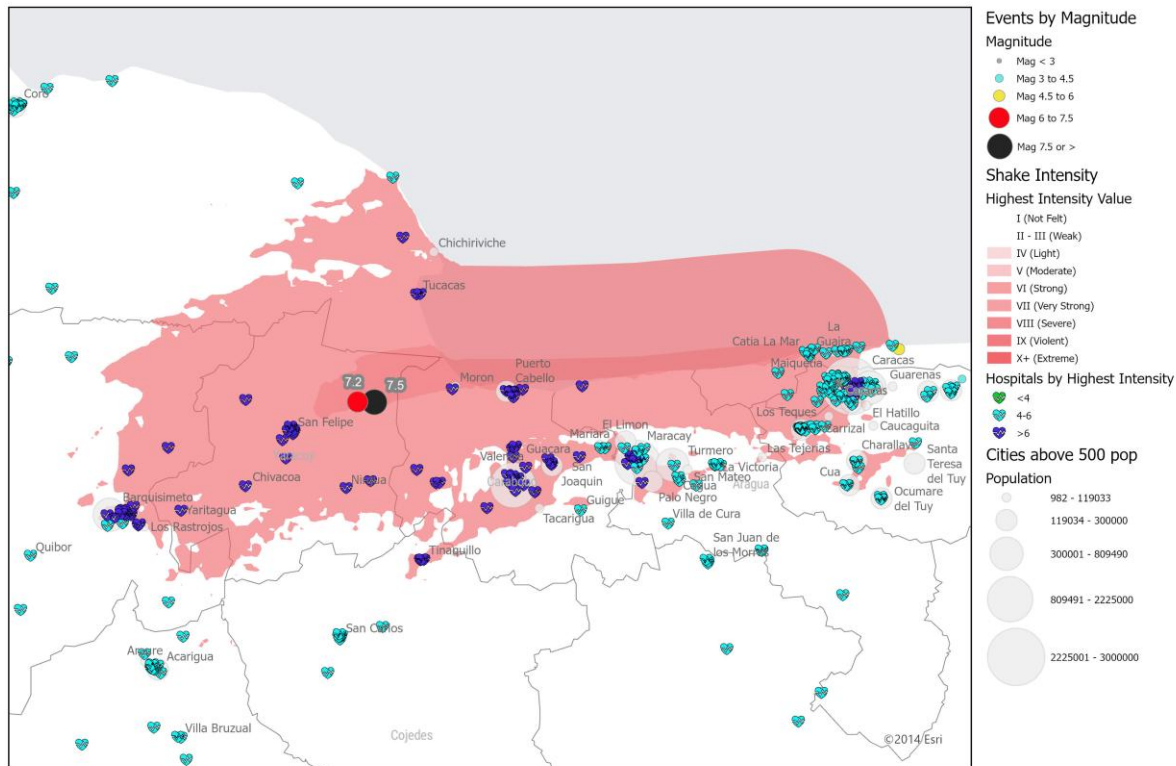
Data are subject to change. Available information remains partial and is being verified by national authorities, PAHO/WHO, Civil Protection, partners and local response actors.

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

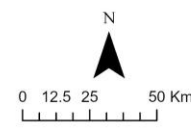
## 2. Health situation and preliminary impact

- The health system and all public health facilities have been activated nationwide, with special emphasis on the Capital District and the states of La Guaira, Miranda, Aragua, Carabobo and Falcón.
- National authorities have reported 164 deaths, 971 injured people and 30 aftershocks following the two main earthquakes. These figures continue to evolve as search and rescue operations, patient care and damage assessments continue.
- Preliminary PAHO exposure analysis estimates that 91 emergency hospitals are in areas exposed to Mercalli intensity VI or above, including 20 hospitals exposed to intensity VII or higher, mainly in Carabobo and Yaracuy. The analysis also estimates 712,223 people potentially exposed in 9 municipalities affected by Mercalli intensity VI–VII.5. These figures are intended for planning and prioritization purposes and do not represent confirmed damage or confirmed affected population.

Mercalli intensity scale	Hospitals	Municipalities	Places > 500
<b>Mercalli intensity – 6-7.5</b> Damage negligible in buildings of good design and construction; slight to moderate in well-built ordinary structures; considerable damage in poorly built or badly designed structures; some chimneys broken. Felt by all, many frightened. Some heavy furniture moved; a few instances of fallen plaster. Damage slight.	91	9 (712,223 people)	3 (Moron, San Felipe, Puerto Cabello)



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 Map production:  
 PAHO Health Emergencies Department (PHE)  
 Health Emergency Information and Risk Assessment Unit (HIM)



- The concentration of hospitals and exposed populations along the north-central corridor supports prioritization of rapid health facility functionality and damage assessments, particularly in Carabobo, Yaracuy, Aragua, Falcón, Lara, Miranda, the Capital District and La Guaira.

The table below summarizes the number of hospitals by state according to the highest Modified Mercalli Intensity (MMI) experienced during the earthquake, representing the maximum level of ground shaking estimated for each hospital location.

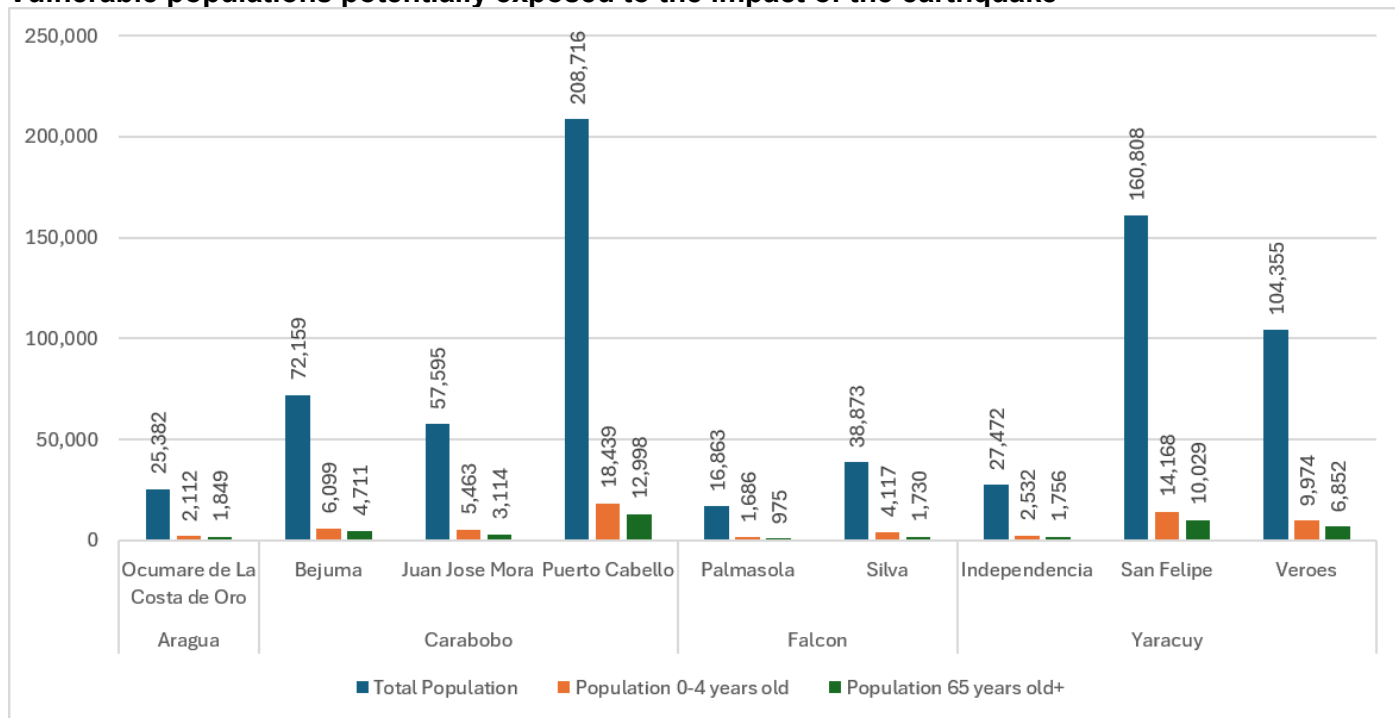
Number of emergency hospitals by major intensity (intensity 6 and above)

Major intensity	State	Total
8	Carabobo	1
	Yaracuy	3
subtotal intensity 8		4
7	Carabobo	9
	Yaracuy	7
subtotal intensity 7		16
6	Aragua	10
	Carabobo	26
	Cojedes	4
	Distrito Capital	1
	Falcon	3
	Lara	16
	Miranda	7
Yaracuy	4	
subtotal intensity 6		71
Grand Total		91

Hospital list by major intensity (7 and above)

Hospital name	State	Municipality	Major intensity
Hospital Tipo II de Moron	Carabobo	Juan Jose Mora	8
Grupo Medico Carmelita	Yaracuy	Independencia	8
Clinica de Especialidades Medico Quirurgicas	Yaracuy	San Felipe	8
Hospital Pediatrico Divino Nino Jesus	Yaracuy	San Felipe	8
Hospital Tipo III Naval Dr. Manuel Francisco Isnardi	Carabobo		7
Clinica Guerra Mas	Carabobo	Puerto Cabello	7
Hospital Tipo III Dr. Adolfo Prince Lara	Carabobo	Puerto Cabello	7
Clinica San Agustin	Carabobo	Puerto Cabello	7
Hospitales Tipo III Jose F Molina Sierra	Carabobo	Puerto Cabello	7
CDI Del Terminal	Carabobo	Puerto Cabello	7
Clinica Miranda	Carabobo	Puerto Cabello	7
Policlinica Central	Carabobo	Puerto Cabello	7
Policlinico Urdaneta	Carabobo	Puerto Cabello	7
Hospital Tipo I Jose Elias Landines	Yaracuy	Bolivar	7
CLINICA BORAURE	Yaracuy	La Trinidad	7
Inst. Nacional de Servicios Sociales INASS Monsenor Tomas	Yaracuy	Cocorote	7
Clinica Yurubi (Clinica IMD)	Yaracuy	San Felipe	7
Clinica I.E.Q San Ignacio	Yaracuy	Independencia	7
Hospital Tipo III Dr Placido Daniel Rodriguez	Yaracuy	San Felipe	7
Hospital Tipo II Fundacion Niño Jesus - Pediatrico de Yaracuy	Yaracuy	San Felipe	7

Vulnerable populations potentially exposed to the impact of the earthquake



The following are preliminary reports of specific impacts and operational pressures affecting selected health facilities, which require official confirmation and technical verification.

### Capital District / Gran Caracas

- Eight public hospitals and 12 private health facilities have been made available to provide triage, evaluation, treatment, and hospitalization for the affected population.

PUBLIC HEALTH FACILITIES	PRIVATE HEALTH FACILITIES
Hospital Vargas de Caracas	Clínica Santa Sofía
El Algodonal (Antimano)	Centro Médico Docente La Trinidad
Hospital de Lídice	Hospital de Clínicas Caracas
Periférico de Catia	Fénix Salud
Hospital de Los Magallanes de Catia	Clínica Ávila
Hospital Militar Dr. Carlos Arvelo	Clínica La Floresta
Hospital Domingo Luciani (El Llanito)	Sanatrix
Hospital Pérez de León II (Petare)	Urológico San Román
	Policlínica Metropolitana
	Clínica Loira
	Venemergencia

- Domingo Luciani Hospital was evacuated as a precaution and is under technical assessment but was later listed by the Ministry of Health among public hospitals available for care.
- The Military Hospital Dr. Carlos Arvelo is reportedly receiving a high number of trauma and neurosurgical patients.
- Media reports suggest possible damage to Hospital Dr. Francisco Antonio Rísquez (Cotiza) and severe structural damage to Clínica Ávila, a private facility—both requiring official confirmation and urgent verification of functionality.

### La Guaira

- La Guaira is reported as one of the most affected areas, with collapsed buildings, ongoing search and rescue operations, and high pressure on health services.
- Vargas Hospital in La Guaira is reportedly receiving a high influx of patients and operating beyond capacity, while Pariata Hospital is reportedly overwhelmed by patient demand. Official assessment of hospital functionality and capacity is needed.

### Zulia / Maracaibo

- At least three hospitals have reported some level of structural damage. No total hospital collapse has been reported so far.
- Detailed functionality and capacity assessments are ongoing.

### Carabobo / Valencia

- Unofficial reports suggest the main hospital in Valencia may have been affected, though assessment is ongoing.

### Other affected states

The earthquake was felt across several states, including Miranda, Aragua, Yaracuy, Lara, Mérida, Falcón, Carabobo, La Guaira and the Capital District. Additional reports of structural damage and health service disruption may emerge as local assessments progress.

## 3. Health Cluster coordination

- Venezuela's Health Cluster, with PAHO/WHO support and coordination with the Global Health Cluster, is monitoring the situation and maintaining contact with health authorities, partners, Civil Protection and regional response structures.
- The Health Cluster is prioritizing the verification of health sector information—facility functionality and structural status, trauma and emergency care capacity, referral pathways, ambulance services, and continuity of essential services—alongside mapping partner presence and capacity in affected states, identifying gaps, and supporting a coordinated response aligned with national priorities.
- Neighboring countries, regional response teams and PAHO's Strategic Reserve stockpiles are on standby and ready to support if required.

#### 4. Priority health risks and needs

##### Health risks:

- 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.

##### Immediate health priorities:

- **Mass casualty management and trauma care:** Strengthen triage, emergency care, surgical capacity, referral pathways and management of injured people, particularly in areas with collapsed buildings and ongoing search and rescue operations.
- **Health facility functionality and structural safety:** Rapidly assess hospitals and priority health facilities in affected states, including structural safety, emergency department capacity, operating theatres, inpatient beds, blood supply, oxygen, water, electricity, fuel, telecommunications and availability of essential medicines.
- **Continuity of essential health services:** Maintain critical services, including emergency care, maternal and newborn care, dialysis, chronic disease treatment, emergency surgery, mental health and psychosocial support, and disease surveillance.
- **Ambulance services and referral routes:** Verify ambulance capacity, road access, referral pathways and transport constraints, particularly in areas with debris, damaged buildings or disrupted transport infrastructure.

- **Medical supplies and logistics:** Identify urgent needs for trauma supplies, surgical materials, emergency health kits, medicines, PPE, oxygen, fuel and other critical supplies, and coordinate potential replenishment and transport.<sup>1</sup>
- **Public health risks in shelters and evacuation sites:** Monitor WASH conditions, overcrowding, access to basic health care, continuity of treatment for chronic patients, and risk communication needs in temporary shelters and gathering points.
- **Risk communication and community guidance:** Support clear messaging on aftershocks, safe evacuation, avoiding damaged structures, when and where to seek emergency care, and how to report missing persons or urgent health needs.

## 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:

- **Health sector coordination:** Support coordination with the Ministry of Health, Civil Protection, the Health Cluster and health partners to align response priorities, consolidate information and avoid duplication. PAHO/WHO is also engaging with neighboring countries and regional counterparts to explore potential health-related donations and support, according to identified needs and national requests.
- **Health Cluster coordination:** Convene a Health Cluster partner meeting to review the evolving situation, address duty of care for partner organizations' staff, establish a consolidated health sector information cell, compile and verify updates from PAHO/WHO, the Ministry of Health, Civil Protection and partners, update the 3W/4W partner presence and operational capacity mapping, identify immediate health needs and gaps in affected areas, and launch a rapid health facility functionality and damage assessment covering priority affected states.
- **Partner capacity mapping:** Update partner presence, operational capacity and available stocks in affected areas to support a coordinated health response.
- **Emergency, trauma and specialized care:** Support 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.
- **Medical supplies and logistics:** Help identify urgent needs for medicines, trauma supplies, surgical materials, oxygen, emergency health kits, fuel and other critical inputs, and coordinate with logistics actors and strategic stockpiles if additional support is requested.
- **Regional surge readiness:** PAHO Regional Response Team is on standby and specialists have been identified and could be made available for deployment if requested, including experts in health emergency coordination, hospital functionality and structural safety assessment, mass casualty management, trauma and emergency care, logistics and medical supplies, information management, risk communication, mental health and psychosocial support, WASH in health facilities, and continuity of essential health services.
- **Emergency Medical Teams readiness:** PAHO/WHO is monitoring the availability of regional and international Emergency Medical Teams (EMTs) to support the response, in coordination with national authorities and subject to formal request. As of 25 June 2026, 21 EMTs from 15 countries have been identified, including 3 teams ready to deploy, 5 teams on stand-by and 13 teams under monitoring. Available capacities include Type 1 fixed and mobile teams, Type 2 teams, one Type 3 team and one specialized rehabilitation/specialized care team.

Status	Number of teams	Teams / organizations
Ready to deploy	3	Samaritan’s Purse (USA); Dominican Republic MoH T1F; BHSR Colombia T1F
Stand-by	5	Humanity First (Canada); UK-Med T1F; UK EMT; UK EMT Rehabilitation/SCT; Peace Winds Japan
Monitoring	13	AECID; ASB Germany; PCPM Poland; Czech EMT; Portuguese EMT; Johanniter; CMAT; Massachusetts General Hospital; ISAR Germany; TMAT Japan; Korea Disaster Relief Team; Lithuanian EMT; EMERCOM Russia; EMT2 Toscana*
Total identified	21	EMTs from 15 countries

### PAHO/WHO Upcoming Priority Actions

- **Information management and verification:** Support the consolidation and verification of health sector information, including affected areas, health facility status, patient influx, service disruptions, operational constraints and priority gaps.
- **Hospital assessment:** Support rapid assessment of health facility functionality, capacity and structural integrity.
- **Support the continuity of essential health services:** Monitor and support the continuity of critical services, including emergency care, maternal and newborn care, dialysis, chronic disease treatment, mental health and psychosocial support, and disease surveillance.
- **Risk communication:** Support public health messaging on aftershocks, safe evacuation, avoiding damaged structures, where and when to seek care, and how to report urgent health needs.