10 July 2026

Public Health Situation Analysis of Venezuela (Bolivarian Republic of)

As of July 10, 2026

Type of emergency

Earthquake

Major health risks

- ✓ Injuries
- ✓ Acute diarrheal diseases
- ✓ Mental health/ psychosocial conditions
- ✓ Influenza, SARS-CoV-2, RSV, and other respiratory viruses
- ✓ Vaccine-preventable diseases (measles, diphtheria, pertussis)
- ✓ Sexually transmitted diseases
- ✓ Skin infections (scabies)
- ✓ Diseases transmitted by vectors and rodents
- ✓ Non-Communicable Diseases (NCDs)

Other health issues

- ✓ Malnutrition and child health
- ✓ Maternal mortality
- ✓ Sexual and reproductive health
- ✓ Tuberculosis
- ✓ Violence and civil unrest
- ✓ Cholera
- ✓ Human rabies transmitted by dogs
- ✓ Poisoning from snake bites and other venomous animals

CONTEXT

Summary of the impact of the 24 June 2026 earthquakes in Venezuela (as of 5 July 2026)

3,342	16,740	6,462	17,345	3
DEATHS	INJURIES	RESCUED	PEOPLE LOST THEIR HOME	HEALTH FACILITIES REPORTED STRUCTURAL DAMAGES

Source: Pan American Health Organization (PAHO). Situation Report No.4: Earthquakes in Venezuela 2026 (M7.2 and M7.5). Washington: PAHO; 2026. Available from: https://www.paho.org/en/documents/situation-report-no4-earthquakes-venezuela-2026-m72-and-m75 (1)

The Bolivarian Republic of Venezuela (hereinafter "Venezuela") entered 2026 with pre-existing socioeconomic and humanitarian vulnerabilities that continue to affect population health and the resilience of essential services. Although some macroeconomic indicators showed modest improvement in recent years, millions of people continue to face difficulties accessing health care, safe water, food, and other basic services (2). These underlying conditions have increased the country's vulnerability to the health impacts of emergencies and disasters.

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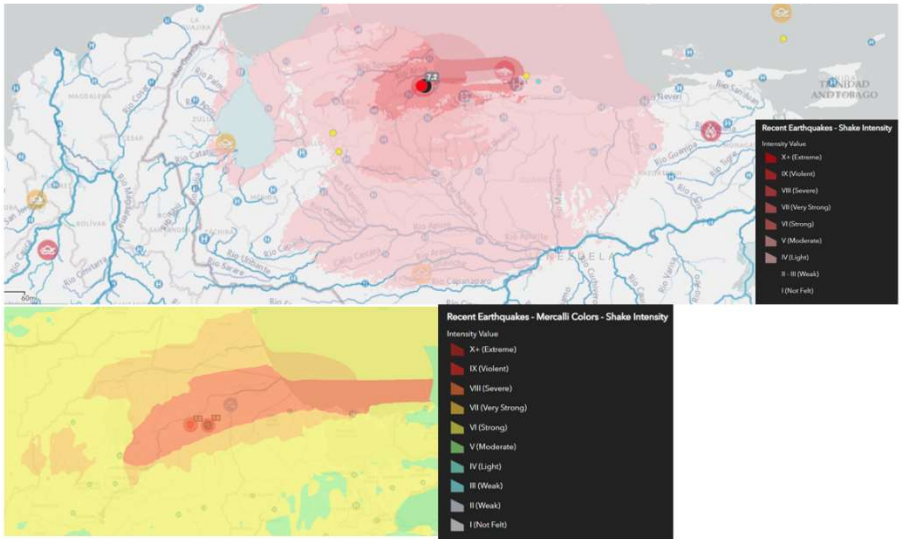
On 24 June 2026, two powerful earthquakes of magnitude 7.2 and 7.5 struck northern Venezuela within less than one minute of each other, with epicentres located west of Caracas near the states of Yaracuy and Carabobo. The earthquakes generated very strong to violent ground shaking across a densely populated corridor, causing widespread damage to homes, health facilities, transport infrastructure, and essential services. As of 5 July 2026, official reports indicate more than 3,300 deaths, over 16,700 injuries, approximately 17,300 people displaced after losing their homes, and more than 6,400 people rescued. Three health facilities have been reported as damaged, while damage assessments continue in the affected areas. Numerous aftershocks followed the main event, further complicating emergency response and recovery efforts (3,4).

Figure 1 Geographic location and of Venezuela earthquakes with shake intensity extent



Source: Pan American Health Organization (PAHO). *Near Real-Time Natural Hazards in the Americas* (ArcGIS Online web application); Washington, D.C.: OPS, 2026. Available from: https://www.arcgis.com/apps/webappviewer/index.html?id=bbb6909009994e60a025549b02e8e07c (73)

The most severely affected areas include La Guaira, the Capital District, Miranda, Carabobo, Yaracuy, and Aragua, where damage to housing, public infrastructure, health facilities, and lifelines has disrupted access to essential services. Search and rescue operations have progressively transitioned towards humanitarian assistance and early recovery activities, while thousands of people remain in temporary shelters or other displacement settings (1).

The earthquakes occurred in the context of an already fragile health and humanitarian situation, placing additional pressure on health services and critical infrastructure. Damage to transport infrastructure, electricity, water supply, and telecommunications has affected the continuity of health services, referral pathways, supply chains, and access to affected communities. The combination of widespread infrastructure damage, population displacement, and disruption of basic services has generated substantial humanitarian and public health needs requiring sustained national and international support (2).

From an epidemiological standpoint, Venezuela faces significant public health risks, including the resurgence of vaccine-preventable diseases such as measles, diphtheria, and pertussis, associated with suboptimal vaccination coverage (5). Vector-borne diseases such as dengue, chikungunya, Zika, Oropouche, malaria, and yellow fever continue to pose a significant health challenge. (6–10). Malnutrition is a serious problem, especially among children, due to widespread food insecurity (11,12). Noncommunicable diseases, such as cardiovascular disease, cancer, and diabetes, are causing an increase in mortality (13). Mental health is deteriorating, partly due to current living conditions and is expected to be further affected by the psychological consequences of the earthquake, including displacement, bereavement, and disruption of social support networks.(14,15). In 2019, depressive disorders accounted for 1,853.5 disability-adjusted life years (DALYs) per 100,000 population, in an environment with limited availability of mental health services and psychotropic medications(16). Although the country has made efforts to strengthen its community mental health network, resources remain insufficient and there is still a need to integrate mental health into primary care (17).

Limited access to safe drinking water and sanitation exacerbates public health problems, especially acute diarrheal

diseases (18,19). An estimated 4.3 million people require access to safe drinking water, which increases the risk of infectious diseases, malnutrition, and stunted growth. Many educational and health facilities lack water, sanitation, and hygiene (WASH) services. The earthquake has further disrupted WASH services in affected communities and temporary shelters, increasing the risk of communicable diseases and complicating infection prevention and control in health facilities (1). Venezuela is also exposed to multiple natural hazards, and the combination of seismic impacts with existing vulnerabilities may prolong recovery and increase health risks for affected populations.

HEALTH STATUS

Population mortality

In 2021, the leading causes of death in Venezuela were ischaemic heart diseases (147.3 deaths per 100,000 population), followed by interpersonal violence (63.3), stroke (60), and COVID-19 (57.9). Interpersonal violence was the leading contributor to Years of Life Lost (YLLs), reflecting its disproportionate impact on premature mortality, while ischaemic heart disease ranked second (20). An overview of mortality indicators is shown in *Table 1* below.

Table 1. Key Mortality and Life Expectancy Indicators. Venezuela

Mortality Indicators	Venezuela	Year	Source
Life expectancy at birth (years)	72.7	2024	PAHO (18)
General mortality rate (age-adjusted per 1,000 pop)	8.3	2021	PAHO (18)
Estimated infant mortality rate (deaths < 1 year per 1,000 live births)	21.5	2023	PAHO (18)
Estimated child mortality rate (deaths < 5 years per 1,000 live births)	24.2	2024	PAHO (18)
Estimated maternal mortality ratio (per 100,000 live births)	226.7	2023	PAHO (18)
Estimated number of deaths due to HIV	2000	2024	UNAIDS/WHO (21)
Estimated number of deaths caused by TB	924	2024	WHO (22)

The recent earthquakes are not reflected in the baseline mortality indicators presented in **Table 1**; however, earthquake-related disruptions may increase mortality risks indirectly by limiting access to emergency care, essential medicines, maternal and child health services, and care for chronic conditions.

Vaccination coverage

Venezuela's routine immunization system was already highly vulnerable before the earthquakes, due to prolonged lack of investment in public services, recurring shortages of vaccines, medical supplies, fuel, and electricity, and the sustained emigration of health workers. These challenges have limited the capacity to deliver and maintain routine

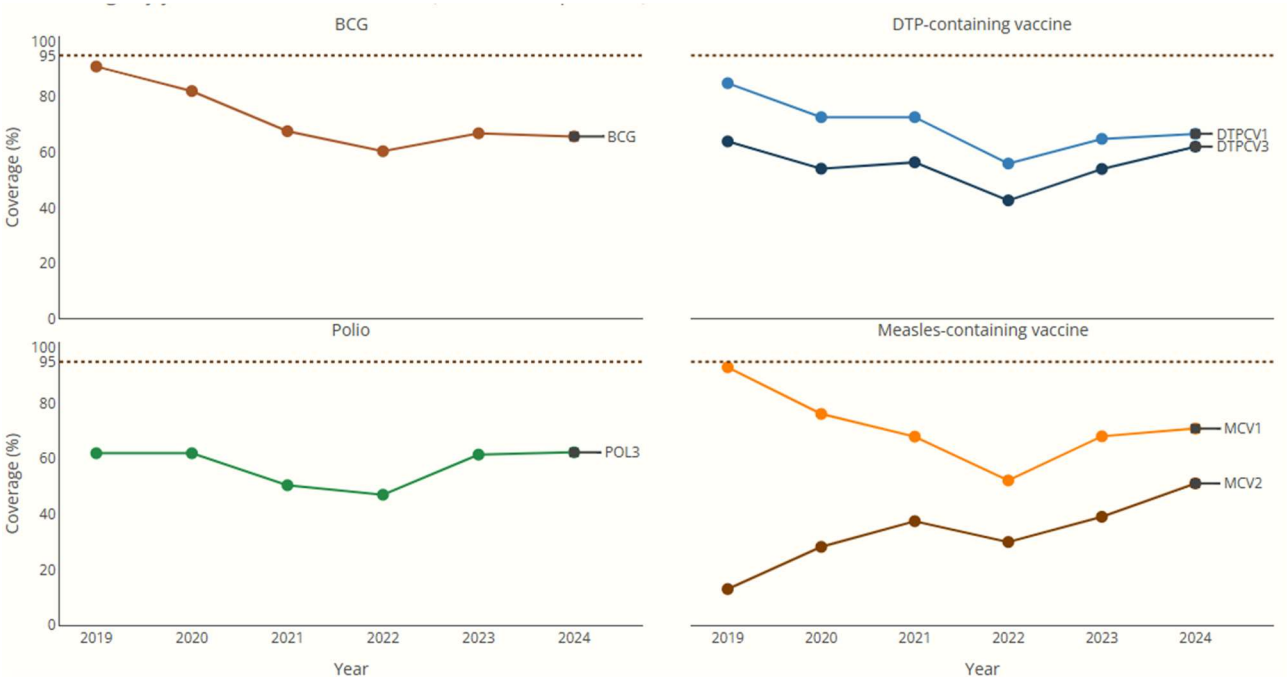
immunization services and have been compounded by periodic disruptions in cold chain systems, limited surveillance and outreach activities, geographic inaccessibility in several states, and unequal access to health care across regions. Recent data also show critical immunity gaps, with suboptimal coverage for measles-containing vaccines, including measles containing vaccine (MCV)1 and MCV2, as well as limited vaccine stock and weakened laboratory capacity for timely measles diagnosis (23). In addition, due to operational and financial constraints, vaccination with the pneumococcal conjugate vaccine (PCV) and rotavirus vaccine has been discontinued from the national schedule since 2018, creating further gaps in the protection of children against vaccine-preventable diseases.

The earthquakes may further amplify the risk of outbreaks by disrupting already fragile vaccination services, particularly in affected areas where health facilities, cold chain equipment, electricity supply, transport routes, vaccine distribution, and outreach activities may be interrupted. Displacement, overcrowding in temporary shelters or host communities, loss or inaccessibility of vaccination records, and the redirection of health workers toward trauma and emergency care can make it more difficult to identify and vaccinate under-immunized populations (23). In densely populated urban areas, informal settlements, remote communities, and temporary displacement sites, populations with incomplete coverage of DTP3, MCV2, and POL3 often coexist in conditions of overcrowding, food insecurity, and inadequate water, sanitation, and hygiene (WASH), increasing the risk of transmission of measles, diphtheria, pertussis, poliomyelitis, and other vaccine-preventable diseases. Strengthening targeted catch-up immunization strategies, prioritizing vaccination of displaced and host communities, reinforcing early warning and epidemiological surveillance for priority vaccine-preventable syndromes, and ensuring the sustained restoration and protection of routine immunization services, including vaccine supply, cold chain functionality, transport, laboratory capacity, and human resources, are critical to mitigating outbreak risks and preventing further erosion of population immunity in Venezuela (24).

Table 2. Coverage rates for routine vaccinations by year and vaccine 2019-2024. Venezuela (24)

Vaccination Indicators (24)	2019	2020	2021	2022	2023	2024	Source
DTP-containing vaccine, 1st dose	85%	72.73%	72.73%	56.01%	64.91%	66.74%	PAHO
DTP-containing vaccine, 3rd dose	64%	54.16%	56.44%	42.71%	54.05%	62.11%	PAHO
BCG	91%	82.16%	67.67%	60.45%	66.93%	65.77%	PAHO
Measles-containing vaccine, 1st dose	93%	76.17%	67.99%	52.18%	68.1%	70.9%	PAHO
Measles-containing vaccine, 2nd dose	13%	28.2%	37.48%	29.97%	39.06%	51.11%	PAHO
Polio, 3rd dose	62%	62%	50.45%	47.03%	61.5%	62.32%	PAHO

Figure 2 Coverage rates for routine vaccination by year and vaccine 2019-2024. Venezuela



Source: Pan American Health Organization/World Health Organization. Immunization coverage throughout the life course in the Americas. Washington, D.C.: PAHO/WHO; 2025. Available from: https://paho-cim.shinyapps.io/immunization-dashboard/# (24)

HEALTH RISKS

The primary **health risks associated with the 2026 earthquakes** in Venezuela are summarized in the following table. This table presents the health risks that may emerge or be exacerbated over the **next three months** as a result of the earthquakes, including their potential effects on affected populations, health service delivery, critical infrastructure, and living conditions.

Public Health Threat	Likelihood	Public Health Consequences	Level of Risk	Rationale
Injuries	Highly likely	Severe	Very High	• As of 5 July 2026, a total of 16,740 people in have been injured as result of the earthquakes (1). • Following the earthquakes, further injuries from structural/ building collapse, aftershocks, trauma injuries, etc. remain the main risks at this time (25). • The available information does not allow for a precise assessment of the situation and progress of those affected following initial care. Limitations persist in the registration and follow-up of injured individuals and hospitalized patients, including medical discharges, scheduled or pending surgeries, waiting lists for procedures, and other indicators of clinical progress. These gaps could contribute to an underestimation of the number of people injured, hospitalized, and killed as a result of the earthquake. • This context heightens the risk of severe traumatic injuries requiring specialized care in health facilities and adds further pressure on an already weakened health system, characterized by severe shortages of health personnel, medicines, supplies, and surgical capacity (26).
Acute diarrheal diseases	Highly likely	Major	Very High	• Damage caused by the earthquake may lead to the displacement of the population to temporary camps that lack adequate sanitation facilities, established mechanisms for solid waste management, and appropriate systems for water treatment, chlorination, and quality control. Furthermore, overcrowded conditions, limited availability of supplies for the storage, transport, and safe use of water, and poor hygiene practices can increase exposure to unsafe drinking water and improper food handling. These conditions increase the risk of acute diarrheal diseases and other water- and sanitation-related illnesses, especially among children under five, older adults, pregnant women, and people with underlying health conditions. • Children under five years of age remain particularly vulnerable. An estimated 4.3% of deaths among children under five in Venezuela are attributable to acute diarrheal diseases (18,19). • Inadequate WASH conditions, together with possible interruptions in primary health care services, may delay early detection, treatment with oral rehydration salts, and referral of severe cases, increasing the risk of dehydration and preventable complications. • Environmental surveillance of gastrointestinal viruses in urban wastewater in Caracas has consistently identified enteric adenoviruses, particularly type F41, with higher detection frequency during the rainy season, suggesting continuous circulation and a potential public health risk that requires ongoing monitoring

Mental health/ psychosocial conditions	Highly likely	Major	Very high	• The population of Venezuela is facing a multidimensional crisis characterized by sociopolitical instability, socioeconomic hardships, violence, and food insecurity. Prolonged exposure to these factors can increase vulnerability to psycho-affective and emotional disorders, a situation that could be exacerbated following the earthquake due to human and material losses, displacement, disruption of livelihoods, and uncertainty about recovery. • Earthquakes and other natural disasters can exacerbate stress, anxiety, depression, and post-traumatic stress disorder (PTSD), particularly in communities already affected by civil unrest, food insecurity, disrupted healthcare services, and deteriorating living conditions (28). • At least two hospitals specializing in mental health services in La Guaira report structural damage and reduced capacity, as of 5 July 2026 (1). • Depressive disorders: In 2019, depressive disorders in Venezuela accounted for 1,853.5 Disability Adjusted Live Years (DALYs) per 100,000 population (16). In the same year, self-harm accounted for an estimated 7.42 deaths per 100,000 population, with an overall increasing trend observed after 2015 (29). • Emergency response health personnel and rescue teams are under particular stress and pressure. Mental health resources for emergency response and health personnel are urgently needed (30). • Impact of power outages: Frequent power outages and blackouts in several states contribute to worsening mental health, causing mental exhaustion in the population (15). • Electricity shortages and mental health: A study conducted in Maracaibo showed a moderate correlation between hours without electricity and increased anxiety, depression, poor sleep quality, and boredom (14). • Limited availability of psychotropic medications and mental health workforce constrains treatment access for people with severe mental disorders, increasing risk of decompensation and preventable disability (31,32). Currently, supplies from United Nations (UN) agencies remain pending delivery (1).
Malnutrition and child health	Highly likely	Major	Very High	• High rates of chronic malnutrition persist in Venezuela, with more than 10.5% of children under five experiencing stunting and over 5% suffering from moderate to severe acute malnutrition in 67% of surveyed locations (12). • In earthquake-affected areas, damage to roads, markets, water systems, health facilities, and electricity supply may further disrupt access to food, safe water, infant and young child feeding support, and essential nutrition services. • Several sentinel sites reported malnutrition rates exceeding humanitarian emergency and public health thresholds, indicating a severe public health situation among children (12). • Displacement, overcrowding in temporary shelters, loss of livelihoods, and interruptions in health and nutrition services may increase the risk of acute malnutrition, particularly among children under five and pregnant and lactating women. • Disruptions to primary health care, growth monitoring, vaccination, and treatment of common childhood illnesses may further worsen child health outcomes in the coming three months.
Tetanus	Likely	Severe	Very High	• Venezuela has gaps in tetanus toxoid vaccination coverage and limited timely access to health services and wound care (24). • Earthquakes increase the risk of tetanus by causing a high number of contaminated wounds, crush injuries, and trauma associated with debris and cleanup and reconstruction activities. Disruptions to health services can delay timely prophylaxis and treatment (33). • Prevention depends on proper wound care and timely access to vaccination and tetanus immunoglobulin for individuals with clinical indications (33).

Measles	Likely	Severe	Very high	• Between September 2019 and December 2025, no new measles cases were reported (34). However, routine immunization coverage remains suboptimal: in 2024, routine immunization coverage was estimated at 70.9% for the first dose and 51.1% for the second dose of the measles vaccine, maintaining a moderate risk of reintroduction and focal outbreaks among susceptible populations (24,35). • The risk of measles reintroduction and onward transmission is increased by the regional measles situation, with 22,324 confirmed cases and 38 deaths reported in 17 countries and territories in the Americas in EW 1–23 of 2026, representing a marked increase compared with 2025. Active outbreaks and recent transmission have been reported in several countries in the Region, including countries with population movement links to Venezuela (36). • Earthquake-related disruptions may further increase risk by interrupting vaccination services, cold chain functionality, electricity supply, transport routes, vaccine distribution, outreach activities, surveillance, and laboratory diagnosis. Displacement, overcrowding in shelters or host communities, and loss or inaccessibility of vaccination records may make it more difficult to identify and vaccinate under-immunized children and other susceptible groups.
Maternal mortality	Highly likely	Major	Very high	• As of 2023, the estimated maternal mortality ratio (MMR) in Venezuela remained high at 226.7 deaths per 100,000 live births (18). • Maternal health outcomes are likely to worsen due to the recent earthquakes by disrupting access to hospitals, referral systems, blood banks, surgical care, transport, electricity, water, communications and essential medicines. These disruptions are especially critical for pregnant women requiring emergency obstetric care, including management of hemorrhage, hypertensive disorders, sepsis, obstructed labor and emergency caesarean section. • In affected areas, health services are under severe pressure, with damaged or partially operational facilities, overcrowding, reduced bed capacity, limited patient transport, low blood-bank availability and disrupted referral and patient-tracking systems. In La Guaira, several maternity care specialists and health workers are reportedly missing, including the official responsible for the maternal care pathway, creating a critical gap in obstetric services and limiting the ability to identify and follow up pregnant women (30).
Dengue and chikungunya	Highly likely	Major	Very High	• There has been a general declining trend in dengue incidence, with 60,225 cases reported in 2024, 41,500 cases in 2025, and 7,374 cases as of epidemiological week (EW) 23 in 2026, along with a corresponding decrease in severe cases and decline in dengue lethality (6). However, dengue remains the main urban arboviral threat in the areas affected by the earthquake. • The proportion of laboratory-confirmed cases decreased from 17.4% in 2024 to approximately 9% in 2025 and 2026, limiting the interpretation of trends and potentially reflecting reduced diagnostic capacity or shortages of supplies and personnel. Therefore, integrated epidemiological, entomological, and laboratory surveillance should be strengthened. • The widespread presence of *Aedes aegypti*, favorable climatic conditions, disruptions to the regular water supply—which may increase household water storage—waste and debris accumulation, population displacement, and limitations in surveillance, diagnosis, and vector control could facilitate focal transmission and the occurrence of dengue outbreaks. • For chikungunya, recent incidence in Venezuela has been low, with 178 cases reported in 2024, 60 cases in 2025, and 33 cases through EW 23 of 2026. Nevertheless, regional re-emergence, intense transmission observed in neighboring countries, and high population susceptibility increase the risk of introduction and local transmission. Enhanced surveillance, diagnostic capacity, and clinical preparedness should therefore be maintained (8,9).

Yellow fever	Likely	Major	High	• Since 2019, sporadic cases of yellow fever have been reported. • In early 2025, three confirmed cases of yellow fever were reported in Colombia, all imported from Venezuela (10). • There has been a resurgence of autochthonous yellow fever human cases in late 2025 and early 2026. 32 cases, including 19 deaths, were reported in 2025, and 8 cases, including 2 deaths, were reported in 2026 so far (37,38) • There has been a corresponding increase in epizootics among non-human primates, with 90 epizootic cases reported in 2025, and 30 epizootics in 2026, indicating ongoing sylvatic circulation. • The re-emergence of human cases in states with low vaccination coverage and continued sylvatic circulation, together with reports of cases in neighbouring countries, underscores the need to strengthen routine surveillance to prevent and control potential outbreaks (39). • No yellow fever circulation has been documented in the affected area, and no human cases were detected in the country during the weeks preceding the earthquake. • The risk should be considered localized, primarily in rural, sylvatic, or transitional areas where vectors and non-human primates are present, as well as in areas with low vaccination coverage. Population displacement into these areas, disruptions to vaccination services, and limitations in surveillance could increase the risk of exposure and hinder the timely detection of cases.
Oropouche	Likely	Major	High	• Between EW 1 and EW 13 of 2025, five laboratory-confirmed cases of Oropouche virus disease were reported, and continued circulation cannot be ruled out (9,40). The risk should be considered differentiated and localized, primarily in rural and peri-urban areas or in areas with a history of transmission. • Because its transmission dynamics are mainly associated with rural and sylvatic cycles, urban shelters established following the earthquake are less likely to result in widespread amplification. Nevertheless, population displacement, exposure to vectors in rural areas, and potential limitations in surveillance and diagnosis justify maintaining enhanced epidemiological and entomological surveillance in at-risk areas.
Influenza, SARS-CoV-2, RSV, and other respiratory viruses (SARI)	Likely	Major	High	• The circulation of influenza, SARS-CoV-2, respiratory syncytial virus (RSV), and other respiratory viruses in Venezuela occurs within a context of defined seasonality and high vulnerability, with limited virological surveillance and reporting capacity; therefore, the true magnitude of these events may be underestimated. Although the risk of transmission persists and surveillance should be maintained, particularly in shelters and temporary settlements, the available epidemiological information from Venezuela and neighboring countries does not currently indicate incidence levels above those expected or evidence of an imminent threat of a sharp increase. • The simultaneous or successive circulation of respiratory viruses (SARS-CoV-2, influenza, RSV) could increase outpatient cases, hospitalizations, and deaths, and consequently lead to overcrowding of health services. New SARS-CoV-2 variants could further increase the risk of new outbreaks (41). • In response to the earthquakes, PAHO will support syndromic surveillance in shelters and transitional camps, given the risk of increased acute respiratory infections and influenza-like illness in crowded settings (30).
Leptospirosis	Likely	Moderate	High	• According to a prospective study conducted in La Guaira, leptospirosis was identified in 37 of 71 hospitalized patients with compatible illness; eight patients died, and Leptospira was detected in all 45 rodents sampled in the area. These findings suggest substantial local transmission and possible underdiagnosis of the disease in Venezuela (42). • The earthquake may increase localized transmission due to damage to water and sanitation systems, the accumulation of waste and debris, population displacement, increased exposure to rodents, and contact with mud, wastewater, or contaminated water during cleanup activities. • Disruptions to surveillance, laboratory diagnosis, and timely access to antibiotic treatment could increase the risk of severe disease, particularly in affected communities with inadequate WASH conditions.

Diphtheria	Likely	Major	High	• In 2024, coverage for the first dose of the diphtheria, tetanus, and pertussis vaccine (DPT1) was 67%, while coverage for the third dose (DPT3) was approximately 62%, both well below the target (24). • Between 2021 and 2024, sporadic cases of diphtheria were reported in the country, indicating the persistence of a risk of outbreak re-emergence in settings of low immunization coverage and limited surveillance (43). • The aftermath of the earthquakes has led to a severely weakened health system and reduction in health service capacity in Venezuela. As a result, the risk of re-emergence of vaccine-preventable diseases, such as diphtheria, driven by insufficient immunization coverage, is high (30). Transmission may also increase in crowded, densely populated locations, such as shelters. • In the context of a protracted humanitarian crisis, internal and cross-border population mobility, and frequent crowding in settings with overcrowded conditions (such as schools, detention centers, and shelters), resulting immunization gaps sustain a high risk of focal transmission and diphtheria outbreaks with the potential to spread to vulnerable populations (44).
Pertussis	Likely	Major	High	• In 2024, none of the vaccines offered in Venezuela's immunization schedule achieved the target coverage rate of 95%. • In 2024, the DPT1 coverage rate was 66.7%, while the DPT3 coverage rate was 62.1% (45). • Vaccination coverage ranged from 0% to 68%, with approximately 161,000 children under one year of age classified as zero-dose children (i.e., who never received a dose of vaccine) (24). • No cases of pertussis were reported in the country between 2021; however, there are no surveillance data indicating active case detection and/or case finding (45). • The aftermath of the earthquakes has led to a severely weakened health system and reduction in health service capacity in Venezuela. As a result, the risk of re-emergence of vaccine-preventable diseases, such as pertussis, driven by insufficient immunization coverage is high (30). Transmission may also increase in crowded, densely populated locations, such as shelters.
HIV	Likely	Moderate	High	• In 2024, Venezuela had an estimated 110,000 people living with HIV (PLHIV), indicating a substantial population dependent on continuous access to antiretroviral therapy (ART), diagnostic services and follow-up care (46). • Significant gaps remain across the HIV care cascade. In 2024, an estimated 21% of PLHIV were unaware of their status, while 43% were not receiving ART (47). • Vertical transmission remains a particular concern. In 2023, only 36% of pregnant women living with HIV had access to antiretroviral medicines, and only 8% of HIV-exposed infants received early diagnosis (21). • The earthquake has further threatened continuity of HIV care by disrupting health services, supply chains and population access to facilities. UNAIDS reported that, among PLHIV registered through the emergency response, 69% reported interruption of ART and 28% reported needing psychological support (48). • Earthquake-related disruptions to ART refills, HIV testing, PEP, viral load monitoring, maternal care and prevention of vertical transmission may further increase HIV-related morbidity, treatment failure, drug resistance and vulnerability among PLHIV, GBV survivors, key populations and displaced people (49).
Malaria	Likely	Moderate	High	• Venezuela achieved an approximate 80% reduction in malaria cases and a 97% reduction in deaths since the peak of transmission (50). • In 2024, a total of 101,924 cases were reported nationwide, reflecting the continuation of the downward trend observed since the transmission peak in 2017–2019 (50). • Despite these gains, a latent risk of malaria resurgence remains, particularly in high-transmission areas, underscoring the need for continuous surveillance and sustained control efforts (51,52).

Tuberculosis	Highly likely	Moderate	High	• In 2024, Venezuela reported 13,000 new cases of tuberculosis (TB), including 630 multidrug-resistant cases (MDR-TB), making it one of the countries with the highest TB burden in the Region of the Americas (22). • In 2024, only 82% of patients with MDR-TB/RR-TB completed their treatment, the estimated case fatality rate was 7%, only 69% of MDR/RR-TB cases were laboratory-confirmed, and 70% were enrolled on treatment (22). • The earthquake is likely to further disrupt TB services by damaging or overloading health facilities, interrupting laboratory diagnosis, referral pathways, drug supply and patient follow-up. In addition, displacement and overcrowding may delay diagnosis and increase transmission risk, while interruptions in treatment may worsen outcomes and contribute to drug resistance.
Violence and civil unrest	Likely	Major	High	• Pro-government armed civilian groups (known as *colectivos*) operate in coordination with security forces in urban areas and have been accused of using force to exert social control and suppress demonstrations, within a context of heightened political tension and security force deployment that increases the risk of violent incidents affecting the population (53).
Cholera	Unlikely	Severe	High	• Venezuela is not a cholera-endemic country; therefore, the occurrence of cases would require the importation of *Vibrio cholerae* from a country with active transmission. However, once introduced, the deterioration of water, sanitation, and hygiene conditions following the earthquake could facilitate its spread, particularly in shelters, temporary camps, and communities with limited access to safe water. • The aftermath of the earthquakes has led to a severely weakened health system and reduction in health service capacity in Venezuela. Crowded, densely populated locations, such as shelters, with limited access to health services, as well as safe water, sanitation, and hygiene services, increase the risk of cholera outbreaks following the earthquakes. • As evidenced in Haiti post-earthquake, significantly reduced resource availability and capacity of sanitation and health services can amplify cholera transmission in vulnerable populations (54).
Venezuelan hemorrhagic fever	Likely	Major	High	• As of EW 18 of 2026, seven confirmed cases of Venezuelan hemorrhagic fever had been reported in the country, with more than 250 suspected cases under investigation. Of the confirmed cases, four were fatal, corresponding to a case fatality rate of 57.1% (55). • The risk of Venezuelan hemorrhagic fever following the earthquakes could increase because transmission has already been documented in Venezuela and population displacement may lead people to be relocated to crowded settings, such as shelters. Disruptions to sanitation services resulting from reduced capacity and limited resources could also contribute to increased transmission. • Studies have shown that environmental disturbances affecting the rodent reservoir species that transmit Venezuelan hemorrhagic fever may increase contact with humans. In this context, the earthquakes could contribute to increased transmission, particularly because the disease is already circulating in the country. The high case fatality rate reported to date in 2026 is a cause for concern (56).
Sexual and reproductive health	Highly likely	Moderate	High	• The total fertility rate in Venezuela is 2.1 births per woman, and 7% of women aged 15 to 49 have an unmet need for modern contraceptive methods of family planning, and only 82% of demand for family planning is satisfied with modern methods (57). • Birth rates among adolescents are high, with 76 births per 1,000 women aged 15 to 19, and contraceptive use among all women remains relatively low, indicating persistent barriers to access (57). • The earthquake is likely to disrupt access to antenatal care, safe delivery, emergency obstetric care, family planning, and services for survivors of sexual violence. • Displacement, overcrowding, supply interruptions, and reduced privacy are expected to increase unmet needs for contraception, menstrual hygiene supplies, and protection services for women and girls, particularly in the most affected communities.

Non-communicable diseases (NCDs)	Highly likely	Moderate	High	• The burden of Non-Communicable Diseases (NCDs) in Venezuela has increased significantly over the past two decades, with a 40% increase in mortality from NCDs by 2019 (58). • Cardiovascular disease, cancer, diabetes, and chronic kidney disease are the leading causes of mortality among NCDs, and cancer cases show a worrying incidence and mortality rate in 2022 (59–62). • Risk factors such as the high prevalence of hypertension, rising obesity rates, and high tobacco use among adolescents highlight the need to improve NCD management and prevention strategies (63–65).
Human rabies transmitted by dogs	Highly likely	Moderate	High	• After several years of epidemiological silence, Venezuela reported renewed human rabies transmission caused by a canine rabies virus variant, with one case in 2022, two cases in 2023, one case in 2024, one case in 2025, and three cases in 2026 (66). • In 2023, during a surveillance exercise in suspected dogs promoted in the state of Zulia, a high proportion of direct immunofluorescence positivity (above 70%) was identified (66). • The earthquake may further increase the risk of exposure and poor outcomes by displacing populations, increasing contact with free-roaming dogs, disrupting dog vaccination and surveillance activities, and limiting timely access to wound care, rabies post-exposure prophylaxis, and rabies immunoglobulin.
Zika	Unlikely	Moderate	Moderate	• Zika virus transmission continues to be reported in Venezuela but remains at very low levels and shows a downward trend: 18 cases were reported in 2024, seven in 2025, and seven through epidemiological week (EW) 23 of 2026 (7). In addition, only approximately 4% of the cases reported in 2026 were laboratory-confirmed, which limits the interpretation of the epidemiological situation. • Although the earthquake may create conditions conducive to the proliferation of Aedes aegypti, such as disruptions to the water supply, household water storage, waste accumulation, and limitations in vector control activities, the available evidence does not indicate significant Zika virus circulation or support considering it a likely transmission threat in the short term. • Nevertheless, the potential consequences for pregnant women and fetuses may be significant because of the risk of Zika-associated congenital syndrome.
Poisoning from snake bites and other venomous animals	Likely	Minor	Moderate	• Over the past 10 years, between 2,000 and 2,500 cases of snake bites and between 900 and 1,400 cases of scorpion poisoning have been reported in the country each year. During the same period, between 10 and 15 deaths were recorded, and many people were left with disabilities associated with these events (67). • The earthquake may increase exposure to snakes, scorpions, and other venomous animals among displaced populations, people sleeping outdoors or in damaged shelters, and those involved in debris removal, rubble clearing, reconstruction, and other clean-up activities. The risk is higher in rural, peri-urban, and underserved communities, where access to timely clinical care is already limited. • Timely access to appropriate antivenom is essential to prevent severe outcomes. Although Venezuela has national capacity to produce anti-snake and anti-scorpion sera through BIOTECFAR, earthquake-related disruptions to roads, health facilities, supply chains, cold chain, and referral systems may delay treatment and increase the risk of complications (68).

Red: Very high risk. Could result in high levels of excess mortality/morbidity.
Orange: High risk. Could result in considerable levels of excess mortality/morbidity.
Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity.
Green: Low risk. Unlikely to make a contribution to excess mortality/morbidity.
Grey: No plausible assessment can be made at this time.

HEALTH SYSTEM STATUS AND DISRUPTIONS

Venezuela's public health system remains the primary source of care nationwide, serving more than 80% of the population. However, it has been operating under prolonged strain due to years of underfunding, deterioration of health infrastructure, shortages of health personnel, and limited availability of essential medicines and medical supplies. These longstanding challenges have reduced the capacity to deliver preventive, diagnostic, emergency, and specialized care, particularly for people with acute conditions, chronic diseases, and high-cost treatment needs. In 2024, an estimated 87.3% of the population relied on the public health system to access care, while 97.3% lacked financial protection for health expenditures and 51.3% did not have sufficient economic resources to cover private medical costs. (11).

Access to essential health services was already limited before the earthquake. Nationwide, 63.7% of people who required preventive consultations and 60.7% requiring laboratory tests were unable to access these services. Hospital capacity was also constrained, with 30.3% of individuals requiring surgical interventions unable to receive them. Among people living with severe chronic diseases, 42.6% did not receive medical care and 39.6% lacked access to necessary treatment, while more than half of those with severe acute conditions were unable to obtain timely medical care or essential medicines (11).

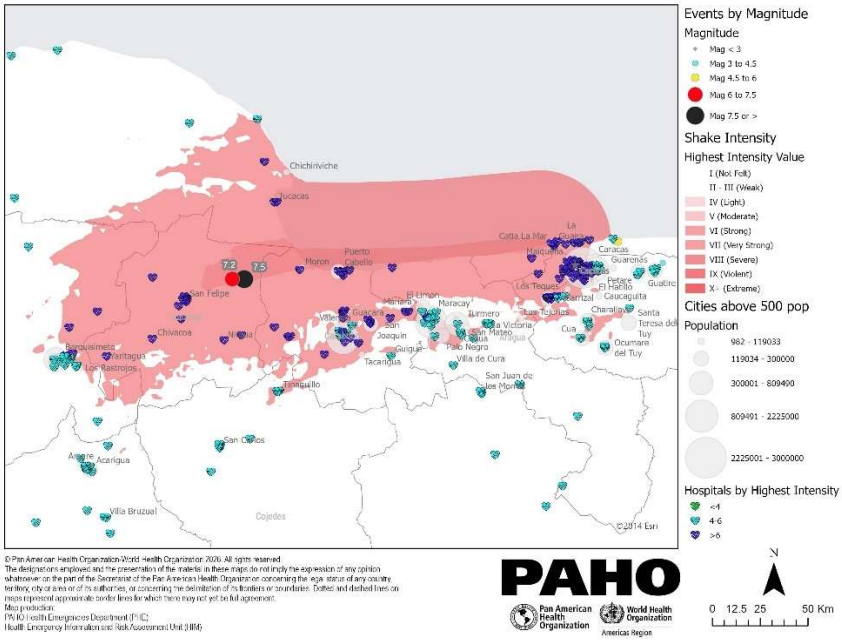
Hospital preparedness and operational resilience were also limited before the disaster. In 2024, a 37% shortage of emergency hospital supplies was reported, and only 5% of hospitals had continuous access to computed tomography and magnetic resonance imaging facilities, 25% to daily ultrasound services, and 27% to daily X-ray services. Many hospitals lacked the capacity to maintain essential services such as water, electricity, and medical gas for 72 hours during outages, and no contingency plans were reported (26). These pre-existing vulnerabilities reduced the health system's capacity to absorb the sudden increase in demand generated by the earthquake.

Following the earthquakes of 24 June 2026, the Ministry of Health activated the national health response, mobilizing public and private health facilities to provide emergency medical care in the most affected areas, particularly the Capital District, La Guaira, Miranda, Aragua, Carabobo, and Falcón. As emergency operations evolved, the response expanded to include emergency medical teams (EMTs), rapid health facility assessments, disease surveillance, continuity of essential health services, and support for displaced populations (1). Initial reports indicated disruptions to electricity, water supply, transport systems, and telecommunications, affecting ambulance dispatch, referral pathways, hospital operations, and continuity of essential health services (69).

As the emergency response progressed, rapid assessments conducted by the Pan American Health Organization/World Health Organization (PAHO/WHO) and national authorities documented increasing impacts on health service delivery. By early July, assessments had confirmed damage to three health facilities, while additional facilities continued to operate under severe operational pressure and required external support to maintain essential services (1). One hospital (Vargas-IVSS Hospital, La Guaira) was identified as requiring critical attention because severe non-structural damage had substantially compromised its operational capacity despite the absence of major structural damage. Hospital Dr. Rafael Medina Jiménez experienced the greatest reduction in operational capacity, with available beds decreasing from 108 to 35 (30). The assessments also identified continued shortages of medicines and trauma supplies, together with sustained pressure on emergency, surgical, and inpatient services. Although most health facilities

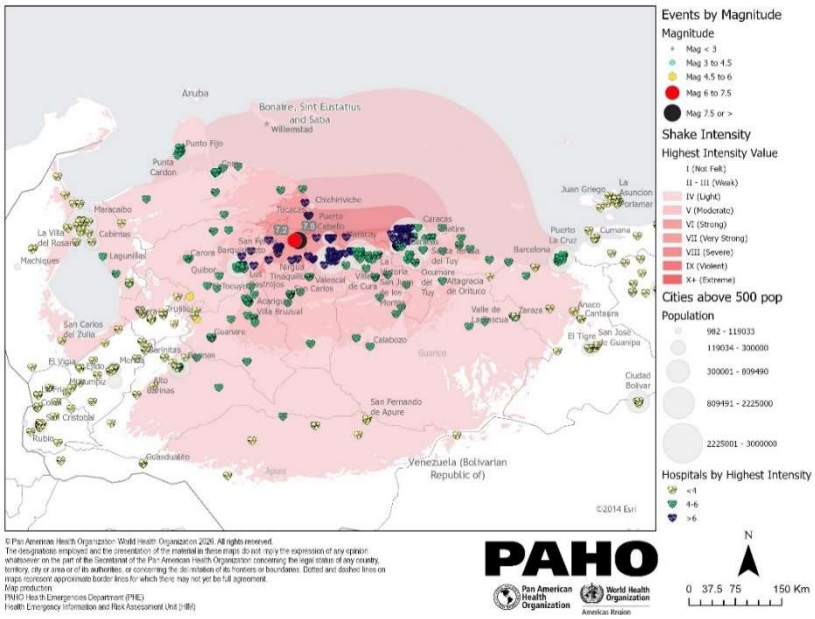
remained operational, their capacity to provide essential health services continued to be affected by infrastructure damage, operational constraints, supply shortages, and increased demand for care (1).

Figure 3 Venezuela emergency hospitals exposed to shake intensity 6 and above



Source: Pan American Health Organization (PAHO). Situation Report No.1: Earthquakes in Venezuela 2026 (M7.2 and M7.5). Washington: PAHO; 2026. Available from: https://www.paho.org/en/documents/situation-report-no1-earthquakes-venezuela-m72-and-m75 (69)

Figure 4 Venezuela emergency hospitals exposed to shake intensity 4 and above



Source: Pan American Health Organization (PAHO). Situation Report No.2: Earthquakes in Venezuela 2026 (M7.2 and M7.5). Washington: PAHO; 2026. Available from: https://www.paho.org/en/documents/situation-report-no2-earthquakes-venezuela-m72-and-m75 (25)

Assessments also identified significant operational challenges affecting health service continuity. Health facilities reported overcrowding, disruptions to patient referral and tracking systems due to telecommunications failures, shortages of trauma and emergency medical supplies, limited ambulance availability, inadequate backup power, and interruptions to water supply. Surgical waiting lists, particularly for trauma and neurosurgery, increased substantially, while breakdowns in infection prevention and control measures, overcrowded morgues, inadequate casualty registration systems, and shortages of health personnel further complicated the response. Health workers were reported to be working under considerable physical and psychological pressure, with an urgent need for mental health and psychosocial support (30). Continued displacement of affected populations, prolonged disruption of essential services, and increased demand for trauma care, rehabilitation, chronic disease management, maternal and child health services, and communicable disease surveillance are expected to place sustained pressure on the health system during the recovery phase.

As the response shifts from acute trauma management to early recovery, restoring continuity of essential health services, strengthening disease surveillance, and supporting health services in temporary shelters remain key public health priorities (1).

Social Deprivation

The humanitarian crisis in Venezuela has affected more than 19 million people nationwide, with 13.5 million unable to meet their basic needs and an additional 5.6 million experiencing severe deprivations. The collapse of the economy, basic infrastructure, food security, and health and education systems have continued to undermine the well-being of much of the population. Despite certain economic improvements in 2024, the humanitarian crisis stagnated, with a marked deterioration in food security, health outcomes, access to water and electricity, and an increase in violence. Toward the end of 2024, political tensions related to presidential elections, electoral processes, and coercive and punitive measures applied against the civilian population intensified, increasing the vulnerability of Venezuelan society as a whole. In the first half of 2025, a further rise in the cost of living occurred, along with the abrupt suspension of humanitarian funding from the United States, exacerbating the economic hardship faced by most Venezuelan households (2).

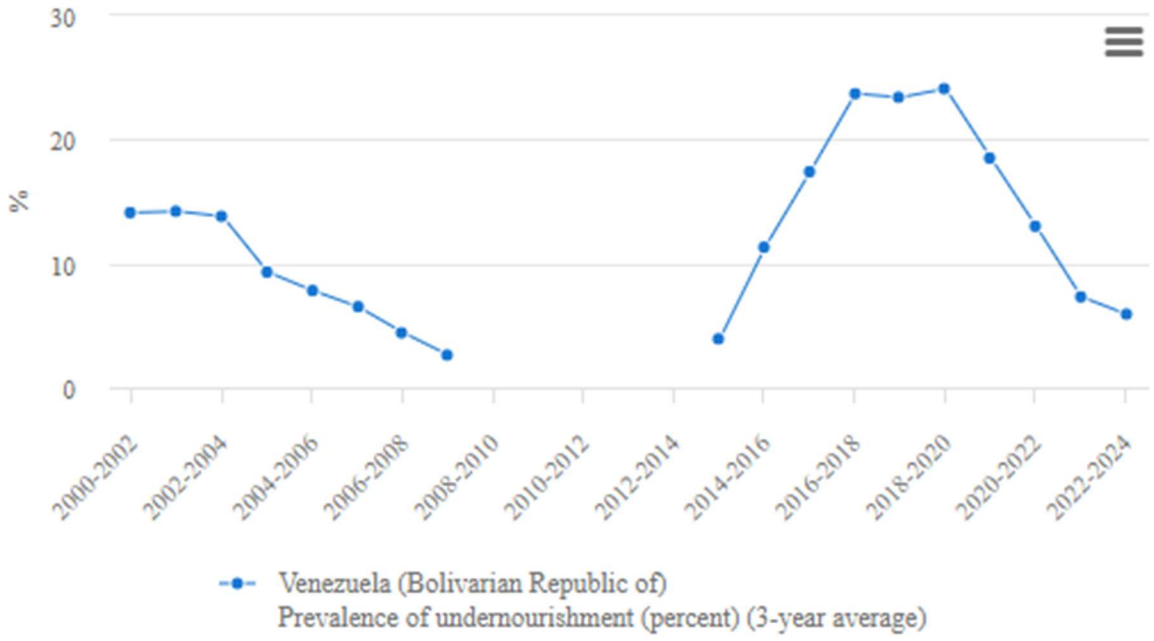
Assessments of deprivation gaps in communities across the country revealed that safe drinking water, quality health care, and road infrastructure were the three most urgent needs, followed closely by electricity supply, food security, and sanitation. The average duration of these deprivations was approximately 14 years, suggesting that the crisis has been a slow, long-term process spanning decades, during which central administration and local governance have failed to provide institutional services such as safe water, health care, electricity, roads, education, food security, employment, and sanitation. These institutional failures are accompanied by political discrimination, conditioning access to benefits on political affiliation, and by an unequal distribution of resources (2).

The collapse of the country’s capacity to provide basic necessities to its population and the resulting social deprivation may further exacerbate and entrench the already complex humanitarian emergency. The most vulnerable groups bear the most disproportionate burden, with children, adolescents, and older adults being the most affected (2).

Food insecurity

The prevalence of undernourishment (PoU) in Venezuela rose sharply during the country's economic crisis, increasing from about 4% in 2014–2016 to a peak of roughly 24% in 2018–2020. Since then it has declined substantially, falling to 5.9% in the most recent period (2022–2024) — though it still corresponds to an estimated 1.7 million undernourished people (Figure 5) (70).

Figure 5 Prevalence of undernourishment, 3-year averages from 2000 to 2024. Venezuela



Source: Food and Agriculture Organization of the United Nations. FAOSTAT: Selected indicators - Venezuela (Bolivarian Republic of). Rome: FAO; 2025. Available from: https://www.fao.org/faostat/es/#country/236 (70)

According to the 2024 Humanitarian Crisis Monitoring Report for Venezuela produced by Hum Venezuela, the country experienced a slight improvement in overall food insecurity between 2023 and 2024, with the proportion of affected households decreasing from 45.2% to 43.3%, mainly driven by a reduction in moderate food insecurity. This improvement appears to be associated with short-term coping strategies, such as increased engagement in informal or high-risk livelihoods and limited access to additional income or credit (11).

Despite this modest progress, food insecurity remains severe and highly unequal. The proportion of households facing severe food insecurity increased from 9.5% to 10.5%, affecting an additional 243,000 people who frequently go entire days without eating or have suffered irreversible losses of their livelihoods. The most affected states are Delta Amacuro, Guárico, and Cojedes. Overall, the findings point to significant health and nutrition consequences: 7.7 million people (27.3%) have reduced meal frequency, 5.2 million (18.2%) go days without eating, and 3.2 million (11.3%) require treatment for malnutrition, highlighting persistent and critical food-related health risks despite limited improvements at the national level (11).

One of the main challenges to food security in the country is affordability, as food prices exacerbate inequalities across the population. According to an analysis by the United States Department of Agriculture, in July 2022 the monthly cost of basic food for a household of 4.5 members was USD 459.84, representing an increase of 102.7% compared with July 2021 and 214.1% compared with July 2019. The average monthly income in Venezuela in July 2022 was sufficient to cover only 25% of the cost of food. This situation was common across all occupations, from private-sector employees to public-sector workers, making nutritious food and a diversified diet unattainable for most segments of the

population, even considering government programs that subsidize costs for people with limited economic resources (71).

According to a study conducted by Caritas Venezuela in March 2024, involving 15 sentinel sites across 13 states of the country, only 80% of surveyed households had a minimally acceptable level of weekly food intake. The remaining 20% of households had limited or poor consumption. Income was clearly associated with food consumption, as families earning more than USD 65 per month reported higher food consumption than those earning USD 30 per month, regardless of the assistance received. Starches, fats, and cereals accounted for most dietary intake, while vegetables, fruits, animal proteins, and legumes were consumed in small quantities or infrequently. Between 30% and 40% of households reported not consuming high-quality nutritious foods.

Households were observed to rely on several coping strategies to manage food-related stress: 53% of households reduced the number of daily meals, while 64% reduced the amount of food per meal. Approximately 46% of households reported consuming foods they would prefer not to eat. In 86% of households, livelihoods have been affected by the food crisis, and 74% of surveyed households reported having to sell their livelihoods in order to purchase food (12).

Water, sanitation, and hygiene (WASH)

According to 2024 estimates from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), approximately 93% of Venezuela's population had access to at least basic drinking water services, defined as an improved water source (piped water, boreholes or tube wells, protected dug wells or springs, rainwater, or bottled water), with a collection time of no more than 30 minutes for a round trip, including queuing. Of this total, only 85% of the population had water sources accessible on premises. This indicator does not account for whether the water is free from contamination (71).

Despite the widespread installation of water supply infrastructure across much of the country, access to water in Venezuela is highly irregular and severely limited. According to the 2024 Humanitarian Crisis Monitoring Report for Venezuela by HumVenezuela, access to water nationwide is highly inconsistent and constrained. An estimated 69% of the population experienced severe restrictions in access to water, and approximately 23% of households were not connected to the public water supply system. Even among households with piped connections, prolonged service interruptions were widespread, with many families reporting weeks or months without supply. As a result, 88.5% of the population relied on alternative water sources, mainly water delivered by tanker trucks, public taps (18.6%), water obtained from neighbors or relatives (13.0%), rainwater harvesting (11.3%), and natural sources such as rivers, springs, or streams (8.2%)(11).

Water quality represents an additional and critical concern. According to HumVenezuela, 61.5% of people reported signs of contamination in the water used for consumption, most frequently changes in color (49.5%), odor (29.2%), or taste (22.8%). Despite these conditions, 28.4% of households reported not using any water purification method, increasing exposure to waterborne diseases. The states with the highest proportions of water contamination and lack of purification were Delta Amacuro, Bolívar, Amazonas, Carabobo, La Guaira, and Yaracuy (11).

In Venezuela, an estimated 45,836 disability-adjusted life years (DALYs) are lost due to diarrheal diseases attributable to unsafe water, sanitation, and hygiene, including 24,465 DALYs among children under five years of age (19). Approximately 4.3% of deaths among children under five are associated with gastrointestinal infectious diseases (18).

Sanitation conditions are similarly compromised. According to HumVenezuela, 32.8% of the population lacked connection to sewerage systems or experienced severe system failures, while 54.9% faced serious deficiencies in urban sanitation services or lacked access to basic hygiene infrastructure. The most affected states were Delta Amacuro, Apure, Yaracuy, Amazonas, Portuguesa, Zulia, Bolívar, and Monagas, where inadequate wastewater

management and poor sanitation infrastructure further increase the risk of transmission of communicable diseases (11).

PAHO/WHO RESPONSE

Emergency preparedness and response

*The information presented in this section is based on PAHO/WHO Situation Report No. 4: Earthquakes in Venezuela (M7.2 and M7.5), unless otherwise indicated. (**reference (1)**).*

PAHO/WHO supports 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 continues to coordinate with the Ministry of Health, Civil Protection, the Health Cluster, and health partners to align response priorities, consolidate information, conduct health facility assessments, support the MoH response plan, and address priority health needs and gaps.

• PAHO/WHO continues to strengthen health response coordination in support of the Ministry of Health, with particular emphasis on:

(a) intra-ministerial coordination for effective decision making;
(b) Emergency Medical Team coordination;
(c) coordination with UN agencies and the broader humanitarian architecture, including active engagement with the United Nations Disaster Assessment and Coordination (UNDAC) and On-Site Operations Coordination Centre (OSOCC); and
(d) Health Cluster coordination, which has seen a substantial increase in engaged agencies and partners — from 46 to 114 — making structured coordination critical to ensuring the effective and targeted delivery of assistance.

• Health Cluster partners are updating operational matrices to map which actors are supporting each health facility and transitional camp, helping avoid duplication and improve coordination of the health response.

• Health Cluster monitoring tools are being updated to capture specialized care gaps, particularly trauma care, physiotherapy and rehabilitation, to better identify needs linked to injury management and early recovery.

• PAHO has deployed six specialists as part of the Regional Response Team to support in health emergency coordination, logistics, information systems and media, risk communication and community engagement, and Emergency Medical Teams (EMT) coordination.

CLINICAL CARE:

• Geospatial analysis, 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. Available from: Venezuela Hospitals (Earthquake 2026)

• PAHO is supporting the Ministry of Health through rapid health facility assessments and needs analysis. To date, assessments have been completed at 11 health facilities covering structural damage, emergency care flows (laboratory and imaging), prehospital coordination, and supply inventory.

• Supported the Ministry of Health on site visits to assess operational capacities at health facilities in Caracas and La Guaira, and carried out a separate site visit to La Victoria Hospital (Aragua state), where a Type 2 Emergency Medical Team (EMT) from Barbados will be installed

Mental Health and Psychosocial Support:
o Co-led by PAHO/WHO and IOM, alongside the Ministry of Health, the Mental Health and Psychosocial Support (MHPSS) Technical Working Group is coordinating the response.

o PAHO/WHO, in support of the Ministry of Health, is conducting psychosocial support interventions in affected areas, including Psychological First Aid (PFA), individual crisis care, and group emotional regulation activities. Given identified coordination challenges and protection risks, the shelter response continues to be prioritized.

o Developed and disseminated risk communication and psychosocial support materials, including mental health guidance messages and information on available helplines.

o Continued strengthening capacities through the promotion of virtual courses offered by the Virtual Public Health Campus on Psychological First Aid (PFA), mhGAP-HIG, and additionally self-care and MHPSS. In collaboration with universities and the Federation of Psychologists, PFA refresher trainings delivered to 217 psychologists to support the response.

o Maintained, in support of the Ministry of Health, efforts to ensure continuity of care for people with severe mental disorders and access to essential psychotropic medications.

o The Ministry of Health, alongside PAHO, UNICEF, the Health Cluster, and the Mental Health and Psychosocial Support Technical Working Group conducted an exploratory visit to temporary shelters located at Parque del Oeste, Liceo Miguel Antonio Caro, and Escuela Gran Colombia, in the Capital District. The Health Cluster will continue supporting coordination efforts with national authorities and humanitarian partners to strengthen the health response and ensure timely access to essential services for the affected population.

• Emergency Medical Teams (EMTs):
o On 26 June, the Virtual CICOM (Coordination Cell) was established in La Guaira under the leadership of the Ministry of Health, with technical support from PAHO, to process international Emergency Medical Team (EMT) offers, and coordinate their acceptance and deployment.

o Nine Emergency Medical Teams (EMTs) are currently providing services in La Guaira, Caracas, Miranda, and Aragua representing an increase in deployed clinical capacity. An additional nine teams continue mobilizing toward their assigned locations and are expected to become operative within the next few hours to days.

o Rehabilitation care has been integrated into the earthquake EMT response. The deployed Type 3 EMT, Type 2 EMTs and several Type 1 Fixed EMTs have been providing rehabilitation care as part of their routine clinical services. To further strengthen this capacity, a dedicated Rehabilitation Specialized Care Team (SCT) is now

mobilizing, reinforcing specialized rehabilitation services and supporting continuity of care for injured patients.

o The response is progressively transitioning from trauma and hospital surge support towards primary health care, outpatient services, shelter health and community-based care, with Type 1 EMTs assuming an increasingly prominent role.

o Nineteen teams remain in standby or monitoring status: 5 on standby and 14 under monitoring

COLLABORATIVE SURVEILLANCE:

PAHO/WHO is preparing to scale up laboratory support capacity, should it be requested.

• Reagents and materials for molecular diagnosis and detection of priority pathogens (arboviruses, hemorrhagic fever viruses, respiratory viruses, and Leptospira) are being readied for dispatch to the Rafael Rangel National Institute of Hygiene, to support surveillance efforts if and when needed.

• Anticipating potential needs for identification of human remains through genetic methodologies and building on previously implemented sequencing platforms in the country, PAHO/WHO is arranging the procurement of specific supplies for forensic characterization via genetic markers, including DNA extraction materials and dedicated sequencing kits, for use should the need arise.

COUNTERMEASURES/ LOGISTICS:

• PAHO/WHO is supporting the response with a delivery of 6 tons of key medical supplies and medicines:

o On 26 June 2026 delivered 2.18 tons of medical supplies and medicines to the La Guaira Regional Health Directorate to support care of earthquake-affected patients. Supplies included a Trauma Kit module (surgical medicines, oral and IV medications, dextrose, infusion sets, medical consumables), a supplementary Inter-Agency Health Kit module (injectable medicines), and Personal Protective Equipment PPE (gowns, gloves, surgical masks), along with IV catheters, syringes, and suture materials.

o On 1 July 2026 delivered 4 tons of supplies from PAHO's Strategic Reserve in Panama comprising 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

- TESK Kit: 50 surgical patients / up to 100 emergency surgical interventions
- NCD Kit: 10,000 people for 3 months

o In parallel, 320 body bags were dispatched, and coordination was completed for the placement of 3 refrigerated containers for body management, located at La Guaira port and the crematoria of Paracoto and Bonanza

•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.

• PAHO/WHO, through its Colombia Office and Regional Emergency Operations Center (EOC), coordinated with Colombia's Ministry of Health and Social Protection to mobilize 646 kg of medical supplies to Venezuela, comprising 3 medicine kits (384 kg) and 2 medical supply kits (262 kg), with logistics supported by the National Unit for Disaster Risk Management (abbreviated to UNGRD in Spanish) and the Colombian Red Cross.

• PAHO worked jointly with the National Health Supplies Corporation (CONSALUD) of the Ministry of Health, conducting site visits to the Autonomous Service for Pharmaceutical Manufacturing (SEFAR) warehouse in Las Adjuntas and the CONSALUD Jipana Main Warehouse, to carry out a preliminary assessment of immediate operational needs. Operations at these facilities have already been affected by prolonged resource constraints, a situation further compounded by the high volume of medicines and medical supplies currently being managed in support of the health system.

• The Ministry of Health of Brazil, with technical and logistical support from PAHO/WHO — including the procurement of cold boxes for shipment — is donating vaccines to support the population affected by the earthquake in Venezuela. The donation includes 1.5 million doses, as follows:

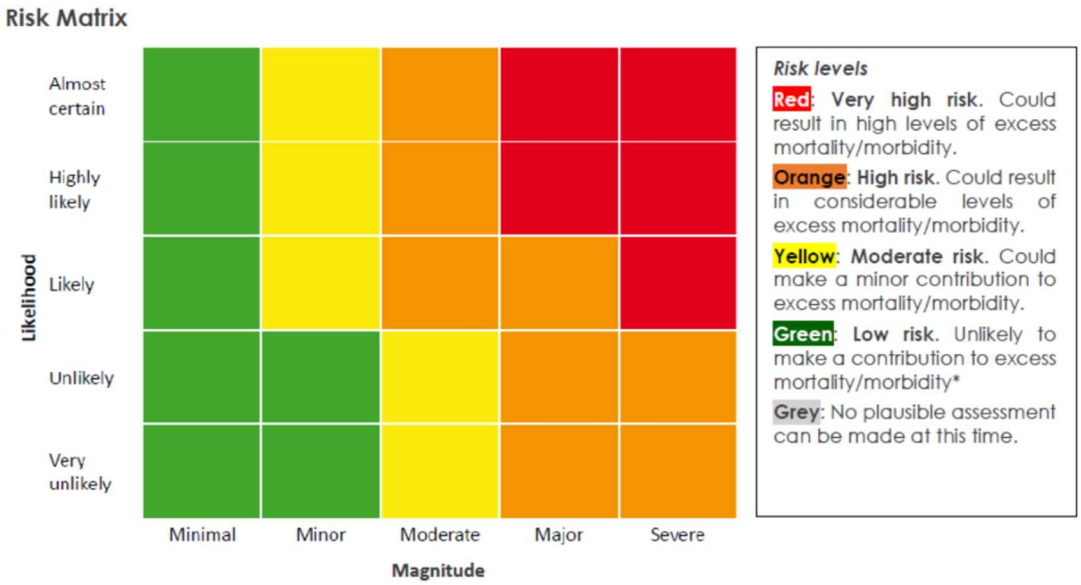
- o Pentavalent vaccine (DPT-HepB-Hib): 1,000,000 doses
- o MMR vaccine (Measles, Mumps, Rubella): 102,000 doses
- o BCG vaccine (Tuberculosis): 48,000 doses
- o Yellow fever: 100,000 doses
- o Canine Rabies Vaccine: 250,000 doses

• The Ministry of Health of Chile, with technical support from PAHO/WHO, has donated immunization-related supplies to support the response in Venezuela. The donation includes a total of 76,000 units of vaccines and complementary supplies, as follows:

- o Tetanus vaccine (dT): 30,000 doses
- o MMR vaccine (Measles, Mumps, Rubella): 5,000 doses
- o MMR diluent: 5,000 units
- o 1 ml syringes with 23G x 1" needle: 36,000 units

Appendix 1. Risk Assessment Methodology

Figure 6. Risk matrix for assessing the likelihood and potential magnitude of health impact



Likelihood**	Magnitude	Risk
What is the likelihood that there will be an outbreak or substantial increase in the number of cases/issues*** in the coming three months?	What is the potential magnitude of the impact of an outbreak or substantial increase in the number of cases/issues on the population?	Considering the likelihood and magnitude of the impact, what is the risk in terms of excess morbidity/mortality to the population over the next three months?

Source: World Health Organization. Public Health Information Services. Geneva: WHO; 2018. Available from: https://healthcluster.who.int/publications/m/item/public-health-situation-analysis-standard-operating-procedures (72)

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