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

Situation Report #7

23 July 2026

Pan American Health Organization

World Health Organization Americas Region

HIGHLIGHTS

- More than three weeks after the two earthquakes struck north-central Venezuela on 24 June 2026, affecting at least seven states, the emergency response remains active. While the most acute phase of rescue, trauma care and immediate post-disaster surgery has eased, priorities are now focused on sustaining essential health services, strengthening referral pathways, supporting temporary camps and preventing public health risks.
- **The health response continues transitioning from emergency care to early recovery, prioritizing restoration of integrated health service networks, continuity of specialized care**, and implementation of the Ministry of Health's National Mental Health Response Plan.
- **Integrated epidemiological surveillance continues to reinforce early detection, laboratory verification and environmental risk monitoring. PAHO/WHO** supported the roll-out of a real-time surveillance dashboard and the delivery of 1.15 million vaccine doses donated by Brazil to strengthen national preparedness.
- PAHO/WHO continues supporting the Ministry of Popular Power for Health (MPPS) through the deployment of its **Regional Response Team, covering health emergency coordination, logistics, information management, epidemiology, laboratory, WASH, immunization, risk communication and community engagement, and EMT coordination**. In coordination with the MPPS, PAHO/WHO is also supporting the virtual CICOM and EMT mobilization, **with fourteen EMTs now operational** across La Guaira, Caracas, Miranda, and Aragua, increasing clinical capacity in the affected areas.
- **PAHO/WHO continued supporting the response through the delivery of computers to strengthen on-site epidemiological surveillance and body bags for the dignified management of the deceased**, and through the **coordination of in-kind donations from seven partners**, most recently from Direct Relief: water purification tablets covering 20 days of chlorinated supply, medicines, and hygiene kits. A second distribution of TESK and IEHK kits to 18 health facilities and 36 transitional camps is planned.

PAHO/WHO delivered essential supplies donated by Direct Relief to ASIC 513 in Naiguatá, along with other distributions carried out in the affected areas. Source: PAHO/WHO

KEY NUMBERS

5,398
deaths [1]

16,740
injured people [2]

6,462
rescued [3]

44,298 patients treated [4]

17,907
people lost their homes [5]

107 transitional camps have been established [6]

38 Health facilities reported structural damages [7]

14 EMT are operational in La Guaira, Caracas, Miranda [8]

14 Specialists from PAHO's Regional Response Team deployed / deploying [9]

33.5 tons
PAHO emergency supplies delivered [10]

Sources

1 – 7: Official Report of the Bolivarian Republic of Venezuela 22 July 2026
9,10: PAHO Regional/Country update

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.

SAFE AND SCALABLE CARE

KEY NUMBERS

44,298	23,779	200	544	38
Patient treated *MPPS official data*	**EMTs Consultations**	**Major surgical procedures reported by EMTs**	**Hospital admissions reported by EMTs**	**Health facilities reporting structural damage**

Source: Official national reports, PAHO/WHO assessments and Health Cluster reports

KEY TAKEAWAYS

- The response is progressively transitioning from emergency trauma care towards restoration and strengthening of essential health services and health system functionality.
- EMTs continue expanding clinical care while progressively integrating with national referral networks and routine health services.
- Health facility characterization, service mapping and hospital network assessments are supporting prioritization of recovery interventions and continuity of specialized care.
- Mental Health and Psychosocial Support (MHPSS) has entered an implementation phase following formal approval of the national response plan.

SITUATION ANALYSIS

Continuity of essential health services

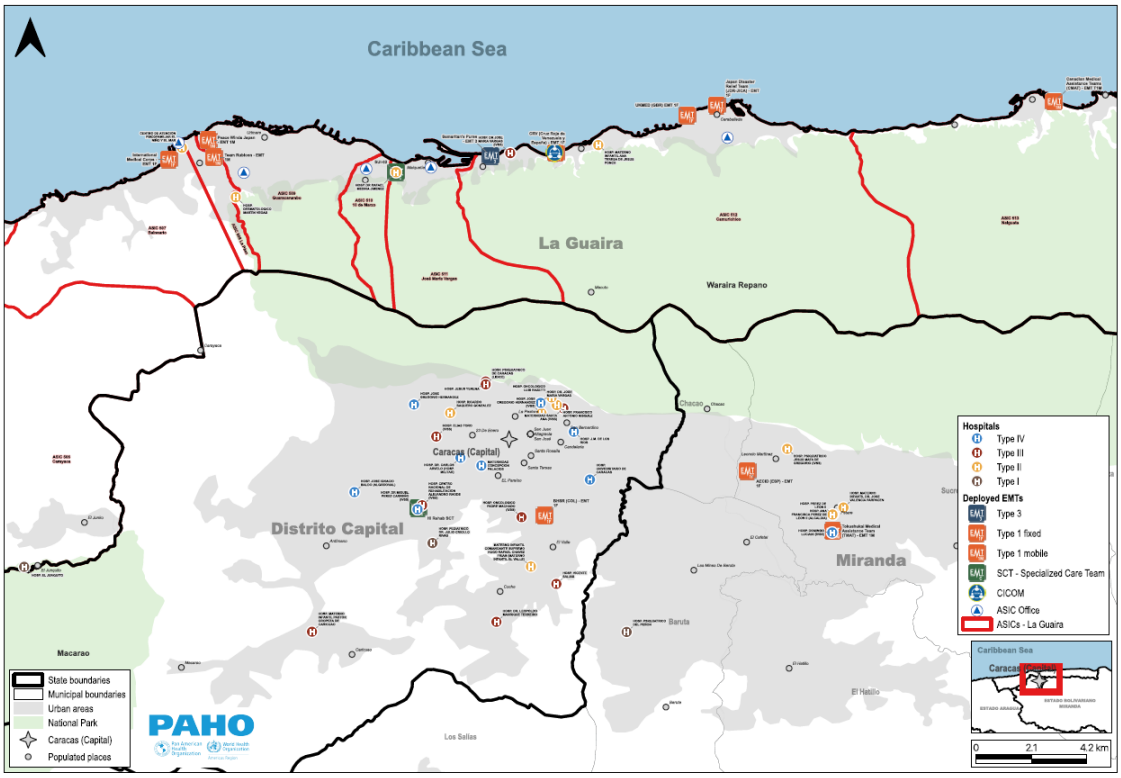
Health sector activities continue transitioning from immediate emergency response towards early recovery and restoration of essential health services. Current priorities focus on strengthening integrated health service networks, maintaining referral pathways, restoring hospital functionality and supporting continuity of specialized clinical services.

Field assessments increasingly emphasize functional characterization of health facilities and integrated health service networks rather than structural damage alone. During the reporting period, PAHO/WHO supported health facility characterization and georeferencing of Community Integrated Health Areas (ASICs) in La Guaira, providing operational information to prioritize recovery actions and strengthen continuity of care.

Hospital functionality

Hospital assessments continue identifying operational constraints affecting service delivery, including infrastructure damage, reduced inpatient capacity, and gaps in specialized health services affecting selected facilities. Recent assessments also highlighted the need to optimize patient distribution across the health network to improve access to specialized services and reduce pressure on referral hospitals.

Figure 1. Distribution of Health Facilities and Deployed Emergency Medical Teams (EMTs)



Source: Technical assessment report from PAHO and MPPS

Health service delivery

Health service delivery continues to transition from acute trauma care towards the provision of comprehensive essential health services. The most frequently reported conditions included minor injuries, upper respiratory tract infections, acute mental health conditions, skin diseases and acute watery diarrhea, reflecting evolving health needs among affected populations and increasing demand for primary health care, mental health services and management of common communicable diseases.

Emergency Medical Teams (EMTs)

Emergency Medical Teams continue providing essential clinical care while progressively integrating into national health services. During the reporting period, deployed EMTs submitted **234 daily operational reports** documenting **23,779 consultations**, **544 admissions**, **200 major surgical procedures**, **238 minor surgical procedures,** and **1,507 occupied bed-days**. Women accounted for **57%** of consultations and men for **43%**, demonstrating the continued contribution of EMTs to maintaining service availability in earthquake-affected areas.

Rehabilitation and recovery

Recovery activities increasingly prioritize restoration of specialized services, continuity of care for chronic diseases, and rehabilitation planning. During the reporting period, PAHO/WHO supported assessment of oncology services in La Guaira, confirming continuity of oncology services, including chemotherapy, despite structural damage.

Mental Health and Psychosocial Support (MHPSS)

The Ministry of Health has formally approved the National Mental Health Response Plan, marking the transition from planning to implementation. The plan establishes Mental Health Points within each transitional camp to coordinate psychosocial support and referral pathways between Community Integrated Health Areas (ASICs) and displaced populations.

During the reporting period, operational protocols for Mental Health Points were finalized; daily implementation meetings continued; seven psychological support hotlines remained operational.

Additional specialized mental health personnel were deployed to support implementation in Distrito Capital, Miranda and La Guaira, while collaboration with national and international partners continued to strengthen technical guidance, referral pathways and specialized mental health services.

Health Cluster Partner Assessments of Health Facilities

Health Cluster partners continue conducting rapid assessments to monitor health facility functionality and identify priority recovery needs across affected areas. To date, **73 health facilities** have been assessed, with **27 reporting earthquake-related damage** (13 in Distrito Capital, 9 in La Guaira and 5 in Miranda). Three facilities in La Guaira remain non-operational or are functioning with severe limitations. Findings continue to support coordinated recovery planning and prioritization of partner assistance, while assessment gaps persist in Carabobo and Yaracuy.

PRIORITY NEEDS

- **Continuity of Health Services** – Strengthen service delivery networks, referral coordination and restoration of damaged facilities.
- **Hospital Recovery and Infrastructure** – Address infrastructure rehabilitation, water supply, hygiene, cleaning and essential hospital support services.
- **Specialized Clinical Services** – Sustain oncology, rehabilitation and chronic disease services while strengthening diagnostic and specialized care capacity.
- **Health Information and Service Management** – Strengthen health facility characterization, digital information systems and operational analysis to support recovery planning.
- **Mental Health and Psychosocial Support** – Expand implementation of the national MHPSS plan, deploy Mental Health Points across transitional camps, strengthen referral pathways and continue workforce capacity building.

PAHO/WHO RESPONSE

- PAHO/WHO continued supporting Emergency Medical Team (EMT) coordination and progressive integration with national health services to sustain continuity of essential health care in affected areas.
- Contributed to assessment and recovery planning for specialized health services, including oncology networks and continuity of care for people living with chronic diseases.
- Facilitated implementation of the Ministry of Health National Mental Health Response Plan, including development of operational guidance for Mental Health Points in transitional camps and intersectoral coordination.
- Delivered Psychological First Aid (PFA) training for 63 health and social service professionals in Miranda and facilitated deployment of additional technical personnel to strengthen camp-based mental health services.
- Continued to assist in health facility assessments, hospital recovery planning and prioritization of recovery interventions in coordination with the Ministry of Health and Health Cluster partners.
- Conducted infection prevention and control (IPC) training for 50 nursing professionals from the Greater Caracas area to strengthen safe clinical care.
- Facilitated high-level technical coordination between the Ministry of Health, Ministry of Education

and partner institutions to advance implementation of an integrated intersectoral mental health and psychosocial support framework.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

1.15	18	17	6
million vaccine doses delivered to the country	Priority diseases/events designated for immediate notification	Temporary camps under surveillance	Transitional camps assessed for environmental risks

Source: PAHO/WHO; IMST PAHO/WHO field teams

KEY TAKEAWAYS

- Digital surveillance tools are strengthening real-time analysis and reporting from transitional camps, improving operational decision-making.
- No major outbreaks have been detected despite continued verification of priority public health events.
- Brazil donated 1.15 million vaccine doses through PAHO/WHO, strengthening national preparedness and continuity of immunization activities.

SITUATION ANALYSIS

Strengthening epidemiological surveillance

Integrated epidemiological surveillance continues to support early detection and rapid investigation of priority public health events following the earthquakes. Surveillance activities are implemented jointly by the MPPS and PAHO/WHO through indicator-based surveillance, event-based surveillance, environmental surveillance, laboratory surveillance and vaccination monitoring.

Field operations remain focused on restoring and strengthening surveillance capacity across La Guaira. Activities include epidemiological and environmental assessments in transitional camps, verification of mandatory disease reporting in health facilities, investigation of priority public health events, and continued strengthening of the State Epidemiological Situation Room.

Integrated surveillance has been further strengthened through joint field operations involving epidemiology, environmental health and immunization teams, enabling coordinated investigation of priority public health events and rapid implementation of outbreak prevention and control measures.

The MPPS continues strengthening its Health Information Command Centre to support post-disaster information management. During the reporting period, PAHO/WHO supported the deployment of an automated surveillance dashboard that enables real-time visualization of epidemiological information from transitional camps, facilitates trend analysis, and automatically generates operational reports in PowerPoint and PDF formats for decision-making by health authorities.

The MPPS has also strengthened epidemiological intelligence through a national surveillance dashboard that monitors 18 priority diseases and events using historical baselines and weekly trend analysis. The

system supports early identification of unusual increases and guides verification and public health response according to predefined alert thresholds.

Early warning, alert verification and laboratory surveillance

Early warning and laboratory-supported surveillance continue to strengthen timely detection and verification of priority public health events. Laboratory confirmation remains coordinated through the National Reference Laboratory (National Institute of Hygiene), supported by daily specimen referral from affected areas and close coordination between epidemiology, laboratory and environmental health teams.

During the reporting period, investigations confirmed four imported *Plasmodium vivax* malaria cases among military personnel deployed from Bolívar State and identified one case of pulmonary tuberculosis, allowing prompt public health follow-up according to national protocols.

Despite continued progress, laboratory surveillance remains constrained by infrastructure damage, limited operational capacity at state and ASIC laboratories, and logistical challenges affecting specimen collection, preservation and diagnostic capacity.

Arrival of 1.15 million vaccine doses donated by the Government of Brazil to support immunization activities in earthquake-affected areas of Venezuela.

Source: PAHO/WHO

Event-based surveillance

Event-based surveillance implemented through deployed Emergency Medical Teams (EMTs) continues to complement routine indicator-based surveillance by supporting early detection, verification and assessment of public health signals reported from health facilities and transitional camps. Current surveillance focuses on syndromic trends requiring epidemiological assessment, including acute respiratory infections, acute diarrheal syndromes, acute febrile illnesses and other priority conditions, with verification conducted jointly by Ministry of Health epidemiologists and PAHO/WHO field teams. Trend analysis indicates that the observed increase in acute respiratory infections is primarily associated with the progressive expansion of surveillance coverage rather than increased transmission, while localized monitoring of acute diarrheal diseases continues in affected areas. Information generated through this system continues to support rapid risk assessment and operational decision-making without indicating confirmed outbreaks.

Environmental surveillance and public health risks

Environmental surveillance continues to identify public health risks in transitional camps, particularly those associated with inadequate water, sanitation and hygiene (WASH), poor solid waste management, and vector proliferation. Joint investigations conducted by environmental health and epidemiology teams continue to support rapid implementation of vector control, environmental sanitation, and outbreak prevention measures.

Field assessments identified deficiencies in drinking water, solid waste management, and sanitation in two of the six transitional camps visited, reinforcing the need for integrated WASH interventions to reduce the risk of communicable disease transmission.

Handwashing facilities installed in a transitional camp in La Guaira support infection prevention and reduce the risk of communicable diseases among displaced populations.

Source: IMST PAHO/WHO field teams.

Vaccination activities

Vaccination remains a central component of the public health response in affected areas. During the reporting period, PAHO/WHO supported the delivery of **1.15 million vaccine doses donated by the Government of Brazil** to strengthen the National Immunization Programme and sustain protection against vaccine-preventable diseases. Vaccination activities continue in affected communities and transitional camps according to national priorities and epidemiological risk.

Other public health events

The Ministry of Health reported three confirmed fatal cases of hantavirus infection in Anzoátegui State. According to national authorities, this event is unrelated to the earthquake response. Two additional deaths under investigation in Barinas State are considered a separate event with no epidemiological link to the hantavirus cases. Investigations remain ongoing.

PRIORITY NEEDS

- **Early warning and outbreak investigation –** Strengthen early warning, alert verification and rapid outbreak investigation capacity across transitional camps, health facilities and EMTs, including timely reporting, laboratory confirmation and feedback to operational teams.
- **Laboratory surveillance** – Restore and strengthen laboratory diagnostic capacity at the National Reference Laboratory, state laboratories and ASIC surveillance networks, including specimen collection, preservation and transport.
- **Health information systems** – Expand digital health information systems, real-time reporting and epidemiological data management capacities to improve integration, visualization and automated analysis of surveillance information across reporting units.
- **Operational logistics** – Sustain logistics, transportation and field mobility required for integrated epidemiological surveillance, environmental investigations and rapid response activities.
- **Environmental surveillance and WASH** – Strengthen environmental surveillance, integrated vector management and WASH interventions in camps presenting the highest public health risks.
- **Vaccination** – Continue targeted vaccination and catch-up immunization activities in affected

communities, supported by strengthened national vaccine availability and according to epidemiological risk.

PAHO/WHO RESPONSE

- PAHO/WHO supported the MPPS in restoring and strengthening integrated epidemiological surveillance through coordinated field activities in transitional camps, ASICs and health facilities.
- Supported implementation of an automated surveillance dashboard for transitional camps in La Guaira, enabling real-time visualization of epidemiological trends and automatic generation of analytical reports for operational decision-making.
- Continued supporting integrated surveillance through joint epidemiology, environmental health, laboratory and immunization field activities.
- Supported laboratory surveillance through specimen referral, diagnostic coordination and assessment of laboratory strengthening needs.
- Continued supporting event-based surveillance through review and verification of surveillance signals reported by deployed EMTs in coordination with MPPS epidemiologists.
- Donated information technology equipment and auxiliary materials to strengthen epidemiological surveillance and reporting capacities at the ASIC level.
- Coordinated technical cooperation for strengthening laboratory surveillance capacities, including assessment of needs for specimen collection materials, molecular diagnostic reagents and other laboratory supplies.
- Coordinated and facilitated delivery of **1.15 million vaccine doses donated by Brazil**, strengthening national immunization capacity and supporting protection against vaccine-preventable diseases in the post-earthquake response.

COMMUNITY PROTECTION / SHELTERS

KEY NUMBERS

107	27,950	23,122	83%
Total Camps	Installed Capacity	Occupied Capacity	Occupancy Rate

Source: Venezuela National Authority

KEY TAKEAWAYS

- Field assessments indicate improvements in camp organization, but persistent environmental health risks, including inadequate solid waste management, stagnant water, and vector breeding sites, continue to require integrated WASH, vector control, and public health surveillance interventions to prevent disease outbreaks.
- PAHO/WHO strengthens the health response through prioritization of high-risk camps, closer coordination with health authorities and Health Cluster partners, and targeted support for immunization, NCD continuity of care, and MHPSS.
- The expansion to 107 transitional camps, operating at 83% occupancy, underscores the need to strengthen standardized health coordination mechanisms among the MPPS,

Comprehensive Community Health Areas (ASIC), camp management, and humanitarian partners to ensure equitable access to essential health services.

SITUATION ANALYSIS

National authorities report 107 transitional camps with an installed capacity of 27,950 places, of which 23,122 are occupied, representing an overall occupancy rate of 83%. Camps are located in Distrito Capital (41), La Guaira (28), Miranda (28), and Aragua (10). The expanding camp network has progressively reduced the number of displaced people sheltering in informal locations such as sidewalks, roads, and areas around buildings undergoing structural assessment, but the high occupancy rate continues to strain essential services and local authorities' capacity to ensure adequate health and protection conditions.

Field visits indicate gradual improvements in the internal organization of several transitional camps. Significant challenges remain, however, in establishing a standardized health response model that effectively coordinates interventions among camp management, NGOs, ASICs, and health authorities. The continued presence of security forces within temporary accommodation sites also underlines the need to strengthen intersectoral coordination mechanisms that ensure a protection-centered approach while safeguarding equitable and timely access to health services.

Environmental assessments continue to identify conditions that increase public health risks within camp settings. Key findings include stagnant water, the accumulation of containers that may serve as mosquito breeding sites, and limited capacity for adequate solid waste management. These conditions increase the risk of vector- and rodent-borne diseases, as well as other illnesses associated with inadequate WASH conditions. Strengthened integrated environmental surveillance, vector control, and solid waste management interventions remain essential, particularly in camps presenting the highest levels of vulnerability.

Transitional camps in La Guaira. Source: Health Cluster

Health access

The organization of health service delivery across shelters continues to vary considerably across affected states. In Miranda, a structured coordination model has been established, including the designation of a Health Director for each territorial axis and a Health Focal Point in every camp, strengthening coordination between health services and camp management. However, this governance model has not yet been replicated in the other affected states, resulting in coordination gaps and uneven implementation of health interventions. In this context, PAHO/WHO provides direct technical support to the health authorities in La Guaira to strengthen the health sector's presence, coordination mechanisms, and service delivery across transitional camps.

Immunizations / Vaccination Activities:

Active surveillance of vaccine-preventable diseases (VPDs) continues in transitional camps and the wider community. Following the reorganization of vaccination brigades in La Guaira, training on camp vaccination protocols in emergency settings was delivered across three Community Integral Health Areas (ASIC), reaching 51 vaccinators. Efforts continue to secure vaccine supply through procurement via the

PAHO Revolving Fund and through donations from countries in the region.

Epidemiological surveillance

The epidemiological situation continues to require intensified surveillance. Although no large-scale outbreaks have been confirmed in transitional camps to date, overcrowding and persistent WASH deficiencies continue to pose a high risk for the transmission of communicable diseases. These events reinforce the need to strengthen event-based surveillance, rapid epidemiological investigation, laboratory diagnostic capacity, and early warning systems to ensure the timely detection and response to emerging public health threats within and beyond the earthquake-affected areas.

PRIORITY NEEDS

- **Continuity of essential health services** – Assess and characterize priority needs for essential medicines, medical supplies, and health commodities at health service delivery points within prioritized camps, in coordination with the Noncommunicable Diseases and Mental Health programme, to ensure continuity of care for people with chronic conditions, mental health needs, disabilities, older persons, pregnant women, and other vulnerable groups.
- **Integrated surveillance and outbreak prevention** – Strengthen public health surveillance, environmental health monitoring, vector control, and rapid response capacity in high-risk camps to reduce the risk of communicable disease outbreaks associated with overcrowding, inadequate WASH conditions, and emerging public health threats.
- **Camp-based health governance** – Promote standardized health coordination mechanisms across all affected states by strengthening the integration of ASICs, camp health focal points, and state health authorities, building on the coordination model implemented in Miranda to improve service delivery, referral pathways, and operational oversight in transitional camp.
- **Health coordination in transitional camps** – Strengthen coordination among the MPPS, ASICs, camp management, local health authorities, and humanitarian partners by prioritizing the transitional camps where PAHO/WHO will implement direct CERF-supported interventions, ensuring an integrated operational approach and evidence-based allocation of resources according to health risks and population needs.
- **Water, sanitation and hygiene (WASH) in La Guaira** – Secure portable field laboratory kits for microbiological water monitoring, along with vehicle support for technical staff; provide sanitation equipment (motorized backpack sprayers, uniforms, personal protective equipment (PPE), and color-coded medical and biohazard waste bags); arrange waste transport to decongest health facilities; and recruit a WASH engineer to provide technical coordination and support.
- **Immunization: transport and vaccine supply** – Secure dedicated transport to enable faster access to transitional camps, prioritizing those hosting over 1,000 people; and maintain a stable, sufficient and timely supply of vaccines across the life course.

PAHO/WHO RESPONSE

- PAHO/WHO continued strengthening of risk communication capacities and institutional coordination through the development of a joint communication strategy with the MPPS, the formulation of tailored communication materials, training of 60 people on risk communication, and enhanced visibility of emergency health interventions.
- Conducted a comprehensive needs assessment with the coordinators of the nine ASICs to identify operational gaps and strengthen the health sector's presence and response capacity across transitional camps.
- Coordinated a strategic planning meeting with the Social Vice Presidency to define priority interventions for MHPSS, strengthening intersectoral coordination to address the emerging psychosocial needs of displaced populations living in transitional camps.
- Supported the identification of people living with NCDs through the implementation of a standardized assessment tool, led by the Noncommunicable Diseases and Mental Health programme, informing follow-up actions and continuity of care for vulnerable populations.

- Strengthening Health Cluster coordination by mapping partner organizations providing health services in transitional camps, improving partner visibility, identifying operational gaps, and facilitating coordinated service delivery.
- Provided technical support to vaccination teams operating in transitional camps in La Guaira, in coordination with the PAHO/WHO Immunization programme, reinforcing immunization activities and strengthening prevention of vaccine-preventable diseases.
- Established prioritization criteria for transitional camps under the CERF-funded project to guide the phased implementation of health interventions, optimize resource allocation, and ensure assistance is targeted according to identified health risks and operational needs.

COORDINATION

KEY NUMBERS

42	14	4	1	14
Health Cluster partners in country implementing activities	**EMTs deployed and operational**	**EMTs demobilized/ demobilizing**	**EMTs mobilizing** *Operational in the next days*	**PAHO Regional Response Team/ GOARN experts Deployed/ Deploying**

Source: Health Cluster; PAHO EMT Operational Status Report

KEY TAKEAWAYS

- As of 17 July, the Health Cluster's 3W system had registered 587 response activities by 42 organizations across 22 municipalities in eight states, with more than 96% concentrated in La Guaira, Distrito Capital and Miranda.
- Primary health care remains the cornerstone of the response at nearly 58% of activities, delivered through mobile brigades, camps, field hospitals and existing facilities, alongside expanded MHPSS coverage and partner support with essential medicines, kits, IPC supplies and equipment
- EMT coordination remains active through the virtual CICOM mechanism, with 14 EMTs deployed and operational, 1 mobilizing, and 7 demobilizing.
- PAHO/WHO has deployed/is deploying 14 PAHO Regional Response Team/GOARN experts to support technical priority areas.

SITUATION ANALYSIS

Health Cluster

As of 17 July, the Health Cluster's 3W (Who, What, Where) reporting system had registered 587 response activities implemented by 42 organizations – UN agencies, national and international NGOs, the Red Cross Movement, and national foundations – across 22 municipalities in eight states. Operational presence remains highly concentrated in three areas: La Guaira with 316 reported activities (54%), Distrito Capital with 144 (24%) and Miranda with 105 (18%), together accounting for more than 96% of all reported interventions. This reflects the prioritization of response efforts in areas with the highest levels of damage, population displacement, and concentration of transitional camps.

Primary health care remains the cornerstone of the partner response at nearly 58% of reported activities, delivered through mobile medical brigades, community outreach, transitional camps, field hospitals and existing health establishments, with MHPSS expanding across affected communities and camps and

extending to frontline health personnel.

Partners continue reinforcing the national health system with essential medicines, emergency medical kits, IPC supplies, hospital and IT equipment, surveillance materials and logistical support for health facilities, vaccination brigades and mobile medical teams.

Sexual and reproductive health services are also sustained, including antenatal care, contraceptive distribution, HIV and syphilis rapid testing, STI prevention and community awareness, and deliver targeted interventions for populations with specific needs, such as physical and functional rehabilitation and assistive devices for persons with disabilities.

The Health Cluster coordination mechanism has transitioned toward a more operational coordination model supported by dynamic information management, enabling continuous monitoring of partner interventions, operational capacities, geographical coverage, and response gaps, including those of newly deployed health actors following the 24 June earthquakes.

Health Cluster coordination meeting. Source: Health Cluster

PAHO Regional Response Team/GOARN

PAHO/WHO has mobilized 14 specialists who are deployed, scheduled, or in the deployment process through the PAHO Regional Response Team/GOARN roster. A second group of experts is arriving this week, expanding support in epidemiology, humanitarian coordination, public health laboratory coordination, infection prevention and control, and surveillance in shelters and affected communities.

The team is supporting health emergency and Health Cluster coordination, logistics, information management and communications, risk communication and community engagement, WASH, immunization, Emergency Medical Team coordination, and health facility assessments. The newly arriving specialists will strengthen the early detection, investigation and analysis of public health events; epidemiological surveillance in shelters; laboratory diagnostics and sample management; infection prevention and control; partner coordination; gap analysis; and evidence-based operational decision-making. This support is helping to align national and international assistance with identified needs and priorities of the ongoing emergency response.

EMTs

Virtual CICOM (Coordination Cell) was established in La Guaira under the leadership of the MPPS, with technical support from PAHO, to process international EMT offers and to coordinate their acceptance and deployment. As of 23 July 2026, fourteen EMTs are providing services across La Guaira, Caracas, Miranda; one team is mobilizing to their assigned locations and expected to become operational over the coming hours and days; and seven have demobilized or are demobilizing after completing their mission. See *Annex 1* for further details.

- The Specialized Care Team, Emergency Remote Clinical Support (SCT-ERCS)—implemented by the University of Miami and the Panamerican Trauma Society—continues providing remote provider-to-provider specialist consultation to deployed EMTs. PAHO supports its technical and operational integration through CICOM.
- EMTs continue contributing to epidemiological surveillance, strengthening early detection and monitoring of health risks in affected areas.
- Deployed EMTs have started supporting patients under the UNDP-supported tuberculosis and malaria programmes in Venezuela, including screening and treatment activities.
- CICOM, the MPPS, and IOM are coordinating to strengthen continuity of clinical care in temporary camps, including referral, follow-up and access to services.
- Clinical rehabilitation is being provided across the response and has been reinforced by the deployment of the dedicated Humanity & Inclusion Clinical Rehabilitation SCT.

Table 1: 14 Deployed and Operational Emergency Medical Teams by type and location as of 23 July 2026

Type	#	Team (Country) – Deployment Site
Type 1 Fixed EMT	5	**VEN + ESP Red Cross** (Venezuela / Spain) – Estadio Jorge García, La Guaira **BHSR EMT** (Colombia) – Colegio Gran Colombia, Caracas, Distrito Capital **UK MED** (United Kingdom) – Karting La Guaira, Caraballeda, La Guaira **JDR–JICA** (Japan) – Campo Fútbol-sala, Caraballeda, La Guaira **International Medical Corps** (USA) – Terminal de Pasajeros, Catia La Mar, La Guaira
Type 1 Mobile EMT	4	**VEN + ESP Red Cross** (Venezuela / Spain) – Estadio Jorge García, La Guaira **Peace Winds** (Japan) – Parque El Indio, Macuto, La Guaira **TMAT** (Japan) – Hospital Dr. Domingo Luciani, Miranda **CMAT** (Canada) – Casco Central, Caraballeda, La Guaira
Type 2 EMT	1	**Barbados Defence Force** (Barbados) – Escuela Industrial Nacional Rubén González, Guarenas, Miranda
Type 3 EMT	1	**Samaritan's Purse** (USA) – Baseball Camp Plaza Bolívar, La Guaira
SCT-ERCS (Virtual)	1	**University of Miami – Panamerican Trauma Society** (USA) – Virtual from the University of Miami
RMNCH SCT	1	**SDC** (Switzerland) – Hospital Rafael Medina Jiménez, Maiquetía, La Guaira
Clinical Rehabilitation SCT	1	**Humanity & Inclusion** (France / Colombia) – Centro Nacional de Rehabilitación, Hospital General, Caracas

EMT = Emergency Medical Team; SCT-ERCS = Specialized Care Team – Emergency Remote Clinical Support; RMNCH SCT = Reproductive, Maternal, Newborn and Child Health Specialized Care Team.

PRIORITY NEEDS

- **Unified coordination and information management** – Strengthen a common coordination mechanism, standardized reporting tools, partner mapping and action-point tracking to improve prioritization, gap analysis and resource allocation.
- **Information management** – Reinforce information management capacity through the deployment of an international Information Management Officer (IMO) for the next 12 months, together with the expedited authorization and installation of information management software to support real-time analysis, partner mapping, operational monitoring, and evidence-based decision-making.
- **Sustainable coordination financing** – Secure predictable financial resources to sustain Health Cluster coordination functions, information management, partner coordination, and operational

support over the next 24 months, ensuring continuity throughout the transition from emergency response to early recovery.

- **Mental Health and Psychosocial Support coordination** – Strengthen the operational capacity of the MHPSS Technical Working Group through the deployment of a dedicated focal point, led by IOM, to support coordination, information management, partner engagement, and monitoring of MHPSS interventions across affected areas.

PAHO/WHO RESPONSE

- PAHO/WHO strengthened operational coordination of the Health Cluster through two meetings convening up to 42 partners (18 and 21 July), reaching agreements on information sharing for areas with limited access to health services and on patient record exchange with MPPS for post-earthquake epidemiological surveillance.
- Enhanced evidence-based coordination and operational planning through the development of a comprehensive health situation analysis covering the seven earthquake-affected states. The analysis includes the geographical distribution of partner interventions, health services provided by municipality, activities by service delivery area, territorial coverage and operational density, service delivery points, modalities of health service provision, and priority health needs identified during the third week of the response.
- Supported coordinated Health Cluster interventions between 25 June and 20 July 2026, through which partners reported reaching 34,087 people via the 3W system. Interventions targeted affected communities, transitional camps, health facilities and health authorities, reinforcing the operational capacity of the national health system.
- Maintained regular coordination of the MHPSS Technical Working Group by convening the weekly coordination meeting with the participation of 26 partner organizations, strengthening information exchange, operational alignment, and coordinated implementation of MHPSS interventions across affected areas.
- Advanced the MPPS Mental Health Plan on several fronts. A high-level meeting with the Ministers of Health and Education and the Sectoral Vice-Presidency moved the plan towards a unified health-education protocol; daily follow-up meetings are tracking implementation, with seven psychological helplines now operational; three staff have been contracted to provide technical support in camps in Distrito Capital, Miranda and La Guaira; and coordination has begun with UNDP, the Eisenberg Institute (Brazil) and American Academy of Child and Adolescent Psychiatry (AACAP).

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

33.5 MT **Metric tons of PAHO supplies arrived at Venezuela** *Annex 2 for details*	**7** **Partners and neighboring countries have donated relief supplies with PAHO/WHO logistical support**	**24** **Health Facilities planned to receive PAHO supplies** *10 Health Facilities already received TESK, NCDK* *14 Health Facilities planned to receive supplies in the next days*	**36** **Shelters planned to receive PAHO supplies** *4 Large Size Transitional Camps* *32 Medium Transitional Camps*

Source: PAHO field teams

KEY TAKEAWAYS

- PAHO/WHO continued supporting the safe and dignified management of the deceased through the delivery of 7,806 body bags (8,500 targeted) and is strengthening epidemiological surveillance capacity by providing computers for on-site health data analysis. A second distribution of TESK and IEHK kits to 18 health facilities and 36 temporary camps is foreseen.
- PAHO/WHO continued facilitating in-kind donations from seven partners and neighboring countries. The latest Direct Relief donation provided enough tablets to chlorinate 20 days of water supply at the Punta Gorda plant in La Guaira, plus medicines and hygiene kits for outpatient services and four temporary camps.

PRIORITY NEEDS

- **Supply distribution and inventory management –** Accelerate last-mile distribution and strengthen First-Expired-First-Out (FEFO) protocols, cross-docking and stock rotation to ensure that items closest to expiry are prioritized for distribution, reduce warehouse saturation and support timely delivery to priority health facilities and shelters.
- **Targeted delivery to health facilities and shelters –** Prioritize distribution of emergency medical kits, medicines, hygiene supplies, WASH items and essential equipment according to the service profile of each health facility, the needs of temporary shelters and evolving gaps identified by field teams.
- **Cold Chain Sustainability in Shelters –** Safeguard and monitor the cold chain in health facilities, field operations and temporary shelters to ensure proper storage, transport and administration of donated and procured vaccines.

PAHO/WHO RESPONSE

Supplies delivered by PAHO/WHO

PAHO/WHO continues to support the response with critically needed medical supplies and medicines, having shipped 33.5 metric tons (MT) to Venezuela to date (see Annex 2). Supplies are planned for local distribution according to each health facility's service profile and shelter medical needs to maximize impact. **This new round will reach 18 health facilities and 36 shelters**. Counting earlier deliveries, PAHO/WHO will have supported 24 health facilities in total so far, steadily expanding its reach across the affected areas. The breakdown of this round is as follows:

Table 2. Plan of local distribution of supplies by facility level and receiving entity (new since Situation Report #5)

Distribution Level	Facility Level and Supply Type	Receiving Entity
Hospital-Level Distribution *(High-Complexity)*	**10 high-complexity hospitals** *To receive: Trauma and Emergency Surgery Kits (TESK) and/or Interagency Emergency Health Kits (IEHK) – varies by facility*	• Hospital Vargas • Hospital Pérez de León • Maternidad de Petare • Maternidad de Santa Ana • Maternidad Infantil Caricuao • Materno Infantil del Valle • Hospital IVSS Dr. José María Vargas (La Guaira) • Hospital Dr. Miguel Pérez Carreño • Hospital Dr. Domingo Luciani • Hospital Ricardo Baquero González

Distribution Level	Facility Level and Supply Type	Receiving Entity
Hospital-Level Distribution ***(Medium and Low Complexity)***	**Medium Complexity: 1 specialized clinic & 3 local/peripheral hospitals** *To receive: Trauma and Emergency Surgery Kits (TESK) & Interagency Emergency Health Kits (IEHK)*	• Ambulatorio Especializado de Naiguatá • Hospital de Carayaca • Hospital de La Sabana • Hospital Herrera Vega
	Low Complexity: 4 Comprehensive Diagnostic Centers (CDI) *To receive: Interagency Emergency Health Kits (IEHK)*	• CDI-1 • CDI-2 • CDI-3 • CDI-4
Community-Level Distribution	**4 Large Temporary Camps & 32 Medium Temporary Camps** *To receive: Interagency Emergency Health Kits (IEHK)*	• Large Camps: Vacacional Los Caracas, Estadio César Nieves UNO, Universidad Marítima, Polideportivo ONU • 32 Medium Temporary Camps

PAHO/WHO delivered and installed four computers in the epidemiological command room adjacent to the Medical Information and Operational Coordination Center (CICOM) to strengthen epidemiological capacity. The equipment provides on-site capacity for the continuous collection, digitization, processing, and analysis of health data from the population served during the emergency.

In parallel, PAHO/WHO continued the delivery of body bags, with 7,806 units provided to date to the National Forensic Medicine and Sciences Service (SENAMECF) and the Vice-Ministry of Hospitals, approaching the institutional target of 8,500 units. The supplies strengthen national capacity for the safe and dignified management of the deceased.

Donations from neighboring countries and NGOs

PAHO/WHO continues providing technical and logistical support to facilitate in-kind donations from international partners and neighboring countries. To date, relief supplies have been donated by seven partners and neighboring countries (Table 3).

Table 3. Supplies and commodities donated by international partners and neighboring countries

Partner / Source of Offer	Type of Support / Contribution
Brazil (BRA)	**Vaccines for the emergency routine and seasonal immunization schedule** (pentavalent for diphtheria/tetanus/pertussis/HepB/Hib, MMR, BCG for tuberculosis, and yellow fever vaccine).
Trinidad and Tobago (TTO)	Tetanus toxoid doses for prevention
Colombia (COL)	**Standardized medical assistance kits** (medicines and general medical supplies), **public-health / veterinary immunobiological** (canine rabies vaccine), and **disposable administration devices** (pre-filled water syringes).
Direct Relief	**Essential medicines for chronic and acute conditions** (antibiotics, bronchodilators, antihypertensives, metabolic treatments), **WASH supplies, and family hygiene kits.**
Chile (CHL)	**Vaccines** (dT vaccine for diphtheria/tetanus and MMR) and **complementary medical supplies for reconstitution** (vaccine-specific diluents).
Republica Dominicana (DOM)	**Vaccines** for routine immunization schedules, including Td (tetanus/diphtheria), pentavalent, and DTaP (diphtheria, tetanus, and acellular pertussis) vaccines.

Partner / Source of Offer	Type of Support / Contribution
Mexico (MEX)	**Acellular triple bacterial vaccines** (DTaP for diphtheria, tetanus, and acellular pertussis)

On 22 July, PAHO completed a distribution from the latest Direct Relief donation. A total of 8,280 Aquatabs tablets were delivered to the Punta Gorda desalination plant in La Guaira, enough to chlorinate some 8 million liters. The plant supplies camps, hospitals and health centers free of charge, averaging 400,000 liters per day, equivalent to 20 days of treated supply.

From the same donation, medicines and medical supplies were delivered to the specialized outpatient services in Caraballeda and Naiguatá, which operate 24 hours a day and are the closest facilities to the affected area, and family hygiene kits were distributed to four large temporary camps: Vacacional Los Caracas, Estadio César Nieves UNO, Universidad Marítima and Polideportivo ONU.

PAHO/WHO staff distribute water treatment tablets, medicines and hygiene kits donated by Direct Relief. Source: PAHO/WHO

REFERENCES:

1. Ministry of Popular Power for Health (MPPS), Directorate General of Epidemiology. National Epidemiological Bulletin. Edition LXIII, Epidemiological Week 27 (5–11 July 2026). Caracas: Bolivarian Government of Venezuela; 2026. Unpublished.

2. Pan American Health Organization. Situation Report by Country Office. 21 July 2026. Caracas: PAHO; 2026. Unpublished

3. Pan American Health Organization. Country Office Daily Operations Update. 20 – 22 July 2026. Caracas: PAHO; 2026. Unpublished

4. Pan American Health Organization. Public Health Situation Analysis of Venezuela (Bolivarian Republic of). 10 July 2026. Caracas: PAHO; 2026. Available from: https://www.paho.org/en/documents/public-health-situation-analysis-venezuela-bolivarian-republic-july-10-2026

5. Pan American Health Organization. PAHO supports delivery of 1.15 million vaccine doses donated by Brazil to strengthen routine immunization in Venezuela. 21 July 2026. Washington D.C.: PAHO; 2026. Available from: https://www.paho.org/en/news/21-7-2026-paho-supports-delivery-115-million-vaccine-doses-donated-brazil-strengthen-routine

6. Venezuela Health Cluster, with the support of the Regional Health Cluster and the Global Health Cluster. Venezuela Earthquake - Situation Report No. 5, 20 July 2026. Caracas: GHC;2026. Unpublished.

Annex 1

Operational Status and location of EMTs as of 23 July 2026

Status	Team (Country)	Capability	Deployment Site
DEPLOY Deployed and operational (14)	**Samaritan's Purse (USA)**	Type 3 EMT	Baseball Camp Plaza Bolívar, La Guaira
	University of Miami – Panamerican Trauma Society (USA)	SCT-ERCS, virtual	Virtual from the University of Miami
	VEN + ESP Red Cross (Venezuela / Spain)	Type 1 Fixed EMT	Estadio Jorge García, La Guaira
	VEN + ESP Red Cross (Venezuela / Spain)	Type 1 Mobile EMT	Estadio Jorge García, La Guaira
	BHSR EMT (Colombia)	Type 1 Fixed EMT	Colegio Gran Colombia, Caracas, Distrito Capital
	Peace Winds (Japan)	Type 1 Mobile EMT	Parque El Indio, Macuto, La Guaira
	TMAT (Japan)	Type 1 Mobile EMT	Hospital Dr. Domingo Luciani, Miranda
	UK MED (United Kingdom)	Type 1 Fixed EMT	Karting La Guaira, Caraballeda, La Guaira
	JDR–JICA (Japan)	Type 1 Fixed EMT	Campo Fútbol-sala, Caraballeda, La Guaira
	Barbados Defence Force (Barbados)	Type 2 EMT	Escuela Industrial Nacional Rubén González, Guarenas, Miranda
	International Medical Corps (USA)	Type 1 Fixed EMT	Terminal de Pasajeros, Catia La Mar, La Guaira
	CMAT (Canada)	Type 1 Mobile EMT	Casco Central, Caraballeda, La Guaira
	SDC (Switzerland)	RMNCH SCT	Hospital Rafael Medina Jiménez, Maiquetía, La Guaira
	Humanity & Inclusion (France / Colombia)	Clinical Rehabilitation SCT	Centro Nacional de Rehabilitación, Hospital General, Caracas
MOB Mobilizing (1)	**Save the Children (United Kingdom)**	RMNCH SCT	Clínica Taraguanera, Caraballeda
DEMOB Demobilized / mission completed (7)	**Army 60 PARA Mobile Hospital (India)**	Type 2 EMT	Hipódromo La Rinconada, Caracas
	Johanniter EMT (Germany)	Type 1 Fixed EMT	Caraballeda, La Guaira
	Lithuanian EMT (Lithuania)	Type 1 Mobile EMT	Ciudad Vacacional Los Caracas, La Guaira
	MINSAL (Dominican Republic)	Type 1 Fixed EMT	Estadio César Nieves, Catia La Mar, La Guaira
	AECID (Spain)	Type 1 Fixed EMT	Parque del Este, Caracas, Miranda
	Brazilian Navy (Brazil)	Type 2 EMT	Camurí Chico, Macuto, La Guaira
	Team Rubicon (USA)	Type 1 Mobile EMT	Playa Grande, Catia La Mar, La Guaira

Annex 2

Consolidated Summary of PAHO/WHO Supplies Delivered for the Venezuela Emergency Response as of 23 July, 2026

No.	Origin	Delivery Date	Items Included	Beneficiary Population	Receiving Entity	PAHO Action
1	**PAHO Local Warehouse / Pre-positioned Supplies**	26 June 2026 (Completed)	**2.18 metric tons of medical supplies and medicines** - Trauma Kit module - Supplementary Inter-Agency Health Kit module - PPE, IV catheters, syringes, etc	Patients and individuals affected by the earthquakes in the coastal region.	La Guaira Regional Health Directorate.	Immediate physical delivery; technical support for reception and field distribution.
2	**PAHO Strategic Reserve in Panama**	1 July 2026 (Arrival and Classification)	**4 metric tons of emergency supplies,** administered - TESK components - NCDK primary care backpacks, WASH supplies	Metropolitan hospital network, shelters, and community health corridors.	Ministry of Popular Power for Health (MPPS) / CONSALUD and SEFAR central warehouses.	Reception of the international airlift, customs clearance, and joint modular inventory.
3	**Local Distribution Phase — from the previous PAHO Strategic Reserve shipment in Panama**	9 July 2026 (Delivered to Destination)	**Hospital Block:** gynecological instruments, craniotomy sets, burn dressings, orthopedic/traction materials, and sutures. **Community Block**: chronic disease medications, renewable modules, and health equipment and local reserve deployment of IEHK 2024	Trauma patient network, pregnant women in a crisis setting, and users of the primary care network in La Guaira and Caracas.	Hospitals: Pérez Carreño, Domingo Luciani, Baquero González, and MCP. Community: 5 ASIC in La Guaira (ASIC 508–512) and Naiguatá Outpatient Clinic.	Coordination, last-mile ground transport, and formal delivery under official hospital receipt records.

No.	Origin	Delivery Date	Items Included	Beneficiary Population	Receiving Entity	PAHO Action
4	**PAHO Charter Flight — From Dubai**	13 July 2026 (Field deployment started 15 July)	**Essential medicines and supplies**, including 20 complete Inter-Agency Emergency Health Kits (IEHK 2024), 10 Trauma Kits	Displaced populations in temporary camps, major trauma patients (ensuring 800-1,000 surgeries), and pregnant women requiring obstetric/ reproductive care.	Planned distribution *Community Network:* 4 Large Temporary Camps, 32 Medium Camps, La Guaira Hospitals, and 4 CDIs. *Surgical/Trauma Network*: Major Caracas hospitals 4 local hospitals *Obstetric Network*: 4 maternity hospitals	Procurement of supplies, operational field deployment, modular division, and targeted allocation across surgical, community, and obstetric networks.
5	**UNHRD Humanitarian Airbridge (From Panama) — Supplies donated by Direct Relief; transport funded by EU**	16 July 2026	**Family Hygiene Emergency Kits**, Medicines, general medical supplies, and equipment for **infections and trauma,** and General Emergency Preparedness Kit	Populations affected by the earthquake, displaced persons in temporary camps, shelters, or highly vulnerable conditions.	Pending distribution / Shelters and temporary camps.	Reception of humanitarian airbridge shipment and coordination of donated supplies.