

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

Situation Report #3

June 30, 2026

HIGHLIGHTS

- On 24 June 2026, two consecutive earthquakes (M7.2 and M7.5) struck north-central Venezuela, affecting at least 7 states, with La Guaira the most severely impacted.
- Over 2,500 structures have sustained damage, with Maiquetía International Airport closed to commercial flights, Caracas Metro services suspended, and telecommunications unstable across affected areas.(1)
- **Preliminary assessments across 8 health facilities indicate 3 have sustained structural damage** with all 8 requiring immediate external support; report combined capacity of 1,220 beds, with Hospital Dr. Rafael Medina Jiménez (La Guaira) reporting the sharpest reduction in bed capacity (-67.6%).
- **Vargas-IVSS Hospital is the highest-priority facility**, with critical gaps including morgue overcrowding, non-operational ventilators, blood bank critically low (35 units), loss of connectivity, and 96 patients housed in an 8-bed ward.
- PAHO/WHO deployed **four Regional Response Team specialists** covering health emergency coordination, logistics, information management, EMT coordination, and rapid health facility assessment. In coordination with MoH, PAHO/WHO is supporting the **virtual CICOM and EMT mobilization: 1 Type 3 EMT (Samaritan's Purse) is now operational in La Guaira**, 3 EMTs are mobilizing; and 5 additional EMTs have been confirmed by MoH/CICOM and are ready to deploy.
- PAHO/WHO **delivered 2.18 tons of medical supplies** (trauma kits, inter-agency emergency health kit modules, PPE, and medical consumables) to the La Guaira Regional Health Directorate on 26 June, alongside 320 body bags. An **additional 4-ton emergency** shipment from PAHO's Strategic Reserve in Panama, comprising trauma kits, medicines, field equipment, and PPE, is expected to arrive imminently.



Response operations in La Guaira / Source: PAHO/WHO



Intersectoral coordination / Source: PAHO/WHO

KEY NUMBERS

1,719

deaths¹

5,034

injured people²

3

Health Facilities reported structural damages³

1

Health Facility requires critical/immediate attention⁴

1

EMT started operations in La Guaira⁵

3

EMTs confirmed by MOH and CICOM and mobilizing⁵

6 tons

PAHO emergency supplies to support the response⁷

2.18 tons delivered; 4-ton shipment arriving shortly

Sources

- 1, 2: Official government update, June 29
3,4: PAHO/WHO: Rapid Assessment of Health Facilities: 29 June 2026
5,6,7: 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.

HEALTH SITUATION (2-4)

The health service network in the main affected areas includes 97 health facilities across Capital District, La Guaira and Miranda, distributed by level of care and geographic location. These include 25 tertiary care facilities, 34 secondary care facilities and 38 primary care facilities, providing a baseline overview of the available health infrastructure potentially exposed to the earthquake impact and supporting prioritization for rapid assessments, service continuity analysis and response planning.

Table 1: Health Facility Distribution by Department and Type

Hospital Type	Capital District	La Guaira	Miranda	Grand Total
Tertiary Care	10	4	11	25
Secondary Care	13	3	18	34
Primary Care	4	6	28	38
Grand Total	27	13	57	97

PAHO Country Office in Venezuela supported national health authorities in conducting rapid assessments of 8 health facilities across La Guaira, Capital District, and Miranda states affected by the seismic event, using standardized tools to collect damage and needs assessment data. This information has not been officially verified by national health authorities and is published for operational coordination purposes only.

Table 2: Summary of Health Facility Assessment

<p>59</p> <p>Health Facilities* available in affected areas</p> <p>* Big and Medium facilities</p>	<p>8</p> <p>Assessed with ERES flash tool by PAHO/WHO</p> <p>8 of them require some type of immediate support</p>	<p>3</p> <p>Reported structural damage</p> <p>Popular clinic Dr. Alfredo Machado, Hospital Rafael Medina Jimenez and Hospital Dr. Jesus Yerena (Lidice)</p>	<p>1</p> <p>Requires critical / immediate attention</p> <p>Vargas – IVSS Hospital: no structural damage but operational capacity is compromised</p>	<p>35</p> <p>Health Facilities preliminary evaluation by Health Cluster Partners</p> <p>Reported damages: 11</p> <p>Reported severe shortages: 22</p>
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Table 3: Overview of 8 health facilities assessed by ERES Flash tool

#	Establishment	State / Municipality	Structural Damage	Evacuation	Operative Beds
1	Popular Clinic Dr. Alfredo Machado	La Guaira / Catia La Mar	Yes	No	46
2	Hospital Dr. Miguel Pérez Carreño	Capital District / Libertador	No	No	720
3	Hospital Dr. José María	La Guaira / Parroquia	No*	No	96

#	Establishment	State / Municipality	Structural Damage	Evacuation	Operative Beds
	Vargas (IVSS)				
4	Hospital Dr. Rafael Medina Jiménez	La Guaira / Parroquia	Yes	No	35 (of 108)
5	Maternidad de Macuto (Ana T. de J. Ponce)	La Guaira / Macuto	No	No	32
6	Hospital Dr. Domingo Luciani (El Llanito)	Miranda / Sucre	No	No	200**
7	Hospital Dr. Jesus Yerena (Lidice)	Capital District	Yes	No	16
8	Hospital Dr. Ricardo Baquero Gonzalez (Periferico de Catia)	Capital District	No	No	75

* Vargas-IVSS: no structural damage, but severe non-structural damage and operations restricted to the Ground Floor (8 beds for 96 hospitalized patients).

** Luciani: ambiguity 500/200; 200 recorded as operative (to be verified).

Key findings from health facility assessments

- **Damages:** 3 of 8 health facilities have sustained evident structural damage; however, all 8 require immediate external support
- **Bed capacity:** A total of 1,220 beds are operative across all assessed facilities. Hospital Dr. Rafael Medina Jiménez (La Guaira) experienced the most significant reduction, with available beds decreasing by 67.6% - from 108 to 35.
- **Critical gaps identified:** No telephone or internet service for patient referral and tracking (Pérez Carreño, Vargas-IVSS, and Luciani Hospitals); morgue overcrowding and waste accumulation (Vargas-IVSS Hospital); absence of backup power supply (Machado and Vargas Hospitals); critical limited capacity of patient transport/ambulance (Periferico de Catia Hospital)
- **Critical/immediate priority - Vargas-IVSS Hospital:** No structural damage was reported; however, operational capacity is severely compromised. Current situation includes:
 - 96 patients hospitalized in a ward with a capacity of 8 beds;
 - Morgue overwhelmed (corpses in an open area within the hospital)
 - Blood bank is critically low (only 35 units available)
 - The Trauma Shock unit has 2 mechanical ventilators, both non-operational due to insufficient emergency generator capacity. Water access relies entirely on manual hauling, carried out 3 times per day.
 - The waste collection point is saturated, with accumulated medical waste obstructing facility corridors.
 - 81 patients transferred to Caracas and received 5 newborns from Maternidad de Macuto
- **Maternidad de Macuto:** maternal hospital was in rehabilitation during assessment.

Preliminary findings from the rapid assessments carried out in eight health facilities highlighted the following challenges:

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



SHELTERS

- According to OCHA (Sitrep 6), authorities report 15,866 displaced people and the establishment of transitional camps in affected states. In Gran Caracas, including affected municipalities in Miranda state, 50 transitional camps have been established to support affected people; in La Guaira, 15 shelters have been set up.
- The humanitarian response in shelter sites and strategic locations is prioritizing health, shelter, food assistance, WASH, logistics and protection. In La Guaira, three strategic locations have been identified for multisectoral services: Polideportivo Vargas, César Nieves Stadium in Catia La Mar and Playa Grande Stadium. IOM is supporting site set-up and management, including relief items, spaces for health/protection activities, storage and reception mechanisms.
- PAHO will support syndromic surveillance in shelters and transitional camps, given the increased risk of communicable diseases in crowded settings, especially acute respiratory infections, influenza-like illness, acute watery diarrhoea, skin infections, fever-rash illness, and other

vaccine-preventable diseases. This is particularly important given the regional measles outbreak in the Americas.

PRIORITY HEALTH RISKS AND NEEDS

HEALTH RISKS (5):

- Venezuela's protracted **humanitarian crisis has severely weakened the health system**, driving widespread **medicine shortages** – reflected in a 37% shortage index for hospital emergency supplies as of September 2024 – alongside **deteriorating service quality, critical staffing gaps and limited access to diagnostic and imaging services**.
- **Many hospitals cannot sustain essential services**—water, power, and medical gas—for 72 hours during outages, and no contingency plans have been reported.
- From an epidemiological perspective, Venezuela faces substantial public health threats, including the re-emergence of vaccine-preventable diseases such as measles, diphtheria, and pertussis, driven by insufficient immunization coverage. In addition, vector-borne diseases—including dengue, chikungunya, Zika, Oropouche, malaria, and yellow fever—remain significant and persistent health challenges.
- Given the pre-existing fragility of the health system and the protracted humanitarian emergency in Venezuela, the earthquake is likely to drive additional requests for support, including emergency medical supplies, trauma care, health facility assessments, and operational coordination.

HEALTH NEEDS (2,3):

Preliminary needs identified by PAHO Country Office:

Official damage and needs assessment are still ongoing.

- Essential medicines: analgesics, anti-inflammatories, steroids, anesthetics, and others.
- Imaging and laboratory equipment at facilities lacking diagnostic support.
- Portable X-ray units and FastEcho equipment to reduce time-to-diagnosis and enable referral to facilities with appropriate capacity.
- Surgical equipment, osteosynthesis materials, and specialized OR staff (anesthesiologists, adult and pediatric intensivists, nursing staff).
- Information system capturing current service demand and availability, ensuring network-wide connectivity.
- PPE and ensure operational handwashing stations with soap and water.
- Hospital waste management materials (Class A waste bags 40 kg, infectious waste bags 10 kg, lidded waste transfer containers 170 L, brooms, shovels, mops, mopping carts, soap, chlorine, quaternary ammonium, latex gloves, safety goggles).
- Reactivate non-operational incinerators and maximize capacity of operational ones for solid waste management.
- Body bags and biohazard-labeled bags with identification seals for anatomical remains.
- Storage facilities to ensure proper preservation of received medical supplies.

Additional health needs identified through field and health cluster partner reports:

HEALTH
Urgent medicines, surgical and anesthetic supplies (Propofol, Fentanyl, Ketamine, Desflurane), sutures, splints, gauze, IV solutions and antibiotics, burn care materials, catheters, broad-spectrum antibiotics, wheelchairs and prosthetics — for hospital wards and mobile clinic operations
Medicines for chronic conditions: losartan, metformin, hydrochlorothiazide, amlodipine
Psychotropic medicines for patients with ASD, schizophrenia, others
Medical tents (3) due to collapse of Hospital J.M. Vargas IVSS
Diapers, infant formula and incontinence kits
DANA assessors and motorcycles (4 assessors, 2 motorcycles required)
Body management supplies: 8 additional tons of quicklime, body bags, portable morgues and refrigerated trucks (epidemiological risk — no nearby morgue in Caraballeda)
PROTECTION
Safe spaces for children, mechanisms for unaccompanied minors (UAM), gender separation in shelters and GBV prevention
Mental health and psychosocial support — urgent, with focus on children in shock
Documentation and registration to prevent denial of access to services
SEXUAL AND REPRODUCTIVE HEALTH (SRH)
Sterile/disposable gloves, gowns, gauze, compresses and IV hydration solutions (NaCl 0.9% and Ringer's)
WASH
Safe drinking water, food and temporary shelter (currently provided mainly by civilians)
Hygiene and sanitation supplies (syringes, sanitary pads, diapers M/L), waste management materials, solar lamps, industrial stoves and portable handwashing stations
SHELTER
Tents, mattresses, hygiene kits for populations without shelter
SEARCH AND RESCUE
Hand tools (shovels, gloves), PPE (helmets, ropes, stretchers) and professional SAR personnel
INCLUSION / DISABILITY
Replacement of assistive devices (wheelchairs, canes, hearing aids) and inclusive care for persons with disabilities

Sources: OCHA, ACNUR, AVESSOC, HI, PUI, ACTED, CP-VEN, UNFPA, FPM, ACH, CESAP, CRV

EMERGENCY RESPONSE

PAHO/WHO RESPONSE ACTIONS:

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

COORDINATION:

- PAHO/WHO 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.
- Health Cluster partners are conducting health facility assessments in affected areas, mapping available actors and resources (3W/4W), and identifying priority needs and gaps.
- **PAHO** has deployed four specialists as part of the **Regional Response Team** to support in health emergency coordination, logistics, information management, and EMT coordination.

CLINICAL CARE:

- Geospatial analysis of potentially affected hospitals is underway, based on Copernicus Emergency Management Service satellite imagery, to classify apparent structural damage, identify priority facilities for field verification, and inform service-impact analysis and response planning. [Venezuela Hospitals \(Earthquake 2026\)](#)
- PAHO is supporting the Ministry of Health through **rapid health facility assessments and needs analysis**. To date, assessments have been completed at 10 health facilities (9 secondary and tertiary level; 1 primary level), covering structural damage, emergency care flows (laboratory and imaging), prehospital coordination, and supply inventory. Of these, 8 facilities were assessed using the ERES Flash Tool, enabling deeper analysis of operational status.
- PAHO is working with the Ministry of Health to establish a patient coordination center, with private-sector support, to streamline patient flow and enable more accurate patient allocation
- **Emergency Medical Teams readiness:** At the request of the Ministry of Health, the Virtual CICOM (Coordination Cell) was activated on Friday, 26 June, with PAHO technical support, to process offers and coordinate the mobilization of EMTs.
 - One EMT Type 3 (Samaritan's Purse) has arrived and begun operations in La Guaira.
 - Three EMTs Type 1 are mobilizing: AECID and Johanniter, with the Lithuanian EMT having just arrived.
 - Five EMTs have been confirmed by CICOM and the Ministry of Health and are beginning mobilization.

As of 30 June 2026 — 39 teams total | 21 participating countries | CICOM set up at La Guaira.
EMTs Status: 1 arrived & operational, 3 mobilizing, 5 confirmed by MOH and ready to deploy, 3 ready to deploy, 7 on standby and 20 monitoring

Status	Quantity	<u>Teams</u> — Name (Country) – Capability
Deployed and operational	1	Samaritan's Purse (USA) – Type 3 EMT
Mobilizing	3	AECID (Spain) – Type 1 Fixed; Johanniter EMT (Germany) – Type 1 Fixed; Lithuanian EMT (Lithuania) – Type 1 Mobile
Confirmed by MoH & ready to deploy	5	UK MED (UK) – Type 1 Fixed; Barbados Defence Force (Barbados) – Type 2 EMT; MINSAL (Dominican Republic) – Type 1 Fixed; BHSR-MoH-UNGRD EMT (Colombia) – Type 1 Fixed; IMC (USA) – Type 1 Fixed
Ready to deploy if accepted	3	ISAR (Germany) – Type 1 Mobile; Team Rubicon (USA) – Type 1 Mobile; Swiss Agency for Development and Cooperation – SDC (Switzerland) – RMNCH Rapid Care Team

SCT = Specialized Care Team; RMNCH = Reproductive, Maternal, Newborn & Child Health; CICOM = EMT Coordination Cell; MoH = Ministry of Health.

COUNTERMEASURES/ LOGISTICS:

- On 26 June 2026, PAHO/WHO 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 PPE (gowns, gloves, surgical masks), along with IV catheters, syringes, and

suture materials.

- 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.
- PAHO's Strategic Reserve in Panama dispatched an emergency shipment of 4 tons of supplies, 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



Delivery of medical-surgical supplies to the Ministry of Health to strengthen care for affected populations.

Source: PAHO/WHO



4-ton emergency supply shipment dispatched to Venezuela to support response operations

Source: PAHO/WHO

- 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 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 UNGRD and the Colombian Red Cross.

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