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

Situation Report #4

July 5, 2026

HIGHLIGHTS

- On 24 June 2026, two consecutive earthquakes (M7.2 and M7.5) struck north-central Venezuela, affecting at least seven states, with La Guaira the most severely impacted. Authorities have since reported more than 995 aftershocks.
- **Assessments of 11 priority health facilities identified persistent operational constraints** across the referral network. Two hospitals (Vargas-IVSS and Rafael Medina Jiménez) continue to operate with major functional restrictions, while at least two facilities reported infection prevention and control gaps and three reported compromised morgue capacity. Patient referral remains largely ad hoc due to the absence of real-time bed visibility, contributing to a persistent surgical backlog and continued reliance on contingency measures for essential support services.
- At least **two specialized mental health services in La Guaira sustained infrastructure damage and reduced capacity**; critical shortages persist in medications for crisis management and the care of patients with acute mental health conditions.
- PAHO/WHO is actively supporting the Ministry of Health in deployed **six Regional Response Team specialists** covering health emergency coordination, logistics, information systems and media, risk communication and community engagement, EMT coordination, and rapid health facility assessment. In coordination with MoH, PAHO/WHO is supporting the **virtual CICOM and EMT mobilization: Nine EMTs are operational in La Guaira, Caracas and Miranda** increasing clinical capacity in affected areas.
- PAHO/WHO **delivered 6 metric tons of medical supplies**, including trauma kits, Interagency Emergency Health Kit (IEHK) modules, personal protective equipment (PPE), Non-Communicable Disease (NCD) kits, WASH supplies, and field equipment. Also provided technical support to facilitate vaccine donations from the Ministries of Health of Chile and Brazil.

PAHO/WHO field visit to Hospital Perez Carreno. Source: PAHO/WHO

PAHO/ WHO Coordination to support Emergency Response. Source: PAHO/WHO

KEY NUMBERS

3,342
deaths [1]

16,740
injured people [2]

6,462
rescued [3]

17,345 people lost their homes

79 transitional camps have been established [4]

3 Health Facilities reported structural damages [5]

9 EMT started operations in La Guaira, Caracas, Miranda and Aragua [5]

6 Specialists from PAHO's Regional Response Team deployed [6]

6 tons
PAHO emergency supplies delivered [7]

Sources

1, 2,3,4: Official Report of the Bolivarian Republic of Venezuela 5 July, 2026
5: PAHO/WHO: Rapid Assessment of Health Facilities: 4 July 2026
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.

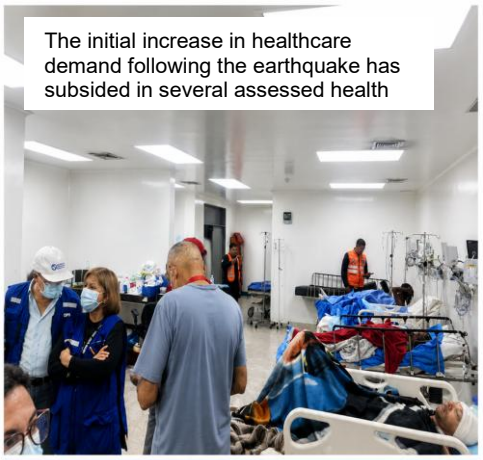
HEALTH SITUATION *(2-5)*

Between 1 and 3 July 2026, the Ministry of Health, local health authorities, and PAHO/WHO conducted rapid visits to 10 health facilities across La Guaira and the Capital District/Greater Caracas to assess post-earthquake hospital response capacity and identify priority needs. The facilities visited included Hospital Dr. Miguel Pérez Carreño, Hospital Dr. Domingo Luciani, Hospital Dr. Jesús Yerena (Lídice), Hospital Dr. Ricardo Baquero González (Periférico de Catia), Hospital Dr. José Gregorio Hernández (Magallanes de Catia), Hospital de las Grandes Misiones Hugo Chávez, Clínica Popular Especializada Dr. Alfredo Machado, Hospital Dr. Rafael Medina Jiménez (Periférico de Pariata), Hospital Dr. José María Vargas-IVSS, and Hospital Materno-Infantil Ana Teresa de Jesús Ponce (Maternidad de Macuto). The visits focused on hospital functionality, available beds, emergency and surgical capacity, ICU and trauma shock areas, diagnostic services, blood bank capacity, patient flow, referral mechanisms, infrastructure limitations, lifelines, infection prevention and control, waste management, and critical operational gaps requiring immediate support.

Separately, the Hospital Militar de la India, deployed as an EMT Type II, was also assessed to document its installed capacity and integration into the response. The team reported 50 beds, one operating room with two surgical tables, emergency capacity for adults and pediatrics, trauma shock capacity, laboratory, radiology and telemedicine services.

The assessed hospital network across the Capital District, La Guaira, and Miranda includes 55 facilities, with Type II hospitals representing the largest group, followed by Type IV and Type I facilities.

Hospital type	Capital District	La Guaira	Miranda	Total
Type I	2	0	11	13
Type II	6	4	8	18
Type III	9	1	0	10
Type IV	8	4	2	14
Total	**25**	**9**	**21**	**55**



The initial increase in healthcare demand following the earthquake has subsided in several assessed health

CROSS-CUTTING OPERATIONAL FINDINGS

The Expanded Technical Report — a consolidated assessment of 11 facilities across Gran Caracas — identifies operational patterns that affect the network as a whole, beyond any single facility:

Hospital functionality

- Reported bed counts understate real occupancy pressure: Vargas-IVSS is hospitalizing 96 patients against a formal 8-bed capacity, while Pérez Carreño and Domingo Luciani are both operating at close to half their architectural bed capacity.
- Some facilities (Pariata, Vargas-IVSS) have been functionally reduced to single-service emergency units, with hospitalization floors and main operating theatres taken out of service.

Referral and patient regulation

- First clinical contact often falls to security or non-clinical staff before formal triage, and patient records remain largely paper- or spreadsheet-based, with no real-time, network-wide view of bed availability.
- Inter-hospital referral is happening ad hoc — including WhatsApp-coordinated transfers between hospital directors —

supporting the case for hospital-level regulation focal points linked to a network referral system.

Surgical capacity

- A recurring "hidden surgical debt": available surgical specialists do not translate into resolving capacity when supporting equipment fails (inoperative C-arms, no traction beds), masking true backlog in bed-occupancy indicators.
- Confirmed post-earthquake surgical backlogs include at least 13 patients awaiting surgery at Pérez Carreño (likely undercounted) and 25 at Domingo Luciani, despite 130 procedures already completed there.

Infection prevention and control (IPC)

- At least 2 of the 11 assessed facilities have no active infection-control committee, with inadequate biohazard waste handling and compromised morgue capacity at 3 or more facilities — a network-wide biosafety risk compounded by high trauma patient volumes.

Health workforce

- Pre-existing shortages are compounding direct earthquake impact on staff: Pérez Carreño reports only 679 of the 1,500 nursing staff required, while Magallanes de Catia reports one death and multiple staff with housing loss — unevenly across the network, requiring explicit psychosocial support planning.

Essential support services

- Water and power continuity depend heavily on backup generators and manual water hauling where these fail (e.g., Vargas-IVSS, three times daily); saturated waste collection points at multiple facilities further compound infection-control risk.

Health Facilities Assessed and Response Capacity

Health Facility	Type	Response Capacity (Summary)
Hospital Militar de la India (EMT)	EMT Type II	**High.** Field hospital fully operational for trauma care and surgery.
Hospital Dr. Miguel Pérez Carreño	Type IV	**High.** Maintains broad surgical and diagnostic capacity, though with nursing staff limitations.
Hospital Dr. Domingo Luciani	Type IV	**High.** Broad hospital and surgical capacity; limitations in CT and MRI imaging.
Hospital Dr. Jesús Yerena (Lídice)	Type III	**Moderate.** Critical services remain operational, with limited intensive care capacity.
Hospital Dr. Ricardo Baquero González (Periférico de Catia)	Type II	**Moderate.** Partial functionality; limitations in ICU and support infrastructure.
Hospital Dr. José G. Hernández (Magallanes de Catia)	Type IV	**Moderate.** Essential services operational, with reduced capacity and structural limitations.
Hospital Grandes Misiones Hugo Chávez	Type III	**Moderate.** Surgical and emergency care available with restricted capacity.
Clínica Popular Dr. Alfredo Machado	Popular Clinic	**Basic.** Limited resolving capacity for basic surgery and emergency care.
Hospital Dr. Rafael Medina Jiménez (Pariata)	Type III	**Limited.** Functional only through the emergency department; severe reduction in beds and operating rooms due to structural damage.
Hospital Dr. José María Vargas (IVSS)	Type III	**Limited.** Operating with significant restrictions arising from non-structural damage and functional limitations.
Maternidad Ana Teresa de Jesús Ponce (Macuto)	Specialized	**Non-operational / Evacuated.** Services suspended and patients transferred to other facilities. (Per the technical report and the SitRep).

For further details on the health facilities assessed, including installed capacity, operational limitations,

diagnostic services, surgical capacity, ICU and trauma shock availability, patient flow, referral mechanisms, and priority needs identified during the rapid visits, please refer to **Annex 1**.

Health Cluster partner assessments of health facilities

- The Health Cluster dashboard currently consolidates information on 73 assessed health facilities, of which 25 report damages, 20 report severe shortages, with 1,038 active doctors and an estimated 1,772,260 people in the facilities' areas of influence.
- Health Cluster partners are consolidating rapid health facility assessments from multiple sources, including KoBo partner reports, PAHO/ERES assessments and UNICEF inputs, covering operational status, damage, basic services, shortages, human resources and priority needs.
- UNICEF reported having assessed 108 health facilities where it maintains a permanent presence through implementing partners, initially conducting a rapid operational assessment during the first 72 hours of the response.
- Available data indicate that several facilities remain operational or partially operational, but with significant constraints related to infrastructure damage, severe shortages, interrupted basic services, limited referral capacity, and reduced ability to manage trauma and specialized care needs.

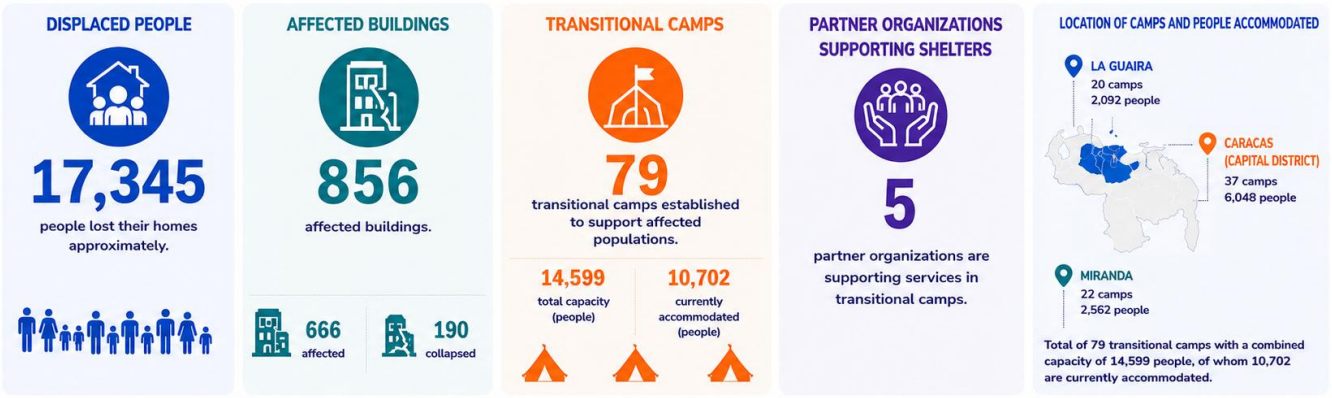
Mental Health and Psychosocial Support (MHPSS):

- Damage to infrastructure and reduced operational capacity has been reported in at least two specialized mental health services in La Guaira, underscoring the need to reinforce mental health service provision in Caracas to maintain continuity of care.
- Critical shortages persist in medications for crisis management and the care of patients with acute mental health conditions. Additional supplies provided by UN agencies remain pending delivery.
- Mental health needs assessment and monitoring activities have not yet been fully consolidated, representing a key gap for response planning and prioritization.
- The Ministry of Health established a toll-free (0800) hotline for mental health and psychosocial support.

Immediate priorities in Mental Health and Psychosocial Support (MHPSS) include:

- Strengthening coordination of the MHPSS Technical Working Group (TGG) and toll-free helplines.
- Collaborative implementation of the Mental Health Damage and Needs Assessment and the MHPSS 4W matrix.
- Strengthening the response in shelters and distribution of mental health kits.
- Assessment of additional needs for essential psychotropic medications.
- Mobilization and supervision of specialized volunteers.
- Mass rollout of the virtual mhGAP-Humanitarian Intervention Guide (mhGAP-HIG) training, at the request of health authorities, to strengthen identification and management of mental health conditions in primary health care (PHC), to be followed by small-scale practical workshops.
- Ensuring psychosocial support for health workers and strengthening of the mental health team.
- Development of an operational workplan for MHPSS coordination.

SHELTERS *(1)*



According to the Official Report of the Bolivarian Republic of Venezuela (5 July 2026), 17,345 people were reported to have lost their homes following the earthquakes. Authorities have established 79 transitional camps with a total capacity of 14,599 people, currently accommodating 10,702 displaced persons. Official assessments also report 856 affected buildings, including 190 collapsed structures, highlighting the substantial shelter needs resulting from the disaster.

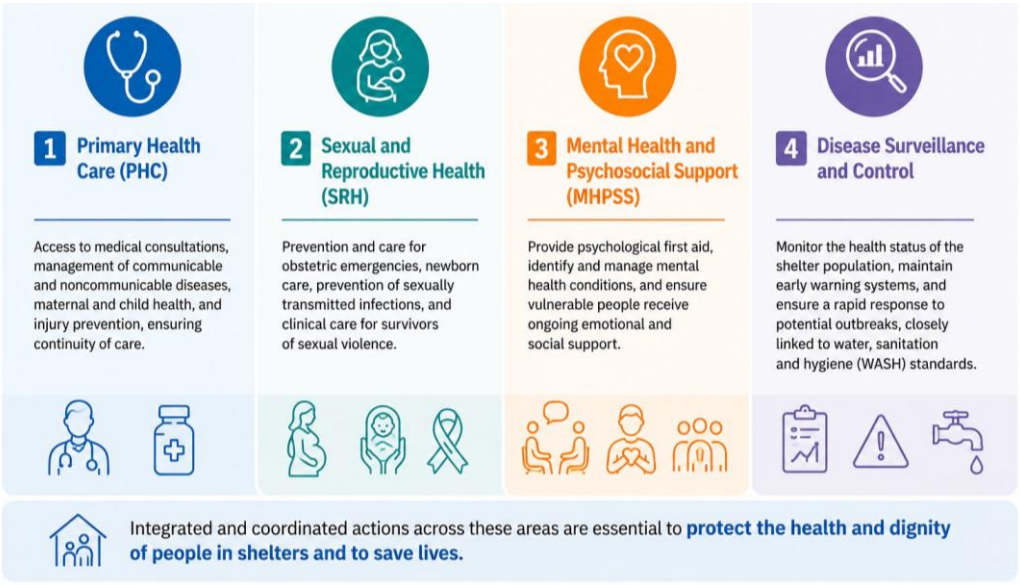
Priority gaps remain in:

- Lack of population characterization and profiling to promptly identify vulnerable groups that require monitoring to prevent morbidity, mortality, and preventable disability.
- Insufficient capacity for medical care, triage, and isolation in shelters, which increases the risk of disease transmission due to overcrowding.
- Safe food handling is necessary, including supervision of kitchens, proper storage, equipment, and strict hygiene controls.
- Optimal access to safe drinking water, functional sanitation, hygiene supplies, and proper solid waste management in shelters must be strengthened.
- Absence or inadequacy of protective measures to ensure safe shelter design, adequate lighting, privacy, child protection, and mitigation of the risk of gender-based violence (GBV).
- Barriers to access to primary health care (PHC) and continuity of care, affecting general medical consultations, maternal and child health, injury prevention, and the treatment of people with chronic diseases or comorbidities.
- Gaps in the coverage of mental health and psychosocial support (MHPSS) services, given the lack of psychological first aid (PFA), identification of disorders, referral pathways, and ongoing support for vulnerable families and groups.
- Limitations in the provision of sexual and reproductive health services, including a lack of obstetric and neonatal care emergency care, STI prevention, prevention of sexual violence, and specialized clinical care for survivors of sexual violence.
- There is a need for greater integration between early warning systems, syndromic surveillance for the timely detection of risks, outbreak response, and the water, sanitation, and hygiene (WASH) program.

Response

- The United Nations system and humanitarian partners are providing a multisectoral response, including: Primary health care, Nutrition, Maternal, newborn and child health, Mental Health and Psychosocial Support (MHPSS), Protection, including child protection and gender-based violence (GBV) prevention and response, Water, Sanitation and Hygiene (WASH), Shelter and other essential services.
- 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.

Recommended priority actions:



PRIORITY HEALTH NEEDS *(1-5)*

1. Health response coordination

- Continue strengthening operational coordination among the Ministry of Health, PAHO/WHO, the Health Cluster, Civil Protection, EMTs, UN agencies and health partners to maintain a single information flow for prioritization, gap analysis, resource allocation and duplication avoidance.
- Consolidate Health Cluster processes for harmonizing partner assessments, updating operational presence matrices, and mapping which actors are supporting each health facility and transitional camp, so reported gaps are translated into prioritized operational actions.
- For EMTs, the priority is no longer the arrival of additional international teams, as health services are no longer overwhelmed as in the initial phase. The current need is to coordinate the integration, retasking, specialization or phased demobilization of EMT capacities according to specific remaining gaps.

2. Health system, hospitals and health facilities

- Ensure continuity of operations in affected hospitals and health facilities, particularly those with structural damage, reduced bed capacity, restricted service areas, intermittent basic services, severe shortages, or limitations in trauma care, surgery, ICU, laboratory, imaging, blood bank,

morgue and ambulance capacity.

- Address the surgical and trauma care backlog through surgical and anesthetic supplies, osteosynthesis materials, operating room equipment, C-arms, traction beds, imaging equipment, and specialized staffing for anesthesia, surgical nursing, intensive care and trauma surgery.
- Strengthen hospital diagnostic capacity, including portable X-ray, ultrasound/FAST, clinical laboratory capacity, reagents, blood bank supplies, connectivity, referral systems, patient tracking and transfer traceability.
- Address cross-cutting gaps in biosafety, infection prevention and control, health care waste management, water and sanitation, backup power, medical gases, oxygen, ventilators, autoclaves, incinerators, morgues, refrigerated containers and dignified management of the dead.
- Integrate early rehabilitation and disability-inclusive care, including physiotherapy, prosthetics, wheelchairs, crutches, canes, assistive devices and continuity of care for people with amputations, fractures, crush injuries or major trauma.
- Address the impact on the health workforce, including nursing shortages, transport constraints, damaged or destroyed homes, injuries or deaths among health workers, psychosocial support, safe working conditions, food, rest areas and operational continuity.
- For Mental Health and Psychosocial Support (MHPSS), strengthen coordination of the MHPSS Technical Working Group and toll-free helplines; implement the mental health damage and needs assessment and the MHPSS 4W matrix; reinforce the shelter response and distribution of mental health kits; assess additional needs for essential psychotropic medicines; and mobilize and supervise specialized volunteers.

3. Epidemiological surveillance, vaccination and public health

- Establish and strengthen syndromic surveillance and early warning in shelters, transitional camps, points of care and health facilities, prioritizing acute watery or bloody diarrhoea, fever, fever with rash, respiratory infections, sudden vomiting, jaundice, neurological symptoms, wound infections and skin conditions.
- Reinforce surveillance and response in shelters and collective settings, where overcrowding, limited ventilation, disruption of safe water, sanitation and hygiene, and limited capacity to separate symptomatic individuals increase the risk of respiratory, gastrointestinal, skin and hygiene-related infections.
- Ensure preparedness for gastroenteritis, norovirus and hepatitis A. Priority actions include safe water, sanitation, hand hygiene, safe food handling, surveillance of acute watery diarrhoea and laboratoy diagnostic capacity to confirm if a signal is detected.
- Maintain prevention of tetanus and wound-associated infections, especially among people injured by debris, metal, glass, crush injuries or delayed surgical care, including wound cleaning, clinical assessment, tetanus prophylaxis according to vaccination history and immunoglobulin when indicated.
- Integrate vaccination as an operational component of the response, prioritizing tetanus, routine catch-up vaccination in children, measles-rubella, DTP, polio, hepatitis B, and influenza/COVID-19 vaccination for risk groups, as well as specific vaccines according to risk and exposure.
- Maintain a locally adapted approach for Caracas and La Guaira. Dengue and other urban Aedes-borne arboviruses require surveillance and vector control, particularly where water storage, debris and disruption of vector control activities increase risk. Malaria and yellow fever remain relevant nationally but do not appear to be immediate priority risks in the main affected areas.
- Ensure continuity of care for TB, HIV, chronic diseases and people dependent on medicines, preventing interruptions in diagnosis, treatment or follow-up that could increase individual vulnerability and reduce early detection of clusters.

4. Shelters and transitional camps

- Strengthen population profiling in shelters and transitional camps to identify people at higher risk, including children, pregnant women, older adults, persons with disabilities, people with chronic diseases, people with injuries, survivors with protection needs, and people requiring clinical or psychosocial follow-up.

- Ensure minimum capacity for primary health care, triage, isolation, referral and continuity of care in shelters, including maternal and child health, sexual and reproductive health, chronic disease care, injury care, mental health, and prevention and response to gender-based violence.
- Improve access to safe water, sanitation, hygiene, waste management, food safety, lighting, privacy, child protection and security measures to reduce communicable disease and protection risks.
- Integrate syndromic surveillance in shelters with WASH, sample collection and transport for public health events, health promotion, risk communication, vaccination, vector control and referral pathways to the health service network.

EMERGENCY RESPONSE

PAHO/WHO RESPONSE ACTIONS:

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 participation in UNDAC and OSSOC; 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 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:**

  - Co-led by PAHO/WHO and IOM, alongside the Ministry of Health, the MHPSS Technical Working Group is coordinating the response.
  - 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.
  - Developed and disseminated risk communication and psychosocial support materials, including mental health guidance messages and information on available helplines.
  - 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.
  - 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.
  - 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):**

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

As of 5 July, 2026:

41	9	9	1	2
International EMTs & Specialized Care Teams 22 participating countries	Deployed and operational	Mobilizing	Demobilizing	Ready to deploy

Status	Team (Country)	Capability	Deployment Site
Deployed and Operational (9)	**Samaritan's Purse (USA)**	Type 3	Baseball Camp Plaza Bolívar, La Guaira
	Brazilian Navy (Brazil)	Type 2	El Playón, La Guaira
	AECID (Spain)	Type 1 Fixed	Parque del Este, Caracas (Miranda)
	Johanniter EMT (Germany)	Type 1 Fixed	Caraballeda, La Guaira
	Lithuanian EMT (Lithuania)	Type 1 Mobile	Ciudad Vacacional Los Caracas, La Guaira
	Venezuelan–Spanish Red Cross (Venezuela / Spain)	Type 1 Fixed	Estadio Jorge García, La Guaira
	Ministry of Health - MINSAL (Dominican Republic)	Type 1 Fixed	Estadio César Nieves, Catia La Mar (La Guaira)
	Team Rubicon (USA)	Type 1 Mobile	Clínica La Victoria, Aragua
	Peace Winds (Japan)	Type 1 Mobile	Parque El Indio, Macuto (La Guaira)

Status	Team (Country)	Capability	Assigned Deployment Site
Mobilizing (9)	**BHSR EMT (Colombia)**	Type 1 Fixed	Colegio Gran Colombia, Caracas
	UK MED (United Kingdom)	Type 1 Fixed	Karting La Guaira, Caraballeda
	Barbados Defence Force (Barbados)	Type 2 EMT	Escuela Industrial Nacional Rubén González, Guarenas (Miranda)
	JDR–JICA (Japan)	Type 1 Fixed	Hospital Dr. Domingo Luciani, Miranda
	JDR–JICA (Japan)	Surgical SCT	Hospital Dr. Domingo Luciani, Miranda
	International Medical Corps (USA)	Type 1 Fixed	Centro Ambulatorio Dr. Alfredo Machado, Catia La Mar (La Guaira)
	CMAT (Canada)	Type 1 Mobile	Casco Central, Caraballeda (La Guaira)
	Humanity & Inclusion (France)	Rehabilitation SCT	Centro Nacional de Rehabilitación, Hospital General, Caracas

Status	Team (Country)	Capability	Assigned Deployment Site
	Save the Children (United Kingdom)	Type 1 Fixed EMT	Clínica Tanaguarena, Caraballeda (La Guaira)

Status	Team (Country)	Capability	Status / Location
Demobilizing (1)	**Army 60 PARA Field Hospital (India)**	Type 2	Demobilizing following completion of mission. Location: Hipódromo La Rinconada, Caracas, Distrito Capital.

Status	Team (Country)	Capability
Ready to Deploy (2)	**ISAR (Germany)**	Type 1 Mobile EMT
	Swiss Agency for Development & Cooperation (Switzerland)	RMNCH Rapid Care Team

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

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:
    - 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 PPE (gowns, gloves, surgical masks), along with IV catheters, syringes, and suture materials.
    - On 1 July 2026 delivered of 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
    - 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.

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.
- 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:
    - Pentavalent vaccine (DPT-HepB-Hib): 1,000,000 doses
    - MMR vaccine (Measles, Mumps, Rubella): 102,000 doses
    - BCG vaccine (Tuberculosis): 48,000 doses
    - Yellow fever: 100,000 doses
    - 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:
    - Tetanus vaccine (dT): 30,000 doses
    - MMR vaccine (Measles, Mumps, Rubella): 5,000 doses
    - MMR diluent: 5,000 units
    - 1 ml syringes with 23G x 1" needle: 36,000 units

Arrival of vaccine donation from the Ministry of Health of Chile
Source: PAHO/WHO

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Annex 1

Response Capacity of Health Facilities

Health Facility	Operational Beds (vs. Architectural Capacity)	Operational Operating Rooms	ICU / Trauma-Shock Capacity	Critical Diagnostic Services (Imaging)	Infection Control (IPC) / Waste Status	Regulation Hub (current format)
Type IV Hospital Dr. Miguel Pérez Carreño	350 (of 720)	10 per shift	ICU: 04 adult / 02 pediatric. Trauma-shock: 02 slots	CT 24h; no MRI	Not reported	Not reported
Type IV Hospital Dr. Domingo Luciani	550 (of 720)	20	Adult ICU: 10 (expandable to 15). Polytrauma: 05 (expandable to 10)	X-ray available; no CT or MRI	Not reported	Not reported
Type III Hospital Dr. Jesús Yerena (Lídice)	161 (of 234)	10 operational / 13 total	Adult trauma-shock: 02 + pediatric 01; intensive care 03 (expandable to 04)	Mobile X-ray available, conventional not; CT not available (space allocated)	Active committee; separate weekly collection	Manual; ~40 record-keepers; format unspecified
Type II Hospital Dr. Ricardo Baquero	70 (of 80)	03 operational / 04 total	Adult trauma-shock: 05; ICU: 06 beds out of service since January 2026	Conventional X-ray available (recently restored); CT not available	No committee; inadequate waste management	Not reported
Type IV Hospital Dr. José G. Hernández (Magallanes)	72 (of 146)	05 operational / 11 total	Not reported	Conventional and mobile X-ray available; CT not available	Not reported	Not reported
Type III Hospital Grandes Misiones Hugo Chávez	38 (of 200)	06 operational (elective) / 09 total	Adult trauma-shock: 04. ICU: not reported	Conventional X-ray available, mobile not; CT not available	No committee; inadequate waste management	Not reported
Dr. Alfredo Machado Popular Clinic (Catia la Mar)	15 inpatient + 31 emergency (architectural capacity not reported)	01 (basic surgery room, no anesthesia)	Adult trauma-shock: 3 stretchers, 2 mechanical ventilators. ICU: not reported	X-ray not operational; CT not available; ultrasound available	No fire-detection systems; extinguishers need replacement; waste management not reported	Not reported
Type II Hospital Dr. Rafael Medina Jiménez (Pariata)	35 (of 108)	0 main operating rooms operational (structural damage); 01 improvised emergency OR	ICU: 01 slot. Trauma-shock capacity included within the 35 emergency beds	Basic X-ray available; CT not reported; 24h lab with arterial blood gas testing	Not reported	Manual; transfer coordination via WhatsApp among directors
Type III Hospital Dr. José María Vargas – IVSS	8 enabled (Floor 1) vs. 96 currently hospitalized patients; 5-story building restricted to ground floor	02 emergency ORs (contingency mode)	Trauma-shock: 2 mechanical ventilators out of service due to power-plant issues. ICU: not reported	Portable X-ray and ultrasound unavailable/insufficient (need declared); CT not reported	Overloaded collection point; hallway obstruction; critical body management (morgue at capacity)	Not reported
Ana Teresa de Jesús Ponce Maternal-Child Hospital (Maternidad de Macuto)	Not reported (facility under renovation, no regular service)	Not reported	Not reported	Not reported	No overload; adequate management (low patient load)	Not reported