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

Situation Report #5

12 July 2026

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

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 1,202 aftershocks.
- **The health response has transitioned from rapid damage assessments to restoring the continuity of essential health services**. Functional constraints persist across the affected health network, particularly in La Guaira, where reduced hospital capacity continues to limit specialized care and increase pressure on referral pathways.
- Recovery efforts are focused on restoring health system functionality through coordinated assessments, health facility recovery and Emergency Medical Team (EMT) support. **Damage has been identified in 38 health facilities** across the three most affected states, while Mental Health and Psychosocial Support (MHPSS) remains a priority need, particularly in La Guaira and temporary shelters**.**
- PAHO/WHO is actively supporting the Ministry of Health (MPPS) in deployed **seven Regional Response Team specialists** covering health emergency coordination, logistics, information systems and media, epidemiology, 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: Thirteen EMTs are operational in La Guaira, Caracas and Miranda and Aragua** increasing clinical capacity in affected areas.
- PAHO/WHO has **locally distributed** an initial 6 tons of supplies, delivering Trauma and Emergency Surgery Kits **to 4 high-complexity hospitals** and medication and equipment modules to **5 community health areas (ASIC) and a specialized clinic**. A chartered plane (with ~27.5 metric tons of supplies) is now being coordinated, carrying Interagency Emergency Health Kits, additional surgery kits, and Severe Acute Malnutrition (SAM) treatment kits to further strengthen referral hospitals and primary care networks.

PAHO/WHO distributes supplies to Hospital Dr. Ricardo Baquero
Source: PAHO/WHO

PAHO/WHO response coordination
Source: PAHO/WHO

KEY NUMBERS

4,333
deaths [1]

16,740
injured people [2]

6,462
rescued [3]

31,193 patients treated [4]

17,907
people lost their homes [5]

89 transitional camps have been established [6]

38 Health facilities reported structural damages [7]

13 EMT started operations in La Guaira, Caracas, Miranda and Aragua [8]

7 Specialists from PAHO's Regional Response Team deployed [9]

6 tons
PAHO emergency supplies delivered [10]
27.5 additional tons are being shipped

Sources

1 – 7: Official Report of the Bolivarian Republic of Venezuela 11 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

11	73	38	3	20	3
Hospitals assessed *PAHO/WHO Post disaster - assessment*	**Health facilities assessed** *Health Cluster assessments*	**Hospitals affected** *Official national reports*	**Non-operational or limited health facilities** *All located in La Guaira*	**Health facilities reporting severe shortages**	**Geographic areas covered by health facility assessments** *Distrito Capital, Miranda and La Guaira*

Source: Official national reports, PAHO/WHO post-disaster assessment and Health Clúster reports

KEY TAKEAWAYS

- The health response is transitioning from emergency assessments to early recovery, with restoration of essential health services and strengthening of referral networks now representing the main operational priorities.
- Most priority referral hospitals remain operational; however, reduced bed capacity, damaged support infrastructure and service disruptions continue to affect specialized care, particularly in La Guaira.
- PAHO/WHO and Health Cluster assessments continue guiding recovery priorities. Although hospitals remain under operational constraints, the initial excess patient load has eased, allowing the response to shift from emergency surge support toward recovery and sustained health system functionality.

SITUATION ANALYSIS

Health sector assessments confirm that the earthquake has disrupted service availability and continuity, particularly in La Guaira. The response is now shifting from rapid damage assessment to restoration of essential services, with priorities focused on strengthening referral pathways, supporting facilities with reduced operational capacity, and sustaining health system functionality based on ongoing PAHO/WHO, Health Cluster and interagency assessments.

Table 1. Health Facilities Assessed and Response Capacity

Health Facility	Type	Operational Status	Key Findings
Hospital Dr. Miguel Pérez Carreño	Type IV	● **Fully operational**	Broad surgical and diagnostic capacity maintained with minor staffing constraints.
Hospital Dr. Domingo Luciani	Type IV	● **Fully operational**	Broad hospital capacity; limitations in CT and MRI imaging.
Hospital Ciudad Caribia	Type II	● **Fully operational**	Previously identified masonry damage repaired; hospital fully operational.
Hospital Dr. Jesús Yerena (Lídice)	Type III	● **Partially operational**	Critical services operational; reduced ICU capacity.
Hospital Dr. Ricardo Baquero González (Periférico de Catia)	Type II	● **Partially operational**	ICU and support infrastructure limitations.
Hospital Dr. José G. Hernández (Magallanes de Catia)	Type IV	● **Partially operational**	Essential services maintained with reduced capacity.
Hospital Grandes Misiones Hugo Chávez	Type III	● **Partially operational**	Emergency and surgical care available with restrictions.

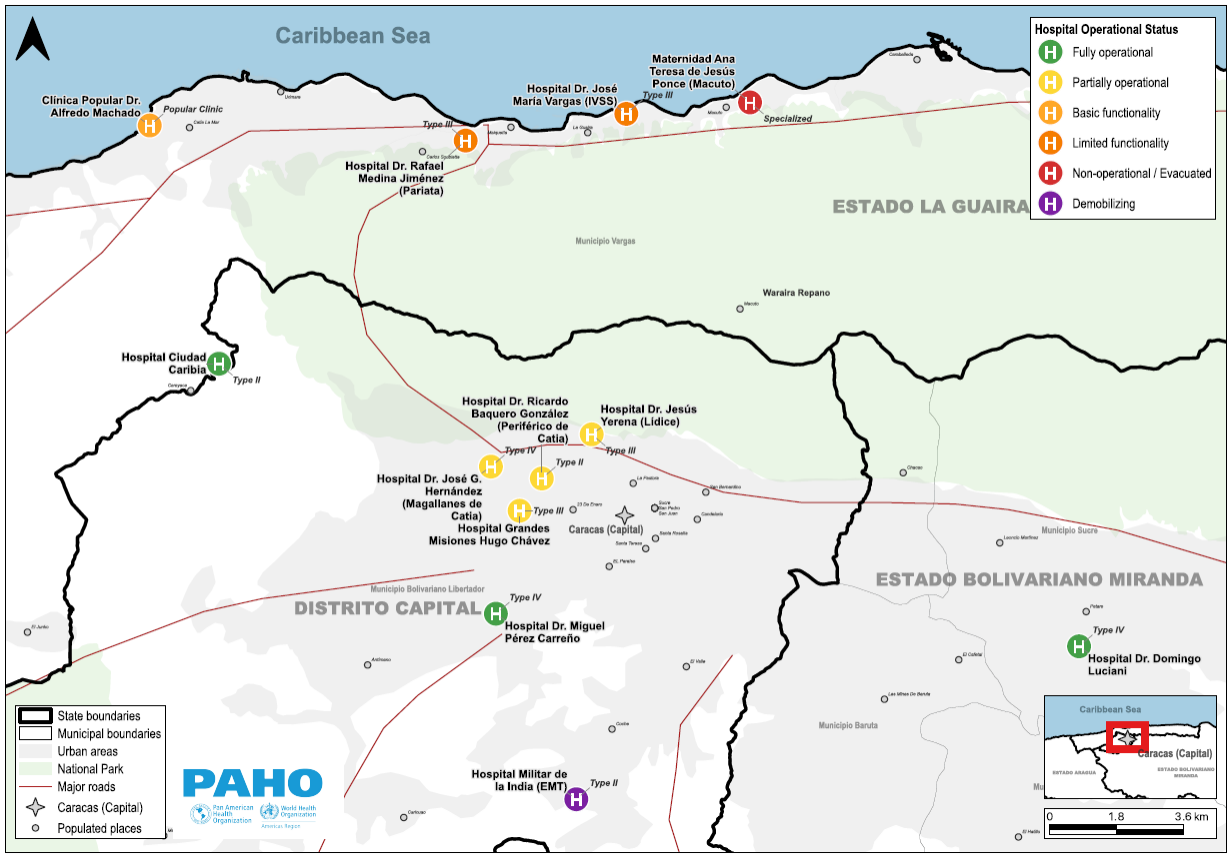
Health Facility	Type	Operational Status	Key Findings
Clínica Popular Dr. Alfredo Machado	Popular Clinic	• **Basic functionality**	Limited capacity for emergency care and basic surgery.
Hospital Dr. Rafael Medina Jiménez (Pariata)	Type III	• **Limited functionality**	Emergency services only; bed capacity reduced from 108 to 35.
Hospital Dr. José María Vargas (IVSS)	Type III	• **Limited functionality**	Operating with 8 functional beds due to structural and functional limitations.
Maternidad Ana Teresa de Jesús Ponce (Macuto)	Specialized	• **Non-operational / Evacuated**	Services suspended; patients referred to other facilities.

Source: PAHO/WHO post-disaster assessment

In addition to the previously reported post-disaster assessments, a new assessment conducted on 11 July at Hospital Ciudad Caribia (Capital District) confirmed that the facility remains operational following the earthquake. Previously identified masonry damage has been repaired, while infection prevention and control, epidemiological surveillance and the Hospital Incident Command System remain functional, supporting continuity of essential health services.

Findings continue to guide technical recommendations related to hospital safety, restoration of critical infrastructure, biomedical equipment, utilities and continuity of essential clinical services.

Figure 1. Hospital response capacity assessed by PAHO / WHO



Source: Technical assessment report from PAHO field team and MSSP

Figure 1 presents the operational status of the 12 priority hospitals assessed using the PAHO/WHO ERES Post-Disaster Assessment Tool for Hospitals (1–3 July 2026). The assessed facilities are part of a network of 55 public health facilities across Distrito Capital, La Guaira and Miranda and were prioritized because of their role in emergency and referral care.

Cross-cutting Operational Findings

As assessments become more comprehensive, evidence suggests that maintaining continuity of health services has become the principal operational challenge. Beyond physical damage, several operational constraints continue to affect health system performance.

Operational health service delivery

As of 11 July 2026, the Ministry of Health (MoH) reported **31,193 patient consultations** across the seven affected states, including **197 referrals**, **307 patients currently hospitalized**, and **29,048 discharges** following clinical improvement (93.1% of all consultations).

Health service demand remains highest in La Guaira **(13,024 consultations)**, followed by Miranda (7,901), Aragua (5,004) and Distrito Capital (4,621). A total of 24,406 vaccine doses have been administered, with La Guaira and Carabobo accounting for approximately 84% of all reported vaccinations.

PAHO/WHO teams coordinate health facility assessments and operational planning to support the restoration of essential health services in earthquake-affected areas.Source: PAHO/WHO

Hospital functionality

Most referral hospitals remain operational; however, reduced bed availability, temporary relocation of services and damaged support infrastructure continue limiting surge capacity in several facilities.

Referral and network coordination

The earthquake has increased dependence on coordinated referral mechanisms between facilities in Distrito Capital, Miranda and La Guaira. Hospitals providing tertiary care continue absorbing referrals from facilities operating under reduced capacity, highlighting the need to strengthen patient regulation and inter-hospital coordination.

Specialized care

Emergency surgical capacity remains available, although operating theatre availability, specialized equipment and selected critical supplies continue constraining the provision of complex procedures in some referral hospitals.

Health workforce

Health personnel continue sustaining service delivery despite increased workloads, redistribution of staff and prolonged emergency operations. Maintaining workforce wellbeing and operational continuity remains essential to preserve health system functionality.

Essential support services

Recovery efforts continue prioritizing restoration of utilities, biomedical equipment, waste management systems and other support services required to sustain safe clinical care.

Health Cluster Partner Assessments of Health Facilities

Health Cluster partners conducted rapid assessments of health facilities across the affected. 73 health facilities have been assessed, with 27 reporting earthquake-related damage, including 13 in Distrito Capital, 9 in La Guaira and 5 in Miranda. In La Guaira, three health facilities remain non-operational or with severely limited functionality. While assessments remain concentrated in Distrito Capital, Miranda and La Guaira, important information gaps persist in Carabobo and Yaracuy, where rapid health facility assessments remain a priority.

Mental Health and Psychosocial Support (MHPSS)

- Mental health and psychosocial support (MHPSS) remain a priority component of the health response across the earthquake-affected areas.
- Multiple assessments conducted by PAHO/WHO, the Health Cluster, UNDAC and community-based Rapid Needs Assessments (RNA) consistently identify sustained psychosocial needs, particularly in La Guaira, where health service disruptions, displacement and reduced hospital capacity have increased vulnerabilities.
- Community-based assessments indicate that psychological support remains among the most frequently reported health priorities, especially in temporary shelters and communities experiencing prolonged disruptions to essential services.
- Rapid Needs Assessments (RNA) identified La Guaira (68%) and Yaracuy (64%) as the two states whereas the states where key informants most frequently reported MHPSS among the priority health needs.

PRIORITY NEEDS

- **Continuity of Health Services** – Restore continuity of essential health services by supporting damaged hospitals and health facilities, strengthening trauma, surgical, intensive care, diagnostic, referral and emergency response capacities, and addressing critical shortages of supplies, equipment and specialized personnel.
- **Hospital Resilience** – Reinforce hospital resilience and operational readiness through improvements in water, sanitation and hygiene (WASH), infection prevention and control (IPC), medical waste management, backup power, oxygen and medical gases, cold chain, communications, and dignified management of the deceased.
- **Rehabilitation and workforce capacity** – Strengthen integrated rehabilitation and health workforce capacity, ensuring continuity of care for patients with trauma and disabilities, while addressing shortages of health personnel, occupational safety, psychosocial support and staff well-being.
- **Mental Health and Psychosocial Support (MHPSS)** – Strengthen MHPSS, particularly in La Guaira and temporary shelters, through psychosocial support, expansion of mhGAP-HIG training, mental health needs assessments, coordination of the MHPSS Technical Working Group, and improved access to essential psychotropic medicines.

PAHO/WHO RESPONSE

- PAHO/WHO continues supporting the Ministry of Health through technical coordination, health information management, health facility assessments, epidemiological surveillance, and operational prioritization in collaboration with the Health Cluster and national authorities.

- PAHO technical support is facilitating the transition from emergency response to early recovery through hospital assessments, Emergency Medical Team (EMT) coordination and progressive demobilization, restoration of essential health services, strengthening of referral networks, and expansion of digital surveillance and assessment tools.
- PAHO continues building national capacities through technical guidance and field support across priority response areas, including epidemiological surveillance, infection prevention and control (IPC), vaccination, EMT, and Mental Health and Psychosocial Support (MHPSS), while supporting key MHPSS coordination and planning activities with the Ministry of Health.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

24,406	18	9
Vaccine doses administered	**Priority diseases/events designated for immediate notification**	**Temporary shelters under surveillance**
National immunization programs	National health authorities	PAHO/WHO field teams

Source: Ministry of Health; PAHO/WHO field teams.

KEY TAKEAWAYS

- No large-scale outbreaks have been confirmed; however, enhanced surveillance remains essential due to persistent WASH deficiencies and increased communicable disease risks in temporary shelters.
- Vaccination, alert verification, outbreak investigation and epidemiological surveillance continue to expand across affected areas, supporting early detection and timely public health action.
- PAHO/WHO is supporting the Ministry of Health through strengthened surveillance systems, digital reporting, laboratory coordination, IPC guidance and vaccination preparedness in transitional camps.

SITUATION ANALYSIS

Post-earthquake epidemiological surveillance continues to expand across hospitals, Emergency Medical Teams (EMTs), temporary camps and affected communities, supporting early detection of priority public health events and informing operational decision-making. Although no large-scale outbreaks have been confirmed, field assessments continue to identify environmental and operational conditions that increase the risk of communicable disease transmission, particularly in temporary camps/shelters with deficiencies in water, sanitation and hygiene (WASH), overcrowding and inadequate food safety practices.

National health authorities issued guidelines for epidemiological surveillance, establishing a mandatory reporting mechanism during the emergency for transitional camps, EMTs, and other points of care. The reporting flow is organized through the ASICs —Community Integrated Health Areas—, territorial structures that coordinate the local health network and play a key role in consolidating information, coordinating sample collection and transport, supporting the investigation of priority events, activating rapid response teams when needed, including sample collection, preservation and transport to the Rafael Rangel National Institute of Hygiene.

The national list of diseases prioritized for etiological investigation and immediate mandatory notification after the earthquake includes: **acute respiratory infections/ARI-SARI, acute diarrheal diseases, cholera, hepatitis A, pertussis, diphtheria, measles-rubella, acute flaccid paralysis, leptospirosis, dengue, yellow fever, chikungunya, Oropouche, Zika, meningitis, tuberculosis, malaria, and post-traumatic mycoses.**

Early warning and alert verification

Epidemiological alerts under the Early Warning and Response System in transitional camps are being supported by PAHO/WHO through alert verification and outbreak investigation. Alerts under investigation include fever-rash illness, foodborne disease events, diarrhoeal disease outbreaks, tuberculosis-related follow-up and scabies cases reported in camp settings. These events are being treated as alerts under verification and do not imply confirmed outbreaks or confirmed cases unless laboratory or epidemiological confirmation is completed.

A fever-rash alert remains under investigation, with sample collection completed and laboratory results pending, to rapidly rule out measles and other vaccine-preventable diseases.

WASH and environmental health risk factors

Water, sanitation and environmental health conditions observed during field visits in La Guaira remain key drivers of communicable disease risk in transitional camps. Field teams identified unsafe water consumption, inadequate sanitation, open defecation, poor solid waste disposal, food waste accumulation, high fly infestation and gaps in food handling practices. These conditions may increase the risk of acute diarrhoeal diseases, foodborne disease events, skin conditions and respiratory infections, particularly in overcrowded collective settings with limited hygiene infrastructure.

Residents collect water from a natural source following disruptions to piped water supply after the earthquakes

Source: UN News

Vaccination activities

Vaccination activities are ongoing as part of the public health response in affected areas and transitional camps. As of 11 July, national data reported 24,406 vaccine doses administered across affected states, with the largest number of doses reported in La Guaira and Carabobo. Field teams also reported vaccination activities in several camps, including Td —tetanus-diphtheria—, yellow fever and pentavalent vaccines. Operational vaccination guidance for camps has been shared and remains subject to adjustment based on the evolving epidemiological situation, technical decisions and vaccine availability.

PRIORITY NEEDS

- **Strengthen early warning, alert verification and outbreak investigation capacity** in transitional camps, EMTs and health facilities, including timely reporting, field investigation, laboratory sample collection, sample transport and feedback to response teams. Improve logistics, digital reporting tools, laboratory support, and field connectivity.
- **Laboratory Capacity -** Reinforce laboratory capacity and sample referral pathways, including availability of supplies for sample collection, preservation and transport to the Rafael Rangel National Institute of Hygiene, and timely confirmation or rule-out of priority epidemiological alerts.
- **WASH and environmental health** – Improve water, sanitation and hygiene (WASH) conditions, environmental sanitation, and vector control in temporary shelters at highest epidemiological risk.
- **Surveillance and IPC guidance** – Finalize and implement standardized post-earthquake epidemiological surveillance and infection prevention and control (IPC) guidance for temporary shelters and Emergency Medical Teams (EMTs).
- **Vaccination in transitional camps** – Strengthen targeted vaccination and catch-up activities in transitional camps and affected communities, prioritizing protection against vaccine-preventable diseases such as **measles-rubella, diphtheria, tetanus and pertussis**, through **MR/MMR, Td and pentavalent vaccines**, according to national guidance, epidemiological risk and vaccine availability.

PAHO/WHO RESPONSE

- Supported the development of national post-earthquake epidemiological surveillance guidelines for transitional camps, EMTs, and national and international health providers.
- Supported the strengthening of syndromic and priority disease surveillance in transitional camps and EMTs, including the progressive incorporation of epidemiological reporting into deployed EMTs and the review of EMT notifications.
- Supported field monitoring visits to 9 transitional camps in La Guaira to organize epidemiological surveillance, identify communicable disease risk factors, and link findings with vaccination, WASH, IPC and outbreak prevention actions.
- Coordinated with the Rafael Rangel National Institute of Hygiene on laboratory needs, including procurement of laboratory supplies and support for sample collection, transport and referral pathways.
- Donated IT equipment and auxiliary materials to epidemiological surveillance teams of the ASICs in La Guaira to strengthen data collection, analysis and timely reporting.

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COMMUNITY PROTECTION / SHELTERS

KEY NUMBERS

89	82	07	24.383	17.266
Total Camps	Active Camps	Camps Under Renovation	People Installed Capacity	People Occupied Capacity

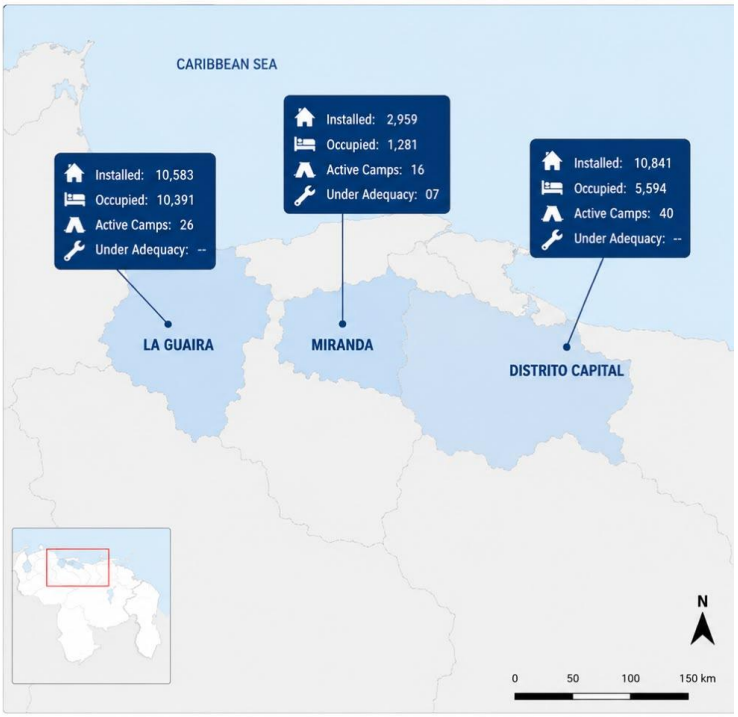
Source: Venezuela National Authority

KEY TAKEAWAYS

- Temporary shelters remain under pressure, particularly in La Guaira, where most sheltered people are concentrated and overcrowding has been reported.
- Assessments identify critical gaps in WASH, safe sanitation, hygiene supplies, solid waste management and vector control, increasing the risk of communicable diseases.
- Access to primary health care, chronic disease medicines, maternal care, MHPSS and referral pathways remain limited in several assessed shelters.
- Protection risks persist due to limited privacy, lighting and gender-segregated sanitation facilities, particularly affecting women, adolescents and children.
- Standardized population profiling, health characterization and intersectoral protocols are urgently needed to guide service delivery and risk monitoring.

SITUATION ANALYSIS

Figure 2. Camp Distribution / Occupancy



Prepared by the Author.

Source: Report Registry of the Vice Presidency for Social and Territorial Socialism.

According to national authorities, **89 transitional camps have been established**, of which **82 are active and 7 are under renovation**, with an installed capacity of **24,383 people** and **17,266 people currently sheltered**. Shelter occupancy remains concentrated in Caracas, La Guaira and Miranda, with La Guaira hosting the largest share of the sheltered population. The Government continues to establish and expand transitional camps and collective shelters to accommodate displaced populations.

PAHO/WHO field teams have characterized **16 transitional camps** and supported surveillance visits to **9 camps in La Guaira**, generating direct evidence on priority health and protection risks. Findings indicate that shelter–primary health care coordination remains uneven, including limited or inactive links between some camps and their corresponding ASICs, underscoring the need to clarify health management roles in camps and standardize population characterization.

Earthquake-affected families remain in temporary shelters in La Guaira, supported by health and humanitarian partners. Source: ACNUR

Health assessments in temporary shelters show gaps in access to primary health care, referral pathways, basic medical supplies and continuity of treatment for chronic conditions. Among the 16 camps characterized by PAHO/WHO, **all required spaces for adult psychosocial support**, **12 required medicines for chronic diseases**, **4 required vaccination activities for children and adolescents**, **3 required nutritional screening**, and **3 required consultations for pregnant women**. These findings point to the need for integrated shelter-based health services, including PHC, MHPSS, maternal care, vaccination, nutrition screening and referral mechanisms.

Mental health and psychosocial support remain a priority across assessed shelters. Field findings show high levels of emotional distress among affected populations and camp management teams, while access to structured psychological support remains limited. In response, PAHO/WHO is supporting the development and validation of mental health protocols, shelter characterization tools and Psychological First Aid plans for multidisciplinary teams working in temporary shelters.

WASH and environmental health conditions remain critical in several assessed camps. PAHO/WHO findings indicate that **12 of the 16 assessed camps require improved water storage**, with unsafe storage practices observed; **5 camps lack a waste management plan**, and several have limited or no adequate shower areas. Surveillance visits in La Guaira also identified open defecation, inadequate solid waste disposal, fly infestation and unsafe food handling, increasing risks related to gastrointestinal, dermatological and other communicable disease events.

Protection-related health risks also require attention. Some assessed shelters lack sex-segregated sanitation facilities, locks, lighting or safe access to toilets and showers, increasing risks for women, adolescents and children. Gaps in menstrual hygiene and dignity items remain important, while shelter design and child-safe space standards require reinforcement in coordination with protection partners.

Operational response in shelters is also constrained by limited connectivity, mobile devices and field tools for technical teams, affecting timely data collection, reporting and follow-up of health risks. Strengthening standardized health information, population profiling, referral pathways and intersectoral coordination with WASH, Protection, Nutrition and Shelter actors remains essential to improve service delivery and reduce preventable health risks in temporary shelters.

The Health Cluster, continues to coordinate health partners working in temporary camps and affected communities, supporting the harmonization of assessments, identification of priority gaps and alignment of partner interventions. Cluster partners have participated with the Inter-Cluster Group in field assessments of **18 temporary camps in Miranda**, helping document needs related to primary health care, MHPSS, sexual and reproductive health, nutrition, WASH, protection and continuity of treatment for HIV and tuberculosis. The Cluster is also supporting coordination with partners to strengthen mobile health brigades, emergency care, referral pathways, delivery of medicines and supplies, and rapid capacity-building in camp health, nutrition, PSEA and MHPSS.

PRIORITY NEEDS

- **WASH and environmental health –** Strengthen safe water access, storage, sanitation, showers, handwashing facilities, hygiene supplies, solid waste management and vector control to reduce contamination and prevent health risks in temporary shelters.
- **Health access and continuity of care –** Improve shelter-based primary health care, triage, referral pathways, essential medicines and continuity of treatment for people with chronic conditions, pregnant women, children, older persons, people with disabilities and other high-risk groups.
- **Mental Health and Psychosocial Support (MHPSS) –** Expand Psychological First Aid, psychosocial support spaces, identification of people with mental health needs, referral pathways and sustained support for affected families, camp management teams and frontline workers.
- **Population profiling and health information –** Standardize population registration, vulnerability profiling and health characterization in shelters to identify at-risk groups and guide planning, service delivery and monitoring.
- **Surveillance, immunization, and outbreak readiness** – Integrate early warning, syndromic surveillance, WASH, immunization, and outbreak response to detect and respond to risks in overcrowded shelters.
- **Protection-sensitive shelter health services –** Improve privacy, lighting, locks, gender-segregated sanitation, menstrual hygiene and dignity supplies, child-safe spaces and referral pathways to reduce protection, GBV and child safety risks.
- **Food safety, nutrition and inclusion –** Strengthen safe food handling, proper storage, nutrition screening, therapeutic diets and accessible services for older persons, persons with disabilities and people with reduced mobility.

PAHO/WHO RESPONSE

- Support to the health characterization of temporary camps, with 16 of 89 camps characterized, generating information on priority needs related to safe water, sanitation, protection, chronic disease medicines, mental health, vaccination, nutrition and care for pregnant women.
- Support to the Ministry of Health and Miranda's Health Authority in developing and validating standardized health characterization tools and unified mental health protocols for temporary camps, including MHPSS guidance for shelter-based care.
- Development, together with Miranda's Health Authority, of a Psychological First Aid implementation plan for multidisciplinary teams supporting interventions in temporary camps.
- Support to the Ministry of Health's Mental Health Directorate in developing the Mental Health Care Plan for people in affected territories, with emphasis on populations living in temporary camps and impacted communities.
- Strengthening of protection capacities through a training session for 17 temporary camp coordinators in Miranda on prevention of sexual exploitation and abuse.
- Development of a risk communication plan proposed to the Ministry of Health, complemented by social listening with affected people in temporary camps and health workers in hospitals to identify information needs.
- Support to vaccine management to strengthen the national immunization programme, including actions targeting populations living in temporary camps.

COORDINATION

KEY NUMBERS

110	13	2	7
Health Cluster partners and NGOs in country *Health Cluster Situation Report# 4*	**EMTs deployed and operational**	**EMTs demobilizing**	**EMTs mobilizing** *Operational in the next days*

Source: Health Cluster; PAHO EMT

KEY TAKEAWAYS

• The Ministry of Health (MPPS) leads the health response, with territorial implementation through state health authorities, ASICs, hospitals, medical brigades and teams deployed in temporary camps.

• Health sector coordination is shifting from acute emergency response toward early recovery, with priorities focused on sustaining essential health services, strengthening referral pathways and aligning partner interventions.

• The Health Cluster, co-coordinated by PAHO/WHO and the International Rescue Committee (IRC), coordinates the participation of 110 organizations linked to the health response, articulating MPPS, United Nations agencies, humanitarian partners and technical groups to

align actions, avoid duplication and guide prioritization of gaps.

- EMT coordination continues through the virtual CICOM mechanism led by MPPS, with 13 EMTs operational across La Guaira, Caracas, Miranda and Aragua, 7 mobilizing, and capacities being aligned with evolving needs.

SITUATION ANALYSIS

The Ministry of Health (MPPS) continues to lead the health response, with territorial implementation through state health authorities, ASICs, hospitals, medical brigades and health teams deployed in temporary camps. Technical coordination spaces are active with PAHO/WHO to support epidemiological surveillance, immunization, health actions in camps and follow-up of health facilities.

The Health Cluster, co-coordinated by PAHO/WHO and the International Rescue Committee (IRC), coordinates 110 organizations linked to the health response, articulating MPPS, United Nations agencies, humanitarian partners and technical groups to align actions, avoid duplication and prioritize operational gaps. Partners maintain activities in La Guaira, Distrito Capital, Miranda, Falcón and Aragua, including emergency care, mobile health brigades, sexual and reproductive health, MHPSS, continuity of HIV and tuberculosis treatment, referrals, and delivery of medicines and supplies.

Joint coordination with MPPS, UNICEF, the Inter-Cluster Coordination Group and technical partners has supported assessments and planning in health facilities and temporary camps, documenting needs in primary health care, MHPSS, maternal and child health, nutrition, WASH, protection and continuity of care. These inputs are also informing the health component of the Humanitarian Response Plan Addendum.

Despite progress, coordination mechanisms require further consolidation, particularly to standardize information flows, clarify roles, track agreements and strengthen articulation between national, territorial and humanitarian partners. Strengthening referral pathways between hospitals, ASICs, EMTs and community-based services remains essential as the response shifts toward early recovery and continuity of essential health services.

PAHO Regional Response Team/GOARN

PAHO/WHO has deployed seven specialists through the PAHO Regional Response Team/GOARN roster to support health emergency coordination, logistics, information management, epidemiological surveillance, risk communication, EMT coordination and health facility assessments, helping align international assistance with identified needs and support the transition toward early recovery.

EMTs

Virtual CICOM (Coordination Cell) was established in La Guaira under the leadership of the Ministry of Health (MPPS), with technical support from PAHO, to process international Emergency Medical Team (EMT) offers, and coordinate their acceptance and deployment. Thirteen Emergency Medical Teams (EMTs) are currently providing services in La Guaira, Caracas, Miranda, and Aragua representing an increase in deployed clinical capacity and 7 more teams are mobilizing to their assigned locations and are expected to become operational over the coming hours and days.

- The Specialized Care Team – Emergency Remote Clinical Support (SCT-ERCS) has been deployed virtually through CICOM, providing provider-to-provider specialist consultation (clinical

reach-back) to deployed EMTs. The capability is implemented by the University of Miami and the Panamerican Trauma Society, with PAHO providing technical support and operational integration through CICOM

- Clinical rehabilitation continues to be integrated throughout the response through the deployed Type 3, Type 2 and several Type 1 EMTs, complemented by the mobilization of a dedicated Clinical Rehabilitation Specialized Care Team (SCT).
- 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.
- More details on operational status of EMTs including location and type are available in Annex 1

As of 10 July, 2026:

43	13	7	2	4
International EMTs & Specialized Care Teams 22 participating countries	**Deployed and operational**	**Mobilizing**	**Demobilizing**	**Ready to deploy**

Table 2: Deployed and Operational Emergency Medical Teams by type and location

Type	#	Team (Country) – Deployment Site
Type 1 Fixed EMT	**6**	**AECID** (Spain) – Parque del Este, Caracas; **Venezuelan & Spanish Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira; **BHSR EMT** (Colombia) – Colegio Gran Colombia, Caracas; **MINSAL** (Dominican Republic) – Estadio César Nieves, Catia La Mar; **UK MED** (United Kingdom) – Karting La Guaira, Caraballeda; **JDR–JICA** (Japan) – Campo Fútbol-Sala, Caraballeda
Type 1 Mobile EMT	**4**	**Team Rubicon** (USA) – Clínica La Victoria, Aragua; **Peace Winds** (Japan) – Parque El Indio, Macuto; **TMAT** (Japan) – Hospital Dr. Domingo Luciani; **Lithuanian EMT** (Lithuania) – Ciudad Vacacional Los Caracas
Type 2 EMT	**1**	**Brazilian Navy** (Brazil) – Camurí Chico, Macuto, La Guaira
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 through CICOM

EMT = Emergency Medical Team; SCT-ERCS = Specialized Care Team – Emergency Remote Clinical Support.

Health Cluster

Health Cluster partners maintain operational presence across the affected states, supporting the continuity of essential health services and complementing national response capacities. Activities are concentrated in La Guaira, Distrito Capital and Miranda, with additional presence in Falcón and Aragua, and include emergency medical care, mobile health brigades, sexual and reproductive health, MHPSS, patient referrals, delivery of medicines, equipment and medical supplies, diagnostic testing, and continuity of treatment for people with HIV and tuberculosis.

State	Partners	Lines of action underway
La Guaira	**20**	Emergency care; emergency MHPSS; prenatal care; provision of medicines, equipment, supplies, office materials and printers.
Distrito Capital	**14**	Emergency care; emergency MHPSS; prenatal care; provision of medicines, equipment, supplies, office materials and printers.
Miranda	**5**	Emergency care; emergency MHPSS; provision of medicines, equipment, supplies, office materials and printers.
Falcón	**2**	Psychological First Aid; provision of supplies for HIV and tuberculosis.
Aragua	**1**	Provision of supplies for HIV and tuberculosis.

Health Cluster partners participated, together with the Inter-Cluster Group (ICG), in an intersectoral assessment mission covering 18 temporary camps in Miranda State, helping document operational conditions, ongoing interventions and priority gaps identified through the Rapid Needs Assessment (RNA). The Cluster also supported rapid capacity-building activities in temporary camps, including health and nutrition, prevention of sexual exploitation and abuse (PSEA), and mental health and psychosocial support (MHPSS).

PRIORITY NEEDS

- **Unified coordination and information management** – Strengthen a common coordination mechanism, standardized reporting tools, partner mapping and action-point tracking to support timely decisions and avoid duplication.
- **National–territorial articulation –** Reinforce coordination between MPPS, state health authorities, ASICs, hospitals, EMTs and partners to improve operational follow-up and referral pathways.
- **Intersectoral coordination** – Strengthen operational links with WASH, Shelter, Protection, Nutrition and Logistics partners to address health determinants in temporary camps and affected communities.
- **EMT coordination and transition planning** – Continue aligning deployed and mobilizing EMTs through CICOM with evolving needs in trauma care, primary health care, rehabilitation, shelter health and community-based services.

- **Strategic planning and resource mobilization** – Maintain coordinated health inputs into interagency planning, gap analysis, prioritization of interventions and financial requirements.

PAHO/WHO RESPONSE

- Supports strategic response planning through participation in the interagency needs analysis and preparation of the health component of the Humanitarian Response Plan Addendum, including estimates of affected population, people in need, target population, priority areas, interventions and financial requirements.
- Supports the virtual CICOM, led by MPPS, to coordinate Emergency Medical Teams, including management of international offers, acceptance, territorial assignment, integration with the national health network, operational follow-up, retasking of capacities and progressive demobilization.
- Strengthens Health Cluster information management through 2W/3W tools, partner capacity mapping and analysis of operational presence to support evidence-based coordination and avoid duplication.
- Coordinates multisectoral field assessments and operational planning with MPPS, UN agencies, the Inter-Cluster Coordination Group and Health Cluster partners to harmonize needs analysis in health facilities and temporary camps.
- Supports systematic monitoring of health facilities and temporary camps to identify service gaps, operational constraints and priority needs for decision-making.
- Reinforces the Health Cluster as the main coordination platform between MPPS, UN agencies, humanitarian organizations and national stakeholders, while advocating for centralized health information management and coordinated technical and financial assistance.

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

6	27.5	1.58M	10
Metric tons of supplies delivered *Annex 2 for details*	**Metric tons are on the pipeline**	**Vaccine doses donated by neighboring countries**	**Health Entities benefited with PAHO supplies** *[PAHO field teams]*

Source: PAHO field teams

KEY TAKEAWAYS

- PAHO/WHO has locally distributed the initial 6 tons of supplies: Trauma and Emergency Surgery Kits to 4 high-complexity hospitals, and chronic medication and equipment modules to 5 community health areas (ASIC) and a specialized clinic
- A chartered plane with ~27.5 metric tons of supplies is being coordinated, carrying 2

Interagency Emergency Health Kits (primary care for 200,000 people/3 months), 10 Trauma and Emergency Surgery Kits (~1,000 surgeries), and Severe Acute Malnutrition (SAM) treatment kits to strengthen referral hospitals and primary care networks.

PAHO/WHO RESPONSE

Supplies delivered by PAHO/WHO

- PAHO/WHO continues supporting the response with urgent medical supplies and medicines, with over 6 tons delivered to date (see Annex 2) and distributed locally according to each health facility's service profile to maximize impact (see Annex 3)

Table 3: Local distribution of supplies by facility level and receiving entity on 8 – 9 July 2026

Hospital-Level Distribution *4 high-complexity hospital*	Trauma and Emergency Surgery Kits (TESK)	• Maternidad Concepción Palacios • Hospital Dr. Miguel Pérez Carreño • Hospital Dr. Domingo Luciani • Hospital Ricardo Baquero González
Community-Level Distribution *5 Comprehensive Community Health Areas (ASIC)* *1 specialized clinic*	Chronic Medication Module	ASIC of La Páez (Catia La Mar), Guaracarumbo, 10 de Marzo, Maiquetía, and La Guaira.
	Equipment & Renewable Modules	Naiguatá Specialized Outpatient Clinic

PAHO/WHO delivering TESK kits to high complexity hospitals. Source: PAHO/WHO

- Following the 9 July delivery to priority hospitals and community health services, PAHO/WHO and MPPS/Consalud activated a fast-track response to address additional critical gaps, including surgical drapes, compresses, basic equipment, renewable supplies and maternal health equipment.
- PAHO/WHO supported the National Forensic Medicine and Sciences Service through the provision of body bags for dignified and safe management of the deceased, with **4,556 of 8,500 units distributed to date**, and delivered computer equipment to epidemiologists in La Guaira to strengthen disease surveillance.
- **Additional supply mobilization is underway –** A chartered shipment of approximately 27.5 metric tons is being coordinated, including 2 IEHK 2024 kits, 10 Trauma and Emergency Surgery

Kits, specialized surgical instrument modules, orthopedic fixation sets and Severe Acute Malnutrition treatment kits. Together, these supplies are expected to support primary health care for 200,000 people for approximately three months and around 1,000 surgical interventions.

Donations from neighboring countries and NGOs

- PAHO/WHO is also **providing technical and logistical support to facilitate in-kind donations** of supplies including:

Table 4: In-kind donations from neighboring countries, facilitated by PAHO/WHO

BRAZIL	CHILE	COLOMBIA
Brazil's MOH, with technical and logistical support from PAHO/WHO, is donating 1.5 million vaccine doses: • 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	Chile's MOH, with operational support from PAHO/WHO, has donated 76,000 units of vaccines and complementary supplies: • 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	The Ministry of Health with coordination from PAHO/WHO has mobilized 646 kg of medical supplies: • 3 medicine kits (384 and 2 medical supply kits (262 kg), with logistics supported by UNGRD and the Colombian Red Cross.

- Beyond these specific contributions, and in coordination with the Ministry of Health, PAHO/WHO continues channeling offers from neighboring countries and humanitarian agencies, facilitating the Ministry's receipt of supplies while ensuring adherence to the necessary quality standards and operational viability.

In-kind donations and supply chain support

- PAHO/WHO is providing technical and logistical support to facilitate in-kind donations from neighboring countries and partners, including vaccines, medicines and medical supplies, while ensuring quality standards and operational viability.
- PAHO/WHO also supported MPPS in analyzing donations entering central warehouses in Jipana and Las Adjuntas. To date, **4,447,538 units across 713 operational items** have been recorded, with **4,055,182 units dispatched within the first eight days through 58 logistical deployments**. The analysis identified warehouse saturation risks and **189,959 units approaching expiration by August 2026**, requiring FEFO and cross-docking measures.

REFERENCES:

1. United Nations Disaster Assessment and Coordination (UNDAC). Health and Infrastructure Damage Assessment – Earthquakes in Venezuela. 5 July 2026. Caracas: United Nations; 2026. Unpublished.

2. United Nations Disaster Assessment and Coordination (UNDAC). Rapid Needs Assessment (RNA) – Sectoral Analysis: Venezuela Earthquakes 2026. July 2026. Caracas: United Nations; 2026. Unpublished.

3. United Nations Disaster Assessment and Coordination (UNDAC). Health – People in Need (PiN), Target and Severity Analysis: Venezuela Earthquakes 2026. July 2026. Caracas: United Nations; 2026. Unpublished.

4. Ministry of the People's Power for Health (MPPS). National Government restores areas of J.M. de los Ríos Hospital following earthquake damage. Caracas: MPPS; Jul 2026. Available from: https://mpps.gob.ve/gobierno-nacional-restauro-areas-del-hospital-j-m-de-los-rios-tras-afectaciones-por-sismos/

5. MENTOR Initiative. Rapid Assessment of Vector Breeding Sites and Environmental Health, La Guaira, Venezuela #01. 2026. La Guaira: MENTOR Initiative; 2026. Unpublished.

6. Office of the Vice Presidency for Social Affairs of the Bolivarian Republic of Venezuela. Status of Care in Transitional Camps. 8 July 2026. Caracas: Office of the Vice Presidency for Social Affairs of the Bolivarian Republic of Venezuela; 2026. Unpublished.

7. Venezuela Health Cluster. Venezuela Earthquakes, 24 June. Situation Report No. 4. 7 July 2026. Caracas: Venezuela Health Cluster, with the support of the Regional Health Cluster and Global Health Cluster; 2026. Available from: https://reliefweb.int/report/venezuela-bolivarian-republic/cluster-salud-venezuela-terremotos-24-de-junio-informe-de-situacion-ndeg-4-7-de-julio-de-2026

8. Pan American Health Organization. Situation Report by Country Office. 11 July 2026. Caracas: PAHO; 2026. Unpublished

9. Pan American Health Organization. Country Office Daily Operations Update. 7-10July 2026. Caracas: PAHO; 2026. Unpublished

10. Ministry of the People's Power for Health (MPPS), Directorate General of Epidemiology. Guidelines for Epidemiological Surveillance Following the Seismic Event of 24 June 2026. Circular VRSC/DGE 2026. 7 July 2026. Caracas: Bolivarian Government of Venezuela; 2026. Unpublished.

11. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Earthquakes – Venezuela: Situation Report #17. 10 July 2026. [Cited 11 July 2026]. Available from: https://reliefweb.int/report/venezuela-bolivarian-republic/earthquakes-venezuela-situation-report-

17-10-july-2026-time-0900-pm

12. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Earthquakes – Venezuela: Situation Report #18. 11 July 2026. [Cited 12 July 2026]. Available from: https://reliefweb.int/report/venezuela-bolivarian-republic/earthquakes-venezuela-situation-report-18-11-july-2026-time-0900-pm

Annex 1

Operational Status and location of EMTs as of 10 July 2026

Status	Team (Country)	Capability	Deployment Site
Deployed and operational (13)	Samaritan's Purse (USA)	Type 3 EMT	Baseball Camp Plaza Bolívar, La Guaira
	Brazilian Navy (Brazil)	Type 2 EMT	Camurí Chico, Macuto, La Guaira
	AECID (Spain)	Type 1 Fixed EMT	Parque del Este, Caracas
	University of Miami – Panamerican Trauma Society (USA)	SCT-ERCS (Virtual)	Virtual through CICOM
	Venezuelan & Spanish Red Cross (Spain / Venezuela)	Type 1 Fixed EMT	Estadio Jorge García, La Guaira
	BHSR EMT (Colombia)	Type 1 Fixed EMT	Colegio Gran Colombia, Caracas
	Team Rubicon (USA)	Type 1 Mobile EMT	Clínica La Victoria, Aragua
	MINSAL (Dominican Republic)	Type 1 Fixed EMT	Estadio César Nieves, Catia La Mar
	Peace Winds (Japan)	Type 1 Mobile EMT	Parque El Indio, Macuto
	TMAT (Japan)	Type 1 Mobile EMT	Hospital Dr. Domingo Luciani
	UK MED (United Kingdom)	Type 1 Fixed EMT	Karting La Guaira, Caraballeda
	JDR–JICA (Japan)	Type 1 Fixed EMT	Campo Fútbol-Sala, Caraballeda
	Lithuanian EMT (Lithuania)	Type 1 Mobile EMT	Ciudad Vacacional Los Caracas
Mobilizing (7)	Barbados Defence Force (Barbados)	Type 2 EMT	Escuela Industrial Nacional Rubén González, Guarenas
	International Medical Corps (USA)	Type 1 Fixed EMT	Terminal de Pasajeros, Catia La Mar
	Humanity & Inclusion (France / Colombia)	Clinical Rehabilitation SCT	National Rehabilitation Centre, Caracas
	CMAT (Canada)	Type 1 Mobile EMT	Casco Central, Caraballeda
	Save the Children (United Kingdom)	Type 1 Fixed EMT	Clínica Taraguanera, Caraballeda
	MEDAR – Secouristes Sans Frontières (France)	Type 1 Fixed EMT	Hospital Dr. José María Benítez, La Victoria
	Swiss Agency for Development & Cooperation (SDC) (Switzerland)	RMNCH SCT	Hospital Rafael Medina Jiménez, Maiquetía
Demobilized/ Demobilizing (2)	Army 60 PARA Field Hospital (India)	T2	Hipódromo La Rinconada, Caracas
	Johanniter EMT (Germany)	Type 1 Fixed EMT	Caraballeda, La Guaira

Annex 2

Consolidated Summary of PAHO/WHO Supplies Delivered for the Venezuela Emergency Response as of 11 July, 2026

No.	Origin	Delivery Date	Items Included	Beneficiary Population	Receiving Entity	PAHO Action	Observations
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.	Initial emergency dispatch focused on immediate stabilization and primary hospital trauma care. Included 320 body bags destined for SENAMECF Silos.
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.	Technical clarification: supplies received did not correspond to standardized closed kits. Broken down for selective distribution based on medical specialty profiles.
3	**Local Distribution Phase — from the 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.	Specialized supplies successfully deployed to mitigate the "hidden surgical debt." Community components shield the local health corridor against overcrowding risks. Immediate local stock release mechanism activated alongside MPPS/Consalud.

Pan American Health Organization | World Health Organization Americas Region

Annex 3

PAHO SUPPLIES REACH THE FRONT LINES OF VENEZUELA'S HEALTH RESPONSE

REACHING: 4 High-Complexity Hospitals
5 Comprehensive Community Health Areas (ASIC) + 1 Specialized Outpatient Clinic

PAHO/WHO teams verify and deliver medical supply kits (TESK, NCDK) to hospitals and health centers in Caracas and La Guaira. Source: PAHO/WHO

DISTRIBUTION STRATEGY

PAHO/WHO applied a modular allocation strategy to maximize the impact of the humanitarian cargo received. Trauma and Emergency Surgery Kits (TESK) were distributed across 4 high-complexity hospitals, while Non-Communicable Disease Kits (NCDK) were allocated to 5 Comprehensive Community Health Areas (ASIC) and 1 specialized outpatient clinic — matching each resource to the needs of its setting.

STRENGTHENING CARE CAPACITY

These supply blocks — equivalent to supporting 50 complex surgical patients and 3 months of primary outpatient care for 10,000 people — directly strengthen hospital and community resilience in the face of the emergency.

LAST-MILE CLINICAL DELIVERY

Deliveries to the hospital network were tailored to each facility's service profile to prevent critical shortages:

- **Maternidad Concepción Palacios:** gynecological instrument sets, reproductive health and debridement kits, and high-complexity obstetric surgery modules (laparotomy, cesarean, embryotomy).
- **Hospital Dr. Miguel Pérez Carreño:** surgical drainage material, advanced anesthesia supplies, laryngoscopes, immobilization splints, burn dressings, and specialized craniotomy and pediatric surgery sets.
- **Hospital Dr. Domingo Luciani:** basic trauma medicines, general surgery instrument sets, skin grafts, casting material, and an orthopedic/bone-traction surgical kit.
- **Hospital Ricardo Baquero González (Periférico de Catia):** sutures and critical IV solutions for immediate prehospital stabilization.

STRENGTHENING THE COMMUNITY NETWORK IN LA GUAIRA

- **Chronic Medication Module (NCDK Mod 1):** distributed evenly across the ASIC of La Páez (Catia La Mar), Guaracarumbo, 10 de Marzo, Maiquetía, and La Guaira.
- **Equipment & Renewable Modules (NCDK Mod 3–4):** fully allocated to the Naiguatá Specialized Outpatient Clinic, restoring its diagnostic and routine care capacity.

TESK = Trauma and Emergency Surgery Kit | NCDK = Non-Communicable Disease Kit | ASIC = Area de Salud Integral Comunitaria (Comprehensive Community Health Are