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

## Situation Report #6

**17 July 2026**

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

## HIGHLIGHTS

- More than three weeks after the two earthquakes struck north-central Venezuela on 24 June 2026, affecting at least seven states, the emergency response remains active. While the most acute phase of rescue, trauma care and immediate post-disaster surgery has eased, priorities are now focused on sustaining essential health services, strengthening referral pathways, supporting temporary camps and preventing public health risks.
- Referral hospitals remain operational, though service delivery is still under strain, most notably in La Guaira, where limited bed availability, structural damage, and a high volume of referrals persist. Emergency Medical Teams (EMTs) remain integrated into the national response, providing **more than 14,000 consultations** while strengthening clinical capacity, referral pathways and continuity of care in the affected states.
- Integrated epidemiological surveillance has been strengthened across affected states through **expanded reporting, laboratory support, event-based surveillance and vaccination activities**. No large-scale outbreaks have been confirmed to date despite ongoing public health risks in transitional camps.
- The rise to 107 transitional camps heightens protection and public health risks, requiring **coordinated action on WASH, mental health, GBV mitigation, and outbreak prevention, alongside stronger support for host communities**.
- PAHO/WHO continues supporting the Ministry of Popular Power for Health (MPPS) through the deployment of its **Regional Response Team, covering health emergency coordination, logistics, information management, epidemiology, risk communication and community engagement, and EMT coordination**. In coordination with the MPPS, PAHO/WHO is also supporting the virtual CICOM and EMT mobilization, **with sixteen EMTs now operational** across La Guaira, Caracas, Miranda, and Aragua, increasing clinical capacity in the affected areas.
- PAHO/WHO **has shipped a total of 33.5 metric tons (MT) of critical medical equipment and supplies** to support the response in Venezuela. Of this, supplies have already been distributed to 10 health facilities, with an additional distribution to 18 health facilities and 36 shelters planned in the coming days, including Interagency Emergency Health Kits (IEHK) and Trauma and Emergency Surgery Kits (TESK).


Arrival in Venezuela of 27.5 metric tons of PAHO/WHO supplies, including TESK, IEHK, and other critical medical supplies and equipment. Source: PAHO/WHO

## KEY NUMBERS

***5,069***
***deaths*** [1]

***16,740***
***injured people*** [2]

***6,462***
***rescued*** [3]

***36,951 patients treated*** [4]

***17,907***
***people lost their homes*** [5]

***107 transitional camps have been established*** [6]

***38 Health facilities reported structural damages*** [7]

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

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

***33.5 tons***
***PAHO emergency supplies delivered*** [10]

**Sources**

1 – 7: Official Report of the Bolivarian Republic of Venezuela 17 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

| 73 | 38 | 36,951 | 3 |
|---|---|---|---|
| Health facilities assessed | Hospitals affected | Patient consultations reported since the earthquake | Non-operational or severely affected health facilities |

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

### KEY TAKEAWAYS

- The health response is progressively shifting from emergency trauma care towards the reestablishment and continuity of essential health services.
- Most referral hospitals remain operational, although reduced bed capacity, damaged infrastructure and referral pressures continue affecting service delivery, particularly in La Guaira.
- PAHO/WHO field teams are supporting hospital recovery, Emergency Medical Team (EMT) coordination, rehabilitation planning and strengthening of referral networks.
- Mental health and psychosocial support (MHPSS) remain a priority across affected communities and temporary shelters.

## SITUATION ANALYSIS

### Continuity of essential health services

The health system continues transitioning from immediate emergency response towards restoration of safe and continuous service delivery. Current priorities focus on maintaining referral pathways, supporting hospitals with reduced operational capacity, strengthening rehabilitation services and ensuring continuity of essential clinical care while recovery activities progress.

**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** | Fully operational following completion of minor structural repairs; Hospital Incident Command System, IPC and surveillance functions remain 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. |

| | | | |
|---|---|---|---|
| **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

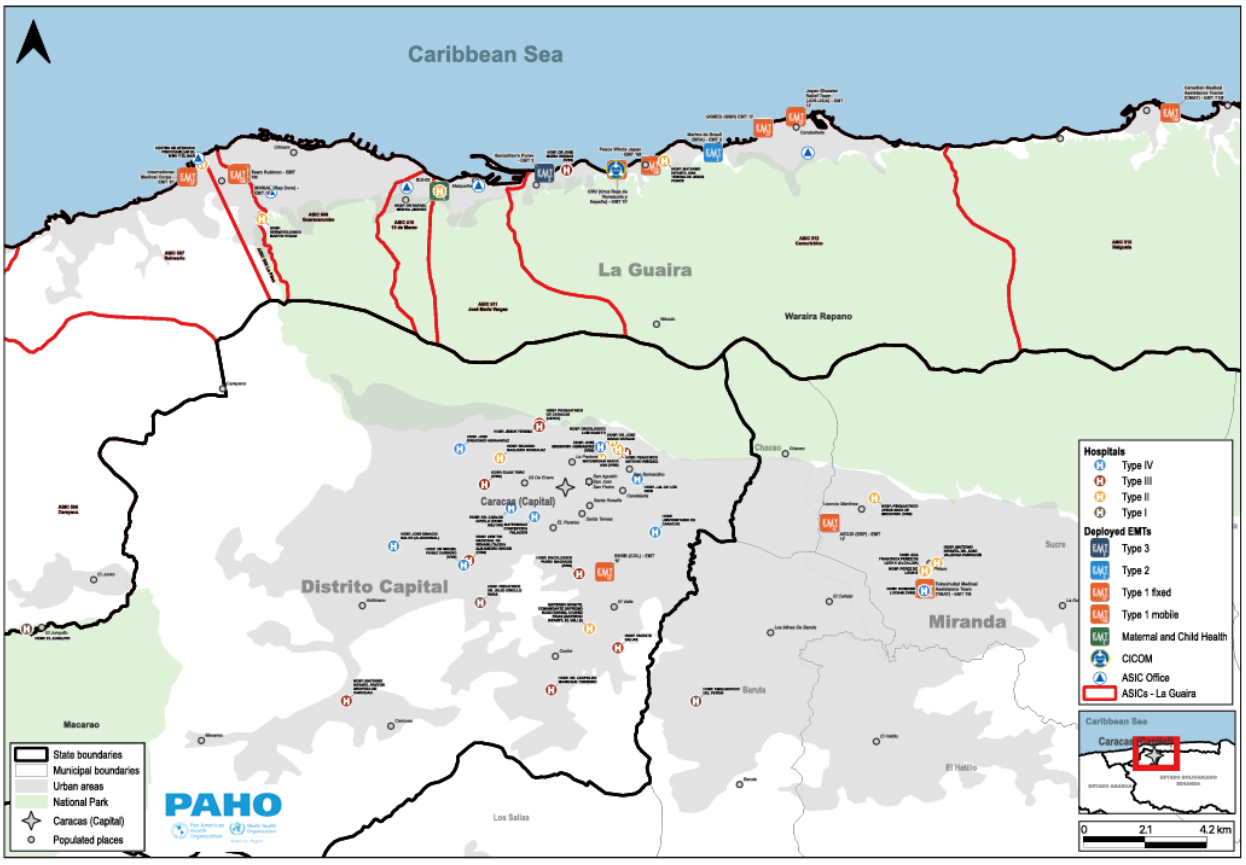
PAHO/WHO field teams continue supporting the Ministry of Popular Power for Health (MPPS) through hospital assessments, technical missions and coordination with Emergency Medical Teams (EMTs), helping prioritize interventions according to operational needs identified in the field.

## Hospital functionality

Assessments confirm that most referral hospitals remain operational despite localized structural damage, reduced inpatient capacity and temporary relocation of services. Facilities in La Guaira continue experiencing the greatest limitations, including reduced inpatient capacity, temporary relocation of services and damage affecting support infrastructure.

Hospital recovery efforts increasingly focus on restoring critical infrastructure, biomedical equipment, utilities and essential support services required to maintain safe patient care while reducing pressure on referral hospitals.

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




Source: Technical assessment report from PAHO and MPPS

### Health service delivery

Health services continue operating across the affected states despite increased demand. Since the earthquake, the Ministry of Popular Power for Health (MPPS) has reported more than **36,951 consultations**, with referral hospitals continuing to absorb patients from facilities operating under reduced capacity.

Field teams report that maintaining referral coordination, emergency surgical capacity, rehabilitation services and availability of specialized personnel remains essential to sustain service delivery during the recovery phase.

### Emergency Medical Teams (EMTs)

Emergency Medical Teams continue providing clinical care while progressively integrating with national health services. As of 17 July**,** EMTs had provided **14,281 consultations, including 366 hospital admissions, 122 major surgical procedures, 87 minor surgical procedures, and 1,024 occupied bed days.** Women accounted for 55% of consultations and men for 45%. Coordination efforts increasingly focus on maintaining referral mechanisms, supporting continuity of care, and facilitating the gradual transition of services back to routine health system operations.

### Rehabilitation and recovery

Recovery planning is progressively expanding beyond emergency trauma management to include rehabilitation services, continuity of care for patients with disabilities, and restoration of hospital functionality. Technical support continues to prioritize operational planning, health facility resilience, and safe recovery of essential clinical services.

### Mental Health and Psychosocial Support (MHPSS)

Mental health and psychosocial support remain a major component of the health response. Assessments conducted by PAHO/WHO and Health Cluster partners continue identifying significant psychosocial needs among affected populations, particularly in La Guaira and temporary shelters.

Priority activities include implementation of the national post-earthquake MHPSS operational plan, expansion of mhGAP-based capacity building, coordination of the national MHPSS Technical Working Group (co-led by PAHO/WHO and IOM, alongside the Ministry of Popular Power for Health), integration of community psychosocial support into primary health care, and strengthening referral pathways for people requiring specialized mental health services.

### Health Cluster Partner Assessments of Health Facilities

Health Cluster partner assessments continue complementing PAHO/WHO technical hospital evaluations by providing a broader overview of health service functionality across affected areas. To date, 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. Three facilities in La Guaira remain non-operational or functioning with severe limitations. Ongoing assessments continue to support prioritization of recovery interventions, while information gaps persist in Carabobo and Yaracuy.

## PRIORITY NEEDS

- **Continuity of Health Services** – Sustain essential health services through restoration of damaged facilities, reinforcement of referral networks and support to hospitals operating under reduced capacity.
- **Hospital Recovery and Resilience** – Restore critical infrastructure, biomedical equipment, utilities, WASH, IPC measures and essential support services required for safe hospital operations.
- **Emergency and Specialized Care** – Maintain emergency surgery, trauma care, rehabilitation

services and specialized clinical capacity while strengthening referral coordination across affected states.

- **Health Workforce** – Support health personnel through surge capacity, occupational safety measures, staff wellbeing and deployment of specialized clinical teams where needed.
- **Mental Health and Psychosocial Support** – Expand implementation of the national MHPSS response plan, strengthen community-based psychosocial services, increase mhGAP-HIG capacity and improve access to specialized mental health care.

## PAHO/WHO RESPONSE

- PAHO/WHO Supported the Ministry of Popular Power for Health (MPPS) through hospital assessments, technical missions and operational planning to restore continuity of essential health services.
- Continued coordinating Emergency Medical Teams (EMTs), facilitating referral pathways and supporting progressive transition from emergency response to health system recovery.
- Provided technical support for rehabilitation planning, hospital resilience and restoration of critical health infrastructure and support services.
- Continued supporting Health Cluster assessments to identify operational gaps and prioritize recovery interventions across affected health facilities.
- Supported implementation of the national Mental Health and Psychosocial Support (MHPSS) operational plan, including coordination of the MHPSS Technical Working Group, technical guidance, mhGAP-HIG capacity building and integration of community-based psychosocial support into primary health care.
- Continued providing technical advice on continuity of care, hospital preparedness and safe recovery of essential clinical services in coordination with national authorities.

# EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

## KEY NUMBERS

| 24,406 | 18 | 17 | 10 |
|---|---|---|---|
| Vaccine doses administered | Priority diseases/events designated for immediate notification | Temporary camps under surveillance | Health facilities under surveillance |

Source: Ministry of Popular Power for Health (MPPS); National immunization programs; IMST PAHO/WHO field teams.

### KEY TAKEAWAYS

- Epidemiological surveillance continues to expand through integrated field operations combining indicator-based surveillance, event-based surveillance, environmental surveillance, laboratory support and vaccination activities, coordinated jointly by the Ministry of Popular Power for Health (MPPS) and PAHO/WHO.
- Surveillance capacity in La Guaira has been strengthened including reporting systems,

investigation of priority public health events, deployment of digital information tools and establishment of an epidemiological situation room integrating 120 active reporting units.

- While cases of several communicable diseases have been identified, no large-scale outbreaks have been confirmed to date. Priority alerts continue to undergo rapid epidemiological investigation and laboratory confirmation, while environmental conditions in several transitional camps require intensified WASH and vector control interventions.

## SITUATION ANALYSIS

### Strengthening epidemiological surveillance

Post-earthquake epidemiological surveillance continues to expand across hospitals, Emergency Medical Teams (EMTs), transitional camps and affected communities, strengthening the early detection of priority public health events and informing operational decision-making. Led jointly by the Ministry of Popular Power for Health (MPPS) and PAHO/WHO, the integrated surveillance approach combines indicator-based, event-based, environmental and laboratory surveillance, with vaccination monitoring.

Field operations have focused on strengthening surveillance capacity in La Guaira. In coordination with the Ministry of Popular Power for Health (MPPS), response teams have conducted epidemiological and entomological assessments in **17 transitional camps**, coordinated surveillance activities across **seven of nine Community Integrated Health Areas (ASICs),** reviewed reporting of immediately notifiable diseases in **10 health facilities**, and investigated priority public health events. Support was also provided to strengthen the State Epidemiological Situation Room including the deployment of digital tools to support surveillance data management and consolidate information from **120 active reporting units**.

Integrated field operations involving epidemiology, environmental health and immunization teams continue to support coordinated investigation of priority public health events and rapid implementation of outbreak prevention and control measures.

The Ministry of Popular Power for Health (MPPS) has established a Health Information Command Centre to support post-disaster information management. The platform currently consolidates hospital admissions, surgical procedures, hospitalizations and rehabilitation needs, while integration of surveillance data from other technical programmes remains under development.

The national list of diseases prioritized for immediate notification and etiological investigation remains unchanged and includes acute respiratory infections (ARI/SARI), acute diarrhoeal 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, alert verification and laboratory surveillance

Priority public health alerts continue to undergo rapid epidemiological investigation through coordinated surveillance teams operating across health facilities, ASICs and transitional camps. Laboratory confirmation remains an essential component of the response, with daily specimen referral to the Rafael Rangel National Institute of Hygiene supporting confirmation or exclusion of priority communicable diseases.

Active surveillance for vaccine-preventable diseases remains a priority in affected communities and transitional camps. Suspected cases identified through community surveillance are being rapidly investigated, laboratory tested and managed in accordance with national protocols, including laboratory testing and case management in accordance with national protocols, including the implementation of targeted vaccination measures where indicated. Laboratory surveillance has confirmed imported

malaria cases while ruling out several public health signals under investigation, including suspected chikungunya, cholera and other entero-pathogens. However, laboratory capacity remains constrained by infrastructure damage, limited operational capacity at state and ASIC laboratories, and logistical challenges affecting specimen collection, preservation and transport.

PAHO/WHO continues to assess laboratory support requirements together with national authorities, including the possible provision of supplies for specimen collection, preservation and molecular diagnostics, should additional operational support be required.

PAHO/WHO field teams coordinate epidemiological surveillance with national authorities in La Guaira

Source: IMST PAHO/WHO field teams.

## Event-based surveillance

Event-based surveillance continues to complement routine epidemiological surveillance through systematic analysis of signals reported by deployed Emergency Medical Teams (EMTs) and other operational partners. Current surveillance activities support the early detection and verification of signals (syndromes) compatible with **acute respiratory infections, acute diarrheal diseases, febrile rash illness, acute jaundice syndrome, meningitis and other priority public health events requiring epidemiological assessment.**

All reported signals undergo joint verification by the Ministry of Popular Power for Health (MPPS) epidemiologists and PAHO/WHO technical teams followed by the appropriate public health response. In parallel, community rumors with potential public health significance continue to be monitored, assessed, and investigated through established verification procedures.

## Environmental surveillance and public health risks

Environmental surveillance remains a critical component of the response. Assessments conducted jointly by epidemiology and environmental health teams identified inadequate water, sanitation and hygiene (WASH) conditions **in 11 of the 28 transitional camps** in La Guaira. Solid waste management capacity in camp settings remains a gap, contributing to increased breeding of flies and other vectors, while limited access to handwashing facilities and constraints in personal hygiene and food handling

practices continue to increase the risk of diarrheal diseases and other communicable disease.

Integrated investigations involving epidemiology and environmental health teams continue for diarrheal diseases and vector-borne diseases, while vector control activities have already been initiated in six transitional camps. Coordination with national environmental health authorities is ongoing to strengthen integrated vector surveillance and post-disaster vector control planning. Regional entomology support is also being mobilized to strengthen integrated vector surveillance and post-disaster vector control activities.

PAHO/WHO field teams conduct community outreach and health risk assessments in a transitional shelter in La Guaira following the earthquakes.

Source: IMST PAHO/WHO field teams.

### Vaccination activities

Vaccination activities continue as part of the integrated public health response in affected states and transitional camps. As of **11 July**, national authorities reported **24,406** vaccine doses administered, with the largest numbers recorded in La Guaira and Carabobo. Vaccination activities implemented in camps include tetanus-diphtheria (Td), yellow fever and pentavalent vaccines.

Targeted vaccination continues to support outbreak prevention following epidemiological investigations, particularly for vaccine-preventable diseases, and remains aligned with national technical guidance, epidemiological risk assessments and vaccine availability.

### Public Health Situation Analysis

PAHO/WHO completed a Public Health Situation Assessment (PHSA) to identify priority public health risks expected over the coming 6-12 months. The assessment identified communicable diseases associated with overcrowding and WASH conditions, vaccine-preventable diseases, vector-borne diseases and potential disruptions to essential health services among the “very high” public health risks requiring continued surveillance and preparedness. The PAHO / WHO PHSA of Venezuela (Bolivarian Republic of). As of July 10, 2026 is available from: https://www.paho.org/en/documents/public-health-situation-analysis-venezuela-bolivarian-republic-july-10-2026

## PRIORITY NEEDS

- **Early warning and outbreak detection –** Strengthen early warning, alert verification and rapid outbreak investigation capacity across transitional camps, health facilities and EMTs, including timely reporting, laboratory confirmation and feedback to operational teams.

- **Laboratory capacity –** Restore and strengthen laboratory diagnostic capacity at the National Reference Laboratory, state laboratories and ASIC surveillance networks, including specimen collection, preservation and transport.
- **Health information systems –** Expand digital health information systems, real-time reporting and epidemiological data management capacities to improve integration of surveillance information across reporting units.
- **Field surveillance operations —** Sustain logistics, transportation and field mobility required for integrated epidemiological surveillance, environmental investigations and rapid response activities.
- **Environmental surveillance and WASH –** Strengthen environmental surveillance, integrated vector management and WASH interventions in camps presenting the highest public health risks.
- **Vaccination –** Continue targeted vaccination and catch-up immunization activities in affected communities, prioritizing protection against vaccine-preventable diseases according to national guidance and epidemiological risk.

## PAHO/WHO RESPONSE

- PAHO/WHO supported the Ministry of Popular Power for Health (MPPS) in strengthening epidemiological surveillance capacity across La Guaira through coordinated activities in ASICs, health facilities and transitional camps.
- Supported assessment and strengthening of the post-disaster surveillance, health information system, including development of a workplan to improve digital reporting, interoperability and real-time information management.
- Conducted integrated field surveillance activities, including inspections in **17 transitional camps**, coordination across **7 ASICs**, verification of mandatory disease reporting in **10 health facilities**, and investigation and assessment of public health signals.
- Strengthened the State Epidemiological Situation Room through deployment of digital tools integrating surveillance data from **120 active reporting units**.
- Strengthened integrated surveillance by coordinating epidemiology, environmental health and immunization teams to support rapid detection, investigation and response.
- Supported laboratory surveillance through coordination with the Rafael Rangel National Institute of Hygiene, daily specimen referral and assessment of laboratory strengthening needs, while planning potential procurement of specimen collection materials, molecular diagnostic reagents and other essential laboratory supplies, if requested by national authorities.
- Continued supporting event-based surveillance through review and verification of signals reported by deployed EMTs in coordination with Ministry of Popular Power for Health (MPPS) epidemiologists.
- Donated information technology equipment and auxiliary materials to ASIC surveillance teams in La Guaira to strengthen data collection, analysis and timely reporting.

# COMMUNITY PROTECTION / SHELTERS

## KEY NUMBERS

| 107 | 82 | 07 | 25,282 | 21,210 |
|---|---|---|---|---|
| Total Camps | Active Camps | Under Renovation | Installed Capacity | Occupied Capacity |

Source: Venezuela National Authority

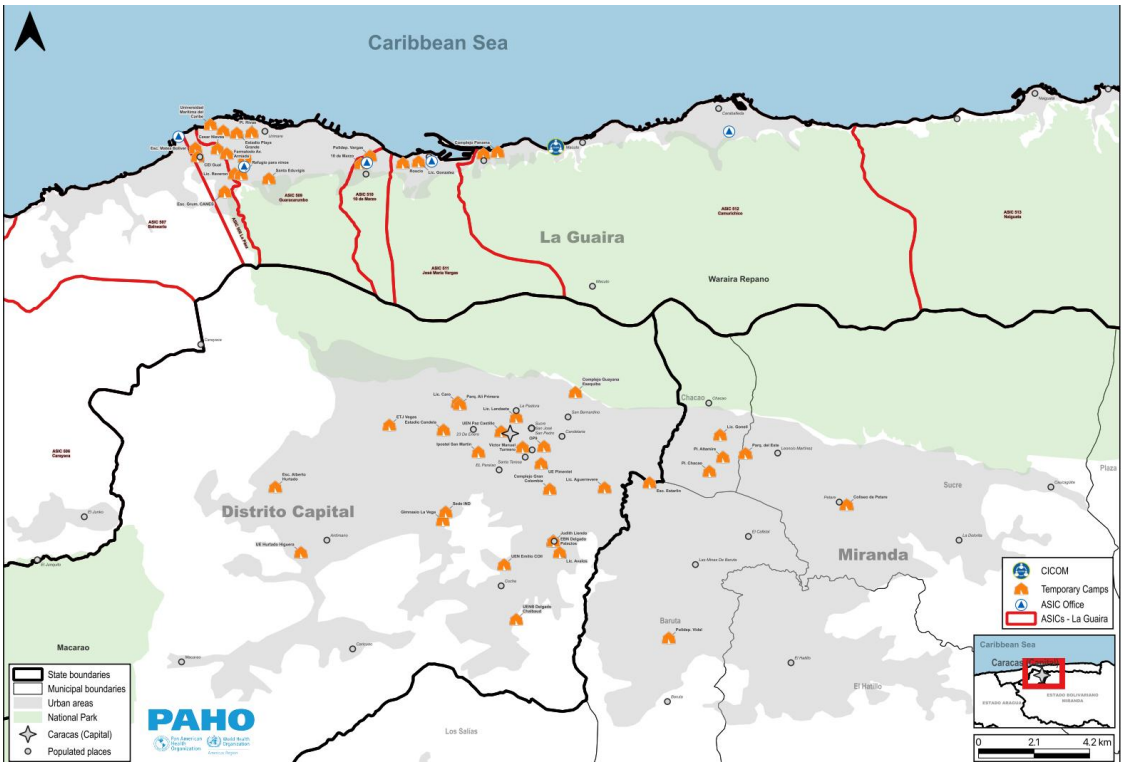
### KEY TAKEAWAYS

- The increase to 107 temporary shelters (84% occupancy) requires the implementation of a coordinated response model and the expansion of ongoing monitoring of gaps to include new host areas such as Aragua.
- It is imperative to mitigate protection risks and prevent epidemiological outbreaks through immediate interventions regarding water quality, the adaptation of shower facilities, and the scaling up of the psychosocial response—using a differentiated approach and in coordination with other sectors—within the framework of temporary shelters.
- Comprehensive support is needed for host communities, strengthening local capacities for monitoring and the timely management of the response.

## SITUATION ANALYSIS

According to national authorities, **107 transitional camps have been established**, with an installed capacity of **25,282** people and **21,210** people currently sheltered. Shelter occupancy remains concentrated in Caracas, La Guaira, Miranda and Aragua, with La Guaira showing the highest concentration. Overall, **84% global capacity utilization**. The Government continues to establish and expand transitional camps and collective shelters to accommodate displaced populations.

**Figure 2: Distribution of transitional camps across Caracas, La Guaira, Miranda and Aragua states**.



Source: Technical assessment report from PAHO and MPPS

This strategic expansion requires continuous monitoring of population flows in these territories to mitigate the serious risks of overcrowding and ensure equitable and dignified access to essential infrastructure and basic services. In accordance with camp management regulations, the facilities operate under a model of shared responsibility assigned to state ministries acting as “sponsors.” Within this framework, the Ministry of Popular Power for Health (MPPS) oversees public health surveillance and environmental risk mitigation, while individual administrative entities retain the authority to deploy sector-specific supplementary health personnel, according to their operational capacity.

The ongoing expansion of shelters, driven by the constant influx of survivors, has exacerbated gaps in protection and public health on the ground. Regarding mental health and psychosocial support (MHPSS), the top priorities are to mitigate the psychological impacts resulting from the emergency and stemming from the dynamics of confinement. It is also essential to identify strategies that reduce barriers to accessing specialized mental health care and to ensure continuity of treatment for people with pre-existing conditions who have interrupted their treatment.

There are deficiencies in water, sanitation, and hygiene (WASH) infrastructure; shower facilities at most of the sites assessed lack safe gender-segregated spaces, safety lighting, and equitable access, which directly increases protection risks and the risk of gender-based violence (GBV).

In addition, 75% of the priority sites (12 of the 16 camps assessed) urgently need to improve water storage and residual chlorination to prevent outbreaks of waterborne diseases caused by improper water handling.

Five settlements have been initially identified as requiring the immediate implementation of structured solid waste management and vector control plans to address environmental contamination associated with waste management.

Transitional camp at the César Nieves baseball stadium in Catia La Mar. Source: PAHO/WHO

## PRIORITY NEEDS

- **Mental Health and Psychosocial Support (MHPSS)** – Strengthen MHPSS coordination and response in transitional camps through the deployment of dedicated technical personnel for intersectoral articulation, delivery of role-definition and specialized training for local health points, and provision of essential technological equipment to facilitate information management and timely referral pathways.
- **Water, Sanitation and Hygiene (WASH) in transitional camps** – Strengthen WASH supervision and operational capacity through the definition of a clear governance model to mitigate protection risks by improving shower design, gender segregation, and safety lighting; reduce epidemiological risks by optimizing water storage systems and ensuring residual chlorination across 75% of prioritized camps; and eliminate environmental contamination by implementing structured waste

management and vector control plans in critical sites.

- **Surveillance, immunization, and outbreak readiness** – Ensure continuity of life-course vaccination services and mitigate epidemiological outbreak risks in shelters through the securement of dedicated field transportation for vaccinator teams and mobile cold-chain equipment, and the maintenance of a stable, sufficient, and timely supply of essential vaccines.
- **Sexual and Reproductive Health (SRH) and GBV Mitigation** – Urgently distribute Emergency Reproductive Health (ERH) Kits, strengthen frontline humanitarian capacities on protection centrality, and ensure dedicated PSEA focal points to mitigate heightened risks of gender-based violence, sexual exploitation, abuse, and human trafficking across temporary camps.

### PAHO/WHO RESPONSE

- PAHO/ WHO continues strengthening risk communication capacities and institutional coordination through the development of a joint communication strategy with the MPPS, formulation of tailored communication materials, training of 60 people on risk communication, and enhanced visibility of emergency health interventions.
- Enhanced mental health capacities and operational planning in Miranda through the training of 63 support personnel in temporary camps, definition of MHPSS actions within the Community Protection pillar, and development of a draft action plan and focal point roles currently under Ministry of Popular Power for Health (MPPS) validation.
- Carried out assessments of temporary camp conditions and WASH needs, completing 16 health and environmental characterizations and 15 joint assessments with the Inter-Cluster Group to guide the camp operational response plan.
- Supported the reorganization of local health brigades and securement of essential vaccine pipelines through the restructuring of operational teams to balance camp response with routine immunization services, and the strategic management of upcoming biological supplies combining country-funded acquisitions via the Revolving Fund for Vaccines (RFV) —including 1.37 million doses scheduled for July 19, 2026— with the reception of 150,000 donated doses from Brazil (Pentavalent, BCG, and MMR/SRP).

## COORDINATION

### KEY NUMBERS

| >110 | 16 | 4 | 2 | 7 |
|---|---|---|---|---|
| Health Cluster partners and NGOs in country | EMTs deployed and operational | EMTs demobilizing | EMTs mobilizing *Operational in the next days* | PAHO Regional Response Team/ GOARN experts deployed |

Source: Health Cluster; PAHO EMT Operational Status Report

### KEY TAKEAWAYS

- MPPS continues leading the health response, with PAHO/WHO supporting coordination, information management, EMT integration and operational prioritization.
- The Health Cluster, co-coordinated by PAHO/WHO and IRC, brings together more than 110 partners and NGOs to align interventions, identify gaps and avoid duplication.
- EMT coordination remains active through the virtual CICOM mechanism, with 16 EMTs deployed and operational, 2 mobilizing and 4 demobilizing.

- PAHO/WHO has deployed 7 PAHO Regional Response Team/GOARN experts, with additional technical deployments being processed in priority areas.
- Strengthened coordination is needed to ensure common information flows, territorial prioritization, partner mapping and continuity of services across affected states.

## SITUATION ANALYSIS

### Health Cluster

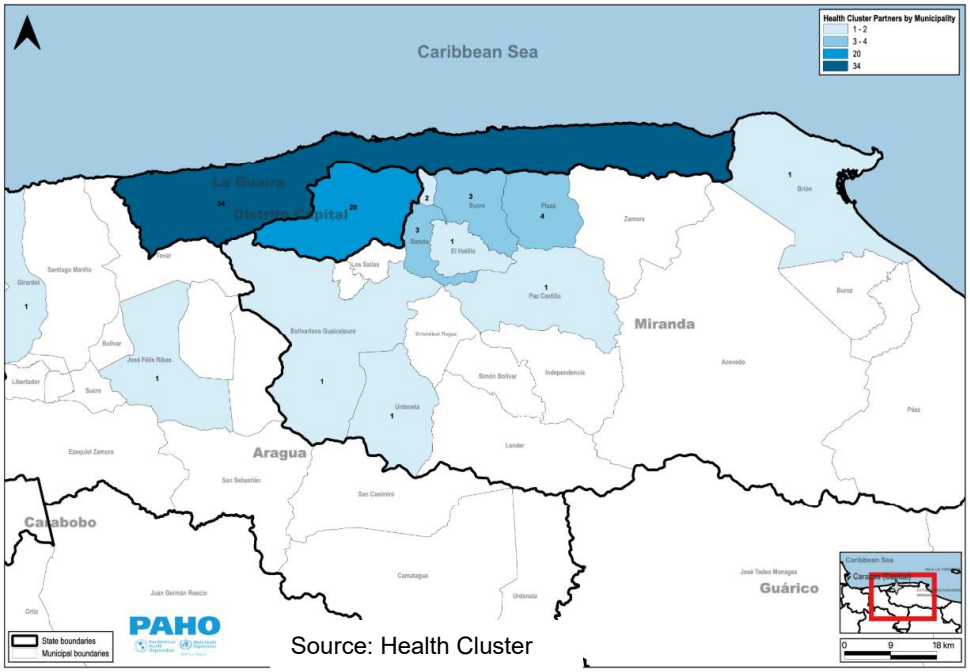
The Health Cluster maintains active coordination with the inter-cluster group, the Vice Presidency for Social Affairs, and the Government of Miranda. This joint effort has made it possible to strengthen the technical capacities of the coordinators of the temporary settlements through training programs focused on epidemiological surveillance and infection prevention and control, with an emphasis on early detection and a timely response to public health events.

Furthermore, in coordination with OCHA and other sectors, the cluster participated in multisectoral assessments of temporary camps in the states of La Guaira and Miranda, with the aim of consolidating comprehensive on-the-ground response strategies.

At the operational level, cluster partners continue to carry out activities in the states of La Guaira, the Capital District, Miranda, Falcón, Carabobo, and Yaracuy. The greatest response capacity is concentrated in La Guaira, where 37 partners are operating, particularly in the priority parishes of Caraballeda, Catia La Mar, Urimare, Maiquetía, Macuto, and Naiguatá.

According to reports from partner organizations, the health response is organized primarily into five areas: primary health care (341 activities), distribution of medicines and supplies (115 activities), mental health and psychosocial support (MHPSS) (100 activities), epidemiological surveillance (11 activities), and diagnostic support (4 activities). However, gaps remain in sexual and reproductive health (SRH), maternal and child health—including nutrition—and in the coverage of vaccination programs in temporary shelters.

**Figure 3: Distribution of health cluster partners by municipality**



Source: Health Cluster

## 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 in shelters, risk communication, EMT coordination and health facility assessments, helping align international assistance with identified needs and support the active emergency response. Additional deployments are being processed for the coming days to reinforce priority response functions, including epidemiological surveillance, public health laboratory coordination, WASH, immunization, Health Cluster coordination and information management. These additional experts will support early detection and investigation of public health events, laboratory diagnostics and sample management, WASH risk reduction in affected communities and transitional camps, vaccination planning and monitoring, partner coordination, gap analysis and evidence-based decision-making.

## EMTs

Virtual CICOM (Coordination Cell) was established in La Guaira under the leadership of the Ministry of Popular Power for Health (MPPS), with technical support from PAHO, to process international Emergency Medical Team (EMT) offers, and coordinate their acceptance and deployment. As of 17 July 2026, sixteen Emergency Medical Teams (EMTs) are providing services across La Guaira, Caracas, Miranda; two additional teams are mobilizing to their assigned locations and are expected to become operational over the coming hours and days; and four are demobilizing after finalizing their mission. See *Annex 1* for further details.

- The Specialized Care Team – Emergency Remote Clinical Support (SCT-ERCS) continues operating through CICOM, providing remote provider-to-provider specialist consultation 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.
- The EMT Network continues supporting epidemiological surveillance activities led by the Ministry of Popular Power for Health (MPPS), strengthening early detection and public health risk monitoring in affected areas.
- Clinical rehabilitation remains integrated into the response through deployed EMTs and will be further reinforced by the mobilization of a dedicated Clinical Rehabilitation SCT.
- CICOM maintains regular field coordination meetings with the deployed EMTs.

**Table 2: Deployed and Operational Emergency Medical Teams by type and location as of 17 July 2026**

| Type | # | Team (Country) – Deployment Site |
|---|---|---|
| **Type 1 Fixed EMT** | **6** | **AECID** (Spain) – Parque del Este, Caracas, Miranda; **VEN + ESP Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira; **BHSR EMT** (Colombia) – Colegio Gran Colombia, Caracas; **UK MED** (United Kingdom) – Karting La Guaira, Caraballeda; **JDR–JICA** (Japan) – Campo Fútbol-sala, Caraballeda, La Guaira; **International Medical Corps** (USA) – Terminal de Pasajeros, Catia La Mar, La Guaira |
| **Type 1 Mobile EMT** | **5** | **VEN + ESP Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira; **Team Rubicon** (USA) – Playa Grande, Catia La Mar; **Peace Winds** (Japan) – Parque El Indio, Macuto, La Guaira; **TMAT** (Japan) – Hospital Dr. Domingo Luciani, Miranda; **CMAT** (Canada) – Casco Central, Caraballeda, La Guaira |
| **Type 2 EMT** | **2** | **Brazilian Navy** (Brazil) – Camurí Chico, Macuto, La Guaira; **Barbados Defence Force** (Barbados) – Escuela Industrial Nacional Rubén González, Guarenas, Miranda |
| **Type 3 EMT** | **1** | **Samaritan's Purse** (USA) – Baseball Camp Plaza Bolívar, La Guaira |

| Type | # | Team (Country) – Deployment Site |
|---|---|---|
| **SCT-ERCS (Virtual)** | **1** | **University of Miami – Panamerican Trauma Society** (USA) – Virtual from the University of Miami |
| **RMNCH SCT** | **1** | **SDC** (Switzerland) – Hospital Rafael Medina Jiménez, Maiquetía, La Guaira |

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

## PRIORITY NEEDS

- **Unified coordination and information management –** Strengthen a common coordination mechanism, standardized reporting tools, partner mapping and action-point tracking to improve prioritization, gap analysis and resource allocation.
- **National–territorial coordination –** Reinforce coordination among MPPS, state health authorities, ASICs, hospitals, EMTs, temporary camps and Health Cluster partners to sustain an integrated health response.
- **Transition and continuity planning –** Standardize handover and exit protocols for EMTs, surge teams and partners to preserve operational continuity and avoid service gaps.
- **Protection-sensitive health coordination –** Ensure that health services and partner interventions integrate protection, PSEA, child safeguarding, accessibility and accountability to affected populations.
- **Intersectoral coordination –** Strengthen links with WASH, Shelter, Protection, Nutrition, Logistics and Camp Coordination actors to address health risks in temporary camps and host communities.

## PAHO/WHO RESPONSE

- PAHO/WHO strengthened mental health and psychosocial support (MHPSS) technical capacities by completing a specialized training program for MHPSS Technical Working Group (GTT) focal points, in coordination with the Pontifical Catholic University of Peru, enhancing the competencies of 27 specialists in psychosocial support provision and coordination.
- Drove interagency and multi-stakeholder alignment through coordination meetings with the Ministry of People's Power for University Education (MPPEU), the Social Sectoral Vice-Presidency, and Miranda state authorities to optimize camp management, assign camps by agency, and establish intersectoral operational links.
- Enhanced partner mapping and technical collaboration through strategic consultations with Fundación Somos Humana, Fundación AMI (Portugal), and Save the Children to assess capacities, avoid duplication, and harmonize territorial MHPSS interventions across priority areas.
- Advanced localized capacity-building and safe environments by consolidating practical workshops on "Safe Environments in Emergencies, Prevention, Surveillance, and Comprehensive Care in Camps" for health authorities and camp coordinators in La Guaira and Miranda states.
- Systematized protection safeguards and PSEA risk mitigation by completing a comprehensive PSEA risk assessment (update scheduled for next week) and developing prevention methodologies, operational risk checklists, and mitigation tools for temporary shelters, healthcare facilities, frontline workers, and incoming volunteer brigades.

# COUNTERMEASURES / LOGISTICS

## KEY NUMBERS

**33.5 MT**
**Metric tons of PAHO supplies arrived at Venezuela**
*Annex 2 for details*

**5**
**Partners and neighboring countries have donated relief supplies with PAHO/WHO logistical support**

**24**
**Health Facilities planned to receive PAHO supplies**
*10 Health Facilities already received TESK, NCDK*
*14 Health Facilities planned to receive supplies in the next days*

**36**
**Shelters planned to receive PAHO supplies**
*4 Large Size Transitional Camps*
*32 Medium Transitional Camps*

Source: PAHO field teams

### KEY TAKEAWAYS

- PAHO/WHO is planning a second local distribution of Trauma and Emergency Surgery Kits (TESK) and Interagency Emergency Health Kits (IEHK) to 10 high-complexity hospitals, 4 medium- and low-complexity facilities, 4 Comprehensive Diagnostic Centers (CDI), and 36 temporary camps, based on each facility's service profile and shelter needs.
- PAHO/WHO has facilitated in-kind donations of vaccines, WASH kits, and essential medicines from six international partners and neighboring countries, including the most recent one on 16 July 2026 from Direct Relief, airlifted with European Union funding via the UNHRD humanitarian bridge, strengthening emergency care and support for displaced and sheltered populations.

## PRIORITY NEEDS

- **Supply distribution and inventory management –** Accelerate last-mile distribution and strengthen First-Expired-First-Out (FEFO) protocols, cross-docking and stock rotation to ensure that items closest to expiry are prioritized for distribution, reduce warehouse saturation and support timely delivery to priority health facilities and shelters.
- **Targeted delivery to health facilities and shelters –** Prioritize distribution of emergency medical kits, medicines, hygiene supplies, WASH items and essential equipment according to the service profile of each health facility, the needs of temporary shelters and evolving gaps identified by field teams.
- **Forensic Support and Human Dignity –** Ensure delivery of the remaining 3,944 body bags to reach the institutional target of 8,500 units to strengthen SENAMECF capacities and maintain operational oversight of the three mortuary refrigeration containers installed at Puerto de La Guaira, Paracoto and Bonanza, and supporting safe, dignified and traceable management of the deceased.
- **Cold Chain Sustainability in Shelters –** Safeguard and monitor the cold chain in health facilities, field operations and temporary shelters to ensure proper storage, transport and administration of donated and procured vaccines.
- **Donation coordination and pipeline tracking** – Strengthen coordination, reception, classification and tracking of in-kind donations and incoming shipments to ensure alignment with priority health needs, avoid duplication and support timely allocation of supplies.

## PAHO/WHO RESPONSE

### Supplies delivered by PAHO/WHO

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

**Table 3. Plan of local distribution of supplies by facility level and receiving entity (new since Situation Report #5)**

| Distribution Level | Facility Level and Supply Type | Receiving Entity |
|---|---|---|
| **Hospital-Level Distribution *(High-Complexity)*** | **10 high-complexity hospitals** *To receive: Trauma and Emergency Surgery Kits (TESK) and/or Interagency Emergency Health Kits (IEHK) – varies by facility* | • Hospital Vargas<br>• Hospital Pérez de León<br>• Maternidad de Petare<br>• Maternidad de Santa Ana<br>• Maternidad Infantil Caricuao<br>• Materno Infantil del Valle<br>• Hospital IVSS Dr. José María Vargas (La Guaira)<br>• Hospital Dr. Miguel Pérez Carreño<br>• Hospital Dr. Domingo Luciani<br>• Hospital Ricardo Baquero González |
| **Hospital-Level Distribution *(Medium and Low Complexity)*** | **Medium Complexity: 1 specialized clinic & 3 local/peripheral hospitals** *To receive: Trauma and Emergency Surgery Kits (TESK) & Interagency Emergency Health Kits (IEHK)* | • Ambulatorio Especializado de Naiguatá<br>• Hospital de Carayaca<br>• Hospital de La Sabana<br>• Hospital Herrera Vega |
| | **Low Complexity: 4 Comprehensive Diagnostic Centers (CDI)** *To receive: Interagency Emergency Health Kits (IEHK)* | • CDI-1<br>• CDI-2<br>• CDI-3<br>• CDI-4 |
| **Community-Level Distribution** | **4 Large Temporary Camps & 32 Medium Temporary Camps** *To receive: Interagency Emergency Health Kits (IEHK)* | • Large Camps: Vacacional Los Caracas, Estadio César Nieves UNO, Universidad Marítima, Polideportivo ONU<br>• 32 Medium Temporary Camps |

### Donations from neighboring countries and NGOs

- PAHO/WHO is also providing technical and logistical support to facilitate in-kind donations from international partners and neighboring countries. To date, relief supplies have been donated by **five partners and neighboring countries**:

**Table 4. Supplies and commodities donated by international partners and neighboring countries**

| Partner / Source of Offer | Type of Support / Contribution |
|---|---|
| **Brazil (BRA)** | **Vaccines for the emergency routine and seasonal immunization schedule** (pentavalent for diphtheria/tetanus/pertussis/HepB/Hib, MMR, BCG |

| Partner / Source of Offer | Type of Support / Contribution |
|---|---|
| | for tuberculosis, and yellow fever vaccine). |
| **Trinidad and Tobago (TTO)** | Tetanus toxoid doses for prevention |
| **Colombia (COL)** | **Standardized medical assistance kits** (medicines and general medical supplies), **public-health / veterinary immunobiological** (canine rabies vaccine), and **disposable administration devices** (pre-filled water syringes). |
| **Direct Relief** | **Essential medicines for chronic and acute conditions** (antibiotics, bronchodilators, antihypertensives, metabolic treatments), **environmental sanitation and family hygiene kits.** |
| **Chile (CHL)** | **Vaccines** (dT vaccine for diphtheria/tetanus and MMR) and **complementary medical supplies for reconstitution** (vaccine-specific diluents). |

- On 16 July 2026, arrived the latest donation with supplies donated in full by Direct Relief and air transport funded by European Union, PAHO/WHO delivered medicines, medical supplies, essential equipment, and family hygiene kits from its Regional Strategic Reserve in Panama via the UNHRD humanitarian bridge, strengthening emergency care, continuity of health services, and protection for displaced and sheltered populations.

Arrival in Venezuela of emergency supplies donated by Direct Relief, transported on an EU-funded flight. Source: PAHO/WHO

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# Annex 1

*Operational Status and location of EMTs as of 17 July 2026*

| Status | Team (Country) | Capability | Deployment Site |
|---|---|---|---|
| **DEPLOY** Deployed and operational (16) | **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, Miranda |
| | **University of Miami – Panamerican Trauma Society (USA)** | SCT-ERCS, virtual | Virtual from the University of Miami |
| | **VEN + ESP Red Cross (Spain / Venezuela)** | Type 1 Fixed EMT | Estadio Jorge García, La Guaira |
| | **VEN + ESP Red Cross (Spain / Venezuela)** | Type 1 Mobile EMT | Estadio Jorge García, La Guaira |
| | **BHSR EMT (Colombia)** | Type 1 Fixed EMT | Colegio Gran Colombia, Caracas |
| | **Team Rubicon (USA)** | Type 1 Mobile EMT | Playa Grande, Catia La Mar |
| | **Peace Winds (Japan)** | Type 1 Mobile EMT | Parque El Indio, Macuto, La Guaira |
| | **TMAT (Japan)** | Type 1 Mobile EMT | Hospital Dr. Domingo Luciani, Miranda |
| | **UK MED (United Kingdom)** | Type 1 Fixed EMT | Karting La Guaira, Caraballeda |
| | **JDR–JICA (Japan)** | Type 1 Fixed EMT | Campo Fútbol-sala, Caraballeda, La Guaira |
| | **Barbados Defence Force (Barbados)** | Type 2 EMT | Escuela Industrial Nacional Rubén González, Guarenas, Miranda |
| | **International Medical Corps (USA)** | Type 1 Fixed EMT | Terminal de Pasajeros, Catia La Mar, La Guaira |
| | **CMAT (Canada)** | Type 1 Mobile EMT | Casco Central, Caraballeda, La Guaira |
| | **SDC (Switzerland)** | RMNCH SCT | Hospital Rafael Medina Jiménez, Maiquetía, La Guaira |
| **MOB** Mobilizing (2) | **Humanity & Inclusion (France / Colombia)** | Clinical Rehabilitation SCT | National Rehabilitation Centre, Caracas |
| | **Save the Children (United Kingdom)** | RMNCH SCT | Clínica Taraguanera, Caraballeda |
| **DEMOB** Demobilized / demobilizing (4) | **Army 60 PARA Mobile Hospital (India)** | Type 2 EMT | Hipódromo La Rinconada, Caracas |
| | **Johanniter EMT (Germany)** | Type 1 Fixed EMT | Caraballeda, La Guaira |
| | **Lithuanian EMT (Lithuania)** | Type 1 Mobile EMT | Ciudad Vacacional Los Caracas, La Guaira |
| | **MINSAL (Dominican Republic)** | Type 1 Fixed EMT | Estadio César Nieves, Catia La Mar, La Guaira |

## Annex 2

*Consolidated Summary of PAHO/WHO Supplies Delivered for the Venezuela Emergency Response as of 17 July, 2026*

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

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