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

Situation Report #8

30 July 2026

Pan American Health Organization

World Health Organization
Americas Region

HIGHLIGHTS

- More than a month after the two earthquakes struck north-central Venezuela on 24 June 2026, the emergency response remains active while laying the groundwork for early recovery. Priorities now center on sustaining essential health services, strengthening referral pathways, and supporting temporary camps, while preventing public health risks and ensuring the continuous, needs-based supply of medicines and essential equipment.
- Integrated surveillance continues to strengthen early detection and public health risk monitoring across affected areas. Approximately 30,638 vaccine doses have been administered, while laboratory, environmental and event-based surveillance activities continue supporting timely verification and response.
- Transitional camps now shelter 24,477 people across 107 sites at 87% occupancy, with health, WASH, and protection needs extending beyond La Guaira toward Distrito Capital and Miranda as populations move, requiring coordinated action across multiple states.
- PAHO/WHO continued supporting the response with critical medicines and equipment, benefiting 29 actors through its supplies and donations to date, and facilitated logistical support for 11 accepted donor offers. The latest delivery equipped four health facilities in La Guaira—extending primary care to 40,000 people—and delivered WASH items ensuring safe water for 800 families and nearly 110,000 people per month.
- PAHO/WHO continues strengthening the Ministry of Popular Power for Health (MPPS) through its Regional Response Team across emergency coordination, logistics, information management, epidemiology, laboratory, WASH, immunization, risk communication, and EMT coordination, with additional experts arriving for entomology, infection prevention and control. It also supports the virtual CICOM and EMT mobilization, with ten teams now operational across La Guaira, Caracas, Miranda, while the EMT Network reinforces the Ministry's epidemiological surveillance and early detection in affected areas

PAHO/WHO is strengthening the diagnostic capacity of Venezuela's national laboratory network by providing supplies for molecular diagnostics

KEY NUMBERS

5,546
deaths [1]

16,740
injured people [2]

157,131 medical consultations in La Guaira in the first 28 days [4]

24,477
people in transitional camps [5]

107 transitional camps established [6]

38 Health facilities reported structural damages [7]

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

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

32 tons
PAHO emergency supplies delivered [10]

Sources

1 – 7: Official Report of the Bolivarian Republic of Venezuela 30 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

28,827	241	594	38
EMTs Consultations	Major surgical procedures reported by EMTs	Hospital admissions reported by EMTs	Health facilities reporting structural damage

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

KEY TAKEAWAYS

- The health response is transitioning towards longer-term recovery, prioritizing restoration of essential health services, strengthened referral networks and improved health system resilience.
- Ten EMTs remain operational and one is mobilizing across La Guaira, Caracas and Miranda, while eleven teams have completed or are completing their missions. To date, EMTs have reported more than 28,800 consultations, 594 admissions and 241 major surgical procedures.
- Recovery efforts are increasingly focused on restoring health facility functionality, strengthening specialized and mental health services, and ensuring continuity of care for people with chronic conditions and maternal, newborn and child health needs.

SITUATION ANALYSIS

Continuity of essential health services

One month after the earthquakes, the health response is increasingly transitioning from emergency service delivery towards early recovery and longer-term health system strengthening. Current priorities focus on restoring the functionality of health service networks, maintaining referral pathways, addressing priority infrastructure and equipment gaps, and ensuring continuity of essential and specialized care.

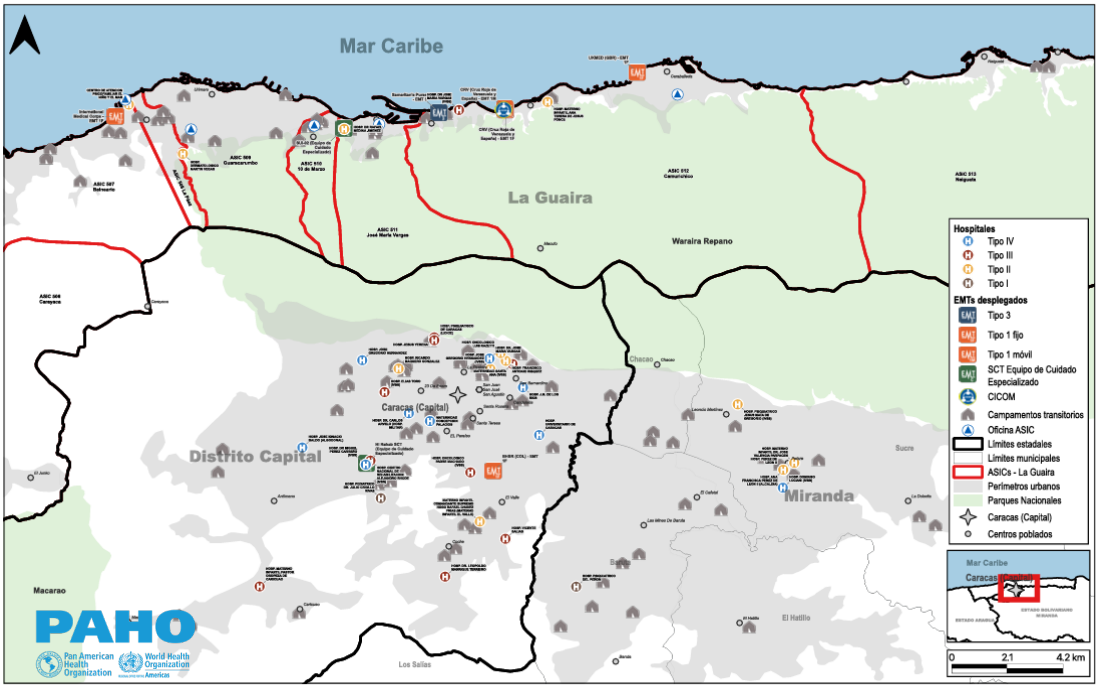
During the reporting period, PAHO/WHO completed the assessment of the nine Community Integrated Health Areas (ASICs) in La Guaira and supported prioritization of actions across the health service network to guide the allocation of emergency resources. The assessment provided a clearer understanding of service availability, operational needs and coordination between health facilities and transitional camps, while strengthening technical support for health network management.

Hospital functionality

Operational assessments continue informing prioritization of recovery interventions across affected health facilities. Current planning includes infrastructure rehabilitation in eight prioritized facilities: three hospitals and one outpatient facility in La Guaira, three hospitals in Distrito Capital and one hospital in Miranda.

A detailed operational assessment of 20 health facilities across La Guaira, Miranda and Distrito Capital identified significant variations in service functionality and persistent gaps affecting diagnostic capacity, specialized services and health workforce availability. The assessed network showed an average operational functionality index of 56.6%, highlighting the need for targeted technical cooperation and recovery investments, particularly in facilities with critical or high-priority needs.

Figure 1. Distribution of health facilities and deployed Emergency Medical Teams (EMTs)



Source: Technical assessment report from PAHO and MPPS

Health service delivery

Health service delivery continues to evolve from the management of acute earthquake-related trauma towards comprehensive essential care and recovery-oriented services. Current priorities include maintaining access to primary health care, strengthening continuity of care for people living with chronic conditions, supporting specialized services and improving coordination between health facilities, referral networks and transitional camps.

Noncommunicable diseases continue to represent an important component of health service demand, particularly hypertension and diabetes. During the reporting period, national authorities and partners advanced the development of standardized tools and digital systems to improve identification and follow-up of people living with noncommunicable diseases, while technical discussions continued to harmonize clinical pathways and referral processes.

Emergency Medical Teams (EMTs)

The international EMT response is progressively transitioning from surge deployment toward sustained support for national health services and early recovery. As of 29 July, ten EMTs remained operational, concentrated in La Guaira, Caracas, and Miranda, with specialized capacities in maternal, newborn and child health, clinical rehabilitation, and remote clinical support.

As of the reporting period, EMTs had submitted 290 Minimum Data Set (MDS) reports documenting 28,827 consultations, including 594 hospital admissions, 241 major surgical procedures, 253 minor surgical procedures and 1,814 occupied bed-days. The most frequently reported conditions included minor injuries, upper respiratory tract infections, acute mental health conditions, skin diseases and acute watery diarrhoea. EMTs continue contributing to clinical care, epidemiological surveillance and continuity of care while supporting the transition of international surge capacity towards nationally operated services.

PAHO and Barbados Defense Force EMTs
Source: PAHO.WHO

Rehabilitation and recovery

Recovery planning is increasingly focused on strengthening rehabilitation services and ensuring continuity of care for people with earthquake-related injuries and other rehabilitation needs. National authorities are conducting assessments to identify people requiring continued rehabilitation following surgical management of trauma-related conditions and to facilitate their integration into the health system.

During the reporting period, a rehabilitation strengthening project was developed for La Guaira, Distrito Capital, Miranda and Aragua. The proposed intervention aims to strengthen rehabilitation services across the four prioritized states and support three specialized rehabilitation referral centres through the provision of essential equipment and supplies.

Health facility recovery planning also continues to address priority gaps in infrastructure, water and sanitation, diagnostic capacity, medical supplies and health information systems. Identified needs include laboratory reagents, diagnostic equipment, medicines for chronic diseases, pediatric formulations, mental health kits and medical and surgical supplies.

Mental Health and Psychosocial Support (MHPSS)

Implementation of the MPPS National Mental Health Response Plan continues, with Mental Health Points serving as an operational mechanism to coordinate psychosocial support and referral pathways for populations living in transitional camps. Technical coordination and implementation activities continue across Distrito Capital, Miranda and La Guaira, supported by specialized mental health personnel and collaboration with national and international partners.

Current priorities include strengthening the integration of mental health and psychosocial support within primary health care, consolidating referral pathways, expanding community-based services and ensuring access to specialized care for people with more complex mental health needs.

Health Cluster Response and Service Coverage

Health Cluster partners continue expanding the health response across affected areas. As of 15 July, 44 organizations implemented 89 activities across 22 municipalities in eight states, supporting 242 service delivery sites through 13 service lines. Response activities remain concentrated in Distrito Capital, Miranda and La Guaira, while coverage gaps persist in remote,

isolated and hard-to-reach communities, particularly in relation to primary health care, referral and patient transport, specialized services, rehabilitation and continuity of care. Additional challenges include limited access to health services among displaced populations living outside transitional camps and insufficient availability of internal medicine, physiotherapy and other specialized services.

PRIORITY NEEDS

- **Continuity of Health Services –** Strengthen integrated health service networks, referral pathways and coordination between health facilities and transitional camps to sustain access to essential care.
- **Hospital Recovery and Infrastructure –** Advance rehabilitation of prioritized health facilities and address infrastructure, water and sanitation, hygiene, cleaning, isolation capacity and essential hospital support services.
- **Diagnostic and Specialized Health Services –** Address gaps in laboratory capacity, diagnostic imaging, specialized clinical services and essential equipment while sustaining oncology, rehabilitation and chronic disease care.
- **Noncommunicable Diseases and Rehabilitation –** Strengthen identification, clinical pathways and continuity of care for people living with noncommunicable diseases and expand access to rehabilitation services for people with earthquake-related injuries.
- **Mental Health and Psychosocial Support –** Continue implementation of the national MHPSS response plan, strengthen Mental Health Points and referral pathways, and expand community-based and specialized mental health services.
- **Health Information and Service Management –** Strengthen health facility characterization, operational monitoring and digital information systems to support evidence-based recovery planning and resource allocation.

PAHO/WHO RESPONSE

- Completed the assessment of the nine ASICs in La Guaira and advanced recovery planning for eight prioritized health facilities across La Guaira, Distrito Capital and Miranda, focusing on restoration of essential services and health network functionality.
- Strengthened safe health service delivery through the installation of a reverse-osmosis water treatment system at Hospital Dermatológico Dr. Martín Vegas and the initiation of procurement processes for WASH, hygiene, cleaning, disinfection and infection prevention supplies for prioritized health facilities.
- Continued coordinating EMTs and facilitating their progressive integration into national health services and referral networks.
- Advanced continuity-of-care initiatives for people living with noncommunicable diseases and rehabilitation needs through standardized digital tools, strengthened clinical pathways and planning for specialized rehabilitation referral services.
- Continued implementation of the MPPS National Mental Health Response Plan, strengthening community-based psychosocial support, referral pathways and access to specialized mental health care.
- Identified three health facilities in La Guaira as potential patient isolation sites and continued strengthening infection prevention and control capacities.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

2.9	30,638	18	18
million vaccine doses delivered to the country	Vaccine doses administered during the last month	Priority diseases/events designated for immediate notification	Temporary camps under surveillance

KEY TAKEAWAYS

- Integrated epidemiological surveillance continues to strengthen early detection and response, with 29 public health events under investigation and follow-up and all reported alerts investigated.
- Surveillance and information management capacities have been strengthened across 18 transitional camps, nine Community Integrated Health Areas (ASICs) and 13 health facilities, supported by improved digital reporting and real-time monitoring.
- Laboratory and vaccination capacities continue to expand, with diagnostic support covering 14 priority diseases and approximately 30,638 vaccine doses administered in affected communities and transitional camps in the last month. Digital surveillance tools are strengthening real-time analysis and reporting from transitional camps, improving operational decision-making.

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

SITUATION ANALYSIS

Strengthening epidemiological surveillance

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

Routine indicator-based surveillance continues to monitor epidemiological trends through national and sentinel surveillance systems. Up to epidemiological week 27, sentinel surveillance confirmed **261 influenza cases among 1,919 samples processed**, with influenza A accounting for 80% of confirmed cases, predominantly subtype A(H3N2). Acute diarrheal disease increased by **3% compared with epidemiological week 26**, primarily among children, with reported concerns related to drinking-water quality and food safety.

Epidemiological teams continue coordinating surveillance activities across **18 transitional camps**, the nine ASICs in La Guaira, and 13 health facilities. The national list of **18 priority diseases and events designated for immediate notification and etiological investigation** remains unchanged, supporting standardized reporting, timely detection, and coordinated public health action.

The MPPS and PAHO/WHO continue strengthening health information management and digital surveillance capacities. Development and field testing of a digital application for the nominal registration of health consultations is advancing, facilitating the automated generation of mandatory disease notification reports. Reporting coverage improved from **22% to 100%**, enabling closer monitoring of reporting unit performance and supporting more timely analysis and operational decision-making.

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

Early warning and laboratory-supported surveillance continue to strengthen the timely detection and verification of priority public health events. During the reporting period, four imported *Plasmodium vivax* malaria cases were confirmed among personnel arriving from areas with high malaria transmission. Early detection enabled the immediate initiation of treatment and continued public health follow-up.

The national laboratory network continues to face limited diagnostic capacity at the regional level due to shortages of reagents and aging equipment without current calibration in Aragua, La Guaira, Miranda, Distrito Capital and Falcón. The National Institute of Hygiene *Rafael Rangel* (INHRR) maintains an estimated six-month supply of reagents, which could be substantially reduced in the event of a major outbreak.

PAHO/WHO strengthened laboratory diagnostic capacity through the provision of molecular and serological reagents covering **14 priority diseases**, including arboviruses, respiratory viruses and zoonotic pathogens. Daily specimen referral continues in coordination with the INHRR, supporting timely national epidemiological monitoring and laboratory confirmation. The Public Health Laboratory at the La Guaira Outpatient Clinic was reactivated, and priority needs were identified in public health laboratories in Aragua, La Guaira, Miranda, Distrito Capital and Falcón to guide future recovery and technical cooperation.

At the Rafael Rangel National Institute of Hygiene, PAHO is assisting with the review of procedures in the arbovirus laboratory
Source: PAHO.WHO

Event-based surveillance

Event-based surveillance continues to complement routine indicator-based surveillance by supporting the identification, verification and assessment of public health signals, alerts and rumours reported by health facilities, EMTs, affected communities and transitional camps. PAHO/WHO teams supporting surveillance in La Guaira continue coordinating with state epidemiology and immunization surveillance teams to facilitate timely verification, risk assessment and response.

During the reporting period, event-based surveillance contributed to the investigation and follow-up of

29 public health events, while all alerts received through the surveillance system were investigated. Information generated through this mechanism continues to support the early identification of unusual health events and the timely implementation of appropriate public health measures.

Environmental surveillance and public health risks

Environmental surveillance and vector control activities continue identifying and addressing public health risks in transitional camps and affected communities. Positive *Aedes* breeding sites were identified in **30% of transitional camps in La Guaira**, associated with inadequate water management and solid waste collection. Damage to water infrastructure has also contributed to inadequate water supply in some visited communities.

Vector control measures, including breeding-site elimination and larval control, were implemented across all transitional camps. These activities were complemented by environmental investigations, entomological surveillance and identification of priority needs for equipment, personal protective equipment and information management. Circulation of arboviruses was ruled out by RT-PCR during the reporting period.

Vaccination activities

Vaccination remains a central component of the public health response in affected areas. To date, approximately **30,638 vaccine doses have been administered** in affected communities and transitional camps, contributing to the protection of affected populations and reducing the risk of vaccine-preventable diseases.

Vaccination surveillance teams continue coordinating with state epidemiology services and national immunization programmes to harmonize information, investigate suspected cases and support timely response measures. Since 24 June, eight suspected measles cases have been identified in transitional camps and surrounding communities; two were ruled out by the INHRR and the remaining cases continue under investigation. Surveillance and follow-up also continue for a case of acute flaccid paralysis.

Vaccination services in affected communities

Source: Latin American Society of Vaccinology - Venezuela

Other public health events

The MPPS continues monitoring additional public health events reported outside the earthquake-affected areas. These events are being investigated and managed through national surveillance mechanisms and remain epidemiologically separate from the earthquake response.

PRIORITY NEEDS

- **Early warning and outbreak investigation –** Strengthen early warning, alert verification and rapid outbreak investigation capacity across transitional camps, health facilities and EMTs, including timely reporting, laboratory confirmation and feedback to operational teams.
- **Surveillance system capacity and operational readiness –** Sustain technical and logistical capacities for early detection, investigation and control of priority cases and outbreaks, including improved connectivity and reporting capacity across affected ASIC epidemiology services.
- **Health information and digital surveillance –** Provide at least 163 tablets and 10 computers, expand the trained workforce for digital registration and data analysis, and advance development of an automated weekly epidemiological bulletin.
- **Laboratory surveillance and diagnostic capacity –** Strengthen the national laboratory network through additional molecular reagents, specialized cold-chain transport equipment, laboratory modernization and expanded diagnostic capacity for arboviruses, respiratory viruses and zoonotic pathogens.
- **Environmental surveillance and vector control –** Provide equipment for mosquito control and sustain integrated vector management, environmental surveillance and risk reduction activities in transitional camps and affected communities.
- **Vaccination and vaccine-preventable disease surveillance –** Maintain routine, catch-up and targeted immunization activities, strengthen case investigation and ensure adequate isolation capacity for suspected cases.
- **Water, sanitation and environmental health –** Address deficiencies in water supply, drinking-water quality, sanitation and solid waste management to reduce communicable disease and vector-related risks.

PAHO/WHO RESPONSE

- Continued technical and logistical support for the investigation and follow-up of priority public health events and strengthened epidemiological surveillance across 18 transitional camps, nine ASICs and 13 health facilities.
- Advanced digital health information systems and nominal registration tools, contributing to improved reporting coverage and automated generation of mandatory disease notification reports.
- Strengthened laboratory diagnostic capacity through the provision of molecular and serological reagents covering 14 priority diseases, daily specimen referral and reactivation of the Public Health Laboratory at the La Guaira Outpatient Clinic.
- Supported laboratory assessments and identification of post-earthquake recovery needs in priority public health laboratories across affected states.
- Strengthened integrated environmental surveillance and vector control through entomological investigations, breeding-site elimination and larval control across transitional camps.
- Continued coordination among epidemiology, immunization and laboratory teams to strengthen the investigation and response to suspected vaccine-preventable disease events.
- Contributed to vaccination activities in affected communities and transitional camps, with approximately 30,638 vaccine doses administered to date.
- Continued supporting real-time surveillance, trend analysis and public health risk monitoring to inform timely operational decision-making.

COMMUNITY PROTECTION / SHELTERS

KEY NUMBERS

107	27,950	24,477	87%
Total Camps	Installed Capacity	Occupied Capacity	Occupancy Rate

Source: Venezuela National Authority

KEY TAKEAWAYS

- The number of people living in transitional camps increased to 24,477 across 107 sites operating at 87% occupancy. As population movement continues toward Distrito Capital and Miranda, health, WASH, and protection needs are increasingly extending beyond La Guaira and require coordinated action across multiple affected states.
- Response efforts are increasingly focused on strengthening structured camp-based systems, including health service mapping, mental health focal points, vaccination protocols, community engagement mechanisms, and surveillance tools to support continuity of care and improve coordination among health authorities and humanitarian partners.
- Although no major outbreaks have been reported, communicable disease alerts, continued population displacement, overcrowding, and persistent WASH-related risks underscore the importance of sustained surveillance, vaccination, risk communication, and environmental health interventions in camps and host communities.

SITUATION ANALYSIS

National authorities report 107 transitional camps with an installed capacity of 27,950 places, of which 24,477 are occupied, representing an overall occupancy rate of 87%. Twenty camps have been prioritized for implementation under the CERF-funded project, while Health Cluster service mapping in La Guaira has improved understanding of health service availability and operational gaps across temporary shelter settings. Disease alerts, including tuberculosis, measles, and malaria, have also been reported in camp settings, reinforcing the need for continued surveillance and outbreak prevention measures.

Caraballeda, La Guaira
Source: PAHO/WHO

Efforts are ongoing to support the transition from emergency response to recovery through the development and validation of communication materials addressing food safety, mental health, vector control, maternal health, environmental health, and other priority public health issues. The MPPS reviewed and approved the "Estamos Contigo" ("We Are With You") campaign, which aims to promote access to health services, continuity of care, vaccination, chronic disease management, mental health and psychosocial support, rumor management, and healthy practices related to water safety, food hygiene, and vector control among affected populations. Efforts also continued to strengthen knowledge management, accountability, and visibility of the health response through the documentation and dissemination of key response actions and public health interventions.

Interagency response efforts have contributed to a gradual reduction of critical WASH gaps in temporary shelters in La Guaira State. However, the response is entering a more dynamic phase characterized by the movement of affected populations toward the Capital District and Miranda State. Newly established formal and informal shelter sites in these areas present significant water, sanitation, and hygiene deficiencies that require urgent attention. At the same time, sustained occupancy of shelters in La Guaira continues to place pressure on existing water and sanitation infrastructure, maintaining public health risks for displaced populations. Despite ongoing response efforts, risks associated with unsafe water handling and storage practices persist in camp settings. Continued population mobility, the need for strengthened sanitary surveillance, and limited centralized monitoring of WASH service quality remain key operational challenges requiring ongoing attention.

Health access

Coordination of health services in transitional camps continues to evolve through ongoing mapping of health services, prioritization of 20 camps for CERF-supported interventions, and strengthened collaboration between health authorities, ASICs, Health Cluster partners, and humanitarian actors. Current efforts focus on improving service coordination, referral pathways, and continuity of care for displaced populations across camp and community settings. However, differences in service organization across affected states continue to pose challenges for the standardization of health interventions and coordination mechanisms.

Mental Health and Psychosocial Support

Mental health and psychosocial support activities increasingly focus on strengthening service delivery and coordination in transitional camps. Efforts concentrated on developing a unified operational approach, strengthening service mapping, and supporting the designation of mental health focal points for camp settings. Practical mhGAP training is being rolled out to strengthen early identification, referral, and follow-up of individuals requiring psychosocial and mental health support.

Immunizations / Vaccination activities

Vaccination activities continue to expand, supported by the implementation of vaccination guidelines for transitional camps and increased vaccine availability. Between 28 June and 28 July, a total of 30,638 vaccine doses were administered, including 25,447 doses in La Guaira, of which 18,657 were tetanus-diphtheria (Td) vaccines. Ongoing efforts are supporting the progressive introduction of additional routine immunizations in camp settings and affected communities. Vaccination brigades were reorganized to improve deployment efficiency, and training efforts are being scaled up to strengthen vaccination capacity, with 109 vaccinators trained in the Capital District and 92 vaccinators and epidemiologists currently being trained in Miranda. Efforts to strengthen immunization information systems also continue through the piloting of a mobile application for nominal vaccine registration.

Epidemiological surveillance

Public health surveillance remains a priority in transitional camps and affected communities as population movements continue across La Guaira, Distrito Capital, and Miranda. Communicable disease alerts, including tuberculosis, measles, and malaria, have been reported in camp settings, particularly in La Guaira, and continue to be monitored through established surveillance mechanisms in coordination with ASIC epidemiology teams. While no major outbreaks have been reported to date, continued population displacement, overcrowding in some camps, and persistent WASH-related risks underscore the need for strengthened surveillance, early warning systems, and rapid response capacity to detect and address emerging public health threats.

Gender-based violence (GBV) / Prevention of Sexual Exploitation and Abuse (PSEA)

Reports of sexual abuse in mobile camps located in open areas of La Guaira remain a concern. In response, gender-based violence (GBV) organizations such as Tinta Violeta have established regular visit schedules to these sites through their volunteer network. Progress has been made in awareness-raising efforts to mitigate risks in the transitional camps, under a strategy integrated with the Protection Cluster and the PSEA Network.

PRIORITY NEEDS

- **Community engagement, mental health, and camp-based health services** – Expand training of community agents in priority camp locations to support health promotion and community engagement activities, while strengthening the integration of mental health services in camps through capacity-building of health personnel, designation of camp-based mental health focal points, strengthened reporting systems, and updated service mapping.
- **Water, sanitation and hygiene (WASH) –** Strengthen sanitary surveillance in shelters and surrounding communities to address public health risks associated with population movements, support the transition from temporary emergency inputs toward medium-term WASH solutions through standardized guidance for humanitarian actors, and enhance centralized monitoring of WASH response quality in communities and shelters.
- **Immunization and vaccine supply continuity –** Strengthen operational capacity for vaccination activities in transitional camps through dedicated transport for rapid deployment of vaccination brigades, while ensuring a stable, sufficient, and timely supply of vaccines through strengthened procurement and financing mechanisms to sustain immunization activities.

PAHO/WHO RESPONSE

- Supported prioritization of 20 transitional camps for CERF-funded interventions and updated camp mapping tools to include associated ASICs, referral health facilities, and available health services, strengthening coordination and continuity of care in camp settings.
- Supported the distribution of water treatment and safe storage supplies sufficient to treat approximately 15.1 million liters of water, enabling access to safe drinking water for an estimated 8,400 families for one month.
- Provided technical support to the MPPS for the development, validation, and launch of a digital water quality surveillance tool, strengthening government oversight and monitoring of water supplied through humanitarian operations.
- Coordinated strategic planning meetings with UNICEF and WASH Sub-Cluster partners in La Guaira, resulting in the definition of joint operational priorities and division of responsibilities for interventions in 20 priority shelters and surrounding communities.
- Reinforced WASH's response capacity through the deployment of a Regional WASH Advisor and the recruitment of technical personnel to support community and shelter-based interventions.
- Strengthened vaccination capacity through training of 109 vaccinators in the Capital District and 92 vaccinators and epidemiologists in Miranda, while supporting implementation of vaccination guidelines for transitional camps and expansion of routine immunization activities in affected communities.
- Advanced development and field testing of a mobile application for nominal vaccine registration within the National Immunization Information System (SUISPAI), supporting efforts to strengthen immunization information management and monitoring
- Supported the MPPS in developing a unified operational approach for mental health and psychosocial support services in transitional camps, including service mapping, coordination with partners, and preparation for the designation and training of camp-based mental health focal points.

COORDINATION

KEY NUMBERS

44	10	11	1	14
Health Cluster partners in country implementing activities	EMTs deployed and operational	EMTs demobilized/ demobilizing	EMTs mobilizing *Operational in the next days*	PAHO Regional Response Team/ GOARN experts Deployed/ Deploying

Source: Health Cluster; PAHO EMT Operational Status Report

KEY TAKEAWAYS

- Operational challenges persist across the health response: limited coordination among actors, gaps in monitoring systems, and the absence of a clear early-recovery transition plan continue to strain service delivery, referrals, and the equitable distribution of supplies.
- Protection risks remain a concern in transitional camps, as reports of sexual abuse in mobile camps in open areas of La Guaira persist; GBV organizations and the PSEA Network have stepped up awareness-raising and regular site visits to mitigate risks.
- PAHO/WHO reinforced Health Cluster co-leadership among 16 partners and regional and national health authorities in La Guaira, established an operational model bridging the acute response and early recovery, and advanced the MPPS Mental Health Plan—now with seven psychological helplines operational.

SITUATION ANALYSIS

Health Cluster

Given the scale of the earthquake emergency and the many humanitarian and institutional actors deployed, the joint coordination assessment identifies a number of operational challenges that affect the health response across four key areas.

Table 1: Health Cluster - Key Operational Challenges by Priority Area

Key Area	Sub-Theme	Summary
Governance & Coordination	**Intersectoral Coordination**	Limited coordination among institutional and humanitarian actors weakens the Health Cluster, constraining standardized protocols of action with the government and negotiations for humanitarian access.
	Information & Decision-Making	Lack of integrated monitoring mechanisms limits informed decision-making and real-time strategic planning.
	Early Recovery & Transition	Absence of a clear exit strategy calls for a sustainable, sector-led transition plan toward early recovery, without neglecting the critical phase.
Healthcare Networks & Facilities	**Standardization & Continuity of Care**	Absence of standardized essential services, unified care pathways, and clinical follow-up compromises quality and continuity of care.
	Network Integration & Human Resources	Weak coordination between mobile teams and permanent health centers affects the referral and counter-referral system. Priorities include addressing staffing shortages, supporting health personnel, and coordinating facility reconstruction and reactivation in critical areas.
	Supplies & Logistics	Duplication in some areas and gaps in others hinder equitable distribution of supplies and medicines aligned to the epidemiological context.
Response in Transitional	**Surveillance & Risk Management**	Health focal points are needed in each camp to activate syndromic surveillance and monitor environmental and health risks.

Key Area	Sub-Theme	Summary
Camps	**Service Delivery**	Poor integration between mobile and stationary teams disrupts continuity of care, raising the risk of outbreaks and neglect of chronic and acute illnesses.
Community-Based Approach	**Population Monitoring & Surveillance**	Lack of monitoring in states receiving displaced populations limits epidemiological surveillance and displacement tracking.
	Coverage for Multi-Issue Situations	Overlapping efforts alongside critical gaps leave historically excluded populations unprotected; continuous mapping of needs is essential.

PAHO Regional Response Team/GOARN

PAHO/WHO has deployed 14 specialists through the PAHO Regional Response Team/GOARN roster, supporting health emergency response, Health Cluster coordination, logistics, information management, risk communication and community engagement, WASH, immunization, Emergency Medical Team coordination, and rehabilitation. In the past week, PAHO/WHO has scaled up its support in early detection and analysis of public health events, epidemiological surveillance in shelters, laboratory diagnostics and sample management, infection prevention and control, partner coordination, gap analysis, and evidence-based decision-making—helping align national and international assistance with the priorities of the ongoing response. Additional experts are in the pipeline for entomology, infection prevention and control, and WASH.

Health Cluster meeting in La Guaira

EMTs

Virtual CICOM (Coordination Cell) was established in La Guaira under the leadership of the MPPS, with technical support from PAHO, to process international EMT offers and to coordinate their acceptance and deployment. As of 29 July 2026, ten EMTs are providing services across La Guaira, Caracas, Miranda; one team is mobilizing to their assigned locations and expected to become operational over the coming hours and days; and ten have demobilized or are demobilizing after completing their mission. See *Annex 1* for further details.

- The Specialized Care Team – Emergency Remote Clinical Support (SCT-ERCS) continues providing remote provider-to-provider clinical support to deployed EMTs and to health facilities serving IOM transitional camps. The capability is implemented by the University of Miami and the Panamerican Trauma Society, with PAHO supporting its technical and operational integration through CICOM.
- EMTs continue providing clinical support to the UNDP-supported malaria and tuberculosis programmes in Venezuela, including patient screening, treatment and continuity of care.
- The EMT Network continues supporting epidemiological surveillance activities led by the MPPS, strengthening early detection and public health risk monitoring in affected areas.

- Using structures donated following the deployment of the Johanniter EMT, an Inpatient Care Specialized Care Team (SCT) is being established at a hospital in Maiquetía, La Guaira. The capacity will be operated by the MPPS, with technical support from Samaritan's Purse and the PAHO EMT Americas Secretariat.
- Clinical rehabilitation remains integrated into the response and is reinforced by the deployed Humanity & Inclusion Clinical Rehabilitation SCT.

Table 2: 10 Deployed and Operational Emergency Medical Teams by type and location as of 29 July 2026

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

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

PRIORITY NEEDS

- **Unified coordination and information management** – Strengthen a common coordination mechanism, standardized reporting tools, partner mapping and action-point tracking to improve prioritization, gap analysis and resource allocation.
- **Sustainable coordination financing** – Secure predictable financial resources to sustain Health Cluster coordination functions, information management, partner coordination, and operational support over the next 24 months, ensuring continuity throughout the transition from emergency response to early recovery.
- **Mental Health and Psychosocial Support coordination** – Strengthen the operational capacity of the MHPSS Technical Working Group through the deployment of a dedicated focal point, led by IOM, to support coordination, information management, partner engagement, and monitoring of MHPSS interventions across affected areas.

PAHO/WHO RESPONSE

- Provided technical assistance to reinforce operational coordination among 16 partners and regional and national health authorities in La Guaira, facilitating co-leadership of the Health Cluster. Convened a georeferencing workshop with these partners to analyze gaps and develop an Action Plan.

- Designed an infographic mapping the resources by key area: Service Delivery, Mental Health and Psychosocial Support, Sexual and Reproductive Health, and Communicable and Noncommunicable Diseases.
- Developed a tool—approved by the Single Health Authority—to assess the scope of partner services and response capacity at health facilities.
- Established an operational model bridging the acute response phase and early recovery, engaging key stakeholders, including donors, to support health posts and communities in affected areas. Finalizing the Health Cluster Plan around six pillars: service delivery, strategic decision-making, response strategy, response monitoring, capacity building, and advocacy.
- Advanced the MPPS Mental Health Plan on several fronts: convened a high-level meeting with the Ministers of Health and Education and the Sectoral Vice-Presidency toward a unified health-education protocol; launched daily meetings to track implementation, with seven psychological helplines now operational; contracted three staff to support camps in Distrito Capital, Miranda and La Guaira; and began coordination with UNDP, the Eisenberg Institute (Brazil) and the American Academy of Child and Adolescent Psychiatry (AACAP).
- Provided technical support to develop a unified protocol for MHPSS interventions in transitional camps and to map MHPSS stakeholders and services; participated in the meeting convened by the Commission to Support Post-Disaster Psychosocial and Mental Health Care – led by the Ministries of University Education and Health and the Sectoral Social Vice Presidency – to coordinate community-based psychosocial care and strengthen medium-term support mechanisms.
- Trained 30 key camp-management actors at the Judith Liendo camp in the Capital District on mitigating the risk of sexual exploitation and abuse (SEA). In addition, 18 members of the EMT coordination teams were equipped with a clear referral pathway for the safe handling of gender-based violence (GBV) cases—including SEA—along with key information for risk mitigation. PAHO/WHO also designed and disseminated informational materials on SEA prevention and emergency-focused reporting channels.

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

32 MT	11	29	34
Metric tons of PAHO supplies arrived at Venezuela *Annex 2 for details*	Donor offers accepted to date	Actors benefited from the distribution to date	Actors for the distribution goal for August & September

Source: PAHO field teams

KEY TAKEAWAYS

- The latest PAHO/WHO delivery installed four IEHK Supplementary Equipment Unit across four health facilities in La Guaira, extending primary health care coverage to 40,000 people, while a WASH delivery to the Punta Gorda Desalination Plant provided 800 families with safe water storage and purification tablets ensuring safe drinking water for nearly 110,000 people per month.
- Priority needs are transitioning from last-mile emergency distribution toward long-term resilience—optimizing supply chains, sustaining the cold chain, and strengthening the MPPS's information systems and technical capacity for continuous, needs-based service.

PRIORITY NEEDS

- **Supply distribution and inventory management** – Move from accelerating last-mile distribution toward comprehensive supply-chain optimization, strengthening logistics planning, inventory management, and the systematic application of First-Expired-First-Out (FEFO) protocols, cross-docking and stock rotation to reduce losses, prevent stockouts and improve response capacity.
- **Targeted delivery to health facilities and shelters** – Transition from the prioritized distribution of emergency supplies toward continuous, needs-based provision, ensuring the timely supply of medicines, medical kits, WASH items and other essential supplies in line with shifting demand and the gaps identified by field teams.
- **Cold chain sustainability** – Advance from the immediate protection of the cold chain toward strengthening sustainable systems for the storage, transport and monitoring of vaccines and other temperature-sensitive products, incorporating local capacities, preventive maintenance and contingency plans to ensure operational continuity.
- **Institutional strengthening of the MPPS support team and systems resilience** – Training and capacity-building for the technical and management support team of the MPPS, to keep the Unified Information System highly available, resilient, and continuously improving—enabling timely, high-quality data capture.

PAHO/WHO RESPONSE

- PAHO/WHO continues to support the response with critically needed medical supplies and medicines, having shipped 32 metric tons (MT) to Venezuela to date. These supplies have been and are being distributed locally based on each health facility's service profile, the medical needs of shelters, and specific requirements to strengthen response capacities, ensuring maximum impact (see Annex 2 and Annex 3).

- The latest distribution of supplies included four IEHK (Interagency Emergency Health Kit) Supplementary Equipment Unit, delivered and installed across four health facilities: the Caraballeda Outpatient Clinic, the Naiguatá Specialized Outpatient Clinic, the Guaracarumbo CDI, and the Balneario CDI. Together, these supplies provide primary health care coverage for a total of 40,000 people, distributed across the communities of Caraballeda (covering ~23% of its population), Naiguatá (~50%), ASIC Guaracarumbo (~25%), and Catia La Mar (~14.28%).

- As part of the Water, Sanitation and Hygiene (WASH) response, a direct delivery to the Punta Gorda Desalination Plant included 800 jerry cans for safe household water storage, along with water purification tablets. The jerry cans directly benefit 800 families (between 3,200 and 4,000 people), with one allocated per household, while the purification tablets ensure safe drinking water for 109,899 people per month.

- PAHO/WHO also strengthened Venezuela's epidemiological surveillance capacities through the delivery of molecular diagnostic supplies. The package included 16 types of reagents for the molecular and serological diagnosis of 14 priority diseases and public health events, helping sustain and expand national technical capacity. Diagnostics reinforced cover vector-borne diseases (dengue, chikungunya, Zika, Oropouche, yellow fever, equine encephalitis, and West Nile virus), respiratory pathogens (COVID-19, influenza, avian influenza, respiratory syncytial virus, and human metapneumovirus), and zoonoses and other public health priorities, including hantavirus and leptospirosis.

- PAHO/WHO continues providing technical and logistical support to facilitate in-kind donations from international partners and neighboring countries. To date it have accepted 11 offers and have received 23 offers, and 12 offers are under coordination (Annex 2).

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Annex 1

Operational Status and location of EMTs as of 29 July 2026

Status	Team (Country)	Capability	Deployment Site	End of Mission
DEPLOY Deployed and operational (10)	**Samaritan's Purse (USA)**	Type 3 EMT	Baseball Camp Plaza Bolívar, La Guaira	1 Oct 2026
	University of Miami – Panamerican Trauma Society (USA)	SCT-ERCS, virtual	Virtual from the University of Miami	—
	VEN + ESP Red Cross (Venezuela / Spain)	Type 1 Fixed EMT	Estadio Jorge García, La Guaira	25 Oct 2026
	VEN + ESP Red Cross (Venezuela / Spain)	Type 1 Mobile EMT	Estadio Jorge García, La Guaira	25 Oct 2026
	BHSR EMT (Colombia)	Type 1 Fixed EMT	Colegio Gran Colombia, Caracas, Distrito Capital	5 Sep 2026
	UK MED (United Kingdom)	Type 1 Fixed EMT	Karting La Guaira, Caraballeda, La Guaira	11 Aug 2026
	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	1 Oct 2026
	SDC (Switzerland)	RMNCH SCT	Hospital Rafael Medina Jiménez, Maiquetía, La Guaira	31 Jul 2026
	Humanity & Inclusion (France / Colombia)	Clinical Rehabilitation SCT	Centro Nacional de Rehabilitación, Hospital General, Caracas	—
DEMOB Demobilized / demobilizing (11)	**Army 60 PARA Mobile Hospital (India)**	Type 2 EMT	Hipódromo La Rinconada, Caracas	5 Jul 2026
	Johanniter EMT (Germany)	Type 1 Fixed EMT	Caraballeda, La Guaira	10 Jul 2026
	Lithuanian EMT (Lithuania)	Type 1 Mobile EMT	Ciudad Vacacional Los Caracas, La Guaira	12 Jul 2026
	MINSAL (Dominican Republic)	Type 1 Fixed EMT	Estadio César Nieves, Catia La Mar, La Guaira	17 Jul 2026
	AECID (Spain)	Type 1 Fixed EMT	Parque del Este, Caracas, Miranda	21 Jul 2026
	Brazilian Navy (Brazil)	Type 2 EMT	Camurí Chico, Macuto, La Guaira	17 Jul 2026
	Team Rubicon (USA)	Type 1 Mobile EMT	Playa Grande, Catia La Mar, La Guaira	22 Jul 2026
	Peace Winds (Japan)	Type 1 Mobile EMT	Parque El Indio, Macuto, La Guaira	28 Jul 2026
	TMAT (Japan)	Type 1 Mobile EMT	Hospital Dr. Domingo Luciani, Miranda	27 Jul 2026
	JDR–JICA (Japan)	Type 1 Fixed EMT	Campo Fútbol-sala, Caraballeda, La Guaira	29 Jul 2026
	CMAT (Canada)	Type 1 Mobile EMT	Casco Central, Caraballeda, La Guaira	27 Jul 2026

Note: For DEPLOY teams, "Deployment Site" is the current site and "End of Mission" is the planned end date. For DEMOB teams, it is the previous deployment site and the actual end-of-mission date. "—" indicates not specified.

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Annex 2

Earthquake in Venezuela 2026
Health Logistics

Response ongoing as of 28 July 2026

Coordination, transport, and delivery of medical supplies to strengthen health care.

PAHO

Arrival of three cargo planes

VOLUME	WEIGHT	VALUE in USD
149m³ CARGO	32 TONS	$567K CARGO

Donations for the health sector supported by PAHO/WHO

PLEDGES RECEIVED	PLEDGES UNDER COORDINATION	PLEDGES ACCEPTED
23	12	11

Supplies delivered to date

SURGICAL CARE MODULES	BASIC EMERGENCY MEDICINES MODULES	NON-COMMUNICABLE DISEASE MODULO	EMERGENCY BACKPACKS	PERSONAL HEALTH HYGIENE KITS	EPIDEMIOLOGICAL SURVEILLANCE COMPUTERS
39	15	3	42	538	14

Actors benefited from the distribution to date : 29 Actors

GENERAL DIRECTORATE /SIAMU	HIGH-COMPLEXITY HOSPITALS	ASIC CDIS OUTPATIENT CLINICS	ASIC EPIDEMIOLOGICAL SURVEILLANCE TEAMS	TEMPORARY CAMPS	OTHER BENEFICIARY INSTITUTIONS
2	5	7	9	4	2

Distribution goal for August/September 2026: 34 actors

HIGH-COMPLEXITY HOSPITALS	MEDIUM-COMPLEXITY HOSPITALS	MATERNITY HOSPITALS	CDI	SHELTERS
5	5	4	4	16

Annex 3

Consolidated Summary of PAHO/WHO Supplies Delivered for the Venezuela Emergency Response as of 30 July, 2026

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

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