



# CHUUK STATE GOVERNMENT

## DEPARTMENT OF HEALTH SERVICES

State of Chuuk

Federated States of Micronesia 96942

Dr. Bosco Buliche, Director

P.O Box 400  
Phone. (691) 330-2216/2217  
FAX. (691) 330-2320

## SITUATION REPORT #1

REPORT DATE	HAZARD	OVERALL PUBLIC HEALTH RISK	EOC STATUS	PREPARED BY
24 April 2026	Tropical Storm Sinlaku	High and escalating	Activated (partial)	Chuuk State Department of Health Services Emergency Operations Center with the technical support of the FSM Department of Health and Social Affairs and the WHO Representative Office for FSM

### SITUATION OVERVIEW

Chuuk State is responding to a widespread and complex public health emergency following Typhoon Sinlaku, affecting approximately 34,000 people, and 5 deaths as a result of the storm. The event resulted in four confirmed deaths and one missing individual, with displacement confirmed across multiple island communities.

Based on the updated Initial Damage Assessments' preliminary findings, at least 2,128 individuals are displaced, with the majority accommodated through extended family and community networks, and a smaller proportion distributed across multiple decentralized shelter sites, including schools, churches, and community structures. This dispersed displacement pattern presents operational challenges for service delivery, surveillance, and targeted interventions.

Typhoon Sinlaku caused extensive damage to critical infrastructure across Chuuk State, including water systems, power supply, transport networks, communications, and community facilities. Rainwater catchment systems, which serve as the primary water source for many households and health facilities, have been widely contaminated or damaged, significantly reducing access to safe drinking water.

Power disruptions have affected both community resilience and health facility operations, including cold chain integrity and water pumping systems. Transport constraints and debris have limited access to outer islands, while communication outages have reduced situational awareness and delayed response coordination.

The health system remains functional but is operating under sustained strain. Chuuk State Hospital continues to provide essential services but is fully dependent on generator power, while the outer island dispensary network, central to primary health care delivery, is experiencing medicine shortages, partial to nonfunctional status for numerous facilities, and incomplete verification of operational status.

The Department of Health Services assesses that the response is transitioning from acute emergency management into early recovery under conditions of constrained access and incomplete data, with the additional challenge of emerging secondary risks. These include waterborne disease transmission, interruption of routine health services, and deterioration of environmental health conditions. The anticipated onset of El Niño-associated drought conditions (May–July 2026) introduces a critical second-phase risk, particularly for water availability and hygiene practices, which will likely prolong and intensify the public health impact of the disaster.

The Chuuk State Department of Health Services (DHS), in coordination with the Chuuk Disaster & Emergency Operations Center (DEOC) and in collaboration with the FSM Department of Health and Social Affairs (DHSA), has formally engaged WHO, UNICEF, and IOM, with critical health and WASH commodities mobilized and prepositioned, and coordinated response actions underway.

## ACCESS TO HEALTH SERVICES

---

Access to health services across Chuuk State remains uneven and fragile, reflecting both geographic isolation and system constraints. In lagoon areas, including Weno, hospital and community health center services remain accessible, although they are under increasing pressure due to rising demand and limited resources.

In outer island communities, access is significantly more constrained. Updated findings indicate that several locations report either no access to functional health services or access to facilities without essential medicines or supplies. The absence of medicines including antibiotics, oral rehydration supplies, and basic consumables effectively renders some facilities non-functional.

Referral pathways to higher-level care are severely disrupted due to transport limitations, while communication outages hinder coordination and patient tracking. In this context, access to care is determined not only by the physical presence of facilities but by their operational readiness, supply availability, staffing, and connectivity. This has resulted in disproportionate health risk in outer island populations, where delays in care may lead to preventable complications and increased morbidity.

## RAPID ASSESSMENT COVERAGE AND REPORTING STATUS

---

Rapid assessments based on preliminary data at the time of reporting indicate variable reporting coverage across Chuuk State, with significant gaps in remote areas.

Lagoon areas have achieved high reporting coverage, estimated at approximately 85–90%, while intermediate outer islands report moderate coverage of 55–65%. Remote and northwest islands remain under-reported, with coverage estimated between 30–45%.

These gaps are primarily due to communication failures and access constraints, rather than absence of impact. Several islands report delayed or no external contact in the immediate aftermath of the storm, indicating that current data likely underrepresents the true scale of need.

The DHS considers under-reporting areas to be high priority for outreach and verification, as they are more likely to experience delayed assistance and greater unmet health needs.

## DISPLACEMENT AND SHELTER CONDITIONS

---

Displacement across Chuuk State is characterized by a decentralized and community-based pattern, with most affected individuals residing within host households rather than formal evacuation centers. Preliminary findings confirm that a smaller proportion of individuals are located in collective shelter settings such as churches and schools. There are multiple dispersed shelter sites across islands, rather than centralized camps.

This pattern increases the complexity of:

- delivering health services and WASH support
- conducting surveillance and case finding
- identifying and supporting vulnerable groups

The DHS will prioritize both collective shelters and host communities for outreach, surveillance, and service provision.

## PUBLIC HEALTH RISK PROFILE

---

The overall public health risk remains high and is expected to escalate without sustained intervention.

Immediate risks are driven by widespread contamination of water sources, with most communities reporting that water is unsafe for drinking and insufficient in quantity. This creates a high likelihood of fecal-oral transmission of diarrheal pathogens.

Environmental conditions following the storm have increased the risk of vector-borne diseases, including dengue, while exposure to contaminated water and soil increases the risk of leptospirosis and other febrile illnesses.

Low immunization coverage will ensue with Supplementary Immunization Activities in the recovery phase to prevent exacerbating conditions

Disruptions to the supply of medicines are affecting the management of both acute and chronic conditions. In particular, interruptions to noncommunicable disease treatment pose a significant risk of complications among vulnerable populations.

Wound infections and untreated injuries are expected to increase, particularly in areas where access to antibiotics and basic clinical supplies is limited.

Soil-transmitted helminthiasis represents a critical but preventable risk. Given the high baseline prevalence and current environmental conditions, there is a strong likelihood of increased transmission.

## HEALTH SYSTEM STATUS

---

The health system remains operational but is under sustained pressure. Chuuk State Hospital continues to function as the primary referral facility, but its dependence on generator power and supply chains creates ongoing vulnerability.

The three (3) Chuuk community health centers remain functional but have limited capacity to absorb increased demand.

The network of more than seventy (70) island dispensaries is central to primary health care delivery but is currently constrained by:

- medicine shortages
- infrastructure damage
- reduced functionality
- incomplete rapid health assessment

Pre-existing vulnerabilities such as limited water and sanitation infrastructure and reliance on single health assistants have been exacerbated by the disaster. The DHS is prioritizing the restoration of dispensary functionality through targeted resupply and outreach support. Civil work will be in the pipeline requests to partners after a more thorough health assessment of infrastructure.

## HEALTH SURVEILLANCE

---

Syndromic surveillance data for epidemiological weeks 14–16 show no thresholds exceeded across priority syndromes among reporting sentinel sites, with reporting completeness maintained above 50% despite post-disaster disruptions.

These findings indicate no confirmed outbreak signals within the current reporting network. However, surveillance sensitivity remains reduced, particularly in outer islands where reporting gaps persist due to communication and access constraints. As such, current data may underestimate true disease burden.

The DHS is strengthening indicator-based and event-based surveillance, prioritizing restoration of reporting from non-reporting sites through outreach and improved communications. With technical support from WHO, surveillance is being refined to detect early signals from sub-threshold trends and field observations, ensuring timely identification of potential public health risks.

