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HEALTH SITUATION REPORT NO. 2

Tropical Storm Sinlaku Response and Early Recovery – Chuuk State

Report date	Hazard	Overall public health risk	EOC status	Prepared by
2 May 2026	Tropical Storm Sinlaku	High and evolving	DHS DEOC / PHEOC active	Chuuk State DHS with partner technical support

Highlights

- Twelve rapid health assessment (RHA) reports have been incorporated into the DHS DEOC analysis, representing an estimated assessed catchment population of 6,477 people (19.1% of the estimated affected Chuuk population of 33,885).
- Assessment coverage among active dispensaries remains incomplete: 12/72 active dispensaries (16.7%) have RHA entries in the current line-list. Coverage is 14.6% in Lagoon, 38.5% in Northwest and 0.0% in Mortlocks.
- Facility readiness remains fragile: 8/12 assessed facilities (66.7%) are classified as Critical or High priority; 3/12 (25.0%) are non-functioning and 4/12 (33.3%) are partially functioning.
- WASH and infection prevention conditions are the principal public health risk drivers: 5/12 facilities (41.7%) report no water, 9/12 (75.0%) have no or insufficient toilets, and 9/12 (75.0%) have no cold-chain capacity.
- Event-based surveillance requires active follow-up. The dashboard flags 2 acute watery/bloody diarrhoea signals; the detailed line-list currently confirms one named AWD/BD case in Ruo and one separate death/injury report in Nukan/Nukuno requiring validation by the surveillance team.
- At least 14 pregnant women were identified across assessed catchments. Maternal referral readiness is an immediate concern where transport, communications and facility functionality remain constrained.
- Fuel for DHS lagoon assessment teams is an immediate operational priority. Without assured fuel, RHA completion, outbreak verification, maternal follow-up, and medicine distribution will slow precisely as the response moves into the higher-risk early recovery period.

1. Situation overview

Chuuk State continues to respond to the public health consequences of Tropical Storm Sinlaku under DHS leadership, with the response transitioning from acute emergency management into early recovery. Situation Report No. 1 described a high and escalating public health risk environment, with disrupted water systems, power supply, transport, communications and dispensary service continuity. The current RHA evidence confirms that these risks remain active and that several lagoon and northwest service points require urgent verification, restoration and resupply.

The operational picture remains uneven. Weno-based and higher-level health services continue to provide essential care, but the island dispensary network remains the decisive platform for primary health care, event-based surveillance, maternal follow-up, deworming and early diarrhoeal disease management. The assessment findings show that the physical existence of a dispensary is not sufficient evidence of service access. Actual readiness depends on facility functionality, safe water,

sanitation, power, medicines, basic clinical equipment, health assistant availability, communications and the security of medical supplies.

The response is entering a sensitive period in which public expectations, shortages of basic commodities, and local leadership dynamics may intensify. The DEOC will maintain a clear, DHS-led, non-partisan, equity-based approach to health prioritisation, with transparent documentation of assessments, donations, stock movements and field decisions. Engagement will continue through municipal leaders, traditional leadership, churches, health assistants and trusted community networks, recognising that families and faith-based structures are carrying much of the sheltering and psychosocial burden.

2. Data sources, denominators and interpretation

This SitRep is based primarily on the DHS DEOC RHA reports. It also builds on DHS Health SitRep No. 1, the public health situation analysis. The current RHA analytic denominator is 12 assessed facilities; percentages in this report therefore refer to assessed facilities unless otherwise stated and should not be interpreted as Chuuk-wide prevalence.

Population catchments in the dashboard are modelled from 2010 municipal population baselines and proportionally adjusted to the 2023 census regional totals. This provides a pragmatic denominator for field planning but should be refined as DHS validates facility catchments, active service points and displaced population movements. The assessed catchment population currently totals approximately 6,477, representing 19.1% of the estimated affected population of 33,885.

Event-based reporting is treated as early warning, not outbreak confirmation. Signals requiring verification through case investigation, household cluster checks, line-listing, specimen collection where indicated, and reconciliation with weekly syndromic surveillance is underway. In epidemiological terms, absence of a threshold breach is not equivalent to absence of risk when reporting completeness is reduced by transport, fuel, communications and facility disruptions.

3. Assessment coverage and facility readiness

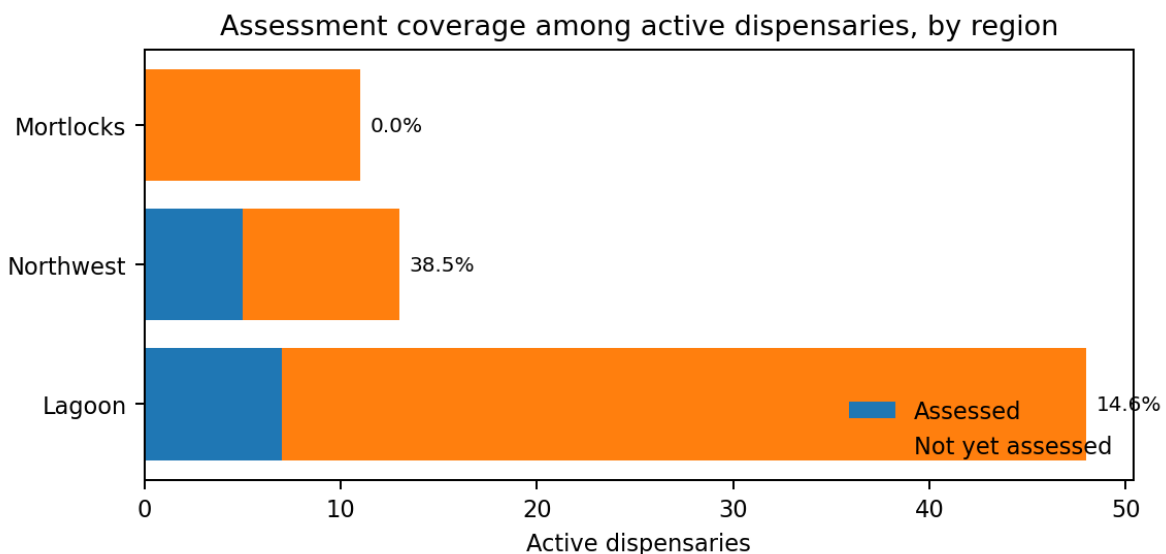


Figure 1. RHA coverage among active dispensaries by region. Mortlocks remains a major information gap.

Current RHA coverage remains partial. Among 72 active dispensary service points, 12 have RHA records, equivalent to 16.7% completion. Coverage is highest in the Northwest (5/13, 38.5%), followed by Lagoon (7/48, 14.6%). Mortlocks has no RHA reports incorporated in the current analysis, and should be treated as a priority information gap rather than a low-risk area.

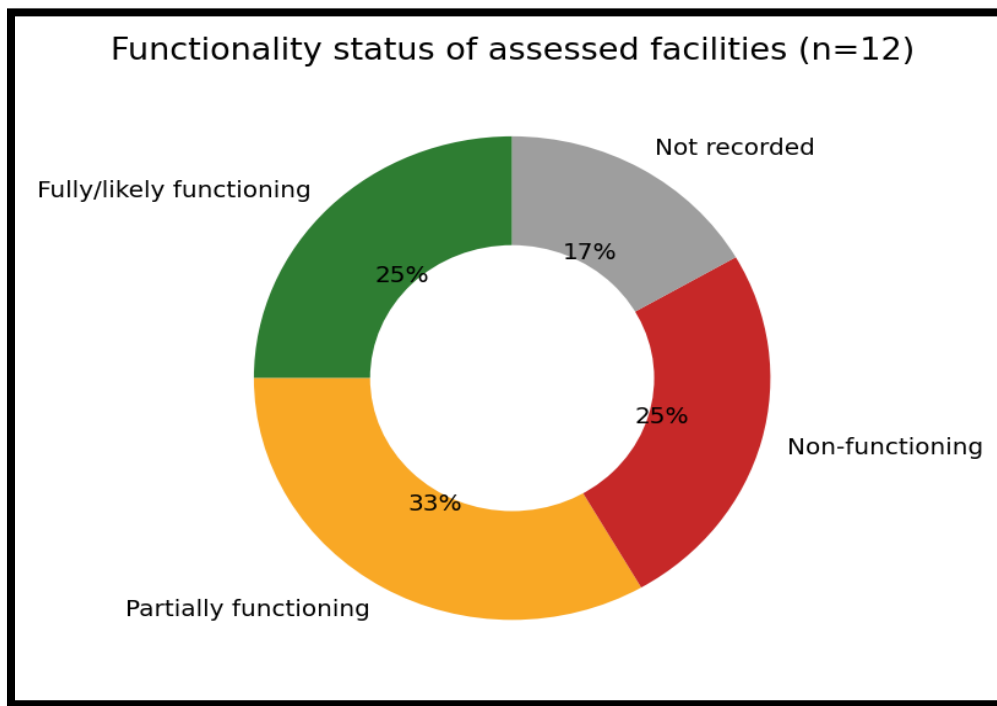


Figure 2. Functional status among assessed facilities. Several facilities are closed, non-functioning, or operating through temporary arrangements.

Among the 12 assessed facilities, 3 (25.0%) are non-functioning, 4 (33.3%) are partially functioning, 3 (25.0%) are fully or likely functioning, and 2 (16.7%) have insufficient operational status data. The current critical/high priority burden is substantial: 8/12 assessed facilities (66.7%) are classified as Critical or High priority, including all five assessed Northwest sites.

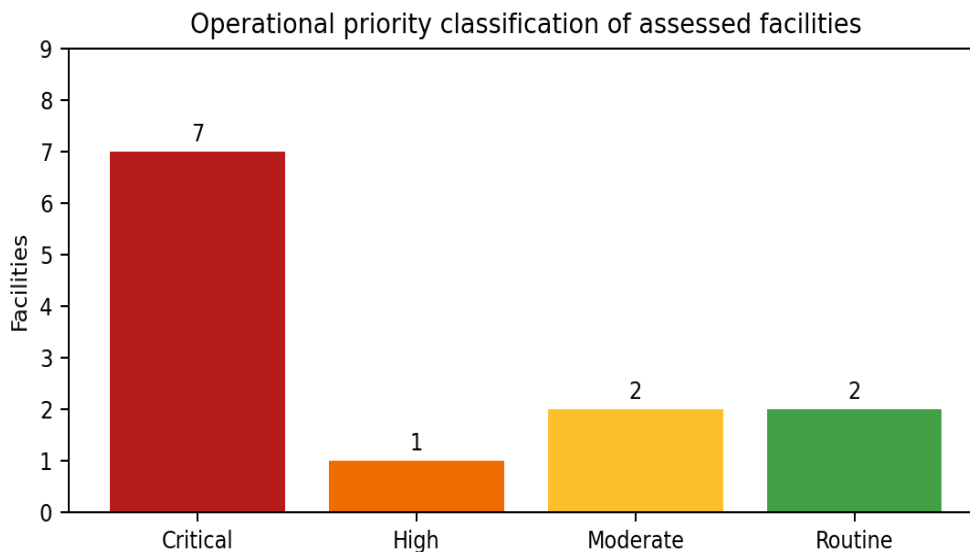


Figure 3. Priority classification of assessed facilities.

Facility-level readiness summary

Facility	Region	Catchment pop.	Functionality	Water	Toilet	Priority	Immediate follow-up
Fananu	Northwest	345	Non-functioning	Available but insufficient	Not available	Critical	Structural damage; prioritise WASH support, stock protection, food/nutrition monitoring and service restoration.
Murilo / Mwurilo	Northwest	196	Partially functioning	Not available	Not available	Critical	Ppregnancy follow-up, safe water access and

Ruo	Northwest	143	Partially functioning	Available but insufficient	Not available	Critical	stock protection. Treat as event-based diarrhoeal signal; verify case outcome, household cluster, water source and need for further ORS/zinc/antibiotic prepositioning.
Mallon	Lagoon	689	Non-functioning	Not available	Available but insufficient / not available	Critical	Medicine replacement, IPC/WASH support and confirmation of whether temporary service site is operational.
Nukan / Nukuno	Lagoon	689	Non-functioning	Not available	Available but insufficient / not available	Critical	Priority follow-up for reported death, injuries and pregnancy; verify clinical status, service continuity and replacement supplies.
Nukanap	Lagoon	834	Not recorded	Not recorded	Not recorded	Routine	Verify operational status, WASH fields and need for Starlink/communication support, fridge and power.
Parem	Lagoon	335	Fully functioning	Available but insufficient	Available but insufficient / not available	High	Verify safe water, toilet functionality, medicine expiry and power continuity; pregnancy follow-up.
Nomwin	Northwest	454	Partially functioning	Not available	Not available	Critical	Prioritise WASH, nutrition monitoring, food security linkage, and stock verification.
Piherar	Northwest	135	Fully functioning	Not available	Not available	Critical	Prioritise safe water, sanitation, food/nutrition monitoring, pregnancy follow-up and stock verification.
Pwene	Lagoon	689	Partially functioning	Available and sufficient	Available but insufficient	Moderate	Follow-up on three pregnant women, damaged medicines/BP supplies and power reliability.
Sanuk	Lagoon	834	Not recorded	Not recorded	Not recorded	Routine	High priority maternal follow-up; verify WASH/power fields, supply gaps and equipment replacement.
Sapore	Lagoon	1134	Likely functioning / not ticked	Available and sufficient	Available and sufficient	Moderate	Verify operational status, dedicated power need and accessibility for distant catchment.

4. Health surveillance and event-based reporting

No confirmed outbreak is reported from the RHA line-list at this stage. However, the field reports demonstrate reduced surveillance sensitivity, particularly where dispensaries are non-functioning, operating from residences, or unable to transmit reports reliably. The most important epidemiological issue is not only the number of cases reported, but whether the system can detect, verify and respond quickly in isolated communities and from the more than twenty (20) active shelters.

The detailed event-based surveillance log currently identifies six priority signals: one AWD/BD case in Ruo, one death and injury report in Nukan/Nukuno, one cluster of minor injuries and conjunctivitis-like illness in Nukanap, two maternal follow-up signals in Pwene and Sanuk, and one multi-site food/nutrition risk signal across Fananu, Nomwin and Piherar.

Event ID	Date	Facility	Region	Signal Type	Cases	Description	Action Taken	Status
EBS-001	2026-04-26	Ruo	Northwest	AWD + Bloody diarrhoea	1	Watery and bloody diarrhoea without fever reported by RHA.	Azithromycin 500mg x 3 days administered; needs follow-up and household cluster check.	Open
EBS-002	2026-04-29	Nukan / Nukuno	Lagoon	Death and injuries	1	One death;	Requires	Open

						one laceration, one sprain and one head injury reported among persons 5+ years.	verification, clinical review and case details for SitRep.	
EBS-003	2026-04-30	Nukanap	Lagoon	Injuries / conjunctivitis-like signal	4	Two lacerations, one sprain, one pink eye, one sick case reported; ages partly documented.	Verify clinical outcomes and need for referral or antibiotics/eye treatment.	Open
EBS-004	2026-04-29	Pwene	Lagoon	Pregnancy / maternal follow-up	3	Three pregnant women identified in RHA.	Link with MCH/referral tracking and outreach schedule.	Open
EBS-005	2026-04-30	Sanuk	Lagoon	Pregnancy / maternal follow-up	5	Five pregnant women identified in Sanuk/Nesap catchment.	High priority for MCH follow-up and referral readiness.	Open
EBS-006	2026-04-26/30	Fananu/Nomwin/Piherar	Northwest	Food and nutrition risk	3	Total or partial destruction of local food sources including taro, banana, breadfruit and pandanus reported.	Monitor child nutrition, food security, STH, WASH and therapeutic commodity readiness.	Open

5. WASH, IPC and environmental health risk

Key facility-level risk indicators among assessed sites

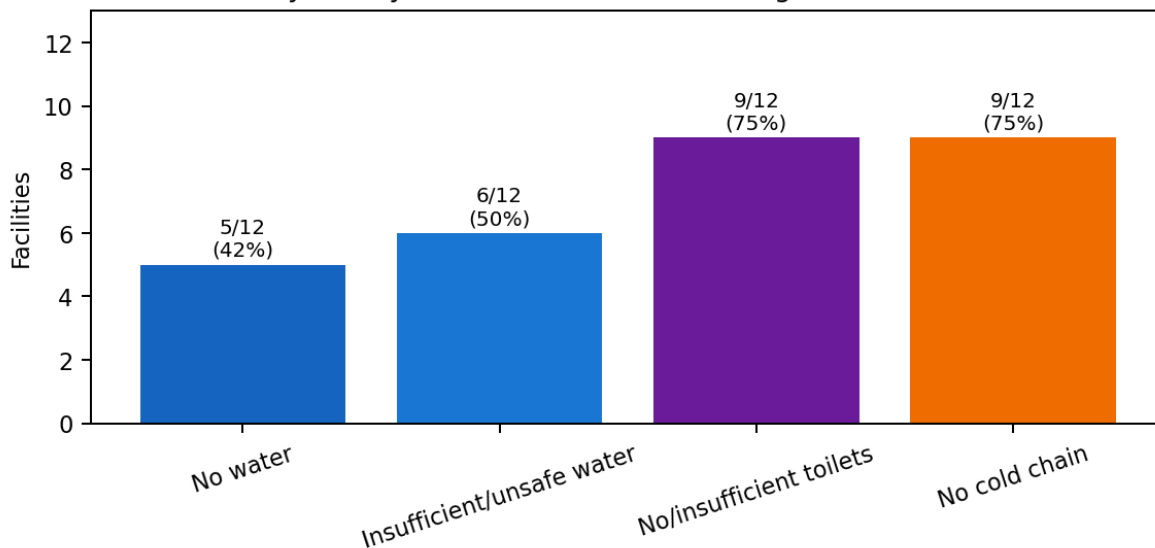


Figure 4. WASH, sanitation and cold-chain risk indicators among assessed facilities.

WASH disruption is the dominant driver of elevated public health risk. At least 5/12 assessed facilities (41.7%) report no water, while 6/12 (50.0%) report insufficient or unsafe water indicators. No or insufficient toilets are reported in 9/12 assessed facilities (75.0%). These conditions increase the probability of faecal-oral transmission, skin and wound infection, leptospirosis exposure, and reduced infection prevention and control capacity.

Facility reports describe deep wells, open tanks, waste disposal concerns, broken faucets, absent water sources and damaged power supply. Several sites have no dedicated power source, which affects water pumping, cold-chain capacity, secure stock storage, communications and safe night-time operations. Cold-chain absence in 9/12 assessed facilities reinforces the need for careful planning of immunisation outreach and vaccine carrier logistics rather than routine facility-level storage.

Environmental damage is not limited to facility infrastructure. Local food systems are affected through damage to taro, banana, breadfruit and pandanus. The combined effect of unsafe water, food disruption, STH risk and limited facility functionality creates a plausible pathway for worsening child nutrition and diarrhoeal morbidity during early recovery. The DEOC is treating WASH, food security and primary care restoration as linked interventions rather than separate sectors.

6. Nutrition, food security and vulnerable groups

No RHA has confirmed moderate or severe acute malnutrition to date. This should be interpreted cautiously because RHAs are rapid facility assessments rather than nutrition surveys. The current concern is emerging risk rather than confirmed caseload: Fananu and Nomwin report total destruction of local food sources, while Piherar reports partial destruction of taro, banana, breadfruit and pandanus. These food shocks are occurring alongside unsafe water, poor sanitation, STH exposure and interrupted access to routine child health services.

Therapeutic nutrition commodities are not available at assessed facilities. RUTF, F-75 and F-100 availability is recorded as not available or not recorded across the assessed RHAs. DHS should pursue pre-positioning or access arrangements for therapeutic feeds and nutrition screening supplies in anticipation of moderate or severe acute malnutrition, including oedematous malnutrition, especially among children under five, pregnant and lactating women, and households reporting food source destruction.

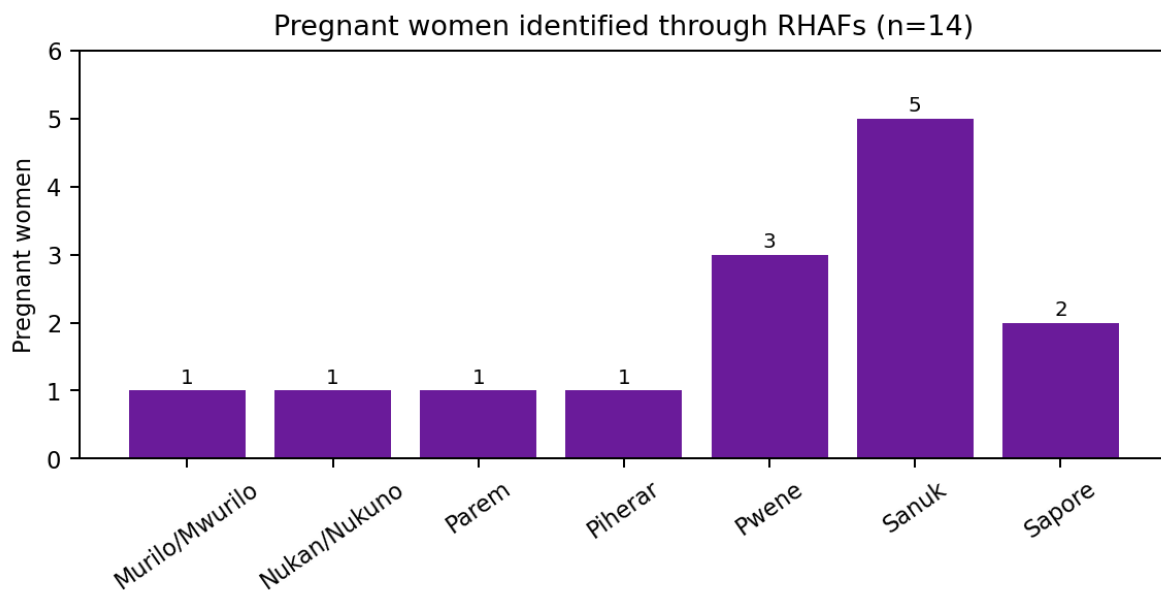


Figure 5. Pregnant women identified through RHAs by facility.

At least 14 pregnant women have been identified across assessed catchments. Sanuk (5) and Pwene (3) account for the largest numbers in the current line-list. Maternal and newborn risk should be prioritised where transport, fuel, sea conditions and communications constrain referral to higher-level care. The MCH team will reconcile these RHA counts with routine antenatal registers, expected delivery dates, high-risk pregnancy lists and referral plans.

7. Medicines, medical commodities and donated supplies

The medication dispatch log shows both progress and urgent replacement needs. Mebendazole was delivered or used in Fananu, Murilo/Mwurilo, Nomwin and Piherar, supporting the post-disaster STH preventive approach. Ruo received azithromycin for a watery and bloody diarrhoea case. However, Mallon, Nukan/Nukuno, Pwene and Nukanap report medicines, BP cuffs or basic supplies damaged by flooding; Sanuk reports no glucose strips and the need for a glucometer, BP cuff and related equipment. These are not minor gaps in a high-NCD setting; they directly affect continuity of hypertension, diabetes and basic acute care management.

Facility	Region	Commodity / Supply	Quantity / Detail	Purpose	Status	Verification Needed
Fananu	Northwest	Mebendazole	37 tablets consumed by 36 children aged 1-6	STH preventive chemotherapy / deworming	Delivered/used	Yes
Fananu	Northwest	Quarterly medical supplies	Not quantified	Service continuity	Delivered	Yes
Murilo / Mwurilo	Northwest	Mebendazole	50 tablets delivered; 46 children aged 1-6 noted	STH preventive chemotherapy / deworming	Delivered	Yes
Murilo / Mwurilo	Northwest	Quarterly medical supplies	Not quantified	Service continuity	Delivered	Yes
Ruo	Northwest	Azithromycin 500mg	3-day course for 46-year-old female with watery/bloody diarrhoea	Syndromic management of AWD/BD signal	Administered	Yes
Ruo	Northwest	Quarterly medical supplies	Not quantified	Service continuity	Delivered	Yes
Nomwin	Northwest	Mebendazole	27 tablets for 10 children aged 1-6	STH preventive chemotherapy / deworming	Delivered	Yes
Nomwin	Northwest	Quarterly medical supplies	Not quantified	Service continuity	Delivered	Yes
Piherar	Northwest	Mebendazole	25 tablets for 10 children aged 1-6	STH preventive chemotherapy / deworming	Delivered	Yes
Piherar	Northwest	Quarterly medical supplies	Not quantified	Service continuity	Delivered	Yes
Mallon	Lagoon	Replacement medicines and BP cuffs	Required; existing medicines/BP cuffs wet/ruined	Restore dispensary clinical readiness	Pending	Yes
Nukan / Nukuno	Lagoon	Replacement medicines and BP cuffs	Required; existing medicines/BP cuffs wet/ruined	Restore dispensary clinical readiness	Pending	Yes
Pwene	Lagoon	Replacement medicines and BP cuffs	Required; existing medicines/BP cuffs wet/ruined	Restore service continuity	Pending	Yes
Nukanap	Lagoon	Medication replacement and BP supplies	Required; medications wet; BP supplies affected	Restore safe stock holding and basic clinical care	Pending	Yes
Sanuk	Lagoon	Glucometer, glucose strips, BP cuff	Required	NCD and basic assessment continuity	Pending	Yes
All assessed WASH-risk sites	Lagoon/Northwest	ORS + Zinc	Forecasted separately by facility/catchment	Diarrhoeal disease preparedness and AWD/BD management	Planned	Yes
All assessed high-risk sites	Lagoon/Northwest	Doxycycline / Azithromycin / Ciprofloxacin	Forecasted separately by facility/catchment	Syndromic management of leptospirosis, diarrhoeal disease and common infections	Planned	Yes

ORS, zinc and first-line antibiotics require facility-level prepositioning, not only island-level dispatch planning. The prioritisation should be guided by active service points, catchment population, WASH risk, reported diarrheal signals, facility functionality, stock damage and accessibility. DHS clinical and pharmacy leads should confirm final treatment protocols, quantities and restrictions before dispatch.

WHO and UN partner support should remain clearly accountable to DHS leadership and DEOC coordination. The supply log includes WHO Consignment #2 for albendazole, WHO Consignment #3 from the Dubai warehouse for IEHKs and IDDK/cholera-kit configurations, and coordinated WASH support through WHO/UNICEF/IOM/UNFPA.

Consignment / Partner	Commodity	Quantity / Description	Status	Linked Health Need
WHO Consignment #2	Albendazole	Inbound consignment	Inbound / pending receipt	STH preventive chemotherapy in post-disaster WASH disruption
WHO Consignment #3 - Dubai warehouse	IEHKs	Interagency Emergency Health Kits; quantity to confirm upon dispatch	Mobilizing / inbound	Essential primary health care and continuity of acute care in damaged/undersupplied dispensaries
WHO Consignment #3 - Dubai warehouse	IDDKs / cholera kit configuration	Diarrhoeal disease kit or updated cholera kit configuration depending on warehouse packaging	Mobilizing / inbound	AWD/BD preparedness, ORS, IV fluids and diarrhoeal disease management
WHO / UNICEF / IOM / UNFPA coordination	Jerry cans, water purification and WASH items, tents, NFI kits	Quantities to confirm by partner dispatch log	Mobilized / ongoing coordination	Safe water storage, water treatment and household/facility WASH continuity. Reproductive health needs
UN partners / donors	Tents, toilet facilities, WASH support	Quantities to confirm	Requested / pending	Health risk reduction in shelters and damaged communities
DHS / Public Health outreach	Quarterly medical supplies	Delivered to several Health Assistants; quantities not fully quantified in RHAs	Partially delivered	Service continuity in remote dispensaries

8. Active dispensary network and property arrangements

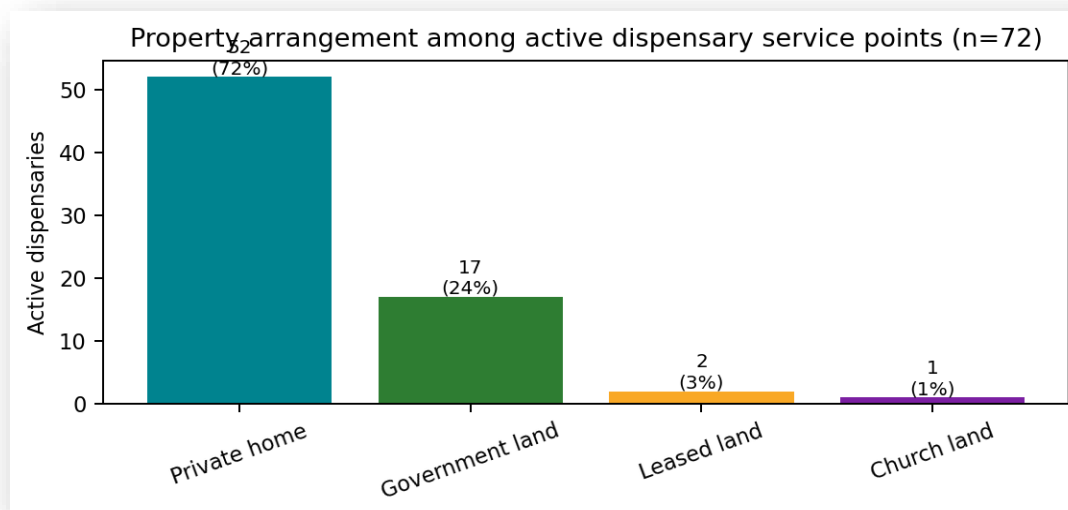


Figure 6. Property arrangement among active dispensary service points.

The active dispensary master list records 72 active dispensary service points. Most are operating from private homes (52/72, 72.2%), while 17/72 (23.6%) are on government land, 2/72 (2.8%) are on leased land and 1/72 (1.4%) are on church land. This distinction is important for recovery planning. A damaged privately hosted dispensary is still a critical health access point, but rebuilding, repairs, equipment placement and accountability may require agreements with owners, traditional leaders or church leadership.

9. Operational barriers and priority actions

The most urgent operational barriers are fuel, transport availability, communications, incomplete RHA returns, uncertain facility status, damaged medicine stocks, and the need for documentation of partner-donated supplies. Fuel for lagoon assessment teams should be treated as a priority public health input. Without fuel, teams cannot verify alerts, collect photos, deliver ORS/zinc/antibiotics, replace damaged supplies, follow up pregnant women, or close reporting gaps.

The response is also operating in a politically sensitive context where public expectations around relief distribution are high including political changeover of State leadership. DHS will maintain a clear service-delivery and risk-based prioritisation framework, supported by evidence from RHAs, population catchments, WASH risk and vulnerability indicators. This will help ensure that fuel, medicines, WASH supplies and partner donations are distributed equitably and defensibly.

Priority Area	Action	Responsible / Lead	Timeframe	Linked Facilities	Rationale	Status
Surveillance / EBS	Verify Ruo AWD/BD case outcome and conduct household cluster check	DHS Public Health / Surveillance	24 hours	Ruo	AWD/BD case reported in RHAs and treated with azithromycin; WASH risk present.	Open
Surveillance / Mortality	Verify Nukan death and injury details, including cause, timing, and referral needs	DHS Public Health / Clinical Team	24 hours	Nukan / Nukuno	One death and multiple injuries reported; requires clinical verification for SitRep accuracy.	Open
Facility Functionality	Prioritize closed/non-functioning facilities for operational verification, temporary service arrangements and supply replacement	DHS DEOC / Public Health / Dispensary Unit	24-72 hours	Fananu, Mallon, Nukan/Nukuno, Ruo, Nomwin	Closed or non-functioning facilities affect primary health care access and surveillance continuity.	Open
WASH / IPC	Prioritize no-water/no-toilet sites for water treatment, storage, sanitation support and hygiene messaging	DHS Environmental Health / WASH partners	24-72 hours	Fananu, Murilo, Ruo, Mallon, Nukan/Nukuno, Nomwin, Piherar	Unsafe water and sanitation gaps increase diarrhoeal disease and leptospirosis risk.	Open
Nutrition / Food Security	Monitor child nutrition and food security in sites reporting total or partial local food destruction	DHS Nutrition / Public Health / Partners	72 hours	Fananu, Nomwin, Piherar	Food source destruction combined with STH risk and poor WASH can	Open

					worsen nutritional deficits.	
Maternal Health	Follow-up pregnant women identified in RHAs and ensure referral readiness	DHS MCH / Public Health	24-72 hours	Murilo, Nukan, Parem, Piherar, Pwene, Sanuk, Sapore	Pregnant women are a priority group when transport/referral is disrupted.	Open
Supply Chain	Track receipt, labelling, photos, and Transfer of Title/receipt documentation for WHO/partner consignments	DHS Logistics / WHO support	Ongoing	All receiving facilities / DHS DEOC	Accountability and verification required for WHO and partner-donated items.	Open
Medication Prepositioning	Use dispensary-level forecasts for ORS, zinc and antibiotics to guide lagoon/Northwest/Mortlocks stock prepositioning	DHS Pharmacy / Public Health	72 hours	All active dispensaries	Prepositioning reduces delay for diarrhoeal disease, leptospirosis and common post-disaster infections.	Open

Recommended priority actions

1. Secure dedicated fuel allocation for DHS lagoon assessment and follow-up teams for the next 21-28 days, with movement logs linked to RHA completion, case verification and stock delivery.
2. Complete RHA collection for unassessed active dispensaries, prioritising Mortlocks, remaining Lagoon sites and any locations with damaged or privately hosted service points.
3. Validate all event-based signals: the Ruo AWD/BD case, Nukan/Nukuno death and injuries, Nukanap injury/conjunctivitis-like reports, and all maternal follow-up sites.
4. Replace damaged medicines, BP cuffs, glucometers, glucose strips and essential clinical supplies in facilities reporting flood-related stock loss.
5. Prioritise no-water and no-toilet facilities for water treatment, safe storage, hygiene messaging, temporary sanitation support and environmental health follow-up.
6. Preposition ORS, zinc and clinically approved antibiotics by active dispensary catchment for those in the Mortlocks and Lagoon regions with replenishment of the Northwest region with particular focus on WASH-risk and access-constrained sites.
7. Progress nutrition preparedness by clarifying access to RUTF, F-75 and F-100, and ensure screening/referral pathways for acute malnutrition are included in outreach.
8. Maintain a partner supply accountability log and receipt documentation.
9. Strengthen community messages through trusted channels on safe water, hand hygiene, food safety, diarrhoea care-seeking, ORS use, deworming, vector control and maternal danger signs in English and the Chuukese languages.

10. Outlook

Chuuk State is moving into an early recovery phase in which secondary public health risks may become more visible than storm trauma. The immediate imperative is to restore basic dispensary functionality and surveillance sensitivity before diarrhoeal disease, leptospirosis, vector-borne disease, NCD decompensation, maternal complications or nutrition deterioration emerge at scale. The RHA line-list is already providing actionable field intelligence, but its value depends on completeness, timely verification and linkage to logistics decisions.

The next Health SitRep should show whether assessment coverage has increased, whether Mortlocks data have been incorporated, whether the Ruo diarrhoeal signal and Nukan/Nukuno mortality/injury report have been verified, whether fuel constraints have been resolved, and whether damaged supplies have been replaced. A SitRep cycle with shorter reporting intervals will be done if a verified outbreak signal, severe maternal risk, malnutrition cluster or major supply gap emerges.

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