



# CHUUK STATE GOVERNMENT

DEPARTMENT OF HEALTH SERVICES

State of Chuuk

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## Health Situation Report No. 3

### Tropical Storm Sinlaku Response and Early Recovery - Chuuk State

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

### Highlights

- The DHS analysis of rapid health assessments (RHA) of 32 cumulative unique facility/island entries is entailed in this report. Overall active dispensary coverage is now approximately 44.4% (32/72) but remains uneven by region.
- RHA coverage is now estimated at 41.7% in Lagoon, 92.3% in Northwest and 0.0% in Mortlocks. The Mortlocks remain a major health information gap and should not be interpreted as low risk; assessment movement remains dependent on boat transport.
- The Northwest assessment picture has improved substantially, but Lagoon findings increasingly show service access constraints driven by home-based dispensary arrangements, damaged medicine stocks, water tank contamination, limited space, sanitation gaps and Health Assistant availability.
- Across Northwest reports, no deaths or acute outbreak signals were reported; however, several sites report unsafe or absent water, absent toilets, no cold-chain capacity, no therapeutic nutrition commodities available, and partial destruction of local food sources.
- The cumulative public health risk remains high and evolving. Priority risks are waterborne disease, leptospirosis, dengue and other vector-borne diseases, wound and skin infections, NCD treatment interruption, maternal referral delays, STH transmission and nutrition deterioration.
- Partner support is substantial but requires DHS-led mapping to priority gaps: health facility WASH, temporary service structures, medicines and equipment replacement, nutrition commodities, fuel and boat access, surveillance restoration, supply documentation and dashboard management.

### 1. Situation overview

Chuuk State continues to respond to the public health consequences of Tropical Storm Sinlaku under DHS leadership. The response has moved beyond the initial emergency phase into early recovery, but the health risk environment remains active because essential lifelines remain disrupted and assessment coverage remains incomplete in key geographic areas. The most important operational issue is no longer only the storm damage itself, but the ability of the health system to restore dispensary functionality, detect disease signals early, protect water safety and sustain essential medicines across dispersed island communities.

The increased number of rapid health assessment reports received confirms that the response picture is becoming more granular. Northwest coverage has improved and provides a clearer view of island-level WASH, cold-chain, STH, nutrition and dispensary readiness. Lagoon reports add important qualitative evidence on the practical realities of home-based service delivery, including shared household-clinic spaces, damaged water tanks, poor isolation of patient areas, lack of separate toilets, health assistant availability issues, and the need for equipment, space and medical resupply. These findings reinforce that physical facility presence is not equivalent to functional access to care.

CDEOC reporting continues to show that overall humanitarian needs remain substantial, particularly for safe water, food, shelter, health risk mitigation, access and essential service restoration. The health sector interpretation is that recovery must be sequenced around life-support systems: safe water, functioning primary care, essential medicines, fuel-enabled outreach, surveillance reporting, and protection of vulnerable groups.

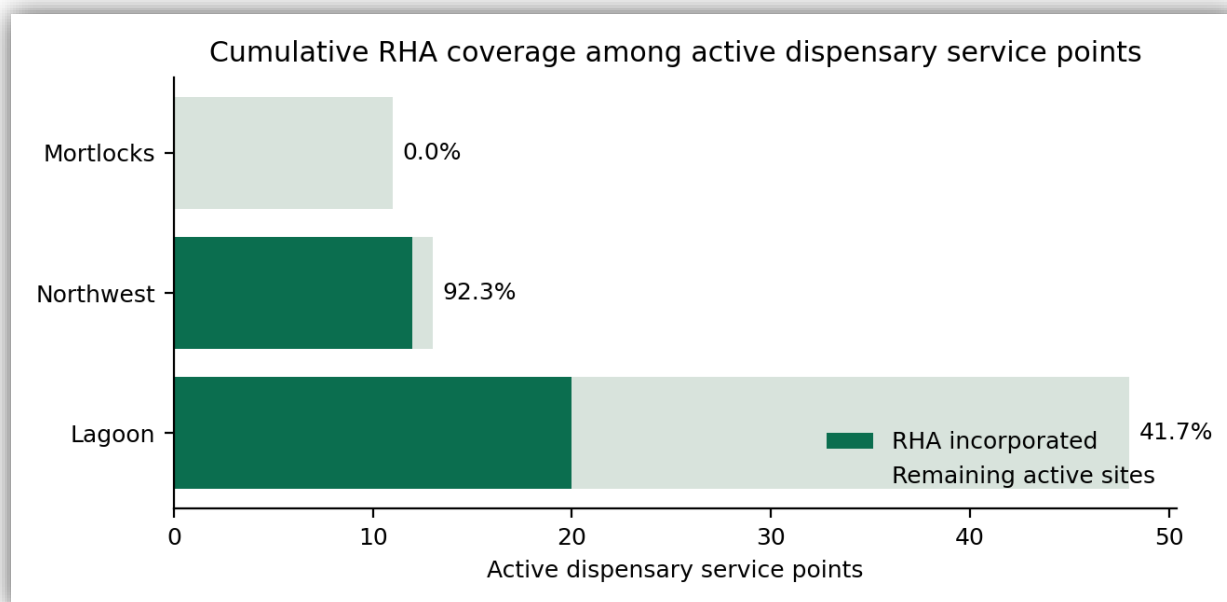
## 2. Data sources, denominators and interpretation

This SitRep is based on the review of the newer rapid health assessment submissions, health partner coordination updates, CDEOC reporting, and public health situation analysis. The figures in this report should be interpreted as operational denominators for decision-making rather than Chuuk-wide prevalence estimates. Percentages referring to facilities are based on active dispensary service points or the assessed subset specified in each section.

This DHS SitRep incorporated 32 RHA reports of 72 active dispensary service points (Figure 1). This improves operational visibility but remains insufficient for statistical representativeness across the whole state, particularly because Mortlocks has no health RHA record incorporated into the current analytic set.

The correct interpretation is operational rather than purely statistical: areas with low reporting completeness require more attention, not less. Absence of reported cases or facility damage in non-reporting areas should not be interpreted as absence of risk. The health system should continue using a low-threshold, signal-based approach for disease surveillance, WASH risk and outreach prioritization.

Figure 1. Cumulative RHA coverage among active dispensary service points



## 3. Assessment coverage and facility readiness

The cumulative RHA dataset now provides sufficient operational visibility to guide facility-level prioritisation, particularly for Northwest and Lagoon service points. Northwest is now the best-characterised outer island region, with **12 of 13 active service points represented**, while Lagoon coverage has expanded to **20 of 48 active service points**. Mortlocks remains unassessed in the current health RHA line-list and should remain a priority for field assessment once maritime access is secured.

Recent reports included in this SitRep show that the main issue is not simply whether a dispensary is open, but whether it can safely deliver essential services. Several service points are functioning through improvised or home-based arrangements, with shared household-clinic spaces, limited patient privacy, damaged or insufficient water storage, inadequate toilets, limited communications, equipment gaps, and unreliable power. These constraints directly affect infection prevention, medicine storage, cold-chain readiness, syndromic case management, maternal follow-up, NCD continuity, and routine reporting.

### Functional status among assessed facilities (n=32)

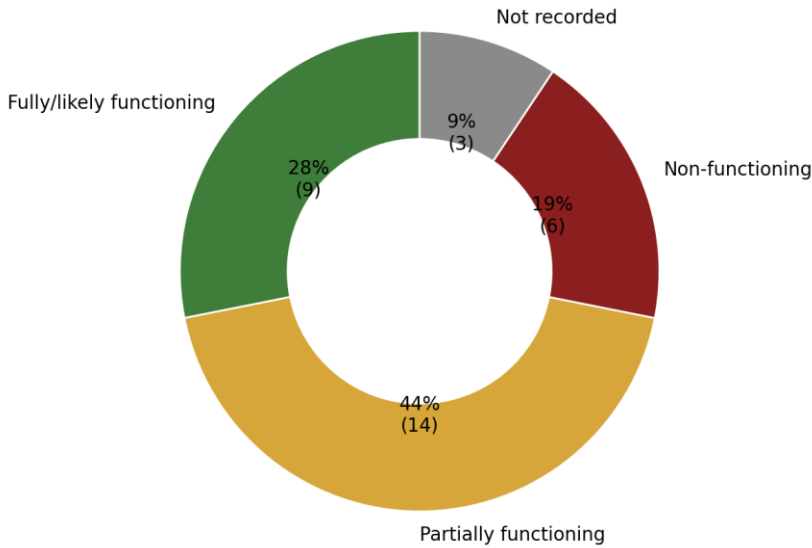


Figure 2. Functional status among assessed facilities

Among the 32 assessed facilities, 14 are partially functioning, 6 are non-functioning, 9 are fully or likely functioning, and 3 have insufficient or unrecorded functionality status. This means that more than half of assessed facilities are either non-functioning or only partially functioning.

This finding confirms that the peripheral health system remains fragile. Partially functioning sites may still receive patients but often lack one or more critical inputs, such as safe water, toilets, medicines, diagnostic equipment, secure storage, power, communications, or safe consultation space. Non-functioning sites require urgent verification, temporary service arrangements, supply replacement, and follow-up visits.

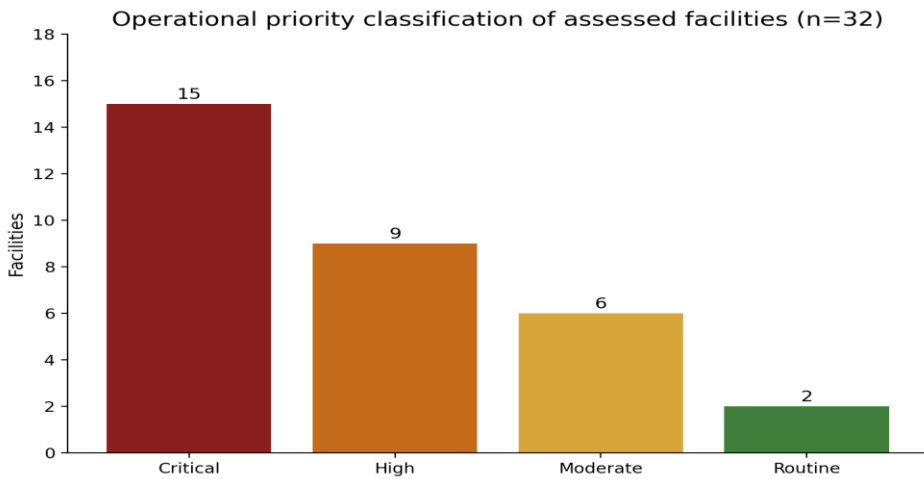


Figure 3. Operational priority classification of assessed facilities

Of the 32 assessed facilities, 15 are classified as Critical, 9 as High, 6 as Moderate, and 2 as Routine. Overall, 24 of 32 assessed facilities, or 75.0%, are classified as Critical or High priority.

Critical and High priority facilities should be mapped directly to partner support. Immediate support should include WASH interventions, replacement medicines and equipment, temporary clinical space where required, communications support, cold-chain alternatives, health assistant support, and follow-up outreach. Moderate sites should be monitored and supported to prevent deterioration, especially where WASH or power systems remain vulnerable.

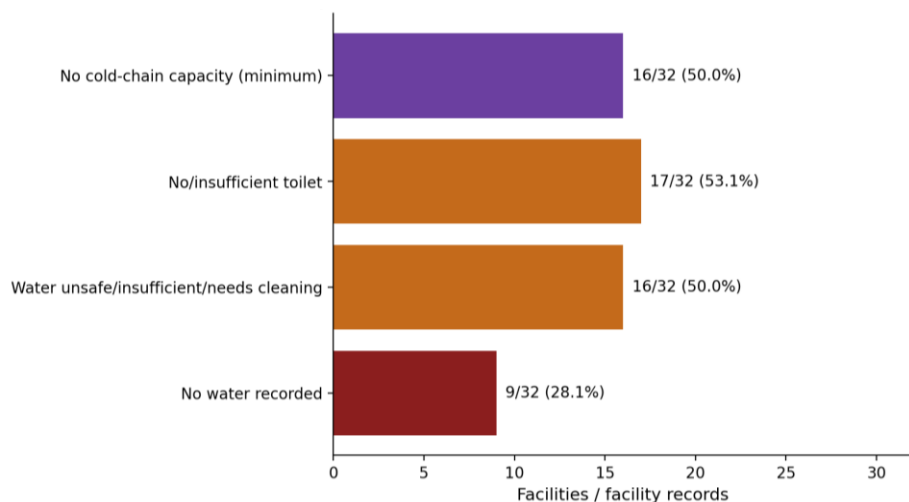


Figure 4. Key WASH, sanitation and cold-chain risk indicators

WASH, sanitation, power, and cold-chain gaps remain major readiness concerns. Recent reports describe facilities with no water, unsafe or insufficient water, dirty water tanks, inadequate toilets, septic overflow, limited patient-toilet separation, weak power supply, and limited cold-chain readiness.

These gaps have direct public health implications. They increase the likelihood of fecal-oral transmission, skin and wound infections, leptospirosis exposure, reduced infection prevention capacity, and disruption of immunisation outreach. Facility-level WASH support should therefore be treated as a health service continuity intervention, not only as an infrastructure need.

### Facility-level readiness cumulative 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; prioritize WASH support, stock protection, food/nutrition monitoring and service restoration.
Murilo / Mwurilo	Northwest	196	Partially functioning	Not available	Not available	Critical	Pregnancy follow-up, safe water access and stock protection.
Ruo	Northwest	143	Partially functioning	Available but insufficient	Not available	Critical	Verify AWD/BD case outcome, household cluster, water source, and ORS/zinc/antibiotic prepositioning.
Mallon	Lagoon	689	Non-functioning	Not available	Available but insufficient / not available	Critical	Replace medicines; IPC/WASH support; confirm temporary service site.
Nukan / Nukuno	Lagoon	689	Non-functioning	Not available	Available but insufficient / not available	Critical	Verify mortality/injury details, clinical status, service continuity and replacement supplies.
Nukanap	Lagoon	834	Not recorded	Not recorded	Not recorded	Routine	Verify operational status, WASH, communications, fridge and power.
Parem	Lagoon	335	Fully functioning	Available but insufficient	Available but insufficient / not available	High	Verify safe water, toilet functionality, medicine expiry, power continuity and pregnancy follow-up.
Nomwin	Northwest	454	Partially functioning	Not available	Not available	Critical	Prioritize WASH, nutrition monitoring, food security linkage and stock verification.
Piherar	Northwest	135	Fully functioning	Not available	Not available	Critical	Prioritize safe water, sanitation, food/nutrition monitoring, pregnancy follow-up and stock verification.
Pwene	Lagoon	689	Partially	Available and	Available but	Moderate	Follow-up on pregnant women, damaged

			functioning	sufficient	insufficient		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	1,134	Likely functioning	Available and sufficient	Available and sufficient	Moderate	Verify operational status, dedicated power need and access for distant catchment.
Nechap	Lagoon	500	Partially functioning	Available; needs verification	Not recorded	High	Health assistant using living room; expired TB/leprosy medicines; formal service space and medicine review needed.
Etten	Lagoon	Not recorded	Partially functioning	Not recorded	Not recorded	High	Roof damaged by breadfruit tree; pregnancy follow-up and structural verification required.
Sopou	Lagoon	Not recorded	Partially functioning	Not recorded	Not recorded	High	Home-based care; insufficient medicines; needs equipment, communication support and backup power.
Mwanukun / Sanuk	Lagoon	Not recorded	Partially functioning	Not recorded	Not recorded	High	Home-based care; needs medicines, glucometer supplies, furniture, solar lights and separate service space.
Enin	Lagoon	1 village	Non-functioning	Unsafe / needs cleaning	Not separated / inadequate	Critical	Health assistant off-island; clinic space not isolated; water source unclean; household/patient toilet separation needed.
Fono	Lagoon	180+	Non-functioning	Not recorded	Not recorded	Critical	Health assistant off-island for more than two years; flu-like symptoms reported; no dispensing capacity.
Kuchua	Lagoon	Not recorded	Partially functioning	Tank needs cleaning	Not recorded	High	Health assistant working from home; government dispensary usable after cleaning; water tank cleaning needed.
Messa	Lagoon	200	Not recorded	Not recorded	Not recorded	High	Pregnancy and injury signals; operational status, WASH and service readiness require verification.
Nukan, Fefan	Lagoon	Not recorded	Non-functioning	Not recorded	Needs toilet room	Critical	Damaged facility; no patients attending; rebuilding, medicines, gauze, tapes and periodic clinical visits required.
Pwene, Fefan	Lagoon	Not recorded	Partially functioning	Not recorded	Not recorded	Moderate	Requests separate dispensary, Starlink, medical supplies, solar/generator support.
Siis	Lagoon	300+	Partially functioning	Not recorded	Septic overflow / damaged	High	Solar/generator, septic repair, furniture, filing cabinets, windows and doors required.
Ununo	Lagoon	Not recorded	Partially functioning	Tank needs cleaning	Not recorded	High	Water tank cleaning, larger space, medical supplies, doctor/nurse visits and delivery equipment required.
Piis Paneu	Lagoon	300+	Partially functioning	Insufficient / needs tanks	Needs toilet facility	Critical	Needs water tanks, toilet facility, glucometer supplies, generator fuel, IPC supplies and deep-well support.
Makur	Northwest	Not recorded	Fully functioning	Not available / dirty	Not available	Critical	No water/toilets/power; continue STH, WASH and stock support.
Onary	Northwest	Not recorded	Partially functioning	Not available / dirty	Not available	Critical	Closed facility with major damage and damaged supplies; temporary service and WASH support

Onou	Northwest	Not recorded	Fully functioning	Not available / dirty	Not available	Critical	required. No water/toilets/power; WASH support, deworming and stock monitoring required.
Onoun	Northwest	Not recorded	Fully functioning	Available and sufficient	Available and sufficient	Moderate	Maintain supplies and monitor food source damage; solar remains insufficient.
Pollap	Northwest	Not recorded	Fully functioning	Available and sufficient	Available and sufficient	Moderate	Maintain service continuity; monitor WASH, food source damage and solar power limitations.
Polowat	Northwest	Not recorded	Fully functioning	Not available	Not available	Critical	No water/toilets/power; no deworming or quarterly supplies due HA off-island; urgent resupply.
Tamatam	Northwest	Not recorded	Fully functioning	Available and sufficient	Available and sufficient	Moderate	Quarterly supplies delivered; monitor partial food source damage and solar limitations.

The facility-level readiness table shows that several facilities require bundled support rather than isolated item distribution. The priority package should include safe water or water treatment, temporary sanitation where needed, essential medicines, ORS and zinc, approved antibiotics for syndromic management, BP cuffs, glucometers and glucose strips, IPC supplies, deworming commodities, basic furniture, secure storage, communications support, and temporary clinical space where required.

Some facilities listed as fully or likely functioning still report serious WASH, power, or supply limitations. For operational planning, the key question is whether each facility can safely sustain essential services for the next **7–14 days**. Dashboard management should continue linking facility status, WASH risk, medicine gaps, pregnancy follow-up, food security signals, and partner supply movements to guide prioritisation and avoid duplication.

#### 4. Health surveillance and event-based reporting

The current health surveillance interpretation remains cautious. No confirmed outbreak is reported from the available RHA via event-based surveillance and partner data nor indicator-based surveillance, and the previously flagged lagoon event-based signals have been validated through follow-up processes. However, surveillance sensitivity remains reduced in areas where facilities are non-functional, health assistants are absent, communications are unreliable, or assessment teams have not yet reached communities.

Recent reports from the Northwest repeatedly state that there was no cough, fever or watery diarrhea among children below 12 years and adults at the time of visitation by the assessment teams from DHS. This is reassuring but should be interpreted as a point-in-time finding among assessed communities rather than proof of no ongoing risk. Polowat reported no mebendazole distribution because supply had run out; several Northwest sites documented deworming tablets delivered or used, indicating active preventive efforts but also highlighting the need for replenishment and coverage tracking.

The Lagoon reports add qualitative surveillance value. Fono reported increasing flu-like symptoms after the typhoon and no health assistant present for more than two years. This requires follow-up because a community with limited routine clinical presence can generate delayed recognition of respiratory clusters or other syndromic trends. The surveillance priority remains restoration of reporting from all active dispensary points, event-based verification through community networks, and regular triangulation through the dashboard.

#### Surveillance interpretation

Signal type	Current status	Action required
AWD/BD signals	Validated from earlier reports	Continue watch in WASH-risk sites
Respiratory illness	No broad increase; Fono notes flu-like symptoms	Follow up through outreach
Fever/rash	No signal in recent reports	Maintain VPD vigilance
Dengue/vector risk	Ecological risk remains	Maintain RDT and vector control readiness
STH	Preventive treatment started but incomplete	Replenish albendazole/mebendazole
Nutrition risk	Food source damage in several islands	Screen children and pregnant women

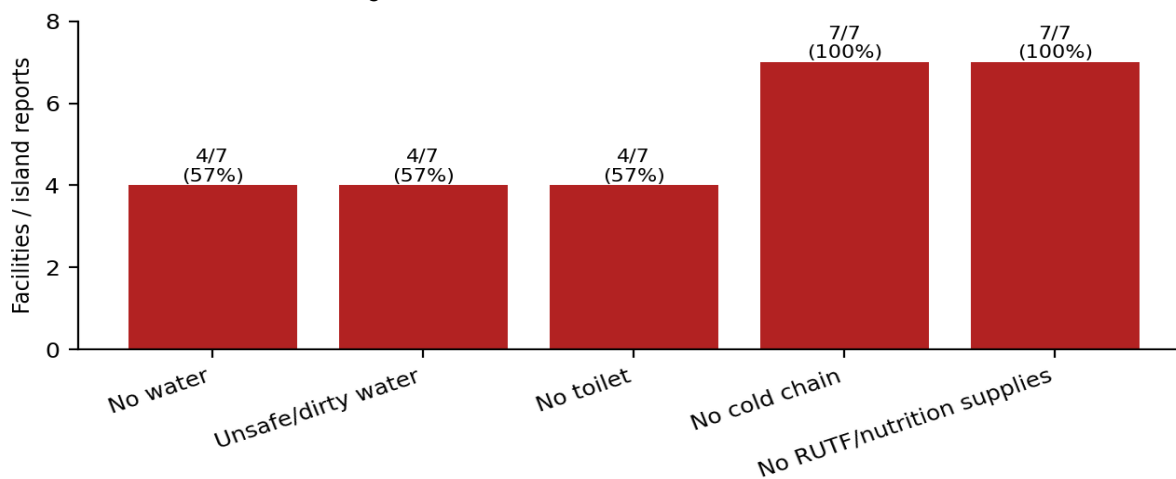
## 5. WASH, IPC and environmental health risk

WASH remains the principal public health risk driver. SitRep No. 2 already showed that 41.7% of assessed facilities had no water, 50.0% had insufficient or unsafe water indicators, and 75.0% had no or insufficient toilets. Recent reports reinforces this risk profile as seen in Figure 2. Among the seven structured Northwest reports, four recorded no water supply and four reported unsafe or dirty water; four reported no toilets. All seven lacked cold-chain capacity and reported no RUTF or nutrition supplements available at facility level.

The Lagoon reports add practical detail on the mechanism of risk. Several facilities report water tanks that require cleaning, damaged or contaminated water sources, lack of separate patient and household toilets, overflowing or damaged septic systems, and inadequate clinic space within private homes. These conditions increase the probability of fecal-oral transmission, wound and skin infections, leptospirosis exposure, and reduced infection prevention and control capacity.

WASH interventions should be treated as health interventions. Safe water restoration, tank cleaning, water treatment, temporary sanitation, hand hygiene supplies, and waste management should be prioritized at facilities with pregnancy signals, high catchment populations, active service delivery, or reported medicine and equipment damage. With the expected El Nino-related drought, water quantity and water quality must be managed together.

Figure 5. Recent Northwest RHA risk indicators



## 6. Nutrition, food security and vulnerable groups

No recent RHA report confirms moderate or severe acute malnutrition. This should not be interpreted as absence of nutrition risk because the RHA is a rapid facility tool and not a nutrition survey. The concern remains emerging risk. Several Northwest reports describe partial destruction of local food sources including taro, banana, breadfruit and pandanus. CDEOC reporting also identifies food insecurity as one of the most acute sectoral needs, with crop losses caused by wind damage, saltwater intrusion and storm surge.

Nutrition risk is not separate from health risk. Food source destruction is occurring alongside unsafe water, poor sanitation, STH exposure and interrupted routine child health services. This combination creates a plausible pathway for worsening child nutrition, anemia, diarrheal disease and reduced resilience in children, pregnant and lactating women, older persons and chronically ill patients.

UNICEF support for nutrition supplies and further consultation with the Chuuk health team should be prioritized. DHS will define referral pathways for acute malnutrition, and ensure that outreach teams include mid upper arm circumference (MUAC) screening, edema checks, child illness screening, pregnancy follow-up and household food security questions.

## 7. Medicines, medical commodities and donated supplies

Medicine and equipment gaps remain a central operational priority. Previous situation report identified damaged medicines, BP cuffs and basic supplies in several lagoon facilities, and the latest reports further support this pattern. Sanuk/Mwanukun requested glucometer strips and more medications; Siis requested solar power, generator support, toilet repair and patient equipment; Piis Paneu requested water tanks, toilet facilities, glucometer machine and strips, hand hygiene supplies, mosquito spray, treatment kits and deep well support. Nukan requested rebuilding of the dispensary, toilet room, new equipment and supplies of medicines, gauze and tape.

The priority is not only central receipt of commodities but facility-level prepositioning and verification. ORS, zinc, first-line antibiotics approved by DHS EOC leads, wound care materials, IPC supplies, NCD medicines, BP cuffs, glucometers and strips, albendazole,

and diarrheal disease commodities should be distributed according to active service points, catchment population, WASH risk, facility functionality, reported disease signals, stock damage and accessibility.

Partner supply pipelines should continue to be accountable to DHS coordination. WHO support includes essential medicines, dengue test kits, bed nets (in process), health worker mission support and additional shipments. UNICEF has shipped ORS, zinc tablets and IEHKs and is discussing therapeutic nutrition supplies. IOM support includes WASH supplies, jerry cans, reverse osmosis capacity and logistics.

### Priority medical commodities for mapping and repositioning

Commodity group	Primary use	Priority mapping
ORS and zinc	Diarrhea management	WASH-risk facilities
Approved antibiotics	Syndromic care	High-risk sites
Albendazole / mebendazole	STH prevention	Children and affected sites
IEHKs	Primary care continuity	Damaged dispensaries
Diarrheal disease (cholera) kits	Outbreak readiness	Low-water sites
NCD medicines	Treatment continuity	Diabetes and hypertension
BP cuffs, glucometers, strips	NCD and triage support	Facility replacement
Dengue RDTs	Vector-borne disease surveillance	Febrile illness sites
Nutrition commodities	Acute malnutrition readiness	Food-damaged communities
IPC and wound care	Infection prevention	All outreach teams

## 8. Active dispensary network and property arrangements

The active dispensary master list remains a critical recovery planning tool. All documented 72 active dispensary service points, most of which operate from private homes include requests for separate dispensary buildings, concerns about household members being exposed to patients, lack of patient isolation space, and requests to move into government dispensary structures where available.

Recovery planning must therefore treat privately hosted dispensaries as essential health access points while recognizing that repairs, water systems, equipment placement, temporary structures (tents) and accountability arrangements may require engagement with household owners, municipal leaders, traditional leadership and church structures. This is particularly important where damaged or inadequate private spaces are being used for public health service delivery.

## 9. Partner support and coordination

Partner support remains substantial and should continue to be mapped against DHS-identified gaps to avoid duplication and improve accountability. Current priorities include fuel and boat access, temporary health service structures, facility WASH, vector control, replacement of damaged medical supplies and equipment, essential medicine repositioning, nutrition support, psychosocial support, surveillance restoration, dashboard management and supply documentation.

PIHOA is included as a key partner for vector control, providing technical assistance and equipment to support post-typhoon disease prevention. Vector control inputs should be coordinated through DHS and linked to dengue risk, mosquito breeding conditions, surveillance findings, and distribution tracking.

### Partner mapping for priority actions

Priority	Primary DHS need	Partner alignment
Fuel and boats	Complete RHAs and outreach	State, National, DFAT, IOM
Temporary health structures	Maintain damaged dispensary services	UNICEF, IOM, CRS, partners
Water and sanitation	Facility WASH, safe storage, reverse osmosis, water treatment	IOM, UNICEF, Australia, WHO
Medical commodities	Medicines, diagnostics, NCD supplies	WHO, Chinese Embassy, National teams
ORS / zinc / IHD kits	Diarrhea preparedness	UNICEF, WHO, DHS Pharmacy
Nutrition supplies	RUTF, F-75, F-100, supplementary nutrition support	UNICEF, DHS Nutrition
Vector control	Mosquito control, ITNs, vector control equipment and technical assistance	DHS, PIHOA, WHO, partners
Surveillance and dashboard	Reporting, alerts, partner website, dashboard management	DHS, WHO, CDC/HHS standby

Priority	Primary DHS need	Partner alignment
MHPSS and protection	Frontline and community support	DHS, DFAT, partners
Supply accountability	Receipts, photos, tracking and partner contribution documentation	DHS Logistics, TCO, partners

## 10. Operational barriers and priority actions

The main barriers remain fuel, boats, transport access, communications, incomplete RHA returns, uncertain facility status, damaged medicine stocks, WASH infrastructure gaps and supply documentation. These barriers are operationally linked. Without fuel and transport, the health team cannot complete RHAs, verify alerts, deliver medicines, follow up pregnant women, provide deworming, replace damaged supplies or restore reporting from low-visibility islands.

Priorities should now move from broad problem identification to targeted action by facility and region. Northwest has sufficient coverage to support targeted WASH, cold chain, nutrition and medicine follow-up. Lagoon requires deeper facility functionality verification and repair/replacement support, particularly for home-based dispensaries and facilities with equipment, space, water tank and sanitation needs. Mortlocks requires access planning before risk can be reliably characterized.

### Recommended priority actions for the next operational period

Priority area	Action	Timeframe
Assessment coverage	Complete remaining Lagoon and Faichuk RHAs	7-14 days
Mortlocks access	Secure boat transport and assessment schedule	By early June or sooner
WASH / IPC	Address no-water, unsafe-water and no-toilet sites	Immediate
Medicine replacement	Replace damaged stocks and equipment	72 hours - 2 weeks
STH prevention	Replenish albendazole and track coverage	Immediate
Nutrition	Confirm RUTF/F-75/F-100 pathway and screen children	7-14 days
Maternal health	Reconcile pregnancy counts and referral readiness	72 hours
Cold chain	Use vaccine carriers; prioritize solar/fridge solutions	Ongoing
Surveillance	Follow up Fono respiratory signal and all low-reporting sites	Immediate
Dashboard	Update denominator and flag pending records	Each SitRep cycle

## 11. Outlook

Chuuk State remains in an early recovery phase where secondary public health risks may become more visible than the initial storm trauma. The expanded assessment dataset improves visibility, but it also demonstrates that health risk is geographically uneven and operationally complex. The main threats are not limited to confirmed cases. They include inability to detect cases, delayed access to care, lack of safe water, damaged medicines and equipment, weak cold chain, untreated STH risk, emerging nutrition vulnerability, and persistent gaps in transport and fuel.

DHS will maintain a risk-based and equity-driven approach, prioritizing communities where visibility is lowest, access is hardest, and service functionality is most constrained. Continued partner support should be mapped directly to these priorities to prevent duplication, strengthen accountability and accelerate recovery.

### For more information

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