




Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	UNDSS Security level ¹	INFORM (2025) ²
 Cyclone	Acute diarrhoeal disease	G1	Armed conflict: Minimal	INFORM Risk 3.3 (Low)
 Displacement	Noncommunicable diseases (NCDs)		Terrorism: Minimal	
 Epidemics	Vector-borne disease		Crime: Low	
	Leptospirosis		Civil unrest: Minimal	
	Measles		Hazards: Substantial	
	Acute respiratory infection			

Summary of crisis and key findings

Typhoon Sinlaku struck the Federated States of Micronesia from 9-12 April 2026, primarily impacting the State of Chuuk. Local officials are describing the impact as moderate to severe, with some significant damage. Radio and telephone communication are still limited.

Confirmed impacts as of 22 April 2026: approximately 33,885 people (FSM Census 2023) in Chuuk State have been affected, with five deaths and one missing person reported. More than twenty evacuation shelters were activated with more than 4000 people displaced. Widespread power and water disruption, and road damage have been reported on Weno. Chuuk State Hospital is functioning on backup diesel generators. Outer-island dispensaries were uncontactable for 48 to 72 hours after the event; communications are now partially restored. Outer-island casualty and displacement data are pending the joint rapid health impact assessment.

The Chuuk State Government declared a State of Emergency on 12 April 2026, followed by activation of the Emergency Operations Centre on 14 April 2026. A Presidential Emergency Declaration was issued on 13 April 2026. The FSM Department of Health and Social Affairs and Chuuk State Department of Health Services are coordinating the health response, with support from the WHO Country Office for Northern Micronesia, based in FSM.

Major public health concerns over the coming weeks include: disruption of safe water and sanitation raising the risk of diarrhoeal disease and leptospirosis; interruption of chronic-disease medication supply in a population with very high non-communicable disease (NCD) burden and measles transmission risk in shelters and on outer islands given sub-optimal measles vaccine coverage. No confirmed epidemic has been detected as of 22 April 2026; surveillance is incomplete for outer islands.

Many of the islands are geographically isolated and face unique logistical challenges during emergencies.³ The FSM covers an area of 700 square kilometres, a population of 75 817 (FSM Census, 2023), and a gross national income (GNI) per capita of US\$4 250 (World Bank, 2024).⁴

The current response context highlights the critical role of primary health care (PHC) as the foundation of the health system in Chuuk State. With one referral state hospital, three community health centres on the main island of Weno and more than 70 active dispensaries on islands within the three regions of the Mortlocks, and the more drastically affected regions of the Lagoon and Northwest regions, PHC serves as the first and often only point of care for affected populations, particularly in geographically isolated outer islands. Ensuring continuity and rapid restoration of PHC services, including management of NCDs, maternal and child health services, vaccination, and early detection of outbreaks, will be essential to mitigate excess morbidity and mortality in the coming weeks.

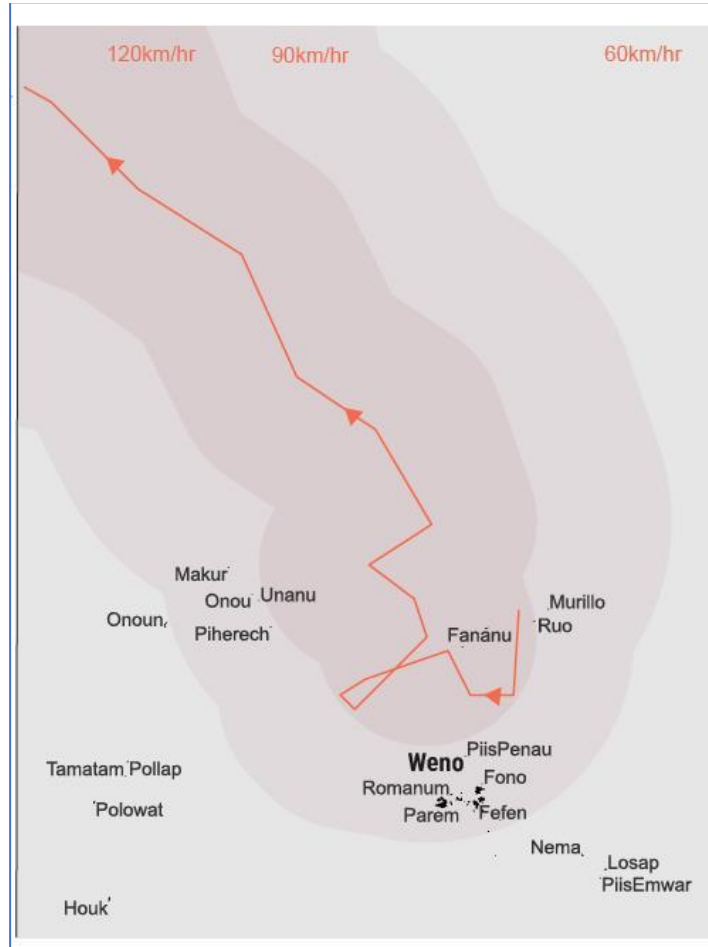


Figure 1 – Tropical Cyclone Sinlaku track, Chuuk State, Federated States of Micronesia, April 2026

Humanitarian Response to Date

No Humanitarian Needs Overview or Humanitarian Response Plan has been issued. No health cluster is activated however the Chuuk State Disaster EOC was activated on 14 April 2026. FSM Department of Health and Social Affairs and Chuuk State Department of Health Services are coordinating health response actions, with support from the WHO Country Office, based in FSM.

Displacement

Over twenty emergency shelters were opened to accommodate over 4000 displaced residents seeking refuge from the typhoon and rising waters.

The majority of roads across Weno and other islands reported (Uman, Parem, Fanapanges, Piherarh, and Onoun) were impassable, blocked by floodwaters, storm surge debris, and downed trees, severely hampering initial emergency response and rescue efforts.⁵ The Chuuk State Hospital is operating on backup emergency power only, raising concerns about the ability to sustain life-saving care if fuel supplies or generators are inadequate.⁶

Displacement data for Chuuk Lagoon islands, the Mortlocks, Hall, Namonuito, or Pattiw outer islands are not yet available. Shelter sex- and age-disaggregated data will be captured during the joint rapid health impact assessment.

Food Security

Chuuk State is heavily dependent on imported staples (rice, flour, canned protein) shipped through Weno port, plus subsistence production of taro, breadfruit, banana, and fishing. Typhoon Sinlaku defoliated breadfruit and banana on affected islands and damaged taro patches through salt-water intrusion. Local produce prices on Weno have risen since 14 April 2026 as market supply tightens. Fuel supply is functional but constrained by generator demand. A targeted food-security assessment is being led by the Chuuk State Government.

Vulnerable Groups

The most vulnerable groups are: (i) Lagoon region (61%) and Northwest Region where Sinlaku passed by as it strengthened; (ii) children under 5 years (approximately 11% of the population, about 5400 children) and women of reproductive age; (iii) people with chronic non-communicable disease (NCD), particularly hypertension, diabetes, and cardiovascular disease, who depend on regular medication dispensed at Chuuk State Hospital and community health centres; (iv) pregnant women near term who normally rely on referral from outer-island dispensaries to Chuuk State Hospital for delivery; and (v) older people and people with disabilities in displacement settings. Baseline sex-disaggregated data for Chuuk State: female share of the population is approximately 49%. Children under 15 years are approximately 33% of the population.

Health status and threats

Population morbidity and mortality

On 22 April 2026, five deaths and one person missing are attributable to the event (four on Weno, one on Tonoas Island, per IFRC Cyclone Sinlaku #2, 19 April 2026). No excess mortality from secondary causes (diarrhoeal disease, measles and other low vaccine coverage preventable diseases, NCD minor complications from treatment interruption) has been detected. Baseline crude death rate for FSM is approximately 6.5 per 1,000 population per year (World Bank, 2022).

Life expectancy at birth is approximately 67 years. The leading causes of death in FSM are cardiovascular disease, diabetes-related complications, and cancer, consistent with the non-communicable disease profile

documented in the Pacific Island Health Officers' Association (PIHOA) Pohnpei Adult Hybrid Survey (2019) and subsequent FSM NCD Risk Factor surveys.

The magnitude of combined health risk factors could result in excess morbidity over the coming weeks. Groups at greatest risk include children under 5 years (diarrhoeal disease, measles), NCD patients dependent on chronic medication (uncontrolled hypertension, diabetic ketoacidosis), and pregnant women requiring obstetric referral.

Vaccination coverage

WHO-UNICEF Estimates of National Immunization Coverage (WUENIC) 2021 for FSM: Measles-Containing Vaccine dose 1 (MCV1) 64% and dose 2 (MCV2) 38 %. Both are well below the 95% coverage threshold required for measles herd immunity. DPT3 coverage is 75%. BCG coverage is approximately 77%. Hepatitis B birth dose coverage is approximately 77%. No post-event vaccination campaigns have been delivered however is being planned via Supplementary Immunization Activities. Chuuk State Department of Health Services and PIHOA are scoping a targeted measles catch-up round focused on under-immunised children in shelters and on outer islands.

Overview of key disease risks

Key health risks in coming months		
Public health risk	Level of risk***	Rationale
Acute diarrhoeal disease (including cholera-like)		WASH infrastructure disruption, rainwater catchment contamination, household displacement. Baseline rainwater reliance approximately 50% of rural households.
Noncommunicable diseases (NCDs)		High NCD burden; Potential disruption of life-sustaining chronic medication supply.
Vector-borne disease (dengue)		Standing water from heavy rainfall expands Aedes breeding sites. Dengue is endemic across FSM with periodic outbreaks.
Leptospirosis		Flooding, rodent exposure, and contact with contaminated water. Endemic in FSM with seasonal peaks.
Measles		MCV1 64 % and MCV2 38% coverage, below herd-immunity threshold. Displacement concentrates susceptibles in shelters on Weno.
Acute respiratory infection (including influenza, COVID-19)		Shelter crowding and disrupted access to outpatient care. Seasonal influenza and COVID-19 circulation ongoing across the Western Pacific Region.
Mental health conditions including self-harm		Bereavement, displacement, and infrastructure loss. Very limited specialist capacity: no psychiatrist based in Chuuk State. PFA trained persons from other States can be repurposed to support for general population
Trauma, Injury and Disability		Likely underreported injuries, extremely limited referral and rehabilitation capacity
Maternal and reproductive health		In the FSM, rising maternal mortality rates have been reported in recent years, with the vulnerability of maternal healthcare

condition (including obstetric and neonatal complications)		services and facilities significantly contributing to the high mortality rate. ⁷ Outer-island to Weno referral pathways disrupted by sea-state. Approximately 200 to 250 births expected in Chuuk State over the next three months, with risk of unattended delivery and complications.
Tuberculosis		High incidence (~120 per 100,000), among highest in the region; risk of transmission due to internment in shelters due to displacement
<p>Red: <i>Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</i></p> <p>Orange: <i>High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</i></p> <p>Yellow: <i>Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</i></p> <p>Green: <i>Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</i></p>		

Cholera and Acute Watery Diarrhoea (AWD)

No confirmed cholera case has been reported in FSM in the past five years (WHO Weekly Bulletin on Outbreaks and Other Emergencies archive). Routine Pacific Syndromic Surveillance System (PSSS) signals for acute watery diarrhoea from Chuuk sentinel sites are within normal levels as of the most recent week. Risk of an acute watery diarrhoea outbreak attributable to the event is high over the coming weeks; cholera risk is low but not zero. Oral cholera vaccine is not currently stocked in FSM.

Non-communicable diseases (NCDs)

Non-communicable diseases dominate the FSM mortality profile. Based on the PIHOA Pohnpei Adult Hybrid Survey (2019) and subsequent FSM NCD Risk Factor surveys, approximately 30 to 35 % of adults have hypertension, approximately 30 % have diabetes (among the highest rates documented globally), and the combined prevalence of overweight and obesity exceeds 70%.

Cardiovascular disease and diabetes-related complications are the leading causes of adult death. Chuuk State Hospital and the three community health centres dispense most chronic medications. Continuity of antihypertensive therapy, oral hypoglycaemics, and insulin for several thousand patients is the single largest population-level health risk of the event.

Vector-borne diseases

Dengue is endemic across FSM, with periodic outbreaks. Standing water will expand Aedes breeding sites on Weno and outer islands. Chikungunya and Zika circulate intermittently in the Western Pacific Region. Malaria is not endemic in FSM.

Leptospirosis

Flooding associated with the cyclone has likely contaminated water sources and increased human exposure to potentially infected water. Displacement and damage to sanitation infrastructure further elevate the risk, as affected populations may rely on unsafe water sources. Rodent proliferation is expected following the disaster, increasing environmental contamination. Given that leptospirosis is endemic in FSM with seasonal peaks mostly in Pohnpei, with the last confirmed cases in Chuuk in 2010, these conditions significantly heighten the risk of transmission in the coming weeks.

Measles

Suboptimal measles vaccination coverage (MCV1 64%, MCV2 38%) remains well below the herd immunity threshold, resulting in a large pool of susceptible individuals. Population displacement on Weno increase

the risk of transmission, particularly among unvaccinated children. Disruption to routine immunisation services and reduced access to healthcare further heighten the likelihood of delayed detection and response.

Acute Respiratory Infections (ARI)

Seasonal influenza and COVID-19 circulate across the Western Pacific Region year-round. Baseline influenza-like illness reporting through the PSSS is moderate. Shelter crowding and disrupted outpatient access raise risk of clustered acute respiratory infection.

Mental Health Conditions

FSM has very limited mental health specialist capacity. No psychiatrist is based in Chuuk State. Primary-care clinicians at Chuuk State Hospital and community health centres manage common mental health presentations. Psychological First aid trained personnel in health are present in Chuuk. The event may increase the need for MHPSS services; surge capacity is not available within FSM.

Trauma, Injury and Disability

Confirmed trauma burden on 22 April 2026: five deaths, one person missing, and an unknown number of minor injuries presenting to Chuuk State Hospital. Outer-island casualty data is pending the joint rapid health impact assessment coordinated and led by the Chuuk State DHS Disaster EOC and the FSM Department of Health and Social Affairs. Rehabilitation services in Chuuk are limited to basic physiotherapy at Chuuk State Hospital; no prosthetic or complex rehabilitation capacity exists in the State.

Maternal and Reproductive Health Conditions

Baseline FSM indicators (most recent Demographic and Health Survey and WHO country profile): total fertility rate approximately 3.2; crude birth rate approximately 22 per 1000; antenatal care coverage (four or more visits) 64%; births attended by skilled health personnel 87%; contraceptive prevalence rate approximately 35%. Most Chuuk deliveries occur at Chuuk State Hospital; outer-island referrals move to Weno two to four weeks before expected delivery.

Tuberculosis (TB)

FSM tuberculosis incidence is approximately 120 per 100 000 population (WHO Global Tuberculosis Report, most recent), among the highest in the Western Pacific Region. Treatment coverage is approximately 80%. Treatment continuity for tuberculosis patients in Chuuk is a concern. However, with re-established transportation and with DOTs kits supply there are no logistical concerns.

Determinants of health

Protection Risks

Typical disaster-linked protection risks apply, including elevated risk of gender-based violence (GBV) in shelter settings, and disruption of schooling. No reported cases of GBV or unaccompanied children on 22 April 2026.

The Chuuk State Department of Women's Affairs and FSM Department of Education are leading the protection response.

Socio-economic Challenges

Chuuk State unemployment is approximately 16% (ADB, 2024) of the population. Informal livelihoods (subsistence fishing, copra, small-scale retail on Weno) dominate outer-island economies. Disruption of

sea and air links, damage to fishing gear and food gardens, and loss of stored food will compound income losses.

Water Sanitation and Hygiene (WASH)

While approximately 82% of households in Chuuk are reported to have access to improved drinking water sources under normal conditions, the heavy reliance on rainwater systems significantly reduces resilience in the current post-disaster context. Widespread contamination of catchment systems and the anticipated El Niño-associated drought are expected to compromise both water quality and availability, effectively lowering safe water access and increasing the risk of waterborne disease transmission.

Approximately 60% have access to improved sanitation (Multiple Indicator Cluster Survey, most recent). On outer islands, reliance on rainwater catchment exceeds 70%. Typhoon Sinlaku contaminated catchments with debris and salt spray and damaged community water tanks on several islands. Provision of household water treatment, jerry cans, and chlorination supplies is a top-priority WASH intervention with the planned deworming programme post-disaster serving as a medical countermeasure to prevent climate-sensitive and WASH-related diseases.

Climate Vulnerabilities

An analysis of FSM's climate averages, variability, trends and projections undertaken as part of the Climate Impact, Vulnerability and Risk Assessment (CIVRA) shows that Pohnpei has warmed by 0.31 °F per decade on average since 1952, with maximum temperatures increasing faster than minimum temperatures.⁸

Climate models indicate annual average temperatures will continue to increase in Pohnpei, and this elevates the risk of more heatwaves, with both observed and projected changes in ocean chemistry exacerbating temperature related impacts for marine ecosystems.⁹

FSM depends on underground, surface water, and rainwater for freshwater supply. Particularly vulnerable are small, low-lying islands reliant solely on rainwater and shallow wells. The most affected states are Yap, Pohnpei and Chuuk. Some 16 000 people needed food assistance.¹⁰

Education





Chuuk State Department of Education has closed all public schools on Weno and the main lagoon islands from 14 April 2026 pending structural assessment. Status of outer-island schools is unknown pending the 26 April 2026 joint assessment. Several schools are in use as evacuation shelters. School closure interrupts routine school-based health services (deworming, vaccination catch-up) and school feeding programs in affected communities.

Health systems status and local health system distributions

The Chuuk State Hospital is operational on normal grid supply.

Chuuk State health system baseline: one secondary-level hospital (Chuuk State Hospital, Weno, approximately 110 beds, the lead and only referral facility), three community health centres (Weno, Tol, and a Mortlocks CHC), and 68 outer-island dispensaries staffed by nurses and health aides.

The FSM Department of Health and Social Affairs provides national oversight; Chuuk State Department of Health Services is the operational lead.

Health system status & local health system disruptions			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
<i>Chuuk State Hospital is operational on normal grid supply. Three community health centres are reportedly functional. Status of more than 70 active outer-island dispensaries are at different levels of functional capacity due to location in proximity to Sinlaku's path.</i>	<i>Medical supply chain at risk: Chuuk relies on shipping from Pohnpei and Guam. WHO kit request (IEHK x4, IDDK x4, NCD kit x4) from Dubai warehouse in process.</i>	<i>Minor structural damage at Chuuk State Hospital. Three community health centres reportedly functional. Damage to outer-island dispensaries not completely established pending rapid health assessments.</i>	<i>No attacks reported.</i>

Component	Status on 22 April 2026	Detail and priority action
Service delivery	Partially disrupted	Chuuk State Hospital is operational on normal grid supply. Outpatient volumes fell for 48 to 72 hours then rose. Outer-island dispensaries' activities unconfirmed.
Physical infrastructure	Partially disrupted	Minor structural damage at Chuuk State Hospital. Three community health centres reportedly functional. Damage to 68 outer-island dispensaries unknown; to be confirmed 26 April 2026.
Governance	Functional	Chuuk State Disaster and Emergency Operations Centre activated 14 April 2026. Chuuk State Department of Health Services operational. FSM Department of Health and Social Affairs coordinating at national level.
Health workforce	Functional	No reported staff casualties or displacement. Baseline Chuuk State Hospital workforce is small and stretched; surge requirements likely if activity rises however FSM Pohnpei teams ready to deploy in another 2 waves to support Chuuk health workforce. Crime targeting health workers is a concern.
Medical supply chain	At risk	Chuuk relies on shipping from Pohnpei and Guam. Port inspection ongoing. Essential medicines, cold

		chain, oral rehydration salts, amoxicillin, and measles vaccine stock to be verified.
Financing	At risk	Chuuk State health budget is already constrained. Compact/US funding available for bilateral HHS, and CDC support.
Surveillance and information	Partially disrupted	PSSS reporting from outer-island dispensaries interrupted for 48 to 72 hours. PSSS team supports signal enhancement for diarrhoeal disease, fever with rash, prolonged fever, and influenza-like illness.
Preparedness and response	Functional	FSM has an updated National Action Plan for Health Security. Chuuk State Emergency Operations Centre activated promptly.

Even during normal circumstances, many FSM communities face challenges in accessing healthcare due to logistical barriers, such as proximity to health care facilities and transportation availability.¹¹

Information gaps / recommended information sources		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Limited and delayed surveillance data from outer islands due to communication outages and access constraints	Health impact assessment planned Consider expanding the existing PSSS (EWARS mobile) to cover outer islands, if possible
Health resources & services availability	Limited information on functionality of health facilities in outer islands Disruptions to power, water, and fuel supply, affecting essential service delivery	Health impact assessment planned
Humanitarian health system performance	Limited information on quality, accessibility, and continuity of health services for affected populations	Health impact assessment planned

Humanitarian health response

Immediate WHO actions and priorities include:

- Joint rapid health impact assessment, Chuuk State Department of Health Services with WHO support, 26 April 2026, covering North-west region dispensaries (operational status, cold chain, stocks, WASH capacity) and the lagoon region of islands to follow.
- Measles catch-up needs assessment, WHO Country Office FSM with FSM Department of Health and Social Affairs and Chuuk State Department of Health Services.

- Pacific Syndromic Surveillance System (PSSS) signal enhancement for diarrhoeal disease, fever with rash, prolonged fever, and influenza-like illness, Chuuk sentinel sites, from 23 April 2026.
- Syndromic management guidelines provided for Health Assistants with key antibiotics and health commodities to support treatment to be prepositioned.
- Contingency funding assessment
- WHO supply request – emergency health and WASH commodities

WHO response will be anchored in a PHC approach, prioritizing the restoration and continuity of essential health services at community and primary care levels. This includes re-establishing service delivery through outer-island dispensaries and community health centres, strengthening outreach to hard-to-reach populations, ensuring continuity of NCD care, and integrating surveillance, vaccination, and risk communication at PHC level. This approach is critical to maintaining access, equity, and early detection of health risks in dispersed island settings.

No formal health cluster is activated for this Grade 1 event.

World Health Organization (WHO) contacts

- **WHO HQ:** WHO Health Emergencies Programme (WHE/CEM), Geneva
- **Public Health Information Focal Points (WCO):** Dr Roderico Ofrin, WHO Representative, FSM; Dr Sam Fullman, Health Emergency Officer, WHO Country Office FSM
- **WHO Regional Office (WPRO):** Dr Gina Samaan, Regional Emergency Director; Sean Casey, WPRO/PAM-EMO, Manila

Endnotes

¹ UNDSS (2024), Security Travel Advisory, available at: <https://dss.un.org/Welcome-to-UNDSS?returnurl=%2f>

² Inform Risk Index 2025 (2024), available at: <https://drmkc.jrc.ec.europa.eu/inform-index>

³ IOM (2026), IOM Recognized for Decade of Disaster Preparedness and Response in Micronesia

⁴ Govt Japan (2026), Grant Assistance to the Federated States of Micronesia: Signing and Exchange of Notes on "the Project for Strengthening Maternal Health Care Services at Primary Service Delivery Points"

⁵ Govt Micronesia (2026), Federated States of Micronesia CDEOC Situation Report No. 5 - Tropical Storm Sinlaku (Chuuk State - April 16, 2026)

⁶ Govt Micronesia (2026), Federated States of Micronesia CDEOC Situation Report No. 5 - Tropical Storm Sinlaku (Chuuk State - April 16, 2026)

⁷ Govt Japan (2026), Grant Assistance to the Federated States of Micronesia: Signing and Exchange of Notes on "the Project for Strengthening Maternal Health Care Services at Primary Service Delivery Points"

⁸ SPREP (2026), Pohnpei shapes future that prioritises wellbeing of communities and ecosystem

⁹ SPREP (2026), Pohnpei shapes future that prioritises wellbeing of communities and ecosystem

¹⁰ OCHA (2024), Drought - Federated States of Micronesia: Humanitarian Response Activities Reported (As of 09 April 2024)

¹¹ IFRC (2026), Micronesia Drought - DREF Final Report (MDRFM002)