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Health Situation Report No. 4

Tropical Storm Sinlaku Sustained Recovery - Chuuk State

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

Highlights

• Final health assessment reports have been mapped against the original 2025 active dispensary listing. The 72 active dispensary service points visited for assessment indicated a coverage of 56/72 (77.8%).

• Facility readiness remains the main operational concern: damaged or wet medicines, equipment gaps, water and sanitation limitations, weak power supply, limited cold-chain capacity and home-based service constraints continue to affect safe service delivery.

• Vector control should remain a recovery-phase priority. PIHOA technical assistance and equipment support should be aligned with DHS, WHO and partners for dengue risk monitoring, larval source management, community clean-up, ITN use and distribution tracking.

• Sexual and reproductive health continuity support includes 200 Clean Delivery Kits, four midwifery kits and 100 Dignity Kits to support safe delivery services and women and girls, with remote assessment of SRH continuity ongoing across 29 dispensaries in Lagoon, Mortlocks and Northwest.

• Weekly syndromic surveillance for Week 25 (June 15–21, 2026) shows no confirmed outbreak; ILI reached alert level (90 reports against a threshold of 81) and diarrhea increased to 19 reports, requiring continued monitoring of respiratory illness and WASH-linked diarrheal disease risk.

1. Situation Overview

Chuuk State continues to manage the public health consequences of Tropical Storm Sinlaku under DHS leadership. The response remains in a sustained recovery period, with ongoing risks linked to water systems, primary care access, medicines, power, transport, communications and uneven routine reporting across island communities.

The current reporting improves operational visibility through additional health facility assessments. The 2025 active dispensary listing remains the baseline for reporting, with 72 active service points.

Early to sustained recovery should continue to be sequenced around life-support systems: safe water, functioning primary care, essential medicines, fuel-enabled outreach, surveillance reporting, maternal and child health follow-up, nutrition risk monitoring, vector control, STH prevention and protection of vulnerable households.

2. Data Sources, Denominators and Interpretation

This situation report is based on complete health facility assessment submissions mapped against the 2025 active Health Assistant and dispensary listing, health partner coordination updates, CDEOC reporting, the DHS sustained recovery framework, field observations, and the Week 25 DHS syndromic surveillance report. The figures are operational denominators for decision-making and should not be interpreted as Chuuk-wide prevalence estimates.

Region	Active service points	Matched service points	Coverage	Operational interpretation
Lagoon	48	35	72.9%	Improved visibility across multi-dispensary island settings; continue validation of home-based and damaged sites.
Northwest	13	13	100.0%	Continue WASH, vector control, STH, supply and outreach follow-up.
Mortlocks	11	8	72.7%	Improved visibility but incomplete; continue maritime access, validation and prepositioning.
Total	72	56	77.8%	Coverage is adequate for operational prioritization, while remaining gaps still require follow-up.

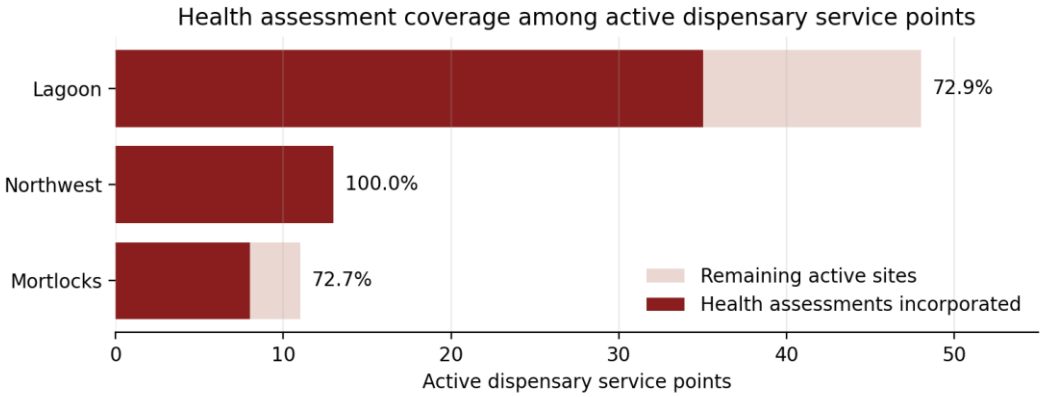

Figure 1. Health assessment coverage matched to active dispensary service points. The denominator is the original DHS active listing of 72 service points.

3. Assessment Coverage and Facility Readiness

Northwest is now fully represented, while Lagoon and Mortlocks require continued validation of specific service points, photos, equipment losses and WASH status.

Recent reports show that the main issue is not only whether a dispensary is open, but whether it can safely deliver essential services. Some sites continue through home-based or temporary arrangements with limited patient privacy, inadequate space, water or sanitation gaps, equipment shortages, weak power, or incomplete cold-chain capacity. These constraints affect IPC, medicine storage, syndromic case management, maternal follow-up, NCD continuity and routine reporting.

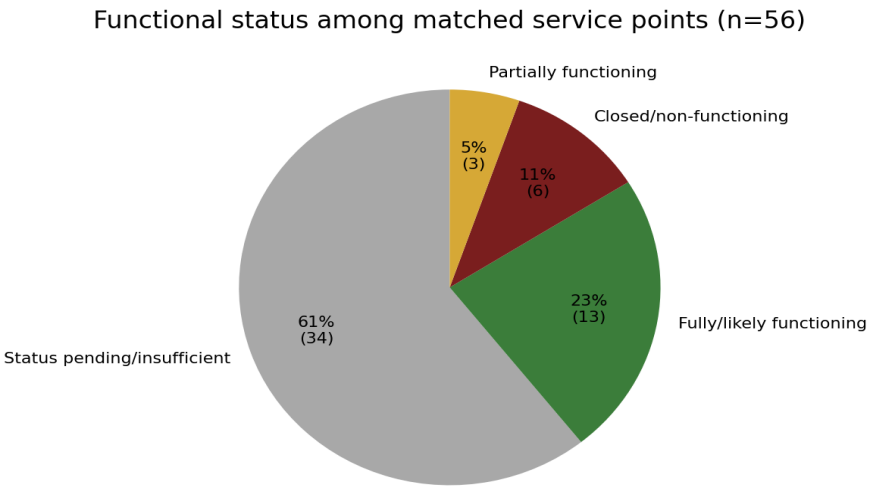

Figure 2. Functional status among matched service points. Newer forms and revisits require dashboard and photo validation.

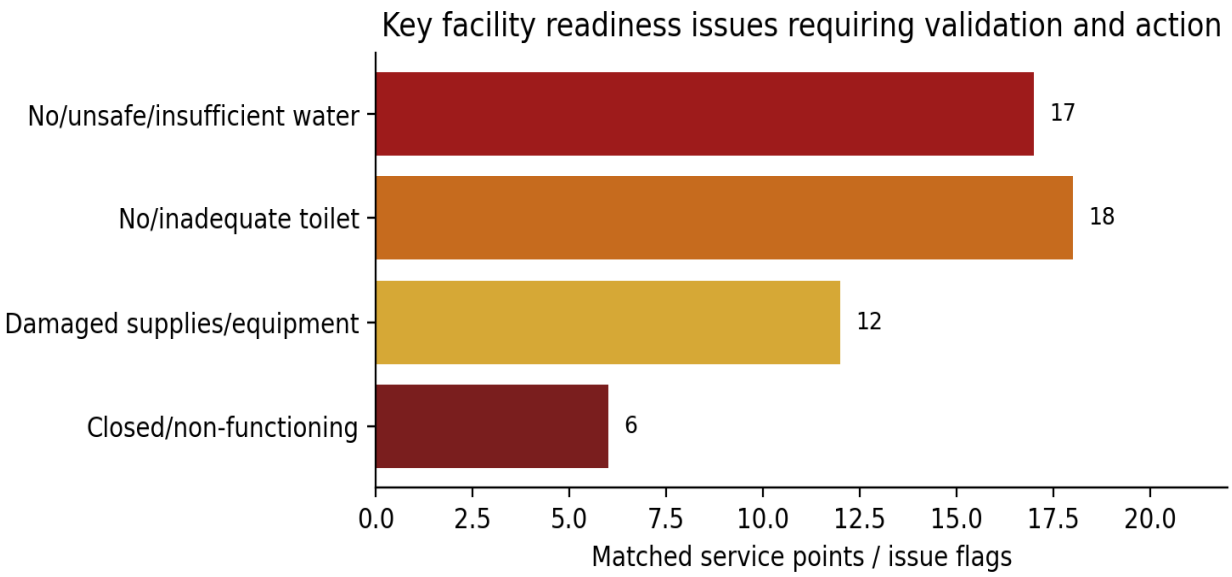

Figure 3. Key facility readiness issue flags requiring validation and action.

3A. Facility Damage, Closure Status and Service Readiness

DHS should continue to separate structural damage from service functionality. A service point may be closed because of major damage or may be non-functional because the health assistant is absent, medicines are damaged, water is unavailable, toilets are inadequate, or the consultation space is unsafe.

Category requested	Current interpretation	Facilities / service points to validate
Total or major damage	Validate by active service point and structure, not by unique island.	Fananu, Onary, Tol Foup Faan, Nukan/Fefan and other structurally compromised sites pending photo validation.
Closed due to total or major damage	Confirm closure reason through photos and field verification.	Fananu, Onary, Nukan/Fefan, Tol Foup Faan; Mallon and Nukan/Nukuno remain pending validation.
Operational closure / non-functioning	Track separately from structural damage.	Enin, Fono/Fonomo, some sites with HA absence or no dispensing capacity; East Wonip retained as one triangulated record.
Open but constrained	Service is continuing but readiness gaps remain.	Houk, Pollap, Onoun, Tamatam and other open sites still require monitoring of power, WASH, food source damage or supply continuity.

3B. Damaged Supplies, No-Water and No-Toilet Lists for Dashboard Validation

The following working lists respond to DHS EOC information needs. They are intended for operational follow-up and partner mapping.

Gap type	Facilities / service points flagged	Response requirement
Damaged or wet medicines/supplies	Fananu, Mallon, Nukan/Nukuno, Pwene, Ruo, Nomwin, Murilo/Mwurilo, Onary, Ta/Taa and other flagged sites.	Replace essential medicines, ORS/zinc, IPC, wound care and approved antibiotics; verify receipt.
Damaged BP cuffs, glucometers or NCD equipment	Sanuk/Mwanukun, Piis Paneu, Siis, Mallon, Pwene, Nukan/Nukuno and other sites reporting equipment losses.	Replace equipment and link to NCD continuity package.
No water / unsafe / insufficient water	Murilo/Mwurilo, Mallon, Nukan/Nukuno, Nomwin, Piherar/Pisarach, Makur, Onary, Onou, Polowat, Enin, Kuchua, Ununo, Piis Paneu, Fananu, Ruo, Parem and others.	Prioritize water supply, tank cleaning, treatment, safe storage and conservation messaging.
No toilet / inadequate sanitation	Fananu, Murilo/Mwurilo, Ruo, Nomwin, Piherar/Pisarach, Makur, Onary, Onou, Polowat, Enin, Nukan/Fefan, Piis Paneu, Siis, Pwene, Parem and others.	Provide temporary sanitation, repair support, hand hygiene supplies and patient/household separation where feasible.

4. Health Surveillance and Event-Based Reporting

Weekly syndromic surveillance for Week 25 (June 15–21, 2026) recorded 509 total encounters and no confirmed outbreak. Influenza-like illness (ILI) reached alert level with 90 reports against a threshold of 81. Diarrhea increased from 12 to 19 reports and reached the threshold value, but no warning was generated. No prolonged fever, acute fever with rash, probable dengue, SARI or unusual events were reported; two dengue tests and one leptospirosis test were negative.

These findings are consistent with the post-typhoon risk profile and require heightened monitoring rather than outbreak declaration. ILI reports were concentrated in CHCs, PPO and several Mortlocks reporting areas, while diarrhea was reported from sentinel and island dispensary sites, notably Weite and Lower Mortlocks. Reporting gaps remain for Northern Namoneas, Nomusofo and Tol, so DHS will continue restoring routine reporting, verifying event-based signals and using the dashboard to follow WASH-risk sites, respiratory illness, febrile illness, dengue/vector risk and STH/nutrition vulnerability.

Signal type	Current interpretation	Action required
Influenza-like illness / respiratory illness	ILI reached alert level in Week 25 (90 reports; threshold 81). Main contributions came from CHCs, PPO, Mortlocks reporting areas and Weite.	Continue active monitoring, reinforce respiratory precautions and follow up clusters through outreach and routine reporting.
Diarrhea risk	Diarrhea increased to 19 reports and reached the threshold value; no outbreak is confirmed. Reports came from sentinel and island dispensary sites, including Weite and Lower Mortlocks.	Maintain ORS/zinc, approved antibiotics, diarrheal disease kit readiness and WASH follow-up in no-water/no-toilet sites.
Dengue / vector risk	No probable dengue was reported and two dengue tests were negative, but ecological risk remains elevated after the typhoon.	Maintain dengue RDT readiness, ITNs, source reduction, PIHOA-supported vector control and distribution tracking.
Leptospirosis-like / flood-related febrile illness	No prolonged fever was reported and one leptospirosis test was negative; risk remains plausible where water exposure and sanitation gaps persist.	Maintain clinical suspicion, syndromic recognition and timely referral from high-risk WASH areas.
Reporting gaps	Northern Namoneas, Nomusofo and Tol did not report in Week 25, reducing surveillance sensitivity.	Restore reporting through outreach, communications support and dashboard-based follow-up.
STH and nutrition vulnerability	Preventive treatment remains incomplete in some areas; food source damage and WASH gaps continue to increase vulnerability.	Track albendazole/mebendazole coverage and screen children and pregnant/lactating women during outreach.

5. WASH, IPC, Environmental Health and Vector Control Recovery

WASH remains the principal public health risk driver. No-water, unsafe-water, dirty-tank, no-toilet, inadequate-sanitation and weak-power conditions increase risk of fecal-oral transmission, leptospirosis exposure, skin and wound infection, reduced IPC capacity and disrupted outreach services. Water quantity and quality should be managed together as drought risk persists.

Vector control should now be framed as both response and recovery work. PIHOA technical assistance and equipment should be linked with DHS and partner activities for dengue risk monitoring, larval source management, environmental clean-up, mosquito-control commodities, ITNs, community engagement and dashboard tracking of distributions.

6. Nutrition, Food Security and Vulnerable Groups

The reviewed health assessment reports do not confirm moderate or severe acute malnutrition; however, the tool is not a nutrition survey and the risk pathway remains plausible. Food source damage, unsafe water, poor sanitation, STH exposure and disrupted child health services may increase risk among children, pregnant and lactating women, older persons and people with chronic disease.

DHS should maintain nutrition screening during outreach, including MUAC screening, edema checks, child illness review, pregnancy follow-up and household food security questions. Therapeutic and supplementary nutrition pathways should remain linked to DHS clinical and nutrition leads.

Sexual and reproductive health continuity is being strengthened with UNFPA support. Two hundred Clean Delivery Kits and four midwifery kits are being provided to Chuuk State DHS to support safe delivery supplies, including to dispensaries in Lagoon, Northwest and Mortlocks. In addition, 100 Dignity Kits will be provided to Chuuk State Hospital to support delivery-related dignity and hygiene needs for approximately the next three months, based on an average of about 35 deliveries per month. Remote assessment

of SRH service continuity is ongoing across 29 dispensaries, including 5 in Lagoon, 11 in Mortlocks and 13 in Northwest, staffed by trained birth attendants.

7. Medicines, Medical Commodities and Donated Supplies

This SitRep notes forecasted and prepositioned medicines and medical commodities at a summary level only. Detailed allocation quantities should remain in the response dashboard and the DHS Emergency Operations Response and Early Recovery Plan.

Commodity group	SitRep-level purpose	Dashboard / EOP linkage
Essential medicines, IEHKs and primary care supplies	Continuity of essential care at damaged or undersupplied service points.	Track forecasted, received, distributed and verified quantities by facility.
ORS, zinc and AWD/diarrheal disease commodities	Diarrheal disease preparedness and early management.	Map to no-water, unsafe-water and no-toilet sites.
Approved antibiotics	Syndromic care where referral access is constrained.	Use DHS-approved protocols; keep SitRep detail limited.
Albendazole / mebendazole	STH prevention in high-risk settings.	Track coverage by target group and catchment.
NCD supplies and equipment	Continuity of diabetes and hypertension care.	Prioritize sites with damaged BP cuffs, glucometers or strips.
Dignity kits and hygiene commodities	Support delivery-related dignity and hygiene needs, women, adolescent girls and vulnerable households.	Track UNFPA and partner distributions through facility, hospital and community-level verification.
ITNs and vector control equipment	Dengue and vector-borne disease risk reduction.	Coordinate DHS, PIHOA, WHO and partners.
Clean Delivery Kits and midwifery kits	Safe delivery and SRH service continuity at hospital and dispensary levels.	Map UNFPA support to Chuuk State Hospital and priority Lagoon, Northwest and Mortlocks dispensaries.

9. Partner Support and Coordination

Partner support should continue to be mapped against DHS-identified gaps to avoid duplication and improve accountability. Current priorities include fuel and boat access, temporary service structures (and Weno hospital roofing), facility WASH, vector control, damaged medical supplies and equipment, essential medicine prepositioning, nutrition support, SRH continuity, psychosocial support, surveillance restoration, dashboard management and supply documentation.

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

Priority	Primary DHS need	Partner alignment
Fuel and boats	Conduct impact health assessments during outreach programs for sustained recovery as progress into the El Nino expected drought situation	State, National, DFAT, IOM
Temporary health structures	Maintain damaged dispensary services	UNICEF, IOM, CRS, partners
Roofing infrastructure repairs/replacement	Roofing repais for Weno Hospital as main referral center	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
Nutrition supplies	RUTF, F-75, F-100, supplements	UNICEF, DHS Nutrition
Vector control	Mosquito control, ITNs, equipment and technical assistance	DHS, PIHOA, WHO, partners
Surveillance and dashboard	Reporting, alerts, dashboard management	DHS, WHO, CDC/HHS standby
Supply accountability	Receipts, photos and tracking	DHS Logistics, TCO, partners
SRH and safe delivery supplies	Clean Delivery Kits, midwifery kits, dignity kits and SRH continuity assessment	DHS MCH/SRH, UNFPA, Chuuk State Hospital, dispensaries

10. Operational Barriers and Priority Actions

The main barriers remain fuel, boats, transport access, communications, remaining health assessment validation, uncertain facility status, damaged medicine stocks, WASH infrastructure gaps and supply documentation. Without fuel and transport, DHS cannot

complete assessments, verify alerts, deliver medicines, follow up pregnant women, provide deworming, replace damaged supplies or restore reporting from lower-visibility service points.

Priority area	Action	Timeframe
WASH / IPC	Address no-water, unsafe-water, tank-cleaning and no-toilet sites.	Immediate into recovery phase
Medicine replacement	Replace damaged medicines, BP cuffs, glucometers and core supplies.	Sustained recovery phase
STH prevention	Track albendazole/mebendazole distribution and coverage.	As information is provided from logistics
SRH continuity	Track UNFPA-supported Clean Delivery Kits, midwifery kits, Dignity Kits and remote SRH assessment findings.	Immediate and into sustained recovery phase
Syndromic surveillance	Monitor ILI alert and diarrhea threshold signals; restore reporting from non-reporting areas.	Immediate and ongoing

11. Outlook

Chuuk State remains in sustained recovery, with secondary public health risks potentially becoming more visible than initial storm trauma. The expanded assessment dataset and Week 25 surveillance report show that risk is distributed by service-point functionality, WASH conditions and reporting completeness, not only by island. The most important threats include delayed detection, delayed access to care, unsafe water, damaged medicines and equipment, weak cold chain, untreated STH risk, possible nutrition vulnerability, ILI and diarrheal disease signals, dengue/vector risk and persistent transport and fuel constraints.

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. Partner support should continue to be mapped directly to DHS priorities, the dashboard and the Emergency Operations Plan for response and recovery framework to prevent duplication of coordinated efforts and accelerate recovery.

For More Information

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