**GAP**

* The existing Karonga District Health Office cholera surveillance data capture and sharing system uses Microsoft excel and hard copy data capture.
* The Health Surveillance Assistants capture presumptive cholera cases on designed forms and the data is later imputed collectively by DHO into Microsoft excel.
* The excel database has the following fields; number of the patient, type of the patient (out/in patient), name of the patient, physical address, gender, age, date seen at the health facility, date of onset of disease, treatment, lab test and lab results if that is performed, outcome (alive/dead) and risk factors as reported by the HSA and patient.
* The current database is not georeferenced although it has spatial related attribute data.
* The common practice of sharing this data within the DHO is through softcopy and hard copy. The data has spatial meaning mainly to cholera investigators and it’s difficult for supervisors to link cholera cases to exact location of villages where the cases were identified.
* The realized spatial gap impacts on strategic cholera management decisions.
* Geographical Information Systems (GIS) can provide public health decision makers with vital functions and tools for effective health data capture, analysis and visualization to support in decision making. Hence, using 2017-2018 cholera outbreak database, this study will explore the application of interactive web GIS in cholera epidemiology in Karonga District Health Office.