Cholera outbreaks in fragile settings are prone to rapid expansion. Case-area targeted interventions (CATI) have been proposed as a rapid and efficient response strategy to halt or substantially reduce the size of small outbreaks. CATI aims to deliver synergistic interventions (e.g., water, sanitation, and hygiene interventions, vaccination, and antibiotic chemoprophylaxis) to households in a 100—250 meter ‘ring’ around primary outbreak cases. CATI have been implemented previously, but so far complete evaluation of the effectiveness of CATI including vaccination has been done. Epicentre is studying CATI implementations done by Médecins Sans Frontières (MSF) in several countries using an observational study designed to adapt to a changing operational context. The primary outcome is cholera incidence in each CATI ring. We will report on the study design, setup and preliminary results from the Democratic Republic of the Congo (DRC), as well as on operational aspects of CATI.