The African Journal of Emergency Medicine (AfJEM) is the official journal of the African Federation for Emergency Medicine. It is an Africa-centric, peer-reviewed journal aimed in particular at supporting emergency care across, you guessed it, Africa. AfJEM publishes original research, reviews, brief reports of scientific investigations, case reports as well as commentary and correspondence related to topics of scientific, ethical, social and economic importance to emergency care in Africa. Articles will be of direct importance to African emergency care, but may have originated from elsewhere in the world.

AfJEM publishes manuscripts of international quality. This is ensured through a process of rigorous peer-review (see below) where manuscripts are evaluated for accuracy, novelty and importance. It is however recognised that African researchers in emergency care are disadvantaged in the available range of journals into which they can publish their work. The editorial team is aware that this is due to many reasons, including that developing world topics are often considered too basic for western Emergency Medicine journals, or that topics are concerned with conditions which are largely irrelevant to those audiences. Furthermore, the quality of submitted manuscripts is often lower than acceptable international journal standards due to inadequate research training. AfJEM is dedicated to support all authors who wish to make an attempt at publication on an African Emergency care topic. In order to maintain and produce a high quality, international standard Emergency Medicine journal, AfJEM has devised Author Assist. For more detail go to http://www.afjem.com/author-assist.html.

AfJEM is uniquely tailored to the needs and requirements of emergency care workers dedicated to improving emergency medicine in Africa. AfJEM specifically aims to address resource limitations as it pertains to the African continent. It will be ideal reading material for physicians, nurses and pre-hospital care workers wishing to improve their knowledge on general emergency medicine, trauma care, paediatrics, injury and disease prevention, service improvement, policy and ethics, disaster preparedness and response, and all other aspects of emergency care. In keeping with the African Federation for Emergency Medicine, it is our aim to be recognised as the international voice of quality emergency medical care in Africa.
ABSTRACTING AND INDEXING

PubMed Central
Scopus
EBSCOhost
Embase
Emerging Sources Citation Index (ESCI)
Directory of Open Access Journals (DOAJ)
South African Department of Higher Education and Technology
African Index Medicus

EDITORIAL BOARD

Editors-in-Chief
Stevan R. Bruijns, University of Cape Town Division of Emergency Medicine, South Africa
Lee A. Wallis, University of Cape Town Division of Emergency Medicine, South Africa

Deputy Editor-in-Chief
Mike Wells, University of the Witwatersrand Department of Emergency Medicine, Johannesburg, South Africa

Technical Assistant
Megan Banner, African Federation for Emergency Medicine, Cape Town, South Africa

Production Assistants
Rachel L. Allgaier, University of Cape Town Division of Emergency Medicine, Cape Town, South Africa
Chryystal Bae, University of Maryland School of Medicine, Baltimore, Maryland, United States
Jennifer Pigoga, Emory University School of Public Health, Atlanta, Georgia, United States
Falak Sayed, Tawam Hospital Department of Emergency Medicine, Al Ain, United Arab Emirates
Jared Sun, University of California Los Angeles Department of Emergency Medicine, Los Angeles, California, United States

Associate Editors
Joseph Bonney, Komfo Anokye Teaching Hospital Department of Emergency Medicine, Kumasi, Ghana
Petra Brysiewicz, University of KwaZulu-Natal School of Nursing and Public Health, Durban, South Africa
Jennifer Chipps, University of the Western Cape Faculty of Community and Health Sciences, Cape Town, South Africa
Lara Nicole Goldstein, University of the Witwatersrand Department of Emergency Medicine, Johannesburg, South Africa
Wyness Gondwe, University of Malawi Kamuzu College of Nursing, Blantyre, Malawi
Timothy Hardcastle, University of KwaZulu-Natal Department of General Surgery, Durban, South Africa
Clint Hendrikse, University of Cape Town Division of Emergency Medicine, Cape Town, South Africa
Ian Higginson, Derriford Hospital, Department of Emergency Medicine, Plymouth, United Kingdom
Gabrielle A Jacquet, Boston Medical Center Department of Emergency Medicine, Boston, Massachusetts, United States
Craig Lambert, University of Johannesburg Department of Emergency Medical Care, Auckland Park, South Africa
Hein Lamprecht, Stellenbosch University Division of Emergency Medicine, Stellenbosch, South Africa
Michael McCaul, Stellenbosch University, Department of Global Health, Division of Epidemiology and Biostatistics, Cape Town, South Africa
Elizabeth Molyneux, University of Malawi Paediatrics and Child Health, Zomba, Malawi
Jeremiah Njenga, Centric Air Ambulance, Nairobi, Kenya
Maxwell Osei-Ampofo, Komfo Anokye Teaching Hospital Department of Emergency Medicine, Kumasi, Ghana
Rockefeller R.A.O Oteng, University of Michigan Hospitals, Department of Emergency Medicine, Ann Arbor, Michigan, United States
Hendry Sawe, Muhimbili University of Health and Allied Sciences Emergency Medicine Department, Dar es Salaam, Tanzania, United Republic of
Wayne Smith, Stellenbosch University Division of Emergency Medicine, Stellenbosch, South Africa
Melanie Stander, Stellenbosch University Division of Emergency Medicine, Stellenbosch, South Africa
Willem Stassen, University of Cape Town, Captown, South Africa

International Advisory Board
Michael L. Callaham, University of California, San Francisco; UCSF Helen Diller Medical Center at Parnassus Heights and World Association of Medical Editors Ethics Committee, San Francisco, California, United States
Peter Cameron, The Alfred Hospital, Emergency and Trauma centre and Monash University, Emergency Medicine, Melbourne, Australia
Maaret Castren, Department of Emergency Medicine and Services, Department of Diagnostics and Therapeutics, Helsinki University Hospital, Helsinki University, Helsinki, Finland
Fausto Catena, Parma University Hospital, Department of Emergency Surgery, Parma, Italy
Giles Cattermole, King's College Hospital NHS Trust, London, UK; Chinese University of Hong Kong, Hong Kong; Centre Hospitalier Universitaire de Kigali, University of Rwanda, Kigali, Rwanda
Baljit Cheema, University of Cape Town Division of Emergency Medicine; Western Cape Health, METRO EMS, Cape Town, South Africa
Aris K. Exadaktylos, Inselspital University Hospital Bern, Department of Emergency Medicine, Berne, Switzerland
Mark Fitzgerald, Alfred Hospital; National Trauma Research Institute; Monash University, Central Clinical School, Department of Surgery, Melbourne, Australia
Heike Geduld, Stellenbosch University, Division of Emergency Medicine; African Federation for Emergency Medicine, College of Emergency Medicine of South Africa, Cape Town, South Africa
Colin Graham, The Chinese University of Hong Kong Accident and Emergency Medicine Academic Unit, Hong Kong, Hong Kong
Bhakti Hansoti, Johns Hopkins University, Department of Emergency Medicine; Johns Hopkins School of Public Health, Department of International Health, Baltimore, Maryland, United States
Andrew M Kestler, St. Paul's Hospital; University of British Columbia; Centre for Health Evaluation & Outcome Sciences, Vancouver, British Columbia, Canada
Eddy Lang, University of Calgary, Cumming School of Medicine, Department of Emergency Medicine; Alberta Health Services, Calgary, Alberta, Canada
Fiona E. Lecky, University of Sheffield, Emergency Medicine; University of Manchester; Salford Royal Hospitals NHS Foundation Trust and Trauma Audit and Research Network (TARN), Sheffield, United Kingdom
Russell MacDonald, University of Toronto Faculty of Medicine, Toronto, Ontario, Canada
Ian K Maconochie, Imperial College London Academic and Paediatric Emergency Medicine, London, United Kingdom
Terrence Mulligan, University of Maryland School of Medicine, International EM Program; Stellenbosch University, Division of Emergency Medicine, Stellenbosch, South Africa
Marcus Ong Eng Hock, Singapore General Hospital, Department of Emergency Medicine; SingHealth Services, Data Analytics, Health Services Research Center (HSRC); Duke-NUS, Health Services and Systems Research, Singapore, Singapore
Georges Ramalanjaona, University of Antananarivo, Faculty of Medicine; University of Mahajanga, Faculty of Medicine; American College of Emergency Physicians, Antananarivo, Madagascar
Ellen Weber, Zuckerberg San Francisco General Department of Emergency Medicine, San Francisco, California, United States
Scott L Zeller, University of California Riverside, Riverside, California, United States
GUIDE FOR AUTHORS

INTRODUCTION

The African Journal of Emergency Medicine (AfJEM, ISSN: 2211-419X) is the official journal of the African Federation for Emergency Medicine. It is an international, peer-reviewed journal aimed in particular at supporting emergency care across Africa. AfJEM publishes original research, reviews, brief reports of scientific investigations, case reports as well as commentary and correspondence related to topics of scientific, ethical, social and economic importance to emergency care in Africa. Articles will be of direct importance to African emergency care, but may have originated from elsewhere in the world.

TYPES OF ARTICLES

Original Article: Original studies of basic or clinical investigations in areas relevant to emergency medicine. Reference to the relevance of the research in a resource poor setting is essential and should be alluded to in the discussion section. References and a structured abstract (see Preparation below) are required. Maximum length: 3,000 words, 5 tables and/or figures, plus the abstract (300 words) and references (max 50). The checklists found on the following websites should be used to structure your manuscript (a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form - see below- should be submitted with your manuscript):

- For randomised control trials: http://www.consort-statement.org
- For cohort, case-control, and cross-sectional studies: http://www.strobe-statement.org/
- All other studies: http://www.equator-network.org/

2. Review Articles: Extensive reviews of the literature on a narrow clinical topic. References must include, but need not be limited to, the past 3 years of the literature. A structured abstract is required (see Preparation below). Maximum length: 3,000 words, plus the abstract (max 300 words) and references (max 50). Please contact the editor in chief before you submit a review. The following reporting checklists should be used to structure your manuscript (a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form - see below- should be submitted with your manuscript):

- A Resourced-tiered review checklist is the standard reporting format for publication in AfJEM: http://www.afjem.com/resource-tiered-checklist.html
- If your topic does not lean itself towards a resourced tiered review consider alternative reporting checklists for systematic reviews and meta-analyses such as Prisma checklist (http://www.prisma-statement.org) or similar. Please check with the editor-in-chief before using a checklist other that the resources-tiered checklist.

3. Case Reports: Brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease process, or unique unreported complications of treatment regimens. Case reports should be structured as follow: Introduction, Case report and Discussion. It should not contain an exhaustive review of the literature. Consider consent for patient identifiable information (download from website). A structured abstract (see Preparation below) is required. Maximum length: 1,000 words, plus abstract (max 150 words) and references (max 10), and 1 table or figure a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form - see below- should be submitted with your manuscript). Case reports listed for publication after 2015 are published online only and compiled within a virtual issue once a year.

4. Abbreviated paper (previously Brief Research Reports): Reports of preliminary data and findings or studies with small numbers demonstrating the need for further investigation. References and a structured abstract (see Preparation below) are required. Maximum length: 1,500 words, plus the abstract (max 300 words) and references (max 10) and 3 tables and/or figures. Checklists described for original research above should be used to structure your manuscript (a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form - see below- should be submitted with your manuscript)

5. Commentary: Descriptions of clinical and nonclinical problems and solutions; descriptions of novel approaches to planning, management, or provision of emergency services; and practical "how-to" articles describing aspects of emergency medicine management (includes African country acute care
profiles). A narrative abstract (see Preparation below) is required. Maximum length: 3,000 words, plus the abstract (max 300 words) and references (max 50). A signed conflict of interest form—see below—should be submitted with your manuscript.

6. **Editorials (commissioned and including op-ed):** Authoritative comments or opinions on major current problems of emergency physicians or on controversial matters with significant implications for emergency medicine; or, qualified, thorough analysis and criticism of articles appearing in AFJEM. Maximum length: 1,500 words plus references (max 5). An abstract is not required. A signed conflict of interest form—see below—should be submitted with your manuscript.

7. **Correspondence:** Discussion, observations, opinions, corrections, and comments on topics appearing in AFJEM; very brief reports or other items of interest. Maximum length: 500 words, plus references (max 5). An abstract is not required. A signed conflict of interest form—see below—should be submitted with your manuscript.

8. **Erratum:** Corrections on topics appearing in AFJEM. Maximum length: 300 words, plus references (max 5). An abstract is not required. Please enter: Not applicable, Erratum when prompted to enter an abstract. Letters discussing an AFJEM article should be received within 6 weeks of the article's publication. The article must be included in the references. Authors of articles about which letters are received will be given the opportunity to reply, which will not be shared with the letter writer prior to publication. Letters of political or other topics unrelated to the science of medicine, as well as those containing personal criticisms, will not be published. A signed conflict of interest form—see below—should be submitted with your manuscript.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Please submit your article via [https://www.evise.com/profile/api/navigate/AFJEM](https://www.evise.com/profile/api/navigate/AFJEM)

Submission Checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

**Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

- Title page
- Cover letter
- Manuscript:
  - Include keywords
  - All figures (include relevant captions)
  - All tables (including titles, description, footnotes)
  - Ensure all figure and table citations in the text match the files provided
  - Indicate clearly if color should be used for any figures in print
- Graphical Abstracts / Highlights files (where applicable)
- Conflict of Interest Form
- Supplemental files (where applicable): Relevant reporting checklist
Further considerations
• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Internet)
• A competing interests statement is provided, even if the authors have no competing interests to declare
• Journal policies detailed in this guide have been reviewed
• Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in Publishing
For information on Ethics in Publishing and Ethical guidelines for journal publication see https://www.elsevier.com/publishingethics and https://www.elsevier.com/ethicalguidelines. The work described in your article must have been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans http://www.wma.net/en/30publications/10policies/b3/index.html; EC Directive 86/609/EEC for animal experiments http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm; Uniform Requirements for manuscripts submitted to Biomedical journals http://www.icmje.org. AFJEM is a member of the Committee on Publication Ethics (COPE) which advises on the management of cases where research or publication misconduct occurred (http://publicationethics.org/). Consent forms for patients (if required) can be downloaded in both English and French.

Plagiarism detection AFJEM is a member of iThenticate. iThenticate is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published research papers, and millions of pages of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting http://www.ithenticate.com/

Conflict of interest
Collate conflicts of interest in a separate section at the end of the article before the acknowledgements and do not, therefore, include them on the title page, as a footnote to the title or otherwise. If no conflict of interest exists please state: The author(s) declare no conflict of interest Conflicts of interests that require disclosure include, but are not limited to:
a. Associations with commercial entities that provided support for the work reported in the submitted manuscript (the timeframe for disclosure in this section of the form is the life span of the work being reported).
b. Associations with commercial entities that could be viewed as having an interest in the general area of the submitted manuscript (in the three years before submission of the manuscript).
c. Non-financial associations that may be relevant or seen as relevant to the submitted manuscript. Example: I the author (/We, the authors), declare the following interests: AA has received speaker fees from BBB company. CC has received fees as an advisory board member for DDD company. EE’s institution receives funding from FFF company for a trial in which he is co-investigator

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to
another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Authorship**

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

**Changes to authorship**

Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

**Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

**Article transfer service**

This journal is part of our Article Transfer Service. This means that if the Editor feels your article is more suitable in one of our other participating journals, then you may be asked to consider transferring the article to one of those. If you agree, your article will be transferred automatically on your behalf with no need to reformat. Please note that your article will be reviewed again by the new journal.

**Journal rights**

For articles published in AFJEM Elsevier uses an Exclusive License Agreement to define these rights. For articles published in AfJEM Elsevier uses an Exclusive License Agreement to define these rights. Under this license the rights granted to AFJEM include: An exclusive right to publish and distribute an article. The right to provide the article in all forms and media so the article can be used on the latest technology even after publication. The right to publish and disseminate the article under Creative Commons Attribution Non-Commercial No Derivatives (CC-BY-NC-ND) for the purposes of Open Access publication. Additional rights to enforce the rights in the work, on behalf of an author, against third parties in the case of plagiarism, ethic disputes and fraud. Author rights: As an author you (or your employer or institution) retain certain rights: Patent, trademark and other intellectual property rights in the article The right for proper attribution and credit for the published work The right to reuse their own work in the same way readers can as defined by CC-BY-NC-ND license.

For further details you are referred to: https://www.elsevier.com/about/company-information/policies/copyright. User rights: The CC-BY-NC-ND licence is used to govern the terms on which an article can be reused. CC-BY-NC-ND allows
users to copy and distribute the article, provided this is not done for commercial purposes and the article is not changed or edited in any way. The author must be attributed and must not be represented as endorsing the use made of the work.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Open access
Please visit our Open Access page for more information.

Open access (OA)
There is no publication fee for this journal. On publication, articles are made freely available to all (including non-subscribers) via the ScienceDirect platform. Learn more about Elsevier's pricing policy: https://www.elsevier.com/openaccesspricing

Elsevier Researcher Academy
Researcher Academy is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

Language and language services
Please write your text in UK English by setting your word processor to English (U.K.). Authors who require information about language editing and copyediting services pre- and post-submission please visit http://webshop.elsevier.com/languageediting or our customer support site at https://service.elsevier.com for more information. Also see Author Assist below.

Author Assist
It is the aim of the AFJEM to be representative of all parts of the African continent; we recognise within this that some African researchers in emergency care may be disadvantaged in the available range of journals into which they can publish their work. We are aware that this is due to many reasons, including that topics are concerned with www.afjem.com conditions which are largely irrelevant to other audiences. AFJEM is dedicated to supporting all authors who wish to publish on an African emergency care topic. In order to maintain and produce a high quality, international standard Emergency Medicine journal, AFJEM has devised Author Assist. AFJEM enlists the help of a team of experienced volunteers (Author Assistants) to help improve the quality of manuscripts before peer review submission. Go to http://www.afjem.com/author-assistance.html for more information.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

Peer review and Referees
Each paper submitted to the journal is firstly checked for completeness and similarity by the technical editor followed by an initial desk review by one of the editors-in-chief. Papers not suitable for publication are either rejected outright (out-of-scope) or rejected- refer Author Assist (within scope, but poor quality). This is usually done within the first three to five days. Papers accepted for peer review are then assigned to an associate editor who takes responsibility for assigning peer reviewers and providing a synthesis of reviews to the editor-in-chief for a decision. All original content submitted to the AFJEM is peer reviewed by a minimum of two and up to four reviewers. Editorials, op-ed pieces and regular features are reviewed by a single expert reviewer, usually an associate editor of the journal. Peer review is double blinded, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately: Title page (with author details): This should include the title, authors' names and affiliations, and a complete address for the corresponding author including an e-mail address. Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgments) should not include any identifying information, such as the authors' names or affiliations. The latter is specifically required to compliment the Author
Assist process. AfJEM operates a strict peer reviewer code of conduct policy. Details can be found in the Reviewer Area on http://www.afjem.com. Authors are encouraged to submit the names and institutional e-mail addresses of several potential referees. For more details, visit our Support site. Note that an editor retains the sole right to decide whether or not the suggested reviewers are used.

PREPARATION

Peer review
This journal operates a double blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of one independent expert reviewer to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Double-blind review
This journal uses double-blind review, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article Structure
Please use the manuscript template to structure your manuscript: https://www.elsevier.com/__data/promis_misc/Manuscript template(AfJEM).pdf

Ensure that author identifiers are not included in the main manuscript file submitted. Inclusion of an abstract in the manuscript is not required. Consult the guidance and checklists described in Types of Articles above to structure your manuscript correctly. All article types will require the signed conflict of interest form to be submitted as a supplementary file. Original articles, abbreviated papers, case reports and review articles will require the reporting checklist to be submitted as e-component. Where these have not been supplied, the manuscript will be returned to the author.

Subdivision
Divide your article into clearly defined sections as per the guidance given in Types of Articles above. Numbers are not to be used for sections or subsections. Section headings should be in bold. Subsection headings should be in italics. Each heading should appear on its own separate line. Subsections in addition to the sections described in Types of Articles above should be used sparingly.

Clinical trial results
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.
Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, it should be identified starting with Appendix B, C, etc. Do not use Appendix A. Formulae and equations in appendices should be given separate numbering: Eq. (B.1), Eq. (B.2), etc.; in a subsequent appendix, Eq. (C.1) and so on. Similarly for tables and figures: Table B.1; Fig. B.1, etc. All appendices will be considered online material only.

Essential Title Page Information
• **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
• **Author names and affiliations.** Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.
• **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.
• **Word count.** Please provide a word count
• **Table/figure count.** Please provide a table/figure count

Abstract
A concise and factual abstract of no more than 300 words is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. Non-standard or uncommon abbreviations should be avoided, but if essential, it must be defined at the first mention. With the exception of a submission for Editorials, Practical pearl, Correspondence and Erratum, structured abstracts are required for all article types. Types of abstracts include: Research abstracts should adhere to the following format: Introduction, Methods, Results and Conclusion. Case reports should adhere to the following format: Introduction, Case report and Discussion. Narrative abstracts are acceptable for non-research abstracts (concepts and commentary).

Keywords
The submission system will prompt authors to provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).
**Statistics**

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. References for the design of the study and complex or unusual statistical methods should be to standard works when possible (with pages stated). Commonly used methods such as the chi-square test, t-test, ANOVA, linear and logistic regression need not be referenced. Define statistical terms, www.afjem.com abbreviations, and most symbols. Technical statistical terms should ideally be replaced by simpler terms where possible and referenced if not. Specify the computer software used. The results section must be written so the average reader can understand the findings. The methods section is allowed to be more complex if unavoidable. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). For normally distributed data give means and confidence intervals and for data that is not normally distributed give the median and interquartile range. Avoid relying solely on statistical hypothesis testing, such as p-values. If p-values are used, include 2 digits of precision (i.e. p=0.65) for values greater than 0.01. Give 3 digits for values between 0.01 and 0.001 and report values smaller than 0.001 as p < 0.001. Describing non-significant p-values as NS is not acceptable and a numerical value should be given. When using tables consider including counts and percentages. In general, including the chi-square statistic, t statistic, F statistic and degrees of freedom is not useful. Regression output should be limited to the most important findings. Estimates of variance explained ($R^2$, correlation coefficients, and standardised regression coefficients or effect size) should not be presented as the main result of the analysis.

**Math Formulae**

Present simple formulae in the line of normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text). Bear in mind that complex formulae, such as log likelihood expressions or symbolic expressions for regression models are often beyond the grasp of the average reader. Consider making this available as an online only appendix.

**Footnotes**

Footnotes are discouraged and when used should be used sparingly. Number them consecutively throughout the article, using superscript Arabic numbers. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

**Mandatory inclusions**

Mandatory inclusions will be included in the final manuscript and will be added by the technical editor after acceptance. It will be placed just before the Acknowledgments. The documents listed below should be included for the relevant article types as e-component. Failure to include these will result in the submission being returned to include.

1. **Signed conflict of interest document**: Required for all article types. Download document here

2. **Reporting checklist**

   Required for Original articles, Review Articles, Abbreviated papers and Case Reports. Please provide a copy of the reporting checklist clearly indicating which elements of the reporting format has been adhered to and which not. Provide a brief explanation for deviations from a reporting checklist
   a. For randomised control trials: http://www.consort-statement.org
   b. For cohort, case-control, and cross-sectional studies: http://www.strobe-statement.org/
   c. For case reports: http://www.care-statement.org/
   e. For systematic reviews and meta-analyses: http://www.prisma-statement.org
   f. All other studies: http://www.equator-network.org/

**Artwork**
**Image manipulation**

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

**Electronic artwork**

**General points**
- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

A detailed [guide on electronic artwork](https://www.elsevier.com/artworkinstructions) is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

**Formats**

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply ‘as is’ in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please ‘Save as’ or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

**Please do not:**
- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

**Colour artwork/figure**

Please make sure that artwork/figure files are in an acceptable format (TIFF, EPS or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable colour figures then Elsevier will ensure, at no additional charge, that these figures will appear in colour on the Web (e.g., ScienceDirect and other sites) in addition to colour reproduction in print. For further information on the preparation of electronic artwork/figure, please see [https://www.elsevier.com/artworkinstructions](https://www.elsevier.com/artworkinstructions).

**Artwork Figure captions**

Ensure that each illustration/figure has a caption. Supply captions separately, listed at the end of your manuscript after the references, and not included in the separately uploaded artworks/figures. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Illustration services**

*Elsevier's Author Services* offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.
Figure captions
Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Text graphics
Text graphics may be embedded in the text at the appropriate position. See further under Electronic artwork.

Tables
Number tables consecutively in accordance with their appearance in the text. Place footnotes to tables below the table body and indicate them with superscript lowercase letters. Avoid vertical rules. Be sparing in the use of tables and ensure that the data presented in tables do not duplicate results described elsewhere in the article. Tables should be placed within the text where it is referenced. The preferred format for tables is as follows. Include tables in the main text of the manuscript. Each table should be labelled at the top with footnotes at the bottom.

table 1 Title of table
Align heading left Align heading middle Align heading middle
Align content left Align content middle Align content left Align content middle
Align content middle Align content left Align content middle Align content middle
Footnote 1 Footnote 2

References
Citation in text
Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references
As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

References in a special issue
Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Reference style
Text: Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.
List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.
Examples:
Reference to a journal publication:
Reference to a journal publication with an article number:
Reference to a book:
Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals' (J Am Med Assoc 1997;277:927–34) (see also Samples of Formatted References).

Journal Abbreviations Source
Journal names should be abbreviated according to the List of Title Word Abbreviations: http://www.issn.org/services/online-services/access-to-the-ltwa/. The correct abbreviation for AFJEM is: Afr J Emerg Med

Video
Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

Supplementary material
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

Research data
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.
There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Mendeley Data
This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the Mendeley Data for journals page.

Data statement
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

Additional information
Manuscripts should not exceed 30 typewritten pages for original articles and 6 typewritten pages for short communications (incl. tables and figure legends). The editors reserve to themselves the right of condensing any paper submitted.

AFTER ACCEPTANCE

French title and abstract translation
Following acceptance of your paper and prior to proofs being returned to you for a final check, the technical team will translate your manuscript title and abstract to French. This will be included in the final proof.

Manuscript translation
Following acceptance authors are now encouraged to submit a self-translated version of their final approved manuscript (title, abstract and text) into any Africa-relevant language (i.e. French, Arabic, Swahili, Portuguese, etc.). The self-translated manuscript will be published as a supplementary file along with the formal English version. The self-translated version will not be checked by the editing team and the following notice will appear near the link to the self-translated version: A [language] translation of this paper has been provided by the authors. The translation has not been check by the editorial team.

The purpose of a self-translation is to improve the visibility and accessibility of the manuscript's content. This should be kept in mind when the author(s) take the decision to provide a translation. The translation should be provided in a Word document and sent directly to the editor in chief within two weeks of acceptance. A cover page should precede the translation stating the Title of the paper in English, the names of the Authors the Manuscript number and the language the paper was translated in. The translation should include a title, abstract and the main manuscript (text, figures and tables) each on a separate page. It should include citations but not the references as this is already available in the main manuscript.

Online proof correction
To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to
MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF. We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

Offprints
The corresponding author will be notified and receive a link to the published version of the open access article on ScienceDirect. This link is in the form of an article DOI link which can be shared via email and social networks. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s Author Services.

AUTHOR INQUIRIES
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.