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I. General Information About Ethiopian Journal of Health Sciences

This guideline is adapted from Annals of Internal Medicine (www.annals.org) with their permission for the consumption of Ethiopian Journal of Health Sciences.

A. Mission and Scope

Ethiopian Journal of Health Science (EJHS) is peer-reviewed, open access journal that aims to publish scientific papers relevant to advancement of knowledge in the field of health sciences. EJHS strives to provide a forum for the presentation of research findings and scholarly exchange in the area of health and related fields. The journal has a special focus on high quality scientific findings in the fields of public health, biomedical sciences, clinical medicine, nursing, occupational health and social sciences.

B. Readership and Reach

EJHS has wide readership by health care professionals and researchers in Ethiopia and worldwide. *EJHS* reaches out to its reader base within Ethiopia through free distribution of print issues to higher learning institutions, the Federal Ministry of Health and health care facilities. The open access policy of EJHS has enabled readers to access full articles of all issues online at http://ejhs.ju.edu.et.

C. Publisher

Jimma University (JU) is the publisher of *EJHS*. JU is one of the leading public universities in Ethiopia (www.ju.edu.et). The statements expressed in the *EJHS* issues reflect the views of the authors and not necessarily the policies of the journal nor that of the publisher.

D. Copyright/Permissions for Author Reuse of Published Material

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For other uses, the author must request permission directly from each individual journal article page. Authors reusing content in a submitted manuscript to *EJHS* should refer to Section III. D below.

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Manuscript Preparation

General Guidelines

General Considerations

EJHS has many categories of articles, each with its own requirements (Table). We publish original researches that address causes, mechanisms, diagnosis, course, treatment, and prevention of disease. The other categories include clinical guidelines, cost-effectiveness analyses and narrative and systematic reviews, including meta-analyses. We also publish papers about research and reporting methods, opinions about controversial medical issues, and essays about medical history, medicine and public policy, and patients' or physicians' experiences of illness.

Requirements for all categories of articles largely conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," developed by the International Committee of Medical Journal Editors (ICMJE) available on http://icmje.acponline.org/recommendations/

We accept submissions only through our online manuscript submission system, (https://mc.manuscriptcentral.com/ju-ejhs). Please do not submit manuscripts as electronic mail attachments or by regular mail. When submitting manuscripts, authors should also submit a copy of the original research protocol and other supplemental data as attachments if you think they would help the editors or reviewers to better understand the work. Authors should always submit protocols for trials, ideally prepared according to the SPRIT standards (http://www.spirit-statement.org/). Include reprints of published papers and manuscripts of papers in press that contain data that appear in the submitted manuscript to help the editors form a judgment about the degree of duplicate publication. Be prepared to provide original study data if requested by the editors.

Article Types

Section	Description	Word Limit	Abstract Type*	Miscellaneous Considerations
Original Research	Reports of original research on prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention of disease.	1500 to 3000	Structured 250 or fewer words	Follow standard reporting guidelines - see links under specific article types. 75 or fewer bibliographic references; no more than 4-6 tables or figures can typically be included in the main body of a published article.
Editorials	Commentary on current topics or on papers published elsewhere in the issue.	1000	None	10 or fewer bibliographic references; maximum of 1 table or figure; most are solicited by the Editors.
Letters: Clinical Observations	Short research or case reports.	600	None	If you report an adverse drug reaction (ADR), follow reporting guidelines for ADRs. Maximum of 5 authors and 5 references.
Letters: Comments	Comments on papers published in *EJHS*.	400	None	Maximum of 3 authors and 5 references.
Research Protocols	Papers about research methods or reporting standards.	2500 to 4000	Structured or Unstructured, depending on article type	
Reviews: Narrative	Descriptions of cutting-edge and evolving developments, and underlying theory.	3500	Unstructured 275 or fewer words	
Reviews: Systematic & Meta-Analyses	Reviews that systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, prognosis, or therapy.	3500 to 4000	Structured 275 or fewer words	Include a flow diagram that depicts search and selection processes, and evidence tables.
Case Reports	Reports unexpected or unusual presentations of a disease, new associations or variations in disease processes, presentations, diagnoses and/or management of new and emerging diseases, an unexpected association between diseases or symptoms, an unexpected event in the	1000	Structured 100	Patient information must be 'de-identified', necessary approvals and consents should have been obtained

	course of observing or treating a patient, findings that shed new light on the possible pathogenesis of a disease or an adverse effect case			
Brief communication	Brief communication is for a concise, but independent report representing a significant contribution to Biotechnology.	2000	Structured 200	Manuscripts should be organized as described for original research

Manuscript Format and Style

Guidelines and checklists are available for the reporting of essential elements of many types of manuscripts. These guidelines are linked in the (see the above table) and specific article types (see below on page 14) sections of the Information for Authors. We expect authors to include the elements suggested by the guidelines and checklists, and encourage authors to submit the appropriate checklists with their manuscripts.

We advise authors to arrange components of manuscripts in the following order (see below for further instructions): title page, abstract, text, acknowledgments (if any), references, tables in numerical sequence, figure legends, figures in numerical sequence, and appendices (if any). Number all pages consecutively, starting with the title page. List the word count of the text of the manuscript at the bottom of the title page. The text of the manuscript should be in double space.

Do not use abbreviations unless absolutely necessary; **do** abbreviate long names of chemical substances and terms for therapeutic combinations, such as MOPP. Abbreviate names of tests and procedures that are better known by their abbreviations than by the full name (VDRL test, SMA-12). Abbreviate units of measurement when they appear with numerals (…measured in milliliters, but 10 mL). Use abbreviations in figures and tables to save space. Explain all abbreviations used in the figure legend or table footnote. Use generic names for all drugs. You may refer to an instrument by its proprietary name; give the name and location of the manufacturers in parentheses in the text. Use SI units throughout. When reporting values for commonly studied components (α_1-antitrypsin, ammonia, bilirubin, calcium, cholesterol, creatinine, creatinine clearance, digoxin, estradiol, glucose, iron, iron-binding capacity, lead, lipids [total], lipoproteins, magnesium, phosphate, testosterone, thyroxine [T_4], triglycerides, and urea nitrogen), report the value in SI units with traditional units given in parentheses.

For detailed reporting guidelines on specific type of research, please visit www.equator-network.org

Title Page

Title: Give the main title and subtitle (if any). If the study is a randomized trial, add that descriptor as the subtitle at the end of the title. If it is a systematic review, narrative review, or meta-analysis, add that descriptor as the subtitle at the end of the title. Use titles that stimulate interest, are easy to read and concise (12 words or fewer), and contain enough information to convey the essence of the article. Also provide a short or "running" title of 7 or fewer words.

Authors: List authors in the order in which they are to appear in the byline of the published article. In the case of group authorship, identify one or more authors who will have responsibility for the publication.

Give the institutional affiliation for each author, financial support information, contact information for the corresponding author, and contact information for the author to receive reprint requests.

Word Count: List the word count for the text of the manuscript. Don't include the abstract or the references in word counts.

Abstracts

Abstracts should accompany all submissions. Use unstructured formats and limits of 275 or fewer words for abstracts of Narrative Reviews. Use structured abstracts of 275 or fewer words for Original Research, Case reports, Brief Communications, and Systematic Reviews, including Meta-analyses. Organize structured abstracts for these articles, as shown below.

Original Research

Background, Methods (Setting, period, Patients, Intervention (if any), Measurements), Results, Conclusions and Keywords. If the study is a randomized, controlled trial, list where the trial is registered and the trial's unique registration number at the end of the abstract.

Brief Communications

Background, Methods (Setting, period, Patients, Intervention (if any), Measurements), Results, Conclusions and Keywords.

Case Reports

Introduction, Clinical description, Diagnoses, Therapy, Outcomes, conclusion and Key Words

Systematic Reviews, including Meta-analyses

Background, Methods (Purpose, Data Sources, Study Selection, Data Extraction), Data Synthesis, Conclusions and Keywords.

Manuscript Text

For original articles, economic analyses, systematic reviews, and meta-analyses, use four main headings when arranging text: Introduction, Methods, Results, and Discussion. Aim for clear, concise, logically organized presentations. Use active voice whenever possible. Specific guidance on content follows.

Introduction: Use short introductions that concisely set up the context of the research for readers. Show the gap why your study is conducted and always end with a clear statement of the study's objectives or hypotheses.

Methods: For studies involving humans, describe in the Methods section how participants were assembled and selected, the sites or setting from which they were recruited, and the study period. Then describe study procedures including any interventions, measurements and data collection techniques. Use figures to diagram study processes including the flow of participants through the study. Provide the number of patients at each stage of recruitment and follow-up, including the number who declined to participate and the number who completed follow-up. State, if true, that an institutional review board approved the study or affirm that the protocol is consistent with the principles of the Declaration of Helsinki (http://www.wma.net/en/20activities/10ethics/), and state whether participants gave their informed consent. For studies that have numerical data and use statistical inference, include a section under Methods that describes the methods used for the statistical analysis and that states the specific statistical software. For all studies, include a statement at the end of the Methods section describing the role of the funding source for the study. If the study had no external funding source or if the funding source had no role in the study, state so explicitly.

Results: Fully describe the study sample so that readers can gauge how well the study findings apply to their patients (external validity). Then present primary findings followed by any secondary and subgroup findings. Use tables and figures to demonstrate main characteristics of participants and major findings. Avoid redundancy between text and tables and figures.

Discussion: Consider structuring the discussion according to the following sequence.

1. Provide a brief synopsis of key findings, with particular emphasis on how the findings add to the body of pertinent knowledge.
2. Discuss possible mechanisms and explanations for the findings.
3. Compare study results with relevant findings from other published work. State literature search sources (e.g., MEDLINE) and methods (e.g., English-language search from January 2005 to December 2010 using the following search terms...) that identified previous pertinent work. Use tables and figures to help summarize previous work when possible.
4. Discuss the limitations of the present study and any methods used to minimize or compensate for those limitations.
5. Mention any crucial future research directions.
6. Conclude with a brief section that summarizes in a straightforward and circumspect manner the clinical implications of the work.

Acknowledgments

Acknowledge only persons who have contributed to the scientific content or provided technical support. Authors should obtain written permission from anyone they wish to list in the Acknowledgments section. The corresponding author must also affirm that he or she has listed everyone who contributed significantly to the work in the Acknowledgments.

References

References should follow the standards summarized in the National Library of Medicine's Citing Medicine, 2nd edition. These resources are regularly updated as new media develop, and currently include guidance for print documents; unpublished material; audio and visual media; material on CD-ROM, DVD, or disk; and material on the Internet.
See www.nlm.nih.gov/bsd/uniform_requirements.html for sample references that conform to the style specified by the National Library of Medicine.

References cited in a table/figure should appear in numeric order relative to the first citation of the table/figure in the text. For example, if the last reference cited before the table/figure in question is mentioned as reference 14, and that table/figure contains 5 references that have not been cited, the references in the table/figure would be numbered 15 through 19. Reference citations in the text would then recommence with number 20.

1. Appendix material should not have separate reference sections. References that appear in both the text and the appendix should be numbered as they appear in the text. Any references that appear only in the appendix should be added consecutively to the end of the text reference list.
2. Use the reference style of the National Library of Medicine, including the abbreviations of journal titles.
3. List all authors when there are 6 or fewer; when there are 7 or more authors, list only the first 6 and add "et al."

4. Do not use *ibid*. or *op cit*.
5. Include an "available from" note for documents that may not be readily accessible.
6. Cite symposium papers only from published proceedings.
7. When citing an article or book **accepted** for publication but **not yet published**, include the title of the journal (or name of the publisher) and the year of expected publication.
8. Include references to unpublished material in the text, not in the references (for example, papers presented orally at a meeting; unpublished work [personal communications, papers in preparation]), and submit a letter of permission from the cited persons to cite such communications (in general, avoid citations to unpublished scientific results).
9. Ensure that URLs used as references are active and available (the references should include the date on which the author accessed the URL).

Click on https://ejhs.ju.edu.et/information?q=for-authors for sample references that conform to the style specified by the Uniform Requirements agreement.

Footnotes

Use footnotes only on the title page and in tables. Do not use footnotes in the text. Footnote symbols, in the order in which they should be used, are *, †, ‡, §, ||, ¶, **, ††, ‡‡, and so on. Do not use numbers or letters.

Tables

Number tables with Arabic numerals in the order in which they appear in the text. Tables that are meant as appendix material should be numbered as Appendix Table 1, Appendix Table 2, and so on. Use titles that concisely describe the content of the table so that a reader can understand the table without referring to the text. Tables may contain abbreviations that we do not permit in the text, but the table should contain a footnote that explains the abbreviation. Give the units of measure for all numerical data in a column or row. Place units of measure under a column heading or at the end of a side heading only if those units apply to all numerical data in the column or row.

Figures

Number figures with Arabic numerals in the order in which they appear in the text. Figures that are meant as appendix material should be numbered as Appendix Figure 1, Appendix Figure 2, and so on. Each figure should have a figure legend that begins with a short title. Reduce the length of legends by using phrases rather than sentences. Explain all abbreviations and symbols on the figure, even if an explanation appears in the text. For pictures of histologic slides, give stain and magnification data at the end of the legend for each part of the figure. If no scale marker appears on the figure, give the original magnification used during the observation, not that of the photographic print. Avoid grids, background colors and borderlines; and use colors only when marking is not possible by black & white or patterns.

Acknowledgments to original sources of borrowed material should use the wording specified by the original publisher of the material. If there is no specified wording, cite the authors, reference number, and the publisher. Letters of permission from the copyright holder must accompany submission of borrowed material.

Statistical Guidelines

It is important to clearly describe the major statistical techniques employed with enough detail. The aim is to enable the readers fully understand and, if desired repeat the procedures for a similar setting.

Presentation	
Issue	Notes
Percentages	When percentages are reported, the denominator should always be made clear. Report percentages to one decimal place (i.e., xx.x%) when sample size is ≥200. To avoid the appearance of a level of precision that is not present with small samples, do not use decimal places (i.e., xx%, not xx.xx%) when sample size is < 200.
Standard deviations	When reporting mean values, it is important to report also measure of variability or precision. Use "mean (SD)" rather than "mean ± SD" notation. The ± symbol is ambiguous and can represent standard deviation or standard error.
Standard errors	Confidence intervals are preferred for better indication of uncertainty. Report confidence intervals, rather than standard errors, when possible.
P values	For *P* values between 0.001 and 0.20, please report the value to the nearest thousandth. For *P* values greater than 0.20, please report the value to the nearest hundredth. For *P* values less than 0.001, report as "*P*<0.001." Calling *P* values greater than 0.05 ``not significant'' is not recommended as this is likely to obscure results which are not quite statistically significant but do suggest real effect.
"Trend"	Use the word *trend* when describing a test for trend or dose-response. Avoid the term *trend* when referring to *P* values near but not below 0.05. In such instances, simply report a difference and the confidence interval of the difference (if appropriate) with or without the *P* value.
Statistical software	Specify in the statistical analysis section the statistical software—version, and the specific functions, procedures, or programs—used for analyses. In situations where more than one software is used, say one for data entry and another for statistical analysis, it is recommended to mention both.
Cox models	When reporting the findings from Cox proportional hazards models: ▪ Do not describe hazard ratios as relative risks. ▪ Do report how the assumption of proportional hazards was tested, and what the test showed.
Descriptive tables	In tables that simply describe characteristics of 2 or more groups ▪ Report averages with standard deviations, not standard errors, when data are normally distributed. ▪ Report median (minimum, maximum) or median (25th, 75th percentile [interquartile range, or IQR]) when data are not normally distributed.
Tables reporting multivariable analyses	Authors sometimes present tables that compare one by one an outcome with multiple individual factors followed by a multivariable analysis that adjusts for confounding. If confounding is present, as is often the case, the one-way comparisons are simply intermediate steps that offer little useful information for the reader. In general, omit presenting these intermediate steps in the manuscript and do not focus on them in the Results or Discussion.
Tables and figures (general)	The following references give useful information about the design and format of informative tables and figures:

	Tufte ER. The Visual Display of Quantitative Information. Cheshire CT: Graphic Press; 1983, p 178. ISBN: 0961392142 Wainer, H. How to display data badly. The American Statistician 1984; 38:137-147. Google Scholar Wainer H. Visual Revelations: graphical tales of fate and deception from Napoleon Bonaparte to Ross Perot. New Jersey: Lawrence Erlbaum Associates, Inc.;1997. ISBN: 038794902X Pocock SJ, Clayton TC, Altman DG. Survival plots of time-to-event outcomes in clinical trials: good practice and pitfalls. Lancet 2002; 359:1686-89. PMID: 12020548 Also, follow a few simple rules of thumb: 1. .Figures are most valuable when they display information that is too complex to put into a table. On the other extreme, a pie chart with only two categories is simply waste of space. 2. Avoid chi-square in tables as far as P value is shown 3. Avoid simple bar plots that do not present measures of variability. 4. Provide raw data (numerators and denominators) in the margins of meta-analysis forest plots. 5. Depict numbers of people at risk at different times in survival plots. (seePocock et al. above).

Multivariable Analysis
Screening covariates

Approaches that select factors for inclusion in a multivariable model only if the factors are "statistically significant" in "bivariable screening" are not optimal. A factor can be a confounder even if it is not statistically significant by itself because it changes the effect of the exposure of interest when it is included in the model, or because it is a confounder only when included with other covariates.

Reference

Sun GW, Shook TL, Kay GL. Inappropriate use of bivariable analysis to screen risk factors for use in multivariable analysis. J ClinEpidemiol. 1996;49:907-16. PMID:8699212

Model building

Authors should avoid stepwise methods of model building, except for the narrow application of hypothesis generation for subsequent studies. Stepwise methods include forward, backward, or combined procedures for the inclusion and exclusion of variables in a statistical model based on predetermined *P* value criteria. Better strategies than *P* value driven approaches for selecting variables are those that use external clinical judgment. Authors might use a bootstrap procedure to determine which variables, under repeated sampling, would end up in the model using stepwise variable selection procedures. Regardless, authors should tell readers how model fit was assessed, how and which interactions were explored, and the results of those assessments. When comparing models, log-likelihood values, likelihood ratio statistic and the *P* value should be reported. If model is fitted in Bayesian setting, the *DIC* and *PD* values at convergence should be reported.

References

Collett D, Stepniewska K. Some practical issues in binary data analysis. Statist Med. 1999;18:2209-21. PMID: 10474134

Mickey RM, Greenland S. The impact of confounder selection criteria on effect estimation.Am J Epidemiol. 1989;129:125-37. PMID: 2910056

Steyerberg EW, Eijkemans MJC, Harrell FE, Jr., Habbema JDF. Prognostic modeling with logistic regression analysis: a comparison of selection and estimation methods in small data sets. Statist Med. 2000;19:1059-1079. PMID: 10790680

Steyerberg EW, Eijkemans MJC, Habbema DF. Stepwise selection in small data sets: a simulation study of bias in logistic regression analysis. J ClinEpidemiol. 1999;52:935-42. PMID: 10513756

Altman D, Andersen PK. Bootstrap investigation of the stability of a Cox regression model. Statist Med. 1989;8:771-83. PMID: 2672226

Mick R, Ratain MJ. Bootstrap validation of pharmacodynamic models defined via stepwise linear regression. ClinPharmacolTher. 1994;56:217-22. PMID: 8062499

Harrell FE, Jr, et al. Multivariable prognostic models: issues in developing models, evaluating assumptions and adequacy, and measuring and reducing errors. Statist Med. 1996;15:361-87. PMID: 8668867

Gelman A, Carlin J, Stem H, Rubin NB: Bayesian Data Analysis. 2nd edition. Boca Raton: Chapman & Hall/CRC; 2004.

Measurement Error

If several risk factors for disease are considered in a logistic regression model and some of these risk factors are measured with error, the point and interval estimates of relative risk corresponding to any of these factors may be biased either toward or away from the null value; the direction of bias is never certain. In addition to potentially biased estimates, confidence intervals of correctly adjusted estimates will be wider, sometime substantially, than naïve confidence intervals. Authors are encouraged to consult the references below for strategies to address this problem.

References

Rosner B, Spiegelman D, Willett WC. Correction of logistic regression relative risk estimates and confidence intervals for measurement error: the case of multiple covariates measured with error. Am J Epidemiol. 1990;132:734-45. PMID: 2403114

Carroll R. Measurement Error in Epidemiologic Studies. In Encyclopedia of Biostatistics. New York: John Wiley & Sons; 1998. ISBN: 0471975761.

Measures of Effect and Risk
Clinically meaningful estimates

Authors should report results for meaningful metrics rather than reporting raw results. For example, rather than reporting the log odds ratio from a logistic regression, authors should transform coefficients into the appropriate measure of effect size, odds ratio, relative risk, or risk difference. Don’t give readers an

estimate, such as an odds ratio or relative risk, for a one unit change in the factor of interest when a 1-unit change lacks clinical meaning (age, mm Hg of blood pressure, or any other continuous or interval measurement with small units). All estimates should reflect a clinically meaningful change, along with 95% confidence bounds.

Between-group differences

For comparisons of interventions (e.g., trials), focus on between- group differences, with 95% confidence intervals of the differences, and not on within-group differences. State the results using absolute numbers (numerator/denominator) when feasible. When discussing effects, refer to the confidence intervals rather than *P* values and point out for readers if the confidence intervals exclude the possibility of significant clinical benefit or harm.

Odds ratios and predicted probabilities

Authors often report odds ratios for multivariable results when the odds ratio is difficult to interpret or not meaningful. First, the odds ratio might overstate the effect size when the reference risk is high. For example, if the reference risk is 25% (odds = 0.33) and the odds ratio is 3.0, the relative risk is only 2.0. Statements such as "3-fold increased risk" or "3 times the risk" are incorrect. Second, readers want an easily understood measure of the level of risk (and the confidence intervals) for different groups of patients as defined by treatment, exposure, and covariates. Consider providing a table of predicted probabilities for each of the factors of interest, and confidence intervals of those predicted probabilities. Moreover, a multiway table that cross classifies predicted probabilities by the most important factor and then adjusts for the remaining factors will often be more meaningful than a table of adjusted odds ratios. Standard commercial software can produce predicted probabilities and confidence bounds.

Reference

Altman DG, Deeks JJ, Sackett DL. Odds ratios should be avoided when events are common. BMJ. 1998;317:1318. PMID: 9804732

Missing Data

Missing variables

Always report the frequency of missing variables and how the analysis handled missing data. Consider adding a column to tables or a row under figures that makes clear the amount of missing data. Avoid using a simple indicator or dummy variable to represent a missing value. Replacing missing predictors with dummy variables or missing indicators generally leads to biased estimates.

References

Sterne, White, Carlin, Spratt, Royston, Kenward, Wood and Carpenter. Multiple imputation for missing data in epidemiological and clinical research: potential and pitfalls. BMJ. 2009; 338:b2393. PMCID: PMC2714692

Vach W, Blettner M. Biased estimation of the odds ratio in case-control studies due to the use of ad hoc methods or correcting for missing values of confounding variables. Am J Epidemiol. 1991;134:895-907. PMID: 1670320

Vach W, Blettner M. Missing data in epidemiologic studies. In Encyclopedia of Biostatistics. New York: John Wiley & Sons; 1998:2641-2654. ISBN: 0471975761
Greenland S, Finkle WD. A critical look at methods for handling missing covariates in epidemiologic regression analyses.Am J Epidemiol. 1995;142:1255-64. PMID:7503045
Allison PD. Missing Data. Thousand Oaks, California: Sage Publications, Inc., 2002. ISBN: 0761916725

Missing Outcomes

Always report the frequency of missing outcomes and follow-up data; reasons and any patterns for the missing data; and how you handled missing data in the analyses. Do not use a last observation carried forward approach (LOCF) to address incomplete follow-up even if the original protocol pre-specified that approach for handling missing data. LOCF approaches understate variability and result in bias. The direction of the bias is not predictable. Although the method of addressing missing data may have little import on findings when the proportion of missing data is small (e.g., <5%), authors should avoid using outdated or biased methods to address incomplete follow-up. Appropriate methods for handling missing data include imputation, pattern-mixture (mixed) models, and selection models. Application of these methods requires consideration of the patterns and potential mechanisms behind the missing data.

References

Fitzmaurice GM, Laird NM, Ware JH. Applied Longitudinal Analysis. New York; John Wiley & Sons:2011:chapters 17 and 18. ISBN: 0470380277
Molenberghs G and Kenward MG. Missing Data in Clinical Studies. London: John Wiley & Sons 2007. ISBN: 0470849811
Molenberghs G, Verbeke G. Models for Discrete Longitudinal Data. New York: Springer;2005:chapters 26-32. ISBN: 0387251448
National Research Council. The Prevention and Treatment of Missing Data in Clinical Trials.Panel on Handling Missing Data in Clinical Trials. Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press 2010. ISBN: 0309158145 www.nap.edu/catalog/12955.html

Longitudinal Analyses

Consider using longitudinal analyses if outcome data were collected at more than 1 time point. Avoid using classical statistical methods, such as linear regression, logistic regression, ANOVA, etc for analysis of longitudinal data as these approaches ignore the induced correlation/data hierarchy due to the repeated measures taken per subject/clustering in the data. With an appropriate model for longitudinal analysis, which forms its basis on mixed mode theory, you can report differences within groups over time, differences between groups, and differences across groups of their within-group changes over time (usually the key contrast of interest). You can control for any confounding that might emerge, such as a difference in a variable (e.g., body weight) among those who remained in the study until completion. Longitudinal analysis options include a population averaged analysis (generalized estimating equations [GEEs], for example) that estimates the time by treatment interaction and adjusts variance for the repeated measures within individuals over time. Another option is a mixed effects model, with random effects for

patient, and the estimate of interest being the time by treatment interaction. In choosing a model, consider whether any missing data are missing at random (i.e. “ignorable” missing data) or missing dependent on the observed data (i.e. informative missing data). In fitting mixed models, the procedures followed to explore the mean structure, the random effects components and the variance function should be clearly stated. In GEE analyses, missing data are assumed to be missing completely at random independent of both observed and unobserved data. In GEE estimates, the robust standard errors, which are empirically corrected, are the ones to be reported rather than the model-based estimates. In random coefficient analysis, missing data are assumed missing at random dependent on observed data but not on unobserved data.

References

Fitzmaurice GM, Laird NM and Ware JH. Applied Longitudinal Analysis. New York: John Wiley & Sons 2011. ISBN: 0470380277.

Singer JD and Willett JB.Applied Longitudinal Data Analysis. New York: Oxford University Press 2003. ISBN: 0195152964.

Twisk JWR. Applied longitudinal data analysis for epidemiology: a practical guide. Cambridge University Press. New York 2003 ISBN: 0521819768.

Molenberghs G, Verbeke G. Models for Discrete Longitudinal Data. New York: Springer;2005:chapters 26-32. ISBN: 0387251448

Specific Article Types

Specific Article Types: Original Research

Overview of Original Research Formats

Original research includes brief or full-length reports about the prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention of disease.

- Word limit for abstract: 175 to 275 words
- Word limit for text: 1500 to 3000 words (excluding Abstract and references)

Controlled Trials	
Description: Reports of trials of interventions for the treatment, diagnosis, course, or prevention of disease.	
Title	
Subtitle	For randomized trials, add the subtitle "A Randomized, Controlled Trial" to the full title of your manuscript. For example: "Effect of Increasing the Intensity of Implementing Pneumonia Guidelines: A Randomized, Controlled Trial".
Abstract	
Word limit	250 words
Structure	Background, Methods (Design, Setting, Patients, Intervention, Measurements), Results, Conclusions, Keywords.
Other	Specify where the trial is registered and the trial's unique registration number at the end of the abstract (see ICMJE requirements for clinical trial registration. Also state the source of funding, if any.
Manuscript	
Guidelines and checklists	All RCTs: CONSORT standards and extension for reporting adverse outcomes Cluster RCTs: CONSORT standards for cluster RCTs Herbal intervention RCTs: CONSORT Statement elaboration Non-pharmacologic RCTs: Consort extension Non-inferiority and equivalence RCTs: CONSORT Statement extension
Word limit	1500 to 3000 words (excluding abstract and references)
Sections	Introduction, Methods, Results, and Discussion. Use the following methods section subheadings: ▪ Design Overview ▪ Setting and Participants ▪ Randomization and Interventions ▪ Outcomes and Follow-up ▪ Statistical Analysis
References	40or fewer
Tables and figures	About 6

	Include a CONSORT flow diagram.
Comments	Always end the introduction section with a clear statement of the study's objectives or hypotheses. Identify the funding for the study, and its role in the study's design, conduct, and reporting. Put this information under the last subhead of the Methods section and title the subhead Role of the Funding Source. Confirm that the study was approved by an Institutional Review Board/ Ethical Review Committee. If the study was not submitted to an Institutional Review Board, provide documentation that not seeking Institutional Review Board review for this type of study was in accordance with the policy of your institution.
Other	
Protocol	Submit the trial protocol that was approved by the institutional review board and subsequent amendments. Make sure that these documents are dated appropriately.
Statistical analysis	Save and be prepared to submit statistical code and output from data analyses if the editors so request.
Data	To check or clarify analyses and findings, editors may ask researchers to provide the raw data for their studies during review or at any time up to 5 years after publication in EJHS.

Clinical Trials Registration

All clinical trials must be registered in a public registry prior to submission. We follow the trials registration policy of the International Committee of Medical Journal Editors (www.ICMJE.org) and consider only trials that have been appropriately registered before submission, regardless of when the trial closed to enrollment. Acceptable registries must meet the following ICMJE requirements: be publicly available, searchable, and open to all prospective registrants; have a validation mechanism for registration data; and be managed by a not-for-profit organization.

As defined by the ICMJE, a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome, and includes but is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least 1 prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

Observational Studies	
Description: Reports of cohort, case-control, and cross-sectional studies of the prevalence, causes, mechanisms, diagnosis, course and prognosis, treatment, and prevention of disease.	
Abstracts	
Word limit	175 to 250 words
Structure	Background, Methods (Objective, Design, Setting, Patients, Measurements), Results, Conclusions, Keywords.

Manuscript	
Guidelines and checklists	STROBE statement and checklist and STROBE-ME extension for Molecular Epidemiology and The GRIPS Statement for Genetic Risk Prediction Studies.
Word limit	1500 to 3000 words (excluding abstract and references)
Sections	Introduction, Methods, Results, and Discussion
References	50 or fewer
Tables and figures	About 6
Comments	Always end the introduction section with a clear statement of the study's objectives or hypotheses. Identify the funding source for the study, and its role in the study's design, conduct, and reporting. Put this information under the last subhead of the Methods section and title the subhead Role of the Funding Source. In the Methods section, state (if correct) that the study was approved by an Institutional Review Board. If the study was not submitted to an Institutional Review Board, provide documentation that not seeking Institutional Review Board review for this type of study was in accordance with the policy of your institution.
Other	
Protocol	We encourage submission of the original study protocol.
Statistical analysis	Save and be prepared to submit statistical code and output from data analyses if the editors so request.
Data	To check or clarify analyses and findings, editors may ask researchers to provide the raw data for their studies during review or at any time up to 5 years after publication in EJHS.
Diagnostic Test Studies	
Description: Reports of studies of the accuracy of diagnostic tests.	
Title	
Title	Identify the article as a study of diagnostic accuracy somewhere in the Title.
Abstracts	
Word limit	175 to 275 words
Structure	Background, Methods (Objective, Design, Setting, Patients, Measurements), Results, Conclusions, Keywords.
Manuscript	
Guidelines and checklists	Consult STARD guidelines and checklist.
Word limit	1500 to 3200 words (excluding abstract and references)
Sections	Introduction, Methods, Results, and Discussion.
References	75 or fewer
Tables and figures	About 6 Include a STARD flow diagram.
Comments	Always end the introduction section with a clear statement of the study's objectives or

	hypotheses. Identify the funding source for the study, and its role in the study's design, conduct, and reporting. Put this information under the last subhead of the Methods section and title the subhead Role of the Funding Source. Confirm that the study was approved by an Institutional Review Board. If the study was not submitted to an Institutional Review Board, provide documentation that not seeking Institutional Review Board review for this type of study was in accordance with the policy of your institution.
Other	
Protocol	We encourage submission of the original study protocol.
Statistical analysis	Save and be prepared to submit statistical code and output from data analyses if the editors so request.
Data	To check or clarify analyses and findings, editors may ask researchers to provide the raw data for their studies during review or at any time up to 5 years after publication in EJHS.

Specific Article Types: Reviews

Systematic Reviews and Meta-analyses	
Description: Reviews that systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, prognosis, or therapy.	
Title	
Subtitle	For studies that are meta-analyses or systematic reviews, add that descriptor as the subtitle at the end of the title.
Abstracts	
Word limit	250 words
Structure	Background, Methods (Purpose, Data Sources, Study Selection, Data Extraction), Data Synthesis, Conclusions, Keywords.
Manuscript	
Guidelines and checklists	For meta-analyses of randomized, controlled trials, follow PRISMA reporting guidelines and checklist (http://www.prisma-statement.org/). Assess risk of bias for trials, but avoid using summary quality scales and scores. For meta-analyses of observational studies in epidemiology, follow MOOSE reporting guidelines and Checklist (https://www.editorialmanager.com/jognn/account/MOOSE.pdf).
Word limit	3500 words (excluding abstract and references)
Sections	Introduction, Methods, Results, and Discussion. The methods section subheadings should be: ▪ Data Sources and Searches ▪ Study Selection ▪ Data Extraction and Quality Assessment ▪ Data Synthesis and Analysis
References	No limit
Tables and	4 or fewer

figures	Include a flow diagram that depicts search and selection processes, and evidence tables.
Comments	Always end the introduction section with a clear statement of the study's objectives or hypotheses. For studies that have numerical data and use statistical inference, include a section under Methods that describes the methods and specific statistical software used for the statistical analysis.

Narrative Reviews	
Description: Narrative reviews are especially suitable for describing cutting-edge and evolving developments, and discussing those developments in light of underlying theory.	
Abstracts	
Word limit	250 words
Unstructured	
Manuscript	
Guidelines	Consult EJHS editors' guidelines for narrative reviews (http://ejhs.ju.edu.et).
Word limit	3500 words (excluding abstract and references)
Tables and figures	4 or fewer
References	40or fewer
Comments	Include a box listing 3 to 7 take-home points that link back to the original questions that the review set out to answer.

Specific Article Types: Letters

Clinical Observations/ Case Reports	
Description: Clinical Observations/ case reports may be original research presented in a research letter format or case reports or series.	
Manuscript	
Guidelines and checklists	If you report an adverse drug reaction (ADR), follow reporting guidelines for ADRs.
Word limit	1000 words (excluding references)
Sections	Background, Objective, Methods and Findings (or Case Report, as applicable), Discussion, and References
References	5 or fewer
Tables and figures	Maximum of 1 table or figure
Comments	Maximum of 5 authors

Comments	
Description: Reader comments on articles published in *EJHS*	
Abstracts	
Abstract	None
Manuscript	
Word limit	400 words (excluding references)

References	5 or fewer
Tables and figures	None
Authors	Maximum of 3 authors
Other details	Comments should be 400 or fewer words and include no more than 5 references. EJHS will not post comments that contain unprofessional language or messages or that personally attack an individual. To avoid redundancy, we urge you to read previously posted comments before submitting your own. Name, current appointment, place of work, and e-mail address are required, and will be published with your response. We also require that you declare potential conflicts of interests. One month after publication of an article, editors review all posted comments about that article and select some for publication in the Letters section of the print journal. Authors of the relevant article will be encouraged to respond to published letters. Anyone can submit a comment any time after publication, but only those submitted within four weeks of an article's publication will be considered for print.

Specific Article Types: Other

Editorials	
Description: Commentary on current topics or on papers published elsewhere in the issue.	
Abstracts	
Abstract	None
Manuscript	
Word limit	1000 words (excluding references)
References	10 or fewer
Tables and figures	Maximum of 1 table or figure
Comments	Most editorials published in *EJHS* are solicited by the Editors.

III. Manuscript Submission and Review

A. How to Submit a Manuscript

We accept submissions only through our online manuscript submission system (click http://mc.manuscriptcentral.com/ju-ejhs). Please do not submit manuscripts as electronic mail attachments or by regular mail.

B. Correspondence between Authors and EJHS

Electronic mail is the main form of correspondence between authors and the journal. Authors must provide accurate, active e-mail addresses at the time of manuscript submission and update these addresses as necessary during the review process. Although the corresponding author serves as the first contact for all communications about manuscripts submitted to *EJHS*, all authors receive copies of reviews and

editorial correspondence. It is the corresponding author's responsibility to coordinate responses to requests for revision and questions about the work under review including but not limited to questions regarding the integrity of the work. If the list of authors changes between submission and final acceptance of an article, it is the corresponding author's responsibility to explain the changes to the Editor-in-Chief in writing and to obtain written documentation that all of the authors (including any deleted and added authors) approve of the author changes.

C. Funding and Conflict of Interest Disclosures

At the time of manuscript submission, *EJHS* requires corresponding authors to summarize all authors' conflict of interest disclosures in the cover letter. Failure to provide accurate information about potential conflicts of interest at the time of submission will be viewed as a breach of author responsibility and could negatively affect publication decisions. We provide the summary information collated by the corresponding author to editors and peer reviewers.

As part of the initial submission process, we also ask the corresponding author to attest that the authors had access to all the study data, take responsibility for the accuracy of the analysis, and had authority over manuscript preparation and the decision to submit the manuscript for publication. We do not consider an article unless the corresponding author makes this attestation on behalf of the authors. We also ask the corresponding author to confirm that all authors approve the manuscript and agree to adhere to all terms outlined in *EJHS* information for authors including terms for copyright (see Section I.D). During manuscript submission, the corresponding author should provide the email addresses of all co-authors so that the declaration made about the absence of conflict of interest among authors could be clear.

In the Methods section of the text, authors must state the funding source for the work and describe the role(s) of the funding organization in the design of the study; the collection, analysis, and interpretation of the data; and the decision to approve publication of the finished manuscript. If the funding source had no such involvement, the authors should state that.

D. Related Work, Duplicate Publication, and Use of Previously Published Material in Submitted Manuscripts

Manuscripts are considered for publication with the understanding that no part of their contents are under consideration for publication elsewhere; have not been published or posted elsewhere; and will not be posted or published elsewhere, except in abstract form or with the express consent of the Editor and Publisher.

Authors should give full details on any possible previous or duplicate publication of any content of the manuscript in the cover letter. They should include copies of published papers and manuscripts of papers that are in preparation, under review, or in press that contain data or other content that appears in the submitted manuscript. Editors use these materials when making judgments about duplicate publication. Previous publication of a small fraction of the content of a manuscript does not necessarily preclude its being published in *EJHS*, but the editors need information about previous or in process publications when deciding how to use space in the journal efficiently. The editors regard authors' failure to disclose possible prior or concurrent publication as a breach of scientific ethics. We usually do not consider abstracts, posters, monographs, or detailed technology reports as duplicate prior publications that preclude submission. However, we usually deem other duplicative material (e.g., articles, reviews, perspectives)

that is submitted; in press; or published in another peer review, easily accessible journal or source (e.g., The Cochrane Library) as prior work that precludes publication in *EJHS*. If at any time the author submits a manuscript that is under review by *EJHS* to another journal, the author must inform the editors so that *EJHS* can cease our review.

In rare cases *EJHS* will permit authors to reuse previously published content (e.g., tables, figures) from other sources. It is the authors' responsibility to obtain written permission to reuse the content from the copyright owner, including the authors' own work if copyright had been transferred to a publisher or other entity. In these situations, proper attribution to the original source must be provided according to the requirements of the copyright owner; if instructions are not provided, then the format outlined in the Copyright/Permissions Section above should be used. The documentation granting permissions should be submitted at the time of manuscript submission as an addendum to the cover letter and, for accepted manuscripts, must be submitted to *EJHS* before publication. Failure to provide adequate permissions could result in reversal of manuscript acceptance.

E. Confidentiality

The staff at *EJHS* keeps author correspondence confidential, unless it is intended for publication (e.g., as a comment on a published article). We also ask that authors and reviewers keep editorial correspondence confidential, and that authors refrain from sharing either the correspondence itself or the essence of its content with individuals who are not their collaborators. Maintaining such confidentiality helps ensure that editors can offer advice that is in the best interests of authors' papers without concern for how it might be considered or used by others.

F. Acknowledgment of Receipt

We acknowledge all manuscripts and assign each a unique, confidential manuscript number. We provide all authors with instructions for checking the status of the manuscript online. To check the status of your manuscript online, check on your registration site.

G. Internal Review by Editors and External Peer Review

Upon suggestion from the managing editor, the EIC and at least 1 Associate Editor read each manuscript. Together, they decide whether to send the paper to outside reviewers. If a paper is rejected without external review, authors are notified electronically within 1 to 2 weeks of receipt. We retain copies of rejected manuscripts for 60 days, after which we delete them from our system.

We send those manuscripts which are better for external peer review, usually to at least 2 reviewers. If peer reviewers do not know whether a particular situation merits disqualification from the review process, they should contact the editors who will advise them about recusal on a case-by-case basis. Authors may list individuals who they do not want to be a reviewer, but must justify their request in the cover letter.

EIC and associate editors discuss many of the manuscripts papers that are peer reviewed on their regular meeting. Editors recuse themselves from discussing manuscripts and avoid participation in decisions about manuscripts if they have a close personal or professional relationship with any of the authors. Quantitative or methods-focused papers that pass initial review are usually also reviewed by our statistical editors.

H. Accelerated Review and Publication

At the request of authors, we will consider manuscripts for expedited review and publication. Authors should request expedited review only for manuscripts of very high quality that report findings that are likely to affect practice or policy immediately. We give particular priority for fast-tracking to large clinical trials and manuscripts reporting results likely to have an immediate impact on patient safety. If authors think that their manuscript warrants expedited review and publication, they should contact the managing editor Prof. Abraham Haileamlak (ejhs@ju.edu.et) with their request and rationale. They should include an electronic version of the manuscript with their request and, for trials, the protocol and registry identification number.

Within two working days, the editors will judge whether a manuscript is suitable for *EJHS'* expedited review. Authors of expedited papers will generally receive suggestions for revision no later than 1 month after receipt of the manuscript. To achieve expedited publication, authors must return revised manuscripts within 4 weeks. *EJHS* schedules expedited manuscripts for publication immediately following acceptance. In most instances, expedited manuscripts are published electronically at http://www.ejhs.ju.edu.et within 4 weeks of acceptance and in print publication 8 weeks later.

***I.* Acceptance or Rejection and Criteria for Editorial Decisions**

EJHS can publish only a fraction of all papers submitted each year. In recent years, 20% of all submissions and 15% of Articles and Brief Communications were accepted. Editors judge the potential importance and newness of material and consider scientific rigor using established methodological criteria. They select manuscripts based on the strength of the paper compared with other papers under review, the need for **EJHS** to represent a balanced picture of important advances in health care, and the number of accepted papers in the paper's category and topic area. Almost all papers that we accept require some editorial or statistical revision before publication. Of note, to check or clarify analyses and findings, editors may ask researchers to provide the raw data for their studies during review or at any time up to 5 years after publication in **EJHS**.

We send the reviewers' comments to authors whether or not we accept the article. On occasion, we reject an article but invite a resubmission that addresses specific concerns of the editors.

J. Submitting an Appeal

The editors expect appeals infrequently and seldom reverse their original decisions. Many rejections involve editors' judgments of priority that authors usually cannot address through an appeal. However, authors who think that their manuscripts were erroneously rejected may e-mail an appeal letter to the editor who handled the manuscript. The letter should detail the author's concern and state how the manuscript could be revised or clarified to address key problems mentioned by editors and reviewers. Editors only consider appeals that are submitted within 2 months of the manuscript's rejection and consider appeals only once. Upon receiving the appeal, editors may confirm their decision to reject the manuscript, invite a revised manuscript, or seek additional peer review or statistical review of the original manuscript.

IV. What to Expect after Acceptance

A. Post acceptance Copy Editing and Proofs

All accepted manuscripts are copy edited to improve clarity and achieve consistency of style and formatting of journal content. Authors will have the opportunity to approve revisions made during the copy editing process. Editors will work with authors to arrive at agreement when authors do not find the revisions acceptable, but *EJHS* reserves the right not to publish a manuscript if discussion with the author fails to reach a solution that satisfies the editors.
We notify authors when they can expect to receive proofs. Authors who may not be able to Proofread within 48 hours of receipt should call the Editor-in-Chief (251921324889) or the Managing Editor (251)917500896) to designate a colleague who will review proofs.

B. Author Forms and Conflict Disclosures

If editors invite the authors to revise a manuscript after peer review, we ask each author, including the corresponding author, to complete his or her own International Committee of Medical Journal Editors (ICMJE) conflict-of-interest disclosure statement. Information about this form, which all ICMJE member journals have adopted, is available at ICMJE.org. At the time of manuscript acceptance, we ask authors to confirm and update, if necessary, their online disclosure statements. At the time of publication, the completed disclosure statements become available for readers to view on http://ejhs.ju.edu.et/.
If editors invite the authors to revise a manuscript after peer review, we require that authors provide written permission from the individuals they list in the Acknowledgments section. We will also ask each author to confirm that he or she meets authorship criteria as defined by the ICMJE, document his or her contributions, and transfer copyright to Jimma University.

C. Scheduling of Accepted Papers and Proofs

We notify authors when they can expect to receive proofs. Authors who may not be able to examine proofs within 48 hours of receiving them should call the the Editor-in-Chief (0921324889) or the Managing Editor (0917500896) to designate a colleague who will review proofs.

D. Pre-publication Embargo Policy

News embargo or press embargo is a request by the Journal that the information or news provided by the journal not to be published by the news media until the article is published by the journal. Embargoes are usually arranged in advance as an agreement between the news media and the authors…

This applies to articles with major breakthrough in diagnosis, treatment etc…

Assume, we rarely apply distribute press release to the news media based on article accepted by EJHS

So I recommend to delete this section.

E. Ordering Author Reprints

As EJHS is open access journal, authors can access their work freely online. However, we can provide a copy of the printed journal to the authors as far as they cover the postage cost.

F. Free Access Policy

EJHS is an open access journal which gives free access to all articles at http://www.ejhs.ju.edu.et as part of its commitment to readers and authors.

V. Research Publication Ethics

A. Authorship Issues

Authorship: Criteria and Policy

Authorship implies accountability. Listed authors must have contributed directly to the intellectual content of the paper, and the corresponding author should list the specific contributions of all authors in the appropriate section of the Authors' Form. Authors should meet all of the following ICMJE criteria, thereby allowing persons named as authors to accept public responsibility for the content of the paper.

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Holding positions of administrative leadership, contributing patients to a study, and collecting and preparing the data for analysis, however important to the research, are not, by themselves, criteria for authorship. The manuscript should note people who made substantial, direct contributions to the work but did not meet the criteria for authorship in the Acknowledgments section, and should provide a brief description of their contributions.

Medical practitioners and health facility employees can be legitimate contributors, and their roles, affiliations, and potential conflicts of interest should be described when submitting manuscripts. These writers should be acknowledged on the byline or in the Acknowledgments section in accord with the degree to which they contributed to the work reported in the manuscript. The editors consider failure to acknowledge these contributors ghostwriting, which is contrary to **EJHS** editorial policy.

Authorship: Declaration Processes

All authors of papers accepted for publication must electronically sign a form affirming that they have met the criteria for authorship, have agreed to be authors, and are aware of the terms of publication. We request that authors complete these forms when we suggest revisions to manuscripts. We do not require them when manuscripts are initially submitted. We also require that authors provide written permission from the individuals they wish to list in the Acknowledgments section when we suggest revisions to

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B. Conflict of Interest: Definition and Policy

Conflict of interest exists when an author, editor, or peer reviewer has a competing interest that could unduly influence (or be perceived to do so) his or her responsibilities in the publication process. The potential for an author's conflict of interest exists when he or she (or the author's institution or employer) has personal or financial relationships that could influence (bias) his or her actions. These relationships vary from those with negligible potential to influence judgment to those with great potential to influence judgment. Not all relationships represent true conflict of interest. Conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgment.
Authors, editors, and peer reviewers must state explicitly whether potential conflicts do or do not exist. Academic, financial, institutional, and personal relationships (such as employment, consultancies, close colleague or family ties, honoraria for advice or public speaking, service on advisory boards or medical education companies, stock ownership or options, paid expert testimony, grants or patents received or pending, and royalties) are potential conflicts of interest that could undermine the credibility of the journal, the authors, and science itself.
Authors, editors, and peer reviewers must disclose their primary academic and institutional affiliations and all financial relationships that could be viewed as presenting a potential conflict of interest. These include, but are not limited to, any financial relationship that involves conditions or tests or treatments discussed in the manuscript and alternatives to the tests or treatments for those conditions. If persons are uncertain, they should err on the side of full disclosure. Disclosure of these relationships is essential not

only for original research articles but also for editorials, letters, commentary, and review articles. **EJHS** publishes author's conflict of interest disclosures and discloses editor's financial and academic relationships. **EJHS** avoids publishing original articles, editorials, reviews authored by individuals with potential financial conflicts of interest but considers each such manuscript on a case-by-case basis.

Conflict of Interest: Disclosure Processes

At the time of manuscript submission, ***EJHS*** requires corresponding authors to summarize all authors' conflict of interest disclosures. When needed, we provide the summary information collated by the corresponding author to editors and peer reviewers. If editors later invite the authors to revise a manuscript after peer review, we ask each author, including the corresponding author, to complete his or her own International Committee of Medical Journal Editors (ICMJE) Conflict of Interest Disclosure Statement. Information about this form, which all ICMJE member journals have adopted, is available at www.ICMJE.org. At the time of manuscript acceptance, we ask authors to confirm and update, if necessary, their online disclosure statements. At the time of publication, the completed disclosure statements become available for readers to view on http://www.ejhs.ju.edu.et.

As part of the initial submission process, we also ask the corresponding author to attest that the authors had access to all the study data, take responsibility for the accuracy of the analysis, and had authority over manuscript preparation and the decision to submit the manuscript for publication. We do not consider an article unless the corresponding author makes this attestation on behalf of the authors.

Conflict of Interest: Investigation Processes

Readers who believe that authors of articles published in **EJHS** have neglected to disclose potential conflicts of interest should notify the journal about their concerns by either submitting a comment using the electronic system that is available for all published articles or contacting the editors in writing. Either form of communication should include the following information: name and contact information of person raising the concern, author's name, title of article, nature of the relationship that the readers believe the authors failed to disclose including the company name if pertinent, and a description of how they became aware of the relationship. Readers should be aware that concerns raised in a comment are available not only to the editors but also to the authors and to other readers. Because erroneous allegations can harm the reputation of those named, those who raise such concerns should do so only after carefully checking to be sure the relationship they have identified is correct and is one that **EJHS** policy requires authors to report.

The editors will respond to concerns about failure to disclose potential conflicts of interest by promptly investigating the potential conflict using publicly available means and by asking the relevant authors for information about the matter. We will also alert all co-authors of the relevant manuscript about the concern and ask them to confirm their own conflict disclosures. The editors will directly notify the reader who raised the concern about the outcome of the investigation as soon as it is complete. If the editors verify that there was an undisclosed conflict of interest, **EJHS** will publish a correction in the print journal and on http://www.ejhs.ju.edu.et that will be electronically linked to the relevant article.

C. ***Human Subjects Research***

Research that involves human participants also includes investigations that use only human blood, tissue, or medical records. The authors must confirm review of the study by the appropriate institutional review board or affirm that the protocol is consistent with the principles of the Declaration of Helsinki (www.wma.net/en/30publications/10policies/b3/). If the authors did not obtain institutional review board approval before the start of the study, they should so state and explain the circumstances. If the study was exempt from review, the authors must state that such exemption complied with the policy of their local institutional review board. They should affirm that study participants gave their informed consent or state that an institutional review board approved conduct of the research without explicit consent from the participants.

If patients are identifiable from illustrations, photographs, pedigrees, case reports, or other study data, the authors must attest in writing that they have obtained signed release from each such individual (or copies of the figures with the appropriate release statement) giving permission for publication with the manuscript. To maintain confidentiality about the identity of subjects, authors should not submit these permission forms to the journal but must keep them on record.

D. Research/Publication Ethics

Confidentiality

The staff at **EJHS** keeps author correspondence confidential, unless it is intended for publication (e.g., as a comment or letter to the editor). We also ask that authors and reviewers keep editorial correspondence confidential, and that authors refrain from sharing either the correspondence itself or the essence of its content with individuals who are not their collaborators. We ask authors to maintain this confidentiality about correspondence both before and after any final publication of their manuscript. Maintaining such confidentiality helps ensure that editors can offer advice that is in the best interests of authors' papers without concern for how it might be considered or used by others.

Duplicate Publication or Submission

We ask that authors give full details on any possible previous or duplicate publication of any content of the manuscript in a cover letter. Previous publication of a small fraction of the content of a manuscript does not necessarily preclude its being published in **EJHS**, but the Editors need information about previous publication when deciding how to use space in the journal efficiently; they regard authors' failure to disclose possible prior or concurrent publication as a breach of scientific ethics. Please see EJHS Policy on Prepublication Release of Information (http://ejhs.ju.edu.et/information/for-authors.html). We usually do not consider abstracts, posters, monographs, or detailed technology reports as duplicate prior publications that preclude submission. We usually deem other duplicative material (e.g., articles, reviews, perspectives) that is submitted, in press, or published in another peer reviewed, easily accessible journal or source as prior work that precludes publication in **EJHS**. Please attach a copy of any document that might be considered a previous publication at initial submission. If at any time the author submits to another journal a manuscript or Letter to the Editor that is under review by **EJHS**, the author must inform the **EJHS** Editors.

IRB Approval and Consent

Research that involves human participants includes investigations that use only human blood, tissue, or medical records. The authors must confirm review of the study by the appropriate institutional review board or affirm that the protocol is consistent with the principles of the Declaration of Helsinki (see http://www.wma.net/en/30publications/10policies/b3/)
Additionally, Ethiopian researchers are advised to consult the health research ethics manual of the Ethiopian Ministry of science and technology, June 2014 for further information.

Reproducible Research

To encourage transparency and reproducible research, *EJHS* will publish a statement with every original research article (Article or Brief Communication) indicating the authors willingness to share the following items with the public:

- Study protocol (original and amendments)
- Statistical code used to generate results
- Dataset from which the results were derived

EJHS does not require the sharing of these items but we do require authors to state their willingness to share, and any conditions for sharing. Access to these items may range from completely unrestricted (e.g., free availability of all the items via posting on an open-access Website) to restricted (e.g., availability of certain portions of the items to approved individuals through written agreements with the author or research sponsor).

Scientific Misconduct

In addition to breaches in procedures related to human subjects, research misconduct includes issues related to the fabrication or falsification of data, plagiarism, theft of ideas, duplicate publication, misrepresentation of author contributions, and failure to disclose potential financial conflicts of interest. Should the Editors suspect research misconduct related to manuscripts submitted for review, the journal reserves the right to notify and forward the submitted manuscript to the chief executive officer and/or dean of the sponsoring institution, the funding institution, or other appropriate authority for investigation. As member of Committee on Publication Ethics (COPE), we follow COPE guidelines to check reported publication misconduct (http://publicationethics.org). **EJHS** recognizes the responsibility to notify the appropriate authorities but does not undertake the actual investigation or make determinations of misconduct. The editors will notify the authors of the journal's intention to report a suspicion of research misconduct.

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Appendix

Sample References

Journals

1. Standard article (List all authors when there are 6 or fewer; when there are 7 or more authors, list only the first 6 and add “et al.”)
Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med. 1996;124:980-3.
Ethiopian names should be referred to in accordance with national usage, e.g. AbebeTesfaye as AbebeTesfaye, but will be cross-referred in index to as Tesfaye A.

2. Corporate author
Clinical exercise stress testing. Safety and performance guidelines.The Cardiac Society of Australia and New Zealand. Med J Aust. 1996;164:282-4.

3. Supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102(Suppl 1):275-82.

4. Special format (also applies to abstracts and editorials)

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [Letter].Lancet. 1996;347:1337.

Books

List all authors or editors when 6 or fewer; when there are 7 or more authors, list only the first 6 and add "et al."

1. Author

Ringsven MK, Bond D. Gerontology and Leadership Skills for Nurses. 2nd ed. Albany, NY: Delmar; 1996.

2. Editors

Norman IJ, Redfern SJ, eds. Mental Health Care for Elderly People. New York: Churchill Livingstone; 1996.

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4. Published proceedings paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, eds. MEDINFO 92.Proceedings of the 7th World Congress on Medical Informatics; 6-10 September 1992; Geneva, Switzerland. Amsterdam: North-Holland; 1992:1561-5.

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1. In press (must have journal title)

Leshner AI. Molecular mechanisms of cocaine addiction.N Engl J Med. 1996; [In press].

2. Magazine article

Roberts JL. Villain or victim?Newsweek. 1996;4 Nov:40-1.

In-Text Citations of Unpublished Material (to be placed within parentheses)

1. Personal communication

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2. Unpublished papers

(Lerner RA, Dixon FJ.The induction of acute glomerulonephritis in rats. In preparation)

(Smith J. New agents for cancer chemotherapy. Presented at the Third Annual Meeting of the American Cancer Society, 13 June 1983, New York)

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Structure of a medical case report

1. Title. The words "case report" should be in the title.

2. Abstract. In about 200 words summarize the: (1) Introduction (2) clinical description, (3) Diagnoses, (4) Therapy (5) Outcomes, and (6) conclusion.
3. Key Words. 2 to 5 key words.
4. Introduction. Briefly summarize the background and context of this case report.
5. Case description. Summarize the patient's key demographic information and clinical historical data. Summarize the pertinent physical examination findings.
6. Diagnostics. Summarize the diagnostic results (testing, imaging, questionnaires, referrals
7. Therapy. Summarize recomendations and interventions (pharmacologic, surgical, lifestyle) and how they were administered (dosage, strength, etc.)
8. Follow-up and Outcomes. Summarize the clinical course of this case. How was patient adherence to the intervention assessed and were adverse events noted? Summarize patient-reported outcomes and follow-up diagnostic testing.
9. Discussion. Summarize the strengths and limitations associated with this case report. Include references to the scientific and medical literature. How did you arrive at your conclusions and how might these results apply to other patients? What are the "take-away" messages?
10. Informed Consent. The patient should provide informed consent for this case report.