

SAJCH online: Heading for a brighter future



This Journal was started some 8 years ago in response to the perceived need for a Child Health voice from South Africa (SA) and the developing world. We wished to give expression to research on, and advocacy for child health issues that are pertinent to our environment. Paediatric practitioners in SA agreed: we need the *South African Journal of Child Health (SAJCH)*. Many of the myriad child health problems that we grapple with may be of scant interest in well-resourced countries, but our specific problems also need to be researched, solved and reported locally. In this, we have succeeded. From our modest beginnings, we are now in the good position of receiving more publishable submissions than we can place from all over Africa and beyond. Particularly heartening is the increasing proportion of original research submissions.

The Journal forms part of the stable of journals owned and produced by the South African Medical Association (SAMA). In my previous editorial, I alluded to existential questions concerning the financial viability of this and other journals managed by SAMA. The Journal's principals have now taken the decision to discontinue the print copy of the *SAJCH* and maintain it as an online journal.

A few years ago, we had already taken the decision to go online in addition to print copy. This is in line with an international trend that serves a much wider dissemination of journal content than previously; indeed, the Journal is indexed with EMBASE, Scopus, EBSCOhost, African Journals Online, the Directory of Open Access Journals, and through its recent inclusion in the SciELO SA platform, has been approved for inclusion in the Web of Knowledge (ISI index). We are accredited by the South African Department of Higher Education and Training (DoHET), and wish to preserve and expand our indexing and accreditation status. We continue to be surprised by the wide geographical distribution of our readers, illustrating the power of electronic communication.

For us, therefore, the discontinuation of the print copy makes sound financial sense and does not diminish our impact. Our Journal will continue to appear quarterly with a set number of content pages as determined by editorial policy. Additionally, we will now be able to publish accepted articles online as 'in press' with a digital object identifier (DOI) before assignment to a particular issue. This will serve to render accepted articles 'visible' and allow authors to cite their work as available online.

In view of the increasing number of submissions mentioned above, we will place an increasing emphasis on original peer-reviewed research contributions that are all subjected to a plagiarism check. While one of the stated aims of the Journal is to encourage the development of research expertise in Africa, we encourage all authors to consider submitting their work. The acceptance of case reports will be limited to available space and compliance with set criteria. As before, we will consider unsolicited reviews only in exceptional cases. Further information about submissions, including author guidelines and submission criteria, can be found on the Journal website (<http://www.sajch.org.za>).

In this first exclusively online edition, we were unable to place all the articles already accepted for publication. Accordingly, some will appear online 'in press'. Among the offerings in this issue are studies from all over sub-Saharan Africa: Noubiap *et al.*^[1] reported on a survey of genetic deafness in Cameroon and identified the Waardenburg syndrome as the most common cause of syndromic deafness. Neille *et al.*^[2] studied sound sources in neonatal care units in Johannesburg and demonstrated excessive noise levels compared with recommendations from the American Association of Pediatricians. Kuti *et al.*^[3] studied predictors of duration of hospital stay in children hospitalised with pneumonia in The Gambia. Izugbara^[4] took the high childhood mortality rate in Nigeria as a cue to study the household characteristics of childhood deaths and determined, unsurprisingly, that parent age, education, poverty and region of residence had the strongest associations with the risk of childhood death. And finally, Swart *et al.*^[5] from Bloemfontein studied the reticulocyte haemoglobin content (CHR) in the diagnosis of iron-deficiency anaemia. The CHR measures functional iron available for recent erythropoiesis. The authors concluded that it merited more general application.

As usual, we also carry several case reports that have relevance to a wider audience.

As the Journal moves into a bright online future, we hope to continue to contribute to the growth and dissemination of knowledge in the field of child health.

Enjoy the read!

D F Wittenberg
MD, FCP (SA)
Editor



1. Noubiap JN, Djomou F, Njock R, Toure GB, Wonkam A. Waardenburg syndrome in childhood deafness in Cameroon. *South African Journal of Child Health* 2014;8(1):3-5. [<http://dx.doi.org/10.7196/SAJCH.672>]
2. Neille J, George, K, Khoza-Shangase K. A study investigating sound sources and noise levels in neonatal intensive care units. *South African Journal of Child Health* 2014;8(1):6-10. [<http://dx.doi.org/10.7196/SAJCH.676>]
3. Kuti BP, Adegoke SA, Oyelami OA, Ota MO. Predictors of prolonged hospitalisation in childhood pneumonia in a rural health centre. *South African Journal of Child Health* 2014;8(1):11-15. [<http://dx.doi.org/10.7196/SAJCH.663>]
4. Izugbara C. Whose child is dying? Household characteristics and under-5 mortality in Nigeria. *South African Journal of Child Health* 2014;8(1):16-22. [<http://dx.doi.org/10.7196/SAJCH.660>]
5. Swart PDR, Rautenbach K, Raubenheimer JE. Reticulocyte haemoglobin content as a diagnostic tool for iron deficiency and iron-deficiency anaemia in ill infants and children. *South African Journal of Child Health* 2014;8(1):23-27. [<http://dx.doi.org/10.7196/SAJCH.645>]

S Afr J CH 2014;8(1):2. DOI:10.7196/SAJCH.731

The *SAJCH* continues as an online journal with a heightened emphasis on original research.