

POSITION STATEMENT

TITLE: IDENTIFICATION OF DEAFNESS – NEONATAL SCREENING AND SCHOOL AGE SCREENING

ISSUE:

In the USA universal neonatal screening is mandated. In the UK, it currently is a major political issue. In Australia, a consensus statement exists, but neonatal screening has not yet become a universal practice. The NSW and ACT governments have effectively put universal screening in place in NSW and the ACT. The Victorian government has announced funding for a significant expansion to its program. Queensland commenced a program in October 2004. South Australia is progressively expanding its program. Western Australia has screened 50,000 babies since February 2000. The Northern Territory is conducting a trial at Royal Darwin Hospital. Regular school age screening is no longer conducted in schools.

Neonatal Screening

- Research (evidence) shows the benefits of neonatal screening
- There are two types of screening – Transient Evoked Otoacoustic Emissions (TEOE) and Automated Auditory Brainstem Response (ABR)
- There needs to be universal screening, including ESL and ATSI babies
- It needs to be culturally sensitive
- It needs to be followed up with a quality intervention program
- It needs well trained administrators for the testing
- There are nine main components – screening, audiological follow-up, other assessments, disclosures, home-based support, hearing aids, early intervention/support (must be 'quality'), training, and quality assurance.
- There must be tests for sensorineural loss and conductive losses.

Australian Hearing is involved in audiological follow-up and assessment. Diagnosed children should be fitted with hearing aids earlier (and continue to be fitted hearing aids until 21 years of age).

School Age Screening

- Need evidence of effect on hearing loss on learning.
- Need education of teachers, parents, and general practitioners.
- Perhaps it could be done along with other health screening, e.g. when immunising for rubella.
- If parents can get rebates for optometry and, hopefully, audiology, they might be more likely to follow-up screening with hearing checks.

POSITION:

1. The Deafness Forum accepts the Australian Consensus Statement on Neonatal Hearing Screening (Adelaide, March 2001); with the addition that universal screening must be culturally appropriate and reach all areas of the population (including ESL, ATSI and those in rural and remote areas).
2. School hearing health surveillance should be reinstated, conducted in conjunction with other relevant programs (e.g. immunisation programs).

COSTS OF POSITION:

1. No national estimates of neonatal hearing screening costs are available. In Victoria, it was estimated the costs would be \$2-2.5m per year for neonatal screening and initial follow-up. Costs of current systems (involving a large number of referrals when loss is identified) are similar.
2. No cost estimates of school hearing health surveillance are available.

RESEARCH BASIS:

1. Colorado Screening Project 1992-96 screened 41796. Of those 2709 failed, 1296 completed diagnostic follow-up, 94 were confirmed with sensorineural loss and 32 with conductive loss. The screening occurred in 25 hospitals when children were between 3 and 48 hours old. Of the 94 confirmed with sensorineural loss, 19 had a unilateral loss, 75 a bilateral loss and 7 a profound loss. Of the 32 confirmed with conductive loss, 7 had a bilateral loss, 19 had a persistent loss, and 6 had a fluctuating loss. Adverse effects of neonatal screening include maternal anxiety after false test results. The screening has led to earlier intervention. Receptive, expressive language levels have been shown to be higher if the loss is detected before six months of age (regardless of whether the child uses a spoken or signed language). Longer-term educational costs are higher if screening occurs later than six months.
2. Deafness Foundation (Victoria) has done some research regarding school hearing health surveillance and produced pamphlets in five languages.

APPROVED: Board, 23 March 2002

REVIEWED: Board/CEO – October/November 2004.

DATE OF NEXT SCHEDULED REVIEW: No review currently scheduled.