

Appendix 3

Indicators Associated with Sensorineural and/or Conductive Hearing Loss:

- A. For use with neonates (birth through age 28 days) when universal screening is not available.**
1. Family history of hereditary childhood sensorineural hearing loss.
 2. In utero infections, such as cytomegalovirus, rubella, syphilis, herpes, and toxoplasmosis.
 3. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
 4. Birth weight less than 1500 grams (3.3 lbs).
 5. Hyperbilirubinemia at a serum level requiring exchange transfusion.
 6. Ototoxic medications, including but not limited to the aminoglycosides, used in multiple courses or in combination with loop diuretics.
 7. Bacterial meningitis.
 8. Apgar scores of 0-4 at one minute or 0-6 at five minutes.
 9. Mechanical ventilation lasting five days or longer.
 10. Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss.
- B. For use with infants (age 29 days through 2 years) when certain health conditions develop that require rescreening.**
1. Parent/caregiver concern regarding hearing, speech, language, and/or developmental delay.
 2. Bacterial meningitis and other infections associated with sensorineural hearing loss.
 3. Head trauma associated with loss of consciousness or skull fracture.
 4. Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss.
 5. Ototoxic medications, including but not limited to chemotherapeutic agents or aminoglycosides, used in multiple courses or in combination with loop diuretics.
 6. Recurrent or persistent otitis media with effusion for at least three months.
- C. For use with infants (age 29 days through three years) who require periodic monitoring of hearing. Some newborns and infants may pass initial hearing screening but require periodic monitoring of hearing to detect delayed-onset sensorineural and/or conductive hearing loss. Infants with these indicators require hearing evaluation at least every six months until age three years, and at appropriate intervals thereafter.**

Indicators associated with delayed-onset sensorineural hearing loss include:

1. Family history of hereditary childhood hearing loss.
2. In utero infection, such as cytomegalovirus, rubella, syphilis, herpes, or toxoplasmosis.
3. Neurofibromatosis Type II and neurodegenerative disorders.

Indicators associated with conductive hearing loss include:

1. Recurrent or persistent otitis media with effusion.
2. Anatomic deformities and other disorders that affect eustachian tube function.
3. Neurodegenerative disorders.

Position Statement 2000 -Joint Committee on Infant Hearing, American Academy of Pediatrics.