

Surveillance of Hearing Impairment in Infants and Young Children Georgia's Universal Newborn Hearing Screening and Intervention (UNHSI) Program

Confirmation of hearing loss for children, birth to five (OCGA 31-12-2)

Reportable hearing impairment as measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss, averaging 15 dB HL or greater in either or both ears, in the frequency region 500 Hz – 4000 Hz.
Cases of hearing loss in newborns and children through 5 years, must be reported to Public Health within 7 days of diagnosis.

| | |
|--------------------------------------------------------------------------------------------------------------------|--|
| Child: Last: _____ First: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ___/___/___ | |
| Address: _____ City: _____ Zip: _____ | |
| Parent: Last _____ First _____ Relationship: _____ | |
| Phone: _____ Alt. Phone: _____ Language: _____ | |
| PCP: _____ Clinic: _____ Phone: _____ | |

Complete the section(s) appropriate for your evaluation. If performing re-screening due to referral from newborn hearing screening, please complete the Children 1st Screening and Referral Form. Do NOT delay complete diagnosis solely due to middle ear dysfunction

| | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| Diagnostic Hearing Results | | Date of Evaluation: ___/___/___ | |
| Tympanometry: <input type="checkbox"/> 226 Hz <input type="checkbox"/> 1000 Hz | | <input type="checkbox"/> ABR Click <input type="checkbox"/> VRA | |
| Right Ear: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | <input type="checkbox"/> Freq. Specific ABR <input type="checkbox"/> Pure Tone Threshold | | |
| Left Ear: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | <input type="checkbox"/> Bone Conduction ABR | | |
| | <input type="checkbox"/> Other: _____ | | |
| OAE: | | | |
| Right Ear: <input type="checkbox"/> Present <input type="checkbox"/> Absent | | | |
| Left Ear: <input type="checkbox"/> Present <input type="checkbox"/> Absent | | | |

Degree of Hearing Impairment is based on a four frequency pure tone average, if available

| LEFT EAR | | RIGHT EAR | |
|----------------------------------------------------|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| Degree (in dB HL) | Type | Degree (in dB HL) | Type |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Slight (15-25) | <input type="checkbox"/> Conductive | <input type="checkbox"/> Slight (15-25) | <input type="checkbox"/> Conductive |
| <input type="checkbox"/> Mild (26-40) | <input type="checkbox"/> Transient Conductive | <input type="checkbox"/> Mild (16-40) | <input type="checkbox"/> Transient Conductive |
| <input type="checkbox"/> Moderate (41-55) | <input type="checkbox"/> Mixed | <input type="checkbox"/> Moderate (41-55) | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderately-Severe (56-70) | <input type="checkbox"/> Sensorineural | <input type="checkbox"/> Moderately Severe (56-70) | <input type="checkbox"/> Sensorineural |
| <input type="checkbox"/> Severe (71-90) | <input type="checkbox"/> Auditory Neuropathy | <input type="checkbox"/> Severe (71-90) | <input type="checkbox"/> Auditory Neuropathy |
| <input type="checkbox"/> Profound (>90) | | <input type="checkbox"/> Profound (>90) | |

Recommended Follow Up:

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Refer to ENT, name if known: _____ | <input type="checkbox"/> Refer to Part C Program (BCW) and GA PINES |
| <input type="checkbox"/> Repeat Audiological Testing, Date: _____ | <input type="checkbox"/> Refer for Speech and Language Evaluation |
| <input type="checkbox"/> Hearing Aid Evaluation, Date: _____ | <input type="checkbox"/> Other: _____ |

Audiologist: _____ **Clinic:** _____ **Phone:** _____

Additional Comments:



**Georgia Department of Public Health
UNHSI Program
2 Peachtree, NW, 11th Floor
Atlanta, GA 30303
Phone: (404) 657-4143
Fax: (404) 657-2773**

Case Definition of Confirmed Hearing Impairment in Newborns and Children through Age 5 Years:

Reportable hearing impairment is defined as hearing impairment measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss, averaging 15 dB HL or greater in either or both ears (unilateral or bilateral), in the frequency region important for speech recognition (500 Hz – 4000 Hz). Severity of the hearing impairment shall be defined on the basis of the following measured or described hearing threshold levels:

| | | |
|----------------------------------|---------------------------------------------|----------------------------------|
| Slight Hearing Loss: 15 to 25 dB | Moderate Hearing Loss: 41 to 55 dB | Severe Hearing Loss: 71 to 90 dB |
| Mild Hearing Loss: 26 to 40 dB | Moderately Severe Hearing Loss: 56 to 70 dB | Profound Hearing Loss: > 90 dB |

Case Status:

Confirmed: A diagnosis of hearing impairment (ICD-9 codes 389.0 through 389.9) confirmed by a licensed audiologist or physician according to the case definition above is reportable.

Suspected: A 'refer' result on an initial newborn hearing screening or a follow-up hearing screening with a newborn (by either aABR or aOAE) in either ear or both ears is reportable. **Screening test results should be reporting using the Children 1st Screening and Referral Form.**

Reporting Procedures: The initial diagnosis of hearing loss that is determined or suspected to be permanent and/or progressive in nature in children up to age 5 is reportable by law (OCGA 31-12-2) to Public Health. Suspected and confirmed cases of hearing loss in newborns must be reported to Public Health within 7 days of screening or confirmatory diagnosis. Initial diagnosis of hearing loss that is determined or suspected to be permanent and/or progressive in nature in children through age 5 years is also reportable within the 7-day time frame. The Surveillance of Hearing Impairment in Infants and Young Children Form should be completed for each diagnosed case of hearing loss in children through age 5 years and mailed or faxed directly to the District UNHSI Coordinator within 7 days of confirmatory diagnosis. If the county of residence of the child is unknown, the form should be mailed or faxed to the state UNHSI program office. Forms may be reproduced or downloaded from the web at <http://health.state.ga.us/programs/unhs/>.

Form Definitions and Completion Guidelines:

Child Information: Complete all fields and demographic information for the child. If an alternative phone number is known, please list to assist in follow up.

PCP: Please provide the name of the current Primary Care Physician (PCP) for the child, including clinic name and phone number.

Diagnostic Hearing Results: Diagnostic hearing results must contain a threshold search, either by ABR or behavioral. If partial testing completed, which indicates a permanent hearing impairment, report degree of hearing impairment based on threshold testing completed. Please complete the entire diagnostic section and include test results to assist in appropriate follow up and referrals to state programs.

Degree of Hearing Impairment: Degree of hearing impairment is based on a four frequency pure tone average (500, 1000, 2000, and 4000 Hz), if available. If partial testing completed that indicates a permanent hearing impairment, report hearing impairment based on threshold testing completed. Example, if click threshold obtained for both ears at 50 dB with absent OAEs and normal tympanometry; report degree of hearing impairment as Moderate. If type of hearing loss is "Auditory Neuropathy", a degree of hearing impairment does not have to be selected.

Type of Hearing Impairment: Select type of hearing impairment, normal, conductive, transient conductive, mixed, sensorineural, or auditory neuropathy, based on comprehensive audiometric testing.

Recommended Follow Up: Please indicate all necessary follow up, based on comprehensive audiometric findings and child/family needs. If dates of future service known, either appointment date and/or time frame (i.e. 4-6 weeks), please report.

Audiologist: Provide the name of the Audiologist submitter, clinic name, and clinic phone number.

Comments Section: Provide any necessary comments not addressed on the form that are essential for adequate follow up by Public Health.



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