



EARLY HEARING DETECTION,  
DIAGNOSIS, AND INTERVENTION  
PROGRAM

# EHDDI Program Overview

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**E**arly  
**H**earing  
**D**etection  
**D**iagnosis  
**I**ntervention



# EHDDI Program Goals

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National 1-3-6 Goals for all state EHDDI Programs

- 1** All infants receive a hearing screen before they are **one** month old.
- 3** Infants who do not pass two hearing screens have a diagnostic evaluation before they are **three** months old.
- 6** Infants who are deaf or hard of hearing start early intervention (EI) services before they are **six** months old.

# What's The Rush?

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The first months of an infant's life are a critical time for developing language.



Delays in identification can lead to **developmental delays**.



Research shows that children who are deaf or hard of hearing have better outcomes when they receive early intervention prior to 6 months of age.



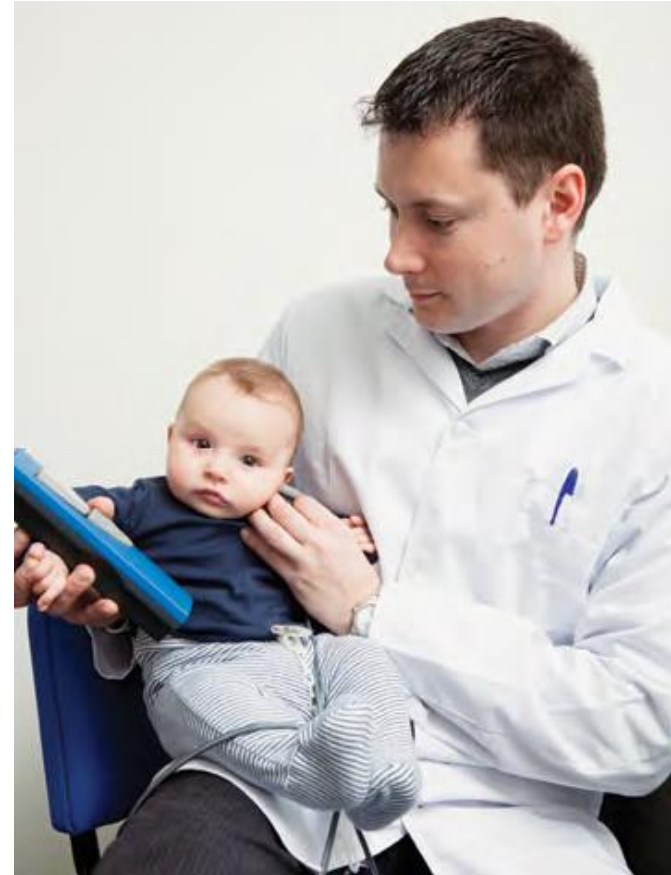


# Why Screen all infants?

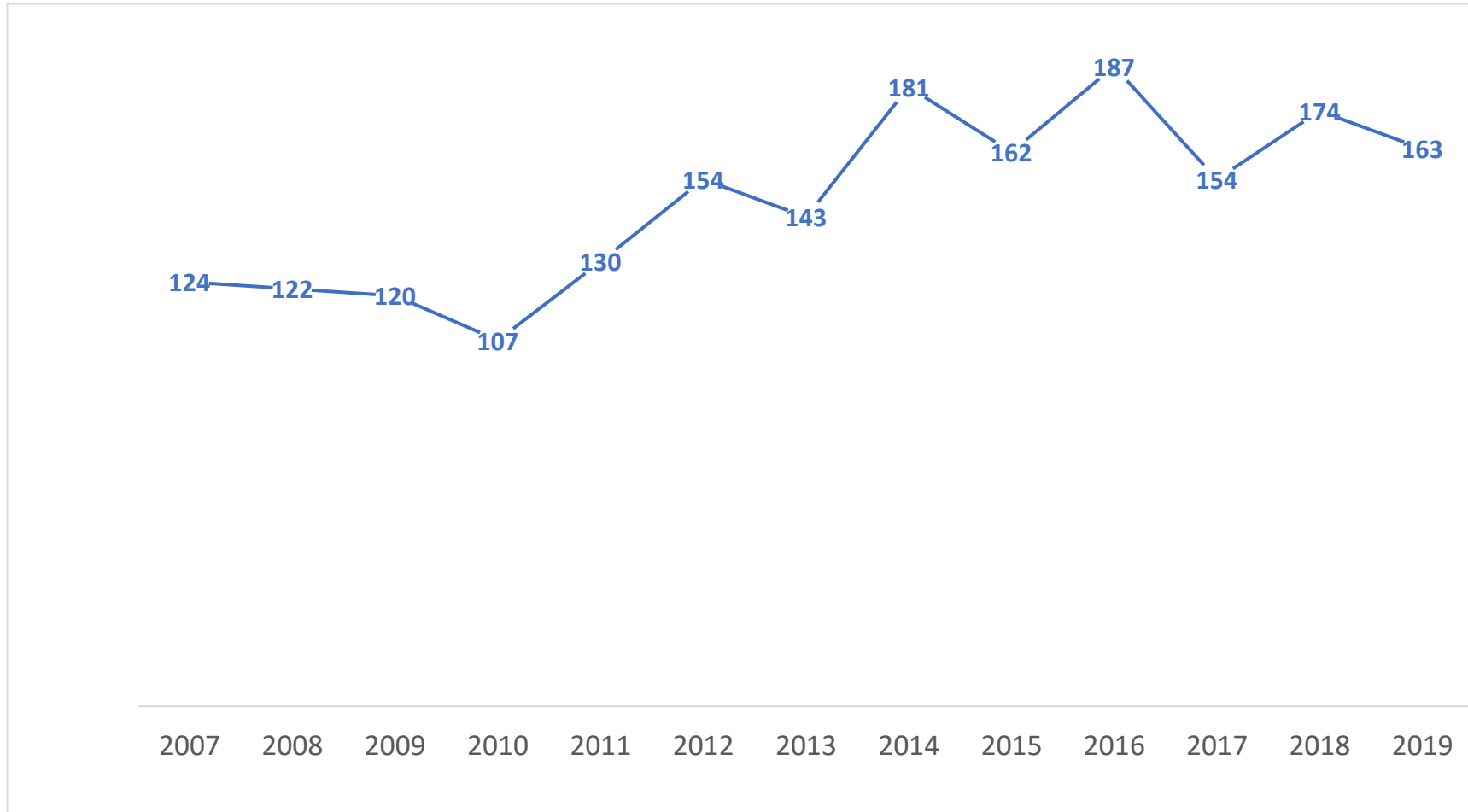
Hearing loss is a common condition present at birth

1-3 per 1000 births

It's invisible



# Number of newborns identified as deaf or hard of hearing by year of birth



## EHDDI Program Follow-up

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- Monitor that EHDDI 1-3-6 goals are met by collecting and reviewing data:
  - Hearing screening results
    - Reported on hearing screen cards by hospitals, midwives, and audiologists
  - Diagnostic hearing evaluation results
    - Reported online and via fax by audiologists
  - Early intervention enrollment data
    - Obtained through an electronic data exchange with the Early Support for Infants and Toddlers (ESIT) program

# How Do We Get Hearing Screen Results?

SEE DIRECTIONS ON BACK. PLEASE PRINT.


DO NOT USE THIS AREA

**WASHINGTON STATE NEWBORN SCREENING**  
 PO BOX 55729 SHORELINE WA 98155-0729  
[www.doh.wa.gov/nbs](http://www.doh.wa.gov/nbs)  
 DOH 304-001 (rev. 9/19)


Expires  2024-07-31

SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT

MOTHER'S INFORMATION		CHILD'S INFORMATION	
<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">LAST NAME</div> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">FIRST NAME</div> Maternal Steroids <input type="radio"/> (within 7 days) Date last ____/____/____	Birth: ____/____/____ : ____:____ <input type="radio"/> <input type="radio"/> Collection: ____/____/____ : ____:____ <input type="radio"/> <input type="radio"/> Name: _____ <small>First Last</small>		
<div style="background-color: #4a4a8a; color: white; padding: 2px;">MISCELLANEOUS INFORMATION</div>	Med Rec #: _____ Sex: M <input type="radio"/> F <input type="radio"/> Gestational Age _____ weeks Birth Order: single <input type="radio"/> if multiple A <input type="radio"/> B <input type="radio"/> ____ <input type="radio"/>		
<div style="background-color: #4a4a8a; color: white; padding: 2px;">BIRTH FACILITY</div> Facility ID (bom at): ____ - ____ - ____ Name of Facility: _____ <small>(For home-birth, use birth attendant ID)</small>	Birthweight: _____ grams <small>(ONLY use grams, not pounds/ounces)</small> Race/Ethnicity: (Fill in all that apply) White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Hawaiian / Pacific Islander <input type="radio"/> Native American <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> Hispanic <input type="radio"/>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="background-color: #4a4a8a; color: white; padding: 2px;">SUBMITTER ID</div>           Collected at (facility):            ____ - ____ - ____  <input type="radio"/> Same as Birth Facility         </div> <div style="width: 45%;"> <div style="background-color: #4a4a8a; color: white; padding: 2px;">FOLLOW-UP CARE</div>           Follow-up Clinic ID:            ____ - ____ - ____  <input type="radio"/> Same as Submitter         </div> </div>	<div style="background-color: #d9d9e9; padding: 2px;">CHILD'S SPECIAL CONSIDERATIONS</div> NICU <input type="radio"/> HATPN <input type="radio"/> Steroids <input type="radio"/> Antibiotics <input type="radio"/> <small>(within 24 hours) (within 7 days) (within 24 hours)</small> Transfused (RBC) <input type="radio"/> Date last ____/____/____		
<input type="radio"/> <b>REFUSED:</b> Check box if refused and sign form on reverse (required)			


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DO NOT USE THIS AREA		<b>NEWBORN SCREENING (EHDDI)</b> <b>WASHINGTON STATE DEPT. OF HEALTH</b> P.O. BOX 55729 (1610 NE 150th St) SHORELINE, WA 98155-0729; www.doh.wa.gov/ehddi PH (206) 418-5410 Toll Free: 1-866-660-9050			
<b>MOTHER'S INFORMATION</b>		<b>CHILD'S INFORMATION</b>			
LAST NAME _____ FIRST NAME _____		Birth: Mo Day Yr _____ / _____ / _____ Name: _____ First                                Last Medical Record #: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Twin: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/>			
<b>OPTIONAL NOTES</b>					
<b>HEARING SCREENING</b>					
Date of Screen: _____ / _____ / _____		Outpatient Provider: _____		Facility of Screen: _____	
Refused <input type="checkbox"/>		<b>Left Ear</b>		<b>Right Ear</b>	
<u>Test Method</u> <input type="checkbox"/> TEOAE <input type="checkbox"/> ABR <input type="checkbox"/> DPOAE		Pass <input type="checkbox"/> Refer <input type="checkbox"/>		Pass <input type="checkbox"/> Refer <input type="checkbox"/>	
		<u>Risk Factors (See Back)</u> 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0—No Risk Factors			
<b>PLACE INITIAL EHDDI ID # →</b>					
				RESCREEN	

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Blue "Rescreen" Card

# Risk Factors for Late-Onset Hearing Loss

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- Neonatal Intensive Care (NICU) stay of >five days
- Stigmata or other findings associated with a syndrome known to include hearing loss
- Family history of permanent hearing loss
- Craniofacial anomalies
- In-utero infections with **cytomegalovirus**, herpes, toxoplasmosis, rubella, or syphilis

Recommendation for baby who passes newborn hearing screening but has cCMV is to have a diagnostic hearing evaluation by three months of age and regular monitoring of hearing after that.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**Early Hearing-loss Detection, Diagnosis, and Intervention Program**  
1610 N.E. 150<sup>th</sup> Street · Shoreline, Washington 98155  
Phone 206-418-5613 Toll Free 1-888-WAEHDDI (1-888-923-4334) Fax 206-364-0074

**Action Needed: Passed Hearing Screen but has Risk Factor for Hearing Loss**

9/14/2022

TO: WASHINGTON STATE PEDIATRICS

**RE: LUKE SKYWALKER**

Mother: TEST MARCIE RIDER

**DOB: May 12, 1977**

EHDDI #:

Birth Facility: NEWBORN SCREENING

Newborn Hearing Screen Results	<b>PASSED <u>BUT</u> AT RISK</b>
Risk Factor(s) for Late-onset/Progressive Loss	<b>IN UTERO INFECTION</b>
Follow-up Needed	<b>DIAGNOSTIC AUDIOLOGY EVALUATION</b>
Due Date	<b>3 MONTHS OF AGE FOR CYTOMEGALOVIRIUS (CMV) 9 MONTHS OF AGE FOR OTHER IN UTERO INFECTIONS</b>

For a list of audiology clinics for infants, please visit [www.doh.wa.gov/infantaudiology](http://www.doh.wa.gov/infantaudiology).

Children with cytomegalovirus infection, syndromes associated with progressive hearing loss, neurodegenerative disorders, trauma, or culture-positive postnatal infections associated with sensorineural hearing loss may need earlier and more frequent evaluations. For more information about risk factors for late-onset or progressive hearing loss, please visit [www.doh.wa.gov/hearingriskfactors](http://www.doh.wa.gov/hearingriskfactors).

**PLEASE FAX THE FOLLOWING INFORMATION REGARDING YOUR ACTIONS TO (206) 364-0074.**

This patient was referred to \_\_\_\_\_ on \_\_\_\_\_.  
(name of audiology clinic) (date)

We shared the hearing screen results and recommendations with the patient's parent or legal guardian and they understand the recommendations.

This patient does not have any of the risk factors indicated.

This patient's parent or legal guardian declined further testing.

This patient is not seen at this facility. Current provider (if known): \_\_\_\_\_

OTHER \_\_\_\_\_

If you have any questions, please contact us at (206) 418-5613.

## EHDDI Program Follow-up

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- Recommend follow-up through primary care providers (PCPs) when an infant needs additional testing or services.
- Work with audiologists, Family Resources Coordinators (FRCs), and PCPs to ensure audiology and early intervention referrals are placed and received.
- Provide families with resources when a child is referred for diagnostic testing and identified as deaf or hard of hearing.



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). TTY users dial 711.