



BOH MEETING – cCMV  
APRIL 9, 2025



EHDDI Program

## EHDDI Program

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# Early Hearing Detection Diagnosis and Intervention



# 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 **1** month old.
- 3** Infants who do not pass two hearing screens have a diagnostic evaluation before they are **3** months old.
- 6** Infants who have been identified as deaf or hard of hearing (DHH) start early support (early intervention) services before they are **6** months old.



## What Does EHDDI Do?

- Monitors that EHDDI 1-3-6 goals are met by collecting and reviewing data:
  - Hearing screening results
  - Diagnostic hearing evaluation results
  - Early support enrollment data
- Recommends follow-up through primary care providers (PCPs) when an infant needs additional testing or services.
- Works with audiologists, Family Resources Coordinators (FRCs), and PCPs to ensure audiology and early support referrals are placed and received.
- Provides families with resources when a child is referred for diagnostic testing and identified as deaf or hard of hearing.

# Newborn Hearing Screening in Washington

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- Newborn hearing screening is **optional** in Washington State.
  - All birth hospitals provide hearing screenings.
    - 99% of infants receive a hearing screening.
  - 63 midwives have hearing screening equipment.
    - Provide hearing screenings to out-of-hospital births.
      - ◆ 65% of out-of-hospital births received a hearing screening.
- 1-3 infants per 1,000 births are deaf or hard of hearing.
- Each year, ~170 infants born in Washington are identified as deaf or hard of hearing.





# Risk Factors for Hearing Differences (Hearing Loss)

1. Extended stay in NICU
2. Syndromes
  - Trisomy 21
  - Waardenburg
  - Branchio-Oto-Renal
  - CHARGE
  - Usher
  - Pendred
3. Family History
4. Craniofacial Anomalies
  - Cleft Lip/Palate
  - Atresia/Microtia
  - Ear Tags/Ear Pits
5. In-Utero Infections
  - Toxoplasmosis
  - Syphilis
  - **CMV**
  - Rubella
  - Herpes

DO NOT USE THIS AREA		NEWBORN SCREENING (EHDDI) WASHINGTON STATE DEPT. OF HEALTH P.O. BOX 55729 (1610 NE 150TH ST) SHORELINE, WA 98155-0729 Phone: 206-418-5410 Toll Free: 1-866-660-9050			
<b>MOTHER'S INFORMATION</b>		<b>CHILD'S INFORMATION</b>			
LAST NAME		Birth: Mo / Day / Yr Hr : Mn am pm			
FIRST NAME		Collection: / / : : am pm			
<b>MISCELLANEOUS INFORMATION</b>		Name: First Last			
		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"/> _____			
<b>HEARING SCREENING</b>					
Date of Screen: / /		Follow-Up Clinic:		Screener Initials: (please print)	
Refused <input type="radio"/>		Left Ear		Right Ear	
Test Method		Pass <input type="radio"/>		Pass <input type="radio"/>	
<input type="radio"/> TEOAE		Refer <input type="radio"/>		Refer <input type="radio"/>	
<input type="radio"/> ABR					
<input type="radio"/> DPOAE					
		<b>Risk Factors Present</b> (See Definitions on Back of Card) 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0 - No Risk Factors			
EHDDI				5398601X	

# cCMV and Hearing Differences

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- cCMV is the leading non-genetic cause of sensorineural hearing loss (SNHL) in children.
  - Accounts for 25% of hearing differences in children by age 4.
- cCMV related SNHL can occur:
  - At birth or later in childhood.
  - In 30%-70% of symptomatic cases.
  - In 10%-15% of asymptomatic cases





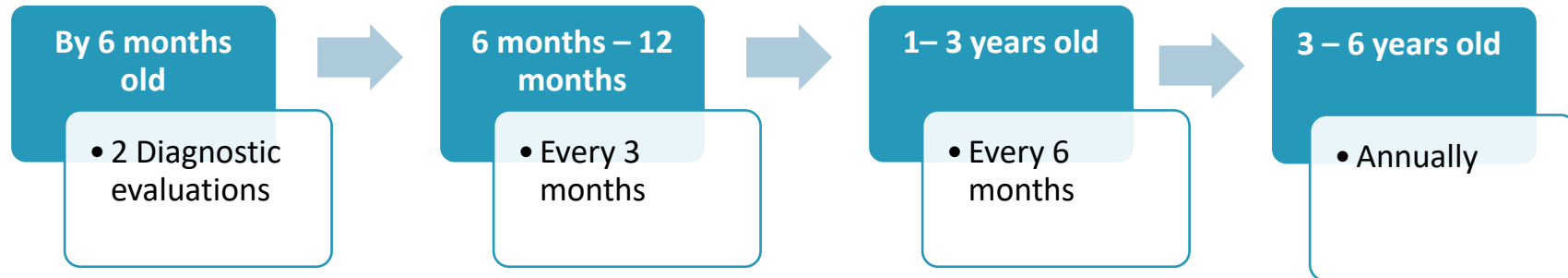
## Current Process: Risk Factor Follow-Up

- For infants who pass their hearing screening, but have a risk factor, we provide follow-up recommendations to the PCP through fax.
  - [Joint Committee on Infant Hearing \(JCIH\) 2019 Position Statement](#)
    - First evaluation by 3 months of age
    - Then every 12 months to age 3 or shorter intervals based on parent/caregiver concern
- We send a maximum of two faxes then our follow-up process ends unless we receive a diagnostic evaluation showing the child needs more follow-up.



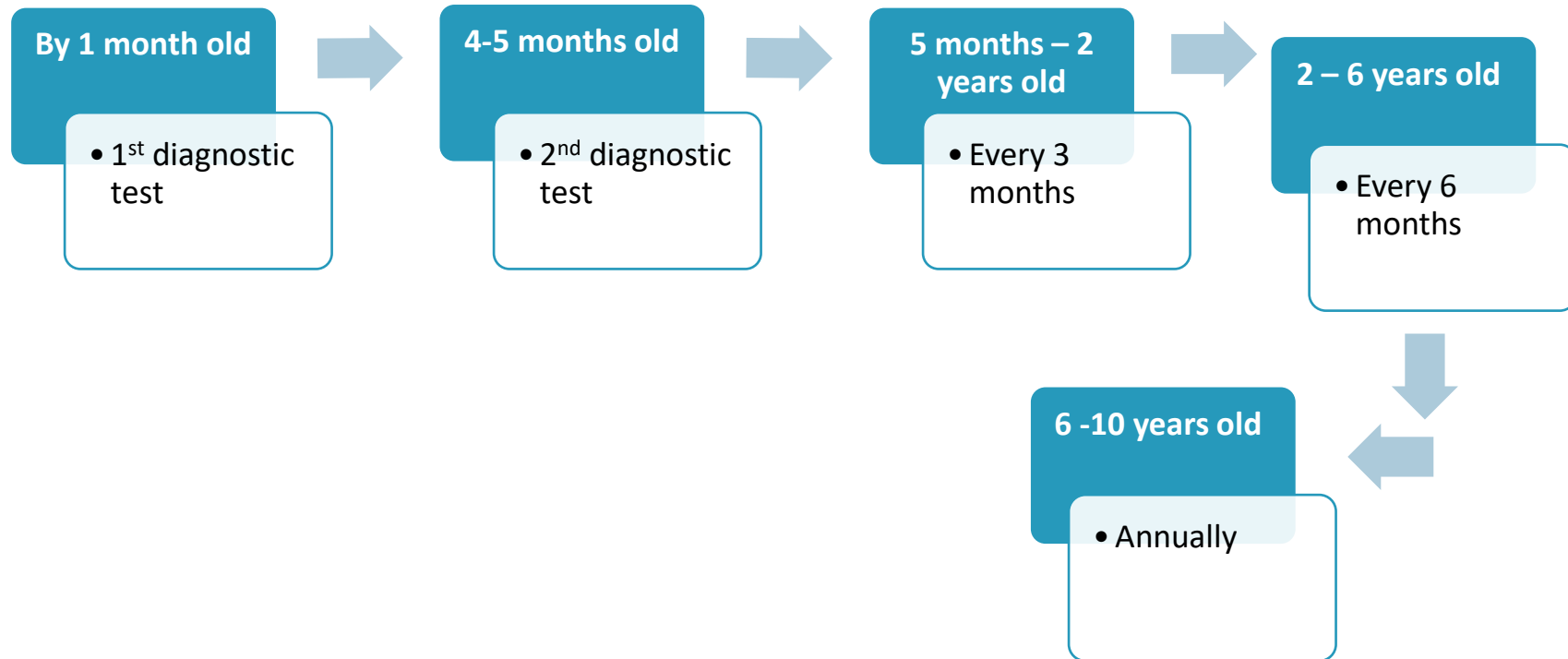
# Recommended Audiological Monitoring - cCMV Infants that Passed their Hearing Screen

- Seattle Children's Audiology – Based on [American Academy of Audiology](#) recommendations.



# Recommended Audiological Monitoring

## ● Minnesota



# Pediatric Audiology Clinics in Washington

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- Pediatric audiology clinics have specialized equipment needed to test children from birth to 6-9 months of age.
  - [30 clinics in Washington](#)
    - 8 in Central/Eastern Washington
    - 22 in Western Washington
  - 5 clinics in Oregon near the Washington border
    - 2 clinics frequently see Washington patients.
- 9 audiology clinics only see pediatric patients
  - Mary Bridge Audiology (5 clinics)
  - Seattle Children's Audiology (3 clinics)
  - UW Pediatric Audiology (1 clinic)

# Current Challenges

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- Longer wait times (2-3 months) at larger audiology clinics.
  - Seattle Children's
  - Mary Bridge
- Lack of pediatric audiology clinics in Central/Eastern Washington.
- The clinics in Central/Eastern Washington are smaller.
  - Do not have as many audiologists
  - Less capacity for patients





# Summary

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- The EHDDI program conducts follow-up when notified that a child has cCMV.
- There are no universally accepted guidelines for the long-term audiological follow-up of children with cCMV.
- Infants with late onset hearing differences will be identified through universal screening and monitoring.
- Increase in children requiring audiological follow-up may strain capacity at audiology clinics.



Questions?



# EHDDI Program

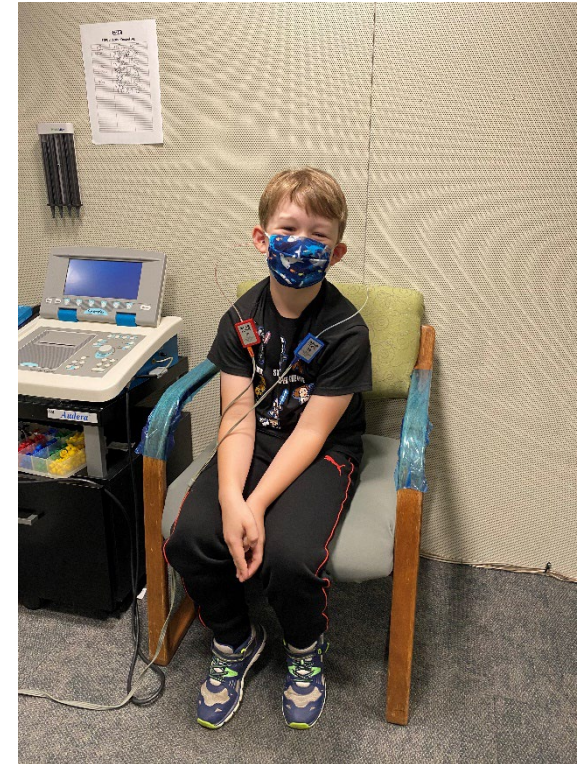
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