

Joint Committee on Infant Hearing Indicators for Children Who Are At Risk for Late Onset or Progressive Hearing Losses

The following indicators "...place an infant at risk for progressive or delayed-onset sensorineural and/or conductive hearing loss" and warrant audiologic monitoring every 6 months until age 3 years even if the infant passed the birth screen:

- Parental or caregiver concern regarding hearing, speech, language, and or developmental delay
- Family history of permanent childhood hearing loss
- Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
- Head trauma
- Recurrent or persistent otitis media with effusion for at least 3 months.
- Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian
- In-utero infections such as cytomegalovirus, herpes, rubella, syphilis and toxoplasmosis
- Neonatal indicators-specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECHMO)
- Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome
- Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.