

with a permanent bilateral hearing impairment >40 dB HL detected another five to nine children (50%-90%) would manifest such a hearing impairment by the age of 9 years. These additional children would comprise some with congenital impairments who either miss neonatal hearing screening or pass the screening despite having a hearing impairment, some who acquire an impairment postnatally, and others who manifest late onset or progressive impairments. Paediatric audiology and associated services will need the capacity and skills to identify and then confirm impairments in these children. ♦

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Screening of newborns for hearing impairment: Statement from the US Preventive Services Task Force

The US Preventive Services Task Force (www.ahrq.gov/clinic/uspstfab.htm) recently completed a review of the evidence for routine screening of newborns for hearing impairment,¹ and issued a policy statement based on that review in October 2001 (www.ahrq.gov/clinic/3rduspstf/newhearr.htm). The task force concluded that there is insufficient evidence to recommend for or against such screening, whether it is a universal policy of screening all newborns or selective screening of newborns with selected risk factors. The task force found convincing evidence that universal screening leads to earlier detection and treatment of hearing loss, by an average of 6-9 months, but studies suggesting that early intervention is associated with better language and communication skills were found to have had serious methodologic limitations. Screening only high-risk groups (eg, children in the neonatal intensive care unit and those with other risk factors for hearing loss) increases the yield of screening and lowers the incidence of false-positive results, but its effectiveness in improving outcomes is no more certain than for average-risk newborns. Other groups have issued more positive recommendations for screening, and legislation in most states requires screening of at least high-risk newborns. A mathematical model developed by the task force estimated that extending the policy from selective to universal screening detects one additional case before age 10 months per 1441 infants screened and results in treatment before 10 months in one out of 2401 infants screened. Fully 254 newborns would be referred for audiological evaluation based on false-positive, second-stage screening results, whereas only 48 would be referred with selective screening.

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