

**Tennessee Department of Health
Newborn Hearing Screening Program**

Joint Committee on Infant Hearing (JCIH) 2000 Position Statement

Risk Indicators for Progressive and Delayed Onset or Acquired Hearing Loss

1. The JCIH risk indicators for **birth through age 28 days** where universal hearing screening is not yet available. These indicators are as follows:
 - a. An illness or condition requiring admission of 48 hours or greater to a neonatal intensive care unit.
 - b. Stigmata or other findings associated with a syndrome known to include a sensorineural and or conductive hearing loss.
 - c. Family history of permanent childhood sensorineural hearing loss.
 - d. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
 - e. In utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella.

2. The JCIH recommends the following indicators for use with **neonates or infants (29 days through 2 years)**. These indicators place an infant at risk for progressive or delayed-onset sensorineural hearing loss and/or conductive hearing loss. Any infant with these risk indicators for progressive or delayed-onset hearing loss who has passed the birth screen should, nonetheless, receive audiologic monitoring every 6 months until age 3 years. These indicators are as follows:
 - a. Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay.
 - b. Family history of permanent childhood hearing loss.
 - c. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or eustachian tube dysfunction.
 - d. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
 - e. In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
 - f. 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 (ECMO).
 - g. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.
 - h. Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.
 - i. Head trauma.
 - j. Recurrent or persistent otitis media with effusion for at least 3 months.