

Audiology Newsletter of the Minnesota Early Hearing Detection & Intervention Program

Impact of COVID-19

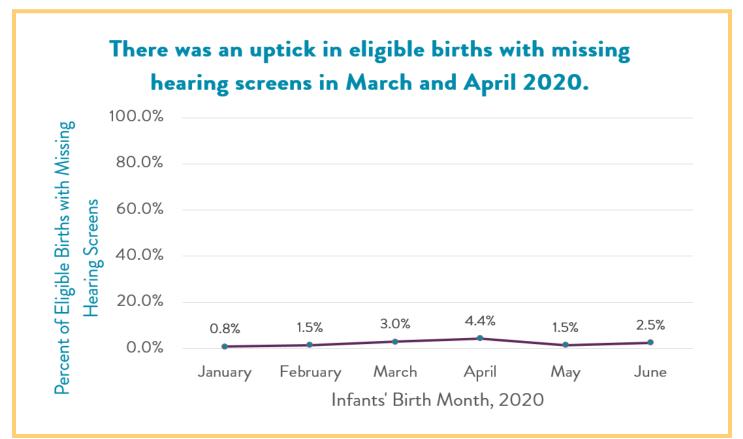
Screening

As communities adapted to the evolving COVID-19 situation from mid-March to mid-April, there were some temporary disruptions to newborn hearing screening at several Minnesota hospitals. All four hospitals actively communicated with MDH during this time so that MDH could provide additional support and communication to primary care providers for infants who had a missed screen. Birth hospitals also made safety decisions in

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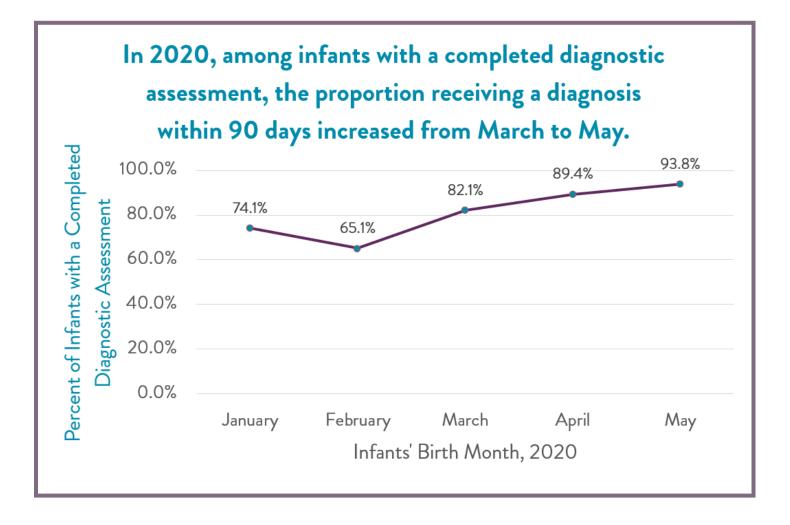
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some cases to defer screening of babies whose mother was COVID positive during the baby's inpatient stay. Additionally, some families chose to leave the hospital early with their infant before inpatient hearing screening could be completed. As a result, preliminary data does suggest a slight uptick in missed hearing screens during March and April of 2020.



Follow-up for REFER/Did Not Pass Results or Missed Infants

Despite significantly altered audiology staffing and care pathways given new safety protocols, audiologists were able to streamline and prioritize scheduling of newborns needing follow-up due to a missed or REFER hearing screen result. Many locations were able to complete a full audiological assessment at the first outpatient appointment in order to avoid multiple visits. Preliminary 2020 data (as reported by mid-September) suggests the proportion of infants with a REFER and who had a completed diagnosis within 90 days actually increased (improved) in March, April and May. Overall, there has been an increased number of MDH support contacts needed per case, and an increased number of families needing follow-up. MDH staff continue to send a clear message that hearing screening and follow-up should be prioritized even though this may happen differently in various communities given the local COVID19 situation.



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Did you know? Resources for Unilateral Hearing Loss (UHL)

An international panel of experts on children with UHL convened in late 2017, and subsequently published a guideline for professionals in 2019. <u>The Consensus practice parameter: audiological assessment and</u> <u>management of unilateral hearing loss in children</u>, provides guidance for individualized management of children with UHL. A <u>Parent guide for understanding best practice recommendations for children with unilateral hearing</u> <u>loss</u> was also recently developed. The purpose of this document is to facilitate communication between families and providers so that they are both better able to advocate for the child's success.

Have You Heard?

Congenital Cytomegalovirus (cCMV) Learning Opportunity

The CCMV Public Health & Policy Conference was unable to be held in person as planned this fall. In lieu of this, the planning committee was able to provide virtual learning opportunities during the week of August 31st. Recorded/captioned sessions are available at <u>https://www.infanthearing.org/videos/index.</u> <u>html#webinars</u>. Specific sessions are as follows:

- <u>The Universal Screening: The Ontario Story</u>
- Hearing and Congenital CMV: Overview
 Screening, Diagnosis, and Interprofessional Care
 for Infants and Children with cCMV
- <u>Universal Congenital Cytomegalorvirus</u>
 <u>Screening: Experiences of Newborn Saliva</u>
 <u>Collection from Five Minnesota Hospitals</u>
- Making a Difference without Legislation
- <u>CMV 101</u>



Last Words from the Advisory Committee

Meeting highlights...

 August 19, 2020 meeting was a virtual meeting. Primary Care, audiology, & otolaryngology committee members shared observations of the impact of COVID-19 on their care of infants requiring newborn hearing screening and follow-up. Meeting minutes will be posted at <u>https://www.health.state.mn.us/people/</u> <u>newbornscreening/program/nhsaccommittee.</u> <u>html#meetings</u>.

Next meetings...

November 18, 2020 February 17, 2021 1:00 – 4:00 p.m. Location and meeting format to be determined

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