

# Oregon EHDI Newsletter

May 2011



## EHDI Rolls Out Electronic Reporting System for Diagnostic Facilities

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EHDI's diagnostic centers are saying farewell to the paper reporting forms they used for years and giving their fax machines a well-deserved rest.

EHDI has developed a secure, web-based reporting system that allows audiologists to enter hearing results electronically and in "real time", eliminating the extra steps and delays in reporting that the old faxing system sometimes caused. The new system, known simply as the EHDI website, was customized to EHDI protocols with input from audiologists from Legacy Health Systems, OHSU, and Providence Health Systems.

The rollout began in mid-March with an e-mail from EHDI to the diagnostic centers about the new system. The message included a link to the training videos audiologists were required to view before requesting a user name and password. The transition will conclude June 1, when EHDI will return any diagnostic reporting forms submitted by fax and remind audiologists to enter the results into the new system.

One feature still under construction will streamline the EI referral process for audiologists, allowing referrals to be sent electronically to the appropriate EI facilities by pressing a "Send EI Referral" button within each child's record. The EI facility will receive an automatically generated e-mail with a link to that child's record and test results, which can be accessed through a secure login that EHDI staff provides. EHDI will stay informed through reports generated behind the scenes.



"So far, the transition from paper to electronic reporting has been going quite well," said EHDI Follow-up Specialist Julie Hass. "Transitions like this always present challenges, but the EHDI screening hospitals have been entering their own hearing results electronically for a few years now, and it was time for the diagnostic centers to do the same. This change will eliminate delays that slow getting needed services to children. It will ultimately make things better for the children we all serve."

## Free Infant and Toddler Hearing Screenings

Free hearing screenings are now available for babies and children up to five years old. Anyone can make an appointment to have their child's hearing screened.

The screening is noninvasive and takes about ten to twenty minutes. Babies who are born in hospitals usually get their hearing screened before they are discharged. Many of those babies should be re-screened. Children born out of hospitals don't get their hearing screened unless their parents take them somewhere to get it done. The cost is usually \$100, maybe beyond the reach of the uninsured, which is why these free screening clinics are so important.

### THE FACTS:

1. Hearing loss is hard to identify without testing - it can be subtle, yet serious.
2. Six out of every 1,000 babies born will have some degree of hearing loss.
3. Hearing loss may result in delays in speech and language development.
4. Early identification and intervention enhances your child's potential for speech and language development.



### FREE HEARING SCREENING DATES AND LOCATIONS:

**You must make an appointment for a free screening. To make an appointment, call or e-mail the contact person listed for each clinic. If neither of the dates listed work for you, contact the person listed anyway as there are always future clinics being planned.**

#### Wednesday, May 25, 2011

Portland State University Audiology Clinic  
Neuberger Hall, Room 85  
725 SW Harrison  
Portland, OR 97201

To make an appointment call 503-725-3070 or e-mail Anne Heassler at [anh@pdx.edu](mailto:anh@pdx.edu)

#### Monday, June 17, 2011

Alma Midwifery  
1233 SE Stark  
Portland, OR 97214

To make an appointment call Carol Gray at 503-830-8995 or e-mail Carol Gray at [carol@carolgray.com](mailto:carol@carolgray.com)  
Free infant Craniosacral therapy\* is available at this clinic. Please let them know if you would like an appointment for both.

\*Craniosacral therapy (CST) is a gentle, noninvasive, yet effective type of bodywork. Seldom does the therapist use more than five grams of pressure (the weight of a nickel). In infants, it is used to treat colic, sleep disorders, feeding problems, breathing or digestive difficulties, various congenital, neurological and genetic problems, plus the effects of forceps, vacuum extractor or cesarean delivery. For more information about craniosacral therapy, visit [http://www.carolgray.com/carolgray/Craniosacral\\_Therapy.html](http://www.carolgray.com/carolgray/Craniosacral_Therapy.html)

## Announcements from Oregon School for the Deaf (OSD)

Contributed by Outreach Coordinator Sharla Jones

OSD held a wonderful four-day conference April 19 - 22 at OSD for Middle Schoolers from all over Oregon. We had 48 participants, all from various counties. This is our annual event called LIFE - this year LIFE stands for "Look Inside for Empowerment." The third week in April is the time we reserve for this. If you know of any Deaf or Hard of hearing 11 - 15 year olds, please refer them to [Sharla Jones](#) for future conferences.

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May 13 - 15: We are hosting the second annual West Coast Haunters Convention. Many workshops will be interpreted into ASL. If you are curious and want to see what our deaf students are passionate about, come participate! <http://westcoasthaunters.homestead.com/>

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May 18-19: We have our BEAT kids performing songs and poetry to the public at 7pm each night - free admission. Seats go fast so arrive early! They were the opening act for Marlee Matlin and Henry Winkler at the MedAssist and Project Access event April 15th. See them in the Statesman Journal:

<http://www.statesmanjournal.com/apps/pbcs.dll/article?AID=2011104160339>

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June 1: Our annual Carnival Night will happen from 5 - 9 pm - we welcome the public and children of all ages to enjoy lots of fun games, bouncy houses and cake walk. The students at OSD run the Carnival and the proceeds go to our Student Body Government. Check out our website for more details: [www.osd.k12.or.us](http://www.osd.k12.or.us)



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## New Study on CMV Risk Factor for Hearing Loss\*

**Some Child Hearing Loss Tied to CMV During Pregnancy** by Leigh Krietsch Boerner

NEW YORK (Reuters Health) - Hearing loss in a child may have links to a virus that Mom got while she was pregnant, according to a new study.

In kids that had some degree of hearing loss, about 9% also had cytomegalovirus (CMV) at birth, says a new study in the January Archives of Otolaryngology-Head and Neck Surgery.

"(CMV) needs to be on the list of things we think about when we see a child with hearing loss," said lead author Dr. Stephanie Misono, from Vanderbilt University in Nashville.

For women who are already infected when they become pregnant, the chances of passing it along to their children are quite small. It's women who pick it up while pregnant who have a higher chance, according to the study, but it's still quite unlikely that their babies will develop CMV-related hearing loss.

Up to one in 1,000 children have some kind of serious hearing loss, meaning that they can't hear ordinary conversation, according to the American Speech Language Hearing Association. About half of these cases are hereditary.

For parents that have no hearing loss, this helps to at least find out why this might have happened in their child, Dr. Misono said. However, there is no effective treatment or vaccine, and the study was not designed to determine whether CMV actually causes hearing loss.

Past studies showed a link between hearing loss and CMV, but there haven't been any that looked at kids with hearing loss and tried to determine if it came from a CMV infection.

Up to one in 25 women will get CMV while they're pregnant, which is when it's risky for the baby. It's been linked to several developmental issues in children, including mental retardation and cerebral palsy. Hearing loss is the most common problem.

If a woman gets CMV while she's pregnant, she has about a 33% chance of passing it along to her baby, according to the CDC.

But about half of women have already had it by the time they get pregnant. There's less than a 1% chance of passing it along to the unborn baby if this is the case, said Karen Fowler, who studies childhood infections at the University of Alabama in Birmingham, and who did not work on this study.

This study looked at 354 kids 4 years and older who were tested for CMV at birth. All of these children had hearing loss, and 34 of them had CMV they had gotten from their mothers.

The degree of hearing loss varied from partial impairment in one ear to total deafness, but kids that had CMV at birth had more severe hearing loss than their CMV-negative peers. Also, a higher percentage of those with CMV had hearing loss in only one ear. Dr. Misono said it's unclear why this is.

Researchers don't know why being exposed to CMV in utero might cause hearing problems in kids later, but the virus could be doing some kind of damage, said Fowler. Babies who get CMV after they're born have no increased risk of hearing loss.

Knowing how exactly CMV causes hearing loss is important if a treatment is going to be developed, Misono said.

\*Many thanks to *Medscape News* and Dolores Orfanakis for bringing this article to EHDI's attention.

## Family Survey on Hearing Aid Issue

Utah State University is conducting a research study to find out more about parents' experiences in getting hearing aids when their infant or young child is diagnosed with a hearing loss. They would like to learn more about any challenges that parents may have had getting hearing aids for their child/children and then using the hearing aids. Feedback is important and can lead to better services for families, so please share this with any parents you know who could complete the survey. Parents can access and complete the anonymous survey at [www.infanthearing.org/survey/ha-parents/](http://www.infanthearing.org/survey/ha-parents/) Survey results must be submitted by June 1.

## Contact Oregon EHDI

**EHDI Program questions: 1-888-917-HEAR (4327)**

**EHDI Website: Type [healthoregon.org/ehdi](http://healthoregon.org/ehdi) in your browser's address bar. (It's a shortcut that's much easier than using our actual loooong web address.)**

**Submit newsletter contributions to [julie.a.hass@state.or.us](mailto:julie.a.hass@state.or.us)**

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call EHDI at 1-888-917-HEAR (4327) to arrange for the alternative format that will work best for you.