

## VIHSP 2005

In May 2004, the Victorian Government announced funding for a significant expansion to the Victorian Infant Hearing Screening Program. As of February 2005, all neonates born or admitted to the following six hospitals will be offered pre-discharge hearing screening:

- Royal Children's Hospital
- Royal Women's Hospital
- Mercy Hospital for Women
- Monash Medical Centre
- Frances Perry House
- Jessie McPherson Private Hospital

The Department of Human Services has determined that the Royal Children's Hospital will be the host agency for VIHSP.

## Current hearing screening activities in Victoria

Since 1992 newborn children with certain 'risk factors' for hearing loss have been identified and referred directly to diagnostic audiology. Children without specific risk factors are screened at 7-9 months of age using a modified Ewing distraction test.

In addition, since 2003, all babies admitted to neonatal intensive or special care nurseries of the Royal Women's Hospital, the Mercy Hospital for Women, the Royal Children's Hospital and Monash Medical centre have been offered a pre-discharge hearing screen as part of the VicNIC program. These screens will continue as part of the new VIHSP.

A number of smaller universal screening programs have also been operating in some regional areas in Victoria.

## Why is newborn hearing screening important?

Two of every 1000 babies born will be identified with a moderate, severe or profound hearing loss. This would mean that around 110 babies would be born with a hearing loss in Victoria each year. Significant evidence from international research has supported early diagnosis and intervention such as amplification (hearing aids or cochlear implants), and special education for children with hearing loss. Studies have shown that children who are diagnosed and receive intervention earlier demonstrate much better speech and language development and

learning skills than those who are diagnosed at a later age (Yoshinaga-Itano et al. 1998).

## The SWISH example

The New South Wales Statewide Infant Screening-Hearing (SWIS-H) program has been operating across New South Wales since December 2002. In the first year, 73,000 babies were screened, 145 babies received refer results in both ears (did not pass the screen) and were referred to diagnostic audiology, and 64 of these were diagnosed with a significant hearing loss (permanent bilateral impairment). (Figures from Murphy, E and LeBas, L. 2003)

Prior to implementation of the SWISH program the average age of detection of permanent hearing impairment in NSW was 18 months, and average age of hearing aid fitting, 22 months. SWISH now aims to ensure that intervention commences before 6 months of age.

Recently, members of the VIHSP implementation team, representatives from each of the six hospitals, and other members of the hearing screening and diagnostic community met with Chris Rhodes and Leigh-Erin Radford from the SWIS-H program to share ideas and knowledge on the running of a universal hearing program.

## VIHSP Program Management

A **Steering Committee** has been set up to oversee the implementation and operation of the expanded Victorian Infant Hearing Screening Program. This committee, chaired by Professor Frank Oberklaid (Director, Centre for Community Child Health), will be supported by a number of working parties focussing on specific areas such as hospital liaison, screening, diagnosis, data collection, and evaluation and quality assurance. An **early intervention working group** is being convened by the Department of Human Services.

Members from a wide range of backgrounds/ fields of expertise and organisations have agreed to participate in these working groups.

A core implementation and administrative group will be based at the Centre for Community Child Health, at the Royal Children's Hospital.

This newsletter is produced by the Victorian Infant Hearing Screening Program for the various professional groups involved in infant hearing screening in Victoria. These include Maternal & Child Health nurses, audiologists, paediatricians, midwifery and neonatal care staff, early intervention staff and key government staff