RISK FACTORS ASSOCIATED WITH PERMANENT CONGENITAL, DELAYED ONSET OR PROGRESSIVE HEARING LOSS IN CHILDHOOD

- Parental or caregiver concern regarding hearing, speech, language or developmental delay

- Family history of permanent childhood hearing loss

- Neonatal intensive care (NICU) stay of more than 5 days or any of the following regardless of length of stay:
  - ✓ Extracorporeal membrane oxygenation (ECMO),
  - ✓ Assisted ventilation,
  - ✓ Exposure to ototoxic medications (gentimycin and tobramycin) or loop diuretics (furosemide/Lasix)
  - ✓ Hyperbilirubinemia that requires exchange transfusion

- Craniofacial anomalies, including those that involve the:
  - ✓ Pinna
  - ✓ Ear canal,
  - ✓ Ear tags
  - ✓ Ear pits
  - ✓ Temporal bone anomalies

- Culture-positive postnatal infections associated with sensorineural hearing loss including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis

- In-utero infections such as:
  - ✓ Cytomegalovirus (CMV)
  - ✓ Herpes,
  - ✓ Rubella,
  - ✓ Syphilis
  - ✓ Toxoplasmosis

- Syndromes associated with hearing loss or progressive or late onset hearing loss such as:
  - ✓ Neurofibromatosis
  - ✓ Osteopetrosis
  - ✓ Usher syndrome
  - ✓ Waardenburg
  - ✓ Alport
  - ✓ Pendred
  - ✓ Jervell
  - ✓ Lange-Nielson

- Neurodegenerative disorders such as Hunter’s syndrome

- Sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome

- Physical findings, such as a white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss

- Head trauma, especially basal skull/temporal bone fractures, that requires hospitalization

- Chemotherapy

- Recurrent or persistent otitis media with effusion for at least 3 months

- Unknown family medical history (e.g. adoption)