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)