

Types of Hearing Loss Identified from November 2002 – December 2022

Conductive¹	58
Sensorineural²	29
Mixed³	7
Undetermined	17
Total:	111

There were 111 infants identified with a hearing loss since the Guam EHDI Project began in 2002. These infants were all offered early intervention services through the Guam Department of Education, Guam Early Intervention System.

¹Conductive Hearing Loss – Type of hearing loss where sound is not conducted efficiently through the outer ear canal to the eardrum and can often be medically or surgically corrected.

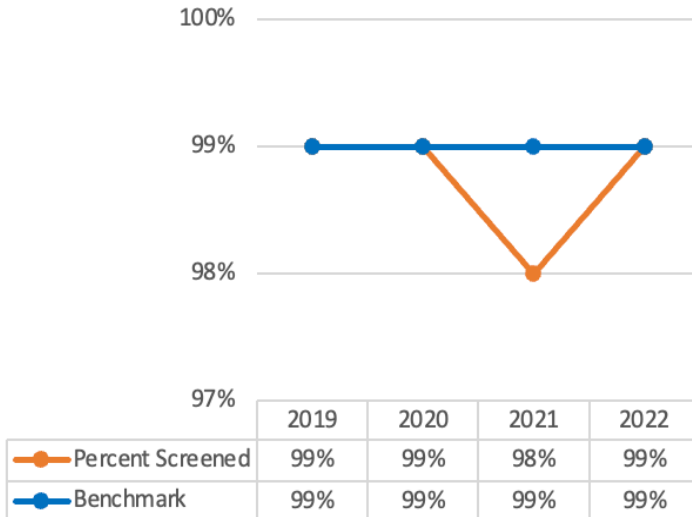
²Sensorineural Hearing Loss – Type of hearing loss when there is damage to the inner ear or to the nerve pathways from the inner ear to the brain.

³Mixed Hearing Loss – Type of hearing loss that is a combination of conductive hearing loss and sensorineural hearing loss.

Note: Data is from infants born at civilian sites: Guam Memorial Hospital Authority (GMHA), Sagua Mañagu Birthing Center (SMBC), and Guam Regional Medical City (GRMC).

Initial Screening*

*Initial Screening – Screening of infants for potential hearing loss prior to discharge from the birthing site by calendar year.

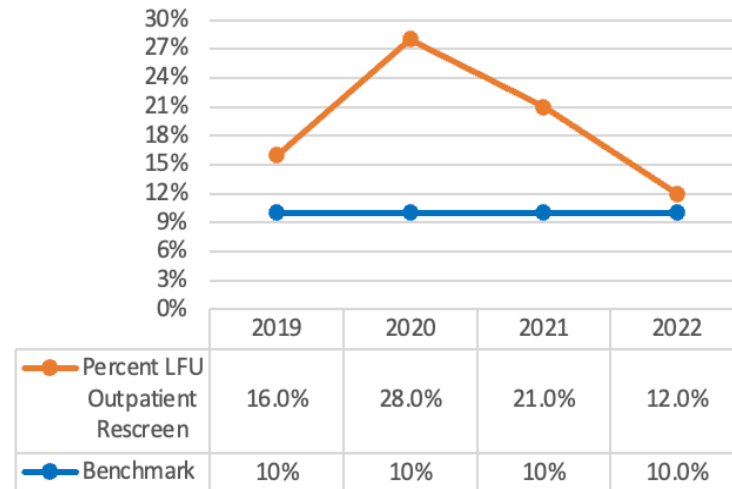


The Guam EHDI project has maintained a 99% initial hearing screening from 2019, 2020, and 2022 at all civilian birthing sites. However, in 2021, the rate decreased to 98%.

Data provided from January 1, 2022 to December 31, 2022.

Percent Lost to Follow Up at Outpatient Rescreen*

*Outpatient rescreen – Follow-up rescreen of infants who did not pass their initial hearing screening.



The Lost to Follow Up (LFU) rate for outpatient rescreens was 16.0% in 2019, increased to 28.0% in 2020, and decreased to 21.0% in 2021, and 12.0% in 2022. Although, the LFU rates exceeded the established benchmark, 2022 data has significantly decreased.

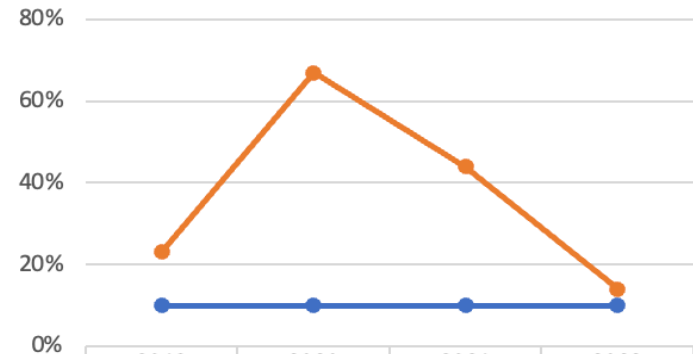
Percent Lost to Follow-up (LFU) at High Risk Rescreen*

*High Risk Rescreen – Follow-up rescreen of infants who passed their initial hearing screening but have risk factors for potential late onset hearing loss.

The Lost to Follow-up (LFU) rate for High Risk Rescreens was at 23.0% in 2019. The rate tripled in 2020 to 67.0% and decreased to 44% in 2021, and 14.0% in 2022. The rate exceeded the established 10% benchmark for all four years.

*Lost to Follow-up (LFU) is defined as:

1. Cannot be located – incomplete or inaccurate address
2. Cannot be contacted – no working phone number, wrong number
3. Unresponsive – made initial contact with family, 3 attempts made to reconnect, no response from the family.



	2019	2020	2021	2022
Percent LFU for High Risk Rescreen	23.0%	67.0%	44.0%	14.0%
Benchmark	10%	10%	10%	10.0%

Diagnostic Audiological Evaluation (DAE*)

*Infants who do not pass a follow-up rescreen, receive a DAE to determine whether a hearing loss is present and if so, the type and severity of the hearing loss.

	Total Referred for DAE	Total Receiving DAE	Total with DAE by 3 months	Total with Normal Hearing	Total with Hearing Loss	Total Undetermined	Total receiving EI Services	Total Receiving EI Services before 6 months	Total Pending DAE	Total Deceased	Total Relocating/ Refusing Services	Total LFU
2019	25	9	5	5	2	2	1	1	0	0	5	11
2020	20	17	6	10	5	2	2	1	0	0	2	1
2021	20	8	1	4	2	2	1	0	0	1	3	8
2022	24	13	2	7	3	3	1	1	10	1	0	0

There were a total of 20 infants Lost to Follow-up (LFU) between 2019 and 2021. In 2022, there were no infants LFU for a Diagnostic Audiological Evaluation.