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Date: April 9, 2020

To: Hospitals, clinics, newborn hearing screening and healthcare providers

RE: Newborn Hearing Screening and COVID-19 Guidance

Please forward this guidance to primary care clinicians, pediatricians, nursery staff, NICU physicians, midwives and birth attendants, audiologists, and all other health care providers who serve newborns and infants.

As you are all aware, businesses, individuals, and organizations around the world, including in the State of Wisconsin, are responding and adapting to the 2019 Novel Coronavirus (COVID-19). The work of newborn hearing screening in Wisconsin continues during the COVID-19 outbreak. Thank you for all you have done to continue screening every baby for congenital blood, heart, and hearing conditions. As described below, the Centers for Disease Control and Prevention (CDC) considers newborn screening an essential service, as does the Wisconsin Department of Health Services (DHS) **and the obligations, laws, and Wisconsin DHS policies regarding newborn screening and all related follow-up remain unchanged during this time, including those of newborn hearing screening.**

As the CDC considers the late identification of congenital hearing loss “a developmental emergency” newborn hearing screening and appropriate follow-up is considered an essential service and should be completed to the safest extent possible. National, state, local, and your hospital/clinic/practice safety guidelines should be followed to protect all involved. It is critical that:

- Reporting requirements continue as usual (< 7 days of testing).
- Newborn hearing screening should be accomplished before hospital discharge or within thirty days of birth if the infant was not born in a hospital.
- If the birth hospital was re-screening babies at the hospital prior to COVID-19, we ask that you continue to do so following recommended COVID-19 precautions:
 - [Steps for Healthcare Facilities](#)
 - [Pediatric Practice Management Tips](#)
- If the family is unable to return for timely follow-up, (i.e., before 14 days of age for rescreening or before three months of age for diagnostic audiologic evaluation) the hospital should perform regular outreach with the family to facilitate follow-up as soon as possible. This outreach should be documented within Wisconsin Early Hearing Detection and Intervention (EHDI) -Tracking Referral and Coordination (WE-TRAC) case notes as a “COVID-19 Note.”
- It is the responsibility of the hospital **and** outpatient referral audiology clinic to track infants who have been unable to complete the early hearing detection and intervention

process and ensure follow-up occurs. In order to assure follow-up, family outreach and care coordination will require a team approach.

To reduce the need for multiple visits during the COVID-19 outbreak and to ensure timely identification of infants who are deaf or hard of hearing during this time, hospitals are asked to consider:

- Working with local audiologists to complete diagnostic audiologic testing prior to hospital discharge for infants who do not pass the hearing screening (especially for high-risk infants)

and/or

- Upon newborn hearing screening failure at outpatient rescreening, completing the diagnostic testing at that same visit.

GET THE LATEST ON COVID-19 IN WISCONSIN — www.dhs.wisconsin.gov/covid-19/

The Wisconsin Sound Beginnings Program realizes that this is a challenging and stressful time. We want to thank you for your commitment to newborn screening and follow-up. Please do not hesitate to reach out to the Wisconsin Sound Beginnings Program if we can help. Hospitals and audiology clinics can reach out to Program Director, Elizabeth.seeliger@wisconsin.gov. Out of hospital providers can reach out to Noel Fernandez at noel.fernandez@wisconsin.gov.



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