



EHDI State and Territorial Profiles North Carolina

This profile includes information about a state or territorial EHDI program related to general program information, hearing screening, re-screening and diagnostic evaluations, early intervention, and the EHDI data system.

If any information in this profile is incorrect or needs to be updated please email: ehdi@cdc.gov

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Category and Questions	Information
General Program Information	
Official name of the state/territory Early Hearing Detection and Intervention (EHDI) program	Carolina Newborn Hearing Screening Program
Contact for the state/territory EHDI program.	Deborrah Carroll, Ph. D Manager, Genetics & Newborn Screening Unit Division of Public Health, DHHS State of North Carolina 1928 Mail Service Center Raleigh, NC 27699-1928 (919) 715-3192 (919) 733-2997 ncnewbornhearing@ncmail.net
Legislation regarding newborn hearing screening? If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?	Yes In 1999, North Carolina passed legislation requiring the implementation of UNHS and required hospitals to submit downloads of databooks from hearing screening devices or written log.
State/territory website related to infant/child hearing loss?	Yes http://www.ncnewbornhearing.org/
State/territory CDC/EHDI Cooperative Agreement related to hearing screening?	No

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State/territory have a Maternal and Child Health Bureau Grant related to hearing screening?	Yes Awarded in 2000
Participate in a CDC funded research project?	Yes Ongoing Genetic Services for Congenital Hearing Loss http://www.cdc.gov/ncbddd/ehdi/researchongoing.htm
Hearing Screening Information	
State/territory written guidelines and/or protocols for performing hearing screenings?	No information currently available
Primarily responsible in most hospitals for conducting inhospital hearing screenings?	Nurses, Technicians, Volunteers, Audiologists, Other Currently, NC hospitals use volunteers, nurses, nurse technicians, audiologists, and/or physicians to perform hearing screenings.
Estimated percentage of newborns that are initially screened with OAE or AABR.	NICU Screening: OAE%; AABR%
(Of the newborns that failed the initial screen, estimated percentage that are re-screened in the hospital with OAE or AABR.)	WBN Screening: OAE%; AABR% NICU Re-screening: OAE%; AABR%
	WBN Re-screening: OAE%; AABR%
State/territory requires parental consent for hearing screening(s) to be done at the time of birth?	No NC mandates universal newborn hearing screening, so hospitals are not required to attain informed consent from parents/guardians
What happens if a baby does not pass the initial hearing screening(s)?	Re-screen in hospital before discharge; Re-screen as outpatient. Different screening protocols are being used by hospitals, with most hospitals performing at least two screens before reporting initial hearing screening results to the state. However some hospitals are performing both initial and rescreen tests.
Birthing hospitals/facilities/providers required to report hearing screening results to the state?	Yes Screener ID, results for left and right ear, type of device used, reason for not screening,
How birthing hospitals/facilities report hearing screening information to the state/territory	The blood spot card is currently used to report hearing screening results, but a new Web-based system is being developed that should allow hospitals to enter screening information and results online.
Hearing screening results reported to the infant's physician? [If yes, are all results reported or	Notify all screening results ("Refer" and Pass) Letters with the results of the hearing screening are usually sent to the infant's primary care physician (PCP). When the name of the infant's

only failed screening?]	PCP is not included on the metabolic blood spot card, a letter may not be sent.
Rescreening and Diagnostic Evaluations	
State/territory written guidelines and/or protocols for performing hearing re-screenings?	No The procedure for completing re-screens varies by county and birthing hospital. If an infant does require a re-screen, hospitals are encouraged to make an appointment to complete this test within two weeks of the infant's discharge.
State's program guidelines for helping families with third party preauthorization of re-screening or diagnostic evaluations?	No information currently available
State/territory written guidelines and/or protocols for performing diagnostic evaluations?	Yes http://www.ncnewbornhearing.org/files/NC%20Diagnostic%20Audiolog y%20Protocol-1.pdf
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	Yes http://www.ncnewbornhearing.org/files/NC_Infant_Diagnostic_Site_List _January-2007.pdf
Number of pediatric audiologists and/or diagnostic centers on the list	No information currently available
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	Department of Health (DOH), State-employed Child Health Speech Language Consultants can send letters to parents of infants to remind them of the need for a screening or re-screen. The birth hospital or facility is encouraged, but not required to do make the appointment for a rescreen.
Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	Primary Care Provider (PCP) Although referrals for full diagnostic audiologic evaluations may come from a variety of professionals across the state, the majority of infants born in NC are reportedly referred by their primary care provider.
How audiologists report diagnostic audiological evaluation results to the state/territory	NC guidelines require audiologists to submit the results of diagnostic evaluations and the chosen method of amplification to the State within 5 days of the scheduled appointment. It is unknown if audiologists always follow this guideline.
Guidelines and/or protocols for audiologists to report diagnostic audiological evaluation results to the state/territory?	Yes NC guidelines require audiologists to submit the results of diagnostic evaluations and the chosen method of amplification to the State within 5 days of the scheduled appointment. It is unknown if audiologists always follow this guideline.
One or more persons on the EHDI staff who are responsible for the follow-up of families who need to return for re-screen, diagnostics,	No information currently available

or referral to intervention?	
Early Intervention	
Lead agency for the Part C Early Intervention Program	Department of Health and Human Services Deborah Carroll, Part C Coordinator deborah.carroll@ncmail.net
State/territory written guidelines, and/or protocols for providing intervention services for children with hearing loss?	No information currently available
Eligibility criteria for Part C services for infants and toddlers with hearing loss	No information currently available
Eligibility criteria for Part B services for preschool children with hearing loss	No information currently available
Children with mild or unilateral hearing loss eligible for services under Part C or Part B?	No information currently available
Other public or private programs(s) and services (other than Part C or Part B) that provide intervention services to children with hearing loss	No information currently available
Services such as family support, transportation to follow-up appointments, parent to parent available to families with children with hearing loss? List.	No information currently available
Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?	No information currently available
Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?	No information currently available
EHDI Data System	
State/territory written guidelines and/or protocols related to the	No information currently available

EHDI tracking system?	
Type of system program uses to track hearing screening and follow-up information	Custom-developed system Hearing screening information is manually entered from the blood spot cards into the Laboratory Information Management System (LIMS) which is the repository for metabolic and hearing-related data in NC. The demographic information from the blood spot card
State EHDI tracking system includes data items to identify infants and children with risk factors for hearing loss?	No information currently available
Unique identifier is used to identify infants/children in the state/territory EHDI tracking system	Blood spot cards, Number generated by the data system The number from the blood spot card is combined with a randomly generated number to create a unique identifier.
How program addresses de- duplication of screening and diagnostic evaluation data	No information currently available
EHDI system linked to or integrated with any of the following: -Blood spot card -EBC -Audiology -Early Intervention -Immunizations -Other	Yes Demographic information and hearing screening results are currently taken from the blood spot card and entered into the state EHDI tracking system.
Other EHDI Questions	
State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).	Yes http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/north_carolina.ht m
Agencies, foundations, organizations, or other programs that provide funding for the purchase of any of the assistive devices for children with hearing loss	No information currently available
Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?	No information currently available

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Resources, other than those from the state or territory, available to help families with the costs of caring for an infant, toddler, or child with a hearing loss?	No information currently available
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