CDC’s Early Hearing Detection and Intervention (EHDI) is making clear progress in supporting the early identification of deaf and hard of hearing (D/HH) children. The earlier children are identified with hearing loss and start getting intervention, the more likely they will reach their full potential.

98 percent of U.S.-born infants are now screened for hearing loss usually before leaving the hospital. Since 2005 over 58,000 D/HH infants in the U.S. have been identified early. $200 million in education costs are saved each year in the U.S. due to newborn hearing screening.

Identifying hearing loss early is important

Hearing loss is one of the most common birth defects.

• When left undetected, a hearing loss can delay a child’s speech and language development as well as his or her thinking, learning, and social skills.
• CDC-supported research show meeting the 1-3-6 Benchmarks results in better vocabulary development for children who are D/HH.

How CDC is making a difference

• The CDC EHDI program provides assistance to all states and territories to support the early identification of all D/HH infants.
• CDC is responsible for collecting and analyzing EHDI data from across the United States.
• CDC funds the development and use of systems and data tools that help states and territories ensure D/HH children receive essential services
  » Newborn Hearing screening, which is usually done soon after birth.
  » Diagnostic hearing evaluation, which involves tests to confirm if a child is D/HH.
  » Early intervention services help D/HH children with learning language and other important skills.
**CDC’s data show clear progress**

- Better data systems and tools are helping states and territories to make sure more D/HH infants are identified early.
- The percent of infants receiving a hearing evaluation (test) before the benchmark of 3 months of age has increased from 52 percent in 2005 to 76 percent in 2016.

**CDC supports states**

- CDC funds 44 states and territories to develop and improve data information systems, which help make sure all infants receive recommended services.
- CDC helps states and territories leverage advances in health information technology to collect, use, and share data.

**Next steps for CDC**

- Expand the capacity of states and territories to collect and use complete and accurate data.
- Promote adoption of standards and quality measures to improve EHDI data.
- Support research about ways to further increase the benefits of early identification.

**Continued efforts are needed to**

- Make sure all D/HH infants are identified early by documenting that they have received critical screening and diagnosis services.
- Assess progress and support program improvement through timely data analyses.
- Strengthen information exchange between health providers and information systems to help coordinate the delivery of EHDI services for infants.
- Provide assistance to states and territories to support the enhancement and use of their EHDI data systems.

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**Number of infants identified early as D/HH has increased**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tbody>
<tr>
<td>2005</td>
<td>2,634</td>
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<td>2016</td>
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**References:**

1. Data obtained from CDC Hearing Screening and Follow-up Survey at [www.cdc.gov/ncbddd/hearingloss/ehdi-data.html](http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html).