Regarding “Otoacoustic Emissions in Rural Nicaragua: Cost Analysis and Implications for Newborn Hearing Screening”  

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No sponsorships or competing interests have been disclosed for this article.

It was a pleasure for us to read the article titled “Otoacoustic Emissions in Rural Nicaragua: Cost Analysis and Implications for Newborn Hearing Screening,” by Wong et al., in your esteemed journal. It is a well-written article, and we commend the authors on their remarkable effort. We just recently concluded a study on the effectiveness of otoacoustic emission screening for newborns in our region, which is a rural part of India. We could see certain similarities between the problems faced by the authors and our own experience, and so we would like to share some points that may be relevant to the present discussion.

At present, India lacks a structured national protocol or health policy for neonatal health screening. In response to this lacuna, various institutions have developed their own institution-level protocols based on international norms and guidelines and tailored to the specific needs of their communities. A large institutional study in South India showed an incidence of hearing impairment of 5.6 per 1000 neonates screened, similar to what we found in our institution and also similar to that of the present study. This high incidence necessitates the urgent need for implementation of, at least, tailored protocols to meet the needs of the community.

Studies by Owen et al. and Berg et al. highlight the essential role of public health care workers in neonatal hearing screening. Both these studies employed community health workers to perform neonatal screening at the community level. But as the authors of the present study have suggested, high travel costs can be an important limiting factor, and we faced similar difficulties in our own study. Our suggestion is that community health workers be utilized to regularly encourage and motivate mothers to bring their children to appropriate health centers for hearing screening within the first 3 months of birth, hence avoiding these unnecessary costs.

Achieving 100% coverage of all neonates for hearing screening may not be a possibility in countries without a standard protocol in place at the national level. Hence, it is of the utmost importance to use political will and to influence the country’s politicians to bring in funding and legislature that support the implementation and maintenance of neonatal hearing screening, which would help achieve the dream of complete coverage. To this end, a large-scale multicenter prospective study of the need for neonatal hearing screening with a national-level cost-benefit analysis would surely motivate change at the highest levels.

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References

Commentary on “Tympanoplasty following Blast Injury”  

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I wish to address the manuscript entitled “Tympanoplasty following Blast Injury” by Keller et al. The authors retrospectively analyzed the tympanoplasty success rates for