

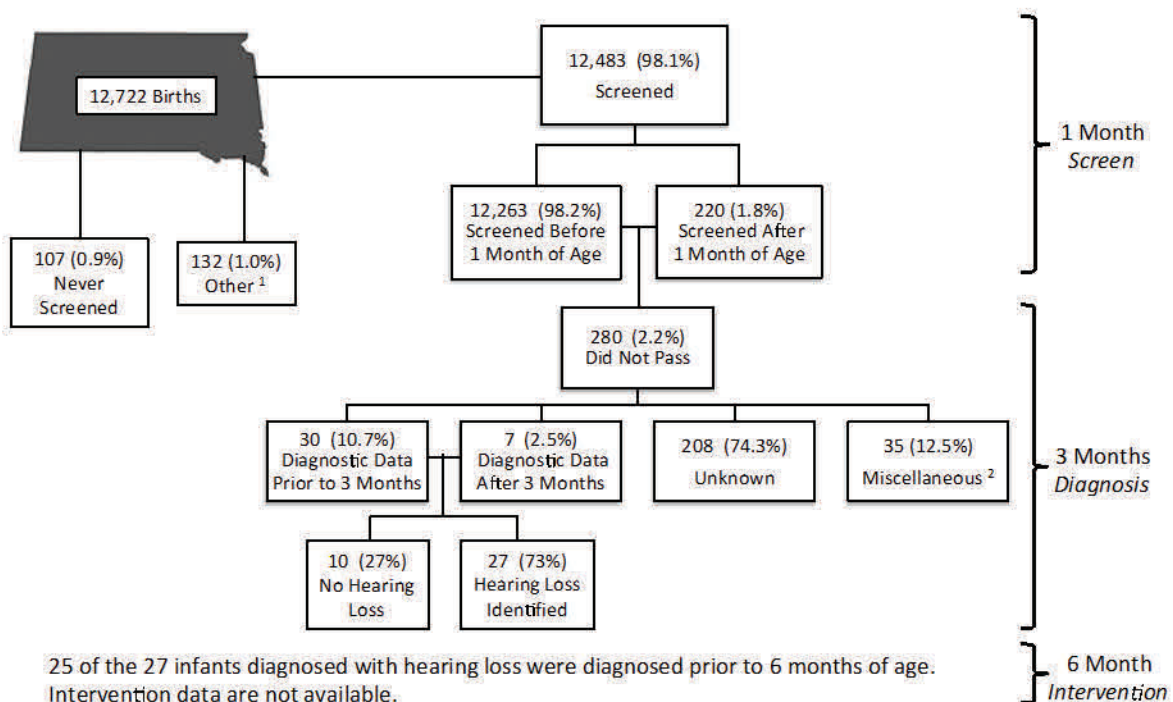
## SD Early Hearing Detection and Intervention Infant Hearing Screening Data Report, 2012

Since 2001, the South Dakota Newborn Hearing Screening Program (SDNHSP) has collaborated and worked with hospitals, audiologists, healthcare providers, and the early intervention program toward the following Early Hearing Detection and Intervention (EHDI) benchmark goals:

- Hearing screening by 1 month of age;
- Identification of hearing loss by 3 months of age for infants who do not pass their initial hearing screening; and
- Enrollment into early intervention by 6 months of age for infants with hearing loss.

Figure 1

### 2012 South Dakota Hearing Results: 1-3-6 Benchmarks



<sup>1</sup> Includes 82 deaths, 27 transfers & no documentation of screening, 13 declines & 10 non-residents

<sup>2</sup> Includes 16 families contacted but unresponsive, 10 unable to contact, 8 non-residents & 1 pending

Above data are reported to the CDC according to their definitions. For past data from South Dakota and other states, visit: [www.cdc.gov/ncbddd/hearingloss/ehdi-data.html](http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html)

Currently the SDNHSP is funded through a cooperative agreement from the Centers for Disease Control and Prevention (CDC). The CDC EHDI funds focus on the development, maintenance and enhancement of EHDI information systems and surveillance programs. The SDNHSP has applied for the Health Resources and Services Administration (HRSA) EHDI grant funds to be announced in April 2015. The HRSA EHDI funds focus on activities to reduce the number of infants “lost to follow-up/lost to documentation” who receive screening, diagnosis and early intervention services by the 1, 3, and 6 month benchmarks.

### Screening

The SDNHSP receives hospital newborn hearing screening results through the state’s Electronic Vital Records and Screening System (EVRSS), which is linked to the birth certificate. This data surveillance system is able to accurately identify, match, and collect data that is unduplicated and individualized throughout the EHDI process. The SDNHSP participates in the CDC national survey, providing annual data on the number of infants screened, diagnosed with hearing loss, and enrolled into early intervention each year. The following table shows the percentage of infants screened prior to discharge and of those screened, the percentage not passing.

**Table 1. Percentage of Infants Screened Prior to Discharge and of Those Screened, the Percentage Not Passing.**

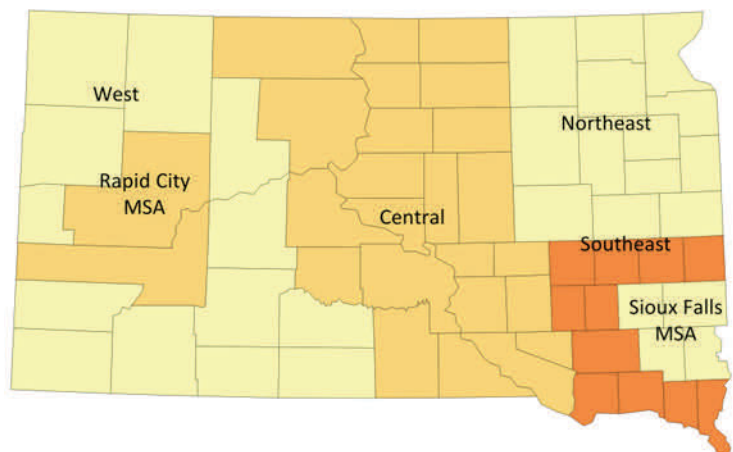
	Total Screening Results <sup>1</sup>	South Dakota	Central	North-east	Rapid City MSA	Sioux Falls MSA	South-east	West
Number of births:	12,722	11,682	1,199	2,284	1,848	3,808	1,223	1,318
% Screened prior to discharge:	97.6%	97.7	97.2	97.9	98.2	98.5	97.9	94.4
Of those screened: % Not passing	4.7%	4.8	10.6	8.0	1.3	2.4	2.2	8.5

<sup>1</sup> Total screening results include non-residents of South Dakota.

<sup>1</sup> Total screening results include non-residents of South Dakota.

The western region of South Dakota had the lowest percentage of infants screened prior to discharge. For infants screened, the Central, Northeast and West regions had the highest percentage of infants who did not pass the screening.

**Figure 2. South Dakota Regions**



The 2013 SD EHDI data shows that almost all infants born in SD receive a hearing screening (98.0%- 12,671/12,926), and the vast majority of these screenings occurred before one month of age (96.5% -12,472/12,926).

The SDNHSP has taken the following actions to increase hearing screening:

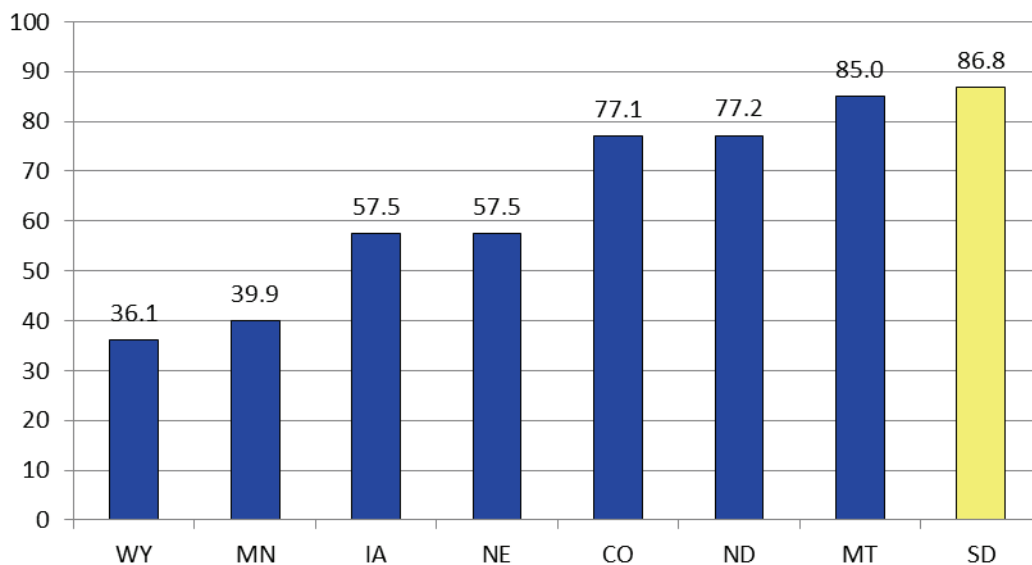
- Provides hospital educational materials free of charge;
- Sends notification letters to providers of infants with missed or failed hearing screenings;
- Provided “one time” hearing screening replacement funds in 2012 to hospitals with fewer than 400 births/year who reported no screening due to broken equipment;

- Provides quarterly reports to birthing hospitals of missed or not-passed hearing screening; and
- Offers technical assistance to hospitals reporting not tested prior to discharge.

### Diagnostic Audiology

While the vast majority of infants in South Dakota receive a newborn hearing screening, only a minority of infants needing a diagnostic evaluation are reported to have received it. The program’s goal is that all infants who do not pass two newborn hearing screenings receive a diagnostic evaluation by three months of age. Currently, there are two pediatric audiologists in South Dakota reporting diagnostic findings to the SDNHSP. In 2012, (reference Figure 1, page 1) 280 infants have a “not passed” reported for their last hearing screening. Of those 280, 30 were reported to have had a diagnostic evaluation prior to 3 months of age (10.7%) and 7 had an evaluation after three months of age. According to CDC, South Dakota has the highest percentage of infants with “loss to follow-up/loss to documentation” in the country.

**Figure 3: Newborns Who Did Not Pass Screening, Percent with No Diagnosis**



In order to increase diagnostic evaluation reporting, the SDNHSP:

- Utilizes an audiology consultant to develop and provide training for an audiology worksheet to report diagnostic and/or screening evaluations to the program;
- Provides educational materials free of charge to audiologists to share with families of infants identified with hearing loss;
- Notifies physicians of missed or not passed hearing screening results and requests they report to the SDNHSP follow-up information (referrals, re-screening results); and
- Upon request, provides audiologists with access and training to report directly into EVRSS.

### Early Intervention

The EHDI’s goal is all infants with confirmed hearing loss will be enrolled in Early Intervention (EI) by six months of age. The SDNHSP has been unable to report the percentage of infants with confirmed hearing loss who are enrolled in EI to the CDC.

The following actions are underway by the SDNHSP to report enrollment and eligibility data:

- Audiologists are assisting with obtaining a signed parent authorization for the SDNHSP to request this data from the early intervention program;
- SDNHSP continues to collaborate with the early intervention program to improve data sharing; and
- The EVRSS data system has been enhanced to collect enrollment and eligibility data.

**Table 2: South Dakota & Surrounding States, 2012 Data.**  
 Data from [www.cdc.gov/ncbddd/hearingloss/ehdi-data.html](http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html)

	SD	MN	ND	IA	NE	CO	MT	WY
Total Births	12,722	68,065	11,525	38,434	26,283	65,648	12,071	6,858
<i>minus</i> deaths & parent(s) declined	95	397	50	400	97	688	68	23
Newborns eligible for screening <sup>1</sup>	12,627	67,668	11,475	38,034	26,186	65,360	12,000	6,835
Never screened (missed or unknown)	107 (0.8%)	854 (1.3%)	87 (0.8%)	101 (0.3%)	51 (0.2%)	1008 (1.5%)	353 (2.9%)	206 (3.0%)
Non-residents, infant transferred & no documentation of screening, or unable to be screened due to medical	37	30	0	6	6	51	23	22
Newborns screened for hearing loss *	12,483 (98.9%)	66,784 (98.7%)	11,388 (99.2%)	37,927 (99.7%)	26,129 (99.8%)	64,301 (98.4%)	11,624 (96.9%)	6,607 (96.7%)
# Did not pass	280 (2.2%)	601 (0.9%)	369 (3.2%)	461 (1.2%)	120 (0.5%)	716 (1.1%)	193 (1.7%)	47 (0.7%)
# with No Diagnosis	243 (86.8%)	240 (39.9%)	285 (77.2%)	265 (57.5%)	69 (57.5%)	552 (77.1%)	164 (85.0%)	17 (36.1%)
Unknown	208 (85.6%)	0 (0.0%)	116 (40.7%)	9 (3.4%)	0 (0.0%)	54 (9.8%)	47 (28.7%)	0 (0.0%)
Family contacted unresponsive	16	106	43	117	34	479	39	10
Unable to contact	10	44	23	1	0	5	8	0
Other <sup>2</sup>	9	90	103	138	35	14	70	7
# with No Hearing Loss	10	199	60	148	15	48	15	12
# with Hearing Loss Identified	27	162	24	48	36	116	14	18

<sup>1</sup> does not include infants who were deceased or whose parent(s) declined screening

<sup>2</sup> non-resident, awaiting diagnosis, death, etc.

### Summary and Next Steps

Almost all infants born in South Dakota receive a hearing screening, especially if born in a hospital. However, South Dakota has a very high percentage of infants considered “loss to follow-up/loss to documentation.” The SDNHSP will continue to dialogue with all EHDI providers about ways to improve the referral process and data sharing efforts. In addition to continuing efforts to improve screening, diagnostic evaluation and early intervention enrollment rates, SDNHSP is partnering with the University of South Dakota to apply for EHDI grant funding from the federal Health Resources and Services Administration. Funding awards are expected to be announced in April 2015. With those funds, additional activities are being planned to reduce the loss to follow-up for infants who fail to pass the newborn hearing screening.

For more information about South Dakota’s Newborn Hearing Screening Program visit the website at <http://doh.sd.gov/family/newborn/hearing/> or contact Newborn Hearing Screening Coordinator Lucy Fossen at 605-773-3361.

## Breast Cancer in South Dakota

By the South Dakota Cancer Registry, South Dakota Department of Health

During 2007-2011, there was an average of 575 new cases of invasive breast cancer diagnosed among South Dakota female residents per year. In South Dakota, an average of 110 women died annually from breast cancer spanning these years.

### Incidence 2011

Number of cases		Number of deaths	
Females	624	Females	122
White	582	White	114
American Indian	37	American Indian	6
Median age at diagnosis	64 yrs	Median age at death	72 yrs
Mode	65 yrs	Mode	79 yrs
Age range at diagnosis	22-95 yrs	Age range at death	37-97 yrs
SD age-adjusted incidence rate	126.7	SD age-adjusted death rate	23.3
US SEER age-adjusted incidence rate	124.3	US SEER age-adjusted death rate	21.5

### Mortality 2011

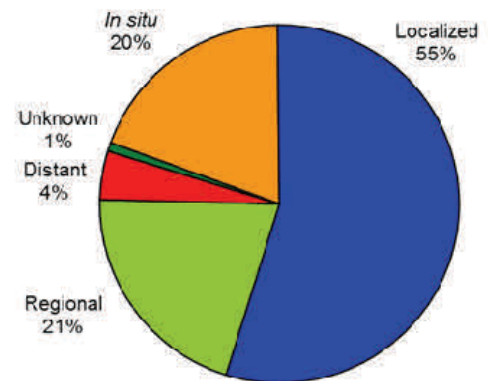
Rates per 100,000 US 2000 standard population and SD 2011 estimated population. Source: South Dakota Department of Health

The figure at the right displays the SEER Summary Stage at diagnosis for 2011 female breast cancer cases. As shown, 75% of the breast cancer cases were diagnosed at early stages of development. Prognosis at the early stages is significantly better than when it is diagnosed at a more advanced stage.

The figure below right illustrates the age-adjusted female breast cancer incidence rates for the United States and South Dakota for 2001-2011.

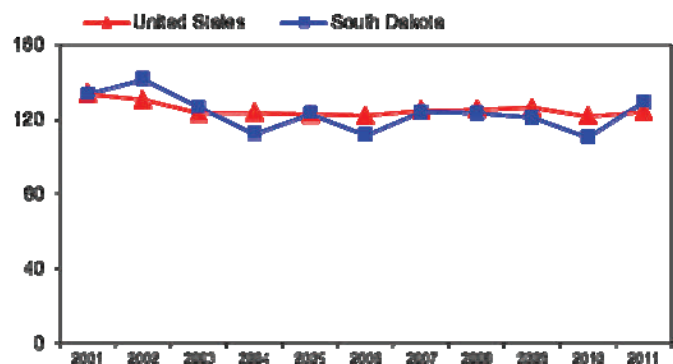
For additional information, please contact Kay Dosch, South Dakota Cancer Registry Coordinator, at 605-773-6345 or 800-592-1861 or see the website at <http://doh.sd.gov/SDCR/> for the entire female breast cancer monograph.

### SEER Summary Stage at Diagnosis, 2011



Source: South Dakota Department of Health

### Female Breast Cancer Incidence, US and SD



Sources: SEER and South Dakota Department of Health

**South Dakota Department of Health – Infectious Disease Surveillance**

**Selected Morbidity Report, 1 January – 31 October 2014**

(provisional numbers) see <http://doh.sd.gov/statistics/disease-surveillance/>

	Disease	2014 year-to-date	5-year median	Percent change
<b>Vaccine-Preventable Diseases</b>	Diphtheria	0	0	n/a
	Tetanus	0	0	n/a
	Pertussis	100	43	+133%
	Poliomyelitis	0	0	n/a
	Measles	0	1	n/a
	Mumps	0	1	n/a
	Rubella	0	0	n/a
	<i>Haemophilus influenzae</i> type b	0	0	n/a
<b>Sexually Transmitted Infections and Blood-borne Diseases</b>	HIV infection	23	24	-4%
	Hepatitis B, acute	1	2	-100%
	Chlamydia	3404	2741	+24%
	Gonorrhea	680	488	+39%
	Syphilis, early	74	4	>+1000%
<b>Tuberculosis</b>	Tuberculosis	7	14	-50%
<b>Invasive Bacterial Diseases</b>	Meningococcal, invasive	2	2	0%
	Invasive Group A <i>Streptococcus</i>	0	0	n/a
<b>Enteric Diseases</b>	<i>E. coli</i> , Shiga toxin-producing	38	41	-7%
	Campylobacteriosis	252	272	-7%
	Salmonellosis	140	152	-8%
	Shigellosis	559	7	>+1000%
	Giardiasis	111	100	+11%
	Cryptosporidiosis	125	121	+3%
	Hepatitis A	0	0	0%
<b>Vector-borne Diseases</b>	Animal Rabies	20	35	-43%
	Tularemia	5	7	-29%
	Rocky Mountain Spotted Fever	3	1	+100%
	Malaria (imported)	3	3	0%
	Hantavirus Pulmonary Syndrome	0	0	0%
	Lyme disease	2	4	-200%
	West Nile Virus disease	57	21	+171%
<b>Other Diseases</b>	Legionellosis	6	6	0%
	<i>Streptococcus pneumoniae</i> , invasive	76	89	-14%
Additionally, the following were reported: Babesiosis (1); Chicken Pox (20); CRE (3); Chikungunya (2); EV-D68 (17); Hep B, chronic (42); Hep C (448); HUS (1); MRSA, invasive (140); Q Fever (5)				

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions. The **Reportable Diseases List** is found at <http://doh.sd.gov/diseases/infectious/reporting-communicable-diseases.aspx> or upon request. Diseases are reportable by telephone, fax, mail, website, or courier.

**Secure website:** [www.state.sd.us/doh/diseasereport](http://www.state.sd.us/doh/diseasereport)

**Telephones:** 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810.

**Fax** 605-773-5509.

**Mail** in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report".