EUROCIU
EUROPEAN ASSOCIATION OF COCHLEAR IMPLANT USERS a.s.b.l.

September 2020
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- OTICON MEDICAL - Enjoy water activities with the fully waterproof Neuro 2 Swim Kit

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PRESIDENT'S MESSAGE

Dear Friends

We are facing a new era that has changed us all and will leave its mark not only on us but also on the different environments in which we move.

Our group of deaf people, cochlear implant users and family members, are not left out of the consequences that the COVID-19 pandemic has established.

Some actions are here to stay, such as telepractice in rehabilitation, telework in many modalities and even “on-line” conferences. Others, hopefully are temporary, such as the increase in waiting lists, delays in surgeries or schedules.

There is some good news, as this new way of looking at the world has made communication technology advance by leaps and bounds and improves the accessibility of information; other news are incidents to be noted, such as the mandatory masks for practically the entire world population, isolating our group in an abysmal way, both hearing (loss of discrimination) and visual (not being able to rely on lip reading).

Another characteristic is that the medical pandemic has affected education, the elderly and has hit the economy hard, which results in a reduction in resources that is already being felt in neighboring countries.

In this issue of the newsletter we deal with all of this and the adjustments we have had to make, such as postponing the celebration of the EURO-CIU 25th anniversary or proposing that our AGA be virtual, on October 3rd.

Looking at the positive side of the matter, perhaps it is this eventuality that allows most of you, our member entities, to participate, since you will not have to travel and be able to accompany us from your points of residence.

The complexity of the AGA organization has the entire board involved so that we can all participate. Not only contemplating the program and the times, but also managing

accessibility to communication and simultaneous translation. Check our website where we will be informing you about any updates and do not hesitate to join us the 3rd of October!

Teresa Amat - President

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MESSAGE FROM THE EDITOR

We once more have some interesting articles - many thanks to those who have sent us articles - it's always good to hear what is happening in our member countries. And thanks also to the cochlear implant companies for keeping us up to date.

It is really disappointing that, on our 25th Anniversary, we cannot meet to celebrate this milestone. With COVID-19 still spreading all over the world, it was impossible to hold our annual conference and General Assembly. However, this year we are holding our General Assembly by Zoom on Saturday 3 October from 09:00 to 14:00 CET (Central European Time). Our Secretary, Beatrice Cusmai has already e-mailed our members with details and has invited all of the member associations to participate. This time, because the meeting will be held online, we are able to welcome one person with the right to vote from each association plus up to three non-voting observers. Consequently, this is a very good opportunity for our association members to participate in the meeting and for new persons to gain an insight into how EURO-CIU functions.

As always, please feel free to forward this Newsletter to Members of Parliament, friends, colleagues and members of your own organisations. We are keen to increase the number of people who can read about the benefits of cochlear implantation. Let's get the message across, particularly as we develop our work,about which you can read in this newsletter.

The next edition of the EURO-CIU Newsletter will be due in December, so please let me have your articles and jpg photos by Monday 7 December 2020. Just e-mail them to me at newsletter@eurociu.eu

With every good wish.

Brian Archbold (Editor)

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EURO-CIU - Landmark consensus on a minimum standard of care for treating adult hearing loss with a cochlear implant

The world first international consensus on cochlear implant treatment for adults living with severe to profound sensorineural hearing loss was published on August 27, 2020 in *JAMA Otolaryngology*.***1***

The paper was authored by 31 hearing experts on cochlear implant treatment. It was assisted by a Consumer and Professional Advocacy Committee (CAPAC) of international cochlear implant user and professional advocacy organisations to ensure the voice of the user was heard throughout the process. Each statement was agreed upon by the panel members after consultation with the CAPAC, which included seven organisations representing cochlear implant users and professional societies, including EURO-CIU.

The consensus paper includes 20 statements covering seven categories for adults with severe, profound, or moderate sloping to profound hearing loss in both ears. Categories include the importance of: awareness of cochlear implants; best practice clinical pathway for diagnosis; best practice guidelines for surgery; clinical effectiveness of cochlear implants; factors associated with post-implantation outcomes; relationship between hearing loss and depression, cognition and dementia; and the cost effectiveness of cochlear implants.

The consensus statements represent an important milestone because the knowledge and guidance they foster provides guidance to clinicians that will better define referral, treatment and aftercare pathways for patients and promote best clinical practice. It will provide patients and their caregivers with reference points for the care they should be receiving, helping them with questions to ask when they are not getting the information they need.

To view the consensus paper, including the full methodology and consensus statements, visit www.eurociu.eu, www.jamanetwork.com/journals/jamaotolaryngology or www.adulthearing.com .

Even though the CAPAC was strongly involved in the consensus process, the consensus paper does not sufficiently acknowledge its contribution, or the need for the voices of CI users to be heard in all policy and clinical guideline development related to their needs.

During the international cochlear implant advocacy meeting in Geneva on December 6, 2019 the importance of raising the CI user voice in national and regional policy and guideline development processes was highlighted. The CAPAC plus other important organisations representing CI Users and CI professionals also stressed the need for worldwide recognition of the benefits of reimbursement of cochlear implantation for adults. Other policy priorities discussed at this meeting included the need for adult hearing screening, the need for good standards for (re)habilitation and aftercare.

This illustrates why it is so important to strengthen the advocacy platform of user organisations, so there is not only focus on surgery and audiology, but also on client-centred (re)habilitation, quality of life and the well-being of CI-users.

1 *Buchman CA et al. Unilateral Cochlear Implants for Bilateral Severe, Profound, or Moderate Sloping to Profound Sensorineural Hearing Loss. JAMA Otolaryngology 2020. Epub ahead of Print.*

Leo De Raeve
Scientific Advisor EURO-CIU

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EURO-CIU –raising awareness and promoting adult access to cochlear implants in Europe following publication of the Landmark International Consensus Statements

(Photos: Robert Mandara and Leo De Raeve)

EURO-CIU has been one of the leaders of the International Consensus of Cochlear Implants for Adults.

Coinciding with the launch of the consensus statements, Leo De Raeve, EURO-CIU's scientific advisor and I, Robert Mandara, were interviewed and videoed for the Adult Hearing website. The videos aim to raise awareness and promote access to cochlear implants.

The videos can be seen on the EURO-CIU YouTube channel. Click here for Robert's video.

The Adult Hearing website is a little difficult to navigate but you can click here to watch both our videos.

Robert Mandara, Vice-President, EURO-CIU

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EURO-CIU - Global consultation on Advocacy for CI: Proposal for CI International Community of Action (CIICA)

(Photo: Sue Archbold & Brian Lamb)

Following the development of the Consensus Statement, the International Guidelines for CI, key stakeholders, including President Teresa Amat, and several members of EURO-CIU, met in Geneva in December to discuss advocacy for CI, recognising the low levels of access to CI globally. Everyone was eager to work together further and build on the momentum of the International Guidelines.

Brian and Sue were asked to carry out a consultation about advocacy for CI with the goal of increasing access to cochlear implantation and its long-term management. Many of you have been involved, and we carried out interviews and a global survey – and are just finalising the report with input globally. User led advocacy was considered to be hugely important in changing health care provision and overcoming the barriers to CI and the report contains 52 examples of successful user led advocacy globally. However, a common theme was the challenges of user advocacy groups in terms of time and resources and money. User and family groups were very eager to work together, to have support for user groups to be able to share resources, activities and inspire each other to action for CI, with common messaging which is so important. Spend2 Save with EURO-CIU working together is an excellent example of how this can be done.

People wanted a voluntary community – with shared goals, to bring about change, but consisting of recognisable and diverse and valued groups. Having listened to the strong messages, and desire for action rather than talk, our recommendation is the establishment of a CI International Community of Action (CIICA) where organisations could share resources and activities, inspire action and join their voices. We hope this will build a world in which awareness of the benefits of CI are well known to those with hearing loss, their families, professionals in the field of hearing loss, the general public and public health decision makers, leading to improved access globally to cochlear implantation, rehabilitation, life-long technical support and aftercare driven by CI user and family advocacy initiatives.

With the impact of COVID-19 on CI services and healthcare finances, user led advocacy is even more important to improve access to CI and also long-term care.

More information to come – and huge thanks to all who have contributed their thoughts and time so far.

Brian Lamb and Sue Archbold

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EURO-CIU - Masks and face shields have a negative impact on visual and auditory aspects of communication

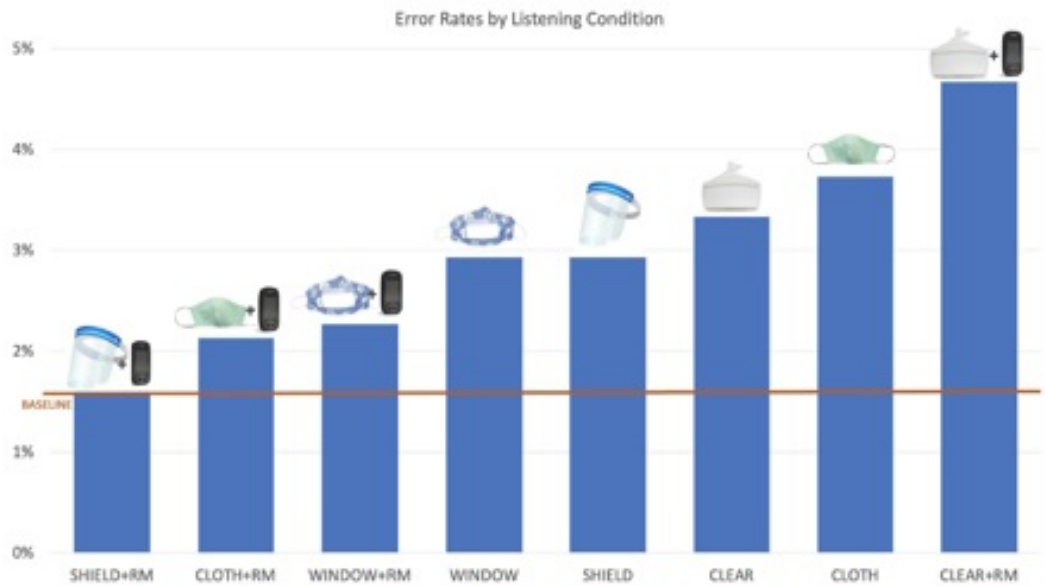

Figure 1: Percentage of speech perception error as measured by the CNC test in nine variations of face covering conditions, including the baseline condition of no face covering and no remote microphone (RM) represented by the orange horizontal reference line. (Rudge et al, Moog Center, 2020)

COVID-19 and the guidelines to wear face coverings has led to the production of various types of masks and face shields for the market. The major problem is that typical masks (cloth or medical) present an obvious visual barrier to people with a hearing loss (e.g., mouth, lips, teeth, tongue, and cheeks) (Atcherson et al, 2017).

However, masks and face shields not only have a negative impact on the visual aspects of communication, they also create acoustic degradation of the speech input.

The data of a recent study of Goldin et al (2020) show that each mask essentially serves as a low-pass filter, attenuating the high frequencies (2000-7000 Hz) spoken by the wearer, with the decibel (dB) level of attenuation of the speech signal ranging between 3 to 4 dB for a simple medical mask and close to 12 dB for the N95 masks, especially in the high frequencies. The speech quality degradation, in combination with room noise/reverberation and the absence of visual cues can render speech close to unintelligible for a lot of people with a hearing loss.

These outcomes are confirmed by a study of Rudge, Sonneveldt and Moog (2020) from the Moog Center for deaf education. They show us that a face shield with remote microphone (RM) and a cloth mask with remote microphone facilitate significantly better speech perception abilities than their non-RM counterpart conditions (figure 1 above). Additionally, the two listening conditions with the highest speech perception error rates, Cloth alone and ClearMaskTM with RM, also were significantly different than the baseline condition (= no mask). The use of a RM with the ClearMaskTM yielded significantly poorer performance because the signal (sound exiting the mask and picked up by the microphone) underwent greater distortion with the ClearMaskTM.

So, when considering personal protective equipment in communication with people with a hearing loss, thought must be given not only to the amount of visual access provided by the facial covering material, but also to the impact of that material on sound quality provided to the listener and how it is impacted by remote microphone use. In most cases (except in combination with a Clear mask), the researchers suggest to use a remote mic when educating students with a hearing loss.

However, we have to mention that, although the face shield in combination with a remote microphone gives the best speech perception, a face shield is not 100% COVID19 proof (and not FDA approved).

References

Atcherson SR, Mendel LL, Baltimore WJ, Patro C, Lee S, Pousson M, Spann MJ. (2017) The effect of conventional and transparent surgical masks on speech understanding in individuals with and without hearing loss. J Amer Acad Audiol 28(1):58-67.

Goldin A, Weinstein BE, Shiman N. How do medical masks degrade speech perception? Hearing Review. 2020;27(5):8-9.

Rudge A., Sonneveldt V & Moog B. (2020), The effects of face coverings and remote microphone technology on speech perception in the classroom, Face Covering White Paper, Moog Center for Deaf Education.

Dr Leo De Raeve - Scientific Advisor EURO-CIU

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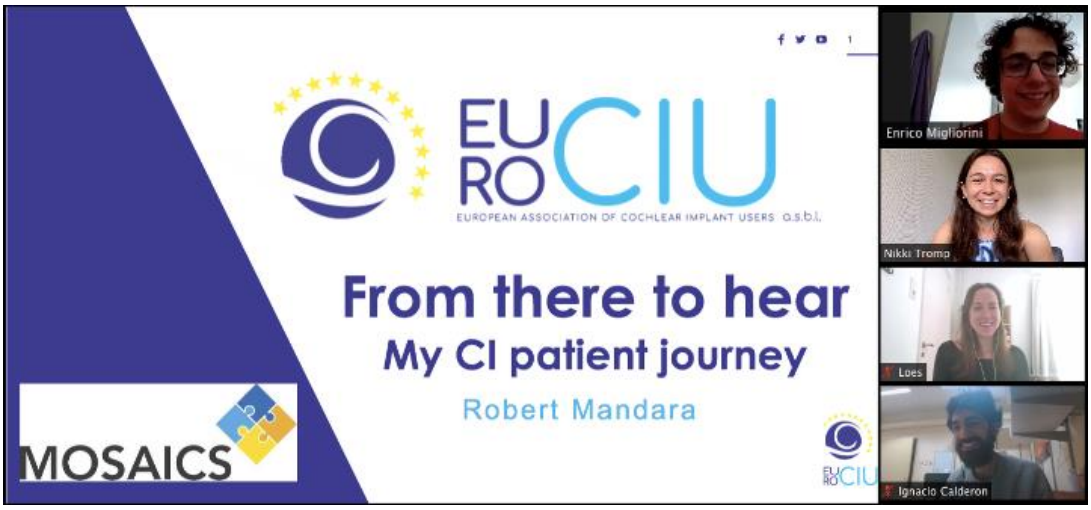
EURO-CIU - MOSAICS



(Photo: the MOSAICS logo and ESRs Enrico Migliorini, Loes Beckers, Nikki Tromp, Ignacio Calderon De Palma)

The launch of the MOSAICS Freshers' Week, the first series of network-wide training workshops offered to the MOSAICS Early Stage Researchers (ESRs), was earlier announced in the March edition of the EURO-CIU Newsletter. Due to the coronavirus pandemic, the training took place during June and July 2020, in the form of online sessions. This provided a unique opportunity for EURO-CIU Vice President, Robert Mandara, to present virtually for the first time and share his journey as a CI candidate and recipient with the MOSAICS ESRs. *"Robert's talk highlighted the importance of close collaboration with patients in both research and clinical decision making. His genuine testimony of a difficult yet rewarding journey with CI, highlights the importance of the slogan"* nothing about us, without us"" said ESR Nikki Tromp.

Leo de Rave, EURO-CIU's scientific advisor, shared his insights and the latest research on adult CI candidates and their outcomes. In line with MOSAICS' aim to minimize outcome spread and maximize participation in society for adult CI users, his emphasis was on the variability in outcomes between patients and what the ESRs can do to address this. *"EURO-CIU's contribution was an important milestone for us. Gathering knowledge and experience from diverse points of view, widens our vision on the CI field"* said ESR Ignacio Calderon De Palma.

We at MOSAICS are so grateful for the collaboration with EURO-CIU, which is vital in bridging the gap between research and CI users. To keep updated on research updates from MOSAICS, follow the Twitter account @MOSAICS_2020 and visit the website https://www.mosaics-eid.eu/.

The MOSAICS project is funded by the European Union's Horizon 2020 framework programme for research and innovation under the Marie Sklodowska-Curie grant agreement No 860718.

Nikki Tromp

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EHIMA - EU unveils its strategy for access to raw materials - hearing aid batteries

EUROPEAN
COMMISSION

Brussels, 3.9.2020
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COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

Critical Raw Materials Resilience: Charting a Path towards greater Security and Sustainability

Throughout August, the EU institutions went into the traditional summer recess. Work has been ongoing at technical, expert level. Among other things, the EU published a Raw Materials Strategy against supply shortages and price hikes in critical raw materials such as lithium, where fierce competition in the battery sector is to be expected.

On 3 September, the European Commission (Commission) presented a "European Strategy for Critical Raw Materials Resilience" – a strategy document outlining how the EU intends to secure the supply for raw materials that are either considered highly important to the European economy or have a high risk of supply shortages. The Strategy is prompted by concerns that Europe's twin industrial transition – the ecological transition/the "Green Deal" as well as the digital transition – is reliant on just a handful of critical raw materials outside Europe's own borders, leading to geopolitical competition and price surges that harm supply. For example, the Commission estimates that the decarbonisation and electrification of Europe's industry will increase the demand for lithium by a factor of 60 until 2050, and cobalt by a factor of 15. Lithium, used in batteries including some **cochlear impant and hearing aid batteries**, was added to the official list of critical raw materials with uncertain supply chains.

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AUSTRIA – CIA – Cooperation partner of CIA received award

(Photo: Werner Pfeifer © Fotostudio Wedermann)

Austrian CI user Werner Pfeifer, founder of the Tyrolean tinnitus support group, head of the centre PRO.ject.EAR for hard-of-hearing people in Innsbruck and cooperation partner of Austrian CI-group CIA, received the *life award barrierefrei* for his lifetime achievements. Werner Pfeifer has suffered from Morbus Menière for 34 years, which also led to his hearing loss. His charity work focuses on a barrier-free access to education for children with hearing loss. This includes, for example, the funding of FM systems.

Since 2008 the *life award barrierefrei* promotes and supports accessibility for people with handicaps and raises awareness for their issues. Barrierefrei means barrier-free, so the motto of the gala on August 28th at Congress Innsbruck was “Bridge Builders and

Ambassadors". Some of the music that night was performed by the Tyrolean duo Rosi, guitar, and Stefan, a zither player and user of Vibrant Soundbridge hearing-implant.

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AUSTRIA – CIA – Distant Hearing

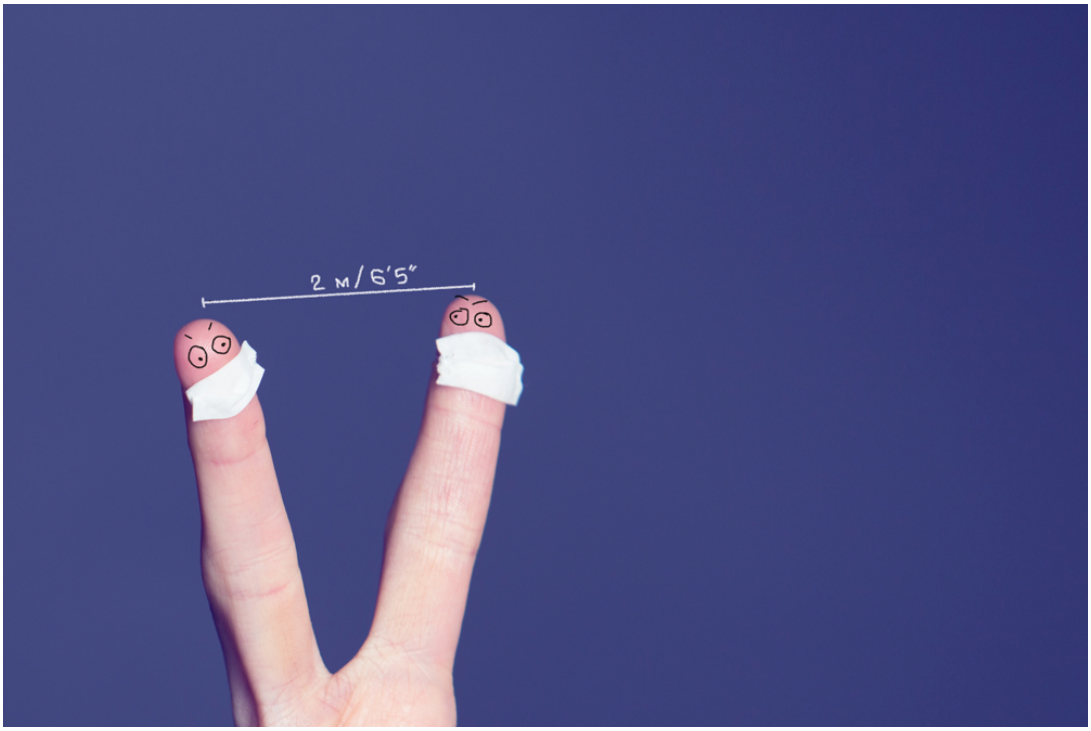

Illustration © Adobe Stock

Life during Covid-19 times for hearing implant users in Austria

The Covid-19 virus, though so minute in size, has led to maximum effects on our lives. Mouth-nose-protection masks have a particularly great impact on people with hearing loss. Keeping the distance implies relying heavily on our eyes and ears. Video conferences as the new means of communication make meetings efficient, but at the same time are a huge challenge for hearing-impaired people.

Not seeing versus not hearing

Covid-19 is the perfect proof that deafness separates from people, while blindness separates from things. When schooling, family meetings and music lessons took place virtually, even people with normal hearing realized the importance of hearing when technology failed. The online birthday party was in full swing as long as audio and video worked well. When the webcam failed, the party still went on. When the audio failed, the guests left the virtual birthday party, as they could no longer participate fully in what was going on.

Natural and technical assistance

13-year old Melanie, a bilateral CI user from Austria, was home-schooled for several months. Their school used MS Teams as the main communication platform. When the audio failed, Melanie was the only student in her mainstream school who could still understand her teacher thanks to her perfect lip-reading abilities. *"I used my CI's loop system to stream the teacher's voice straight into my processor, which made online lessons less strenuous. Seeing the teacher's face on video and lip-reading helped as well."*

16-year old Sophie, another bilateral CI user, attends an international school in Vienna and used automated subtitles during video conferences. She received support from her teachers and fellow students, thereby managing these challenging times very well.

Apart from automated subtitles and transcripts of video conferences, online meetings can be recorded, giving people with hearing problems the opportunity to listen to the meeting again at their own pace.

Karl, 77, resident of a retirement home in Vienna, has always been extremely grateful for his CI, but even more so in Covid-19 times. During the two-months-lockdown the telephone was the only connection to his family. Visitors were not allowed. *"If it hadn't been for my CI which enables me to talk over the phone, I would have gone mad with loneliness"*, he recalls.

Covid-19 situation – a chance?

With Covid-19 measures starting to loosen a bit, life in reality is gaining speed again. One protective measure, however, is making life particularly difficult for people with poor hearing: nose-mouth-protections. Schools for the hearing impaired have reverted to using clear face shields, allowing their students to see the face, and lip-read. These shields are getting popular in hospitals, doctors' surgeries, pharmacies and even restaurants. Why? Because even those with good hearing have realized how much better they understand their communication partners when they see their face.

May the Covid-19 situation be a chance for better appreciation of the challenges people with hearing loss face.

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GERMANY - BayCIV's Teenie Weekend 2020

(Photos: Top - teens meeting, and Bottom - on the water!)

None of us had expected that the BayCIV teen weekend planned for July 10-12 would take place at all this year. Due to Coronavirus, everything else was cancelled - but then came the e-mail from Andrea Grätz, our wonderful organizer, who sent us the message (IT TAKES PLACE) in capital letters. With a lot of effort and the patience of a saint she had managed to create a hygiene concept for this year's teenager weekend at Monastery Strahlfeld and to convince everyone involved that the weekend could take place without danger, that safety distances would be observed as a matter of course, that we would be outdoor most of the time anyway - and that new BayCIV masks with a transparent window would be used for testing. We were delighted!

When we arrived on Friday afternoon, we met many known faces but also some new participants joined the event. The children did not need 5 minutes to get together, and even among adults there was a lot to talk about. With 37 participants in the end, the weekend was not fully booked, which was a pity, but could not be avoided due to the short-term release.

The “meet and greet” took place outside in the monastery courtyard with the traditional round of introducing themselves followed by icebreaker games. Even if the teenagers turned up their noses at the traditional 'washing machine', they all took part in the end, and certainly removed some of their inhibitions. We adults had to admit without envy that the teenagers were vastly superior to us in the sign whispering mail.

On the first evening, the parents sat together, while the teenagers and their supervisors Damian, Laura and Anika continued to play until late in the evening. The main topic of conversation was about the children and their audio biographies. For one of them, for example, a change of school, which last time still caused stomach aches, had now gone smoothly, while another was only at the beginning of a difficult development, and it did us all good to hear how others had already mastered the difficulties we might be facing.

On Saturday morning the disappointment was huge. It had become cold and rainy overnight. It was uncertain whether the planed programme could take place. Stand-up paddling and a visit to the Adventure Wooden Ball at Lake Steinberger. But at 9:00 o'clock we could start. The teenagers first performed outdoor balance exercises under the guidance of group leader Christian Scharf. They had lots of fun, while the adults listened to an interesting workshop with Sophia Vogt about 'Identity development in hearing impaired children'. The clubhouse of the Steinberg sports club had been reopened after a long coronavirus break.

Slowly the weather calmed down and the exciting part of the day could start - the teenagers got out on the water. Many thanks to the staff of “Wild Wake Surf and Ski” at Lake Steinberger, who managed to make the teenagers feel safe on the water without their technical support while listening to the music and in the end even dared to go into the water!

Meanwhile, we adults finished our workshop, even though we could have continued the discussions much longer than allowed. Many thanks also to the presenter, Sophia Vogt, for her skilful 'focusing' on the strengths and uniqueness of our teenagers, which we perhaps perceive too often and too one-sidedly through the lens of the hearing impairment in our everyday lives!

Around 16 o'clock we all met at the famous wooden ball. Check it out here: https://dieholzkugel.de/wp-content/uploads/2019/08/Kurzinfo_Englisch_hk.pdf and https://dieholzkugel.de/

After returning to the Monastery Strahlfeld we had enough time for an exchange between the parents, while the teenagers enthusiastically played board games. A special highlight was that one of the very old nuns of the convent joined us for a short time, provided us with candlelight and even gave us a short lively insight of her long and eventful missionary history in Africa.

On Sunday morning, the teenagers learned relaxation techniques with Michaela Cordea, while the adults hijacked the supervisors and asked them extensively about their listening

biography. Also controversial topics were not omitted like requesting a disabled person pass and dealing with authorities and insurances in general. And on top, the Monastery Store was opened exclusively for us.

After lunch, we went home with many impressions and newly gained energy in our luggage. Many thanks again to Andrea Grätz for the wonderful organization!

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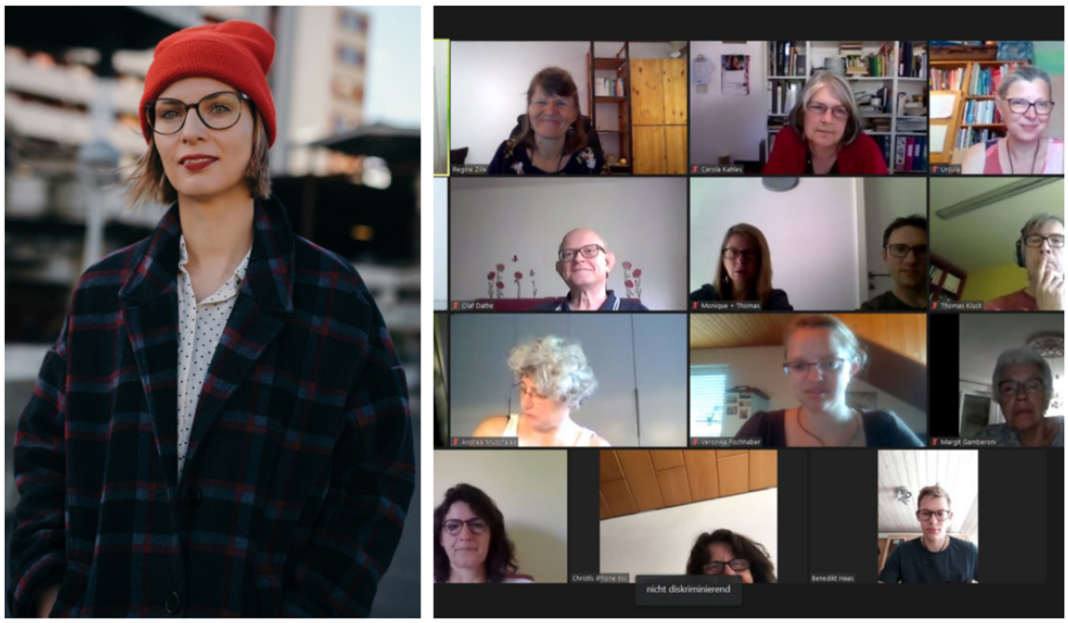
GERMANY - Virtual Symposium - Poetry Slam



(Photos: Left - Pauline Füg - Photographer: Pierre Jarawan. Right - Zoom meeting)

A digital poetry slam workshop with the author and psychologist Pauline Füg took place on June 27, 2020 as part of our virtual symposium.

The motto was: "Corona? That doesn't bother us! - Poetry Slam Workshop goes digital!"

Poetry Slam as an online seminar: Creative writing and breaking new literary ground via video conferencing.

Actually, everything is the same as always in the workshop: people interested in literature learn from the professional slammer Pauline Füg how to write texts and to present them.

You can write texts about hearing, not hearing or generally about this strange time.

A lot of (secret) information about Poetry Slam was evaluated. The only difference: you sit comfortably at your desk at home and can still exchange with others.

Please check out the outcome of this event here: https://www.youtube.com/watch?v=l227j9V43RY

You want more? Please register under https://www.bayciv.de/news/intensivkurs-poetry-slam for the next workshop. Planned date is 21st November 2020

Reinhard Zille

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GERMANY - Virtual Symposium - Presentation and Discussion

(Photo: Sophia Vogt)

We have published the keynote lecture "Challenge of Hearing Loss in Family and Personal Environment - Psychosocial Aspects" by Sophia Vogt (Master's degree in psychology), which was planned for the symposium on June 27 in Ingolstadt. It is now available on YouTube – of course with subtitles.

After the presentation, a lively online discussion took place in a video chat with the speaker and many enthusiastic participants from 1:30 - 2:30 pm, during which many questions on the topic of hearing impairment and family were answered.

Please check out the video and more material under https://www.bayciv.de/news/vortrag-s-vogt

Reinhard Zille

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ITALY – AGUAV – “The G.O.O.D 2020”

On 12th December 2020, AGUAV onlus (in conjunction with its foundation, FAV onlus) will organize **"The G.O.O.D 2020"**. This international scientific convention will take place in Varese but "virtually" throughout Europe, as a **Professional Video Conference**.

The aim of our project is to take a snapshot of how deaf and hard of hearing people are treated in Europe. We will present research from the scientific world and also from trade and patients' associations.

AGUAV onlus would like to share information and listen to the many voices of the European Associations dealing with deafness and impaired people, so that we can attend **"The G.O.O.D 2020"** with proposals for how money destined to the care of deafness would be better distributed.

Therefore, **we kindly ask** you for your help and experience to **complete the questionnaire** which has been approved by the EURO-CIU board.

The results of the research will be presented by AGUAV on 12th December and will be available afterwards through the EURO-CIU board.

Please complete the questionnaire! Thank you very much for your kind help. Click on: https://www.surveylegend.com/s/26h4

Beatrice Cusmai
EURO-CIU Secretary

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POLAND - SSBG - Petition to the Polish Government

The time of pandemic is very difficult for everyone. Life in Poland is slowly returning to normal, however the access to health care is still strained in some respects. In many medical centres, on-line consultations are the only options to obtain a medical advice, what significantly affects accuracy of diagnosis and is particularly difficult for hearing impaired and deaf people due to communication difficulties. All the problems which we had before the pandemic, among which the long waiting time for sound processors upgrades and bilateral implantation are the most important ones, has deepened since then.

Long before the epidemic came along, our association Hear without Borders has planned to file a petition / objection to the Ministry of Health and the Polish government against the long waiting time for sound processors' upgrades. According to the law, the replacement of the sound processor in Poland is possible when the device is out of the warranty period (which is 3 or 5 years depending on the implantation centre). Additionally, patients must present the opinion of the centre that the device is not suitable for further use.

In practice, when the warranty period expires, patients are put on the waiting list. The waiting time for sound processor upgrades may be up to 5 years, what means that in some situations a processor is upgraded when it is 10 years old and even older. We also know the cases, in which individual people have a problem with the replacement of 12-year-old processors, and their appointments are postponed. We estimate that there are around 4,000 people who need sound processor upgrades.

Our association and the organizations that cooperate with us, we decided to publish the petition on 07.03.2020 on the petycjeonline.com website, appealing to the government to improve the situation of people waiting for the processors' upgrades. We capitalized the time of the lockdown to promote the petition in social media. In the attachment to the petition, we sent a few photos and a video, thanks to which we were able to collect over 14,300 signatures under our petition.

In addition to our petition initiative, on June 1st, 2020 (Children's Day in Poland), we undertook the campaign “Minister, please Hear Us” addressed to the Minister of Health, Łukasz Szumowski. He received many messages from the implanted children, with the pictures of little patients and red hearts, painted by them. The photos were published in the social media, and the action received much interest and wide coverage in the television and radio stations. Thanks to this, the spokesman of the Ministry of Health responded to our former inquires, saying that the Department is planning changes in the financing of hearing implants. The decision should be made in 2020.

On June 2, 2020, the submitted petition with all printed signatures was officially send to the Ministry of Health, the Prime Minister and the President of Poland via post office. The same documents were also sent to all members of the Polish parliament (460 people), including the representatives of the parliamentary health committee.

At the Association, we understand that the time of the pandemic is hard for everyone. At the same time, we are aware of our difficult situation is deteriorating day by day, so we use that time of to establish a dialogue with the Ministry of Health.

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SPAIN – AICE – Laboratorio Insonoro (Soundless Laboratory)

AICE Federation develops an awareness work on Hearing Loss in educational spaces through the Soundless Laboratory project. Due to the closure or change of schedules of schools, institutes and other educational centres in all the Communities due to Covid-19, AICE has redirected the "Soundless Laboratory" project towards virtual communication and teaching proposals by creating an accessible website with educational content on Hearing Health.

Web can be accessed in two different languages:

- Spanish www.laboratorioinsonoro.org/
- Catalan/Valencian: www.laboratoriinsonor.org

The website offers a public area for general access by the population and a private area for access by students from Secondary Educational Centres.

The public area offers the contents in a dynamic way and also invites active participation by conducting sound level tests and hearing tests to better understand the dangerous levels for our hearing sense organs.

The contents and proposals can be found in the form of texts, images, videos, audios and external links, among them, the WHO application that allows to know in a simple way the hearing capacity and recommends going to professionals if the results are not favourable.

The private zone (ENLAZAR) has been created as a series of Virtual Teaching resources for teachers and students of Secondary Education Centres, and through a system of codes that protect identity and privacy rights on the Internet, in which they will be able to access a theoretical-practical class that also includes an evaluation and two measurements of their own hearing to know if the student in question could have a hearing problem.

This activity is offered free of charge to all Centres that would like to participate and will allow the possibility of having Hearing Health Education, which is rarely part of the ordinary educational curriculum.

The experience of the previous in-person activities of Soundless Laboratory in more than 10 educational centres in the Valencian Community, as well as more than 50 with other AICE activities in recent years has shown that there is a clear lack in this regard and that it is necessary to maintain these types of awareness programs.

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WORLD NEWS - RUSSIA – THE LEHNHARDT FOUNDATION – for little Vladimir, a new world is just opening up




It is with great pleasure to announce that for Vladimir the door into the world of sound has just been opened – finally! At the last minute the flight from Moscow to Berlin had been cancelled, and this was when Anastasija, the mother of Vladimir, decided to make the journey by car and drive herself all the way from Moscow to Halberstadt in Germany, a distance of 2,100 km through Belarus and Poland.

On August 6th, the cochlear implantation was performed at the AMEOS Clinic in Halberstadt. The very experienced surgeon Dr. J. Langer achieved the possible and the impossible – despite the anatomical anomalies in the middle and in the inner ear. The surgery turned out to be very difficult, but ended successfully. During the intra-operative measurements, all electrodes of the implant responded. For Anastasija this was the most exciting and dramatic operation (for Vladimir it was “just” the ninth!)

Four days after the surgery the first fitting of the speech processor was done at the clinic and Vladimir showed clear reactions to sounds. Now we are all convinced: everything will be fine!

Further fittings and rehabilitation with an audiologist and speech therapist will happen in Moscow, the parents are prepared for a long-term hearing rehabilitation.

We want to cordially thank all who supported us in this project “Help for Vladimir”. Two charity organizations from Germany and Russia, individual sponsors, the team of the clinic under the direction of Dr. J. Langer, the team led by Prof. T. Just and the team of the Lehnhardt Foundation.

Very soon Vladimir will be able to say “Spasibo” (Thank you)

Dr. Dr. h.c. Monika Lehnhardt-Goriany / Liubov Wolowik

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WORLD NEWS - RUSSIA – THE LEHNHARDT FOUNDATION – BILATERAL IMPLANTATION

(Photo: Marina G. Guryeva, special educator at the Surdological Center for Children, St. Petersburg, Russia)

Introduction:

Binaural implantation with government support is not possible in all countries today. In the countries of the former USSR (now separate countries of Russia, Ukraine, Georgia, Armenia, Belarus, Azerbaijan, Kyrgyzstan, Latvia, Lithuania, Moldova, Tajikistan, Turkmenistan, Kazakhstan, Uzbekistan and Estonia) children receive the CI only on one side as part of the state program or if there is no such program in the country, then only with the support of help organizations / foundations. The question of successful rehabilitation after the second implantation a few years later is particularly relevant for these families.

Binaural Cochlear Implantation: Expectations and Reality with the 2nd Cochlear Implant:

The advantages of bilateral hearing over single-sided hearing are obvious. These are "... better speech understanding both in quiet and noisy surroundings, better objective and subjective localization, higher sound quality, less effort to listen when speaking in background noise, less pronounced deprivation of the ear with CI compared to the one without, greater patient satisfaction and higher self-assessment of the Quality of Life "(from the article "Hearing with Both Ears, Not One" on the Phonak website www.phonakpro.com).

However, the mechanisms of auditory perception with hearing aids and with CIs are different. Does this difference also exist for two CIs? In my practice, I have never seen a child with bilateral hearing loss refusing to wear the second hearing aid and preferring monaural prosthetics instead of binaural. In contrast to it, we have experienced rejection of the second CI. This happens when the second implantation is not carried out immediately, but much later (4 years and more).

For this study, a group of 5 children between 7 and 13 years of age was selected, whom we were able to support first with one CI and later with a second CI. The study included discussions and lessons with the children, tests of auditory perception with each CI separately and with both together, and parent surveys. At the time of the evaluation of the data, the second implants had already been worn by all children for 6-8 months. This study showed the following conditions for the success of the rehabilitation of the children after being fitted with the second CI:

1. The expectations of the parents and the child with the second CI must be adequate.
2. The parents and the child must understand the need for permanent hearing rehabilitation – (possibly 1-2 years).
3. Intensive hearing training, especially with the new (second) CI and only later with both.
4. Professional fittings (the need for multiple fittings of both CIs).
5. The duration of rehabilitation with the second CI depends on the interval between the two surgical interventions.

If adequate expectations and the willingness to invest in teaching are lacking, the strength and energy for listening training will also be lacking, which quickly leads to disappointment with the CI. What would be the result after the second surgical intervention? A perfectly rehabilitated ear and an implanted one that doesn't hear anything yet and only disturbs the first one.

Just as in amblyopia, the vision of the affected eye does not develop without training, auditory perception with a new CI will not develop on its own, not without **hearing training**. What are the elements of this hearing training? It must contain both irrational (IHM) and rational hearing material (RHM): **Phonemes** and **syllables** as word formation elements (irrational) **Words** (for speaking children, if possible, without visualization): irrational – proper names, foreign or imaginary words, technical terms. Rational – words and phrases from the vocabulary known to the child. It is desirable not only to hear RHM, but to do something with the hearing information, e.g. answer a question, bring the mentioned object, solve a task, so that in this case hearing itself is not the ultimate goal. **Sentences** and **texts** for training the auditory-verbal memory, the processing speed of the hearing information and listening comprehension. With RHM everything is clear. An example of irrational material could be quasi-fairy tales by L. Petrushevskaya or poems with foreign words.

The evaluation of the questionnaires showed that those children made greater progress who not only practiced with one (new) CI, but also **wore it regularly during their leisure time**. This evaluation also shows that if the first three a.m. conditions for successful rehabilitation (adequate expectations, acceptance of regular exercise and listening training) are given, even if the adjustment is not perfect (10-60% of speech comprehension with the new CI), the expectations of all parents and children have been met, all are satisfied with the results of the CI. The children feel more secure, ask less questions, and actively expand their vocabulary also outside of training; Children communicate more with their peers, are better able to perceive non-verbal sounds and localize sound sources, and are more successful with writing on dictation. All children report better sound quality with two CI and higher volume. The study also shows that the recognition of non-verbal noises is not directly related to listening training, but speech perception is.

Conclusion:

If all the necessary prerequisites for successful rehabilitation after two CI are met, the same advantages of binaural prosthetics are observed as with two hearing aids. Rehabilitation after CI takes much longer than with hearing aids. However, the efforts of the educators, the parents and the children are fully justified. In the event of a defect in one of the CI or cables, lack of (rechargeable) batteries or other reasons for the non-functionality of a CI, the child can still **HEAR**.

CV of Marina Guryeva:

Marina Guryeva is a special educator and methodologist at the City Center for the Treatment of Children with Hearing and Speech Pathology No.1 (SZHS) in St. Petersburg, Russia. In 1996 she graduated from the Russian Pedagogical University A. Herzen, with the degree "Elementary school teacher for hearing-impaired children, special educator for preschool children". She has been working at the City Center for the Treatment of Children with Hearing and Speech Pathology No.1 (SZHS) in St. Petersburg, Russia, since 1995 and works with children aged 2 to 18, accompanies them in mainstream schools and gives parenting advice. Marina is on the scientific board of the Lehnhardt Foundation.

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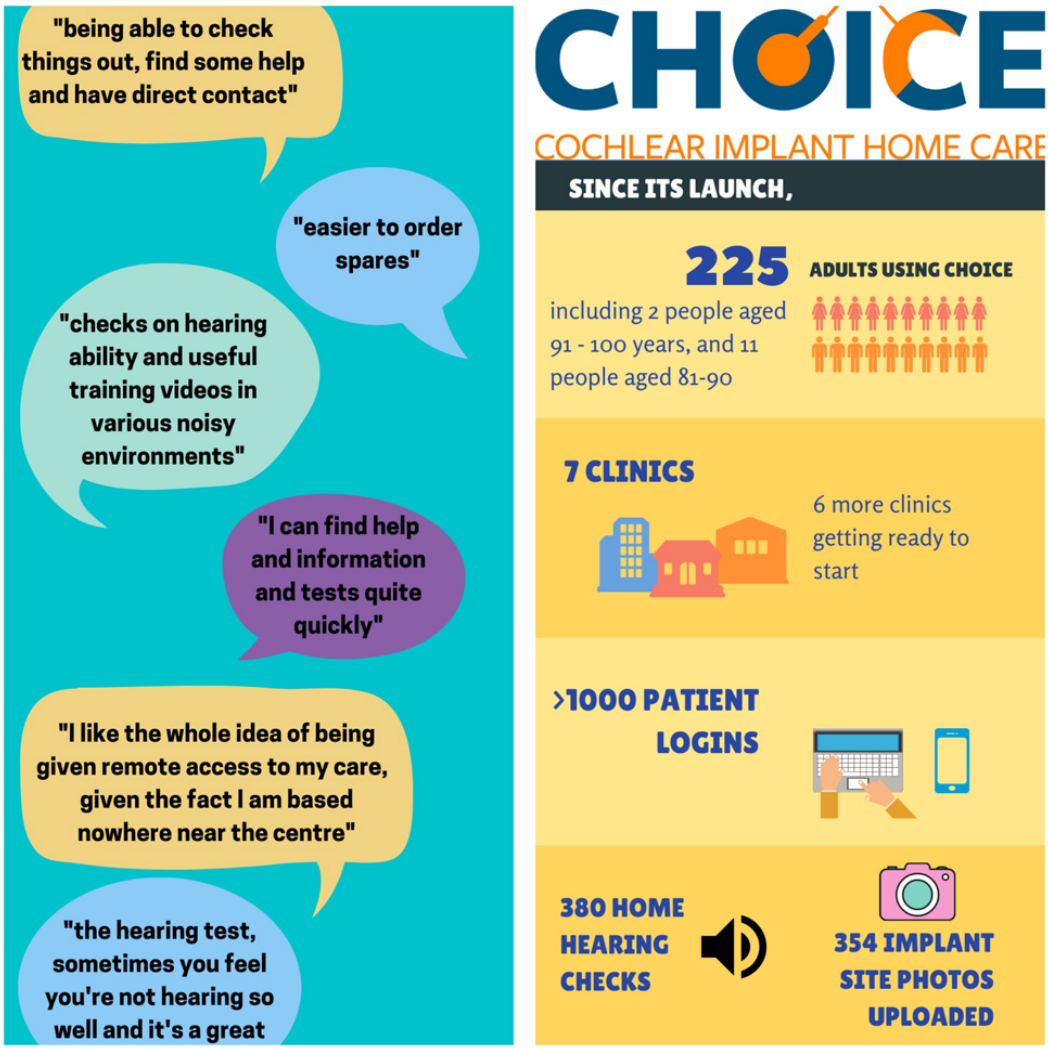
WORLD NEWS - UK – CHOICE – cochlear implant home care



(Image: What do patients like about CHOICE?)

The COVID-19 pandemic has been a very difficult time for so many people worldwide, our thoughts are with family and friends of more than 900,000 people who have sadly lost their lives.

Massive changes have happened in UK CI services, with the whole pathway of cochlear implantation affected: from newborn hearing screening, referral to a cochlear implant centre, assessment, surgery and subsequent follow-up.

Now that outpatient appointments and operations can happen to some extent, things are nowhere near 'normal'. Clinics are dealing with vastly reduced patient capacity due to social distancing, new cleaning protocols, PPE, surgical changes to reduce aerosol, staff shielding, and long waiting lists. People with cochlear implants may be shielding or reluctant to attend their clinic unless absolutely necessary. There are also differences between clinics in their

uptake and engagement with remote care – offering a different service model to patients, depending where they live.

You may have heard of CHOICE – cochlear implant home care. We designed this remote care pathway for adults with cochlear implants a few years ago, with patients starting to use it last year. CHOICE is a website where people with implants can do a home hearing check, listening practice, music practice, stock ordering, uploading a photo of the implant site for a clinician to check, and other resources to allow patients to care for their hearing at home rather than in the clinic. This can promote empowerment, independence and positive outcomes for their hearing. CHOICE is being used in 7 UK clinics (Cambridge, Manchester, North East, Nottingham, RNTNE, Southampton, St Thomas'), with 6 others about to offer CHOICE (Birmingham, Bristol, North Wales, Oxford, Sheffield, St George's). Several Australian centres are hoping to start too. It is currently for adults, but we are waiting for approval to include 16 and 17 year olds too. CHOICE can be used by people with any cochlear implant device from all manufacturers, and can be used on a phone, computer, laptop, tablet or any device with internet access.

The independent evaluation of CHOICE will be completed in 2021. We hope then that digital-first cochlear implant care becomes routine.

Helen Cullington

University of Southampton Auditory Implant Service

Helen is a Professorial Fellow and Principal Clinical Scientist at the University of Southampton Auditory Implant Service. She is captivated by cochlear implants and is committed to using technology and social media to improve health care and communication.

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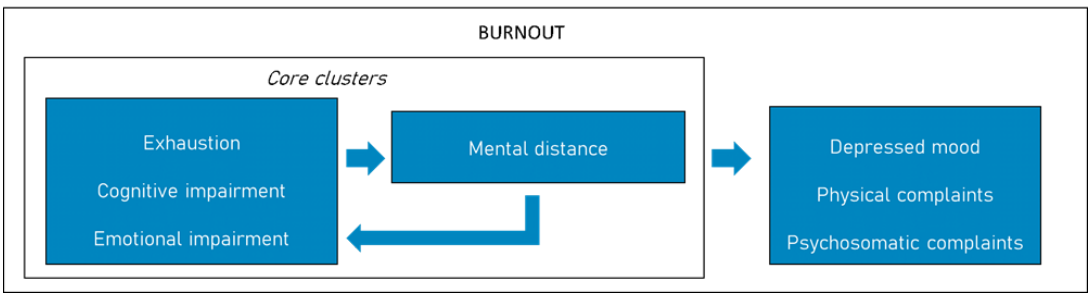
WORLD NEWS - UK - Hearing loss and burnout – is there a link?



In February this year, I was invited to annual event at Thomas More University in Antwerp, Belgium to discuss hearing loss and functionality. The question of link between hearing loss and burnout was raised during the event and as a person with hearing loss, I would say: yes there is a link.

While for majority people without any health or disability issues it may not apply directly, hearing loss can be a major contributor to a newly classified health condition – burnout.

Major contributor to burnout is workload which leads to stress, excessive noise, difficult situations in workplace or in family life. This all makes sense, doesn't it? So how is hearing loss being connected to burnout? WHO described burnout as an "occupational phenomenon" https://www.who.int/mental_health/evidence/burn-out/en/, and when you add managing hearing loss in what is often very stressful environment, we have to take notice.

Following WHO definitions, burnout consist of 4 core symptoms clusters and 3 secondary symptoms clusters as illustrated above.

Anyone with hearing problems will tell you that life as a deaf or hard of hearing person is often stressful. Recently I have seen more talks, articles in deaf and hard of hearing circles

discussing listening fatigue and concentration fatigue, while this is not new experience, it is given a name and brings explanation to common feeling among us of “crashing out”, exhaustion after long day at work. Ian Noon from NDCS wrote about listening fatigue experienced by children and students in education and how it affects him too in his employment https://limpingchicken.com/2014/11/08/ian-noon-the-impact-of-concentration-fatigue-on-deaf-children-should-be-factored-in/.

Indeed, it must be exhausting to keep listening during lessons and participating in social activities including lunch in noisy environment as schools are during lunch especially. Majority of us (hard of hearing) do not realise how much effort it takes to manage difficult listening situation in a workplace and how often we are unable to function at the end of the day.

In Antwerp, we discussed “functionality and hearing loss” which is gaining attention of those working in the hearing care field and seeking to improve hearing care provision. The hearing care professionals also realise, life is very noisy and often challenging for hard of hearing people, even after they are fitted with their hearing aids! This is positive trend in hearing care profession, and we should encourage more discussions about it. But aside talking about this subject, what can be done to try and mitigate the effect of hearing loss related stress which can lead to burnout? First, we need to recognise how daily life is affecting us and for audiologist to communicate this as part of counselling. Being able to select best device fitting persons hearing profile and work-life lifestyle can be mitigating tool.

How does this apply to cochlear implant users? It has same application of listening in challenging environment and our brains working harder to understand speech.

However, despite the best intentions and support, listening and concentration fatigue still can happen. Some people can adapt and manage their hearing loss, but others cannot, they need support and reasonable adjustments to all them to thrive.

With Covid-19 bringing radical change in how we work and interact, people with hearing loss face increasing challenges when members of public and colleagues wear face masks. No longer possible to rely on lipreading, stress levels and frustration increase. Online meetings can also have issues such as issues with sound and video quality all contribute to higher levels of energy consumed by hard of hearing and deaf people alike. Have you heard of “zoom fatigue?” It is most talked about topic lately discussing how people with typical hearing need to recover from online meetings. People with hearing loss experience this daily! **Add to this mix tinnitus and vertigo issues, and it can really be exhausting.**

Right now, we are reinventing the way we work and virtual meetings can have added value of seeing the face of the speaker closer for lipreading and to have good sound. However, there are pitfalls too, when video freezes or participants do not use videos and participate by audio only. Those instances add extra burden for people with hearing loss and it can be exhausting. There are ways to help with overstimulation and feeling exhaustion. Having real time captioning at the meeting, events and during lectures, both onsite and online can relieve listening fatigue as it allows to give a bit of rest from high level of concentration required while listening. Make sure you allow for “time out” to help with relaxing and to recover energy levels. Timed breaks can provide respite which can benefit everyone.

https://www.forbes.com/sites/yolarobert1/2020/04/30/heres-why-youre-feeling-zoom-fatigue/

It is important to recognise warning signs and adjust working schedule accordingly. To help with it, you can use a burnout assessment tool which was also presented during the meeting at Thomas More.www.burnoutassessmenttool.com

With thanks to Thomas More University for inviting me to take part!

Lidia Best – Chair – National Association of Deafened People (nadp)

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WORLD NEWS - UK – BATOD members views on how COVID-19 impact services

(Photo: Steph Halder)

Steph Halder, BATOD President 2018 – 2021, summarised a survey (May 2020) of BATOD members to elicit their views on how COVID-19 and the lockdown had been affecting education and children's services. The members who responded worked in a range of settings; sensory support services, mainstream schools, special schools, resourced provision, independent schools and auditory implant services. BATOD asked about the impact on children and young people, their families, educational staff and wider society. The full summary is accessible by clicking here.

Teresa Quail
Assistant National Executive Officer and Magazine Editor
British Association of Teachers of the Deaf (BATOD)

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WORLD NEWS - UK - Auditory Verbal UK - the new normal!

(Photos: left to right at top: Viewing webinar, Emma Burton; left to right at bottom: Shoshie and Grace)

At Auditory Verbal UK, like the world at large, we have continued to get used to the world's "new normal". After moving all our services online following the UK lockdown in March, we've constantly looked at expanding our online offering to ensure we can share experiences and knowledge with colleagues across the UK and Europe.

We are delighted to have supported over 700 professionals and families who have taken part in sessions online, which have included weekend and evening dates to allow engagement with as many people as possible.

The auditory verbal therapy clinical team also joined around 900 professionals from 40 countries who attended July's 2020 AG Bell Global Virtual Listening and Spoken Language Symposium and hosted sessions on resilience, humour and sensory play.

More in depth sessions are being offered for professionals across Europe to share knowledge and best practice in these topics and we would love for our colleagues from the UK and across Europe to join us. These webinars will be taking place from September 2020 - February 2021 and will be hosted by a LSLS (Cert) Auditory Verbal therapist. With free sessions on sensory play, parent-coaching, and developing humour, you'll be sure to come away with some new and exciting techniques and theory to use in your practice. Find out more here.

You can find out more about how the AVUK team has developed its services through telepractice as well as reading a day in the life of our auditory verbal therapist Emma Burton and our Comms and PR team to see how they've manged to continue their important work and so much more during a period of working from home.

Shoshie's story

Shoshie (2) is already the life and soul of the party, hilarious, entertaining and chattier than all her hearing contemporaries. She failed her newborn hearing screening twice and received cochlear impants at eight months. Read her story.

Grace's story

Grace graduated from AVUK in July 2020, having just turned four years old. Read about how Auditory Verbal UK helped her learn to listen and talk.

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WORLD NEWS - USA - Cochlear Implant Consumer Advocacy Network (CI CAN)

AMERICAN COCHLEAR IMPLANT ALLIANCE

Research. Advocacy. Awareness.

American Cochlear Implant Alliance Launches New Consumer Advocacy Network (CI CAN)

- The Cochlear Implant Consumer Advocacy Network (CI CAN) is a new initiative designed to amplify ACI Alliance's ongoing efforts with grassroots advocacy.
- CI CAN members will be able to share their personal stories directly with policymakers to guide their public policy making.

The American Cochlear Implant Alliance (ACI Alliance) is a not-for-profit membership organization created with the purpose of eliminating barriers to cochlear implantation by sponsoring research, driving heightened awareness and advocating for improved access to cochlear implants for patients of all ages across the US. ACI Alliance members are

clinicians, scientists, educators, and others on cochlear implant teams as well as parent and consumer advocates.

CI CAN is a new initiative designed to amplify ACI Alliance's ongoing efforts with grassroots advocacy. Anyone who has or needs a cochlear implant or supports others may join the network, with ACI Alliance staff and volunteers providing training and guidance.

Public policy that affects access to cochlear implants is a critical element of the mission of ACI Alliance. By helping policymakers understand what matters to people and to the process of providing quality clinical care, CI CAN member's personal stories of living with significant hearing loss yourself or with a family member or friend is critical to that success.

ACI Alliance Executive Director Donna Sorkin notes: "Despite life changing outcomes provided by cochlear implants for appropriate children and adults with hearing loss who do not benefit sufficiently from hearing aids, CI awareness and utilization in the United States lags behind that of other countries with advanced healthcare systems. Adding the voices of consumers, parents and others can enhance and inspire our efforts to improve cochlear implant access."

Learn More:
• ACI Alliance: www.acialliance.org
• CI CAN: www.acialliance.org/page/CI_CAN

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WORLD NEWS - USA - American Cochlear Implant Alliance (ACI Alliance) Seeks to Protect Access to Cochlear Implants and Osseointegrated Devices in Medicare Hearing Health Legislation

The American Cochlear Implant Alliance (ACI Alliance) is promoting specific language to clarify that legislation to cover hearings aids for certain Medicare beneficiaries (i.e., H.R. 4618) does not inadvertently hurt patients with severe or profound hearing loss who would be better served by a referral for evaluation for cochlear implants (CIs) or osseointegrated devices. The inclusion of hearing aid coverage in this legislation is an important step to improving hearing health under the Medicare program, and we remain committed to working with Congress and other advocacy groups to ensure this bill meets the individualized needs of Medicare beneficiaries.

Close to 100% of individuals with profound hearing loss are CI candidates from an audiological perspective and do not benefit sufficiently from traditional hearing aids to have significant open set (no visual clues) listening. On average, adult patients with severe or profound hearing loss wait 7.8 years once they are candidates to move forward. Longer periods of deafness once an adult is a CI candidate is associated with poorer post CI outcomes, as well as declines in cognitive health and quality of life.

Congress has already recognized the importance of cochlear implants and osseointegrated devices for appropriate Medicare beneficiaries as the procedures are covered by Medicare. ACI Alliance is committed to working with policymakers.

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WORLD NEWS – VIETNAM – COVID-19

Photos (from the top) show:

- ***Staff of ENT hospital Ho Chi Minh City Vietnam together fight again Covid 19***
- ***Instruction on tracheotomy inside the transparent protective cage for Covid 19's patients***
- ***Instruction on intubation inside the "Intubox" for Covid 19's patients.***

The COVID-19 pandemic caused by the SARS-CoV-2 virus had its first confirmed case in Vietnam on January 23, 2020. Measures to quarantine, track and restrict people from epidemic zones, and border closure, implementation of medical declaration is done. Some activities "gather people", travel and trade in localities are limited. Some places take body temperature measurements, equip antiseptics, give out masks for free, and tighten controls.

With a population of 96.5 million people, Vietnam has the 1st infection wave, peaking on March 30, 2020, but there is no epidemic. After 190 days of COVID-19 infection, no one died. Before July 22, 2020, Vietnam had nearly 100 days without infection in the community, and people from abroad to Vietnam were always thoroughly isolated and safe from epidemics. Vietnam has entered the second wave of infections. only 6 days from July 31 to August 6, 2020, 10 people died.

As of 31 August 2020, Vietnam had 1,040 cases of Covid-19 infected. 696 cases were cured and 32 died, all of these patients were elderly patients or with severe background disease.

Vietnam has controlled infection in the community quite well, due to timely detection of cases of F0 from abroad and F1 from within the country, thoroughly isolation of all cases of F0, F1,

F2, so together with other measures such as wearing masks, social distance, and antiseptic, have kept the number of people infected with treatment very low.

As we know Corona Virus or Covid 19 is a respiratory virus, spread through the respiratory tract and cause disease in the respiratory tract. Ear, nose and throat is the upper respiratory tract, all virus spread through this way: Through the nose or through the throat. And the mechanism of this virus is spread by droplets (water droplets shoot air, cough, blow nose, talk ...); simultaneously spread by contact (touching objects) and aerosol; That is why the ENT doctors who are in direct and close contact, furthermore the ENT doctors also perform procedures such as endoscopy, endotracheal intubation or airway surgery... Therefore, ENT doctors are classified as high-risk group for respiratory transmission means. For all the mechanisms of infection of this Corona Virus, an otolaryngologist may be involved.

Recognizing the danger and spread of the epidemic, it should be during the holidays of the Lunar New Year, when it started during Covid-19's epidemic season; all hospital staff members have embarked on the same country, the whole medical branch to prevent and repel disease. The hospital's epidemic control committee gave guidance on classification, early identification, and source control: providing screening procedures and screening areas for patients with epidemiological factors and other suspected symptoms to avoid cross-contamination in hospitals and in the community. The hospital has applied standard precautions to all patients, staff, family members and those entering the hospital: All patients, relatives of patients, visitors to work contact when coming to the hospital at will be screened at the screening table. The staff at the screening table will conduct the screening for all hospital admissions according to the following steps:

- Suggest to bring a mask or give it out to patients who do not have one.
- Perform quick hand antisepsis with alcohol or dry antiseptic solution.
- Instructions to complete information in the survey.
- Get the temperature with an induction thermometer
- Check information on the Quick Survey and perform screening.

Directly bringing patients to the screening area, which is separate from the regular examination area and handing over to the screening site staff in the following cases:

- Patient Close contact with infected / suspected Covid-19 or Entering Vietnam within 14 days or Traveling by plane / boat for 14 days
- The patient hits the fever symptoms or has the temperature measured with the result ≥ 37.50C
- There are also patients with suspected symptoms and symptoms such as sudden loss of smell, muscle pain, fatigue.

At the screening site there will be teams of doctors and nurses who take turns performing this specialized task during the epidemic season. This special task force will only stay on the designated grounds of the screening area during the mission and the families will also have to quarantine themselves for 14 days upon return. With this principle, it will minimize cross-infection in the hospital as well as in the community if medical staff have contact with Covid-positive patients 19.

The Steering Committee for epidemic control also consolidates infection control procedures in hospitals to suit the epidemic situation:

- Instruction on ear, nose and throat surgery in the situation of an epidemic Covid 19; Instruction on intubation for Covid 19’s patients; Instruction on tracheotomy for Covid 19’s patients ; Instruction on prevention of Covid infection 19; Instruction for the use of personal protective equipment; Process of environmental sanitation, surface, cloth…

The guideline of epidemic prevention and control according to epidemiological requirements:

1. Take initiative in early epidemic prevention.
2. Timely detection.
3. Thorough isolation.

4. Effective treatment.

During the epidemic, we only did emergency surgery. CI surgery is a non-emergency surgery, in April no CI surgery was operated. From May to July decreased by about 50% over the same period last year.

As for the hospital's administrative activities, they are held in the form of online meetings. In addition, the hospital also applies information technology to other activities to minimize crowding, reduce travel such as providing hotline phone numbers, operator appointment numbers, and telephone numbers for Consult if needed or pay online, pay by card, telemedicine staff for the difficult case...

Above are some pictures of our activities during Covid-19 pan epidemic in ENT hospital Ho Chi Minh City, Vietnam.

A/prof TRAN PHAN CHUNG THUY MD; PhD

President of Vietnamese ENT Society.
Vice President of Vietnamese Society Sleep Medicine.
Head ENT department, Faculty of Medicine, Vietnam National University HCMC.

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RELATED CONGRESS - IFOS Vancouver

The unprecedented events over the past nine months have challenged all of us, including the committee organizing IFOS 2021 Vancouver. The local organizing committee, the IFOS Board, and the Canadian Society of Otolaryngology-Head and Neck Surgery have been assessing the ongoing global pandemic and its potential impact on attendees, their families, and their communities.

While we look forward to showcasing Vancouver, we have made the difficult decision to postpone IFOS 2021 Vancouver. It will now be IFOS 2022 Vancouver from June 18 - 22, 2022. Attendees can expect the same great educational and social meeting in 2022. More information can be obtained from our website in early 2021.

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RELATED CONGRESS - CI2021 Conference on Cochlear Implants in Children and Adults - Dallas, USA

CI2021 Conference Opportunities for Students and Residents in Hearing Science

American Cochlear Implant (ACI) Alliance (www.acialliance.org) invites students and residents with an interest in hearing loss and auditory implants to attend the CI2021 Conference on Cochlear Implants in Children and Adults.

The conference will be held April 28-May 1, 2021 at The Hyatt Regency in Dallas, TX. This conference will gather clinicians and scientists in the Cochlear Implant field; it will explore a comprehensive set of emerging issue topics relating to cochlear implants and other auditory hearing devices. This conference will bring together a diverse audience of audiologists, surgeons, rehabilitation specialists, educators, researchers, and industry representatives for an educational, thought-provoking dialogue and collaborative inquiry.

Students will receive a reduced registration rate and ACI Alliance is offering scholarship opportunities as part of a competitive process for a limited number of students/fellows. Scholarship awards will include registration, a $120 travel stipend to help offset expenses, and a one-year student membership in ACI Alliance. Scholarship recipients are required to attend the conference in full. If there is not an in-person conference, the scholarship with provide the virtual conference registration fee. Application forms will be available mid-August and will be due October 15, 2020.

A Student Poster Competition will be held for those enrolled in an undergraduate, graduate, residency, or fellowship program. An academic adviser or another university official must verify student/resident status. Click here or visit https://www.acialliance.org/page/CI2021 to review additional details. Submission for abstracts opens August 15 and the deadline for submission is October 15, 2020. Posters will be judged on:

• Content/Poster Organization and Preparation
• Display Appearance
• Originality and Merit
• Oral Discussion/Knowledge and Presentation

Advance Registration for CI2021 International will open early November and will close February 25, 2021.

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ADVANCED BIONICS - How to keep your sound processor clean

During these unprecedented times, the health and safety of you and your family remain our priority. As part of our efforts to support, we have prepared few recommendations for the care of your hearing devices in light of the pandemic.

The best way to protect your sound processing equipment is to follow the World Health Organization (WHO) guidelines of washing your hands and social distancing. **Prevention is the most effective solution.** You can find more details here.

If you are concerned that your equipment may be contaminated, the Environmental Protection Agency (EPA) has a list of recommended substances for disinfecting.

It is important to note that, **none of these substances have been tested for use with your sound processing equipment**. The materials in your sound processor have been carefully chosen for biocompatibility and performance. Use of these substances risks damage to these materials. However, you may consider the following steps in order to minimize the likelihood of damage:

- Alcohol cleaner, such as rubbing alcohol (60-70% solution ethanol or isopropanol)
- Use only as recommended by the instructions provided with the cleaner
- Do not submerse the equipment in any fluid
- Apply the cleaner only on the larger surfaces
- Avoid applying it on microphones, near seams in the plastic, or on the battery connectors
- Completely dry the equipment before use

Again, **prevention is the most effective solution in protecting you and your equipment**. Advanced Bionics cannot guarantee that your equipment will not be damaged if you attempt to disinfect it.

We hope that you stay safe and healthy during these challenging times.

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ADVANCED BIONICS - Back to school with Advanced Bionics

It's time to go back to school, so stay well-connected to your friends and family with the latest streaming solution from Advanced Bionics. The **NaídaTM CI Connect** receiver enables seamless Bluetooth® connectivity in your **Naída CI Q90**.

- STREAM DIRECT – **Nothing in your way**. You can stream your favourite music, movies and podcasts without the hassle of a body-worn device.
- CALL HANDS FREE – **Multitask while calling**. Hear the phone ringing directly in your sound processor, answer calls without even touching your phone and have hands free calls thanks to the built-in microphones.
- CONNECT TO ANY DEVICE – **Your phone, your choice**. Whatever type of phone you use, Naída CI Q90 connects to it. It works with Android™, iOS, and any feature phone. And not just phones: Naída CI Q90 connects you to all Bluetooth enabled tablets, laptops, and MP3 players.*

Contact your local representative for availability in your region, and upgrade today!

** Compatible with Bluetooth® 4.2 wireless technology and most older Bluetooth phones. Check device compatibility on our website.*

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COCHLEAR - Two great news stories: the Cochlear™ Kanso® 2 Sound Processor is here and Cochlear's earliest recipients can now experience the connectivity of the Cochlear Nucleus® 7 Sound Processor!

Cochlear™ Nucleus® Kanso® 2 Sound Processor combines direct connectivity from your smartphone and hearing performance in a simple design

We are pleased to announce the launch of the world's smallest ***(1)*** and most advanced ***(2)***, ***(3)***, ***(4)***, ***(5)*** off-the-ear cochlear implant sound processor – the new Cochlear Nucleus Kanso 2 Sound Processor. Combining the benefits of a powerful ***(6)***, integrated rechargeable battery, smartphone compatibility and direct streaming *, the Kanso 2 Sound Processor is simple to use ***(8)*** and is designed to easily integrate into an individual's lifestyle.

Kanso 2 video

Connect with what you love

Connect to the experiences and people you love with the new Kanso 2 Sound Processor. You can stream music, calls and entertainment directly from a compatible Apple or Android™ device *.

You can also control your Kanso 2 Sound Processor or manage your hearing experience by using the Nucleus Smart App. ** With the Smart App, you can personalise your hearing settings, check your progress with the Hearing Tracker or help find a lost sound processor.

Focus on what's important

The Kanso 2 Sound Processor features our latest and most advanced technology ***(2)***, ***(3)***, ***(4)***, ***(5)*** to help you experience clearer sound, even in challenging environments ***(2)***.

- Our dual-microphone and Smartsound® iQ with SCAN technologies automatically adjust to your environment ***(4)*** and helps you focus on the sounds you want to hear, like conversations, music and more.
- In addition to the automatic SCAN features, you can also activate ForwardFocus *** in the Nucleus Smart App. Designed to enhance face-to-face conversations in particularly challenging environments, it reduces distracting noise from behind you, so you can better hear the person in front of you. ***(2)***

"It does help in my meetings. It helps in a restaurant setting. It cuts the background noise from around you so you're focusing on what's right in front of you. So that's a pretty neat feature."

Jack, uses ForwardFocus with his Nucleus 7 Sound Processor

Designed for active lifestyles

Whether you're working out or playing about, your new Kanso 2 Sound Processor is easy to use ***(8)*** with its unique button-free control and automatic on/off features ***†***.

With a dust and water-resistant construction, you don't need to worry about being caught in the rain (certified IP68) **^**. Add the security of Cochlear **Aqua+** and your Kanso 2 Sound Processor becomes waterproof with the highest rating available (IP68) **^**, so you can surf, snorkel or swim in salt, fresh and chlorinated water.
Discover more about Kanso 2

Nucleus 22 implant recipients can now experience the connectivity of Nucleus 7 Sound Processor

Some of our most long-standing recipients hear with a Cochlear Nucleus 22 Implant that they received more than 25 years ago. They too can now enjoy the connectivity and streaming benefits of the Cochlear Nucleus 7 Sound Processor ¤.

We asked recipients around the world why it's worth getting excited about upgrading to a Nucleus 7 Sound Processor.

Using the phone is easier

'The Nucleus 7 has made [phone calls] so much easier. I love that the speech goes straight to my processor… and I don't even have to put the phone to my ear.'

Margaret

Enjoy better conversations, even in noise *(1)*

'When I got the Nucleus 7, I was truly astounded at the improvement of technology over my Nucleus 5. I can now carry on conversations with anyone, anywhere, even in a noisy room.'

Kathleen

Take control with the Nucleus Smart App

'Everything is just easier, and it's handy there's not an extra remote to carry around… the app is just there, it's on your phone and everybody these days has their phone with them.'

Diane

Direct streaming to both ears together

'Now I have received a GN ReSound hearing aid for my right ear. They work together, so now I can stream TV or phone [calls] right into both ears and this makes things so much better.'

Lennart

If you're a Nucleus 22 implant recipient and you'd like more information on how to upgrade your sound processor to this latest technology, contact your clinician or your local Cochlear Customer Service.

Discover more about Nucleus 7

References

(1) Cochlear Limited. D1190805. Sound Processor Size Comparison. 2020; March.

(2) Cochlear Limited. D1660797. CP1150 Sound Processor Interim Clinical Investigation Report. 2020; January.

(3) Mauger SJ, et al. Clinical outcomes with the Kanso off-the-ear cochlear implant sound processor. Int J Audiol. Published online 09 Jan 2017 (DOI:10.1080/14992027.2016.1265156)

(4) Mauger SJ, et al. Clinical evaluation of the Nucleus 6 cochlear implant system: performance improvements with SmartSound iQ. International Journey of Audiology. 2014, Aug; 53(8): 564-576. [Sponsored by Cochlear].

(5) Wolfe J, et al. Benefits of Adaptive Signal Processing in a Commercially Available Cochlear Implant Sound Processor. Otol Neurotol. 2015 Aug;36(7):1181-90.

(6) Cochlear Limited. D1710313. CP1150 Battery Life Coverage Technical Report. 2020; March.

(7) Cochlear Ltd. D1671736 CP1150 IEC60529 Ingress Protection Test Report IP68.

(8) Cochlear Ltd. D1416583 CP1150 Formative Usability Report.

* The Cochlear Nucleus Kanso 2 Sound Processor is compatible with Apple and Android devices. For compatibility information visit www.cochlear.com/compatibility

** The Cochlear Nucleus Smart App is available on App Store and Google Play. For compatibility information visit www.cochlear.com/compatibility.

*** ForwardFocus is a clinician-enabled feature within Custom Sound® Pro Fitting Software and user-controlled via the Nucleus Smart App.

† The Auto-Off function can be enabled within Custom Sound® Pro fitting software.

^ The Kanso 2 Sound Processor is dust and water resistant to level of IP68 of the International Standard IEC60529 and can be continuously submerged under water to a depth of up to 1 metre for up to 1 hour. The Kanso 2 Sound Processor with Aqua+ is dust and water resistant to level of IP68 of the International Standard IEC60529 and can be continuously submerged under water to a depth of up to 3 metres for up to 2 hours. Refer to the relevant User Guides for more information.

¤ Cochlear Nucleus 7 SP refers to Cochlear Nucleus 7 Processing Unit (CP1000) and accessories

Disclaimer

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

Views expressed are those of the individual. Consult your health professional to determine if you are a candidate for Cochlear technology.

For compatibility information and devices visit http://www.cochlear.com/compatibility and http://www.resound.com/compatibility

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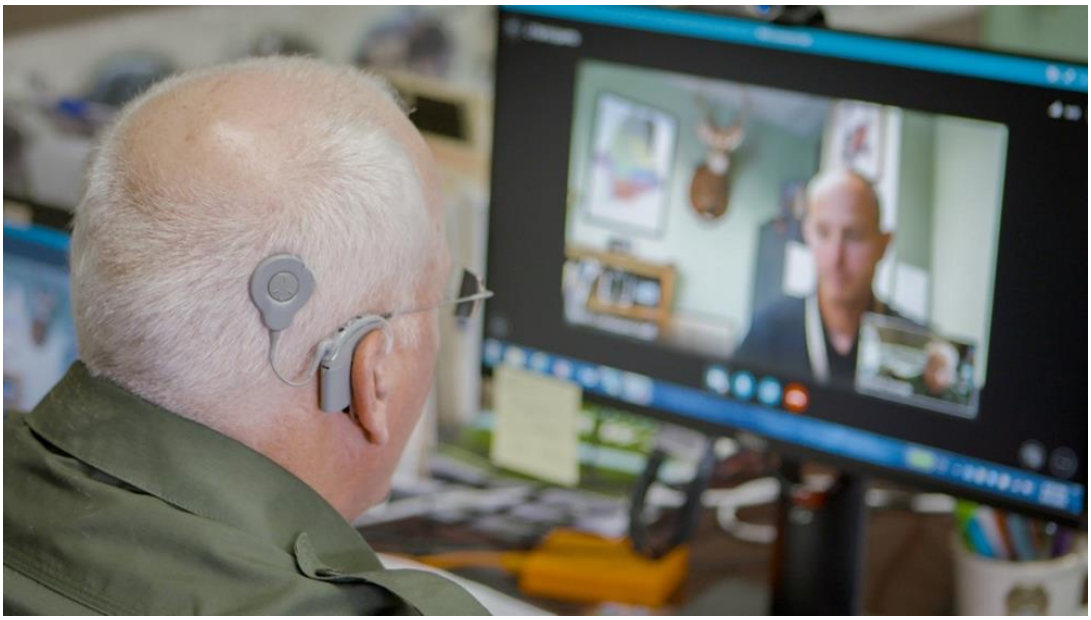
COCHLEAR - CI-user experiences during times of Covid-19



In the last months, many recipients lived with some sort of lockdown measures. In May and June this year we engaged with Italian and German CI-recipients in online discussion groups ***(1)*** and surveyed 266 CI-users in UK and Australia how these measures affected their everyday hearing ***(2)***.

Wearing face masks was a key topic in the discussion groups. Several respondents reported reduced ability to lipread and impracticalities of wearing a face mask with a cochlear implant sound processor worn behind the ear.

Through the survey, we saw a high reliance on online communications – be it keeping in touch with family, work, school, healthcare or entertainment, with many members doing these activities online for the first time.

- **7 in 10** used a video call or app to connect with friends and family and for around **one-third**, this was a first!
- **1 in 4** also participated in a video conference for work purposes and for **half of these**, this was their first experience with video conferencing for work.

Success with communicating online was helped by having direct streaming capabilities, programs with automatic captioning and other assistive devices such as the Cochlear™ Wireless Mini Microphone 2/2+ or the Cochlear Wireless Phone Clip.

References

(1) Cochlear Limited. D1671433 V1 2020-08. Recipient experiences through Covid-19_EMEA

(2) Cochlear Limited. D1691139 V1 2020-07. Experiences during the Covid-19 pandemic

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MED-EL – Makes hearing simple with the new SAMBA 2 audio processor

When MED-EL asked their users and professional partners what they most wanted in a hearing system, the answer was clear: great sound quality and a device that is easy to use.

And it is these two themes that are at the heart of MED-EL's new audio processor: SAMBA 2. MED-EL, one of the world's leading providers of hearing implant solutions, prides itself on its innovative technology and SAMBA 2 is no exception. It has been designed to provide optimal sound quality, particularly in environments that users typically find difficult such as talking on the phone or chatting in the car.

"We designed SAMBA 2 so that users can put it on in the morning and then forget about it," says Peter Lampacher, Head of Design & Development. *"Our users don't need to worry about changing settings. SAMBA 2's Intelligent Sound Adapter 2.0 detects which kind of environment a user is in, and then automatically changes settings to match. It reduces background noise, like plates clattering in a restaurant, and its Speech Tracking function locks on to the person talking, making it easier to focus on the conversation. The result is effortless hearing whatever the situation."*

Hearing Without the Hassle

Even everyday handling is simple with SAMBA 2. *"We know that some hearing device users find things like changing batteries fiddly, so we built SAMBA 2 with this in mind. The battery compartment, covers and attachment clips are designed to be as straightforward to use as possible, to make using SAMBA 2 easy for our users,"* explains Alexander Hofer, Head of Product Management.

The all-in-one design makes SAMBA 2 comfortable to wear, and, unlike many similar devices, does not put painful pressure on the skin either. And, as the smallest and lightest audio processor on the market, it's easy for users to keep their device hidden under their hair.

Learn more here.

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MED-EL – How can parents keep up with their child's listening and language needs in the aftermath of COVID-19?

MED-EL Rehabilitation has responded to this need with more online resources to support children who listen with hearing technology at home. Here's a quick look at how MED-EL rehab has gone digital…

- The Binaural Rehabilitation Series includes seven new guides which explain the benefit of listening with 'two ears' as well as practical tips and knowledge to support cochlear implant (CI) users. Access it for free at www.medel.com/support/rehab/rehabilitation-downloads
- Remote Lesson Kits provide the completed lesson plans and materials for young listeners to improve their auditory, speech, language and cognition skills. Each of the four kits have familiar and fun topics that are easy to share online between parents and professionals. The Remote Lesson Kits are available from blog.medel.pro. Professionals can also access a recorded webinar about using the Remote Lesson Kits for therapy with a free account at the MED-EL Academy academy.medel.com.
- The Rehab at Home video series shares engaging and easy activities that parents and children can enjoy from home. You can find it at the MED-EL blog (blog.medel.com) and the MED-EL YouTube channel.
- We also offer online webinars for hearing implant recipients and professionals on various topics related to listening and spoken language, adult rehabilitation and teletherapy.

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MED-EL – The HearPeers family is growing! Now available in Arabic and 7 other countries

It is a pleasure to announce that the MED-EL HearPeers family has expanded to include availability in Arabic with mentors from the Middle East ready to connect and support individuals on their hearing journeys.

The HearPeers Mentors who all are implant users themselves are happy to share their personal experiences about life with hearing implants. Interested people can contact the Mentors via the HearPeers platforms where they answer their questions directly, keep in touch with them, and provide support on their way into a hearing world.

The future is looking bright for HearPeers! Launched in 2015, the HearPeers Mentor Programme is active in the UK, Germany, Russia, Sweden, Denmark, USA, Canada, and now in the Middle East region. As the global community of hearing implant users continues to grow, further countries will follow soon.

Connect with hearing implant users from around the world

Whether you're considering a hearing implant, or you already have one, HearPeers is for you. Become part of our international community and find out everything you want to know about cochlear implants and other hearing solutions.

For more information and to connect with a HearPeers Mentor visit arab.hearpeers.com or www.hearpeers.com.

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OTICON MEDICAL welcomes consensus on minimum standard of care for CI treatment of adult hearing loss

oticon MEDICAL | Because sound matters

ADVANCED BIONICS

Cochlear™

MED EL

Oticon Medical is pleased to have been involved in the first ever global consensus on the use of cochlear implants as the minimum standard of care for adults with bilateral severe, profound, or moderate sloping to profound hearing loss. The paper was published on 27 August 2020 in JAMA Otolaryngology–Head & Neck Surgery. Oticon Medical co-sponsored the publication of the paper together with Cochlear, MED-EL and Advanced Bionics.

The publication of the minimum standard of care will be the first step in working towards the development of best practice clinical guidelines for cochlear implant use. By following the standard of care, adults affected by profound hearing loss will gain more consistent diagnosis, referral and better access to cochlear implant treatment and aftercare as the care pathway is made more transparent.

Jes Olsen, President Oticon Medical, said, “there are millions of adults around the world suffering from the consequences of profound hearing loss without knowing what their treatment options are. It is with activities like this one, we can increase awareness and knowledge about how profound hearing loss can be treated successfully, and we would like to thank the group of professionals behind this landmark consensus work.”

Read the press release https://www.oticonmedical.com/about-oticon-medical/latest-news/corporate-news-articles/2020/oticon-medical-welcomes-landmark-consensus

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OTICON MEDICAL - Enjoy water activities with the fully waterproof Neuro 2 Swim Kit

The Swim Kit is for all Neuro 2 users who don’t want to take off their sound processor to have fun in the water. This fully waterproof and reusable silicone cover is worn over your Neuro 2 so you can jump straight in and have fun in the water.

The Swim Kit is designed to support users of all ages in many situations: From children taking swimming lessons to hear the instructor to outdoor enthusiasts taking part in water activities. Robust and extensively tested, the Swim Kit has been designed to provide a fully waterproof protection of the Neuro 2 without compromising its performance. It can be used in all types of water – saltwater, freshwater, chlorinated pools or soapy bathwater.

So next time you want to get wet, don’t forget the Swim Kit!

Reach out to your audiologist or find out more on www.oticonmedical.com/swimkit.

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