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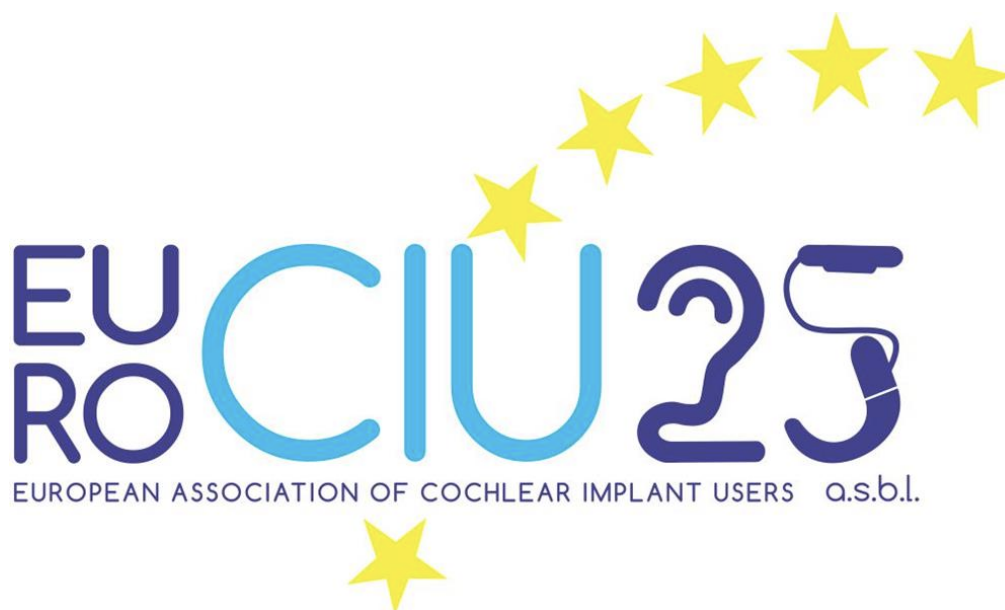
June 2020
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In this issue :

- Message from the President and Editor
- EURO-CIU General Assembly
- EURO-CIU 2019 Annual Report published online
- CI situation survey in EUROPE during the Pandemic
- EURO-CIU – Virtual Board meeting
- Cochlear Implant Users Demand Improved Accessibility to Communication during the Pandemic
- EURO-CIU – World Health Organization recognizes EURO-CIU work
- EURO-CIU supporting partner of MOSAICS, a European Industrial Doctorate project
- “Prevalence of cochlear implants in Europe: trend between 2010 and 2016” published in Cochlear Implant International
- Keeping CI users connected in hospital
- EDF’s recommendations for equal access to electronic communications services
- AUSTRIA - CIA - Corona in Austria – life changed within 24 hours
- DENMARK - Decibel - Auditory Verbal Therapy tele practice services and COVID-19
- FINLAND – Russ Palmer playing piano with help of other musicians when in lockdown
- GEORGIA - Aures Foundation - Georgia in COVID-19 pandemic
- HUNGARY – MACIE – Beethoven Project
- SPAIN – Accessible hygienic AICE masks
- SPAIN – AICE Federation exposes on TV the lack of accessibility to communication our young deaf cochlear implant users are currently facing in education
- SWEDEN – Barnplantorna - In the middle of the corona pandemic – when tomorrow comes
- UK – Adult CI Advocacy Meeting
- UK – BCIG round table: Cochlear Implant Surgery in the COVID era
- UK - Hear Together
- UK - Auditory Verbal UK - Charity supporting deaf children to listen and speak announces creative writing competition winners as part of Deaf Awareness celebrations
- UK - Auditory Verbal UK – support during Covid-19 lockdown
- UKRAINE - Liza is getting access to better hearing – despite the Corona pandemic
- European Hearing Instrument Manufacturers Association - Medical Device Regulation
- European Audiologist of the Year Award postponed until 2021
- RELATED CONGRESS - HeAL (Hearing Across the Lifespan) 2021 conference
- WORLD NEWS - American Cochlear Implant (ACI) Alliance

- COCHLEAR - Connecting in challenging times
- COCHLEAR - Cochlear's reliability record continues reporting excellent implant reliability
- MED-EL – The first hearing implant manufacturer to receive new European MDR Certification
- MED-EL – Hear with Two Ears
- MED-EL – Supporting hearing implant users and healthcare professionals during challenging times
- OTICON MEDICAL – Get connected with Neuro 2 CI sound processor
- OTICON MEDICAL – Covid-19 and cleaning of the Neuro 2 sound processor

Message from the President and Editor



With Coronavirus Covid-19 affecting all parts of the world, it has been a difficult few months for us all. In a lot of countries, cochlear implant surgery has not taken place, and this impacts hugely on profoundly deaf children, young people and adults. It also impacts on the cochlear implant manufacturers and all those professionals working with deaf people. EURO-CIU has done an excellent job of pulling together a survey of the impact of Covid-19 across Europe, so it is no surprise that a number of articles in this edition are on this subject. Please see the EURO-CIU article entitled "CI situation survey in EUROPE during the Pandemic"

We are grateful to everyone who has taken time to let us have articles for this newsletter.

Covid-19 is not going to disappear as quickly as we would wish, so our celebrations for EURO-CIU's 25th Anniversary will not be easy to arrange - but do check out our [website](#) to keep up to date. However, we'll meet "remotely" at the on-line General Assembly on the 3rd October.

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

With every good wish, and keep safe.

Teresa Amat (President)

Brian Archbold (Editor)

[Back to top](#)

[EURO-CIU General Assembly](#)



**EU
ROCIU**

Save the date!
3rd October 2020
EURO-CIU Online
General Assembly
Accessible to Communication

Due to the pandemic spread all over the world, the Board decided to organize an on-line General Assembly that will be on **3rd October 2020**.

Professional speech to text will be provided in English, French, German and Spanish.

More details will follow.

Kind Regards

Beatrice Cusmai
EURO-CIU Secretary

[Back to top](#)

[EURO-CIU 2019 Annual Report published online](#)



The EURO-CIU Board have just reviewed the EURO-CIU 2019 Annual Report and now it is available for all of you to read on our [website](#).

The report describes our major activities during 2019. Looking back at the big picture in this way, it is immediately apparent how active EURO-CIU has been, what we have achieved, and how much we have grown in recent times. The report serves as a nice souvenir for our members of the many events that we have all been involved with, in particular the wonderful Symposium in Poland. Looking towards the future, the report will help to raise EURO-CIU's profile, make cochlear implant users more visible, open the doors to more collaborations, and enable us to secure more support from stakeholders, international hearing associations and politicians.

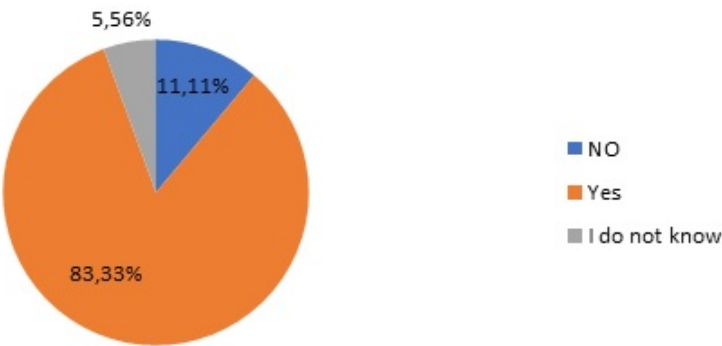
We would welcome any feedback you may have.

[Back to top](#)

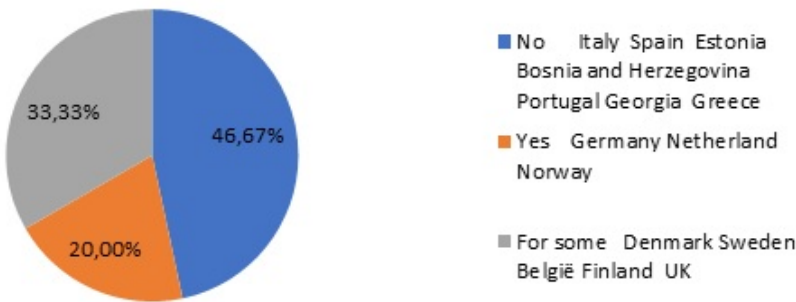
CI situation survey in EUROPE during the Pandemic



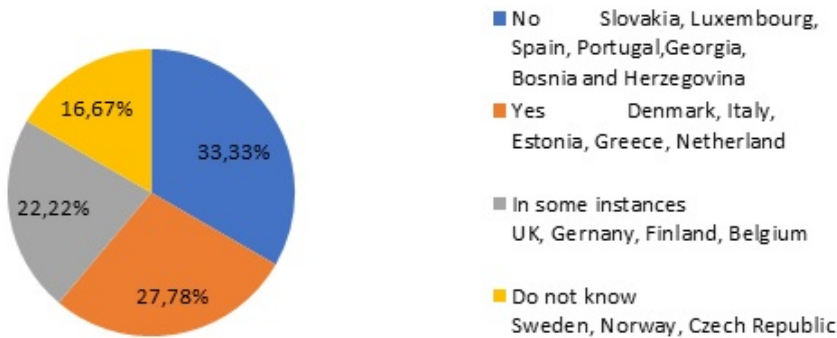
Have CI surgeries stopped?



Did they start with remote fitting to replace live-fittings?



Did they start with remote rehabilitation to replace live-rehabilitation?



EURO-CIU survey concludes cochlear implantation operations have been stopped in all countries as they have not been considered urgent. Cases of meningitis have entered the concept of urgent health, such as cases of stroke or oncological treatments and have been treated as a priority, in each country, when hospital conditions have allowed it.

The COVID-19 pandemic may provide a push towards remote programming of cochlear implant processors.

There is concern that economic resources will be challenged in the future and result in cuts in cochlear implantation programs.

This EURO-CIU survey has been carried out on the situation of Cochlear Implantation in Europe due to COVID-19 with responses from 18 countries: Belgium, Czech Republic, Denmark, Bosnia and Herzegovina, Spain, Estonia, Finland, UK, Greece, Georgia, Germany, Italy, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Sweden.

Although we had a good response, there are a lot of unknowns and uncertainties in the answers, so care must be taken in drawing conclusions, especially because it was conducted in the third week of April. We are sure that doing it 1 or 2 weeks later would have different results and with less vagueness.

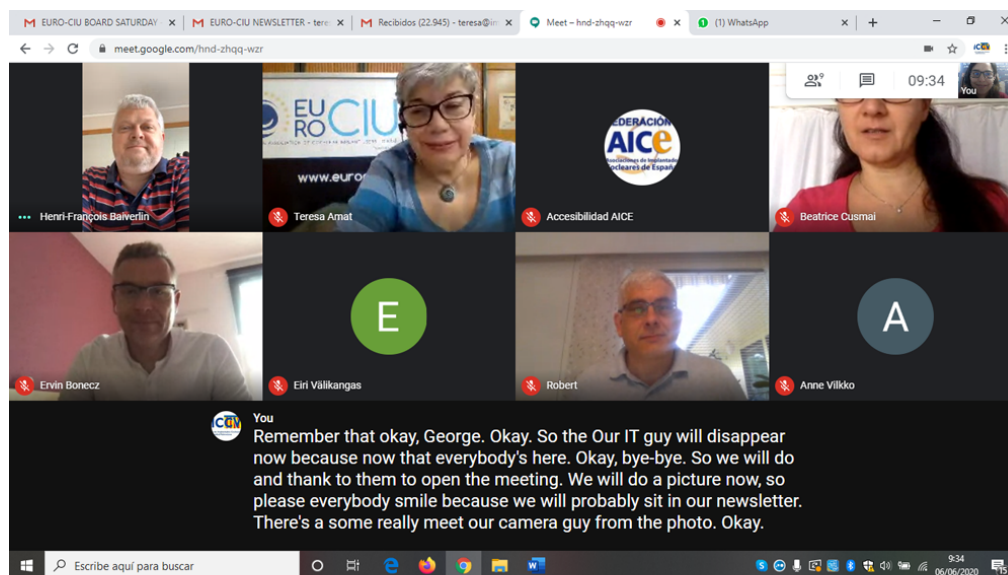
EURO-CIU can collaborate by facilitating the sharing of information and different situations, between different countries. We must have public positions on the issues that impact on cochlear implantation, and act politically in front of the European organizations. We should publish reports that serve as support to organizations to make their positions clear to the governments of their countries.

For the complete Survey Report:

<http://eurociu.eu/media/files/20200429-Survey-EUROCIU-V3-English.pdf>

[Back to top](#)

EURO-CIU – Virtual Board meeting

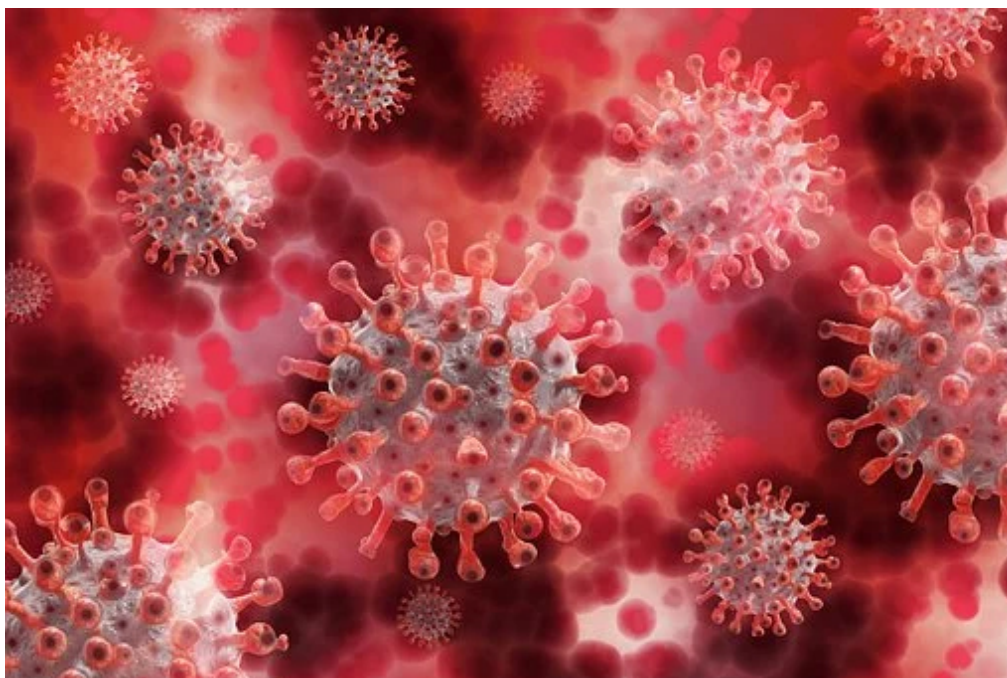


EURO-CIU Board has meet twice the first week of June virtually to analyse EURO-CIU work in 2020 and specially with the new reality with Covid-19 with the projects going forward. As Teresa Amat, our president said in social media: "Covid-19 will leave as a legacy a new way of working. Nothing will ever be the same anymore and certain technologies will be implemented faster than planned. We work and lobby to bring

more accessibility in those changes in all areas of life". The Board will keep working to improve CI lives around Europe.

[Back to top](#)

Cochlear Implant Users Demand Improved Accessibility to Communication during the Pandemic



The current pandemic is already having a disproportionate impact on hearing-impaired persons with cochlear implants. They face:

- Disruption of essential services and support.
- Higher risk of serious illness or death due to the greater presence of other health conditions.
- Exclusion from important health information and mainstream health provision.
- Living in an inaccessible world where barriers to goods and services are everywhere.

Taking into account the various Accessibility Acts which have been agreed, the European Cochlear Implant Users' Association, EURO-CIU Demands:

1- Accessible Emergency number:

Most countries still do not have an accessible emergency number. They keep telling citizens to telephone if they need assistance. A global written alternative must be made available.

2- Accessible Official communication:

Most countries have issued new reports, regulations, laws, etc. but have not made them accessible to persons with hearing loss. Governmental and official communication must be accessible with live speech-to-text captioning.

3- Accessible Education:

Online education is being hastily adopted without considering the needs of hearing-impaired and cochlear implant students. Cochlear implant users cannot follow online classes without subtitles or if they cannot lip-read their teachers. Pupils are assigned a

lot of written homework but without adequate explanation. Without classroom support, there is no-one to give context or ensure that the student understands what is required. Where students normally use note takers or other support, the service should continue to be provided while they are learning remotely. Education must be accessible for all students.

4- Accessible Labour:

Working from home typically requires online work meetings. Cochlear Implant users normally need transcription to follow online meetings. Speech-to-text facilities should be subsidized by the government to ensure accessibility in working life.

5- Inclusion of Essential services for cochlear implant users:

If CI users who use disposable batteries are quarantined, hospitalised or are not allowed out following #StayAtHome campaigns, they need to be able to have batteries delivered to them. This service must be considered essential. Without batteries, the communication chain for CI users breaks down.

6- Accessible Masks:

Face masks make communication between deaf people and, particularly, medical professionals unnecessarily challenging. This accessibility problem could be easily solved by the widespread use of masks with a clear window through which lips can be read.

7- Alternative Transcription Services:

Normal face-to-face interpretation services, such as speech-to-text, may suffer during the pandemic. At this time, we urge countries to rapidly adopt and support remote captioning services. In many cases the services or technology already exist but authorities do not fund them.

We must not forget Cochlear Implant Users and Hearing Loss persons during emergencies.

EURO-CIU urges everyone to stay at home and respect the rules issued by their governments but remember #StayingAtHome does not mean isolation. Now is the moment to be inclusive and accessible to get society through this together.

[Click here for the full article.](#)

For more information, e-mail info@eurociu.eu

[Back to top](#)

[EURO-CIU – World Health Organization recognizes EURO-CIU work](#)



EURO-CIU receives from the World Hearing Forum of the World Health Organization a certificate for the participation in the 2020 World Hearing Day under the slogan "Don't let hearing loss limit you. Hearing for life!"

EURO-CIU and its members have organized events around Europe, contacted politicians and raised awareness online trying to change behaviours in society with Safe Listening and Check your hearing messages.

[Back to top](#)

[EURO-CIU supporting partner of MOSAICS, a European Industrial Doctorate project](#)



(Photo: the MOSAICS logo and ESRs left to right: Enrico Migliorini, Loes Beckers, Nikki Tromp, Ignacio Calderon de Palma)

In the last Newsletter of EURO-CIU we informed you that EURO-CIU became a supporting partner of the European Industrial Doctorate project, called 'MOSAICS' and that 4 Early Stage Researchers (Enrico Migliorini, Loes Beckers, Nikki Tromp, Ignacio Calderon de Palma) will be trained to become experts in auditory implants to achieve minimized outcome spread and maximized participation in society.

This 3-day training meeting, planned to take place on 6—8 April at the Cochlear Research Campus in Mechelen, was cancelled (because of Covid-19) and will be replaced by several Webinars in June. Robert Mandara from Finland and Katerina Nova from Czech Republic will represent EURO-CIU at "the patients' journey" Webinar. Sue Archbold will give an online presentation on "the real impact of adult hearing loss". Leo De Raeve will give a presentation on "what we know about adult candidates and their outcomes".

We hope to deliver some more information on the content of these webinars in the next EURO-CIU newsletter.

For more information of this project: <https://www.mosaics-eid.eu/>

Leo De Raeve
Scientific advisor EURO-CIU

[Back to top](#)

[“Prevalence of cochlear implants in Europe: trend between 2010 and 2016” published in Cochlear Implant International](#)



We're delighted to let you know that our publication on the “Prevalence of cochlear implants in Europe: trend between 2010 and 2016” was accepted for publication in Cochlear Implant International.

On 31 May 2020 it was published online: [Prevalence of cochlear implants in Europe:](#)

The link to the abstract of this article: <https://doi.org/10.1080/14670100.2020.1771829>
 . Full article will be downloadable from the **EURO-CIU website** soon.

This publication is not only the result of these 4 authors but from all EURO-CIU-members who were able to deliver their data to this survey. Thanks to all of you.

Keeping CI users connected in hospital

FEDERACIÓN AICOE

Los Implantes Cocleares aún están en etapa de implantación experimental y su uso debe estar supervisado por el hospital en caso de ser necesario.

Tengo problemas de audición!

Lléveme las siguientes pruebas auditivas:
Dirección: implante coclear / audífono
Característica:
topología: implante coclear / audífono
Característica:
Importante: ¡no confunda los lados!

Cuando se es sordo, un implante coclear (CI) reemplaza al proceso de audición natural con audición electrónica.

Por favor, venga en cuneta:

No sign nada sin el procesador de implante coclear (IC)

Afirmar(af) contacto visual, cuando me comunico, con la posibilidad de ver la boca es muy importante para mí!

Procesador de IC encendido y apagado: el procesador de sonido se enciende automáticamente cuando conecto el cargador de la batería o portapias.

Pera poner en marcha procesador de IC:

Coloque el procesador de sonido en el gancho para la oreja detrás del auricular

Conecte la bobina del transmisor al imán invisible dentro del cuero cabelludo (ubicado generalmente por encima / debajo del procedimiento).

Reemplazo de batería, desde la parte de la batería en el procesador hasta que encaje en su lugar.

Para la noche, coloque los implantes cocleares en el deshumidificador.

No realizar una resonancia magnética sin previa aclaración y acuerdo profesional con el otorrinolaringólogo de la clínica de implantación coclear y marca comercial.

¡Si es necesario, por favor, escriban los mensajes importantes! (¡ASÍ!)

© Federación de Asociaciones de Implantes Cocleares de España

DA UTILIZAREMI IN CASO DI EMERGENZA!

Cochlear Implant Users need accessibility to communication during hospitalization

BICI

AGUAV

CONTRATTARE IN CASO DI DOMANDA.

SONO IPOACUSCIVIA E INDOSSO QUESTI DISPOSITIVI:

Sinistra: Implanto Cocleare / Apparechio Acustico
Modello e Marca:

Destra: Implanto Cocleare / Apparechio Acustico
Modello e Marca:

Importante:
Non posizionate i dispositivi sulle orecchie sbagliate!

Gli Impianti Cocleari (CI) sostituiscono l'udito naturale con un udito elettronico. Ricorda: Non posso sentire niente senza il mio/minor processore esterno dell'implanto cocleare.

Quando ti è concesso viene e la possibilità di leggere la labbra d'aiutare a comunicare.

Processo CI accessibile: Usare l'interfaccia cuffia/linea in cima al processore.
Per agganciare il processore: Posizionare la bobina del processo esterno al di sopra della magnetica invisibile sottocutanea (spesso poco sopralabiale l'orecchio).
Per sostituire la batteria manuale: Agitare il cerchietto a batteria dalla batteria per reattivo la batteria. Inserire 1 batteria in modo che si adatti al profilo dello sponsorato batteria. La batteria usualmente dura:

Di notte, riporre gli impianti dell'impanto cocleare nel deumidificatore, se presente.

Per favore non toccare gli telecomandi.

Non eseguire risonanza magnetica (MRI) senza permesso e accordo con l'otorinolaringologo dell'apposito centro di impianto cocleare e produttore.

Se necessario, scrivi chiaramente i messaggi importanti così che io possa leggerli!

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© Bayerischer Cochlear-Implantat-Verein e V., www.bayci.de

Ich bin hörgelöst!

Ich trage folgende Rechts: Cochlear Merkmal Links: Cochlear Merkmal Wichtig: Bitte da

ztl bei Erlaubung den natürlichen Hörvorgang durch elektronisches Hörsystem zu ersetzen.

n ich gehörlos
ich das Mundbild zu sehen ist bei der Kommunikation für mich sehr wichtig
ausschalten:
k:
nt Ohrkanten hinter die Ohrmuschel setzen
unsichtbaren Magnet unter der Kopfhaut anheften (befindet sich etwas oberhalb des Gehörganges)
ktioniert mit Batterien / Akkus
selbst
instale und Hörgeräte bitte in die Trockenbox legen

lung und fachlicher Anordnung mit einem HNO-Facharzt der CI-Implantation.

tte ggf. auch aufschreiben!

© Bayerischer Cochlear-Implantat-Verein

FORME FOR EMERGENCY USE!

NOME:
DATE OF BIRTH:
ADDRESS:

"MY CONTACT FOR QUESTIONS"

I HAVE HEARING LOSS AND WEAR THESE DEVICES:

Left: Cochlear Implant / Hearing Aid Model and Brand:
Right: Cochlear Implant / Hearing Aid Model and Brand:
Important: Do not place devices on the wrong ear!

Cochlear implants (CI) replace natural hearing with electronic hearing. Keep in mind:
I cannot hear anything without my external Cochlear Implant (CI) processor(s).
Look at me! Eye contact and the possibility to lip-read will help us to communicate.
CI processor on off: Push the red button on the Round2.
To attach the Round2 processor: Connect the external processor to the receiver magnet under the skin (located slightly above - behind the ear).
To charge batteries: Place the Round2 onto the centre of the charging magnet with the MED-EL logo pointing upwards.
Batteries usually last:
At night, place the cochlear implant processor(s) in the dehumidifier if provided.
Please do not touch the remote controller(s).
DO NOT perform MRI without prior clarification and professional agreement with the otolaryngologist at the cochlear implantation clinic and the manufacturer.

If necessary, please write down important messages clearly so that I can read them!

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(Image: collage of documents in different languages)

Cochlear implant users have been struggling to communicate with medical staff in quarantine situations due to a lack of awareness of cochlear implants and opaque face masks which make lip-reading impossible. When hearing people lose consciousness or are in a coma, hearing is reckoned to be the last sense that they lose. With this in mind, it is important that medical staff know how to use cochlear implants, so that CI users do not needlessly suffer the loss of hearing first.

As the Covid-19 pandemic spread, Regine Zille and Margit Gamberoni at BayCIV, the Bavarian Cochlear Implant Association, had the idea to facilitate accessibility and communication by creating documents for CI users to use if they became hospitalised. See <https://www.bayciv.de/news/1221> (in German)

EURO-CIU developed the idea, producing English language versions for all of the most common processors. These can be downloaded from EURO-CIU's website <http://eurociu.eu/>. The different language versions will also be made available on the EURO-CIU website. If or when your association has translated the documents, please send them to our secretary, Beatrice Cusmai (beatrice.cusmai@aguav.it).

Our member associations have translated and distributed the documents into other languages including Italian, Spanish, Finnish and Georgian. Translations are typically available from member associations' web or Facebook pages. For example, Italian and Spanish translations are available at www.aguav.it and <http://implantecoclear.org/>

A 55-year-old man, hospitalized for an urgent cancer operation, said "I showed it to every doctor, nurse and health care staff member. They were grateful for it. It was a great education tool to inform more about persons with hearing loss and especially cochlear implants."

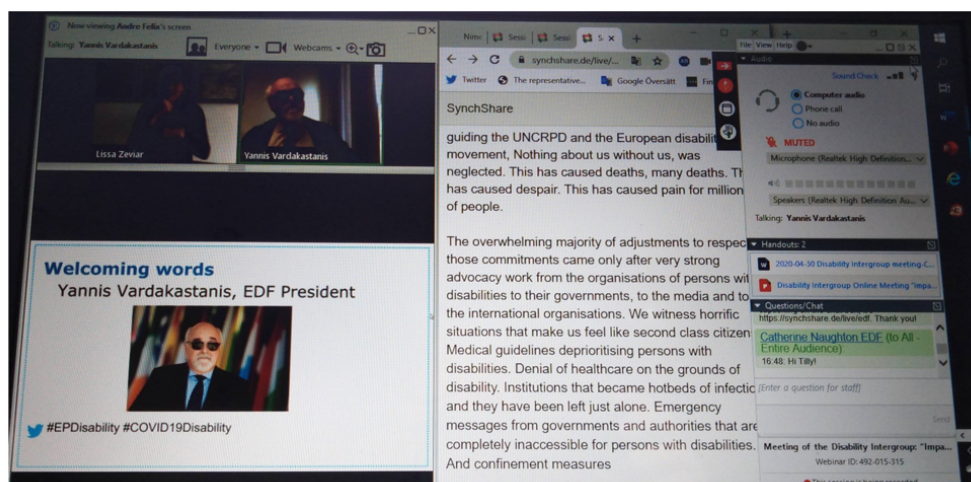
A 68-year-old woman with Parkinson's disease, hospitalized and kept in for a few days under observation, said "Just having this document was reassuring going into the hospital. In the hospital itself, the staff were very helpful and knew me in advance, so I did not need to use it, but it still gave me peace of mind to know that I could use it at any time."

While the forms were originally created for use in the pandemic, they can be useful in the future whenever CI users are hospitalised, both at home and when they are abroad for work or holidays. We recommend that all cochlear implant users take the precaution of completing the appropriate form today, just in case they get hospitalised in the future.

Robert Mandara, Vice-President EURO-CIU

[Back to top](#)

[EDF's recommendations for equal access to electronic communications services](#)



EDF (European Disability Forum) has published the Toolkit of EDF's Recommendations for equal access and choice of electronic communications services. The European Electronic Communications Code (EECC or the Code) is an EU Directive which aims to coordinate EU national laws on electronic communications networks and services. One of its goals is to ensure the provision of good quality, affordable, publicly available and accessible electronic communication services to persons with disabilities.

This also should ensure availability, affordability and accessibility of communications services for whole time. It includes the single European emergency number 112, which also should provide to send for example SMS text messaging 24/7. A Dutch CI user told us that their 112 number was open only during daytime for receiving SMS. He was wondering what he should do if his house gets on fire at 19 o'clock in the evening.

Governments have until 21 December 2020 to adapt their national laws to comply with the Code. It contains recommendations to national authorities, services and organisations of persons with disabilities for successful implementation of the EECC.

The COVID -19 pandemic has shown the importance of accessible communication to all. There is the recommendation to have real-time text (RTT), which means text is transmitted instantly as it is typed or created. Recipients can read the text as it is being written. This can be done between two or more end-users. It is also regarding the accessibility for CI users.

Coronavirus has transformed the way to work and keep contacts. Work moved to homes and to use telecommuting. Workers and voluntary workers of associations started to have meetings by videoconferences. This telecommuting will likely continue long after the pandemic. It is real challenge to Cochlear Implant users and the others with hearing loss, how to hear the different quality of voices and not always been able see faces with lipreading. There are different applications to use videoconferences. It is question for possibility to get captioning. There are applications for speech-to-text with mobiles. These are helpful to get remote interpretation and also sometimes cases to hear the person, who wears a face mask.

The other possibility is of the use of the speech-to-text interpreters. In the beginning in Finland CI users got confused to how to get STT interpreter to video meetings because the provider needed to change policy to let interpreters to work at a distance. Interpreters needed their time to study different applications and co-operate to get text on the screen. It has been helpful to attend international webinars of EDF which, according to their accessibility policy, there is always inclusion of captioning and sign language.

During special circumstances and lockdowns there is a lot of information to receive. Until the EECC and the European Accessibility Act related standards are developed, service providers should comply with the Harmonised European Standard on Accessibility of ICT products and services. For example, at live broadcasting there should be available real-time captioning and sign language. Also, the importance of text should be good quality to avoid misinformation. According to a research person who needed subtitles, they felt that the lack of and poor quality subtitles were inferior and degrading. Also, there should be possibility to receive official information via chat and receiving SMS.

More information about toolkits is at [website of EDF](#)

[Sari Hirvonen-Skarbö](#)

[Back to top](#)

[AUSTRIA - CIA - Corona in Austria – life changed within 24 hours](#)



One day it was business, meeting friends, traveling – the next day it was pandemic, panic buying and lockdown.

The COVID-19 pandemic reached Austria on February 25th: A couple from Italy fell ill in Innsbruck. In the following two weeks we had only few COVID-19 patients in Austria, but suddenly the number of infected persons increased drastically in early March. This is why the Austrian government introduced rigorous measures on March 13th. Overnight, borders were closed and a lockdown was ordered across the country. Leaving home was only allowed if absolutely necessary, but not for meeting friends.

Only key businesses important to keep the country going were allowed to remain open – food shops and food production, pharmacies, medical and social care, the postal service and garbage trucks. Nursery schools were closed, schools introduced distance learning via printed materials or online courses and teachers looked after young pupils only if the parents couldn't do that. All these key workers received a lot of appreciation and acknowledgement from Austrian society.

After several weeks of lockdown, we were allowed to leave the house again. Face masks became mandatory in many places and we still have to keep physical distance to each other.

Coming through the crisis - with CI

In Austria everyone infected with SARS CoV-2 had to stay at home or in hospital, just like everybody suspected to be infected but not tested yet. The first anamnesis was done via the telephone – a CI user told us how glad he was that the CI system allowed him to use the phone without problems. Even when healthy, mandatory face masks pose communication challenges for deaf people. Again, many CI users have told us how glad they are about the possibility to communicate audio-verbally without being fully dependent on lip-reading.

Fully functional hearing systems are essential for CI users, so it was a relief that the government rated services for hearing systems among the key industries that were

allowed to remain open. Only shortly after lockdown started, we received information about services at MED-EL. Consultation is also important for CI users: CIA no longer held personal meetings but can since be reached via e-mail and phone.

Postponing events

At the climax of the Corona crisis all events were forbidden. Now, as measures are loosened, small events are allowed again. However, the developments of the next weeks and months are yet unknown. This is why many events in Austria have been postponed to 2021 – like our popular *Summer Days* at Velden: we want to avoid any risks both for our participants and the organization team. We are looking forward very much to the *Summer Days 2021*. Our general assembly, scheduled for June, was postponed to December 2020, too.

We all hope the pandemic will soon be over. But no matter how long it will go on, we will not forget the last months and the lessons learned: We, the CIA, stand together, and we care for our members and executive members.

[Back to top](#)

DENMARK - Decibel - Auditory Verbal Therapy tele practice services and COVID-19



Photo source: NCHAM - young child having telepractice

Advances in technology for distant communication, such as tele practice, are creating new opportunities to provide early intervention services to children with hearing loss. Through tele practice, the provider can guide and coach parents in language facilitation techniques through play-based sessions based on Auditory Verbal Therapy (AVT) principles **(1)**.

Starting September 2017, all Danish children aged 0-5 years with a bilateral hearing loss with a PTA above 40dB are offered three years of AVT at Rigshospitalet Gentofte, Odense University Hospital and Aarhus University Hospital **(2)**. However, the COVID-19 pandemic has resulted in closures of the Audiology Clinics providing AVT. This means that most AVT-therapists trained in delivering AVT are working from home. As a result, the AVT-sessions at the Audiology Clinics at the hospitals are cancelled. However, the families still need guidance and coaching.

To address this, the Audiology Clinics acted quickly and started to provide AVT by tele practice on a trial basis during the pandemic outbreak. In this way, parents can maintain the techniques and strategies they learn at the 'live' AVT sessions. At the same time, it gives the parents an opportunity to refresh short- and long-term goals set for the child. It also provides an opportunity for parents to talk about the development of the child and daily activities - or simply share the joy of achieving a goal, with someone who understands how great an achievement it is for the child and the family.

AVT delivered by tele practice has been shown to be an effective service delivery model for supporting children with hearing loss who are acquiring spoken language. Research show, that children receiving AVT through tele practice have achieved language outcomes that are equivalent to children receiving in-person intervention **(3,4)**. Research also show high family and practitioner satisfaction **(5,6,7)**.

All AVT sessions are provided through an online platform, like Skype, either via laptop, smart phone, or tablet. During the sessions, the families are asked to do an activity, which the AV therapist can then observe, and give feedback to the parents on how to stimulate the child's auditory attention and language. The AV therapist can also join the activity by sitting with their own set of toys. In families with younger children, some of the AVT sessions can also be scheduled without the child, if the child finds it difficult to concentrate or to focus their attention to the screen.

So far, more than 80 families have been included in the trial. If the trial period proves successful, AVT tele practice will be applied to more families in a larger scale, e.g. families living far from the Audiology Clinics. Based on the experiences with tele practice at the Audiology Clinics, Decibel (National Association of Children and Adolescents with Hearing Loss) will conduct a business case which describes the logistics, case load and costs of AVT tele practice. The business case will serve as a contribution to the emerging literature on AVT and tele practice.

If you have any questions about the project, please don't hesitate to contact Maria Hallstrøm (Analytics Officer) mariaha@decibel.dk, or Ingibjörg Sigtryggisdóttir (Service Designer), redaktion@decibel.dk

You can also read a short interview (in Danish) with one of the AV therapists delivering AVT by tele practice by clicking this link <https://decibel.dk/nyheder/telebaseret-avt-naar-store-udfordringer-giver-nye-muligheder/>

(1) AV UK (2019). What is Auditory Verbal Therapy? [online] <https://www.avuk.org/what-is-auditory-verbal-therapy>
(2) The programme is previously described in EURO-CIU newsletter of March 2018 **(3)** Constantinescu G, Waite M, Dornan D, Rushbrooke E, Brown J, McGovern J, et al. (2014). A pilot study of telepractice delivery for teaching listening and spoken language to children with hearing loss. *J Telemed Telecare*, 20(3):135–40 **(4)** Grogan-Johnson S, Schmidt AM, Schenker J, Alvares R, Rowan LE, Taylor J. (2013). A comparison of speech sound intervention delivered by telepractice and side-by-side service delivery models. *Commun Disord Q.*, 34(4):210–20 **(5)** Blaiser, KM et al. (2013). Measuring costs and outcomes of tele-intervention when serving families of children who are deaf/hard of hearing. *Int. Journal of Telerehabilitation*, 5(2), 3-10 **(6)** Constantinescu, G (2012). Satisfaction with telemedicine for teaching listening and spoken language to children with hearing loss. *Journal of Telemedicine and Telecare*, 18, 267-72 **(7)** Grogan-Johnson, S et al. (2013). A Comparison of Speech Sound Intervention Delivered by Telepractice and Side-by-Side Service Delivery Models. *Communication Disorders Quarterly* 34(4) 210–220

[Back to top](#)

FINLAND – Russ Palmer playing piano with help of other musicians when in lockdown



How to enhance musical experience with technology, Bose SoundWear for Cochlear implant users

I found a useful way of using technology as a musician using cochlear implants during the lockdown because of corona virus pandemic. I'm blind with Usher's syndrome and use two MED-EL cochlear implants and do not have the possibility to read sheet music with single line melody with chord symbols.

When it comes to learning a new song, I have to rely on friends and colleagues to assist me online. By using **Bose SoundWear Companion**, I have found this audio device extremely useful. This means I do not have to plug in my CIs directly through my tablet or other system. Bose SoundWear uses Bluetooth, which can connect to devices, in my case an iPad. The built-in speakers are placed directly under my ears and resting on my shoulders. This also has a microphone, which allows me to speak normally without the need of tilting my head either way. Through FaceTime or Skype my colleague, who has the sheet music at the other end, can read me out the chords and notes and/or lyrics for a particular song.

I have found this helpful and have managed to do new songs both on piano and guitar. Furthermore, I tend to forget some of the lyrics so using this system enables my colleague via tablet to read out the lyrics as I am singing with piano or guitar. My colleague also points out if I'm making mistakes be it in lyrics, chords or melody line, or when learning a new melody for a song. This system allows me to move around in the room if necessary, when changing instruments or listening to pre-recorded music through music hi-fi, especially when learning a new song.

For further info please visit: www.russpalmer.com

Russ Palmer, music therapist

(From the Editor - Russ also played at a Family Day in Helsinki - [see this video](#), where you may spot our Vice President Robert Mandara in the audience!)

[Back to top](#)

GEORGIA - Aures Foundation - Georgia in COVID-19 pandemic

Coronavirus Covid-19 affected Georgia as well as many countries around the world. Problems have arisen among users of cochlear implants, service providers and governments who have faced this situation unprepared. There were a number of problems: surgeries were postponed, no tender for cochlear implants was announced, audiological services have been suspended as well as the state program for the rehabilitation of children with cochlear implants. It was very difficult for service providers to switch to telepractice because of lack of experience and parents were also sceptical about this method of providing services. At the same time, there was no

standard for telepractice in our country.

Despite so many challenges, our organization has managed to cope with the situation. We took action as soon as a pandemic was announced. Understanding the seriousness of the situation and the danger of its continuation and how it could affect our beneficiaries, we immediately began working with their families. We organized webinars for them every week. At the same time, we offered free consultations to all families with children with hearing technologies. After about a month, we started working directly with the kids through teletherapy. We began to study well this way of providing services (teletherapy) during this period and a month later we wrote the state standard of teletherapy for children with a cochlear implant. We have been working intensively with children and families for almost three months and we have positive results. In parallel, we actively advocated for our community. Back in March, in collaboration with other NGOs, we prepared recommendations for the state. The position and recommendations provided by EUROCIU have greatly helped us in this advocacy process.

This period was very stressful, but it gave us opportunity to gain new experiences and skills. We are gradually returning to our normal lifestyle but continuing to work hard because there are still many issues to be solved.

<https://www.facebook.com/auressfoundation/>

[Back to top](#)

HUNGARY – MACIE – Beethoven Project



On the 250th anniversary of Beethoven's birth, Budapest's Danubia Orchestra in co-operation with professional partners presented a unique concerts series to show the way to music for those who can best identify with the composer's suffering: the hearing impaired.

The orchestra used all the physical equipment to be able to somehow pass on the fantastic experience of music to our fellow human beings who are experiencing their daily lives with hearing loss. During the performances, conductor Máté Hámori talked about the secrets of Beethoven's music, then the orchestra tried the music experienceable for the deaf and cochlear implant users children and adults. They were able to experience how music sounds with the world's most powerful and innovative hearing aid technology.

Before the concerts, the audience was able to get a very sensitive experience about various instruments.

Ervin Bonecz, Vice president of the EURO-CIU and organiser of the project said their

aim was to bring music closer to people who otherwise have no chance to enjoy it, and to call attention to hearing difficulties that are often ignored.

[Back to top](#)

SPAIN – Accessible hygienic AICE masks



Federación AICE works for communication accessibility. Some users of a cochlear implant rely on lip reading. Thinking about this long-claimed need especially during covid-19 times, AICE has taken the initiative and we have designed and manufactured accessible masks.

The fabric of our accessible masks has passed the bacterial filtration test with a result of 96.02%. The most demanding Spanish regulations for hygienic masks are 95% for non-reusable and 90% for reusable.

As circumstances allow, we are distributing them free of charge to ALL our members as well as ENT centres, reaching people from towns and cities around Spain with the intention to **#BreakCommunicationBarriers**.

[Back to top](#)

SPAIN – AICE Federation exposes on TV the lack of accessibility to communication our young deaf cochlear implant users are currently facing in education



We understand the situation of the COVID-19 is exceptional, but thousands of students with hearing loss cannot be left behind without trying to find a solution.

Students are taking **online classes in unfortunate conditions** as it depends on microphones, cameras, and teacher connection with an **unintelligible sound**, without being able to lip read **Teachers do not facilitate accessibility of any kind**. The video calling platforms being used mostly have the **ability to automatically caption ONLY IN ENGLISH** and they do not designate someone to caption the class.

The right to have more time to finish their exams, is not being contemplated in the new evaluation methods, so AICE has gone to the public national television to defend the fundamental rights of deaf people and to demand immediate tangible solutions and proposals for all students with hearing loss, cochlear implant users or not by the Ministry of Education, Departments of Education of the Autonomous Communities, Universities, Educational Centres, Institutes and Schools.

AICE Federation has gathered the claims of several students in a video. This includes the main barriers met by some cochlear implant users in current online classes. Check it out here: <https://youtu.be/16ipO2f9UTo>

[Back to top](#)

[SWEDEN – Barnplantorna - In the middle of the corona pandemic – when tomorrow comes](#)



(Photo of Astrid from Barnplantorna)

Suddenly we are all globally facing something we never experienced before – a pandemic causing fear and death.

The fear among us all is, of course, the risk of dying with Covid-19, but also the fear of lack of key solutions to solve or cure the world. Many of us are hoping for a vaccine to come to solve all problems and taking away the fear. We all know that researchers are working hard globally to develop vaccines.

All countries around the world have had different strategies to handle and press down the virus so that the hospital care will be able to take care of people in need for intensive hospital care. Total lockdowns in countries to the Swedish strategies recommending people to wash their hands and keep distance have been informed about in media (TV, newspapers etc) from countries. Sweden closed the universities and high schools early so students have been studying at a distance, meeting the teachers through Skype or Zoom. Cinemas, Opera Houses, conference centres are closed in Sweden.

TV and newspapers all over the world have been focusing on the number of deceased and infected people every day. Researchers and medical doctors keep arguing what is the right and wrong actions to press back the virus from spreading. This is so sad. Cooperation and learning from each other over the borders would be better for us all.

What about the situation for families who have children with cochlear implants in Sweden? Today nearly all deaf children can hear with cochlear implants, which means that they cannot only hear but develop reading skills in the same or nearly the same level as normal hearing children. In a crisis that means that the school-aged children can take in information from media/social media about the pandemic situation. That is good but also a worry when media on a daily basis is filled with statistic of how many died the last 24 hours and how many more are infected. If fear is an enemy right now

among adults, it is of course the same among children. Therefore, we as patient organisations have huge responsibilities to appeal to parents not to forget to talk to their children about the situation that we all experience right now and state that tomorrow will come.

It is hard to reach the cochlear implant clinics at the moment with questions. There are no persons allowed to visit the hospitals that not are referred to hospital care. Upgrades to new processors and other service of implants were closed down in March, but I heard from members that upgrades to Nucleus 7 (Cochlear) as well as Sonnet 2 (MED-EL) started again but with short visits.

Barnplantorna has concerns that when the Corona hospital care is costing huge amount of money that yet cannot be estimated, it will affect the budget for cochlear implant care; upgrades to new processors, candidates among adults for cochlear implants, reimplantation etc. We are already there as a patient organisation raising these concerns to authorities and politicians.

Cochlear implants are the greatest medical technological advances in modern time in recreating one of our five senses. It is well spent money for the hospital care which the European **Spend to Save** report by Sue Archbold and Brian Lamb have highlighted. We all have a responsibility to continue to stress the cost effectiveness of cochlear implant treatment. Our mutual knowledge is important.

Fear is right now an enemy, but instead of being caught in the “right and wrong” debate about the pandemic, let us all also focus on TOMORROW. Professor Hans Rosling, who sadly passed away in 2017 said *“Don’t panic”*; that keeps us all focusing on the work for children and their families as well as adults with cochlear implants.

Ann-Charlotte Gyllenram

President

BARNPLANTORNA – The Swedish Association for Children with Cochlear Implants

[Back to top](#)

UK – Adult CI Advocacy Meeting



Brian Lamb chaired an online meeting of the UK Adult CI Advocacy Group, a subgroup

of the Adult Action Group in May. Representatives of user and advocacy groups joined the call to update on the implementation of the new NICE guidance in the changing situation of the Covid 19 pandemic. The group shared the current concerns that the demands in the health services of Covid-19 would mean that expanding the criteria and access to cochlear implantation would be under threat.

The group shared the following issues which they were meeting with their members:

- Service delivery changes due to the pandemic
- Backlog of operations when surgery starts again
- Lack of rehabilitation services and ongoing support in technology management
- Increased growth and use of online technology
- Growth of telehealth, with examples of remote programming and services
- Need for peer to peer contact and support, particularly for those awaiting implantation, and likely to be waiting longer
- Supporting families of children who are waiting longer than they would like (having been told the earlier the better)
- Managing information: ensuring people with hearing loss access information
- Delivering services safely with social distancing rules
- Wearing of masks and presence of plastic screens which mask the speech signal and speech reading cues
- The problem of the “digital divide” – how to make access equitable
- Accessibility for all

Julie Ligeti, Cochlear, gave a short presentation on the International Consensus statement on Adult Cochlear Implantation, supported by all industry, developed because of lack of such a consensus across countries and the need for shared guidelines based on evidence to promote consistency of care. It will highlight the proven benefits of adult CI and will promote awareness amongst Health Care Professionals and improve referrals. Paper due for publication in the journal JAMA in June.

Debi Vickers, University of Cambridge, was impressed by the fast adoption of remote services and strategies. She discussed patient input in research direction being vital and Public Patient Involvement (PPI) as key to future research projects with user involvement in reviewing documents but also in feeding into the research planning. This is particularly important looking ahead at research into changed service delivery.

Helen Cullington, Chair, British Cochlear Implant Group (www.bcig.org.uk) presented on the unique challenges that the pandemic has provided to CI service delivery. She also talked about her own work at University of Southampton developing remote services and telehealth work, and its increasing value and acceptance at this time. Her website CHOICE provides remote services for adult patients, and is currently being trialled in 7 centres in the UK. For more information see <https://ais.southampton.ac.uk/research> which gives useful information on telehealth.

The group considered the creative ways developed to respond to the above including “drive-in clinics” and “click and collect” processors as well as remote services. Everyone felt that the current crisis was highlighting creativity which was always there and that it is a great opportunity to develop confidence in new ways of working which should continue. The user and advocacy groups felt it important to come together to explore how we can support CI services moving forward in new ways as we all come out of lockdown, ensuring greater access within our new candidacy criteria with the hugely increased financial challenges to health care brought about by the pandemic.

Helen's summary:

"fascinating to observe the changes in behaviour and practice and exhausting to be part of it"

Sue Archbold, Brian Lamb

[Back to top](#)

UK – BCIG round table: Cochlear Implant Surgery in the COVID era



On Tuesday 2 June, the British Cochlear Implant Group held an online round table session on cochlear implant surgery in the COVID era.

The panel was 4 UK CI surgeons and the BCIG Chair:

- Manohar Bance
- Helen Cullington
- Will Hellier
- Simon Lloyd
- Tim Mitchell

The panellists were chosen for their work on UK CI surgery guidelines, and their roles with BCIG, the British Society of Otolaryngology, ENT UK and the Royal College of Surgeons.

It was very well received, with interactive questions and answers from many surgeons and other clinicians. Thank you so much to everyone who joined us – we've even had messages from as far afield as Argentina and Canada! The recording is now available online – we hope you enjoy it. And watch out for the announcement of our next round table, which will cover the in-clinic aspects for adults and children – waiting lists, prioritisation, outreach, PPE, remote care etc.

The round table can be watched here:

<https://youtu.be/99i7sC469yl>

Keep an eye on our Twitter account [@BCIG_UK](#) or our website for information on future events

<https://www.bcig.org.uk>

[Back to top](#)

UK - Hear Together

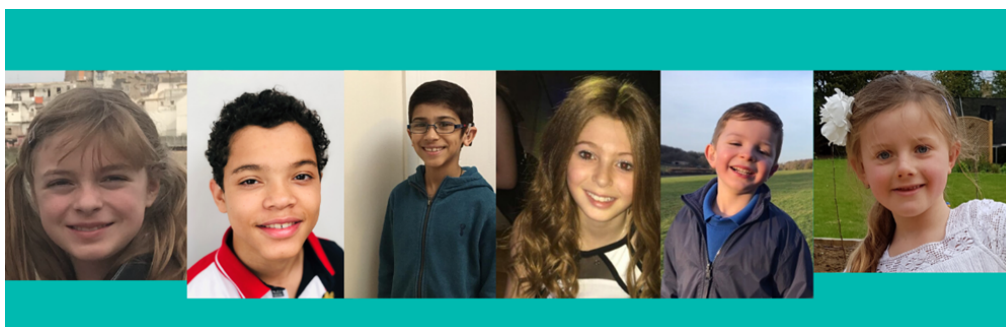


• **HEAR** TOGETHER •

Several staff from The Ear Foundation have set up a new charity promoting living well with hearing loss. Check out the website at www.hear-together.org.uk to find out more and follow on Facebook [@HearTogether2020](#). Research conducted by The Ear Foundation can still be accessed on the website. Please direct any queries to info@hear-together.org.uk.

[Back to top](#)

UK - Auditory Verbal UK - Charity supporting deaf children to listen and speak announces creative writing competition winners as part of Deaf Awareness celebrations



Profoundly deaf children have blown away a panel of judges with their creative writing talents in a competition which showcases not only their writing but also their listening and speaking skills.

The Power of Speech event organised by Auditory Verbal UK was due to be held at the House of Commons in June to highlight the potential for deaf children in contrast to generally poor literacy levels. Central to the event was a literacy competition showcasing the writing and speaking abilities of profoundly deaf children who have attended a specialist listening and spoken language programme at the charity, Auditory Verbal UK.

Six outstanding entries have been picked and although this year's planned event has been postponed due to the ongoing situation with Covid-19, each winner can still claim their prize – the opportunity to perform their work in the iconic Westminster venue during the rearranged event now scheduled for June 2021.

Auditory Verbal UK Chief Executive Anita Grover said: "Many people are surprised to learn that profoundly deaf children can speak as well as their hearing peers.

"The winners of our Power of Speech competition dispel the thinking that deaf children cannot learn to talk or write creatively. Their performances speak for themselves. We are looking forward to seeing them share their work in the House of Commons next year as well as publishing further research on the outcomes being achieved by children like them who have attended Auditory Verbal UK's family-centred, early intervention programme. These deaf children are bucking a national trend of underachievement in literacy and their attainment levels are on a par with typically hearing children at the end of Key Stage One."

The Power of Speech competition was open to all children who are currently on the AVUK programme or had graduated from it in the past. Entrants were asked to submit a piece of creative writing, up to 500 words, in the form of a story, play or poem and present it alongside a video of themselves performing the work.

AVUK's specialist coaching programme equips parents and carers with the skills and strategies to develop their child's listening and spoken language.

The competition was judged by AVUK's Auditory Verbal therapists alongside Chief Executive of the National Literacy Trust, Jonathan Douglas; Samantha Baines, actor, comedian and author of *Harriet Versus The Galaxy* - about a girl who wears hearing aids, as does the author; and children's author and winner of the 2019 Costa Children's Book Award, Jasbinder Bilan.

Samantha has one-sided hearing loss and wears a hearing aid in her right ear said: "I was delighted to be asked to judge this competition. There is a lot of stigma surrounding deafness and it's so important to me that young people don't see hearing loss or deafness as something that will hold them back, just like the hero of my book *Harriet* whose hearing aid is actually her super power. It was incredible to be part of a competition that showcases how creative, imaginative and talented young people with hearing loss and deafness are. I thoroughly enjoyed listening to their brilliant stories and watching their fantastic performances."

And Jasbinder explained: "It was such a real honour to judge this competition. Without exception all the entries were of such a high standard that my job was virtually impossible. They all had such spark, originality and individuality. Very impressive indeed! "

The competition was judged in three age categories and the winners were:

Under 9s

Callum Herholdt (5) with his story about a Magic Egg. Callum was diagnosed with a moderate hearing loss as a baby and fitted with hearing aids at two months. He spent three years on the AVUK programme and started school with the same language level as his hearing classmates. He now chats all the time with his friends and family.

Alana Burton (7) who wrote to her diary about Mount Vesuvius' eruption and destruction of Pompeii. Alana's hearing loss was diagnosed at birth and she had her first set of hearing aids at three months old. She started with AVUK at 18 months of age and in the first six months of her programme, her equivalent language age rocketed by 17 months. She loves school, music and her many clubs and gained the highest possible mark in her Key Stage 1 SATs tests.

9 to 12s

Jasper Loten (12) whose poem tells his own story of being a twin who finds his own personality and voice thanks to AVUK. Jasper and his twin brother were born two months prematurely and he battled jaundice and meningitis. The full extent of his hearing loss wasn't diagnosed until he was two and a half. He started with AVUK soon afterwards and received cochlear implants a year later. After a difficult start Jasper is now flourishing at school and his confidence continues to grow – he spoke at his school's open day to a packed auditorium.

Khush (9) tells the story of a Super Old Man of 101 years given superpowers by a magical ruby. Khush is an AVUK Young Ambassador and, like his sister, was born profoundly deaf. He attends a mainstream school, loves sports and plays the piano.

13+

Lauren Press (14) describes an Interstellar Journey in a poem about space and the planets. Born profoundly deaf, Lauren received cochlear implants in operations at aged two and then six years old and has starred in CBBC show Rocket Island.

Ava Pearson (13) wrote a poem about living with tinnitus. Her hearing loss was diagnosed as a baby and she received cochlear implants in two operations, at nine months and then at 14 months. Her family describe her achievements thanks to AVUK as "miraculous". She excels at school and at LAMDA, plays the saxophone and loves art.

All their winning performances can be seen by clicking on [Power of Speech](#).

Jane Warriner

Auditory Verbal UK

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<http://www.avuk.org>

[Back to top](#)

[UK - Auditory Verbal UK – support during Covid-19 lockdown](#)



(Photos: Noel Kenely, Estelle Gerrett, and Emma Burton)

As the world changed with the spread of Covid 19 one thing stayed constant at Auditory Verbal UK – a desire to support and equip parents and carers with the skills and strategies to develop their child's listening and spoken language.

Before the official lockdown, AVUK had already been putting plans in place in anticipation of the restrictions and to ensure that we would still be able to support our families remotely for as long as we needed to.

From the middle of March all therapy sessions moved online and as the period of lockdown continued, AVUK started looking at different ways to support deaf children and their families as well as sharing knowledge and support with speech and language therapists, teachers of the deaf and audiologists.

Through April and May, more than 500 professionals signed up for our free webinars offering an introduction to telepractice led by Senior Auditory Verbal Therapists Noel Kenely and Estelle Gerrett.

"We were fortunate at AVUK having previously used online platforms for therapy sessions and following requests from those wanting to start sessions in this way, we wanted to share our knowledge as quickly as possible," Noel explained.

"The response has been fantastic and it is very rewarding to know that you while the world adapts to cope with what is happening we have also helping our colleagues in adapting their practice to continue supporting deaf children and families via telepractice"

Sharing tips, advice and knowledge have included starting with the basics like setting up the right equipment and logistics, as well as more in-depth tips on how to provide effective parent-coaching and target language goals via video conferencing.

Although several conferences due to take place in Europe have been postponed, AVUK has delivering online workshops and seminars and presenting at an international conference alongside colleagues from across Europe.

More online events, sessions and courses continue to be developed as we all work towards the same goal of helping deaf children and their families and the professionals who work with them. AVUK will be launching a new set of free online Q&A sessions for professionals as an opportunity to discuss any specific queries they have encountered since starting Telepractice. The first of these sessions will be held on the 18th June.

All courses can be booked here: <https://www.avuk.org/Pages/Events/Category/book-training>

[Back to top](#)

UKRAINE - Liza is getting access to better hearing – despite the Corona pandemic



(Photos: Liza after the surgery with Prof. Borys Mironjuk; Liza & her mother, Jana, get the ci system)

Regardless of the exceptionally challenging circumstances, caused by the Corona pandemic, which also affected CI recipients and candidates all over the world, we could help Liza in the Ukraine to get her CI within a rather short time.

We “met” Liza’s mother Jana 5 months ago “Online” and she convinced us about the urgency to support her daughter to get access to better hearing: Liza does not only suffer from bilateral severe hearing loss, she is also nearly blind.

We collected all the necessary documents (medical / audiological / CT, MRT and a description of the financial situation of the family as well as the social environment), translated and submitted them to potential sponsors in Germany. One of them reacted within 6 weeks and we received a generous donation. The family had raised funds in the meantime as well and we approached the company Otcion Medical to provide the CI system at a price we could afford.

We were asked to contact their distributor in the Ukraine, company Avrora in Kiev and very soon we had two constructive Online conversations with the founder of Avrora, Yuri Sokolov, who lives in Canada now, and Oleksandr Radchenko, the director of Avrora in Kiev.

An agreement was reached and on May 21 Jana and her daughters met with Oleksandr Radchenko, Tatjana Bogdanovic and Yaroslav Taranovskij to receive their CI for Liza.

The other great news is that Prof. Borys Mironjuk, one of the very experienced

surgeons in the Ukraine, has already performed the surgery on May 26. As Liza was born on 25 May 2017, it was a nice birthday present for her – delayed only by a day!

Sessions for the first fitting with Denis Litun and (re)habilitation with Svitlana Zayjka are scheduled.

We hope you agree with us, that this is a wonderful example of what can be achieved under very difficult circumstances provided all parties involved really want it.

Dr. Dr. h.c. Monika Lehnhardt-Gorjany
Lehnhardt Stiftung

[Back to top](#)

[European Hearing Instrument Manufacturers Association - Medical Device Regulation](#)

ehima



Postponement into 2021 formalised, but sell-off period left untouched

- The postponement of the entry into force of the Medical Device Regulation (MDR) was formalised in April, with the European Parliament (Parliament) and the Council formally ratifying the required amendments to insert a new date into the MDR. Medical device manufacturers now have until 26 May 2021 before the new law become applicable.

- Across the institutions, there had been widespread support for this move in an effort to avert a situation, in which the medical device industry would have to contend with both the – already widely perceived as flawed – entry into force of the MDR and ramping up emergency production in response to the COVID-19 pandemic. In a matter of just four days, the amendments had passed both the committee and the plenary

stages. The Parliament overwhelmingly voted for the amendments: At 693 votes to 1, with 2 abstentions. Another four days later, the 27 Member States ratified it in the an ad-hoc voting session in the Council, so that the amended MDR could be signed the next day, on 23 April, for publication in the EU's [Official Bulletin](#).

- The newly passed amendments, however, defer only the application of the MDR itself, but not the transitional grace and sell-off periods under art. 120 of the MDR – meaning Notified Bodies cannot issue new marketing authorisations under the Medical Device Directive or extend existing ones beyond May 2021. It is unclear why these changes had been omitted, prompting calls from the medical device industry to equally extend the duration of grace periods by another year as well (i.e. from 2025 into 2026).

Next steps, analysis and advice

- With the sell-off period not having been moved by one year, medical devices with an existing authorisation can only be sold until 26 May 2025, in line with the original text of the MDR. The postponement of the MDR has therefore de facto shaved one year from the marketing time of medical devices.

- It is unclear to what extent there is appetite in the institutions to launch another amending Regulation to the MDR, and hence the prospects of extending the sell-off period through new MDR amendments. The deferral of the MDR had only emerged out of economic necessity as an emergency measure to free up capacities in the medical device sector towards emergency production of personal protective equipment. The overriding “political” rationale behind the MDR – to regulate the medical device industry more strictly than previously – remains unchanged. The sell-off periods for existing medical devices would in all likelihood be seen as an internal operative problem of the industry itself, whose softening is not tied to overriding public policy concerns.

- The European Commission (Commission) in fact expressed its deep dissatisfaction at the idea of regulatory exemptions in order to give companies breathing space in light of the commercial hardship inflicted by the pandemic. The Commission sees regulatory compliance as a business problem that does not require political intervention, and perceives any calls for exemptions as attempts to play off compliance and the health emergency against each other. Across the last week, trade bodies across different industries had lodged such requests to the Commission: From ACEA (carmakers, requesting lower emissions standards) to EuPC (recycling operators, requesting a suspension of the single-use plastics ban) and several others, leading the Commission's Executive Vice-President for the Green Deal, Frans Timmermans, to publicly reprimand the industry before Parliament on 21 April. The chances of the sell-off period being extended should be considered rather slim.

[Back to top](#)

[European Audiologist of the Year Award postponed until 2021](#)



Organisers announce cancellation of European Audiologist of the Year Award in response to coronavirus COVID-19

The annual European Audiologist of the Year awards event was due to be held later this year. Officials have announced the cancellation of this year's competition, in recognition of the challenges audiologists across the continent are experiencing as a result of coronavirus COVID-19.

The decision to cancel the annual award has been made by the event's organisers RAYOVAC®, a division of Energizer Holdings, Inc., which runs the annual event in partnership with leading international audiology industry publication Audio Infos, the European Hearing Instrument Manufacturers Association (EHIMA) and the European Federation of Hard of Hearing People (EFHOH).

Entries were due to close on Friday 26th June with the European winner being announced at the EUHA International Congress of Hearing Aid Acousticians in October. Organisers have confirmed that applications already received will be included in next year's judging process.

Paula Brinson-Pyke, Director of Marketing at RAYOVAC®, said: "RAYOVAC® is committed to supporting the hearing industry. In light of the developments around COVID-19 we have taken the difficult decision to cancel this year's European Audiologist of the Year awards."

"As COVID-19 continues to impact on people's lives around the world, the ability to hear is a vital part of keeping people connected with friends, family and colleagues.

"We know that audiologists and hearing professionals across Europe are working extremely hard, under very challenging circumstances to ensure that their customers have access to essential hearing technology and audiology services, while balancing these needs with their health and that of their staff."

Keep up to date with the Audiologist of the Year on Facebook at www.facebook.com/AudiologistoftheYear, follow us on Twitter at www.twitter.com/AOTY_EU or visit the website: www.audiologistoftheyear.co.uk

[Back to top](#)

[RELATED CONGRESS - HeAL \(Hearing Across the Lifespan\) 2021 conference](#)



(Photo: Villa Erba Congress Centre)

Cernobbio, Lake Como, Italy

3 – 5 June 2021 (Please note new dates)

HeAL Conferences (also known as the Lake Como Conferences) have long been known for being a place to meet with old colleagues, make new contacts and friends with some 400 to 500 colleagues from – literally – all around the world. These international events offer an invaluable opportunity for attendees to hear about and experience the latest technologies in hearing care, evidence-based research and best practices to improve the quality of life for the hearing impaired, enhancing cooperation and exchange among all those who are part of this multifaceted community, in a truly

international and multidisciplinary forum exploring all domains ranging from infant to adult hearing.

The conference organisers wish to thank very warmly all those who have kept in touch in these difficult times.

The outbreak of SARS-Cov-2 (COVID-19) has created great concern all over the world and it seemed necessary to postpone the date of the event to the year 2021 believing that by then the critical phases will end in all countries.

Please check the new website for HEAL 2021 (www.heal2021.org) , which will be updated over the next year

[Back to top](#)

[WORLD NEWS - American Cochlear Implant \(ACI\) Alliance](#)



AMERICAN COCHLEAR IMPLANT ALLIANCE

Research. Advocacy. Awareness.

Promoting Telehealth in COVID-19

ACI Alliance became intensively involved in telehealth with COVID-19 and strongly encouraged the Federal government (via Medicare—the health insurance program for Americans age 65 and older) and other insurance providers to approve telehealth coverage for CI services during the crisis and to consider its continuance after. On April 30th, the Centers for Medicare and Medicaid Services (CMS) published a rule that allows telehealth services by health care professionals who are eligible to bill for

traditional in-person professional services under Medicare. This expansion means audiologists and speech-language pathologists are now be able to provide and bill for telehealth services under Medicare. This responds to the request made by ACI Alliance on April 14. [Click here to read the full letter.](#)

ACI Alliance strives to provide resources to help our members learn from each other and also benefit from the national resources that we collect. **Please visit the COVID-19 of our website to see updates and our efforts during this pandemic:** <https://www.acialliance.org/general/custom.asp?page=covid-19updates>

CI2020 is Online

CI2020 International was cancelled in March 2020 due to COVID-19. The program was then moved online and is being provided FREE. While the program is intended primarily for cochlear implant clinicians and scientists, some of the content may be of interest to consumers and parents. If someone wishes to receive continuing education credits (CEUs), there is a \$99/year cost via AudiologyOnline or SpeechPathology.com.

The conference is divided into three sessions, each with four or five one-hour courses. To view the full conference program, go to: <https://www.acialliance.org/page/CI2020onlineprogram>

The evidence-based information presented is applicable to all professionals working in the field of cochlear implantation as well as those who want to learn more about it. The conference explores a range of current and emerging topics that impact outcomes for adults and children with cochlear implants and other auditory devices.

Conference access is via registration on AudiologyOnline (free access to view conference): <https://www.audiologyonline.com/ci2020online>

Much of the online conference is quite scientific in nature. Some consumers and parents may benefit from the content and for those we offer the following suggestions as being particularly relevant for a consumer audience. All of the courses are captioned in English. To turn on the captions, click on the CC box on the right bottom of the screen.

Among the courses we particularly recommend for a consumer audience are:

1. **Session 3:** "Hearing Loss and Cognition" (Paul van de Heyning, MD, PhD) which explores questions such "Can cochlear implantation prevent or address cognitive changes due to hearing loss in older adults?"
2. **Session 3:** "Evidence of Expanded Indications in Adult Cases of Single-Sided Deafness" (Kevin Brown, MD); "Cochlear Implantation in Pediatric Case of Single-Sided Deafness" (Lisa Park AuD); "Outcomes for Participants with Asymmetric Hearing Loss - Initial Results of a Clinical Trial" (Jill Firszt PhD)
3. **Session 3:** "Clinical Determination of Bimodal versus Bilateral Cochlear Implant Candidacy" (Rene Gifford PhD)
4. **Session 2:** "Increasing Access to Cochlear Implants in the Community: A Novel Approach" (William Shapiro AuD), "US Cochlear Implant Utilization: 2020 Update" (Donna Sorkin MA), Consensus for Cochlear Implantation and a Standard of Care for Adults with Severe to Profound Sensorineural Hearing Loss (Meredith Holcomb AuD)

Although there may be others of interest, the courses above are at a level that

consumers and parents may enjoy. Since they are free and open, there is nothing lost by taking a look at these excellent talks by world renowned experts.

For more information on the online program: <https://www.acialliance.org/page/CI2020onlineprogram>

To start viewing courses: AudiologyOnline (free to all) - <https://www.audiologyonline.com/ci2020online>

Blog: Cochlear Implant Rehabilitation for Adults by Naama Tsach, PhD

American Cochlear Implant Alliance offers an auditory rehabilitation resource, ACI Alliance Blog: *Cochlear Implant Rehabilitation for Adults*.

Cochlear Implant Rehabilitation for Adults, a blog offered by American Cochlear Implant Alliance, was launched in January 2016. It was initiated because of the scarcity of high-quality rehab guidance materials and direct rehab services available for adult CI recipients. Although adults comprise at least two-thirds of US cochlear implant users, the focus of (re)habilitation post CI surgery, has traditionally been on children. I was asked by ACI Alliance to organize the adult blog, write content, and facilitate submissions by others. With my 20 years of experience in working with adults and children with cochlear implants, I happily accepted the task of supporting adult CI recipients in their fascinating and challenging journey.

Click here to see her blog topics: <https://www.acialliance.org/page/AdultRehab>

[Back to top](#)

COCHLEAR - Connecting in challenging times



In times like these, it's no surprise that people look for connections – through music, family, loved ones and work. So, in this article we share some stories and tips that we hope will inspire and help users of cochlear implants.

How to reconnect with music

Italians made headlines in past months as they played music from their balconies to

connect with each other while practising social isolation. That came as no surprise to Dr Chi Yhun Lo (PhD) **(1)**, a researcher in the field of auditory training for people with hearing loss. For cochlear implant users, music can also have benefits.

Here are Dr Lo's 5 tips to reconnect with music:

1. Start simple. Try listening to music with less instruments/musical elements (start with quartets rather than orchestras, or simple acoustic arrangements with prominent vocals).
2. Listen to your favourite albums and songs. Even if it might not sound like you remember, use that memory to your advantage.
3. Use imagery. Videos of musicians playing are a great way to use your eyes to help your ears.
4. If you are going to start learning an instrument, use an instrument in which the notes are in visible order. For example, piano is a good start.
5. Apps are a great way to engage with music, as they can be used anywhere, anytime.

Cochlear™ True Wireless™ Devices and direct connectivity can help

Julian streams music from his piano keyboard to his Cochlear™ Nucleus® 6 Sound Processors using **Cochlear's True Wireless™ Devices**. 'I have a Mini Microphone 2+ and I hook it up to my instruments' says Julian, a musician who lives with his wife and two young children.

For Shannon, who uses **Cochlear Nucleus 7 Sound Processors** and lives in the UK, streaming is just part of daily life – whether she is listening to her favourite Ed Sheeran track, a TED talk or taking a phone call. 'Streaming makes me feel connected to the world.'

Connect with others

Margaret, who lives in Scotland, uses Skype and FaceTime to stay close with her grandchildren, thanks to the streaming capabilities of her Cochlear Nucleus 7 Sound Processor.

Lynn, from the US, who uses Cochlear Nucleus 6 and 7 Sound Processors, has joined the wave of people globally who are taking advantage of virtual resources including free apps like Houseparty and web-based video-conferencing tools, such as Zoom.

Start streaming

From the team here at Cochlear, we hope these tips are of some help to patients and that you have some fun along the way.

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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.

Cochlear, 科利耳, コクレア, 코클리어, Hear now. And always, Nucleus, Kanso, Advance Off-Stylet, AutoNRT, Contour Advance, Custom Sound, Freedom, NRT, SmartSound, the elliptical logo, and marks bearing an ® or ™

symbol, are either trademarks or registered trademarks of Cochlear Limited (unless otherwise noted).

(1) Dr Chi Yhun Lo is a paid consultant to Cochlear Limited

[Back to top](#)

COCHLEAR - Cochlear's reliability record continues reporting excellent implant reliability



When choosing or using technology to rely on, reliability can be an important consideration. As a carer or a user of a cochlear implant system you might want to know the reliability of your child's or your implant and sound processor, so you can take adequate precaution and find confidence.

Cochlear published its 18th edition of the reliability report. It reports reliability for adults and for children, covering Cochlear™ Nucleus® Systems ranging from the CI22M released in 1985 to the newest generation, the Profile™ Plus*, released in 2019. **i**

As for many years, the Cochlear Nucleus Reliability Report shows:

1. Excellent implant reliability today. Based on the Cochlear Nucleus Profile Series cumulative survival percentage of 99.81% after 6 years. **i, ii, iii**
2. Excellent implant reliability over time. Based on the Cochlear Nucleus CI24R Series cumulative survival percentage of 99.0% after 15 years. **i, ii, iii**
3. Cochlear is the most trusted provider of implantable hearing solutions. Based on more than 414,000 registered Cochlear Nucleus Cochlear Implants. **i, iii**

And still, this time, the reliability report includes something completely new as well.

In Europe cochlear implant reliability reporting is based on ISO 5841-2 **iv, v**, the European Consensus Statement **vi** and the International Classification of Reliability **vii**. In the United States the new reporting standard ANSI/AAMI CI86 **viii** was published, which now also provides guidance for cochlear implant sound processor reliability reporting. Sound processor reliability is reported as Failed Component Return Rate (FCRR).

Cochlear tests sound processors that have been returned to determine if they are working and, if not, why they failed. The FCRR is the percentage of the total number of failed processors received within a month compared to the total number of the same processor sold by the end of that month. For example, if 20 faulty sound processors are returned in a month and 10,000 of the same sound processors have been sold as

at the end of the month, the FCRR is 0.2%. Sound processor failures are categorised into 1) mechanical, 2) electrical, 3) moisture damage and 4) other failures.

In the Cochlear Nucleus System Reliability Report, sound processor reliability is reported for Nucleus 6**, Kanso® Sound Processor and Nucleus 7 Processing Unit:

- The Nucleus 7 Processing Unit average FCRR over 22 months from March 2018 to December 2019 is only 0.3%
- The Kanso Sound Processor average FCRR over two years is only 0.4%
- The average moisture damage included in this FCRR is 0.0% for both devices.

To gain even more confidence, e.g. about your specific implant and sound processor model reliability, visit [our website](#) and download the complete Cochlear Nucleus System Reliability Report.

* Cochlear CI600 Series Cochlear Implants

** Nucleus® CP910/920 Processing Unit

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.

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i Cochlear Limited. D1712187 V1 2020-03. Cochlear™ Nucleus® System Reliability Report Volume 18, December 2019, Reporting to European Consensus Statement, International Classification of Reliability, ANSI/AAMI CI86 Standard and ISO 5841-2.

ii Hearing Implant Reliability Reporting | MED-EL [Internet]. Medel.com. 2020 [cited 25 February 2020]. Available from: <http://www.medel.com/hearing-solutions/cochlear-implants/reliability>

iii 2019 Global Implant Reliability Report. 027-N025-02 RevC. Advanced Bionics AG and affiliates.; 2019.

iv International Standard ISO 5841-2. Implants for Surgery — Cardiac Pacemakers — Part 2: Reporting of Clinical Performance of Populations of Pulse Generators or Leads. Geneva (Switzerland): International Organization for Standardization. 2000.

v International Standard ISO 5841-2. Implants for Surgery — Cardiac Pacemakers — Part 2: Reporting of Clinical Performance of Populations of Pulse Generators or Leads. Geneva (Switzerland): International Organization for Standardization. 2014.

vi European Consensus Statement on Cochlear Implant Failures and Explantations. Otol Neurotol. 2005 Nov;26(6):1097-9.

vii Battmer RD, Backous DD, Balkany TJ, Briggs RJ, Gantz BJ, van Hasselt A, et al. International Classification of Reliability for Implanted Cochlear Implant Receiver Stimulators. Otol Neurotol. 2010 Oct;31(8):1190-3.

viii ANSI/AAMI CI86. Cochlear implant systems: Requirements for safety, functional verification,. (2017). Arlington, VA: American National Standards Institute.

[Back to top](#)

[MED-EL – The first hearing implant manufacturer to receive new European MDR Certification](#)



MED-EL, the Austria-based global leader in cochlear and hearing implants technology, has become one of the first manufacturers worldwide, and the first and only hearing implant manufacturer in the world, to be granted European Medical Device Regulation (MDR) certification.

Following successful conformity assessment to the new MDR, including an audit of the Quality Management System, MED-EL is also one of the world's first manufacturers to receive certification for a number of product categories, including medical devices of the highest risk class (Class III), Class III Implantable Custom-Made Devices, and Class I reusable surgical instruments.

Under the MDR all devices fall into four basic categories (invasive, non-invasive, active, and special rules) and are then further segmented into classes. Class III devices (the MDR includes active implantable medical devices) are the highest risk category.

The EU MDR is scheduled to come into effect in EU Member States from 26th May 2020 and will apply to all manufacturers selling medical devices within Europe. It aims to provide greater protection of public health and safety by setting out far more stringent requirements and obligations. Although there are widespread concerns that failure to meet the deadline for compliance might impact the availability and safety of medical devices in the European Union, MED-EL's certification is positive news for ENT professionals and patients.

As part of its strategy, MED-EL committed to becoming an early MDR adopter back in 2016 and has been working for more than three years to develop a plan to transition its devices and quality management system in to MDR's new legal framework.

[Learn more here.](#)

[Back to top](#)

[MED-EL – Hear with Two Ears](#)



Hearing with two ears (“binaural hearing”) is the natural way. Spatial hearing, sound localisation and robust speech understanding in noise are only possible with two ears.

Children and adults without hearing in one ear lose these natural hearing abilities and risk negative consequences such as poorer language and learning skills and reduced social interactions. Cochlear implantation can be a solution to bring back binaural hearing to children and adults.

When music student Johanna lost the hearing in her right ear after an illness, she was devastated. Although the hearing in her left ear was normal, the singer strongly felt the disadvantages of her single-sided deafness. She could not localise her mobile phone when it was ringing; she had trouble following conversations, especially in noisy rooms. Listening and understanding demanded so much more effort than before. But most importantly, music sounded incomplete, empty, and totally different. After a short period of hearing with only one ear she received a cochlear implant.

She explains the difference in hearing quality: “Two ears are better than one, especially when it comes to music. With binaural hearing I hear the fine nuances and dynamics of music, which make it emotional. Everything sounds fuller, I hear how music moves in a room. This is only possible with two ears, even if one is an electronic one.”

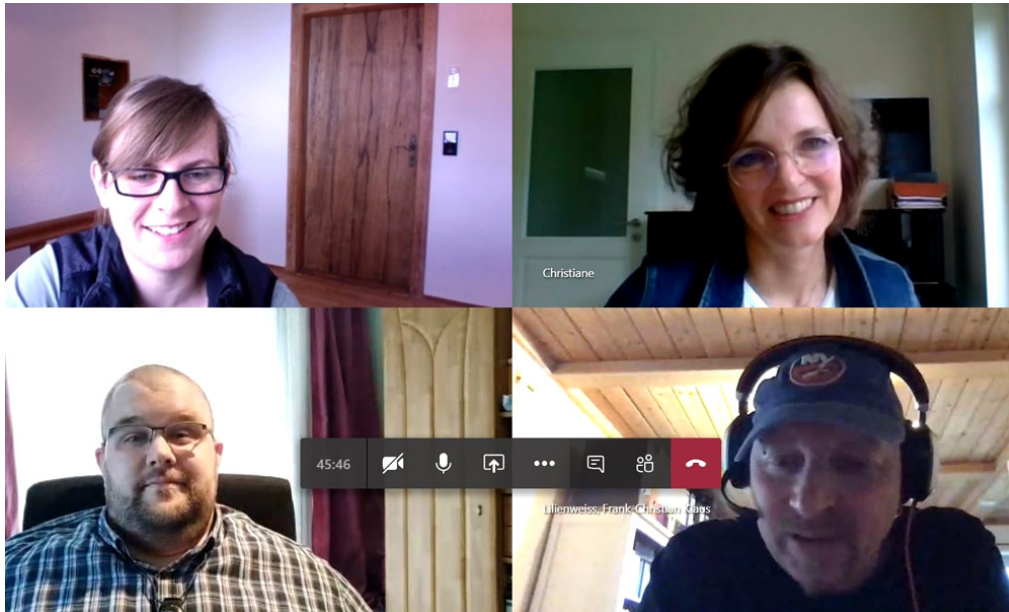
Cochlear implantation for binaural hearing

The prevalence of single-sided deafness is on the rise. In many countries, children and adults who only hear with one ear are included in cochlear implant programmes. Similarly, individuals with profound bilateral hearing loss often receive cochlear implants in both ears.

[Learn more here.](#)

[Back to top](#)

[MED-EL – Supporting hearing implant users and healthcare professionals during challenging times](#)



During the ongoing periods of lockdown and with the re-openings, MED-EL's local support teams across the globe continue to be there for users and medical professionals.

Europe has been particularly affected by COVID-19 (coronavirus), and there are many communities rising-up to face the unprecedented challenges the pandemic has brought for businesses, families, and individuals worldwide. Italy was the first country in Europe to enter lockdown in March, but despite these restrictions, there is inspiring news to share!

The dedicated team from MED-EL Italy adapted to a rapidly changing situation to ensure continued support and care for their hearing implant users and healthcare professionals. In 25 hospitals and audiological centres in Italy, MED-EL installed remote fitting systems capable of performing intraoperative measurements of the cochlear implant and the audio processor adjustments. The system is highly safe and efficient, having received the CE mark in Europe and FDA approvals and HIPPA compliance in the United States, making it suitable for medical use and certified according to the highest safety standards.

Sergio Panizza, Director of MED-EL Italy comments: *"The COVID-19 pandemic has influenced every aspect of our private and professional life, forcing us to take on rapid changes and new challenges. In this moment of difficulty, MED-EL considered in the first place the needs of patients guaranteeing the normal assistance service from the Bolzano office, albeit in compliance with the current emergency safety standards. In a few days, we accepted the new challenges and implemented the Remote Fitting and Remote Intraoperative system (FDA and CE approved) in almost all the clinics to ensure maximum safety for patients and healthcare personnel."*

"We also took the opportunity to engage in a large technical-scientific training program aimed at all the health professionals involved in the cochlear implant program through almost 70 hours of webinar training, which was well received by the participants," Sergio said.

Since April 8th, the digital training has increased in attendees with over 150 people joining so far and an additional 45 webinars for professionals have been held. Constant training and support are especially necessary in the face of the current health

emergency: in this way MED-EL has remained a trusted partner alongside the professionals even in this historical moment.

MED-EL's digital activities extend even further with the HearPeers Mentors being available to answer questions about life with hearing implants. Pictured above are four of the German HearPeers mentors having an online video chat about life with their cochlear implants.

Visit hearpeers.com to find out if there is a HearPeers website in your country where you can connect with a local mentor.

[Back to top](#)

OTICON MEDICAL – Get connected with Neuro 2 CI sound processor



Communication today means more than face-to-face conversations. The new Oticon Medical Streamer XM now lets you wirelessly connect your Neuro 2 to all your electronic devices. Connect and enjoy direct sound on the phone, for video chats, listening to music and much, much more. Once the Streamer has been enabled by your cochlear implant audiologist, it turns your Neuro 2 into a wireless headset. With the Streamer you can easily:

- Stream sound from your smartphone or virtually all other Bluetooth devices
- Control the volume and change programs on your Neuro 2 using the Streamer as your remote control
- Use the ConnectLine App and the other accessories to get even more out of your Neuro 2

[Click here to read more about the Oticon Medical Streamer XM](#)

[Back to top](#)

OTICON MEDICAL – Covid-19 and cleaning of the Neuro 2 sound processor



During the Covid-19 situation, Oticon Medical has received questions from users and care givers on how to best clean the Neuro 2 sound processor. We have updated our website with a dedicated section with general guidelines on how to clean your sound processor as well as instructions on how to disinfect it if you are afraid that the sound processor has been contaminated with Covid-19.

[Click here to read the guidelines](#)

[Back to top](#)

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