

10 November 2021



Indigenous People and excessive noise

Many Indigenous people are exposed to loud noise for long periods in their home environments. Crowded housing, the high proportion of Indigenous people with conductive hearing loss and easier access to noise-generating entertainment equipment appear to result in an extreme noise exposure profile in many Indigenous households.

Changes to captioning rules for Pay TV

The Government will relax captioning rules for subscription TV, aka Pay TV. Our advice to the Government was that changes to the rules, quotas, goals and targets should not wreck the goal of 100 per cent captioning on subscription television services.

Your unvaccinated friend is roughly 20 times more likely to give you COVID-19

What is the risk of catching COVID from someone who's unvaccinated? Vaccines reduce the probability of getting infected, which reduces the probability of a vaccinated person infecting someone else.

Rotary honours UsherKids co-founder

"I felt completely isolated and alone when my son was first diagnosed with Usher syndrome. I struggled to find knowledgeable clinicians and I desperately wanted to meet another parent who had been through it before and could help me navigate the next steps."

NT deaf community welcomes funding

There are around 600 Auslan interpreters across Australia, but none of them is based in the Northern Territory. Now the government is hoping to close the gap, announcing \$360,000 in funding for interpreter over three years.

Currently **one in six** Australians suffer from some form of hearing loss. This may increase to one in four by 2050. *Access Economics 2006*

Deafness Forum of Australia is the peak national body representing the views and interests of all Australians who live with hearing loss, people who have an ear or balance disorders, and the families that support them. Our mission is to make hearing health & wellbeing a national priority in Australia.

Microbiome discovery could help save kids' hearing



Bacteria found in children's upper respiratory systems could help fight chronic middle ear infections, the leading cause of preventable hearing loss and deafness in Indigenous communities.

The University of Queensland's [Dr Seweryn Bialasiewicz](#) said this discovery helped explain a long-held mystery, while providing hope for potential treatments.

"We've been puzzled for years now, trying to work out why some children never develop chronic ear disease, despite being in a high-risk category for contracting it.

"By focusing on the microbiomes in the upper respiratory tracts of disease-resistant kids, we could investigate the ecological networks of bacterial interactions that seemed to be working together to protect against the condition. It was clear that these two groups of bacteria needed to not only be present, but to be interacting with each other, to provide protection from middle ear infections," Dr Bialasiewicz said.

Researchers were hoping to use this information to figure out what the exact mechanism of protection is, and then mimic it in the very young children, as a therapy or a preventative measure.

"This could take the form of a molecule that can be used as a drug for treatment, or as a protective probiotic so that these 'good' bacteria can be seeded in the nose early enough to offer protection against the incoming 'bad' bacteria," he said.

Dr Bialasiewicz said chronic middle ear infections resulting in hearing loss was a major problem with Indigenous and other disadvantaged populations globally.

"Our discovery could be applied across the world, helping improve health and reducing the disadvantage gap for a wide range of people," he said.

The team has acknowledged the support of the [Deadly Ears](#) team, the Queensland Health's statewide Aboriginal and Torres Strait Islander Ear Health Program doing on-the-ground treatment and education, as well as the generous assistance of parents and children within the participating communities.

The research has been published in *Microbiology Spectrum* (DOI: 10.1128/Spectrum.00367-21).

Dangerous Listening: exposure of Indigenous People to excessive noise

Lots of Indigenous people have trouble listening because they have bad ears (hearing loss). Mostly, adults have bad ears because they had lots of ear infections when they were young kids. These infections damaged their ears.

But now, too many Indigenous people are getting bad ears because of too much loud noise.

A research project funded by the Commonwealth Department of Health seeks to better understand the noise exposure risks in many Indigenous lifestyles. The investigation is being undertaken by Damien Howard, Lyn Fasoli, Stuart McLaren and Alison Wunungmurra.

The preliminary findings are cause for serious concern. While it is generally thought that domestic noise does not result in exposure to excessive noise, except perhaps in the case of some teenagers using personal amplification devices, the results show that many Indigenous people are exposed to loud noise for long periods in their home environments. Crowded housing, the high proportion of Indigenous people with conductive hearing loss and easier access to noise-generating entertainment equipment appear to result in an extreme noise exposure profile in many Indigenous households.

In addition, high levels of unemployment and low school attendance rates also mean that many Indigenous people will often spend a considerable amount of time in and around the home.

The research indicates that there is excessive noise exposure among quite young Indigenous children. They may, as a result, experience permanent hearing loss in early adulthood. It will affect them for the rest of their lives. Hearing loss experienced during the years when most people make the most productive contribution to their family and community (through involvement in work and child rearing) usually has a greater impact on the individual and their community than does later onset hearing loss.

In addition to the risk of hearing loss, exposure to excessive noise can have other adverse outcomes.

- Children may have more difficulties with reading and recall (memory).
- Adults may experience more depression, and more cardiovascular disease.
- In Australia, research findings indicate that Indigenous children with conductive hearing loss display more antisocial behaviour when it is noisy in classrooms.

Persistent exposure to excessive noise may be a little recognised contributing factor to Indigenous disadvantage. Read more [here](#)

By Damien Howard, PhD (*Principal Psychologist, Phoenix Consulting, Darwin and Adjunct Senior Principal Research Fellow, James Cook University, Townsville*), Lyn Fasoli, PhD (*A/Prof Indigenous Early Childhood Research, Batchelor Institute of Indigenous Tertiary Education, Batchelor, Northern Territory*), Stuart McLaren, PhD (*Senior Lecturer in Health Sciences, Institute of Food Nutrition and Human Health, Massey University, Wellington, New Zealand*), Alison Wunungmurra (*Researcher, Batchelor Institute of Indigenous Tertiary Education, Batchelor, Northern Territory*).



Government to weaken captioning rules for Pay TV



A Captioning Scheme for Subscription Television is the title of a Government discussion paper that lists changes to captioning on subscription TV.

Deafness Forum of Australia examined the list of changes and options and gave the Government a viewer's perspective (you can read our submission on our website).

Deafness Forum was the lead consumer advocate from the early 2000s in discussions that resulted in captioning quotas being included in the Australian Broadcasting Services Act.

Captions are of great assistance to people who have diminished hearing, people whose first language is not English or spoken, and anyone who wants to follow TV broadcasts in noisy environments. It is estimated that 1.5 million Australians use captions.

Deafness Forum appreciates that the changes proposed by the Government to simplify the captioning rules would benefit the subscription television service licensees' profitability and convenience. Changes may also help government administrators and others in their monitoring of the licensees' compliance performance.

However, viewers who use captions are not clamouring for administrative simplification. Their focus is on an outcome: viewers are entitled to expect that all programs broadcast in Australia be accompanied by captions.

Our advice to the Government was that changes to the rules, quotas, goals and targets should not derail progress towards a goal of 100 per cent captioning on subscription television services.

Deafness Forum chair David Brady said, "While the subject of the discussion paper and our response is captioning quantity, there remains the challenge of attaining a high degree of readability, comprehensibility and accuracy in captions.

"Low-cost captions generated by artificial intelligence is a means to achieve universal television services captioning – and we certainly favour that - but they have some way to go," Mr Brady said.

You can read both the Government's discussion paper and the Deafness Forum's response (submission) [on our website](#)

HEARING SCREENING CONSIDERATIONS FOR IMPLEMENTATION



The World Health Organization urges countries to take urgent and evidence-based policy action to prevent, identify and rehabilitate hearing loss.

Screening for hearing loss and ear diseases at specific time points forms an important part of this strategy.

You can watch a recording of a recent webinar, "School ear and hearing screening: considerations for implementation".

Here are the links to [Session 1](#) [Session 2](#) [Handbook](#)

Live webinar: "Hear with two ears"

Presented by Erica Caiuby and Associate Professor Dayse Távora-Vieira

When only half of the auditory system is utilised, such as in cases of Single-Sided Deafness, critical cues for speech understanding and sound localisation are missed. This can result in difficulties hearing speech in noise, following group conversations and sound localisation. This can see patients experience auditory fatigue due to increased listening effort, withdrawal from much enjoyed social activities and a reduction in overall quality of life.

The "Hear With Two Ears" webinar will discuss how to ensure clients are hearing with two ears to give them the best chance of appropriate auditory stimulation, and success in achieving their listening goals. Learn more about how MED-EL's approach to restoring closest to natural hearing.

Thursday 11 November 2021

[Register here](#)

Your unvaccinated friend is roughly 20 times more likely to give you COVID-19

ANALYSIS: With lockdowns easing across the east coast of Australia, more of us will gather in groups again. So, what is the risk of catching COVID from someone who's unvaccinated?

By [SBS News](#)



People shopping in Pitt St Mall, Sydney, this month. Source: AAP

As lockdowns ease in New South Wales, Victoria and the ACT, and people return to work and socialising, many of us will be mixing more with others, even though a section of the community is still unvaccinated.

Many vaccinated people are concerned about the prospect of mixing with unvaccinated people. This mixing might be travelling on trains or at the supermarket initially. But also at family gatherings, or, in NSW at least, at pubs and restaurants when restrictions ease further, slated for 1 December.

Some people are wondering, why would a vaccinated person care about the vaccine status of another person?

It's because vaccines reduce the probability of getting infected, which reduces the probability of a vaccinated person infecting someone else. And, despite vaccination providing excellent protection against severe disease, a small proportion of vaccinated people still require intensive care unit (ICU) care. Therefore, some vaccinated people may have a strong preference to mix primarily with other vaccinated people.

But what exactly is the risk of catching COVID from someone who's unvaccinated?

Recent reports from the Victorian Department of Health find that unvaccinated people are ten times more likely to contract COVID than vaccinated people.

We also know that vaccinated people are less likely to transmit the disease even if they become infected. The Doherty modelling from August [puts the reduction at around 65 per cent](#), although more recent research has suggested a [lower estimate for AstraZeneca](#). Hence for this thought experiment, we'll take a lower value of 50 per cent.

As the prevalence of COVID changes over time, it's hard to estimate an absolute risk of exposure. So instead, we need to think about risks in a relative sense.

If I were spending time with an unvaccinated person, then there's some probability they're infected and will infect me. However, if they were vaccinated, they're ten times less likely to be infected and half as likely to infect me, following the numbers above.

Hence we arrive at a 20-fold reduction in risk when hanging out with a vaccinated person compared to someone who's not vaccinated.

The exact number depends on a range of factors, including the type of vaccine and time since vaccination. But in Australia, we can expect a large risk reduction when mixing with fully vaccinated people.

The calculation holds true whether you yourself are vaccinated or not. But being vaccinated provides a ten-fold reduction for yourself, which is on top of the risk reduction that comes from people you're mixing with being vaccinated.

So, dining in an all-vaccinated restaurant and working in an all-vaccinated workplace presents a much lower infection risk to us as individuals, whether we are vaccinated or not. The risk reduction is around 20-fold, but as individuals, we need to consider whether that's meaningful for our own circumstances, and for the circumstances of those we visit.

There are also added complexities, in that there are three vaccine brands available, and eligibility is still limited to those aged 12 and older. Although, we do know children are [less susceptible and less likely to show symptoms](#).

However, as more information emerges, we can always update our estimates and think through the implications of the risk reduction.

What about people who can't be vaccinated?

Some people haven't been able to get vaccinated because they're either too young or they have a medical exemption. Other people are immunocompromised and won't get the same level of protection from two doses as the rest of the community.

Increasing our coverage across the board will help protect those who aren't fully protected by vaccination, whether that's by eligibility, medical reasons or choice.

Those at higher risk also enjoy the risk reduction if they're able to mix primarily with vaccinated people.

And other choices we make can help reduce the risk of transmission when vaccination is impossible, for example, wearing masks and washing hands carefully.

Do rapid antigen tests help?

Some people have proposed that frequent testing could be used to suppress COVID spread for those who are unwilling to be vaccinated.

Health Minister Greg Hunt said Australians can [buy rapid antigen tests from 1 November](#), so they can test themselves at home or before entering certain venues.

So how much does a rapid antigen test reduce risk to others? To answer that question we need to consider test sensitivity. Test sensitivity is the probability a rapid test will return a positive result if the person is infected.



Nurse Niamh Costello demonstrates a Covid-19 rapid antigen test at a drive-through testing facility in Sydney. AAP

It's challenging to get an accurate estimate. But rapid antigen tests are about [80 per cent as sensitive as a PCR test](#), which are the traditional COVID tests we do that get sent off to a lab. The PCR tests themselves are [about 80 per cent sensitive when it comes to identifying someone with COVID](#).

So, if you did a rapid antigen test at home, it's about 64 per cent likely to pick up that you're positive, if you did have COVID.

Therefore, rapid antigen tests can find about two-thirds of cases. If you're going to a gathering where everyone has tested negative on a rapid antigen test, that's a three-fold reduction in risk.

Even though rapid tests provide a reduction in risk, they don't replace vaccines.

When used in conjunction with high levels of vaccination, rapid tests would provide improved protection for settings where we're particularly keen to stop disease spread, such as hospitals and aged care facilities.

Consequently, despite the high efficacy of COVID vaccines, there are still reasons a vaccinated person would prefer to mix with vaccinated people, and avoid mixing with unvaccinated people.

This is particularly true for those at higher risk of severe disease, whether due to age or disability. Their baseline risk will be higher, so a 20-fold reduction in risk is more meaningful.

About the authors: Christopher Baker is a research fellow in Statistics for Biosecurity Risk at The University of Melbourne. Andrew Robinson is the CEO of the Centre of Excellence for Biosecurity Risk Analysis at The University of Melbourne.

UsherKids Australia co-founder honoured by Rotary

Rotary Melbourne pays tribute to volunteers making an important impact in Victoria through the Sir John Reid Community Service Award. The Award is given each year to honour an individual community whose volunteer service is judged to be worthy of special notice.

Emily Shepard, the co-founder of UsherKids Australia has been named the winner of the Sir John Reid Community Service Award in 2021.

“May I congratulate Emily Shepard on a long and impressive history of service to the community. Your commitment to volunteerism is an exemplar of the values of Rotary,” said President of Rotary Melbourne Reg Smith OAM.

UsherKids Australia, a member of Deafness Forum of Australia, is an organisation dedicated to ensuring children diagnosed with Usher syndrome and their families have access to an informed and caring community of healthcare professionals and peer support.



Winner of Sir John Reid Community Service Award in 2021, Emily Shepard with Rotary Melbourne President Reg Smith.

Emily Shepard has continuously volunteered her time to UsherKids Australia since it was founded in 2016. Emily devotes her time to support newly diagnosed families and offers them advice and recommendations based on her own lived experience, to help reduce the isolation felt following a rare disease diagnosis.

Emily organises conferences to improve the knowledge of healthcare providers working alongside children with Usher syndrome, as well as social events to foster connections between parents, families and children to provide psychological support.

“I felt completely isolated and alone when my son was first diagnosed with Usher syndrome. I struggled to find knowledgeable clinicians and I desperately wanted to meet another parent who had been through it before and could help me navigate the next steps,” Emily said.

“Meeting Hollie, another newly diagnosed parent, meant there was now two of us. Our power to advocate had doubled and together we were committed to ensure that no family ever felt that isolation that we felt.”

Emily has also worked to ensure equality and equity in education, community participation, healthcare, future medical treatment and research for children diagnosed with vision impairment. She works collaboratively with researchers to increase evidence-based practice, and mentors University of Melbourne genetic counselling students on community placement.

“Today we are proud that UsherKids Australia can provide a solution to what we so desperately needed in those early days - information, connection and a community of informed health professionals,” Emily said.

Welcome new subscribers to One in Six!



We were really excited to receive so many requests to join the list of One in Six readers from the great people at NSW Department of Education.

Welcome to our new regular readers Natalie, David, Belinda, Sarah, Emily, Adam, Marie, Beverly, Rebecca, Merilyn, Jenni, Catherine, Antonina, Amy, Rebecca, Emma, Rosemary, Alison, Catherine, Emma and Cara.

And hello to everyone at NSW Department of Education who receive their copy each fortnight from a colleague in the department.

Do you know someone who deserves their own copy of One in Six? Drop us a line at hello@deafnessforum.org.au



And while we are acknowledging supporters, [Sharon King Hearing Centres](#) made a generous financial donation to Deafness Forum. Thankyou to Sharon and her team of Phoebe, Jacqui and Sarah. We love the way they share One in Six with their clients in northern NSW.

Northern Territory's deaf community welcomes funding to recruit an Auslan interpreter

By [Housnia Shams](#) for [ABC News](#)



Annabel Bishop hopes a NT-based Auslan interpreter will improve access. (ABC News: Che Chorley)

For Darwin local Annabel Bishop, trying to access an Auslan interpreter to assist her with everyday tasks has been frustrating.

"Mostly [I struggle with] health appointments, specialist appointments and even in the workplace," Ms Bishop said.

There are around 600 Auslan interpreters across Australia, but none of them is based in the Northern Territory.

The NT's only full-time Auslan interpreter resigned in 2019 and the role was defunded shortly afterwards.

Since then, Ms Bishop has been forced to rely on Video Remote Interpreting (VRI) technology, which allows deaf people to access an Auslan interpreter remotely via a laptop, smartphone or tablet.

However, she said, it does not replace the need for face-to-face communication.

"Auslan is a 3D, visual-spatial language," she said.

Now the Northern Territory government is hoping to close the gap, announcing \$360,000 in funding over three years for Deaf Services and the Deaf Society to recruit a full-time, NT-based Auslan interpreter.

"The recent COVID-19 lockdowns highlighted the need to have Auslan Interpreter in the NT to deliver important public messages to the deaf community," the Minister for Disabilities, Kate Worden, said.

"That interpreter will provide support for deaf and hard-of-hearing Territorians, across a range of government services: in health, justice, family support and public messaging during emergencies."

Deaf Services and the Deaf Society aim to fill the position by the end of the year.



Shape your new Disability Employment Support Program

The Australian Government is running a public consultation for individuals and organisations around the country to share their experience and help create the next disability employment support model.

The Department of Social Services is designing options for a new disability employment support program for commencement from July 2023, following the conclusion of the current Disability Employment Services (DES) program on 30 June 2023.

It is crucial to gain insight from people with disability, their families and carers, disability peak organisations, employers and DES providers on how the model could be improved employment outcomes for people with disability.

This is an important opportunity to share your views about what is and is not working in the current DES program, and what could be improved to ensure that people with disability and employers have a system that meets their needs and provides appropriate support to get the right people in the right roles.

Your input will ensure the new model focuses on the issues that matter most and is designed to boost work opportunities for people with disability.

A consultation paper has been developed to help guide your submission.

The paper has been made accessible and Auslan translations and an Easy English guide have also been published on the DSS Engage website.

The consultation will close 4 January 2022.

To make a submission go [here](#)

Annual General Meeting

The Annual General Meeting of the members of Deafness Forum of Australia will be held as a webcast on Wednesday 24 November 2021, 3.00pm AEDT.

At the meeting, members will be asked to vote to:

- accept the minutes of the last annual general meeting
- accept the annual report, auditor's report, and the annual financial statements
- appoint and pay an auditor
- appoint directors

[Take this link](#) to find the documents for the meeting; and to register to attend or if you can't make it, to appoint your proxy. Or visit our website [front page](#) and select the news article there.

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