DEAFNESS FORUM AUSTRALIA

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Could Vaccines Help Prevent Hearing Loss?

A New Review Says Yes, But We Need More Research.

Stigma of Hearing Loss.

The stigma around hearing loss remains a quiet but powerful barrier. It affects how people of all ages view themselves, interact with others, and access care.

From young children in classrooms to older adults in aged care settings, negative attitudes and assumptions about hearing loss and hearing aid use continue to cause harm.

A recent study found that stigma takes many forms. However, one theme is clear: it is widespread and affects people differently depending on their age and life stage. For children and teenagers, stigma often shows up as bullying, teasing, or exclusion at school. Classmates may perceive hearing aids as "weird," and even well-meaning teachers may lack the training to foster inclusive environments. While some schools provide strong support, others fall short, leaving young people feeling isolated or embarrassed about their hearing needs.

Among working-age adults, stigma is more closely tied to the visibility of hearing aids. Many fear being perceived as "less capable" or worry about discrimination in professional settings. Despite these concerns, the review also highlighted positive experiences, especially among those who saw hearing devices as tools for empowerment and improved quality of life.

Older adults, meanwhile, face a different kind of stigma. Hearing aids may be associated with frailty, aging, or cognitive decline. This perception often leads to denial, delayed diagnosis, and underuse of hearing aids, even when they would greatly improve day-to-day communication and well-being.

So, what can be done?

We need stories in the media, schools, and workplaces that reflect the diversity and capability of people with hearing loss.

Training programs should include practical strategies to equip audiologists, GPs, and other practitioners with tools to have supportive, stigma-free conversations.

Schools and employers can help by creating inclusive environments. In the workplace, it could involve making hearing-friendly modifications and promoting open conversations about hearing needs without judgment.

Importantly, more research is needed. The review found very little detail about how stigma may affect people differently based on gender, cultural background, or specific types of hearing loss. Future studies should explore these differences and guide the design of tailored, effective interventions.

From The Stigma of Hearing Loss: A Scoping Review of the Literature Across Age and Gender.

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For an older Australian who has hearing challenges or uses sign language to communicate, navigating My Aged Care can feel like running an obstacle course designed for someone else.

Barriers emerge from the first phone call to the last written notice. Yet, these obstacles can be overcome with the proper support – relay services, Auslan interpreters, informed staff, and advocacy assistance.

This article is a summary of Deafness Forum Australia's recent submission to a review into the administration of My Aged Care, undertaken by the Office of the Inspector-General of Aged Care. The Government was interested in Deafness Forum's insights on specific access issues for navigating the My Aged Care process to the point of booking and receiving an aged care assessment.

Effective communication is fundamental at every step of the aged care journey. For older Australians who are Deaf or hard of hearing, barriers can arise right from the initial contact with My Aged Care.

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This government gateway is typically accessed via a website or national phone line, which can pose obvious challenges if you have difficulty hearing. While My Aged Care does offer aids like the National Relay Service and sign language interpreting, consumer feedback suggests these supports, while helpful, don't always eliminate the obstacles in practice.

This raises the need for continuous improvements: ensuring My Aged Care contact methods are user-friendly for the hearing impaired, streamlining the representative process, offering alternative assessment pathways, and delivering information in formats people can understand. It's about ensuring older people with hearing impairments don't fall through the cracks of a complex system.

Recent Progress in Accessibility

In recent years, meaningful efforts have been made to improve accessibility. For instance, My Aged Care has implemented Auslan video interpreting services, allowing Deaf, Deafblind, or hard-of-hearing individuals to contact them through a free three-way video chat with an Auslan interpreter. The National Sign Language Program has expanded to include free sign language interpreting and captioning services for health and medical appointments for eligible older individuals.

A program by COTA Victoria proved that when information was delivered in Auslan and face-to-face support provided, Deaf elders eagerly engaged and took control of their care. This outcome highlights the importance of ongoing enhancements to communication methods.

How Does Aged Care Compare to Other Systems?

When examining accessibility practices, comparing My Aged Care with other support systems in Australia is helpful. One key comparison is with the National Disability Insurance Scheme (NDIS), which serves people with disability under 65 (at the time they joined the Scheme).

The NDIS generally offers more individualised support for communication needs.

A common criticism has been that older Deaf people who were not eligible to join the NDIS (because they were older than 65) were left worse off than their younger counterparts due to the aged care system not initially covering Auslan interpreters or specialised technology. This gap has started to close with initiatives like the National Sign Language Program, which essentially imports best practices from the disability sector by providing interpreters as fundamental support.

Another point of comparison is healthcare services. Hospitals in Australia are expected by policy to provide interpreters for Deaf patients under the Disability Discrimination Act. While compliance varies, the principle is recognised. The aged care system has followed suit by acknowledging the right to communication access during assessments and care. Some state-run senior support programs also prioritise accessible communication.

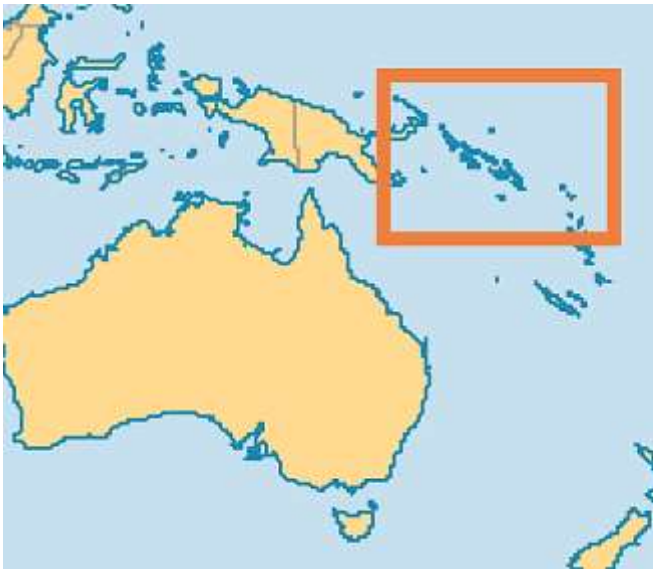
The Need for Further Improvements

Despite progress, My Aged Care relies heavily on individuals proactively requesting accommodations. Other systems, like the disability sector, embed communication support as a default. Within aged care facilities, accessibility varies widely. Some residential homes have staff trained in assisting people with hearing challenges and those who sign, while others lack basic communication strategies.

To bridge these gaps, My Aged Care will continue adapting. Simplifying processes, ensuring proactive support, and providing accessible information will allow these older Australians to access care with dignity, autonomy, and full understanding at every step.

By committing to continuous improvements, My Aged Care can ensure that Deaf and hard-of-hearing Australians are not left behind in a system meant to support them. The ultimate goal is an aged care system that listens to all its users.

True Solomon Islands Signs



In the Solomon Islands, Lilly Simon and Jonathan Bia, both deaf, face daily challenges due to widespread misunderstanding and discrimination. Together, they have authored a unique children's book, "Going to the Market."

The book is written in Solomon Islands Sign Language, English, and Pijin. It aims to educate and connect communities by illustrating local signs for everyday items like taro and cassava.

Jonathan finds doors to jobs closed due to his inability to hear. This rejection is common, leaving many local deaf individuals jobless and confined to their homes.

Lilly relates similarly harsh realities, saying the mental health toll and social isolation that come with being deaf in the Solomon Islands.

"Many people here do not understand about deafness," Lilly told Stories from the Pacific. She describes the scorn they often face, which can lead to feelings of shame and diminished self-worth.

The book they created does more than teach sign language: it bridges a gap between the hearing and people who are deaf or hard of hearing, showcasing the talents and potential within the local deaf community.

Jonathan's illustrations bring the signs to life, providing a visual connection to the local language of signs. Lilly's writing offers insights into the cultural significance of each sign. For instance, the sign for taro involves scratching your throat, a nod to the tingling sensation one feels when eating it. The sign for cassava is demonstrated by mimicking the peeling of its bark and preparing it for cooking.

"Going to the Market" is a tool for change, promoting understanding and respect for the deaf community in the Solomon Islands.

Through their creative efforts, Lilly and Jonathan aim to reduce stigma and empower other deaf individuals by showing that their contributions are valuable and that they, too, deserve to be seen and heard in all aspects of life.

From Meet the two deaf Solomon Islanders teaching local sign language in a new book.

Identity, Pride and Community

A vibrant new festival is making history by bringing together the Deaf LGBTQIA+ community to celebrate identity, culture and pride. The inaugural Deaf Queer Festival offers a groundbreaking space where Deaf queer Australians can fully express themselves and be seen, heard, and celebrated.

Held at the Victorian Pride Centre from 2 to 4 May, the festival centres on Deaf voices and ensures accessibility at every step.

Stuart Anderson, a proud Deaf gay man, led the vision for the festival after recognising the need for more spaces where deaf LGBTQIA+ people could connect without barriers. He helped build a weekend that focuses on empowerment, community and self-expression with a team of volunteers from Victoria and beyond.

Accessibility has been embedded throughout the event planning — not as an afterthought but as the festival's heart. Every event is Auslan-interpreted or led by Deaf presenters, visual sightlines are prioritised, and all materials are designed to include different languages and literacy levels.

The packed three-day program features performances, talks, workshops and community events. A significant highlight is the Australian debut of *Deafies in Drag*, a US-based duo known for their political, hilarious performances that celebrate Deaf and queer identity. An Auslan-led tour of the Victorian Pride Centre also offers visitors a Deaf perspective on the Centre's history.

Workshops dive into topics like Deaf Queer identity, performance art, and storytelling, while panel talks provide opportunities for community conversations. Saturday night will host a vibrant Mask Night of costumes and dance, and Sunday wraps up the festivities with a Family BBQ and Deaf Market, featuring stalls from Deaf queer creatives and organisations.

"Whether that's through Auslan, visual storytelling, or accessible workshops and performances," Stuart Anderson said.

"Hearing and/or non-queer allies who come with open minds and hearts are not just welcome; they're part of the bigger picture.

"We want this festival to be a learning space too, helping others understand deaf culture, queer identity, and the intersections in between.

Check out the full program and further details here.

This article is adapted from a summary of the First Deaf Queer Festival celebrating our LGBTQIA+ Deaf community.

Having a Baby Is Changing Under Trump

Newborn hearing screening has transformed early childhood health, but major funding cuts in the United States put these essential programs at risk.

by Alana Semuels for TIME

Shortly after a baby is born, they are usually given two important health tests: one for signs of problems with hearing and one for a range of rare but serious health conditions. Early testing gives children a better chance at a healthy life because it means support can start straight away.

However, major cuts to government health agencies in the United States could put newborn hearing tests at risk. Public health experts are warning that if these cuts continue, some states may stop testing for hearing loss or responding quickly when problems are found.

Why Early Hearing Tests Matter

Before the 1990s, hospitals did not routinely test newborns for hearing loss. Many children with deafness (total hearing loss) or significant hearing problems were not diagnosed until they were 2 or 3 years old. By then, it was much harder for them to develop spoken language, reading, and social skills.

Today, almost all babies in the U.S. are tested for hearing loss before they leave hospital. This early testing is a huge success story for public health.

Early intervention programs (programs that provide help as soon as a problem is found) are crucial. Babies who are found to have reduced hearing can be given hearing aids, cochlear implants or specialist therapy to help them learn spoken language skills.

Cuts to a Key Program

The Early Hearing Detection and Intervention (EHDI) program has played a major role in making early hearing checks a normal part of hospital care. Run by the U.S. Centers for Disease Control and Prevention (CDC), EHDI worked with hospitals and health services to organise hearing tests, track babies who needed follow-up, and collect important data to make sure children didn't fall through the cracks.

But in April, the CDC cut about 2,400 jobs as part of a wider government reorganisation. Almost all staff working on EHDI were made redundant. Now, there are no staff left to process state funding applications or coordinate the national hearing screening program.

Without the CDC's support, some states may struggle to continue their programs. In a recent survey, 18 U.S. states said they would have to shut down their newborn hearing screening programs

if federal funding disappeared. Another 37 states said the loss of funding would cause serious problems. But even if hospitals continue basic hearing checks, there is a real risk that babies who need urgent support won't be properly followed up.

"If babies are screened but no one follows up when they fail the test, the screening is wasted," says Donna Smiley from the American Speech-Language-Hearing Association.

The Bigger Picture: Early Testing for Rare Diseases Also at Risk

Newborns are also screened for rare diseases (very uncommon health conditions) that can cause serious problems if not treated early. This is often done using a simple heel-prick blood test. The number of conditions screened for varies from place to place. For example, some U.S. states screen for up to 38 rare diseases, while others test for fewer.

A national committee, called the Advisory Committee on Heritable Disorders in Newborns and Children, recommended which conditions should be screened for across the country. However, the Trump Administration recently shut this committee down. Without the committee, no new conditions can be added to the recommended list, meaning that families could miss out on life-changing early diagnosis and treatments like gene therapy (a medical treatment that changes a person's genes to treat or prevent disease).

One mother, Lesa Brackbill, knows this pain firsthand. Her daughter, Victoria, was born in a U.S. state that did not screen for Krabbe disease (a rare condition affecting the nervous system). By the time doctors discovered the cause, it was too late. She died at just 15 months old. Had she been born in a neighbouring state that screened for Krabbe disease, Victoria could have received stem cell therapy to slow or stop the disease.

Early testing can offer hope, not just despair.

Hearing Screenings Must Stay Strong

Hearing health advocates fear that newborn hearing checks will suffer similar setbacks if programs like EHDI are not properly funded and supported. Early detection allows babies with hearing loss to access life-changing support during their critical early years of learning. Without strong national coordination:

- Some babies with hearing loss may be missed.
- Families may not receive clear advice on treatment options.
- Children may miss the vital window for early therapy, making it harder for them to learn spoken language.

Federal funding is authorised until 2027, but if staff aren't in place to manage the program, the money might not reach where it's needed most.

What Happens Next?

The U.S. government says it is reorganising health programs to "improve efficiency" through a new body called the Administration for a Healthy America (AHA). However, many health workers and advocates are worried that crucial programs like newborn hearing checks, rare disease screenings, and data collection on maternal health will be damaged or lost.

Data from programs like EHDI and PRAMS (Pregnancy Risk Assessment Monitoring System) have been vital for understanding and improving health outcomes for babies and mothers. Losing these programs would mean losing decades of important work and could leave gaps in health services for the most vulnerable families.

As Australia also watches global trends in newborn health care, these U.S. cuts are a timely reminder of how fragile essential health programs can be - and why continued support for newborn hearing screening and follow-up care is critical.

Silence to Symphony

Dame Evelyn Glennie, a Scottish percussionist and composer has collaborated with renowned artists and orchestras, covering a range of genres from concertos for percussion to improvisations with folk and pop bands.

Glennie began losing her hearing at the age of eight and is now profoundly deaf. She experiences sounds differently, utilising visual cues and her heightened ability to feel vibrations to distinguish musical pitches. Her website explains, "Hearing is basically a specialized form of touch. The low sounds I feel in my legs and feet, and high sounds might be particular places on my face, neck, and chest." This unique sensory input allows her to engage with music on a different but profoundly connected level.

During performances, Glennie uses visual signals from other musicians to anticipate their actions. For instance, the aggressive motion of a violinist's bow or a percussionist's significant gesture usually precedes a loud sound. These visual cues are vital for coordinating with ensembles and ensuring seamless performances.

Glennie's work is crucial in breaking down the myths surrounding deafness and music. She emphasises that while hearing may be a medical condition, listening is an active choice involving more than just the ears. Her approach demonstrates that deaf individuals experience and appreciate music through sensory interactions, including tactile feedback and visual elements.

Glennie's efforts extend beyond personal achievements. She actively participates in creating more deaf-friendly environments in the music industry, making adjustments in her studio to ensure clear visual communication during collaborations. This includes positioning setups to avoid obstructed views, ensuring she and her collaborators can see each other clearly to catch subtle cues and respond effectively.

Glennie's narrative challenges the conventional understanding of sound and music perception. As technology advances, it opens up new avenues for inclusion, allowing individuals to experience music through visual patterns, haptic gear, and combined sensory inputs.

Evelyn Glennie's life and work highlight the expansive nature of music as an art form that is accessible and enjoyable for all, regardless of hearing ability.

From New album explores the sound world of deaf artists, highlighting different ways of listening

A recent study by the University of Miami has unveiled promising insights into spoken language development in children with cochlear implants, offering hope for more effective interventions.

The research reveals that early exposure to shape-based nouns, like 'chair' or 'cup', can significantly enhance spoken language skills over time.

The study observed that children with cochlear implants who learned more shape-based nouns expanded their vocabulary faster and markedly improved grammar.

"Learning more shape-based nouns seemed to affect how many words they knew and their grammar skills," explained researcher Lynn Perry. Interestingly, the impact of these nouns was more pronounced in children with cochlear implants than in those with ordinary hearing.

This Matters

Children with severe hearing loss often encounter language development challenges due to delayed access to speech sounds. While cochlear implants help bridge this gap, outcomes vary significantly among children. The Miami study identifies focusing on shape-based nouns as a promising avenue for accelerating language acquisition and helping these children catch up with their peers.

Strategies for Parents and Educators

Parents and educators can adopt several strategies to foster language skills:

- Emphasise shape-based learning by using objects like blocks, cups, and balls during playtime and frequently naming these items.
- Engage in interactive storytelling using picture books highlighting shape-based nouns, encouraging children to identify and name objects.
- Combine visual and auditory clues, such as gestures or pictures, alongside spoken words to enhance understanding.

Implications

While the study establishes a strong correlation between shape-based nouns and language development, further research is needed. Understanding why some children more readily learn these nouns could refine intervention strategies, benefiting all learners.

This research highlights a viable pathway to narrowing the language development gap for children with cochlear implants. By focusing on specific types of vocabulary early on, these children can be equipped with the essential tools for thriving in language acquisition.

From [The Asian Parent]

The unheard reality of invisible disabilities

Founder of the new Accessibility Taskforce, Joshua Potter highlights the challenges faced by professionals with invisible disabilities in architecture and proposes a number of strategies to make change. Joshua shares his own experience as a person with hearing loss and calls for others to join the Taskforce to help dismantle barriers, amplify voices and create a more inclusive, equitable future for our profession.

In 2022, the Australian Bureau of Statistics revealed a sobering reality: 5.5 million Australians live with a disability or long-term health condition, and just under 3 million of these individuals are active participants in the workforce. This means that one in every five people contributing to Australia's economy is navigating their workplace with a disability or ongoing health challenge.

I am one of those people. I am profoundly deaf in both ears. My hearing loss began unexpectedly in 2016, at the age of 27, while I was completing my Master's in Architecture in London. Balancing the demands of full-time work, university deadlines, and social commitments was already challenging, but the onset of hearing loss added a new layer of complexity. Over time, my hearing has deteriorated further, leaving me reliant on hearing aids and lip-reading to communicate. Without these, my world becomes muffled and distant, as though I'm submerged in water.

Navigating my changing circumstances in a profession like architecture – where collaboration is a constant and clear communication essential – has been a journey fraught with obstacles. Many of these obstacles are shared by others in the industry who also live with invisible disabilities.

The data

Some of you reading this may also be among the 20% of Australian workers with a disability. If so, you likely understand the unique challenges of navigating public transport, workplaces and schools within systems that were neither designed by nor for those with diverse needs. For those in the remaining 80%, I encourage you to pause and reflect. How would your daily life change if you suddenly developed a condition like fibromyalgia, which causes chronic pain and fatigue, or lost a critical sense such as sight or hearing? Imagine trying to navigate a workplace that doesn't offer remote work options, forces you to commute on inaccessible public transport,

or disregards hypersensitivity to sensory stimuli. How would you adapt, and what would you do in a workplace that refused to accommodate your new needs?

Unfortunately, this is the reality for many individuals with invisible disabilities. While national data provides a broad overview of workforce participation for people with disabilities, the architectural profession lacks the detailed insights needed to fully understand and address the challenges faced within the field. While industries such as healthcare and education have made strides in understanding and addressing barriers, architecture continues to lag behind. Australia's ranking of 21st out of 29 nations in the Organisation for Economic Cooperation and Development's list for employment participation of people with disabilities underscores the systemic challenges that persist across all sectors, including our own.

The Australian Institute of Architects (AIA) has recently taken steps to address the glaring lack of data on disability within the profession. In 2023, as part of the National Committee for Gender Equity initiative, the Institute surveyed 1,673 respondents, representing 12% of its membership. The survey revealed that just over 10% of respondents identified as having a disability, evenly split across gender. Additionally, 20% of LGBTIQ+ respondents reported having a disability, compared to 9% of cisgender, heterosexual respondents. While this data provides an important starting point, it also highlights significant gaps in understanding the full experiences of architects and students with disabilities.

Lived experience

My experiences as a person with hearing loss reflect broader patterns of barriers faced by individuals with disabilities in the architecture profession. Throughout my education and career, I've had to repeatedly explain my disability to colleagues and managers, often encountering scepticism, inappropriate responses (like shouting!), and a lack of institutional understanding. Accommodations at university and work were inconsistently provided or entirely overlooked, and assumptions about my needs led to situations like being denied a phone at work because it was presumed unnecessary.

I have also faced exclusion from off-site visits, often justified by 'safety concerns', which limited my career progression. Virtual meetings posed additional challenges, as poor audio quality and reliance on subtitles caused delays that some interpreted as unprofessional. Misconceptions about my hearing aids trivialised my condition, with managers comparing them to needing glasses, and I noticed a clear disparity in treatment – senior professionals with hearing loss were often respected due to their tenure, while younger professionals like myself faced heightened scrutiny and questioning.

- **Understanding the Landscape**: Collecting robust data to assess the prevalence and experiences of individuals with disabilities in the profession.
- **Advocating for Systemic Change**: Promoting inclusive policies in education, licensure and workplaces.
- **Providing Resources**: Developing accessible design tools, case studies and training modules to improve inclusivity in architectural practices.
- **Raising Awareness**: Reducing stigma through storytelling and campaigns that amplify the voices of professionals with lived experience.
- **Building Support Networks**: Creating mentorship programs and peer networks to empower individuals with disabilities.

If the profession can embrace the lived experiences of people with disabilities – much like it has engaged First Nations voices through Reconciliation Action Plans – it has the potential to transform not only how we work but also how we design. Just as First Nations perspectives have enriched community-focused and context-driven design, incorporating the insights of people with disabilities can drive greater accessibility and equity in the built environment.

Architecture must move beyond surface-level inclusivity and address the systemic barriers embedded in its education, training and practice. By doing so, we can build a profession that uplifts everyone and reflects the full spectrum of human experience.

If you share this vision, I invite you to join the Accessibility Taskforce. Together, we can dismantle barriers, amplify voices, and create a more inclusive, equitable future for our profession.

Find out more about the taskforce and its objectives.

Joshua Potter, living and working on Gadigal Land, is a committed advocate for equity, diversity and inclusion in architecture. He co-chairs the NSW Gender Equity Taskforce, represents NSW on the AIA's National Committee for Gender Equity, and founded Parlour's Accessibility Taskforce.

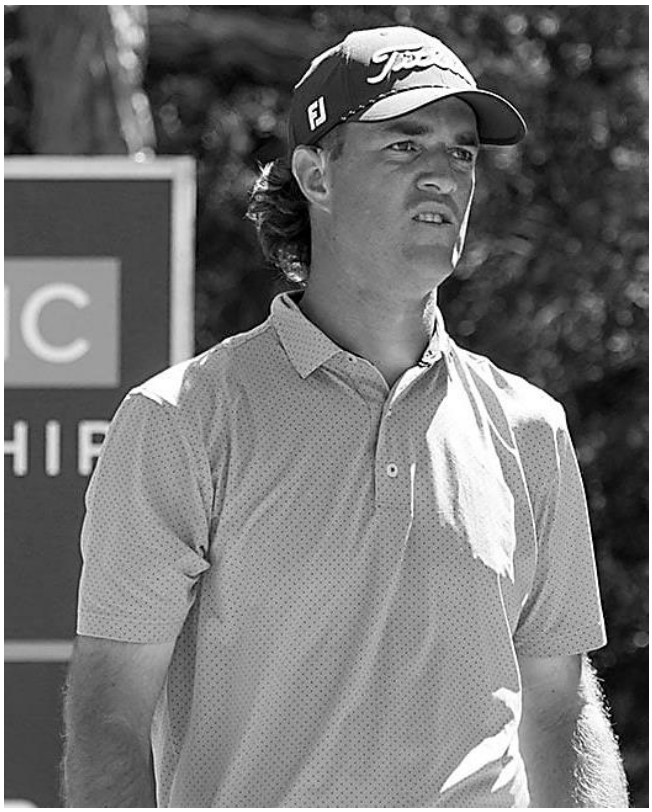
As someone who is hard of hearing, Joshua draws on his lived experience to champion accessibility and inclusion, driven by his belief in architecture's power to create positive societal change.

> "By moving beyond surface-level inclusivity tactics, we can build a profession that uplifts everyone and reflects the full spectrum of human experience."
>
> Joshua Potter

This article was originally published by **Parlour**. Read the original version here.

To learn more about the **Accessibility Taskforce**, led by Joshua, visit this link.

Parlour ANNEXE / Accessibility Taskforce



Jack McLeod, a golfer from Sydney's Northern Beaches, has transformed his hearing loss into a source of inspiration, redefining what's possible on the green.

Adapted from Australian Golf Digest, April 2025 edition.

In the world of professional golf, where precision and communication are paramount, playing with hearing loss presents unique challenges. Yet, for Jack McLeod, these challenges have become opportunities to inspire and lead by example.

In a moving reflection shared in *Australian Golf Digest*, Jack tells of how he was born profoundly deaf due to his mother's contraction of the rubella virus during pregnancy. At 12 months old, he received a cochlear implant on his right side, followed by another on his left at age 11. Jack learned to navigate the hearing world with determination and resilience while opting for mainstream education.

His passion for golf ignited at age seven when his mother introduced him to Avalon Golf Course. By nine, he had joined Bayview Golf Club, setting the stage for a remarkable career. At 16, Jack clinched the World Deaf Golf Championship in Japan, a testament to his skill and perseverance.

Despite the hurdles, such as difficulty hearing caddies or course announcements, Jack never viewed his hearing loss as a limitation. Instead, he embraced it:

"Being an example of what we can achieve is a big thing."

His experiences have shaped his approach to the game and positioned him as a role model for others facing similar challenges.

Jack's achievements extend beyond personal accolades. He has become an advocate for accessibility in golf, encouraging clubs and tournament organisers to adopt more inclusive practices.

As Jack continues to compete at national and international levels, his journey is a powerful reminder that success is not defined by the absence of obstacles but by the courage to overcome them and pave the way for others.

You can read the full article, authored by Jack McLeod with Tony Webeck, here.

Hearing Services Program: A National Lifeline in High Demand

The Australian Government's Hearing Services Program continues to play a vital role in supporting Australians with hearing loss.

Through the Voucher Scheme, eligible people — including pensioners, veterans, and NDIS participants — can access subsidised hearing assessments, hearing aids, fitting services, and follow-up support from accredited providers.

Vouchers issued under the program help cover the cost of these services, improving access to hearing care for those who might otherwise face barriers. This includes both new clients entering the program and returning clients who require ongoing support to maintain their hearing health.

"This is a valuable program that continues to make a meaningful difference," said Jane Lee, National Manager of Health Programs for Deafness Forum Australia. "Our organisation recognises its importance and supports its continued availability for eligible Australians."

A Program in High Demand

Recent data from July 2024 to March 2025 shows that **more than 672,000 people** accessed services through the Voucher Scheme, an average of over 74,000 clients each month.

Over **102,000 new vouchers** were issued in that time, with the highest uptake in New South Wales, Victoria, and Queensland. In addition, nearly **166,000 return vouchers** were issued, showing strong ongoing engagement from existing clients.

More than **327,000 hearing devices** — including hearing aids and assistive listening devices — were fitted, replaced, or issued as spares under the program during the reporting period.

T-Coils and Hearing Loops: A Vital Feature Protected for Now

While emerging technologies like Bluetooth Auracast™ are gaining attention, many Australians still depend on telecoil (T-coil) functionality in their hearing aids to connect with hearing loop systems in public places. These systems can provide clearer sound in environments where background noise poses challenges, like theatres, train stations, and houses of worship.

Some advocates have raised concerns about the availability of T-coils in newer devices. However, a recent review of the Minimum Specifications of Hearing Devices commissioned by the Department of Health and Aged Care and conducted by the National Acoustics Laboratory (NAL) has noted the ongoing importance of established technologies like T-coils. The department has confirmed there are currently no immediate changes to the minimum specifications for devices at funder under the program at this time. Any changes would be considered as part of a new online portal rollout in 2027.

"It is encouraging to see that the value of established accessibility features like telecoils has been considered in this review," said Ms Lee.

"As technology evolves, it's important that people who rely on current accessibility features are not disadvantaged. We support a balanced approached to emerging hearing technology that meets the needs of the diverse people who rely on these services."

Deafness Forum continues to advocate for a hybrid approach to hearing technology — one that supports future innovations while safeguarding current systems that people depend on every day.

Could Vaccines Help Prevent Hearing Loss?

Vaccines are best known for protecting us from deadly illnesses like measles, rubella, and meningitis. But what if they could also help prevent hearing loss—especially in children and young people?

A team of researchers set out to answer that question, and their findings are both encouraging and urgent. While vaccines are already known to prevent some diseases linked to hearing loss, this review reveals a much broader potential for vaccines to protect hearing health than most people—and health systems—realise.

Hearing Loss: A Growing Global Challenge

Hearing loss affects more than 1.5 billion people worldwide, including over 70 million children under the age of 15. Although it can affect anyone, hearing loss in childhood is especially serious. If not diagnosed and managed early, it can limit a child's ability to develop spoken language skills, succeed in school, and interact socially, creating long-term impacts throughout life.

Many people think of hearing loss as a condition that comes with age. However, in low- and middle-income countries, childhood hearing loss is often caused by infectious diseases that could be prevented. This is where vaccines come in.

Vaccines and Hearing: What We Know

Diseases like rubella, measles, meningitis, mumps, and pneumococcal infections can cause serious complications, including permanent hearing loss. Vaccines for these diseases are already in use around the world. Rubella and mumps vaccines are well known for helping reduce hearing loss at the population level.

But this recent review uncovered something important: many other vaccines, both existing and in development, also have the potential to protect against diseases that can harm hearing. The problem is that most studies don't measure hearing outcomes when testing vaccines. That means we don't have enough data to understand how much protection vaccines might offer for hearing fully.

Promising, but Understudied

The review found evidence that at least 26 different pathogens (disease-causing organisms) linked to hearing loss may be preventable through vaccines. These include viruses and bacteria known to cause middle ear infections, meningitis, or other conditions that can damage the structures in the ear responsible for hearing.

But there is a catch: only **nine studies** in the past four decades have examined the link between vaccines and hearing outcomes. Of those, most focused on rubella, mumps, and pneumococcal infections and were conducted in only a few countries.

None of the research came from low- and middle-income countries, even though these regions carry the biggest burden of childhood hearing loss.

A Missed Opportunity in Global Health

Routine immunisation is already one of the most widely used and cost-effective public health tools. Vaccines are often designed and evaluated based on whether they prevent death or serious illness, but what if we also measured whether they prevent lifelong disability, such as hearing loss?

This review suggests we may be missing a huge opportunity to use vaccines more strategically to protect children's hearing, especially in countries with limited hearing care or assistive devices like hearing aids.

New vaccines that have recently become available, including those for meningitis, malaria, and respiratory syncytial virus (RSV), might also help prevent hearing loss. However, unless future studies include hearing loss as an outcome, we won't know for sure.

What Needs to Happen Next

The researchers make several recommendations for next steps:

1. **More research with better data**: Future vaccine studies should include hearing loss as a possible outcome. This includes both clinical trials and large public health studies.
2. **Focus on high-need areas**: Since the burden of childhood hearing loss is highest in low- and middle-income countries, future research and investment should be directed there.
3. **Use consistent measures**: Hearing loss should be measured using standard, reliable methods to compare results across different studies and countries.
4. **Widen the lens in economic studies**: When governments consider introducing or scaling up vaccines, they usually consider how many lives will be saved. These studies should also consider how many cases of disability, including hearing loss, might be prevented.

A Call to Action

Vaccines sometimes protect hearing, and they could do much more. But until more research is done and hearing is taken seriously as a key health outcome, we won't unlock the full potential of vaccines in preventing one of the world's most common and costly disabilities.

Health authorities and researchers can begin including hearing outcomes in vaccine studies and policy planning. Without this, we risk missing a powerful opportunity to reduce preventable hearing loss, particularly in low- and middle-income countries with limited access to hearing care.

We need more research that asks: Can this vaccine reduce hearing loss? If so, by how much?

Governments and health systems should expand vaccine coverage and prioritise hearing health in immunisation programs. The tools are in place, but what is missing is the recognition that protecting hearing can and should be part of global vaccination efforts.

Preventing hearing loss through vaccines is practical, cost-effective, and urgently needed.

This article is based on a global scoping review conducted as part of the Lancet Commission on Hearing Loss. The review calls for urgent attention to vaccination as a strategy for hearing loss prevention, particularly in low- and middle-income countries. From Vaccination for prevention of hearing loss: a scoping review.

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We recognise the unacceptably high rates of ear and hearing conditions that continue to impact First Nations communities, particularly their children, at rates far greater than the general population. We honour the leadership and resilience of Aboriginal and Torres Strait Islander communities in addressing these challenges and their unwavering commitment to improving the hearing health of future generations. We commit to listening, learning, and working in genuine partnership to support community-led solutions that are culturally safe and driven by the wisdom of First Nations peoples.