Grades of Hearing

<table>
<thead>
<tr>
<th>Grade of hearing</th>
<th>Loudness (dB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>≤25</td>
</tr>
<tr>
<td>Mild</td>
<td>26-40</td>
</tr>
<tr>
<td>Moderate</td>
<td>41-55</td>
</tr>
<tr>
<td>Moderately severe</td>
<td>56-70</td>
</tr>
<tr>
<td>Severe</td>
<td>71-90</td>
</tr>
<tr>
<td>Profound</td>
<td>&gt;90</td>
</tr>
</tbody>
</table>

Audiometry Monitoring Schedule for DR-TB Patients on Injectables

1. Baseline screening audiometry
2. Monthly audiometry follow-up until completion of the injectable
3. Post-treatment audiometry follow-up 3 and 6 months after discontinuation of the anti-TB injectable
Identifying and Managing Hearing Loss

Baseline audiometry at frequencies up to 8000Hz*

Normal hearing (≤ 25 dB)  Abnormal hearing (> 25 dB)

Month monitor symptoms (or more frequently) Vertigo, tinnitus, or beginning hearing loss

Symptomatic: Vertigo, tinnitus, or hearing loss

Temporarily stop the anti-TB injectable and refer to ENT specialist to rule out other causes (Otoscopy, tympanometry, audiometry)

Sensorineural hearing loss alone confirmed or mixed with conductive hearing loss

Normal audiogram or conductive hearing loss: confirmed: perforation, infection, obstruction

Continue anti-TB injectable and do weekly audiometry, and seek ENT management

Permanent stop the anti-TB injectable and consider replacing with Bdq, Lzd, Dlm with DR-TB Committee advice

Perform audiometry 3 and 6 months after stopping the injectable to monitor and manage late onset hearing loss, using hearing devices, sign language, etc.

* Individuals tested by audiometers beyond 8000 Hz and found to have hearing threshold of >25 dB at baseline are recommended to undergo more frequent audiometric monitoring, e.g., weekly or every 2 weeks. Any ototoxic change from baseline as defined above ** warrants discontinuation of the injectable.

1. Abnormal hearing of > 25 dB at any frequency or
2. Any of the following ototoxic changes from previous audiometry: **
   - Decrease in hearing threshold by ≥ 20 dB at any one test frequency
   - Decrease in hearing threshold by ≥ 10 dB at any two adjacent frequencies
   - Loss of response at three frequencies where responses were previously obtained