



# 2020 OTITIS MEDIA KEY MESSAGES FOR PRIMARY HEALTH CARE PROVIDERS

*Aboriginal and Torres Strait Islander health staff working with Aboriginal and Torres Strait Islander families are likely to have the greatest impact on reducing severe otitis media and assisting children with hearing loss.*

**1** Let families know that hearing is important for learning culture and language, for learning English and for getting a job. Aboriginal and Torres Strait Islander children are at greatly increased risk of persistent and severe otitis media (OM) and poor hearing that can affect their whole lives.

**2** Let families know that severe OM can be prevented with improved and less crowded living conditions, more hand and face washing, breast feeding, avoiding smoke exposure, and getting all vaccinations on time.

**3** Let families know the importance of attending the local health clinic as soon as possible whenever a baby or child develops ear pain or ear discharge.

**4** Let families know that they can ask for their child's ears to be checked, even when the child is well. Health care providers should use either pneumatic (video)otoscopy, or both (video)otoscopy and tympanometry whenever possible.

**5** Antibiotics (amoxycillin) are recommended for all children with acute otitis media with perforation (AOMwiP), and for children with acute otitis media without perforation (AOMwoP) if they are at high risk of chronic suppurative otitis media (CSOM). Antibiotics and regular review should be continued until the bulging and/or discharge have resolved. If discharge persists and the perforation size is bigger than a pinhole, topical antibiotic drops need to be added.

**6** CSOM should be diagnosed in children who have persistent ear discharge for at least 2 weeks. Effective treatment of CSOM requires a long-term approach with regular dry mopping or syringing of ear discharge followed by the application of topical antibiotics. Children with CSOM should be referred for ENT consultation.

**7** All children with persistent bilateral OM (all types) for greater than 3 months should have their hearing assessed, so that appropriate management and referrals can be planned.

**8** Let families of children with disabling hearing loss (>30dB) know the benefits of improved communication strategies, and options for surgical procedures and hearing aids.

**9** Let families know that all babies and young children learn to talk by hearing people. Babies and children with any type of OM may have problems with hearing and learning. Families can help by encouraging a lot of talking, storytelling, reading books and following their child's talking and stories.

**10** Aim to provide patients or families with the knowledge to help manage their own health needs. Use communication techniques, language translation and resources that facilitate true understanding.