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DEMOGRAPHIC SUMMARY OF THE RUBELLA DEAFENED POPULATION

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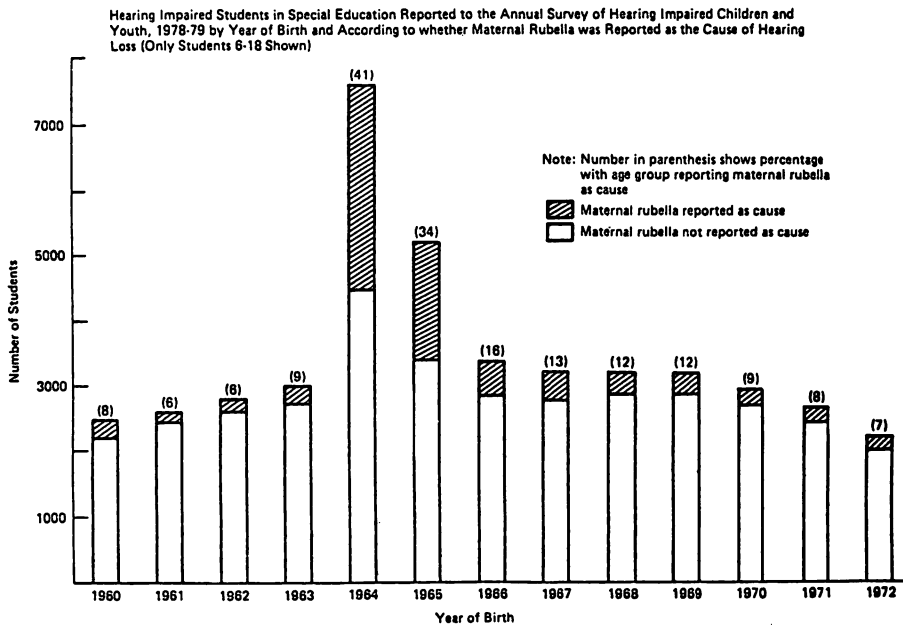
Most professionals have read a great deal of literature on the rubella epidemic of the mid-1960's. The demographics have not changed significantly, but I do want to emphasize certain points. This material is designed to refresh your memories and share information that will assist us in our considerations of the demographics of the rubella population and to bring together information that will contribute to co-workers and administrators who will be implementing the recommendations that result from your work.

The demographics of the 1964-65 rubella epidemic present a challenge to the field of rehabilitation that surpasses the challenge presented sixty years ago when our profession first became recognized by working with veterans of World War I. I do not believe that we have ever been faced with such a large number of persons with severe, long-term congenital disabilities as we are today. Many people fail to

fully realize the potential impact of this statement. Consequently, some rubella disabled people are not going to be served as they should be because of this lack of awareness. We have the opportunity to spread the word and make changes that will assist these people.

The mark of a good presentation is one that is short, informative and humorous. I plan to be short and informative, but the challenge of serving the rubella population is anything but humorous. Between 1963-65, at least 12,000 children were born deafened by rubella. One can easily conclude from this statement and Figure 1, taken from the work of Trybus, Karchmer, Kerstetter, and Hicks (1980) and the Office of Demographic Studies (1980), that there has been a significant increase in children born with rubella as the reported cause. Also evident is a significant increase in the number of births that do not report rubella as the cause. Many of these births may have resulted from

FIGURE 1



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undiagnosed rubella. Rubella births appear to follow a cycle where most births occur between September and January. This may account in part for the rise in reported deaf children born,

but not diagnosed as rubella births.

In Region IV and in each respective state, the dramatic rise in rubella births, as well as other unknown causes, is depicted in Table 1.

TABLE 1
Estimate Of Persons In Programs For The Hearing Impaired
Identified By Frequencies At Varying Birth Intervals and Etiology*

Region and State	Year of Birth Intervals								
	1960-62			1963-65			1966-68		
	Total	Rubella	Other and Unknown	Total	Rubella	Other and Unknown	Total	Rubella	Other and Unknown
REGION IV									
Alabama	112	7	105	189	42	147	128	16	112
Florida	261	24	237	685	251	434	355	74	281
Georgia	159	5	154	398	119	279	242	29	213
Kentucky	72	6	66	174	53	121	91	12	79
Mississippi	65	4	61	127	27	100	81	7	74
North Carolina	194	8	186	421	114	307	225	22	203
South Carolina	124	3	121	257	80	117	136	8	128
Tennessee	131	6	125	316	80	236	171	21	150
REGION IV TOTALS	1118	63 (6%)	1055	2567	766 (30%)	1801	1429	189 (13%)	1240

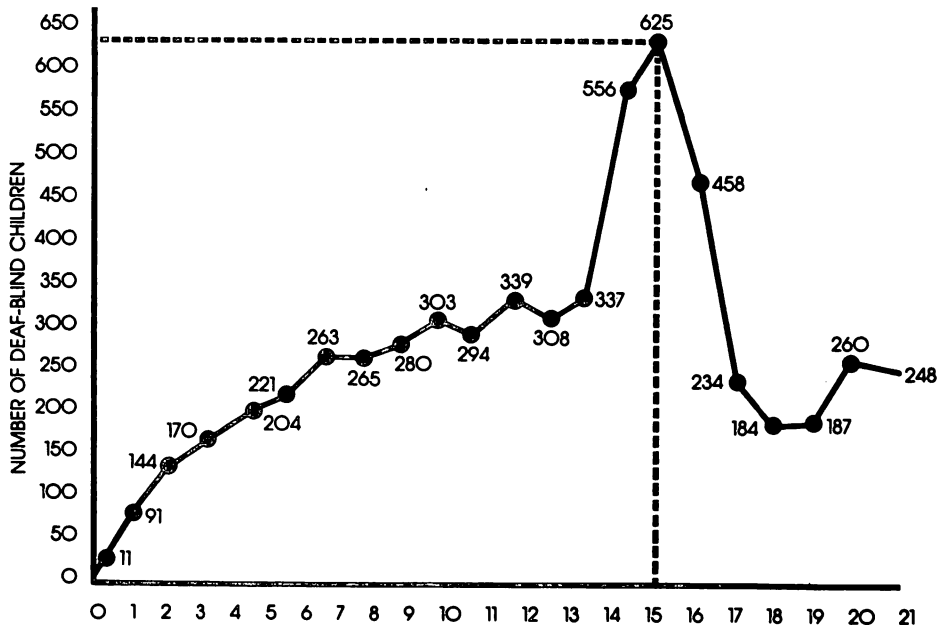
*(From the Office of Demographic Studies Annual Survey of Hearing Impaired Children and Youth)

These children, who were born in 1963-65, are now 16 to 18 years of age and entering the rehabilitation process. Many facilities and agencies are already finding these clients' needs are

placing a large demand on service delivery systems. The deaf-blind child represents another equally severe demand on the service delivery system. Figure 2, developed by Dantona (1980)

FIGURE 2

Total Number of Deaf-Blind Children By Age Distribution* February 1980



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and presented at the Helen Keller Conference demonstrates the number and ages of deaf-blind children. The deaf-blind child, ages 13 through 17, are more than doubling the numbers of people in need of comprehensive services.

Deaf-blindness is one of the severe multiple

TABLE 2
Prevalence Of Additional
Handicapping Conditions
By Cause Of Hearing Loss

Handicapping Condition ^a	Rubella	Rubella Not Reported
	(% of 8,478)	(% of 44,558)
Uncorrected visual problems and legal blindness	15	5
Brain damage	4	2
Epilepsy	1	1
Orthopedic	2	2
Cerebral palsy	4	3
Heart disorder	8	1
Other health impaired	3	4
Mental retardation	8	8
Emotional/behavioral	9	6
Specific learning disability (includes perceptual/motor disorder)	6	5
Other additional handicaps	2	2

^aHandicap categories are not mutually exclusive in that more than one handicap may be reported for a student.

disabilities found in the rubella population. The prevalence of additional handicapping conditions is demonstrated by Table 2. This information was developed by the Annual Survey of Hearing Impaired Children and Youth.

The information just presented represents an overview of some of the best information available to us. For more comprehensive treatment of the area one should review the publication of the Office of Demographic Studies, Gallaudet College, and Stuckless (1980). Dr. Ouellette presented the effects and characteristics of the rubella deafened population and provided a more descriptive picture of why we must modify and expand our rehabilitation delivery system to meet the needs of these clients.

In summary, we as rehabilitation professionals are faced with a challenge to serve a population that is going to test our ability to develop services that meet their needs. The field is understaffed and presently lacks many of the resources needed to do as we can see needs to be done. Rehabilitation settings are faced with at least twice as many deaf, deaf-blind, and multiply disabled clients. Their handicaps are severe and spiraling in their effect upon the person's ability to gain independent living. Appropriate and timely services provided by the rehabilitation delivery system are essential *now* to assist each one involved in reaching his potential.

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