TEXAS Health and Human Services | Texas Department of State Health Services

Medical and Research Library News
August 2026

Training opportunities

The webinars and online classes listed here are shared solely as opportunities to learn more information of interest to public health personnel. All times listed are in Central Time.

August 5, 2026; 1–2 p.m. Data Centers and Health: Understanding the Impacts and Taking Action.
Health professionals are increasingly concerned about the potential harms and impacts related to data centers and want to know how to respond. Join the Medical Society Consortium on Climate Change and Health, Healthy Climate Wisconsin, Physicians for Social Responsibility, Alliance of Nurses for Healthy Environments, and the American Public Health Association for a timely webinar series that will equip attendees with the knowledge they need to speak confidently about the health and environmental justice harms from the rapid buildout of data centers.

August 6, 2026; 12–1 p.m. Optimizing Cesarean Recovery to Support Breastfeeding and Lactogenesis – Dell Center for Healthy Living.
This webinar from the Michael & Susan Dell Center for Healthy Living will explore evidence-based anesthesia and recovery strategies that support maternal alertness, early skin-to-skin contact, breastfeeding initiation, and lactogenesis following cesarean birth. Participants will discuss multidisciplinary approaches involving obstetric, anesthesia, nursing, and lactation teams to enhance recovery and improve the breastfeeding experience for mothers and infants.

August 12, 2026; 1–2 p.m. From Problem To Prevention: Evidence-Based Public Health.
Curious about evidence-based public health (EBPH) but not sure where to start? This session from the Network of the National Library of Medicine (NNLM) will explain the basics of evidence-based public health (EBPH) and highlight essentials of the EBPH process such as identifying the problem, forming a question, searching the literature, and evaluating the intervention.

August 26, 2026; 11 a.m.–12:30 p.m. Cystic Fibrosis Newborn Screen: What a Primary Care Provider Needs to Know.
Early diagnosis of cystic fibrosis can significantly improve health outcomes and provide access to life-changing therapies. This presentation from the DSHS Grand Rounds program will provide attendees with current screening and diagnostic practices, the clinical manifestations and treatment of cystic fibrosis, and the collaborative care model that supports patients and families throughout their lives. Visit the Grand Rounds calendar to see information on upcoming sessions. Held monthly on the fourth Wednesday, sessions last 90 minutes with the final 20 minutes reserved for Q&A.

Websites and reports on trending topics

CDC Wonder is the CDC Wide-ranging ONline Data for Epidemiological Research that provides access to an array of public health information. Search for and read published documents on public health concerns, including reports, recommendations and guidelines, articles and statistical research data published by CDC. It has reference materials and bibliographies on health-related topics. Query numeric data sets on CDC's information systems via fill-in-the-blank webpages. Public-use data sets about mortality (deaths), cancer incidence, HIV and AIDS, TB, natality (births), census data and many other topics are available for query, and the requested data are readily summarized and analyzed.

Learning Express Library, available through TexShare databases, offers interactive training modules. It covers topics like math and writing skills but also includes training on computer software like the Microsoft Office programs, Adobe Illustrator, and Adobe Photoshop. Email the library for TexShare access information.

ProQuest Public Health is also available through the TexShare databases. It is designed to be the ideal starting point for public health information and research. With journals, news, trade publications, reports and more, it covers a wide variety of disciplines ranging from social sciences and biological sciences to business. Journal results are indexed from core literature collected from publishers using appropriate public-health terminology.

State Trackers - NASHP, from the National Academy for State Health Policy (NASHP), monitors and displays state-level actions, legislation, and policies related to various healthcare topics. These trackers help state officials, researchers, and the public understand how states are addressing key healthcare issues, such as Medicaid coverage, prescription drug costs, and health system consolidation. The trackers can be filtered by policy area, topic, and state.

Journal articles of note

Geracci JP, Knierim SM, Bowers AF, et al. Expanding access to prehospital blood products: a narrative review of clinical evidence, systems barriers, and statewide strategies. *Trauma Surg Acute Care Open*. 2026;11(2):e002321. Published 2026 Jun 26. doi:10.1136/tsaco-2026-002321

Abstract

Traumatic hemorrhage remains a leading cause of preventable death in the USA, and early administration of blood products improves outcomes in hemorrhagic shock. However, access to prehospital transfusion on ground ambulances remains limited and uneven. This narrative review synthesizes current clinical evidence, implementation barriers, and emerging models for prehospital blood use in the USA, with a focus on the potential role of statewide coordination within trauma systems. A targeted review of peer-reviewed literature, consensus guidelines, and system implementation reports was conducted, examining clinical efficacy, trauma system integration, regulatory frameworks, logistical considerations, reimbursement challenges, and statewide strategies. Approximately 3% of the 11,450 eligible US 9-1-1 ground emergency medical service (EMS) units currently provide prehospital blood transfusion, with access largely determined by local resources rather than patient need. Major barriers include logistical and stewardship challenges, lack of sustainable reimbursement pathways, absence of centralized data infrastructure, and the decentralized nature of the US blood supply. Clinical evidence supports the use of blood products for both traumatic and non-traumatic hemorrhage, demonstrating improvements in early hemodynamics and survival. Emerging efforts, including those led by the Prehospital Blood Transfusion Coalition and coordinated initiatives in states such as Texas, West Virginia, Florida, Delaware, and Colorado, highlight the feasibility of state-level implementation through shared governance, blood rotation strategies, and public investment. Overall, evidence supports the use of prehospital blood in selected populations, yet access remains limited and uneven. State-directed coordination represents a pragmatic framework to align existing blood centers, hospitals, and EMS agencies, although additional research, data integration, and national policy development are needed to guide broader implementation.

Han P, Benjamin RH, Ludorf KL, et al. Maternal smoking and preterm birth among infants with orofacial clefts. *Cleft Palate Craniofac J*. Published online July 27, 2026. doi:10.1177/10556656261471958

Abstract

Objective: To evaluate the associations between maternal cigarette smoking and preterm birth (PTB) among infants with orofacial clefts (OFCs).
Design: Population-based retrospective cohort study.
Setting: Using data from the National Birth Defects Prevention Study (NBDPS, 1997-2011 deliveries) and the Birth Defects Study To Evaluate Pregnancy exposures (2014-2021 deliveries), we evaluated the association between maternal smoking and PTB (<37 weeks) among liveborn infants with cleft lip with/without cleft palate (CL±P), cleft palate only (CP), or any OFC.

Participants: In total, 5618 liveborn infants with OFCs (3699 CL±P and 1919 CP).
Main Outcome Measure(s): Adjusted relative risks (aRRs) and 95% confidence intervals (CIs) were calculated using Poisson regression, adjusted for covariates. For each OFC group, smoking (any vs none) was evaluated during 5 pregnancy timepoints (eg, first trimester). Analyses were repeated for smoking intensity (none, 1-14, ≥15 cigarettes/day) (NBDPS only). Any smoking and smoking intensity were also evaluated for extremely-to-very (<32 weeks) and moderate-to-late preterm (32 to <37 weeks).
Results: Among infants with OFCs, 14.5% were born preterm. Heavy smoking (≥15 cigarettes/day vs none) in the second trimester was associated with PTB among infants with CP (aRR: 1.89, 95% CI: 1.03-3.45) and extremely-to-very PTB among infants with any OFC (aRR: 3.37, 95% CI: 1.47-7.73). Associations were generally stronger for CP than for CL±P, though imprecise.
Conclusions: Heavy smoking during the second trimester may increase the risk of extremely-to-very PTB in infants with OFCs and PTB among infants with CP, further supporting the importance of promoting maternal smoking cessation or reduction.

Richard MA, Luke B, Jaime E, et al. A population-based study of the co-occurrence of hypospadias and congenital heart defects among boys conceived with in vitro fertilization†. *Hum Reprod*. 2026;41(8):1440-1447. doi:10.1093/humrep/deag093
Abstract
Study question: Is there an association of co-occurring hypospadias and congenital heart defects (CHD) with method of conception?
Summary answer: There is a small excess risk for co-occurring hypospadias and CHD among boys conceived through in vitro fertilization (IVF) not fully explained by other risk factors.
What is known already: We previously reported a higher prevalence of major CHDs among boys born with hypospadias. Our previous analyses leveraged 3.7 million pregnancies recorded through birth defect registries in 11 US states but could not evaluate the role of IVF in the risks for these pregnancy outcomes. Simultaneously, in registry data linked to fertility parameters, we observed excess risk for hypospadias and CHD with conception by IVF. The rarity of co-occurring birth defects requires large sample sizes with key information on both IVF treatment parameters and maternal characteristics to differentiate their roles in birth defects.
Study design, size, duration: We conducted a population-based study of live births in four US states (Massachusetts, New York, North Carolina, and Texas) from 2004 to 2018 and linked to IVF cycles reported to the Society for Assisted Reproductive Technology Clinic Outcome Reporting System (SART CORS). Information on the treatment cycle included the use of autologous or donor oocytes, fresh or frozen embryos, male infertility diagnosis, and the use of ICSI. Non-IVF births were sampled 10:1 at the

time of IVF births. For the purposes of evaluating isolated and co-occurring hypospadias and CHD, our study included 731 838 boys born over the study period.

Participants/materials, setting, methods: State birth defect registries reporting British Pediatric Association codes were used to identify major birth defects. We formed four outcome groups: (i) boys with CHD alone, (ii) boys with hypospadias alone, (iii) boys with both (hypospadias-CHD), and (iv) boys without birth defects (comparison group). We used unadjusted and adjusted logistic regression to associate IVF conception with each outcome group relative to the common comparison group. Adjustments in each outcome model included backward elimination for birth year, plurality, maternal race/ethnicity, age, education, diabetes, hypertension, and parity. We additionally calculated the prevalence of CHD and hypospadias by IVF treatment parameters.

Main results and the role of chance: Among 731 838 boys, we identified 267 who had both hypospadias and a major CHD, 65 conceived through IVF and 202 controls. We observed strong unadjusted associations of IVF with hypospadias (OR 1.49, 95% CI 1.37-1.62), CHD (OR 1.64, 95% CI 1.49-1.81), and hypospadias-CHD (OR 2.63, 95% CI 1.39-4.69). The associations of IVF with isolated hypospadias and isolated CHD were attenuated, but not fully explained, after adjustment for key covariates (hypospadias adjusted OR 1.15, 95% CI 1.03-1.28; CHD adjusted OR 1.14, 95% CI 1.003-1.29). The adjusted association of IVF with hypospadias-CHD suggests a stronger association than for either defect alone (OR 2.16, 95% CI 1.17-3.99), and calculating the observed-expected multiplicative effect supports an excess risk for hypospadias-CHD co-occurrence among boys conceived through IVF (observed ratio 1.65 > expected ratio 1). Among boys with hypospadias, 4.4% (95% CI 4.0-4.8) of boys conceived without IVF also had a CHD, whereas 6.9% (95% CI 5.8-8.0) of boys conceived using IVF also had a CHD. We found that prevalence of CHD was highest among boys with the most severe form of hypospadias among those conceived with IVF (14.1% with CHD, 95% CI 5.5-22.6) or naturally conceived (10.8% with CHD, 95% CI 6.6-15.0). Calculating number needed to screen (NNS) suggests that incorporating information on hypospadias and method of conception could allow for targeted CHD screening opportunities (NNS range: 8-99). Description of fertility treatment parameters suggests the prevalence of hypospadias or CHD among boys conceived using frozen embryos (autologous or donor oocytes) is 2.8%, and is 2.7% among boys whose fathers were diagnosed with male infertility. For co-occurring hypospadias-CHD, the prevalence was highest among boys conceived using donor oocytes (both fresh or frozen embryos) and among boys whose fathers were diagnosed with male infertility, though the absolute risk remained low (0.09-0.12%). When further evaluating male infertility by the use of ICSI, we

found that ICSI use increased the risk for isolated or co-occurring defects regardless of an underlying diagnosis of male infertility.
Limitations, reasons for caution: Based on the rarity of co-occurring birth defects (0.08% prevalence of hypospadias-CHD among boys conceived using IVF), we were not able to fully evaluate IVF treatment parameters or subfertility for their role in the co-occurrence of hypospadias and CHD. However, we adjusted for maternal characteristics related to both birth defect risks and fertility. We further sought to characterize treatment parameters that warrant follow-up in future studies of health outcomes among children conceived using IVF.

Stanley S, Patrick RC, Elkan M, et al. Genomic epidemiology of two travel-associated pediatric measles viruses within the B3 Lineage. *J Clin Virol*. 2026;185:105966. doi:10.1016/j.jcv.2026.105966
Abstract
Background: Children's Hospital of Philadelphia (CHOP) identified a MeV case in late 2023 and also early 2025, both of which were associated with international travel. Of the 24 MeV genotypes, the B3 and D8 lineages have been the most prevalent globally since 2021. Initial genotyping indicated that the two CHOP isolates belong to the B3 lineage.
Objectives: To inform MeV molecular surveillance, we conducted a genomic epidemiology analysis to situate the CHOP strains within the global genetic landscape of past and present MeV B3 cases.
Study design: We performed whole-genome amplification, genome assembly, and phylogenomics of our two MeV cases. These strains were then analyzed alongside all 168 National Center for Biotechnology Information near-full length MeV B3 genomes using population and evolutionary genetic approaches. This dataset includes strains isolated from 13 countries between 2005 and 2025.
Results: The two CHOP strains form a monophyletic group with 39 other isolates from four countries; 36 clade members form a discrete network connected by a 15 single nucleotide polymorphism (SNP) cutoff. The CHOP clade shares a Q45H phosphoprotein mutation at a codon undergoing diversifying selection, as with a H593R hemagglutinin mutation carried by the 2025 CHOP strain. The CHOP clade likely diverged in 2019 and has a median root-to-tip distance of 0.020 compared to 0.017 for the other B3 strains, consistent with this clade encompassing the most recently divergent nodes.
Conclusions: Our work places the CHOP MeV cases within a diversifying and emergent global clade of the dominating B3 lineage that is a future risk due to ongoing B3 MeV transmission.

Bustrak S, Rodriguez JD, Yeung LF, et al. Availability of folic acid fortified corn masa products in selected areas in the United States. *Birth Defects Res*. 2026;118(6):e70084. doi:10.1002/bdr2.70084

Abstract

Objective: To assess the availability of folic acid fortified corn masa (CM) products across selected areas/regions in the United States for neural tube defects (NTD) prevention 8 years after voluntary fortification of CM products was permitted.

Methods: Geographic selection using US census data included areas with majority Hispanic census tracts in California (CA), Georgia, and Texas (TX). A largely rural county in CA, an urban county in TX, and the metropolitan Atlanta area were selected as study sites. Stores selling groceries and snacks in the selected areas were visited and surveyed for CM products. A mobile application was used to record product data, including product identifiers (e.g., brand name, product type) and folic acid information (e.g., presence and amount of folic acid, folic acid graphical design element). Analyses were performed using R studio.

Results: In the 111 stores surveyed, products identified included 50 distinct retail CM flour bags, 178 distinct corn tortilla products, 88 distinct tostada products, and 223 other distinct CM products. Fifty percent of distinct CM flour bags (25/50) were fortified with folic acid. Additionally, 1% (2/178) of tortillas and about 3% (3/88) of tostadas were fortified. No other fortified products were identified.

Conclusion: Almost a decade after voluntary folic acid fortification of CM flour was allowed, very few ready-made CM products assessed in this study were fortified. As states work to initiate changes to increase the availability of fortified products, continued assessment can help monitor the availability of fortified products for NTD prevention.

Crisp CA, Milton S, Lutz CS, et al. Notes from the field: Initial public health response to a measles outbreak in a close-knit West Texas community - January-February 2025. *MMWR Morb Mortal Wkly Rep*. 2026;75(23):300-302. Published 2026 Jun 18. doi:10.15585/mmwr.mm7523a2

Summary

What is already known about this topic?

Measles is a highly contagious respiratory virus that can cause serious illness. A measles outbreak occurred in Texas during January–August 2025.

What is added by this report?

During January 29–February 28, 2025, Texas reported 207 confirmed measles cases, primarily among members of a close-knit west Texas community. Most cases occurred among unvaccinated persons or those with unknown vaccination status. Measles, mumps, and rubella (MMR) vaccine and measles testing clinics were offered; however, community members

were hesitant to interact with public health and health care systems, and MMR vaccine acceptance was low. Educational materials on measles and measles prevention were developed and distributed.

What are the implications for public health practice?

In challenging community contexts, public health messaging intended to limit viral transmission and severe health outcomes could supplement standard control measures, including advising persons with suspected measles to avoid contact with other persons to prevent transmission and to seek medical care promptly.

Haas CB, Shiels MS, Luo Q, et al. Markers of immune function and survival among cancer patients with HIV in the United States: a population-based registry linkage study. *Clin Infect Dis*. Published online May 29, 2026. doi:10.1093/cid/ciag333

Abstract

Background: People with HIV (PWH) and cancer have greater cancer-specific mortality than patients without HIV, which may reflect effects of immunosuppression. We aimed to describe the associations between low CD4 cell counts and cancer-specific mortality in PWH with cancer.

Methods: We used linked data from HIV and cancer registries to study 12 common cancers in PWH in 14 registries in the United States and Puerto Rico in 2008-2019. We used Cox regression to estimate hazard ratios (HRs) for the association of CD4 counts measured after cancer diagnosis (0-49, 50-99, 100-199, and 200+ CD4 cells/mm3) with cancer-specific mortality, adjusted for demographic and cancer-related factors. We estimated 3-year cancer-specific cumulative mortality using Fine-Gray models.

Results: We evaluated 12,087 PWH and cancer (the most common being non-Hodgkin lymphoma [NHL, N=2311], prostate cancer [N=1681], and Kaposi sarcoma [KS, N=1423]). Cancer-specific mortality was significantly greater for individuals with a CD4 count of 0-49 compared to 200+ cells/mm3 for NHL (HR=1.82, 95%CI=1.30-2.53), prostate cancer (HR=3.98, 95%CI=1.56-10.15), KS (HR=4.16, 95%CI=1.49-11.67), lung cancer (HR=1.69, 95%CI=1.33-2.14), colorectal cancer (HR=2.79, 95%CI=1.58-4.92), and liver cancer (HR=1.44, 95%CI=1.01-2.70). For lung cancer, those with a CD4 count of 200+ cells/mm3 had 3-year cancer-specific cumulative mortality of 52% versus 72% for those with a CD4 count of 0-49.

Conclusion: Among PWH with cancer, cancer-specific mortality increased with lower CD4 counts, including for solid tumors not associated with HIV, e.g., prostate and lung cancer. These results highlight the role of immunity in control of cancer.

Maclin BJ, Pfeiffer RM, Luo Q, et al. Sex differences in cancer incidence among people with HIV infection in the United States. *J Natl Cancer Inst*. Published online June 12, 2026. doi:10.1093/jnci/djag185

Abstract

Objective: Males have a higher incidence of most non-reproductive cancers than females, which has often been attributed to differences in lifestyle or behaviors. We examined whether sex differences in cancer incidence are attenuated among immunocompromised adults.

Methods: Using data from population-based linkage study of HIV and cancer registries (2001-2019), we estimated male-to-female incidence rate ratios (M:F IRRs) among people with HIV (PWH) for 20 cancer sites. We used Poisson regression to adjust for age, race/ethnicity, calendar year, HIV transmission category, and HIV diagnosis year. We compared the M:F IRRs among PWH (M:F IRRPWH) to M:F IRRs in the general population (M:F IRRGP) with a chi-square test.

Results: PWH contributed 3,956,838 person-years of follow-up (53.6% among males, 46.4% among females). The M:F IRRPWH was significantly attenuated compared to the M:F IRRGP for 9 cancer sites: tongue (M:F IRRPWH 1.39 vs. M:F IRRGP 2.94; P<0.0001), oropharynx (1.80 vs 4.74; P<0.0001), esophagus (1.36 vs 3.43; P<0.0001), colon (0.90 vs 1.19; P=0.0002), liver (2.20 vs 4.22; P < 0.0001), larynx (1.50 vs 4.32; P<0.0001), lung (0.92 vs 1.39; P < 0.0001), bladder (1.21 vs 3.02; P<0.0001), and diffuse large B-cell lymphoma (1.35 vs 1.65; P<0.0001). Hodgkin lymphoma was the only site where the M:F IRRPWH was significantly larger than the M:F IRRGP (1.96 vs 1.45; P=0.0001).

Conclusions: Although the incidence of most cancers remained higher among male than female PWH, the sex difference was attenuated among PWH for 9 cancers, suggesting that important immune differences between males and females in the general population contribute to differences in cancer incidence.

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