



Medical and Research Library News July 2026

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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.

July 7, 2026; 12–1 p.m. What’s Working Right Now: Low-Cost Tools from Local Health Departments.

Join NACCHO’s webinar series to hear directly from local health departments sharing practical, budget-friendly approaches to tackling real-world public health challenges. This webinar will cover two tools:

Bend It Like REDCap: Leveraging REDCap to Build End-to-End Project Management Systems by Jennifer Lowe, Johnson County Department of Health and Environment.

Public health agencies are increasingly looking for low-cost tools to streamline operations and track program performance. In this webinar, the Johnson County Department of Health and Environment will share how they expanded REDCap beyond surveys to serve as a centralized system for project management and performance tracking. Learn how this internally hosted, no-cost solution is used to monitor requests, timelines, and key performance indicators across multiple programs and how similar approaches can support operational efficiency and reporting in your organization.

Mapmaking in R by Katherine Hathaway, San Antonio Metropolitan Health District (Metro Health).

Many local health departments lack the resources to invest in costly GIS software, creating barriers to mapping and spatial analysis. In this webinar, participants will explore an open-source alternative using R, including packages like *tidycensus* and other tidyverse tools, to create meaningful public health maps. The session will also compare these approaches to traditional GIS solutions, highlighting both the cost-saving benefits and the level of technical expertise required, offering practical insights for agencies considering open-source mapping options.

July 16, 2026; 11 a.m.–2 p.m. Data and Situational Awareness for Medical and Public Health Preparedness and Response.

This webinar from the National Academies will examine how medical, public health, emergency management, and critical infrastructure data are collected, integrated, analyzed, and translated into real-time situational awareness to support timely, coordinated decision-making across jurisdictions and sectors. The workshop series will consider these issues in the periods before, during, and after disasters and emergencies.

July 29, 2026; 11 a.m.–12:30 p.m. Self-Care for Helpers.

This webinar from the DSHS Grand Rounds program will explore the science of stress and burnout, including how the brain and nervous system respond to stress and why these responses are normal and adaptive. Participants will examine common barriers to effective self-care in high-stress work environments and learn practical, skills-based strategies to address them. The session will also highlight evidence-based, personalized approaches to self-care that support resilience, reduce burnout, and sustain professional effectiveness. 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.

July 29, 2026; 12–1 p.m. Building Better Brains: The Role of Sleep in Child Development.

Sleep is essential for the developing brain. [This presentation from the Michael & Susan Dell Center for Healthy Living](#) will explore how sleep supports memory, learning, emotional functioning, and neurodevelopment across childhood and adolescence. Drawing from developmental science and public health research, participants will learn how insufficient or disrupted sleep can shape developmental trajectories and identify practical strategies to support healthy sleep during critical periods of growth.

Websites and reports on trending topics

CINAHL Complete is a DSHS library e-resource that provides access to literature in nursing and allied health disciplines dating back to 1981. The full text of 600 journals can be found within, and over 5,600 journals are indexed, including virtually all English language nursing journals along with selected titles in biomedicine, alternative therapies, and consumer health. Please contact the [library](#) for remote access options.

Disaster Research Response (DR2) Resources Portal is a repository of data collection tools and related resources curated by the National Institutes of Health to empower human health research in response to disasters and public health emergencies.

ECRI Guidelines Trust is a publicly available repository of objective, evidence-based clinical practice guidelines that provides physicians, nurses,

and other healthcare practitioners with up-to-date clinical practices to advance safe and effective patient care.

ERIC (Education Resources Information Center), sponsored by the U.S. Department of Education, is a bibliographic search engine providing free access to educational-related literature. ERIC provides coverage of journal articles, conferences, meetings, government documents, theses, reports, audiovisual media, and monographs.

Journal articles of note

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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