



Medical and Research Library News October 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.

October 7, 2026; 1–2 p.m. [Screening and Treatment of Pediatric Depression and Anxiety](#).

This webinar from the [Health Resources and Services Administration](#) (HRSA) will explore best practices for screening and diagnosing depression and anxiety in children and adolescents, non-pharmacologic interventions, appropriate prescribing and tapering of medications used to treat pediatric depression and anxiety, and how HRSA programs can support children, families, and the health workforce in providing this care

October 7, 2026; 1–2 p.m. [Addressing the Community Mental Health Crisis: Practical Strategies For Aligning Public Health and Behavioral Health for Lasting Impact](#).

How can public health and behavioral health work together to build community mental health programs that provide measurable impact? Our nation is in a mental health crisis - join us to explore how a coordinated population mental health model can strengthen both public health, our systems of care, and improve behavioral health. This webinar from the [National Association of County and City Health Officials](#) (NACCHO) will highlight practical strategies for strengthening cross-sector partnerships, where to find funding, and review a "Sustainability Toolkit" for driving collaboration and community engagement.

October 28, 2026; 11 a.m.–12 p.m. [Lifestyle Medicine and Breast Cancer: Evidence, Lived Experience, and Action](#)

[The American Cancer Society National Breast Cancer Roundtable](#) hosts a breast cancer-focused discussion on lifestyle medicine across risk reduction, treatment, and survivorship. This webinar will bring together clinical expertise and lived experience to explore the evidence, practical application, and ways clinicians, care teams, advocates, and community partners can

support patients with clear, actionable, and non-stigmatizing guidance.

October 29, 2026; 1–2 p.m. [The Importance of Stories for Health Communicators](#).

This presentation from the [Network of the National Library of Medicine](#) (NNLM) will summarize the relationship between science and storytelling, focusing on health and medical information. Viewing science communication as a form of storytelling, this talk provides theoretical understanding of the role of stories in how people think and communicate and practical insights for applying storytelling strategies to engage people in health and medical information.

Websites and reports on trending topics

[Gale Academic OneFile](#) is a TexShare resource that provides access to millions of articles from thousands of scholarly and authoritative sources in the humanities, science, social science, business, and more. The Topic Finder feature is an easy visual to help explore sub-topics of your initial search. Please email the [library](#) for remote access to this resource.

[MedlinePlus](#), provided by the [National Library of Medicine](#), is a resource that has extensive information from the National Institutes of Health and other trusted sources on over 975 diseases and conditions. There are directories, a medical encyclopedia and a medical dictionary, health information in Spanish, extensive information on prescription and nonprescription drugs, health information from the media, and links to thousands of clinical trials.

[October is Breast Cancer Awareness Month](#). Each year in the United States, about 270,000 women get breast cancer and 42,000 women die from the disease. This website from the [CDC](#) will help you recognize symptoms, identify risk factors, and lower your risk.

[Toxic Substances Portal](#) is a resource from the [Agency for Toxic Substances and Disease Registry's](#) (ASTDR) makes it easy for researchers and individuals to find information about toxic chemicals, understand how these chemicals can affect health, and learn how to prevent exposure. It features a search engine that facilitates finding substances by substance name, Chemical Abstract Service (CAS) registry number, synonym, or trade name.

Journal articles of note

King T, Pedrueza M, Rahman M, Oh B, LaMontagne MG. Resolution of MALDI-TOF MS compared to whole genome sequencing for the identification of *Vibrio parahaemolyticus* strains isolated from oysters. *Arch Microbiol*. 2026;208(11):591. Published 2026 Aug 20.

[doi:10.1007/s00203-026-05142-8](https://doi.org/10.1007/s00203-026-05142-8)

Abstract

Climate change and eutrophication are driving the expansion of the range of *Vibrio* species, including *V. parahaemolyticus*. This bacterium is a major foodborne pathogen and understanding the biogeography of virulent strains of this species is crucial for ensuring food safety. Whole-genome sequencing (WGS) provides strain-level identification of bacteria and is widely used for tracking bacterial pathogens; however, WGS is costly and labor-intensive. Matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF MS) provides a rapid, accurate, and cost-effective method for bacterial identification; however, the resolving power of MALDI-TOF MS and WGS for *V. parahaemolyticus* has not been systematically compared. In this study, 70 *V. parahaemolyticus* strains were isolated from oysters (*Crassostrea virginica*) collected from the Gulf Coast and Massachusetts. Oysters were collected in Galveston Bay (Texas) and aquaculture plots in Massachusetts, and purchased from seafood markets in Texas and Louisiana in the U.S. For comparison, two isolates of *V. anguillarum* were cultured from the exoskeleton of blue crabs purchased from a seafood market in Seabrook (Texas). All isolates were identified using the MALDI Biotyper system and analyzed with custom R scripts. Cluster analysis of mass spectra generated by MALDI-TOF MS, and phylogenomic analysis revealed distinct clusters corresponding to the source of oysters. In both the mass spectra and WGS analysis, *V. parahaemolyticus* strains isolated from Massachusetts formed a coherent cluster. For comparisons between species, cosine similarities of mass spectra generated by MALDI-TOF MS ranged from 0.43 to 0.59, and average nucleotide identity (ANI) values generated by WGS ranged from 78 to 79%. For comparisons within species, cosine similarities of mass spectra ranged from 0.61 to 0.91 and ANI values ranged from 98 to 100%. This suggests that MALDI-TOF MS has a resolution comparable to WGS and can be used to track strains of *V. parahaemolyticus* associated with oysters.

Lam WKK, Ream MA, Grosse SD, et al. Evidence regarding metachromatic leukodystrophy newborn screening. *Pediatrics*. 2026;158(Suppl 2):e2026077357E. [doi:10.1542/peds.2026-077357E](https://doi.org/10.1542/peds.2026-077357E)

Abstract

Metachromatic leukodystrophy (MLD) is a lysosomal disorder affecting approximately 1 per 100,000 newborns. It is caused by biallelic variations in the arylsulfatase A (ARSA) gene, leading to deficiency of ARSA enzyme activity and elevation of sulfatides. Most affected individuals have the late-infantile or early-juvenile phenotype, associated with significant and progressive neurologic degeneration and death. For these phenotypes, treatment with a lentiviral gene therapy in infancy can improve survival and motor function. However, in the absence of screening or an affected older sibling, most cases are diagnosed much later. A 2-tiered newborn screen, based on the presence of elevated sulfatides in dried blood spots followed by finding low ARSA enzyme activity, can accurately identify newborns with the early-onset phenotypes of MLD for timely gene therapy. An MLD screening study with consent is ongoing in 8 hospitals in New York City, and population-based newborn screening has been implemented in several regions in Europe. Although the false-positive rate is low, only 1 of these

MLD newborn screening activities, in Hannover, Germany, has reported identifying cases. At least 4 newborn screening programs in the United States are in the process of implementing MLD screening.

Sheriff FR, Benjamin RH, Xiao Q, et al. Maternal hypertension, diabetes, and preterm birth risk among infants with trisomy 21 in Texas, 1999-2018. *Birth Defects Res.* 2026;118(8):e70107. [doi:10.1002/bdr2.70107](https://doi.org/10.1002/bdr2.70107)

Abstract

Background: The preterm birth rate among infants with trisomy 21 is more than twice the rate among the general population. Maternal hypertension and diabetes are established risk factors for preterm birth in the general population; however, their impact on pregnancies of infants with trisomy 21 is unknown. This study aimed to evaluate the association between maternal hypertensive disorders/diabetes and preterm birth among infants with trisomy 21.

Methods: We utilized data from the Texas Birth Defects Registry for deliveries between 1999 and 2018 (n = 9355). We conducted Poisson regression to estimate crude and adjusted risk ratios for preterm birth associated with any maternal hypertension and any diabetes, and their subtypes (pregestational, gestational). We also evaluated the risk associated with exposure to both (co-occurring) conditions compared to neither. Stratified analyses were conducted by racial/ethnic subgroups, preterm subtypes (< 32 weeks and 32-36 weeks), and presence/absence of congenital heart defects as part of secondary analyses.

Results: We found that maternal hypertension and diabetes were associated with 50% and 21% higher risk for preterm birth, respectively, while the presence of both conditions versus neither was associated with a 71% higher risk. The association with hypertension was much stronger for delivery at < 32 weeks aRR 2.60 (95% CI 1.83, 3.70) than for delivery at 32-36 weeks aRR 1.46 (95% CI 1.28, 1.66).

Conclusions: Our findings shed light on the role of maternal hypertension and diabetes in preterm birth risk among infants with trisomy 21, particularly when both conditions co-occur and for extremely to very preterm birth.

Tark JY, Richard MA, Schraw JM, et al. In Vitro Fertilization and VACTERL Birth Defects. *JAMA Netw Open.* 2026;9(8):e2629355. Published 2026 Aug 3. [doi:10.1001/jamanetworkopen.2026.29355](https://doi.org/10.1001/jamanetworkopen.2026.29355)

Abstract

Importance: The VACTERL (vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal defects, and limb defects) pattern of birth defects is a complex congenital condition with largely unknown causes. Studies suggest a link between in vitro fertilization (IVF) and birth defects,

including VACTERL, but it remains unknown whether IVF has a unique association with VACTERL.

Objective: To characterize the association between IVF and VACTERL.

Design, setting, and participants: This cohort study included 1,555,936 live births in 4 US States (Massachusetts, New York, North Carolina, and Texas) between January 1, 2004, and December 31, 2018. A total of 175,161 births were IVF conceived, and 1,380,775 naturally conceived children were selected as a 10:1 comparison group. Births were linked to IVF cycle data from the Society for Assisted Reproductive Technology Clinic Outcome Reporting System. Data were analyzed from August 2 to October 30, 2025.

Exposures: Method of conception (IVF vs natural) and IVF treatment parameter information.

Main outcomes and measures: VACTERL, defined as 3 or more of the defects included in the pattern. Multivariable logistic regression models were used to estimate adjusted odds ratios and 95% CIs.

Results: A total of 1,555,936 live births were included in the analysis (796,892 males [51.2%]). The naturally conceived group included 1,380,775 children; the IVF-conceived group, 175,161. Approximately half of children were male in both groups, while IVF-conceived children were more often born to older mothers and those with a higher educational level and were from multiple-gestation pregnancies. Two hundred children with VACTERL (41 IVF and 159 non-IVF) were identified. The prevalence of VACTERL among IVF-conceived births was 2.3 (95% CI, 1.7-3.2) per 10,000 live births. After adjusting for demographic, socioeconomic, and pregnancy-related factors, IVF conception was associated with increased odds of VACTERL (adjusted odds ratio, 1.86; 95% CI, 1.16-2.98).

Conclusions and relevance: This population-based prospective cohort study identified an association of IVF with the multiple congenital anomaly pattern VACTERL. Although the absolute risk among live births remains low, these findings highlight the need for further investigations of child health outcomes by method of conception.

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