UK Health Security Agency

Serial number: BN2026/002 **Date: 27 January 2026**

Event:	Infant Formula and Follow-On Formula recall due to possible cereulide toxin contamination - update 1
Notified by:	Gastrointestinal Infections, Food Safety and One Health (GIFSOH)
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Incident Response Plan (IRP) Level	Standard
Incident Directors	Gauri Godbole, Vanessa Wong

Instructions for Cascade:

- UKHSA Private Office Groups to cascade within Groups
- Devolved Administrations to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Regional Deputy Directors to cascade to Directors of Public Health, Environmental Health Teams in local authorities and local Integrated Care Boards
- NHSE National Operations Centre to cascade to Integrated Care Boards for onward cascade to GPs, local pharmacies and NHS 111
- UKHSA microbiologists to cascade to non-UKHSA labs (NHS labs and private) UKHSA microbiologists to cascade to NHS Microbiologists
- NHS infection leads/NHS microbiologist/NHS infectious diseases to cascade to appropriate clinical groups including Emergency Medicine, Paediatrics, Neonatology, and Paediatric Infectious Diseases
- Royal College of Emergency Medicine to cascade to members of the network
- Royal College of Paediatrics and Child Health to cascade to members of the network
- Royal College Pathologists to cascade to members of the network
- Royal College of General Practitioners to cascade to members of the network

Summary
This briefing note provides an update to the previous briefing note BN2026/001 Infant Formula and Follow-On Formula recall due to possible cereulide toxin contamination.

On 05 January the Food Standard Agency (FSA) issued a public product recall alert for Nestlé SMA (Synthetic Milk adaption) Infant Formula and Follow-On Formula, because of possible presence of cereulide. On 09 January, there was an update to the Nestlé UK recall with amendments to batch expiry dates. On 24 January, Danone recalled a batch of Aptamil First Infant Formula following cereulide toxin detection in the product.

The purpose of this briefing note is to ensure healthcare professionals are alert to the possibility of cases and are aware of the national level investigation and its association with certain formula milk products.

Background and Interpretation:

On 05 January 2026 Nestlé undertook a precautionary product recall of SMA Infant Formula and Follow-On Formula because of possible presence of cereulide, a toxin produced by some *Bacillus cereus* strains, in several batches of the affected product. The product recall includes 12 SMA product types including a prescription only brand (SMA ALFAMINO 400 g) and that have been distributed across the four nations of the UK and multiple countries across Europe. The recall was updated with new product expiry dates on 09 January 2026. On 24 January, Danone recalled a batch of Aptamil First Infant Formula because of cereulide detection.

Bacillus cereus is a spore-forming bacteria that can contaminate a range of food products and when allowed to grow, certain strains can produce cereulide toxin. Cereulide is an emetic, heat-stable toxin that is unlikely to be deactivated or destroyed by heat treatment when preparing infant milk. Illness can occur through ingestion of the preformed cereulide toxin sometimes in the absence of *Bacillus cereus* or bacteria, which multiply in the gastrointestinal tract and produce toxins.

Food chain investigations have shown the contamination is due to arachidonic acid oil, an ingredient used in the base formula, supplied to multiple major formula manufacturers by a common supplier, leading to a global recall of various brands across several countries.

Updated case definitions:

Confirmed case = A person resident in the UK who has symptoms of vomiting and/or diarrhoea and has consumed a known contaminated/recalled batch of formula product with *Bacillus cereus* isolation from a clinical specimen and detection of cereulide toxin genes OR with an epidemiological link to a sampled unit of product which has been microbiologically confirmed to contain *Bacillus cereus* with cereulide toxin gene and/or cereulide toxin.

Probable case = A person resident in the UK who has symptoms of vomiting and/or diarrhoea and consumed a known contaminated/recalled batch of formula product

Possible case = A person resident in the UK who has symptoms of vomiting and/or diarrhoea and consumed any batch of formula product, other than the products on the recall list

Clinical presentation

Symptoms usually have a rapid onset between 15 minutes to up to 6 hours after ingestion. Generally, symptoms include nausea and vomiting, with a small proportion also reporting diarrhoea. The condition is mostly self-limiting, and symptoms usually resolve within 24 hours, without ongoing exposure to the cereulide toxin. Ingestion of the toxin rarely causes more significant illness, but a few cases of hepatic or renal injury, rhabdomyolysis and multi-organ failure have been reported. Individuals at high risk of complications include young children and the immunocompromised.

Management of possible cases

Parents and care givers should monitor for the rapid development of nausea, vomiting and diarrhoea if the affected products have been consumed by their child. Any product still available should not be consumed or touched and remain in their packaging.

Most symptomatic cases recover fully within 24 hours without needing to attend the GP surgery or hospital. Children should be kept hydrated and encouraged to continue to take frequent small amounts of fluids. They can be offered alternative formula or breast milk regularly. If parents and care givers notice signs of severe dehydration in the child, then it is important to seek urgent medical attention to assess whether further care is necessary.

Children that present to healthcare with compatible symptoms and have reported consumption of a product listed in the food recall should be treated as a probable case for *Bacillus cereus.* Supportive care is the main management. Microbiological testing can be requested in admitted cases (as below). Antimicrobial therapy is generally not indicated in these food poisoning/gastroenteritis cases.

Laboratory testing

Testing of clinical specimens

- **If a possible or probable case is admitted to hospital,** a faecal sample should be taken with a request to *c*ulture *Bacillus cereus,* in addition to routine testing for gastrointestinal pathogens as per local guidelines.

- Local NHS microbiology laboratories should follow their standard operating procedure (SOP) for isolating *Bacillus cereus* (PEMBA plates are recommended for the selective isolation of *Bacillus cereus* from clinical samples). If laboratories are unable to culture *Bacillus cereus* locally, they can request an SOP from Gastrointestinal Bacteria Reference Unit (UKHSA) or refer samples to a suitable UKHSA public health laboratory for testing (e.g. UKHSA regional laboratory). Please **do not** refer stool samples for *Bacillus* testing directly to UKHSA Colindale as the Foodborne Pathogen Reference Service at the Gastrointestinal Bacteria Reference Unit (GBRU) is unable to test stool specimens.

- Send any *Bacillus cereus* **isolates** from stool, or any sterile site, from a patient who is known to have consumed any product listed in the FSA recall to GBRU at Colindale, UKHSA, for cereulide toxin gene PCR testing and typing: **L4 referral form**

Testing of Infant/Follow-On Formula

Any formula from the cases listed products on the FSA alert still available should be retained. The product should remain in its packaging and not be touched. The local Environmental Health Officers (EHOs) should be contacted and can arrange to collect it and send it to the Food, Water and Environmental Microbiology Services (FWEMS), UKHSA, for possible testing.

Implications and Recommendations for UKHSA Regions:

UKHSA Regions (HPTs) are asked to share this update with their Local Authority Environmental Health Teams.

UKHSA regions may receive enquiries from the public if infants have consumed recalled products. Members of the public should be advised to check any remaining products for the batch numbers posted on the FSA and company websites (Nestle; Danone) and monitor their infant for compatible symptoms of *Bacillus cereus* as outlined above.

Any unopened or open product belonging to recalled batch numbers by anyone reporting illness (probable cases) should be retained and collected by local Environmental Health Officers for possible testing at Food, Water and Environmental Microbiology Services (FWEMS), UKHSA.

Health Protection Teams should be aware that they may receive an increased volume of calls from clinicians regarding suspected cases of *Bacillus cereus* infection. Advice can be provided as mentioned above. The GIFSOH team will notify HPTs if additional information is required from specific cases and a clinical questionnaire will be emailed.

Please inform GIFSOH team at UKHSA of any reported case via the EEDD inbox: eedd@ukhsa.gov.uk. HPTs should link any cases on CIMS to the context: Record ID: 201051531.

Implications and Recommendations for UKHSA sites and services:

National and Regional reference laboratories should be aware that they may receive samples from patients being investigated for *Bacillus cereus* after having consumed recalled products and should ensure any isolates are sent a soon as possible to the Foodborne Pathogen Reference Service at the Gastrointestinal Bacteria Reference Unit (GBRU) at Colindale, UKHSA.

Food Water & Environment laboratories may be asked to examine formula samples taken as part of local authority outbreak investigations.

Implications & Recommendations for the NHS and diagnostic laboratories:

NHS 111 should be aware there could be increases in volumes of calls from concerned parents following feeding their children Nestlé SMA/Danone formula.

Diagnostic laboratories should be aware that they may receive faecal samples from patients being investigated for *Bacillus cereus* infection after having consumed recalled products and

should ensure any *Bacillus cereus* isolates are sent to Foodborne Pathogen Reference Service at the Gastrointestinal Bacteria Reference Unit (GBRU) at Colindale, UKHSA.

NHS Trusts should share this notification with the relevant medical specialities, including Paediatrics, Neonatology, Emergency Medicine and Paediatric Infectious Diseases.

Implications and recommendations for Local Authorities:

Local authorities and Environmental Health Teams should be aware of the incident and may be asked to support the investigation by taking formula for testing where needed.

When asking for formula samples for testing; EHOs and HPT should inform families that:

• Not all collected samples will be tested, as another sample from the same batch number may already have been processed. This decision has been made to ensure the clearest understanding of the problem as quickly as possible.

• Where samples are not tested or tested and found to be negative, we will not provide individual reports or feedback to the family (EHOs/LA will receive a negative testing laboratory report if testing has taken place).

• Where testing finds evidence of the toxin or the bacteria that can make the toxin, laboratory reports are sent to the EHOs/LA. The LA should share this information with the families submitting the affected batch.
