



Serial number: BN2026/004

Date: 12 February 2026

Event: Infant Formula and Follow-On Formula recall due to possible cereulide toxin contamination – update 2

- Notified by:** Gastrointestinal Infections, Food Safety and One Health (GIFSOH)
- Authorised by:** Trish Mannes, Incident Director; Regional Deputy Director
Richard Pebody, Strategic Response Director On Call; Director, Epidemic & Emerging Infections
Katie Spence, Regional Deputy Director On Call
Jack Gordon-Brown, Senior Communications Officer
- Contact:** incident060.nrc@ukhsa.gov.uk
incident060.micro@ukhsa.gov.uk
- Incident Response Plan (IRP) Level** Standard
- Incident Lead:** Gauri Godbole, Deputy Director, GIFSOH
Vanessa Wong, Medical Consultant
Trish Mannes, Regional Deputy Director – South East
- Distribution:** Please see page 06 for information with regards to the distribution instructions for this Briefing Note.

Summary:

This briefing note provides an update to the previous briefing notes [BN 2026/001](#) and [BN2026/002](#): *Infant Formula and Follow-On Formula recall due to possible cereulide toxin contamination*. This briefing note should be read in conjunction with the previous notes.

On the 05 January 2026 the Food Standards Agency (FSA) issued a public product [recall](#) alert of Nestle SMA (synthetic milk adaption) infant formula and follow-on-formula because of the possible presence of cereulide toxin. This was [updated](#) on the 09 January 2026 to include additional batch expiry dates. On 24 January 2026, Danone recalled a batch of [Aptamil First Infant Formula](#) following cereulide toxin detection in the product. On 06 February 2026, [Danone](#) further recalled 15 batches of Aptamil and Cow & Gate products (First infant, Anti-Reflux and Follow On Milk).

As of 09 February 2026, public health notifications have identified 44 probable cases from 8 regions in England (29), Scotland (10), Wales (3), Northern

Ireland (1) and the UK Crown Dependencies (1). There are 9 possible cases reported in England (6), Scotland (2) and Wales (1). The median age of all cases was 5 months of age (range 6 weeks – 15 months). 23 cases were male and 20 female, 4 unknown. Cases have predominantly reported self-limiting diarrhoea and vomiting in the absence of fever. Co-infections with seasonal respiratory viruses have been noted in some cases.

The purpose of this communication is to provide an update on the public health investigation and subsequent recalls and to communicate current recommended testing and investigation actions to relevant colleagues.

Updated Case Definitions:

Confirmed case = A person resident in the UK and UK Crown Dependencies that has symptoms of vomiting and/or diarrhoea and has consumed a known contaminated / recalled batch of formula product with cereulide toxin detected from a clinical specimen.

Probable case = A person resident in the UK and UK Crown Dependencies that has symptoms of vomiting and/or diarrhoea with clinical suspicion of cereulide toxin poisoning and has consumed a known contaminated / recalled batch of formula product

Possible case = A person resident in the UK and UK Crown Dependencies that has symptoms of vomiting and/or diarrhoea with clinical suspicion of cereulide toxin poisoning and has consumed any batch of formula product, other than the products on the recall list

Clinical Presentation

Symptoms of cereulide poisoning usually include 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 higher risk of complications include young children and the immunocompromised.

Management of Cases

Parents and caregivers 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. Clinical sample testing can be requested in admitted cases (as below).

Antimicrobial therapy is generally not indicated in these food poisoning/gastroenteritis cases.

UKHSA local Health Protection Teams may contact clinical teams to complete a clinical questionnaire of cases, which will collect information to inform risk assessment and assess the clinical impact of the incident.

Laboratory Testing

Testing of clinical specimens

- **If a probable case is admitted overnight to hospital**, faecal samples should be taken for routine testing for gastrointestinal pathogens as per local guidelines. In addition, faecal samples for possible cereulide toxin testing should be collected.
- UKHSA is looking at the feasibility of introducing a cereulide detection assay for stool specimens. This will be limited to cases admitted to hospitals overnight and discussed through the incident060.micro@ukhsa.gov.uk inbox. Cases with symptoms attributable to cereulide toxicity and a history of consuming implicated formula should have a stool specimen referred to the Gastrointestinal Bacteria Reference Unit (GBRU) using the [L5 form](#). Specimens will be stored and results are likely to be available after several weeks, once the assay has been validated.
- *B. cereus* culture is no longer necessary as extensive investigations have confirmed this is a toxin-based condition and not caused by excessive growth of *B. cereus* bacteria in the formula.

Testing of Infant/Follow-On Formula

At the present time product testing is being undertaken to understand the extent of contamination across the recalled batches and, as such, not all samples will be tested and testing will be at the discretion of the Food, Water and Environmental Microbiology Services (FWEMS), UKHSA. As of 11 February 2026, Nestlé SMA products are no longer required to be collected as sufficient quantity of these products have been tested. Products that have already been submitted for investigation but have not undergone toxin testing will be stored for a further 6 months.

As of 11 February 2026, families of probable or confirmed cases should continue to retain Danone product (Aptamil, Cow & Gate) from the listed products on the FSA alert. 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 be aware of this outbreak and to share this update with their Local Authority Environmental Health Teams.

HPTs should be aware that they may receive an increased volume of calls from clinicians regarding suspected cases following further recalls. HPTs should continue to investigate all notifications from clinicians to determine if the case fits the case

definition for this incident. All cases should be linked to the national incident on CIMS (201051531). Questionnaires (Part 1 – Family Interview and Part 2 – Clinician Interview) should be completed for all confirmed and probable cases. Please note that the UKHSA Rapid Investigation Team will conduct ‘Part 1 – Family Questionnaire’ and UKHSA HPTs will conduct ‘Part 2 – Clinical Interview’.

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 or weight / best before dates posted on the FSA and company websites (Nestlé; Danone) and monitor their infant for compatible symptoms of cereulide poisoning as outlined above.

Members of the public may also notify HPTs directly to advise that their infant became unwell after consuming infant formula. HPTs are requested to enter all these as enquiries (or cases if case details known) onto CIMS (201051531). All families should be advised how to register a food complaint and may be provided with a link to a [self report questionnaire](https://surveys.ukhsa.gov.uk/s/formula) [https://surveys.ukhsa.gov.uk/s/formula]. HPTs should also consider further investigation of these direct notifications where the infant has been hospitalised with symptoms consistent with cereulide toxin poisoning and may wish to contact the family in this instance to obtain further information. It should be noted that evidence suggests that contamination of infant formula products is considered to have occurred no earlier than May 2025.

Environmental Health Teams may also receive enquiries from members of the public. Please see actions for local authorities section below and note that Environmental Health Teams may wish to send the [self-report questionnaire](https://surveys.ukhsa.gov.uk/s/formula) [https://surveys.ukhsa.gov.uk/s/formula].

Please inform GIFSOH team at UKHSA of any reported probable or confirmed case via the EEDD inbox: incident060.dea@ukhsa.gov.uk

Communications

UKHSA published an [HPR](#) updating healthcare professionals about the ongoing investigations. ECDC have updated the [CDTR](#). Alongside the publication of this HPR, the UKHSA communications team issued a proactive statement to national media outlets detailing the findings, and interviews were conducted with Sky and ITV. The communications team continue to work closely with FSA and DHSC colleagues in updating lines to take.

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 cereulide toxin poisoning after having consumed recalled products and should ensure stool samples are sent as soon as possible to the Foodborne Pathogen Reference Service at the Gastrointestinal Bacteria Reference Unit (GBRU) at Colindale, UKHSA, for possible toxin testing.

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

Implications and Recommendations for 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 cereulide toxicity after having consumed recalled products and should ensure any stool samples are sent to Foodborne Pathogen Reference Service at the Gastrointestinal Bacteria Reference Unit (GBRU) at Colindale, UKHSA, for possible toxin testing.

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. Environmental Health Teams may receive an increased enquiry volume from concerned members of the public. Environmental Health Teams are also asked to support the investigation by collecting formula for testing where needed. FWEMS are prioritising Danone product from recalled batches for testing (Aptamil, Cow & Gate). No further samples of Nestlé SMA products should be collected.

We are asking that Environmental Health Teams prioritise collection of formula from those cases notified through healthcare professionals (Environmental Health Teams will be contacted by HPTs to arrange testing as required). Please liaise with the FW&E laboratory before submitting samples. When asking for formula samples for testing; EHOs 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. Given the new recalls, we are prioritising testing samples of Danone products.
- Where samples are not tested or tested and found to be negative, we will not provide individual reports or feedback.
- Where testing finds evidence of the toxin this information will be shared with families submitting the affected batch by the EHO.



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 to 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