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Event: UPDATE - National outbreak of *Salmonella* Enteritidis (t5.9411 and related clusters) in the UK

Notified by: Gastrointestinal Infections, Food Safety and One Health Division (GIFSOH), UK Health Security Agency

Authorised by: Trish Mannes (RDD, UKHSA South East), Gauri Godbole (Deputy Director GIFSOH), Renu Bindra (SRD on call), Richard Pebody (Director EEI), Luke Guinness (Communications)

Contact: Incident069.NRC@ukhsa.gov.uk
Salmonellasurv@ukhsa.gov.uk

Incident Response Plan (IRP) Level Standard incident

Incident Lead(s): Hannah Charles and Gauri Godbole

Distribution: Please see page 5 for information with regards to the distribution instructions for this Briefing Note.

Summary:

This is a situational update to the UKHSA briefing note 2026/020 and 2026/026, most recently circulated on 17th August 2026.

Gastrointestinal Infections, Food Safety and One Health Division (GIFSOH), alongside public health agencies of Devolved Administrations, Food Safety Authorities and the Animal & Plant Health Agency are continuing their investigation of the national outbreak of *Salmonella* Enteritidis (SE). The outbreak investigation has been extended to encompass 2 more subclades (clusters t0.24068 and t5.9765) of SE as they have epidemiological and food exposure similarities to the t5.9411 cluster (and are therefore suspected to also be linked to imported eggs) and are genomically related in the same t25 clade.

The latest case numbers for these three SE clusters in England will be published weekly (Thursdays 9:30am) ([1](#)).

1. *Salmonella* Enteritidis t5.9411 cluster

As of 1st September 2026 (10:00), 330 confirmed cases of *S. Enteritidis* t5.9411 have been reported across the UK, including in England (n=305), Scotland (n=12), Wales (n=10), Northern Ireland (n=1) and Crown Dependencies (n=2). All confirmed cases

were linked through routine surveillance as genetically related through Whole Genome Sequencing (WGS) at the 5-SNP single linkage clustering level (5-SNP address designation: 1.2.3.18.5849.9411.%).

Sample dates range from 11th August 2025 and 21st August 2026, with a notable increase in April and May 2026, followed by a larger rise in July and August 2026. Cases range in age from 0 to 90 years (median 30 years) and 51% (n=168) are male.

Cases in England are distributed across all 9 regions, with highest case rates in the North East (1.64 per 100,000 population), followed by Yorkshire & Humber (0.94 per 100,000 population) and London (0.92 per 100,000 population).

Of cases with available information (n=176), 44 (25%) were admitted to hospital and three cases reported bloody diarrhoea. There has been one death associated with this outbreak cluster. Nine cases reported international travel during their incubation period to different locations.

2. Additional S. Enteritidis clusters

The t0.24068 cluster was first investigated in 2025 and most cases in this cluster were in 2025, but the cluster has re-emerged, with an increase in case reporting from June 2026. Further information on the t0.24068 cluster can be found in the published UKHSA Health Protection Report [\(2\)](#). The t5.9765 is a newly emerged cluster in 2026.

a. t0.24068 cluster

As of 1st September 2026 (10:00), a total of 186 confirmed cases of S. Enteritidis t0.24068 have been reported across the UK, including in England (n=182), Scotland (n=2), and Wales (n=2). All confirmed cases were linked through routine surveillance as genetically related through Whole Genome Sequencing (WGS) at the 0-SNP single linkage clustering level (0-SNP address designation: 1.2.3.18.180.180.24068) or within 5 absolute genetic distance of 5 SNPs.

Sample dates range from 27th May 2025 and 15th August 2026. Following an initial wave of cases in June and July 2025, case numbers fell before a second wave of cases from June 2026. Cases range in age from 0 to 92 years (median 30 years) and 52% (n=96) are female.

Cases in England are distributed across 8 of the 9 regions, with highest case rates in London (1.0 per 100,000 population), followed by the East of England (0.59 per 100,000 population) and South East (0.34 per 100,000 population).

Of cases with available information (n=27), 12 (44%) were admitted to hospital.

b. t5.9765 cluster

As of 1st September 2026 (10:00), 42 confirmed cases of S. Enteritidis t5.9765 have been reported across England (n=41) and Scotland (n=1). All confirmed cases were linked through routine surveillance as genetically related through Whole Genome Sequencing (WGS) at the 5-SNP single linkage clustering level (5-SNP address designation: 1.2.3.18.180.4050.9765.%).

Sample dates range from 27th January 2026 and 11th August 2026. The majority of cases (34 out of 42) were reported in July and August 2026. Cases range in age from 2 to 87 years (median 35 years) and 55% (n=23) are male.

Cases in England are distributed across 8 of the 9 regions, with highest case rates in the North East (0.3 per 100,000 population), followed by London (0.15 per 100,000 population) and the East of England (0.09 per 100,000 population).

Of cases with available information (n=14), 5 (36%) were admitted to hospital and one case reported bloody diarrhoea. There has been one death associated with this outbreak cluster.

Background and Interpretation:

S. Enteritidis is the most common serovar in the UK and has been associated with outbreaks linked to a variety of vehicles, included poultry and eggs.

To date, 172 cases have been interviewed. Of those cases with a completed questionnaire, 143 (83%) report eating food prepared outside of the home in the week prior to symptom onset. Investigations have linked 47 cases to 11 food businesses, predominantly small independent businesses, including cafes, restaurants and takeaways, with at least 24 affected individuals reporting consumption of dishes containing egg. Food chain investigations to date have identified that these premises supply eggs from multiple sources, however two large egg importers have been identified within the supply chain that are being investigated further. Overall, the epidemiological signal is strongest for eggs imported from outside the UK. Local investigations have also identified possible cross-contamination risk events within two of these settings. At this time there is no identified link to UK-produced eggs or poultry.

Implications and Recommendations for UKHSA Regions:

GIFSOH, Field Service, Health Protection Team and Rapid Investigation Team colleagues are undertaking further targeted questionnaires for cases in these clusters. As of w/c 31st August 2026, a self-completed electronic questionnaire has been introduced for cases in England. An SOP providing further information has been circulated to UKHSA Regions prior to implementation.

A national CIMS context has been created for this incident (**201426860**). Please link all cases in these clusters to this incident context. Any regional situations arising from identified food premises should also be linked to **201426860**.

Any questions or concerns relating to questionnaires or wider epidemiology of the incident should be directed to Incident069.DEA@ukhsa.gov.uk.

Any other queries relating to this incident should be directed to Incident069.NRC@ukhsa.gov.uk.

HPTs are asked to share this briefing note with Directors of Public Health and Environmental Health Teams.

Further information on *Salmonella* can be found on the NHS website ([Diarrhoea and vomiting - NHS](#)) and UKHSA website ([Salmonella: guidance, data and analysis - GOV.UK \(www.gov.uk\)](#))

Implications and Recommendations for UKHSA sites and services:

UKHSA sites and services should continue to report *Salmonella* results (including all serovars and subspecies) for national surveillance following normal procedures and should promptly refer samples to the Gastrointestinal Bacteria Reference Unit (GBRU) for confirmation and further characterisation (through WGS) as detailed below.

The UKHSA Food, Water & Environmental Microbiology Services (FWEMS) may be asked to examine food and environmental samples taken as part of the outbreak investigation.

Implications and recommendations for Local Authorities:

Where food businesses based in England are identified through this national investigation, the Incidents Team at FSA England will liaise with local authority environmental health teams to gather the required information. The focus of the FSA investigation is to identify the source of the outbreak. The best way to do this given the volume of cases and resource available, is to follow up any premises where two or more independent cases have eaten. This is the strongest evidence that foods contaminated with the outbreak strain have been served in that restaurant.

The FSA is contacting all local authorities of these premises to follow up the egg and chicken supply chains into these restaurants. The FSA are also interested in whether there are hygiene concerns in the restaurant insofar as this relates to the potential for cross contamination and risk factors to inform outbreak investigation. Local authority environmental health teams may be asked to support product tracing or undertake sampling and testing in conjunction with UKHSA's FWEMS.

Where food businesses based in England are identified as linked to the outbreak and a local investigation is undertaken, local authority environmental health colleagues should contact the Incidents Team at FSA England at fsa.incidents@food.gov.uk, quoting reference I-26-0860. This will ensure that the information is directed to the appropriate colleagues investigating the source of the national outbreak.

Local authorities and UKHSA Regions should continue to investigate cases associated with food premises to assess hygiene practices and HACCP procedures as per usual practice and provide information to the FSA Incidents Team when investigations are complete (Incidents Team at FSA England using fsa.incidents@food.gov.uk).

Details of any food businesses identified outside of England should be sent, quoting reference I-26-0860, to the relevant team: FSA Wales, FSA Northern Ireland or Food Standards Scotland, who will undertake investigations for Welsh, NI and Scottish-based food businesses. (FSA.IncidentsWales@food.gov.uk; FSA.IncidentsNI@food.gov.uk, Incidents@fss.scot). The relevant authority will coordinate investigations within its jurisdiction.

Implications and recommendations for NHS and Adult Social Care:

NHS hospitals and care homes, including Independent Sector Healthcare Providers and Social Care Providers, should ensure their patients are served thoroughly cooked Class A eggs belonging to either British Lion code or Laid in Britain assurance schemes (3).

Clinical laboratories should continue to promptly refer all isolates of *Salmonella* spp. to the GBRU at Colindale for typing and confirmation.

Any enquiries regarding laboratory testing can be directed to GBRU@ukhsa.gov.uk

Instructions for Cascade:

This briefing note is intended to be cascaded to the following stakeholders:

- UKHSA Private Office Groups who cascade onwards within Groups
 - UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
 - UKHSA Lab Management Teams
 - UKHSA Regional Communications
 - Generic inbox for each of the Devolved Administrations
 - Inboxes for each of the Crown Dependencies
 - DHSC CMO
 - OHID Regional Directors of Public Health
 - National NHSE Emergency Preparedness, Resilience and Response (EPRR)
 - NHSE National Operations Centre
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- **Regional Deputy Directors** to cascade to Directors of Public Health, Local Authority Environmental Health teams and Adult Social Care Teams
 - **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
 - **UKHSA microbiologists** to cascade to NHS Trust infection leads

References

1. [Salmonella statistical releases - GOV.UK](#)
2. [HPR volume 19 issue 11: news \(4 December 2025\) - GOV.UK](#)
3. [Advice on safe storage, handling and use of eggs for catering - GOV.UK](#)