



State of Utah

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Utah Department of Health
Executive Director's Office

Nate Checketts, M.P.A.
Executive Director

Heather R. Borski, M.P.H., M.C.H.E.S.
Deputy Director

Michelle G. Hofmann M.D., M.P.H., M.H.C.D.S., F.A.A.P.
Deputy Director

May 19, 2022

Dear Provider,

[On February 17, 2022](#), an Abbott Nutrition facility in Sturgis, Michigan, announced a voluntary recall of several infant formulas. This was after 4 infants were fed infant formula that was produced in the facility. Two of the infants died.

Abbott is one of the leading producers of infant formula in the United States. While the plant has remained closed since, the CDC recently concluded its investigation with no findings of a link between Abbott formula and infant illnesses. [On May 16, 2022](#), Abbott announced it is entering into an agreement with the FDA to resume production in approximately 2 weeks. From the time Abbott resumes production, it will take 6 to 8 weeks for product to become available.

Over the past few months, despite the formula recall and plant closure, the supply of infant formula in Utah has been manageable. Unfortunately, more recently, ongoing supply chain disruption has affected availability of all infant formulas on Utah store shelves. Parents, providers, and stores have been scrambling to figure out how to feed infants and this is a nationwide issue. Yesterday President Biden announced [new actions to address the infant formula shortage](#), including invoking the Defense Production Act and launching Operation Fly Formula to speed up the import of infant formula to get more formula to stores as soon as possible. The current situation is unprecedented and we anticipate this will remain a critical situation for Utah families for the next several months.

The Utah Department of Health and Human Services (DHHS), and many other sources, are instructing people to call their infant's healthcare provider for support in navigating this challenging situation. We want to provide you with as much information as we can to help you prepare for those conversations and assist families with finding alternatives.

DHHS is working with partners and external stakeholders to gain a better understanding of current inventory in the state. Currently, it appears the supply of specialty formulas is the most severely constrained. This means we need to do our best to reserve specialty formulas for those who need it most and also to know how to access it for our patients.

For urgent Abbott formula needs, as a provider you can submit a product request directly to Abbott by downloading and completing this [form](#). This [fact sheet](#) from the U.S. Department of Health and Human Services provides additional guidance and resources to help families find formula and is also available in [Spanish](#). Please anticipate long wait times when accessing manufacturer hotlines.

We cannot communicate enough with families during this critical time. Misinformation will fill the void if we don't aggressively message the safest feeding practices for infants. A recent [study](#) found that, even prior to current shortages, a significant number of online sources offer recipes for homemade infant formula that pose serious safety concerns, including the use of unpasteurized ingredients and ingredients that may be harmful to infants. Remind families of the following key messages, well-articulated by the [American Academy of Pediatrics](#):



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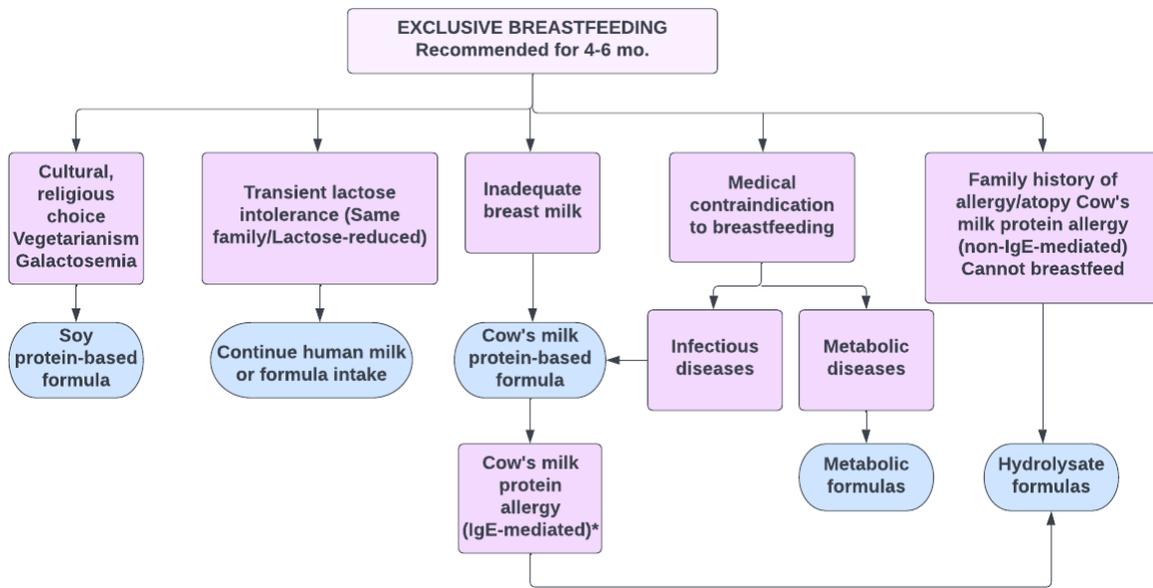
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- Strongly advise against substitutions that include homemade formula, goat's milk, or plant-based milk substitutes.
- Explain the dangers of watering down formula.
- Guide families of infants older than 6 months in the judicious and temporary use of cow's milk to stretch formula further, following the limits of no more than 24 ounces per day.

Remember that only a minority of infants cannot tolerate cow's milk formula and many infants change formulas for temporary symptoms like diarrhea or colic. We encourage you to proactively identify infants in your practice that can be transitioned back to cow's milk-based formula. Here is a brief summary adapted from Dr. Jader Bhatia, a nationally recognized expert in perinatal nutrition on [how to choose infant formulas](#) for your patients:



*On a clinical basis, differentiation of IgE-mediated or non-IgE-mediated cow's milk-protein allergy is difficult and there is a cross-reactivity. Therefore, feeding a protein hydrolysate formula is suggested.

Additionally the Department has posted a comprehensive list of formula alternatives and includes all formulas not just those specific to WIC, found at <https://wic.utah.gov/professionals/>.

Know what is happening in your communities to best assist families when they call for help.

- Provide formula samples if you have some in stock.
- Encourage families to keep no more than a 10-14 day supply on hand to ensure no family in Utah is left without.



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- Contact your [local WIC office](#) for support and understand the [formula substitutions](#) and other program changes they are allowing to support families during this difficult time:
 - Allowing all available can sizes and a variety of ready-to-feed formulas.
 - Approving all FDA-approved formula manufacturers and brands.
 - Creating “umbrella formula packages” that allow more choice and flexibility.
 - Removing the need for medical documentation for non-contract infant formulas.
- Know and support local community-based organizations and community health workers serving some of Utah's most vulnerable families.
- Connect families with local charities and parenting groups, including [regional Facebook groups](#) that are rising up to support families during this challenging time.

The Department understands some healthcare providers may have formula supplies in the form of samples or other types of supply. As we seek to address the current infant formula supply shortage, we are trying to gain a better understanding of this supply source for Utah families. **Please take some time to fill out this very brief [Infant Formula Supply Provider Survey](#)** (should take no more than 5 minutes).

This will likely be the first of a series of provider communications as we respond to the situation at hand. DHHS is preparing a comprehensive FAQ document for families that should be ready by next week and will be posted, along with this letter on [the provider section of the WIC website](#) as well as a new landing page currently in development. Please do not hesitate to reach out to me with questions, concerns, or ideas at mhofmann@utah.gov. The wise Benjamin Franklin said, “We must, indeed, all hang together or, most assuredly, we shall all hang separately.” Please accept my sincerest thanks to all of you for joining together to create paths for all Utah families to be healthy and safe.

Kindest regards,

Michelle Hofmann, MD, MPH, MHCDS

Executive Medical Director and State Health Officer

Utah Department of Health and Human Services