

ADVISORY COMMITTEE ON THE MICROBIOLOGICAL SAFETY OF FOOD

INFORMATION PAPER

Update on FSA's *Listeria* Risk Management Programme

This paper updates Members on recent progress with FSA's *Listeria* Risk Management Programme. It provides information on (i) the consumer strand of the work where the current emphasis is on providing advice to consumers on foods to avoid to reduce the risk of contracting listeriosis, on (ii) the industry and (iii) procurement/provision of foods to hospitals strands where the focus is on the development and publication of simple, practical and comprehensive guidance. In relation to the latter, the FSA is also considering new FSA advice for stricter microbiological criteria for *L.monocytogenes* in ready-to-eat foods destined for hospitals and similar health care settings, where the foods are likely to be consumed by vulnerable consumers.

Background

1. The FSA has a strategic plan priority to reduce foodborne disease using a targeted approach, tackling the pathogens that cause the largest number of cases and severest illness such as *Campylobacter* in chicken, and *L.monocytogenes* in RTE chilled foods (e.g. soft mould-ripened cheeses, pâtés, smoked fish, cooked sliced meat, sandwiches). Although listeriosis is relatively rare, it is the most common cause of death from foodborne illness in the UK¹.
2. Although the decline in the number of UK laboratory-confirmed cases of *L.monocytogenes* infection has continued in recent years (from 176 in 2010 to 163 in 2011), the numbers remain elevated (around 41%) above those observed in 2000². Public Health England (PHE) recently reported a rise in cases in England and Wales in 2012 (from 148 in 2011 to 165 in 2012³).
3. An FSA internal analysis of data from the PHE, the Advisory Committee on the Microbiological Safety of Food and the Office of National Statistics concluded in 2010 that although pregnant women remain the most vulnerable group, due to the risk to their unborn child/ren⁴, their listeriosis case rate remains stable and the greatest increase in cases is largely in those among the older population (>60 years) who have underlying conditions and/or are taking particular medication. The *Listeria* Risk Management Programme aims to reduce the risk of these vulnerable consumers contracting listeriosis by raising awareness of the basic hygiene steps to control *L.monocytogenes* in RTE foods and to inform them and their carers of alternative lower risk food choices.

¹ <http://www.food.gov.uk/multimedia/pdfs/publication/csar1112.pdf>

² This increase is only partly explained by the increase in the overall UK population as the number of cases per million of population rose by 32% over the same period

³ <http://www.hpa.org.uk/hpr/news/default.htm#lstr12>

⁴ Both mother and unborn child can be affected, but the illness is more likely to have severe consequences for the unborn child
<http://www.food.gov.uk/multimedia/pdfs/committee/acmsflisteria.pdf>

4. The *Listeria* Risk Management Programme comprises three primary workstreams (Fig. 1)
 - Consumer focused activities targeting key vulnerable groups of the UK population, promoting awareness of the risk of listeriosis and behaviours and actions that can help prevent the disease;
 - Procurement/provision of food focused activities to ensure that the risk of listeriosis is taken into consideration as part of public food procurement and food safety management processes in settings in which vulnerable people are cared for in the UK;
 - Industry compliance/enforcement focused activities to improve compliance of high-risk food industry sectors with existing legal requirements for *L.monocytogenes* in foods and ensure robust and consistent enforcement in this area.

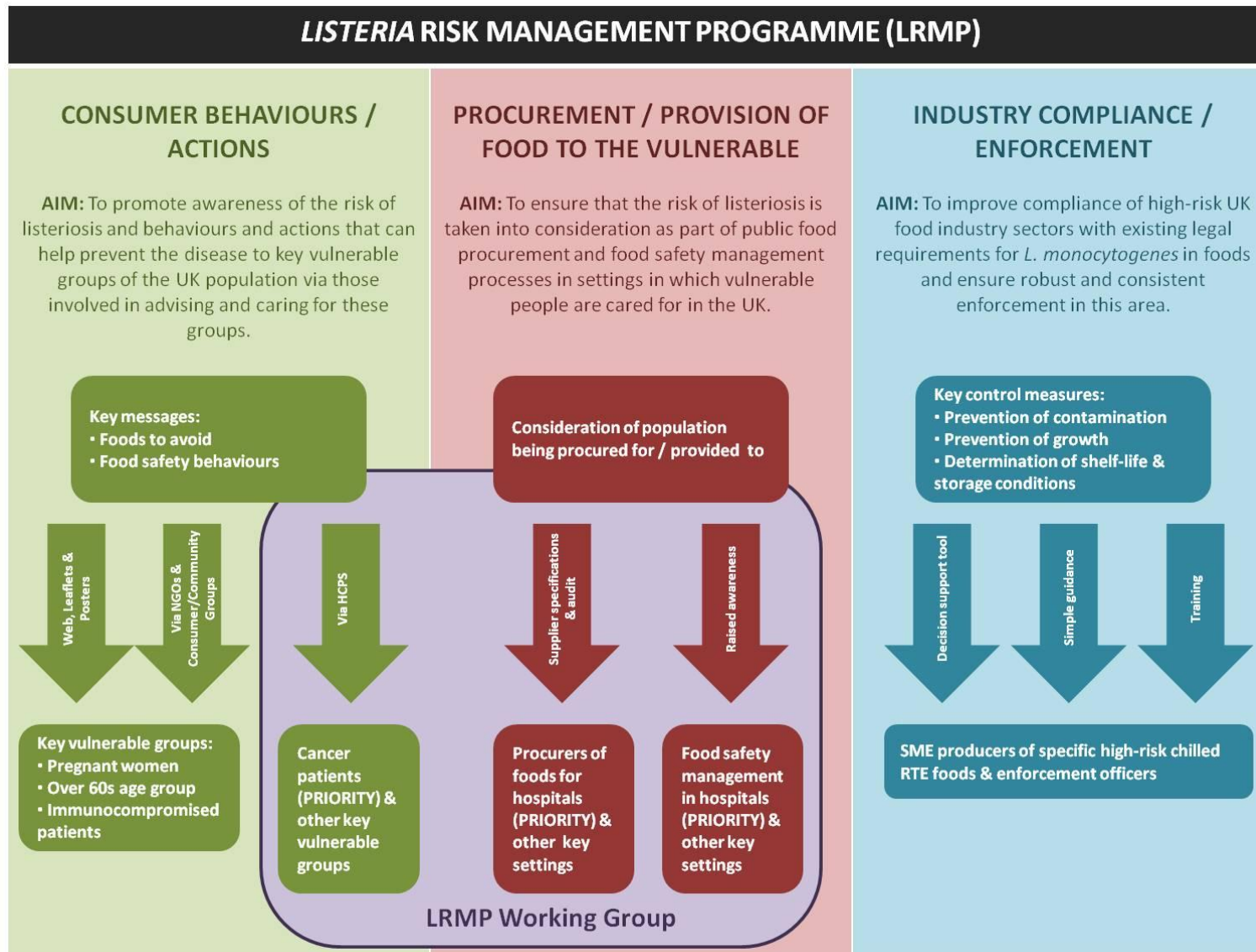
Consumer activities update

5. We are currently revising advice for vulnerable consumers, with plans to publish on the NHS Choices website a new list of foods to avoid, and recommend alternative lower risk food choices. We are currently working with Public Health England and other organisations on the list of foods to ensure the advice fully reflects the available evidence.

Procurement/Provision of food to vulnerable people

6. **Guidance:** In January 2013 we published an information sheet advising hospitals and care homes of the key actions they need to take to reduce the risk of vulnerable patients in their care contracting food poisoning <http://www.food.gov.uk/policy-advice/microbiology/listeria/listeria-care-settings> (see Annex).
7. We will be developing more comprehensive guidance for hospitals in the coming year (2013/2014), with a focus on how to manage and control *L.monocytogenes* in hospitals and similar catering settings. We will consider the procurement of food by hospitals, how suppliers are audited, and what controls are in place/could be improved to reduce risks. The research requirement for this new guidance will be published early July and the work is expected to start December 2013.
8. **Stricter *Listeria* criteria for RTE foods:** It is expected that the guidance for hospitals will be supplemented by new FSA advice for stricter microbiological criteria for *L.monocytogenes* in ready-to-eat foods destined for hospitals and similar health care settings, where the foods are likely to be consumed by vulnerable consumers. Options that are being considered include changes to the microbiological criteria legislation across Europe, a possible national measure for the UK, and the issuing of FSA advice for stricter criteria for *L.monocytogenes* in ready-to-eat foods destined for hospitals and similar health care settings. The stricter criteria could be absence, or could be a low numerical value (i.e. lower than the 100 cfu/g in the legislation), for example <20 cfu/g or <10 cfu/g.
9. FSA initiated a consultation process on the options for stricter criteria outlined above in May 2013 and will be issuing an industry questionnaire shortly to inform the development of an Impact Assessment. The Impact Assessment will be launched in September 2013 with a view of finalising the new advice by the end of 2013.

Figure 1



Industry/enforcement

10. We are currently developing simple practical guidance for businesses (particularly SMEs) and EHOs so that they better understand how to control and manage the risk of *L.monocytogenes* in ready-to-eat food businesses. FSA has established a group of experts to review a first draft of the guidance produced by an FSA funded contractor. The expert drafting group aims is to complete and publish the industry guidance by the end of 2013. The guidance will be supplemented with training sessions for EHOs early in 2014.

Further information

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PREVENTING LISTERIOSIS IN HOSPITALS AND NURSING/CARE HOMES

Listeriosis is a rare but potentially life-threatening illness caused by the bacterium *Listeria monocytogenes*. Those at increased risk include patients/residents who have weakened immunity due to illness, disease, medication/treatment, as well as pregnant women and people of advanced age with a weakened immune system. The illness has sometimes been linked to eating chilled ready-to-eat foods and controls are therefore needed to minimise the risk from this source. Although it is relatively rare, it can be serious for these most vulnerable groups, where around a third of infections result in death.

As a hospital, nursing, residential or care home, you are classed as a food business because you provide food on a regular basis to people in your care, and you are therefore **legally responsible** for ensuring that the food you supply to these people is safe.

Take these simple steps to reduce the risk of listeriosis to vulnerable people in your care:

Keep chilled ready-to-eat foods cold

- Keep chilled ready-to-eat foods **at or below 5°C** and ensure these foods are kept in the fridge until as close as possible to the time they are served to patients/residents and eaten immediately, or as soon as possible after serving*.
- Uneaten served food should be thrown away. Never allow chilled ready-to-eat foods to be stored in patients'/residents' bedside cabinets for consumption at a later time, as this will increase the risk of illness.
- Ensure fridges used for food storage are maintained at a temperature of **below 5°C**. Check fridge temperatures regularly using an accurate fridge thermometer and in accordance with in-house procedures (guidance on how to do this effectively can be obtained from your catering manager or your local Environmental Health Department). If necessary, adjust the setting to reduce the temperature and check to ensure the unit maintains the correct temperature.

Follow 'use by' dates

- Ensure chilled ready-to-eat foods with a 'use by' date are eaten by this date and never beyond it. Such foods, including pre-packed sandwiches, cooked sliced meats, smoked fish, salads and pre-cut fruit or vegetables, should be kept chilled at or below 5°C and consumed as soon as possible after production or receipt.
- Bulk pre-packed perishable foods, when opened, should be kept chilled at or below 5°C and used within two days, unless the manufacturer's instructions state otherwise.

Take extra care with certain foods and medically highly vulnerable groups

- Ensure patients/residents at increased risk of listeriosis avoid eating soft mould-ripened cheeses, soft blue-veined cheeses and all types of pâté.
- Advise visitors against bringing in chilled ready-to-eat foods for these most vulnerable groups, whether homemade or shop-bought.
- Obtain chilled ready-to-eat foods for patients only from reputable suppliers.

*It is advised that this time should be kept as short as possible for vulnerable groups (well under the 4 hours specified in the temperature control legislation)

For the latest information, advice and guidance see:

- <http://www.food.gov.uk/policy-advice/microbiology/listeria>
- <http://www.nhs.uk/conditions/Listeriosis/Pages/Introduction.aspx>
- FSA Food hygiene: a guide for businesses:
<http://www.food.gov.uk/multimedia/pdfs/publication/hygienebooklet.pdf>
- FSA Safer food, better business supplement for care homes:
<http://www.food.gov.uk/business-industry/caterers/sfb/carehomes/>
- HSC PHA Preventing food poisoning in hospital and at home:
<http://www.publichealth.hscni.net/publications/preventing-food-poisoning-home-and-healthcare-settings-0>