

20 November 2015

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Dear Sir/Madam

Attached are the comments that the New Zealand Food & Grocery Council wishes to present on the ***Call for Submissions – Proposal P1039 – Microbiological Criteria for Infant Formula.***

Yours sincerely

pp Katherine Rich  
**Chief Executive**

**Food Standards Australia New Zealand**  
**CALL FOR SUBMISSIONS – PROPOSAL P1039:**  
**MICROBIOLOGICAL CRITERIA FOR INFANT FORMULA**  
**20 November 2015**

The New Zealand Food & Grocery Council (the “NZFGC”) welcomes the opportunity to comment on the ***Call for Submissions – Proposal P1039: Microbiological Criteria for Infant Formula***.

### **New Zealand Food & Grocery Council**

NZFGC represents the major manufacturers and suppliers of food, beverage and grocery products in New Zealand. This sector generates over \$34 billion in the New Zealand domestic retail food, beverage and grocery products market, and over \$28 billion in export revenue from exports to 185 countries – some 61% of total merchandise exports. Food and beverage manufacturing is the largest manufacturing sector in New Zealand, representing 46% of total manufacturing income and 34% of all manufacturing salaries and wages. Our members directly or indirectly employ 370,000 people – one in five of the workforce.

### **The Proposal**

The proposal is for a draft variation to the Code for microbiological limits for infant formula and follow-on formula. The draft variation reflects an assessment and update of the microbiological limits in the current *Australia New Zealand Food Standards Code* (the Food Standards Code) and in associated guidelines, both of which were developed before 2000. Standard 1.6.1 is renamed to better indicate its scope (Standard 1.6.1 Food Safety Microbiological Criteria) which in turn reflects the evolution over the past 15-20 years of a preventative, through-chain approach to food safety.

### **Comments**

NZFGC concurs with the variation as proposed and supports the views of the Infant Nutrition Council in so doing.

NZFGC supports the creation of two distinct categories of products to which microbiological limits are now applied: powdered infant formula and follow-on formula. The categorisation not only aligns with Codex and the EU, but also with epidemiological evidence and risk profiling in relation to pathogens in particular, which differ between products targeted for consumption by infants and by older infants/young children.

NZFGC agrees that for powdered infant formula, food safety criteria for *Salmonella* and *Cronobacter* are appropriate. The more stringent sampling plans for *Salmonella* and *Cronobacter* for powdered infant formula provide a level of assurance such that, if tested, a contaminated batch of powdered formula will be detected. For powdered follow-on formula, food safety criteria for *Salmonella* are also appropriate.

NZFGC is aware that international experts consider that low levels (<100 cfu/g) of *B. cereus* and *S. aureus* do not represent a direct threat to the health of infants and we therefore agree with FSANZ that microbiological limits for *B. cereus* and *S. aureus* are not necessary.

NZFGC is pleased to see that only food safety microbiological criteria are proposed for inclusion in the Food Standards Code. We have long supported the removal of process hygiene criteria from Standard 1.6.1 and for these to appear in a guidance document. The creation by FSANZ of a *Compendium of Microbiological Criteria for Food* is a well constructed vehicle for process hygiene criteria. Such a division of the sampling plan into pathogen testing for food safety (regulatory) and testing for hygiene indicators in order to verify hygiene programmes (non-regulatory), harmonises with the approach used in Codex Alimentarius.

In moving away from coliform testing to broader pathogen groups, NZFGC also supports the Infant Nutrition Council view that testing of infant formula products, both end-product and during processing, for mesophilic aerobic bacteria (MAB) and Enterobacteriaceae (replacing coliforms), are useful to manufacturers to assess the effectiveness their hygiene programmes and supports these not being used as regulatory limits.