Submission: Proposal P1017 – Criteria for *Listeria monocytogenes* – Microbiological Limits for Food

Comments from the Tasmanian Department of Health & Human Services

Call for submissions: 8 November 2013. Submissions due: 10 January 2014

The Tasmanian Department of Health & Human Services (DHHS) welcomes the opportunity to provide comments on the draft variation to the Australia New Zealand Food Standards Code ('the Code') and the associated draft guidance document.

DHHS supports the establishment of two limits for *L. monocytogenes* in ready-to-eat (RTE) foods depending on whether growth can occur or not as reflected in the draft variation to the Code.

The following points are made in relation to the draft variations to the Code and the draft guidance document.

Assessing whether a food supports the growth of L. monocytogenes

- Under clause 6 of the proposed standard, the growth of *L. monocytogenes* will not occur in RTE food if it can be validated that the level of *L. monocytogenes* will not increase by >0.5 log (Part f) or will not exceed 100 cfu/g or ml (Part g) over the food's stated shelf life. It is explicit in the draft variation that validation under Part g can only apply to foods that have not had a listericidal treatment. Conversely, the decision framework given in the draft guidance document indicates that only foods that have received a listericidal treatment can be validated under Part f. The latter is not explicit in the draft standard. DHHS seeks clarification on this matter.

- Assessing the potential for growth of *L. monocytogenes* is problematic in mixed foods where growth-limiting characteristics, such as pH and water activity, are not consistent across the entire product. The assessment should consider the food component(s) that may be contaminated by *L. monocytogenes* and the potential for growth in each of those components. DHHS suggests that information about assessing mixed foods should be included in the guideline document.

- DHHS notes there are potential issues associated with foods validated under Clause 6(g) of standard 1.6.1 (i.e. where the level of *L. monocytogenes* does not exceed 100 cfu/g). Should subsequent testing against standard 1.6.1 by the business or enforcement agency indicate levels of *L. monocytogenes* >100 cfu/g, the validity of the initial validation assessment will be questioned and it may become invalid meaning that the *L. monocytogenes* limit would revert to "not detected in 25 g".

Reference methods of analysis

- DHHS does not believe that the proposed reference to standard methods "as in force at the commencement of this provision" (1.6.1(4)) is adequate. Reference should be to the most recent standard methods without relying on routine updates to the Code as changes to methods occur. Instead, we recommend that reference is made, in some way, to "the current version" of the reference methods.

- The proposed standard and the draft guidance document states the reference methods prescribed for compliance testing. To avoid confusion, the guidance document should explicitly state that other methods (including rapid methods) may also be used by businesses as part of their testing programs.

In addition to the proposed changes to the Code, DHHS believes that the proper management of *L. monocytogenes* requires targeted information for vulnerable populations (particularly those at hospitals and aged care settings). DHHS strongly supports a review of existing materials and the development of new resources in this area and a move to more nationally-consistent messaging about the risks of listeriosis.

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