

Imported food risk statement Cheese (production includes a heat treatment step) in which growth of *Listeria monocytogenes* can occur

Commodity: Cheese that has undergone a heat treatment step during production and in which growth of *Listeria monocytogenes* can occur. Examples of this type of product include cheese prepared from pasteurised or thermised milk (with additional hurdles) or those subject to a high temperature curd cook; and have physico-chemical characteristics (e.g. high pH and water activity) such that growth of *L. monocytogenes* can occur.

Microorganism: Listeria monocytogenes

Recommendation and rationale

Is *L. monocytogenes* in cheese that has undergone a heat treatment step during production and in which growth of the organism can occur a medium or high risk to public health:

☑ Yes

- \Box No
- □ Uncertain, further scientific assessment required

Rationale:

- Human illness has been associated with this category of cheese contaminated with *L. monocytogenes*. For susceptible populations, infection with *L. monocytogenes* can have severe consequences
- Food recall data in Australia, surveillance and compliance data internationally have shown detections of *L. monocytogenes* in this category of cheese
- *L. monocytogenes* contamination can happen after pasteurisation and growth of *L. monocytogenes* can occur during refrigerated storage

General description

Nature of the microorganism:

L. monocytogenes is a Gram-positive, non-spore forming rod-shaped bacterium that can grow in both aerobic and anaerobic conditions. It is found throughout the environment and has been isolated from domestic and wild animals, birds, soil, vegetation, fodder and wet areas of food processing environments (FSANZ 2013).

A distinguishing feature of *L. monocytogenes* is its ability to grow at refrigeration temperatures. Growth can occur at temperatures between $1.5 - 45.0^{\circ}$ C, pH of 4.0 - 9.6 and a minimum water activity of 0.90 when other conditions are near optimum. Temperatures above 50°C are lethal to *L. monocytogenes*, however, it is able to survive frozen storage at -18°C (ICMSF 1996; FSANZ 2013).

Adverse health effects:

For susceptible populations *L. monocytogenes* is a severe hazard as it can cause life threatening illness (ICMSF 2002). People at risk of invasive listeriosis include pregnant women and their foetuses, newborn babies, the elderly and immunocompromised individuals (such as cancer, transplant and HIV/AIDS patients). Less

FSANZ provides risk assessment advice to the Department of Agriculture on the level of public health risk associated with certain foods. For more information on how food is regulated in Australia refer to the <u>FSANZ website</u> or for information on how imported food is managed refer to the <u>Department of Agriculture website</u>.

frequently reported, but also at a greater risk, are patients with diabetes, asthma, cirrhosis and ulcerative colitis (FSANZ 2013).

In pregnant women invasive listeriosis can cause spontaneous abortion, stillbirth or neonatal infection. Influenza-like symptoms, fever, and gastrointestinal symptoms can also occur in the mother. In immunocompromised individuals and the elderly invasive listeriosis can cause potentially fatal bacterial meningitis with symptoms of fever, malaise, ataxia and altered mental status. The onset of illness of invasive listeriosis generally ranges from 3 days to 3 months after infection. Invasive listeriosis has a fatality rate of 15 – 30% (FDA 2012; FSANZ 2013).

Nearly all cases of listeriosis in susceptible people result from the consumption of high numbers of the pathogen (Chen et al. 2003; FAO/WHO 2004). However, in some foods growth of *L. monocytogenes* can occur, enabling high levels of *L. monocytogenes* to be achieved that may lead to illness.

Exposure to *L. monocytogenes* has minimal impact on the general healthy population. If illness does occur it is often mild and may be mistaken for a viral infection or flu (FSANZ 2012).

Consumption patterns:

In the 2007 Australian National Children's Nutrition and Physical Activity Survey, <1% of children (aged 2 – 16 years) reported consumption of Brie, Camembert and/or Ricotta cheese (production includes a heat treatment step) (DOHA 2008). In the 2011 – 2012 Nutrition and Physical Activity Survey (part of the 2011 – 2013 Australian Health Survey), 1% of people (aged 2 and above) reported consumption of Brie, Camembert and other surface ripened cheese (ABS 2014). The published data for the 2011 – 2012 survey at this level of specificity of cheese type is not available by age group breakdown.

For both the 2007 and the 2011 – 2012 survey, mixed foods that contained cheese were excluded from the analysis. The 2007 survey derived data from two days of dietary recall data for each respondent (a respondent is counted as a consumer if the food was consumed on either day one or day two, or both days), compared with only one day of dietary recall data for the 2011 - 2012 survey. Using two days of data will result in a higher proportion of consumers compared to a single day only, meaning the results are not directly comparable.

Key risk factors:

L. monocytogenes has been identified as a concern for this category of cheese in previous work performed by FSANZ (2006; 2014). *L. monocytogenes* can be a contaminant of milk sourced from infected herds. Through chain controls, including effective heat treatment during cheese production, will inactivate *L. monocytogenes* present in this category of cheese. However, re-contamination can occur after this processing step as *L. monocytogenes* is an ubitiqious organism and can become established in processing environments. Due to the inherent characteristics of this commodity, growth of *L. monocytogenes* can occur, even when stored at <4°C.

Risk mitigation:

Good hygienic practices in food manufacturing and food handling minimise *L. monocytogenes* contamination of food. The implementation of control measures (e.g. temperature control) so that growth of high levels of *L. monocytogenes* will not occur in the food are expected to have the greatest impact on reducing rates of listeriosis, as nearly all cases of listeriosis result from the consumption of high numbers of the pathogen.

Pasteurisation of milk, or equivalent measures during production as specified under clause 16 of <u>Standard</u> <u>4.2.4 in the Australia New Zealand Food Standards Code</u> (the Code), will inactivate *L. monocytogenes*. Good hygienic practices in food manufacturing and food handling will minimise *L. monocytogenes* contamination of this category of cheese.

In Australia <u>Standard 4.2.4 of the Code</u> sets out a number of food safety requirements for primary production and processing of dairy products, including the implementation of documented food safety programs for dairy primary production, collection, transportation and processing.

<u>Standard 1.6.1 of the Code</u> has a microbiological limit for *L. monocytogenes* in ready-to-eat (RTE) food in which growth of *L. monocytogenes* can occur of n=5, c=0, m=not detected in 25g.

Clause 6 of <u>Standard 1.6.1 of the Code</u> states that, for the purposes of the Schedule, growth of *L. monocytogenes* will not occur in a RTE food if –

- (a) the food has a pH less than 4.4 regardless of water activity; or
- (b) the food has a water activity less than 0.92 regardless of pH; or
- (c) the food has a pH less than 5.0 in combination with a water activity of less than 0.94; or
- (d) the food has a refrigerated shelf life no greater than 5 days; or
- (e) the food is frozen (including foods consumed frozen and those intended to be thawed immediately before consumption); or
- (f) it can be validated that the level of *Listeria monocytogenes* will not increase by greater than 0.5 log CFU/g over the food's stated shelf life.

Additional information can be found in the FSANZ document <u>Guidance on the application of microbiological</u> <u>criteria for Listeria monocytogenes in RTE food</u>.

Public information for vulnerable populations to avoid consumption of RTE food in which growth of *L. monocytogenes* can occur is available on various government websites <u>including FSANZ's website</u>.

Compliance history:

For the purposes of this assessment, it was considered likely that growth of *L. monocytogenes* can occur in soft and particular semi-soft cheeses. The imported food compliance data sourced from the Imported Food Inspection Scheme of the Australian Department of Agriculture for January 2007 – January 2014 showed that of the 314 *L. monocytogenes* tests applied to this category of cheese there were 9 fails, a 2.9% failure rate (based on detection of the presence of *L. monocytogenes*, the levels were not enumerated). The failed samples were soft Gorgonzola from Italy and France. There were an additional 1349 *L. monocytogenes* tests applied to cheese where it is uncertain whether growth of *L.* monocytogenes can occur. It is likely that some of these cheese samples may fit into this category of cheese, however, there is not enough information to confirm this.

There were 24 notifications on the European Commission's Rapid Alert System for Food and Feed (RASFF) for the presence of *L. monocytogenes* in cheeses in which it is considered likely that growth of *L. monocytogenes* can occur from multiple countries during the period from January 2007 – January 2014 (it was not stated if the production included heat treatment). Among the notified products the counts of *L. monocytogenes* ranged from presence in a 25g sample to 8.5 x 10^4 CFU/g. There were an additional 58 notifications from multiple countries for cheese where it is uncertain whether growth of *L.* monocytogenes can occur. It is likely that some of these cheese samples may fit into this category of cheese, however, the description provided in RASFF did not provide enough information to confirm this.

There have been nine food recalls in Australia for this category of cheese from January 2007 – January 2014. Eight of these recalls were for soft cheeses produced domestically. The other recall was for soft cheese imported from Italy.

Surveillance information:

Listeriosis is a notifiable disease in all Australian states and territories with a notification rate in 2013 of 0.3 cases per 100,000 population (76 cases). This is the same as the previous five year mean of 0.3 cases per 100,000 population per year (ranging from 0.3 - 0.4 cases per 100,000 population per year) (NNDSS 2014).

Illness associated with consumption of cheese (production includes a heat treatment) in which growth of pathogens can occur contaminated with *L. monocytogenes*

A search of the scientific literature via the EBSCO Discovery Service, the US CDC Foodborne Outbreak Online Database and other published literature during the period 1990 – September 2014, identified there are a number of reported listeriosis outbreaks associated with consumption of with this category of cheese.

- Outbreak in Australia (multi-jurisdictional) in 2012 2013, 34 cases of illness including one miscarriage and six other fatalities linked to consumption of Brie and Camembert cheese made from pasteurised milk. The outbreak strain of *L. monocytogenes* was isolated from product produced by the implicated manufacturer and in product sampled at retail (OzFoodNet 2013)
- Outbreak in the United States in 2009, eight cases of illness linked to consumption of Mexican-style cheese made from pasteurised milk. The outbreak strain of *L. monocytogenes* was isolated from the cheese production plant. Post-pasteurisation contamination occurred, possibly due to a vat gasket cleaning issue (Jackson et al. 2011)
- Outbreak in Canada in 2008, 38 cases of illness including three miscarriages linked to consumption of a commercial soft washed-rind cheese made from pasteurized milk. Post-processing contamination occurred, such as cross-contamination at retail (Gaulin et al. 2012)
- Outbreak in Germany in 2006 2007, 189 cases of illnesses with a 14% fatality rate, linked to consumption of a soft cheese made from pasteurised milk (Koch et al. 2010)

Prevalence of *L. monocytogenes* in cheese (production includes a heat treatment step) in which growth of pathogens can occur

A search of the scientific literature via the EBSCO Discovery Service during the period 1990 – September 2014, identified that surveys of this category of cheese have isolated *L. monocytogenes* in 0 - 11% of samples (Brito et al. 2008; Barancelli et al. 2011). Examples of surveys are listed below:

- Survey in Brazil in 2008 2009, *L. monocytogenes* was not detected in Minas Frescal (Latin-style soft cheese) samples made from pasteurised milk (n=130) collected at cheese manufacturing plants (Barancelli et al. 2011)
- Survey in Brazil in 2005 2006, *L. monocytogenes* was isolated in 11% of Minas Frescal cheese samples (Latin-style soft cheese) samples made from pasteurised milk (n=55) at retail, the level of contamination was 2.48 4.28 log₁₀ CFU/g (Brito et al. 2008)
- Survey in the United Kingdom in 2004 2005, where *L. monocytogenes* was isolated in 0.2% of unripened soft (fresh) cheese (n=412) and 0.06% of ripened soft cheese (n=1622), samples were made from pasteurised milk and collected at retail, the level of contamination was <10² CFU/g (Little et al. 2008)

Other relevant standards or guidelines

- Codex general principles of food hygiene CAC/RCP 1 1969 provides key hygiene controls from primary production through to final consumption (Codex 2003)
- Codex code of hygienic practice for milk and milk products CAC/RCP 57-2004 covers additional hygienic provisions for the production, processing and handling of milk and milk products (Codex 2004)
- Codex guidelines on the application of general principles of food hygiene to the control of *L. monocytogenes* in foods *CAC/GL 61 2007* (Codex 2007) states:
 - For ready-to-eat foods in which growth of *L. monocytogenes* can occur the microbiological criterion for *L. monocytogenes* is n=5, c=0, m=absence in 25g
 - For ready-to-eat foods in which growth of *L. monocytogenes* cannot occur the microbiological criterion for *L. monocytogenes* is n=5, c=0, m=100 CFU/g
- There are *E. coli* limits in <u>Standard 1.6.1 of the Code</u> for all cheeses. Generic *E. coli* is used as an indicator of process hygiene (ICMSF 2011)

Approach by overseas countries

Many countries, such as the European Union, the United States and Canada, have HACCP-based measures in place for production of this commodity.

Other considerations

Quarantine restrictions apply to products under this commodity classification. Refer to the ICON database.

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References

ABS (2014) Australian health survey: Nutrition first results - Foods and nutrients, 2011-12. Australian Bureau of Statistics, Canberra.

http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.007main+features22011-12. Accessed 20 February 2015

Barancelli GV, Camargo TM, Reis CMF, Porto E, Hofer E, Oliveira CAF (2011) Incidence of *Listeria monocytogenes* in cheese manufacturing plants from the Northeast region of Sao Paulo, Brazil. Journal of Food Protection 74(5):816–819

Brito JRF, Santos EMP, Arcuri EF, Lange CC, Brito MAVP, Souza GN, Cerqeira MMPO, Beltran JMS, Call JE, Liu Y, Porto-Fett ACS, Luchansky JB (2008) Retail survey of Brazilian milk and Minas frescal cheese and a contaminated dairy plant to establish prevalence, relatedness, and sources of *Listeria monocytogenes*. Applied and Environmental Microbiology 74(15):4954–4961

Chen Y, Ross WH, Scott VN, Gombas DE (2003) *Listeria monocytogenes*: Low levels equal low risk. Journal of Food Protection 66(4):570–577

Codex (2003) General principles of food hygiene (CAC/RCP 1 - 1969). Codex Alimentarius Commission, Geneva

Codex (2004) Code of hygienic practice for milk and milk products (CAC/RCP 57 - 2004). Codex Alimentarius Commission, Geneva

Codex (2007) Guidelines on the application of general principals of food hygiene on the control of *Listeria monocytogenes* in foods (CAC/GL 61 - 2007). Codex Alimentarius Commission, Geneva

DOHA (2008) 2007 Australian national children's nutrition and physical activity survey - Main findings. Department of Health and Ageing, Canberra. <u>http://www.health.gov.au/internet/main/publishing.nsf/Content/health-publith-strateg-food-monitoring.htm</u>. Accessed 27 March 2015

FAO/WHO (2004) Risk assessment of *Listeria monocytogenes* in ready-to-eat foods. Food and Agriculture Organization of the United Nations and World Health Organization, Rome

FDA (2012) Bad bug book: Foodborne pathogenic microorganisms and natural toxins handbook, 2nd ed. US Food and Drug Administration, Silver Spring.

http://www.fda.gov/food/foodborneillnesscontaminants/causesofillnessbadbugbook/default.htm. Accessed 23 July 2015

FSANZ (2006) A risk profile of dairy products in Australia. Food Standards Australia New Zealand, Canberra. http://www.foodstandards.gov.au/code/proposals/documents/P296%20Dairy%20PPPS%20FAR%20Attach%20 2%20FINAL%20-%20mr.pdf. Accessed 19 November 2014

FSANZ (2012) Listeria and food. Food Standards Australia New Zealand, Canberra. <u>http://www.foodstandards.gov.au/consumer/safety/listeria/pages/factsheet/listeriaandfoodjuly25590.aspx</u>. Accessed 21 August 2013 FSANZ (2013) Agents of foodborne illness. 2nd ed, Food Standards Australia New Zealand, Canberra. <u>http://www.foodstandards.gov.au/publications/Documents/FSANZ_FoodbornellIness_2013_WEB.pdf</u>. Accessed 4 September 2013

FSANZ (2014) Proposal P1017 - Criteria for *Listeria monocytogenes* - Microbiological limits for foods - Supporting document 2 - Scientific basis for *Listeria monocytogenes* limits. Food Standards Australia New Zealand, Canberra.

http://www.foodstandards.gov.au/code/proposals/Documents/P1017-MicroAppR-SD2.pdf. Accessed 12 March 2015

Gaulin C, Ramsay D, Bekal S (2012) Widespread listeriosis outbreak attributable to pasteurized cheese, which led to extensive cross-contamination affecting cheese retailers, Quebec, Canada, 2008. Journal of Food Protection 75(1):71–78

ICMSF (1996) *Listeria monocytogenes*. Ch 8 In: Microorganisms in food 5: Microbiological specifications of food pathogens. Blackie Academic and Professional, London, p. 141–182

ICMSF (2002) Selection of cases and attributes plans. Ch 8 In: Microorganisms in food 7: Microbiological testing in food safety management. Kluwer Academic/Plenum publishers, London, p. 145–172

ICMSF (2011) Milk and dairy products. Ch 23 In: Microorganisms in food 8: Use of data for assessing process control and product acceptance. Springer, New York, p. 305–327

Jackson KA, Biggerstaff M, Tobin-D'Angelo M, Sweat D, Klos R, Nosari J, Garrison O, Boothe E, Saathoff-Huber L, Hainstock L, Fagan RP (2011) Multistate outbreak of *Listeria monocytogenes* associated with Mexican-style cheese made from pasteurized milk among pregnant, Hispanic women. Journal of Food Protection 74(6):949– 953

Koch J, Dworak R, Prager R, Becker B, Brockmann S, Wicke A, Wichmann-Schauer H, Hof H, Werber SK (2010) Large listeriosis outbreak linked to cheese made from pasteurized milk, Germany, 2006-2007. Foodborne Pathogens and Disease 7(12):1581–1584

Little CL, Rhoades JR, Sagoo SK, Harris J, Greenwood M, Mithani V, Grant K, McLauchlin J (2008) Microbiological quality of retail cheese made from raw, thermized or pasteurized milk in the UK. Food Microbiology 25(2):304–312

NNDSS (2014) Notifications for all disease by State & Territory and year. National Notifiable Disease Surveillance System, Department of Health and Ageing, Canberra. http://www9.health.gov.au/cda/source/rpt 2 sel.cfm. Accessed 20 November 2014

OzFoodNet (2013) OzFoodNet Quarterly report, 1 October to 31 December 2012. Communicable Diseases Intelligence 37(4):E418–E426