

# **Consumer Federation of America**

October 30, 2008

Dr. Rebecca Buckner Co-Alternate to the U.S. Delegate to the CCFH FDA/CFSAN Harvey W. Wiley Federal Building 5100 Paint Branch Parkway College Park, MD 20740-3835

Re: Proposed Draft Microbiological Criteria for *Listeria Monocytogenes* in Ready-to-Eat Foods at Step 3, (CX/FH 08/40/5 October 2008)

The Consumer Federation of America (CFA) appreciates the opportunity to provide comments to the U.S. Delegation on the Proposed Draft Microbiological Criteria for *Listeria monocytogenes* in Ready-to-Eat Foods, as part of the 40<sup>th</sup> Session of CCFH.

CFA is a non-profit association of over 300 organizations, with a combined membership of over 50 million Americans. Member organizations include local, state, and national consumer advocacy groups, senior citizen associations, consumer cooperatives, trade unions and anti-hunger and food safety organizations. Since its founding in 1968, CFA has worked to advance the interest of American consumers through research, education and advocacy. CFA's policy positions are determined by vote of member representatives at board meetings and the annual meeting. CFA's Food Policy Institute was created in 1999 and engages in research, education and advocacy on food and agricultural policy, agricultural biotechnology, food safety and nutrition.

## Listeriosis in the U.S. Population

Listeriosis is a serious foodborne disease. According to the CDC, an estimated 2,500 persons become seriously ill in the United States each year as a result of listeriosis; over 90 percent of the victims are hospitalized and 20 percent die<sup>1</sup>. This case fatality rate is generally considered high for a foodborne pathogen infection.

Those most at risk include children, the elderly and the immune compromised. Listeriosis can have serious consequences for pregnant women. The CDC notes that pregnant women are about 20 times more likely than other healthy adults to get listeriosis, and approximately one-third of listeriosis cases happen during pregnancy. Infection creates

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention, "Listeriosis." Accessed October 28, 2008 at <a href="http://www.cdc.gov/nczved/dfbmd/disease\_listing/listeriosis\_gi.html">http://www.cdc.gov/nczved/dfbmd/disease\_listing/listeriosis\_gi.html</a>.

serious risk to an unborn fetus, frequently leading to miscarriage, stillbirth or serious health problems.

## CFA Opposes Weakening of Standard for Listeria monocytogenes

CFA strongly urges the U.S. Delegation to oppose the Working Group recommendation to establish a tolerance of 100 cfu/g for *Listeria monocytogenes* in foods which do not support growth. This tolerance level would represent a weakening of the current standard in the United States and would not provide sufficient public health protection to consumers. Such a tolerance level also increases the risk of cross-contamination between foods which do not support the growth of Listeria and foods that do support the growth of Listeria.

#### **Progress Has Stalled in Reducing Listeria Illnesses**

The U.S. standard for *Listeria monocytogenes* is 0.04 cfu/g, often referred to as a "zero tolerance." Despite this standard, progress in reducing listeriosis in the U.S. has ground to a halt. The U.S. has failed to meet its national health goal of reducing listeriosis to 0.25 illnesses per 100,000 for three years in a row<sup>2</sup>. At a time when the U.S. is failing to meet its goals for reducing listeriosis in the population, it makes no sense to weaken the U.S. standard. Such a change would likely place U.S. consumers, particularly vulnerable populations, at increased risk of listeriosis.

The European Union operates under a tolerance of 100 cfu/g for *Listeria monocytogenes*. Since that standard was put in place, data from the European Union from 1999-2006 show statistically significant and increasing trends of listeriosis incidence in a number of EU countries<sup>3</sup>. In 2006, EU member states reported the highest number of listeriosis cases over the past eight years. The European Center for Disease Prevention and Control notes that more research is necessary to determine the possible contributing factors to this increase in incidence. However, one study suggests that "there may be increasing exposure to foods that have sporadic or low-level Listeria contamination and that have some ability to support growth of Listeria organisms<sup>4</sup>."

#### **Increased Risk of Illness Due to Cross-Contamination is Likely**

CFA is particularly concerned that allowing a tolerance of 100cfu/g for Listeria in products that do not support growth could lead to increased contamination of products that do support growth, particularly in retail establishments. Retail food establishments regularly handle products that support growth and products that do not support growth. Cross-contamination, particularly in retail delis, is frequently implicated in identification

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<sup>&</sup>lt;sup>2</sup> Every year, the Centers for Disease Control and Prevention reports incidence of foodborne disease related to foodborne pathogens in the U.S. The CDC measures its data against the Healthy People 2010 goals, the national health promotion and disease prevention initiative of the federal government. In May 2000, President Clinton announced that he was shortening the timetable for reaching a national incidence of listeriosis of 0.25 persons per 100,000 population from 2010 to 2005.

<sup>&</sup>lt;sup>3</sup> Denny J, McLauchlin J, "Human Listeria monocytogenes infections in Europe – an opportunity for improved European surveillance." *Euro Surveill*, 13(13): March 2008.

<sup>&</sup>lt;sup>4</sup> Goulet V, Hedberg C, Le Monnier A, de Valk H, "Increasing Incidence of Listeriosis in France and Other European Countries." *Emerging Infectious Diseases*, 14(5): May 2008.

of Listeria contamination and strategies to control the growth of Listeria in retail and food service operations are limited.

[I]nvestigation of bacterial survival and transfer under laboratory conditions has revealed that contact of fingers of food contact surfaces with contaminated cloths or surfaces, even when the contamination level is low, may result in pathogen transfer sufficient to pose a health hazard<sup>5</sup>.

Preliminary results from a 2006 national survey in the U.S. found that RTE meat and poultry sliced at retail delis had Listeria levels seven times higher than unopened RTE packages that were processed under USDA inspection<sup>6</sup>. This indicates a likely potential for environmental contamination at retail delis and the high likelihood that crosscontamination could occur. Introducing increased levels of Listeria into these environments via a 100cfu/g tolerance is unwise and could increase the risk of Listeria contamination.

### **Summary**

In summary, CFA strongly urges the U.S. Delegation to oppose the Working Group recommendation to establish a tolerance of 100 cfu/g for *Listeria monocytogenes* in foods that do not support growth. A 100 cfu/g tolerance will only weaken public health protections for U.S. citizens. Such a change from the current zero tolerance standard in the U.S. is unjustifiable at a time when the U.S. is failing to attain its public health goals in reducing Listeriosis. Further, cross-contamination of products that do not support growth with products that do support growth could increase the risk of listeriosis to consumers. Public health will not be improved by the Working Group's recommendation and the U.S. Delegation should oppose it.

Sincerely,

Chris Waldrop

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Director, Food Policy Institute

<sup>&</sup>lt;sup>5</sup> Lianou A, Sofos JN, "A Review of the Incidence and Transmission of *Listeria monocytogenes* in Readyto-Eat Products in Retail and Food Service Establishments," *Journal of Food Protection* 70(9): 2007, pp. 2172-2198.

<sup>&</sup>lt;sup>6</sup> Draughton A, Oyarzabal O, Ryser E, Cliver D, Hajmeer M, "*Listeria monocytogenes* in Ready-to-Eat Meat and Poultry Deli Products at Retail." *Annual Report*, National Alliance for Food Safety and Security, 2006.