

# Listeriosis & the controls required in Health and Social Care Catering

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TRAINING . AUDITS . DOCUMENTATION . CONSULTANCY

# STS

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- Established food safety consultancy
- Leading experts in food safety in healthcare
- STS have assessed National Health Service suppliers for over 15 years
- Clients include Trusts, private hospitals and care groups
- Led projects for the Food Standards Agency to reduce risk of Listeriosis in healthcare
- Part of the ELAS Group – H&S, Occupational Health, Employment Law

# FIVE KEY FACTS ABOUT LISTERIOSIS

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1. Most (94%) of those who develop invasive listeriosis will end up in hospital
2. Listeriosis kills more people than any other foodborne disease with a fatality rate around 25 -30 percent (main cause of death from foodborne illness in UK)
3. Most fatalities include the elderly and those with weakened immunity
4. Cases of listeriosis have been increasing in Europe over the last 5 years with an 8.6 percent rise between 2012 and 2013 (European Food Safety Authority report) & increase in reported cases in UK countries reported year on year (PHE)
5. The financial impact of listeriosis is estimated at £245 million per year

# LISTERIA MONOCYTOGENES: AN OPPORTUNISTIC PATHOGEN

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- Genetic mechanisms for survival enable it to last longer under adverse conditions than any other non-spore forming bacteria
- Found in vegetation, raw foods, soil, water, animal faeces and in some cases in food processing environments
- Unlike most other pathogenic bacteria it is able to grow at temperatures as low as 1°C
  - Studies show that the rate of growth can double at 8°C compared to 5°C
  - Failure to maintain the cold chain is a contributory factor in many outbreaks of listeriosis
- Biofilm formation is a particular feature
  - Enables pathogen to resist disinfection and other methods of eradication
  - Biofilms have been known to persist in food production environments for up to 7 years
  - RTE food in contact with a biofilms is a contributory factor in many outbreaks of listeriosis

# WHY ARE THE ELDERLY MORE AT RISK?

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- Malnutrition has been reported as a risk factor for listeriosis
- A significant number of elderly in long term care are not only frail, but also immunocompromised due underlying co-morbidities (e.g. cancer) and medication/treatment for the illness
- More likely to consume their food cold rather than hot
- Unaware of the risks to health of eating food not stored at the correct temperature and beyond its shelf-life

Source: Advisory Committee on the Microbiological Safety of Food: Ad Hoc Group on Vulnerable Groups – Report on the Increased Incidence of Listeriosis in the UK

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# HIGHER RISK FOODS

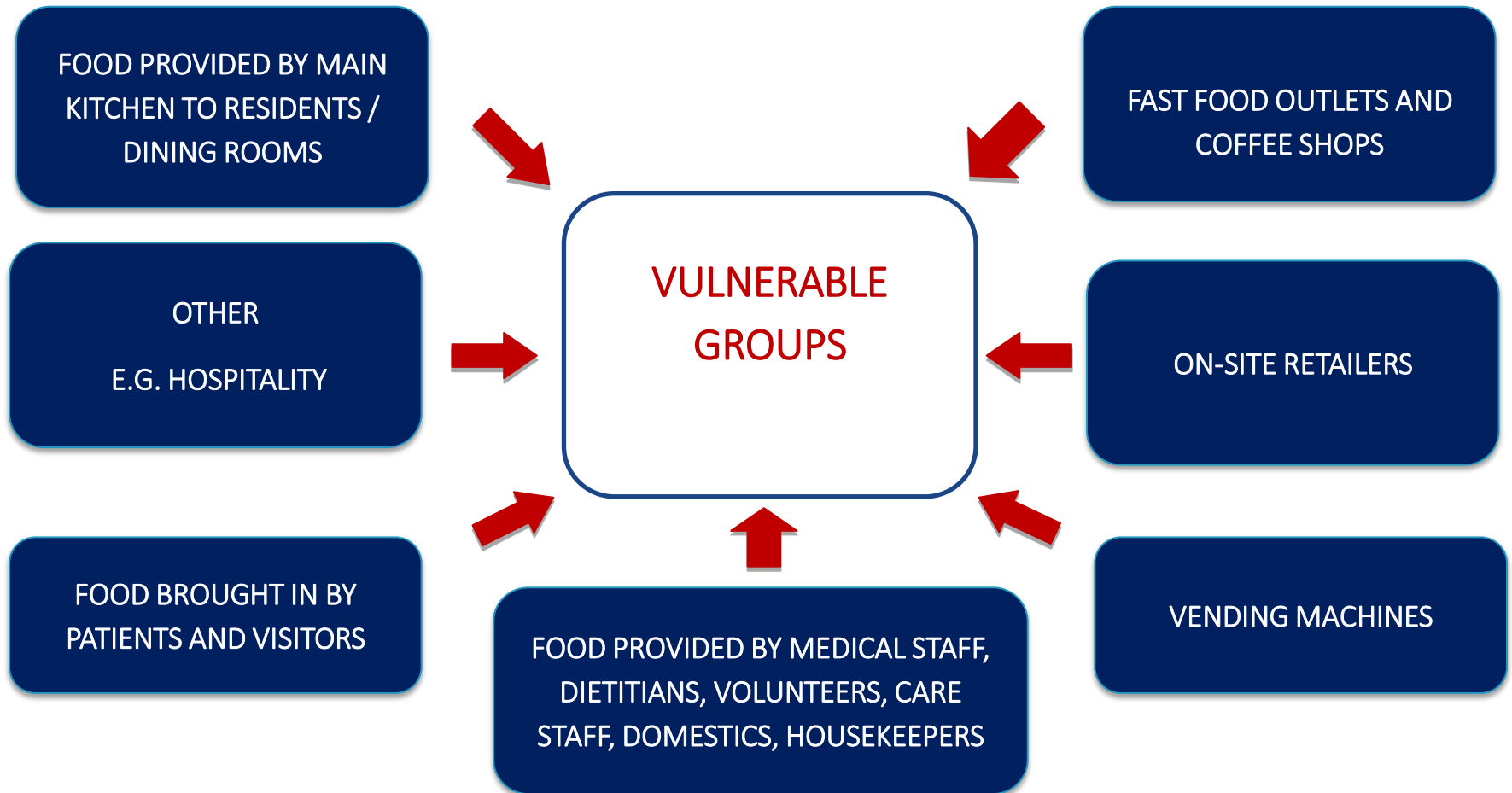
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*L. monocytogenes* has been found in a variety of foods and is most commonly associated with **chilled ready-to-eat (RTE)** foods

The foods listed are examples of food types that have most commonly been implicated in sporadic cases and outbreaks of listeriosis

PRE-PREPARED FOODS	MEAT	FISH	DAIRY
Pre-packed Sandwiches Prepared salads	Cooked sliced meats Pate	Smoked salmon Shellfish	Soft blue veined cheeses Mould ripened soft cheeses

# FOOD PATHWAYS



# KEY CONTROLS

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## 1. CONTROL OF GROWTH:

- Maintain the cold chain
- Shelf life

## 2. AVOID CONTAMINATION:

- Cleaning and disinfection
- Personal hygiene (up to 10 % of the population are asymptomatic carriers of Lm)
- Cross-contamination (FSA cross-contamination guidance / E Coli 0157 guidance)

## 3. PROCUREMENT/PURCHASE:

- Purchase from reputable suppliers who have controls for Lm in place
- Safeguard against buying in food products or ingredients which are potentially contaminated with *L. monocytogenes*
- A clear policy should be in place for procurement/purchase of high-risk foods



# KEY CONTROLS

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## 4. TRAINING:

- All food handlers given suitable training (including non-caterers)

## 5. FOOD SAFETY POLICY:

- Clear responsibilities for all levels of staff / job roles
- All food pathways considered

# ANY QUESTIONS

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