Subcommittee #1 FSIS Best Practices Guidance for Controlling Listeria monocytogenes (Lm) in Retail Delicatessens Charge

1) What are the Committee's recommendations for steps that FSIS should take to ensure better *Lm* control at retail? Should FSIS consider additional outreach to retail stores?

Yes, outreach should continue to be provided to retail stores; the information should be practical and easily understandable and available to all audiences. The Committee recommends that FSIS develop outreach programs and materials to be provided to federal, state and local public health agencies.

A) If so, what form should the outreach take to be most effective?

- FSIS should ensure that all information is consistently communicated to public health and regulatory agencies, retailers, and other allied stakeholders.
- Ensure that guidance is being communicated to stakeholders and implemented.
- Encourage partnerships and collaborations with other public health and regulatory agencies (city, county, state public health departments, AFDO, NEHA, *etc.*) as well as other allied stakeholders (universities, FMI, NGA, AFFI, ALP, *etc.*)
- Consideration to be given that any guidance and/or information provided should be practical and easily understandable and available to all audiences.
- Consider continued engagement with Conference for Food Protection as provides consensus among government, industry and academic experts.
- Outreach should be accessible to all audiences and partner with stakeholders to collaborate and assist with information dissemination. The Committee strongly encourages continued engagement with local and state public health

agencies and other allied stakeholders to better understand the information and guidance needs to control listeriosis in the retail deli.

- e.g. webinars, videos (e.g. social media style video), seminars at industry events, Extension personnel, hardcopy written materials
- B) What topics should the Agency address?
 - FSIS should align with FDA in the best practices outlined below. These best practices should be made available in a way that would allow easy access to retails, *i.e* website <u>www.fda.gov/retailfoodprotection</u>, develop an "AskKaren" type of program to request information. For example, FSIS continues to collaborate with other federal, state, and local public health stakeholders to disseminate materials that prevent listeriosis in retail.
 - Sanitation consideration given for complexities within retail environment(s), which includes equipment (*e.g.* lock-out procedures), personnel, geographical areas
 - **Examples**
 - Show how to breakdown and clean slicers
 - Operational procedures outreach consideration given for complexities within retail environment(s), which includes equipment (*e.g.* lock-out procedures), personnel, geographical areas
 - > Examples:
 - FSIS regulated-food only slicers vs. FDAregulated-food only slicers
 - Proper technique to monitor temperatures
 - How to collect verification data
 - How to properly separate RTE and raw/fresh foods within retail establishments
 - Develop programs on how a retailer could reduce risk, *i.e.* inhibitors, adaption of sanitation procedures
 - Committee recommends that *Listeria* compliance selfassessment tool be evaluated by stakeholders and make applicable to the retail. FSIS should also have similar industry tools and best practices (*e.g.* FMI,

NAMI) evaluated by stakeholders and make applicable to retail.

- The Committee recommends any testing or sampling activities that may be suggested after evaluation of pilot study or as new scientific evidence is available be considered for a work plan in NACMCF.
- 2) If the Committee does not have any recommendations on specific topics, does it have recommendations on how to get information to identify important topics?
 - Consider the advancement of emerging technologies and how they may contribute to knowledge on *Listeria* attribution and risk, *i.e.* whole genome sequencing
 - Continued engagement with public health and regulatory agencies, industry and allied stakeholders to identify emerging issues, *e.g.* use-by dates, date-marking for consumers and retailers.
- 3) Should FSIS rely on regulation, State personnel, the Food Code, or some other means to effect these recommendations?
 - A) Should FSIS work with FDA and the states to make changes to the Food Code requiring sanitizing and temperature control records?
 - B) Should FSIS require certain actions by retail stores?
 Examples of possible requirements include:
 (Please note: The Committee does not have to make the following recommendations, below are just examples).
 - Requiring retailers to keep sanitation records demonstrating that they clean the equipment at regular intervals (e.g., slicers every four hours)
 - Requiring retailers to keep records demonstrating that deli cases are kept below 41°F
 - Cross contamination due to air flow in the deli case?
 - The Committee strongly believes the prevention of listeriosis attributed to the retail deli is critically important. The Committee strongly believes FSIS should continue to work with FDA and states to prevent listeriosis attributed to

the retail deli. The Committee believes sanitation and temperature control records are appropriate to change within the Food Code and do believe records are important to document actions at the retail deli, specifically actions to demonstrate compliance to sanitation and temperature controls. Therefore, the Committee recommends that a comprehensive interagency plan, which would include federal, state and local public health agencies, to modify Food Code to reduce listeriosis in retail establishment(s) after evaluation of the Listeria Pilot Survey. Specifically, identify critical factors that should be controlled at retail to prevent listeriosis, *i.e. Listeria* zones, temperature of coolers, drains. This could include items not included in the Listeria *Pilot Survey*, specifically any FDA-regulated products that may contribute to the risk of listeriosis associated with the retail deli.

• The Committee recommends that FSIS provide the Committee an update on the status of engagement of this recommendation to the other public health agencies.