

codex alimentarius commission



FOOD AND AGRICULTURE
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WORLD
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Agenda Item 7

**CX/FH 06/38/7
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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON FOOD HYGIENE

Thirty-eighth Session

PROPOSED DRAFT CODE OF HYGIENIC PRACTICE FOR POWDERED FORMULAE FOR INFANTS AND YOUNG CHILDREN AT STEP 3

Prepared by the Working Group led by Canada¹

Governments and interested international organizations are invited to submit comments on the attached Draft Code at Step 3 (see Appendix) and should do so in writing in conformity with the Uniform Procedure for the Elaboration of Codex Standards and Related Texts (see *Procedural Manual of the Codex Alimentarius Commission, Fifteenth Edition*) to: Mr S. Amjad Ali, Staff Officer, Food Safety and Inspection Service, U.S. Department of Agriculture, Room 4861, 1400 Independence Avenue, SW, Washington, D.C. 20250, USA, FAX +1-202-720-3157, or email syed.ali@fsis.usda.gov with a copy to: Secretary, Codex Alimentarius Commission, Joint WHO/FAO Food Standards Programme, FAO, Viale delle Terme di Caracalla, 00100 Rome, Italy, by email codex@fao.org or fax: +39-06-5705-4593 **by 1 November 2006.**

Background

At the 37th Session of the Codex Committee on Food Hygiene (CCFH) in 2005, the Committee discussed the draft revised *International Code of Hygienic Practice for Foods for Infants and Children*, prepared by the physical Working Group (WG) led by Canada with the assistance of several Codex member countries and FAO/WHO, IBFAN, ICMSF and IDF, and agreed to rename the document as “*Code of Hygienic Practice for Powdered Formulae for Infants and Young Children*”. Following an extensive discussion on the scope, the Committee decided to develop a core document which addressed all types of powdered formula for infants and young children, namely: powdered infant formula, follow-up formula, formula for Special Medical Purposes (FSMP) intended for infants, and human milk fortifiers, but excluding cereal-based products.

The Committee also agreed that the revised Code would include two annexes: Annex A addressing powdered formula for “infants at greatest risk” with a focus on *Enterobacter sakazakii* and *Salmonella enterica*; and Annex B, addressing all powdered products for infants and young children. Labelling provisions were also recognized as being very important for this Code, and interested parties were

¹ Australia, Belgium, Bolivia, China, EC, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, New Zealand, Spain, Switzerland, United Kingdom, United States of America, Uruguay, FAO, WHO, Consumers International, ICMSF, IBFAN, IDF, ISDI.

invited to submit their comments to the WG in order to attempt to better address labelling issues. The Proposed Draft Revision of the International Code of Practice for Food for Infants and Children was returned to Step 2 for redrafting by the physical WG chaired by Canada. The WG was requested to take into account the following when redrafting the document:

- The outcome of the FAO/WHO Expert Consultation, convened at the request of the CCFH Committee to look at several issues identified during the 37th Session of the CCFH. The Joint FAO/WHO Technical Meeting on *Enterobacter sakazakii* and *Salmonella* in powdered infant formula took place in Rome, Italy, January 16-20, 2006².
- Any new information from ICSMF on the issue of microbiological criteria for *E. sakazakii*, *Salmonella* and Enterobacteriaceae, and 2 and 3-class sampling plans.
- The decisions regarding the scope and the structure of the Code, the written comments submitted at the 37th Session of the CCFH, and the discussions that took place during the last CCFH meeting.

RECOMMENDATIONS:

1. The Working Group met in Ottawa, Canada, May 15-17, 2006, to revise the draft Code of Hygienic Practice, taking into consideration the points listed above;
2. In view of the absence of scientific data for powdered formulae for young children, and the fact that powdered formula for infants is not manufactured for infants at greatest risk and other infants and young children (i.e., there is an overlap of product uses as shown in Annex VI), it became problematic for the WG to address the recommendations of the CCFH, with respect to including young children in the scope of the document and developing two annexes for microbiological criteria, one for infants at greatest risk and another for all formulae for infants and young children. Furthermore, it is noted that the FAO/WHO Expert Consultations were focussed on the risks of *E. sakazakii* and *Salmonella* in powdered infant formulae. Thus, it is the view of the Chairs of the WG and some participants that expanding the scope of the document to young children and the inclusion of two annexes divided based on risk categories of infants that are not reflected in the types of products manufactured, is slowing the progress of the document. The Chairs of the WG recommend restricting the scope of the document to powdered formula for infants, i.e., persons less than 12 months of age, and including one annex for infants. If data become available, the Code could be revised to include young children, or a similar document could be developed for young children.
3. The Committee is invited to consider the revised Code of Practice and the above-mentioned recommendation.

² The report of the Expert Consultation is available at http://www.fao.org/ag/AGN/jemra/enterobacter_en.stm

APPENDIX

**PROPOSED DRAFT RECOMMENDED INTERNATIONAL CODE OF HYGIENIC
PRACTICE FOR POWDERED FORMULAE FOR INFANTS AND YOUNG CHILDREN
AT STEP 3**

**(Intended to replace the Recommended International Code of Hygienic Practice for Foods for
Infants and Children – CAC/RCP 21-1979)³**

INTRODUCTION

It is recognized internationally that breast milk is the best source of nutrition for infants. However, there are instances where breast milk may be insufficient or not available and thus, may need to be supplemented or replaced. In those instances, one of the dietary options is the use of powdered infant formulae.

Powdered formulae (infant formula, follow-up formula, formula for special medical purposes intended for infants, foods for special medical purposes for infants and young children and human milk fortifiers) are foods intended for infants and young children. Some of these products, either alone or in combination with breast milk in the case of breast-milk fortifiers, are designed to serve as the sole source of nutrition for infants. Other products, e.g., follow-up formula, may be used in combination with other foods as part of the diet of older infants and young children. For the purposes of this document, these products will be referred to collectively as powdered formulae (PF). These products are also to be distinguished from ready-to-feed liquid formulae that have been commercially sterilized.

As a dehydrated product, it is not possible using current technology to produce powdered formulae that are devoid of low levels of microorganisms, i.e., the product cannot be sterilized. Thus, the microbiological safety of these products require strict adherence to good hygienic practices during both manufacture and use.

Two FAO/WHO “meetings of experts” on the microbiological safety of powdered infant formula (PIF)^{4,5} considered cases of illnesses in infants associated with PF consumption either epidemiologically or microbiologically. They identified three categories of microorganisms based on the strength of evidence of a causal association between their presence in PF and illness in infants: A) microorganisms with a clear evidence of causality, namely, *Salmonella enterica* and *Enterobacter sakazakii*; B) microorganisms for which the causality is plausible but not yet demonstrated, i.e., they are well-established causes of illness in infants and have been found in PF, but contaminated formula has not been convincingly shown, either epidemiologically or microbiologically, to be the vehicle and source of infection, e.g., other Enterobacteriaceae; and C) microorganisms for which causality is less plausible or not yet demonstrated, including microorganisms, which despite causing illness in infants, have not been identified in PF, or microorganisms which have been identified in PF but have not been implicated as causing such illness in infants, including *Bacillus cereus*, *Clostridium difficile*, *C. perfringens*, *C. botulinum*, *Staphylococcus aureus* and *Listeria monocytogenes*.

Salmonella is a well-known long-standing foodborne human pathogen. The incidence of salmonellosis among infants, originating from various sources, was reported to be more than eight times greater than

³ **Secretariat’s note:** The Scope of the Recommended International Code of Hygienic Practice for Foods for Infants and Children – CAC/RCP 21-1979 covered all prepacked foods produced, represented or purported to be for the special use of infants and/or children. Since the current revision intends to cover only powdered formula, the Committee therefore should decide how remaining products would be covered.

⁴ *Enterobacter sakazakii* and other microorganisms in powder infant formula: meeting report, MRA Series 6. ISBN: 92 4 156262 5 (WHO)

⁵ Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

the incidence across all ages in the United States of America (CDC, 2004). It is unclear whether the increased rate among infants results from greater susceptibility, or whether infants are more likely than persons in other age groups to seek medical care or have stool cultures performed for symptoms of salmonellosis. However, infants are more likely to experience severe illness or death from salmonellosis, and infants with immunocompromising conditions are particularly vulnerable.

At least 6 outbreaks of salmonellosis involving approximately 250 infants have been associated with PF between 1985 and 2005. Most of these outbreaks involved unusual *Salmonella* serotypes, which likely aided in recognition of those outbreaks. It is recognized that outbreaks and sporadic cases of salmonellosis due to powdered infant formula are likely to be under-reported.⁶

Enterobacter sakazakii has recently emerged as a pathogen of infants. The FAO/WHO expert consultations have identified infants as the population at particular risk for *E. sakazakii* infections. Among infants, those at greatest risk are neonates (<28 days), particularly pre-term, low-birthweight (<2500 g), and immunocompromised infants, and those less than 2 months of age.^{1,7} Infants of HIV-positive mothers are also at risk, because they may specifically require infant formula and they may be more susceptible to infection^{2,8}.

Infections from *E. sakazakii* have been documented as both sporadic cases and outbreaks. While the incidence of these *E. sakazakii* infections in infants appears to be low, the consequences can be severe. The primary manifestations of *E. sakazakii* infection in infants, i.e., meningitis and bacteraemia, tend to vary with age. *E. sakazakii* meningitis tends to develop in infants during the neonatal period, while *E. sakazakii* bacteraemia tends to develop in premature infants outside of the neonatal period with most cases occurring in infants less than 2 months of age. However, infants with immunocompromising conditions have developed bacteraemia as late as 10 months of age and previously healthy infants have also developed invasive disease outside the neonatal period. Infections have occurred in both hospital and outpatient settings. It was noted that as older infants generally live at home in the community, infections in such infants may be more likely to be under-reported.

Although most reported cases have involved infants, a small number of cases have also described infections in children (these have not been linked to PF though) and adults (6 of the 8 adults were >70 years). Reported fatality rates of *E. sakazakii* infections in infants vary considerably with rates as high as 50 percent reported in at least one instance. In addition, a portion of surviving infants have permanent disabilities such as retardation and other neurological conditions.

While PIF was established as the source of *E. sakazakii* in some of the cases, in many cases it was neither epidemiologically nor microbiologically implicated as the source of infection. However, in such cases, no other source of infection has been epidemiologically or microbiologically implicated. *E. sakazakii* is widely found in the environment, so older infants, children and adults would be exposed to this organism from a range of sources.

The outbreaks of *E. sakazakii* infections have led to the link with PIF, especially in the context of neonatal intensive care setting. *E. sakazakii* is known to be present at low concentration in a proportion of PIF. While the microorganism has been detected in other types of food and environmental settings, only PIF has been linked to outbreaks of disease. For example, in 2004, a small outbreak occurred in New Zealand which was linked to PIF used in a nursery. Subsequently, a premature infant died after contracting *E. sakazakii* meningitis. A follow-up investigation in the neonatal intensive care unit (NICU) found that four other babies had been colonised with the organism. Another outbreak due to *E. sakazakii* occurred in France in 2004. A total of nine cases were reported, with two deaths. Syndromes

⁶ Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

⁷ *Enterobacter sakazakii* and other microorganisms in powder infant formula: meeting report, MRA Series 6. ISBN: 92 4 156262 5 (WHO).

⁸ WHO, HIV and infant feeding: framework for priority action. Geneva: World Health Organization, 2003.

included fatal meningitis (2), conjunctivitis (1), hemorrhagic colitis (1) and colonization (5). All infants were premature and under 2000g (low birth-weight), except for the infant with colitis who weighed 3250g and was born at 37 weeks of gestation.

For infants at greatest risk, instead of PF, the use of commercially available sterilized liquid products or other equivalent infant feeding options which have undergone an effective point of use decontamination procedure, should be encouraged.

There are three routes by which *E. sakazakii* can enter PF: 1) through the ingredients added in dry mixing operations during the manufacturing of PF, 2) through contamination of the formula from the processing environment in the steps following the drying, and 3) through contamination of the formula as it is being reconstituted by the caregiver prior to feeding. *E. sakazakii* may be found in many environments such as food factories, hospitals, institutions, day-care facilities and homes. Thus, the organism may gain access into the processing line and product since current technology cannot completely eliminate this possibility.

Prevention efforts must be multi-faceted, directed at manufacturers, health-care providers as well as home settings, and take into consideration the risk to infants both within and beyond the neonatal period.

Product labelling, consumer education programs and staff training at hospitals should be updated as appropriate to provide adequate information to caregivers on the safe use of the product and to provide caution regarding the health hazards of inappropriate preparation and handling of PF.

SECTION I. – OBJECTIVES

The objective of this Code is to provide practical guidance and recommendations to governments, industry and caregivers of infants and young children, as appropriate, on the hygienic manufacture of PF and on the subsequent hygienic preparation, handling and use of reconstituted formulae.

PF are specifically manufactured and presented to be used either as breast-milk substitutes, to modify prepared breast-milk substitutes or to fortify human milk, and include infant formula, follow-up formula, formula for special medical purposes intended for infants, foods for special medical purposes (intended for infants and young children)⁹ and human milk fortifiers. In some instances, PF may represent the sole source of nutrition for infants.

The Code supplements the *Recommended Code of Practice: General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003) and the *Codex Code of Hygienic Practices for Milk and Milk Products* (CAC/RCP 57-2004), with an emphasis on the control of microbiological hazards, in particular *Salmonella* and *E. sakazakii*. The Code identifies relevant control measures at the various steps in the food chain that can be employed to reduce the risks for infants and young children that are associated with the consumption of PF.

SECTION II. – SCOPE, USE AND DEFINITIONS

2.1 SCOPE

This Code covers the production, preparation and use of products available in powdered form, referred to as Powdered Formula (PF) for the purpose of this document, and specifically manufactured to be used for infants and young children either as a breast milk substitute, to modify prepared breast milk substitutes or fortify human milk. Products included are infant formula, follow-up formula, formula for

⁹ Infant formula (as defined in Codex Stan 72-1981, amended 1983, 1985, 1987), currently under revision at step 6), follow-up formula (as defined in Codex Stan 156-1987, amended 1989), formulas for special medical purposes intended for infants (as defined in Appendix IV (B) of Alinorm 06/29/26), foods for special medical purposes (as defined in Codex Stan 180-1991- *for infants and young children in this instance*).

special medical purposes intended for infants, foods for special medical purposes and human milk fortifiers.

The nutritional specifications of these products are beyond the scope of this document. Products should meet the nutritional specifications of the applicable Codex standards¹⁰.

2.1.2 ROLES OF GOVERNMENTS, INDUSTRY, AND CONSUMERS¹¹

Intended users of the document include national governments, manufacturers, and caregivers to infants and young children.

Although the primary responsibility lies with the manufacturer for ensuring that PF manufactured are safe and suitable for their intended use, there is a continuum of effective control measures that need to be performed by other parties, including manufacturers of ingredients and caregivers of infants and young children, to assure the safety and suitability of PF.

The interrelationship and impact of one segment of the food chain on another segment is important to ensure that potential gaps in the continuum are dealt with through communication and interaction between the suppliers of ingredients, the manufacturer, the distributor and the caregivers. While it is principally the responsibility of the manufacturer to conduct the hazard analysis within the context of developing a control system based on HACCP or other equivalent systems and thus to identify and control hazards associated with the incoming ingredients, the caregivers should also have an understanding of the hazards associated with PF, so as to assist in minimizing risks associated with the hazards involved.

To achieve an effective continuum for the purpose of reducing risk the various parties should pay attention, in particular, to the following responsibilities.

- Producers and manufacturers of raw materials should ensure that good agricultural, hygienic and animal husbandry practices are employed at the farm level. These practices should be adapted, as appropriate, to any specific safety-related needs specified and communicated by the manufacturer.
- Manufacturers of ingredients should utilize good manufacturing and good hygienic practices and have HACCP systems implemented. Any needs for additional measures communicated by the PF manufacturer and that are needed to control hazards in PF should be implemented.
- Manufacturers of PF should utilize good manufacturing and good hygienic practices, especially those presented in this Code. Any needs for additional measures with regard to controlling hazards earlier in the food chain should be effectively communicated to suppliers to enable them to adapt their operations to meet these measures. Likewise, the manufacturer may have to implement controls or adapt their manufacturing processes based on the ability of the ingredients supplier to minimize or prevent hazards associated with the ingredients. Such additional needs should be supported by an adequate hazard analysis and should, where appropriate, take into consideration technological limitations during processing and/or market demands.
- Manufacturers should provide accurate and understandable information to enable the subsequent person(s) in the food chain, including the final consumer/caregiver, to use the product appropriately. This includes the additional measures to control hazards in the formulae during and after reconstitution.

¹⁰ Draft Revised Standard for Infant Formula and Formulas for Special Medical Purposes, Section A and Section B (Alinorm 06/29/26); Codex Standard for Follow-up Formula (Codex Stan 156-1987, amended 1989).

¹¹ In this context, the term “consumers” includes also caregivers of infants and children.

- Distributors, transporters and retailers should assure that PF under their control are handled and stored properly and according to the manufacturers' instructions.
- Hospitals and institutions should provide effective training to their caregivers of infants.
- Caregivers of infants should ensure that PF are prepared handled and stored properly and according to the manufacturer's instructions and hygienic training provided to them¹².

In order to effectively implement this Code, competent authorities should have in place legislative framework (e.g., acts, regulations, guidelines and requirements), an adequate infrastructure and properly trained inspectors and personnel. For food import and export control systems, reference should be made to the *Codex Guidelines for the Design, Operation, Assessment and Accreditation of Food Import and Export Inspection and Certification Systems* (CAC/GL 26-1997). Control programs should focus on auditing relevant documentation that shows that each participant along the chain has met their individual responsibilities to ensure that the end products meet established food safety objectives and/or related objectives and criteria. Furthermore, adequate consumer education programs should be implemented.

It is important that clear communications and interactions exist between all parties to help assure that best practices are employed, that problems are identified and resolved in an expeditious manner, and that the integrity of the entire food chain is maintained.

2.2 USE

This document follows the format of the *Codex Recommended International Code of Practice – General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). The provisions in this document are supplemental to and must be used in conjunction with the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003), including its Annex on *Hazard Analysis and Critical Control (HACCP) System and Guidelines for its Application*, and the *Code of Hygienic Practice for Milk and Milk Products* (CAC/RCP 57-2004).

This document also addresses steps that are beyond manufacturing and distribution and therefore also beyond the format of the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). These steps (reconstitution, handling, storage and feeding are addressed in Annex III, as an extension of Section IX.

2.3 DEFINITIONS

Infant – a person not more than 12 months of age¹³.

Infants at greatest risks – neonates (<28days), particularly pre-term, low birthweight and immunocompromised infants, and infants <2 months of age¹⁴.

Young Children – persons from the age of more than 12 months up to the age of three years (36 months)¹⁵.

¹² Guidelines on the safe preparation, storage and use of powdered formula have been developed by the WHO/FAO and are expected to become available by the end of 2006;

¹³ as defined in Codex STAN 72-1981 (amended 1983, 1985, 1987), currently under revision at step 6 of the Procedure (Appendix IV of Alinorm 05/28/26);

¹⁴ *Enterobacter sakazakii* and other microorganisms in powder infant formula: meeting report, MRA Series 6. ISBN: 92 4 156262 5 (WHO); Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

¹⁵ as defined in Codex STAN 156-1987 (amended 1989);

Human milk fortifier – (also referred to as **Human milk complement** in some countries) product that may be added to human milk to provide additional nutrients for feeding low-birth weight and premature infants..

Powdered formula – for the purpose of this Code of Practice includes all types of powdered formula for infants and young children, including: powdered infant formula, follow-up formula, formula for Special Medical Purposes intended for infants, food for special medical purposes, and human milk fortifiers, but excluding cereal-based products.

Wet-mix process – manufacturing process by which all constituents of the infant formula are handled in a liquid phase, heat-treated, concentrated by evaporation, homogenized and then dried.

Dry-mix process – manufacturing process by which all constituents of the infant formula are processed dry and blended to obtain the desired final formula.

Combined process – manufacturing process by which some of the constituents of the infant formula are wet processed and dried and other ingredients are added in a dry form after the heat treatment.

SECTION III – PRIMARY PRODUCTION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

SECTION IV – ESTABLISHMENT: DESIGN AND FACILITIES

Objectives:

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Facilities and equipment should be designed, constructed and laid out to prevent entry of *Salmonella* and additional *E. sakazakii* into high hygiene areas and to minimize their establishment or growth in harbourage sites.

Rationale:

- The entry of *Salmonella* and *E. sakazakii* in high hygiene areas of establishments manufacturing PF is favoured by an inadequate separation of wet and dry areas and/or by poor control over the traffic of employees, equipment and goods.
- The establishment of *Salmonella* in harbourage sites is favoured by appropriate conditions such as the presence of water and the occurrence of sites or structures preventing their rapid elimination through appropriate cleaning procedures.
- The increase of *E. sakazakii*, usually already part of the normal microbial flora of such high hygiene areas, is favoured by the presence of water, even in minute quantities as can be found, for example, in condensation spots.
- The application of wet cleaning procedures has been linked to the occurrence and spread of *Salmonella* but in particular of *E. sakazakii*.

4.1 LOCATION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

4.1.1 Establishments

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

4.1.2 Equipment

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Whenever possible, equipment should be designed, placed and installed in a manner that facilitates access for effective cleaning, thus avoiding the occurrence of sites where accumulation of residues will take place. Such residues may, in the case of the presence of water, lead to growth and the formation of a harbourage site, thus increasing the risk of recontamination.

4.2 PREMISES AND ROOMS

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

4.2.1 Design and layout

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Dry processing areas where all necessary operations are performed, from the drying up to the filling and hermetic closure of containers, are considered as high hygiene areas. The internal design and layout of establishments manufacturing PF need to be such as to ensure the strict physical separation of wet processing areas from the dry processing areas where post-process recontamination from the environment could occur

To be effective, the physical separation, known as zoning, needs to be complemented by appropriate measures such as maintaining positive air pressure to prevent entry of unfiltered air in high hygiene areas.

The access to high hygiene areas needs to be restricted and controlled through measures designed to avoid or minimize the entry of the relevant pathogens. This is achieved through appropriately designed interfaces such as locks for the personnel, for incoming materials (e.g., ingredients used in dry-mixing operations or packaging material), for equipment requiring to be transported out and the back again (e.g., for maintenance and/or wet cleaning). Filtration systems for the air used in the building or for the transport of ingredients or product are also part of this zoning principle and need to be designed and installed accordingly.

Condensation on non-food contact surfaces should be prevented in high hygiene areas.

4.2.2 Internal structures and fittings

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Structures within establishments manufacturing PF should be soundly built of durable materials and easy to maintain, clean and, where appropriate, easy to disinfect. The requirements need to be adapted to the conditions encountered in the different areas (wet and dry) of the establishment as outlined in Section 4.2.1. Particular attention is required in the dry high hygiene area in order to avoid the creation of inaccessible hollow sites favouring the accumulation of dust and product residues which may, in the presence of water, lead to the formation of a harbourage site.

Due to the ability of *Salmonella* and *E. sakazakii* to survive in dry environments for prolonged periods of time, care should be taken when construction activities are planned, e.g., modifications of layout requiring displacing pieces of equipment. Such activities may dislodge *Salmonella* or high numbers of *E. sakazakii* from harbourage sites that were thus far hidden, and contribute to their spread throughout the plant. It is therefore important to isolate this area and to reinforce cleaning procedures as well as environmental monitoring as described in Annex 2.

4.2.3 Temporary/mobile premises and vending machines

Not applicable for the products considered in this Code.

4.3 EQUIPMENT

4.3.1 General

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Due to the ability of *Salmonella* and *E. sakazakii* to persist in harbourage sites for prolonged periods of time, processing equipment should be designed, constructed and maintained to avoid, for example, cracks, crevices, rough welds, hollow tubes and structures, close fittings, metal-to-metal or metal-to-plastic surfaces, interfaces between floors and equipment, inadequately installed and maintained insulations, worn seals or other sites that cannot be reached during cleaning.

While these elements need to be addressed correctly in the whole establishment, particular attention is required in high hygiene areas where recontamination should be prevented.

In the case of equipment located in the high hygiene area (dry), particular attention is required to ensure that equipment can be cleaned using dry-cleaning techniques. It is also important to avoid any conditions which may lead to the occurrence of condensation, including on the internal surfaces of equipment.

4.3.2 Food control and monitoring equipment

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

4.3.3 Containers for waste and inedible substances

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

4.4 FACILITIES

4.4.1 Water supply

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

In order to maintain high-hygiene areas as dry as possible, the availability and presence of water and corresponding distribution systems should be limited to the extent possible.

4.4.2 Drainage and waste disposal

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

In order to maintain high hygiene areas as dry as possible, the use of dry drains is recommended as it allows one to avoid the presence of water residues which could lead to growth and spread of the relevant pathogens and process hygiene indicators. Sealed drains which are only opened when required are an alternative.

4.4.3 Cleaning

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

In order to maintain high hygiene areas completely dry or as dry as possible, the application of appropriate dry-cleaning procedures is the recommended option, such techniques being applicable to premises as well as to equipment.

Where wet cleaning procedures are still applied, appropriate management options should be implemented such as operating procedures that would ensure a well-controlled cleaning and the rapid elimination of any water residues immediately thereafter.

4.4.4 Personnel hygiene facilities and toilets

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*.

4.4.5 Temperature control

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*.

4.4.6 Air quality and ventilation

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*. In addition:

It is important to install air handling and ventilation units in such a way as to ensure the integrity of the zoning principles. It is important to install and maintain air handling units in order that they do not become a source of contamination. For example, appropriate design and installation of the filters should avoid any bypass of unfiltered air and accumulation of condensates should be avoided through an appropriate design of the drainage.

Air filters should be tightly fitted and properly sealed with gaskets to prevent the entrance of unfiltered air. Outside air intakes should be located away from the exhausts of the drier, boiler and other environmental contaminants. Filters should be replaced or cleaned and disinfected regularly in a manner that does not contaminate the processing environment.

4.4.7 Lighting

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*.

4.4.8 Storage

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*.

SECTION V – CONTROL OF OPERATION

5.1 CONTROL OF FOOD HAZARDS

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*. In addition, the procedure described in Section 5.1 of the *Code of Hygienic Practice for Milk and Milk Products (CAC/RCP 57-2004)* also applies to PF.

Although chemical, microbiological and physical hazards may be associated with PF, this Code of Practice focuses on the microbiological hazards, and specifically on *Salmonella* and *E. sakazakii*. The combination of control measures should effectively control the identified microbial hazards in PF.

When milk and milk products are used in the manufacturing process, these should meet the *Code of Hygienic Practice for Milk and Milk Products (CAC/RCP 57-2004)*.

5.2 KEY ASPECTS OF HYGIENE CONTROL SYSTEMS

5.2.1 Time and temperature control

Refer to the *General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003)*. In addition:

Temperature recording devices for any temperature control point (heating or chilling) should be checked at regular intervals and tested for accuracy against a calibrated probe. In manufacturing operations where heat treatments are CCP for the reduction or elimination of a pathogen, then appropriate records of the treatment time and temperature should be maintained.

5.2.2 Specific process steps

PF is typically manufactured using a wet-mix, dry-mix or combined process. The process used should ensure that the appropriate levels of nutritional components are met, as specified in the applicable Codex Standards¹⁶.

For all types of processes used, steps should be taken to avoid recontamination of the product during dry product handling, following the thermal processing steps that would ensure elimination of *S. enterica* and *E. sakazakii*.

Steps that contribute to food hygiene include:

5.2.2.1 Chilling

For wet-mix process:

Intermediate liquid products that support microbial growth should be refrigerated if the time between the pasteurization or other equivalent microbiocidal treatments¹⁷ and drying would lead to the growth of pathogenic organisms.

5.2.2.2 Thermal processing

Heat treatments intended as microbiocidal processes should, at a minimum, be sufficient to achieve pasteurization, which is based on the reduction of vegetative pathogens to a level where they do not constitute a significant hazard to health. The time/temperature combinations used to achieve pasteurization should take into consideration the properties of the product, e.g., fat content, dry matter, total solids, etc., which may have an impact on the heat resistance of the target organisms. These heat-treatments are considered as CCPs and therefore procedures have to be in place to detect deviations, such as temperature drops, and to take appropriate corrective measures such as the redirection of the product to waste or reprocessing.¹⁸

For wet-mix process:

Microorganisms present in raw milk should be controlled in accordance with section 5 of the *Codex Code of Hygienic Practice for Milk and Milk Products* (CAC/RCP 57-2004).

For dry-mix and combined processes:

Since a dry-mix process and combined processes incorporate ingredients that do not include a microbiocidal heat treatment by the formula manufacturer, the microbiological safety of these products is dependent on the treatments performed by the ingredient suppliers and the integrity of the packaging during shipment and storage. Dry-mix processors should take into consideration the procedures and

¹⁶ Draft Revised Standard for Infant Formula and Formulas for Special Medical Purposes, Section A and Section B (Alinorm 06/29/26); Codex Standard for Follow-up Formula (Codex Stan 156-1987, amended 1989).

¹⁷ Pasteurization and other heat treatments of milk that have at least an equivalent efficiency are applied at such intensities (sufficient time/temperature combinations) that they practically eliminate specific pathogens. They have therefore been traditionally used as key microbiocidal control measures in the manufacture of milk products (Annex II, *Code of Hygienic Practice for Milk and Milk Products*, CAC/RCP 57-2004).

¹⁸ Section 4.1.1, Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

safeguards employed by their ingredient suppliers and should have in place an audit program that can verify their suppliers' performance.

5.2.2.3 Drying

For wet-mix process:

A drying process is used to convert the liquid mixture into a dry powder. For example, a spray dryer could be used, in which the liquid is heated and pumped under high pressure to spray nozzles or an atomizer mounted in a large drying chamber. This is usually not considered as a microbiocidal step. The drying step needs to be done under strict hygienic conditions to avoid microbial contamination of the final product.

5.2.2.4 Cooling

For wet-mix process:

During the drying process, the powder is cooled after the drying chamber. For example, it could pass from the drying chamber to a fluidized cooling bed. The air in contact with the product should be appropriately filtered to prevent microbial recontamination of the powder.

5.2.2.5 Blending

For dry-mix and combined processes:

Blending should be done under strict hygienic conditions to avoid contamination of the final product. Refer to Section 5.3 of the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003), Incoming Material Requirements.

5.2.2.6 Storage

It should be done under strict hygienic conditions to avoid contamination of the product. Refer to Section 4.4.8 of the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003), Storage.

5.2.2.7 Packaging

Refer to Section 5.4 of the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003), Packaging.

5.2.3 Microbiological and other specifications

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

The main microbiological hazards associated with PF are related to the presence of *Salmonella* and *E. sakazakii*. Microbiological specifications relevant to PF for infants are listed in Annex I. In addition, testing of ingredients, products and the manufacturing environment for certain indicator microorganisms can be useful tools for industry in verifying the efficacy and consistent applications of GHP and HACCP programs (see Annex II).

Manufacturers are responsible to ensure compliance of finished products. In view of the limitations of end-product testing, compliance should be ensured through the design of an appropriate food safety control system, verification of the effectiveness of control measures through appropriate auditing methods, including review of monitoring records and of deviations and confirmation that CCPs are kept under control. These activities can be supplemented, as necessary, by microbiological testing based on appropriately documented sampling and analysis plans. The microbiological testing should include, as appropriate, analysis of samples taken from raw materials, production line, and finished products.

Verification and monitoring procedures using environmental testing for PF are described in Annex II. Environmental samples should be taken from those areas most likely to lead to recontamination of the product.

When monitoring of control measures or verification results demonstrates deviations, appropriate corrective action should be taken and the product should not be released until adequate investigation has shown that it complies with appropriate specifications.

5.2.4 Microbiological cross-contamination

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Recontamination of the product may occur after drying and during the subsequent processing steps such as conveying, tipping, mixing, blending with additional ingredients, up to the point of filling/packaging. Recontamination is related to the following three factors, the first two of which are linked:

- (1) the presence of these microorganisms in the processing environment, i.e., external parts of equipment and surroundings of the processing lines, presenting the possibility that they may get into the processing lines;
- (2) the presence of these microorganisms, originating from the processing environment (item 1 above), on internal surfaces of equipment that is in direct contact with the product; and,
- (3) the presence of these microorganisms in ingredients added and mixed into the dry base powder after the heat-processing step.¹⁹

Raw or unprocessed foods should be physically separated from ready-to-eat foods. Where possible, packaged dry-mix ingredients should be packaged with strippable bags (bags from which the outer layer can be stripped) to prevent contamination at ingredient dumping stations. Packaging material entering restricted area should be clean.

Pathogens such as *Salmonella* and *E. sakazakii* can, to varying degrees, contaminate and become established in PF manufacturing plants. Harborage sites can serve as a source of product contamination unless these areas are identified, cleaned and disinfected to eliminate pathogens. Manufacturers should implement an ongoing microbiological monitoring program for the drying, blending and packaging areas of the plant and for food contact equipment. When pathogens or indicators are detected in the plant environment, appropriate measures should be taken to investigate the source of contamination and to eliminate or control the microorganism(s) in the environment.

Increases in the levels of *E. sakazakii* or more generally Enterobacteriaceae in processing environments can be either due to a massive and sudden entry of microorganisms such as occurs in poorly planned construction or maintenance activities, or more commonly due to the occurrence of conditions which allow the proliferation of the low number of microorganisms already present in the environment²⁰.

Growth is only possible in the presence of water, therefore the environment has to be kept as dry as possible. Dry conditions should be maintained in the processing environment, including drying, blending and packaging areas. The presence of water in the processing environment can be as a result of wet cleaning of environments or equipment without appropriate immediate drying, the formation of condensation spots, leaking water valves, backed up floor drains, etc., or occasionally as a result of water infiltration following heavy rains or the use of water showers in the case of fire emergencies¹.

¹⁹ Section 4.1.1, Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

²⁰ Section 4.1.2, Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

5.2.5 Physical and chemical contamination

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Manufacturers should be aware of the need to prevent contamination from food allergens. For example, manufacturers should prevent soy-based formula from contaminating milk-based formula and vice-versa.

5.3 INCOMING MATERIAL REQUIREMENTS

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Manufacturers should be aware of the potential for allergens to be introduced from the raw materials or ingredients, and therefore should ensure that their suppliers have effective allergen-control systems in place.

Dry-mix and combined processes:

Manufacturers should take steps to ensure that the microbiological quality of the dry-mix ingredients meets the requirements for the finished products. This can be achieved through such measures as carefully selecting suppliers, performing audits to assess the suppliers' processes, controlling and monitoring procedures, and periodic evaluations of incoming ingredients.

5.4 PACKAGING

Packaging design and materials should provide adequate protection for products to minimize contamination, prevent damage, and accommodate proper labelling. Packaging materials or gases, where used, should be approved for food contact and be non-toxic, such as inert gases, and not pose a threat to the safety and suitability of food under the specified conditions of storage and use. Typically, containers are flushed with inert gas, sealed, coded, labelled and packed into shipping carton.

5.5 WATER

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

5.6 MANAGEMENT AND SUPERVISION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

5.7 DOCUMENTATION AND RECORDS

Appropriate records of processing, production and distribution should be kept and retained for a period that exceeds the shelf-life of the product. Documentation can enhance the credibility and effectiveness of the food safety control system.

Manufacturers should establish documentation and records concerning all procedures and application related to the HACCP plan in addition to documentation and records pertaining to good hygienic practices. In particular, the manufacturer should keep records detailing: all incoming material (e.g., dry ingredients, liquid milk); the monitoring of CCPs (e.g., records outlining effective thermal processing with actual processing temperatures); the verification of the HACCP plan; the cleaning practices and sanitation processes; and the application of procedures to verify that microbiological specifications for finished products and environmental sampling and testing are met. Documentation should be sufficient to facilitate product traceability in the event that a recall may prove necessary in the case of a process deviation.

5.8 RECALL PROCEDURES

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

As PF is regularly traded internationally, *the Principles and Guidelines for the Exchange of Information in Food Safety Emergency Situations* (CAC/GL 19-1995, rev. 2004) and *the Principles and Guidelines for the Exchange of Information between Countries on Rejection of Imported Food* (CAC/GL 25-1997) should be used in the event of a product recall.

SECTION VI. – ESTABLISHMENT: MAINTENANCE AND SANITATION

6.1 MAINTENANCE AND CLEANING

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

6.1.2 CLEANING PROCEDURES AND METHODS

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

Wet cleaning should be minimized and limited to parts of equipment that can be taken out to a dedicated room or where adequate drying parameters can be applied immediately after wet cleaning. Implementation of dry cleaning procedures for the processing lines, equipment and the processing environment is considered to be the most effective method of avoiding multiplication of microorganisms²¹.

6.2 CLEANING PROGRAMMES

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

6.3 PEST CONTROL SYSTEMS

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

6.4 WASTE MANAGEMENT

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

6.5 MONITORING EFFECTIVENESS

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

A critical activity to minimize the risk associated with PF is the implementation of environmental management programs (environmental samples, product contact surfaces, finished products) based on Enterobacteriaceae, as indicators for process hygiene, and *E. sakazakii* in relevant samples to demonstrate control or to detect deviations and assess the effect of corrective actions²². Guidance on the establishment of an environmental monitoring program for *Salmonella*, *E. sakazakii* and other Enterobacteriaceae is given in Annex II.

SECTION VII – ESTABLISHMENT: PERSONAL HYGIENE

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

²¹ Recommendations, Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

²² Section 4.1.4, Joint FAO/WHO Expert Consultation on *Enterobacter sakazakii* and *Salmonella* in Powdered Infant Formula, January 16-20, 2006, Rome.

SECTION VIII – TRANSPORTATION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

SECTION IX – PRODUCT INFORMATION AND CONSUMER AWARENESS**OBJECTIVES:**

Products should bear appropriate information to ensure that:

- adequate and accessible information is available to all concerned in the food chain, in particular, retail establishments, pharmacists, caregivers of infants in the home, day care and health-care facilities and health-care professionals to enable them to handle, store, process, prepare and display PF safely and correctly; and
- the lot or batch can be easily identified, and recalled if necessary.

Caregivers of infants in the home, day care and health-care facilities and health-care professionals should be informed that the product is not sterile [and may be contaminated with bacteria which can cause serious illness or death if the product is not prepared as per the label instructions and/or is mishandled], and should be provided with sufficient information on food hygiene to enable them to:

- make informed choices appropriate to the health status of the infant; and
- prevent contamination and/or growth of foodborne pathogens by preparing, storing and using PF according to the manufacturer's instructions.

Specific information should be provided regarding the preparation and handling of PF, for example, that rehydration at 70°C followed by rapid cooling provides an effective way to mitigate risks. For infants at greatest risk, instead of PF, the use of commercially available sterilized liquid products or other infant feeding options which have undergone an effective decontamination procedure at the point of use, should be encouraged.

Microbiological hazards can be controlled through the application of control measures during the reconstitution, storage, handling and use of reconstituted PF. The control measures that are necessary to maintain the safety of the formula during and after reconstitution should be communicated to the end user. The nature and combination of these depends on whether there is a need to aim for a reduction of the microbial levels during reconstitution or whether it is sufficient to focus on controlling increases in levels during reconstitution, storage and use of formulae (Annex III).

Control measures can be communicated to different users in the form of instructions for use, e.g., through product labels, education and training. These instructions, if adhered to, would help reduce the risks associated with the product.

RATIONALE:

The means of implementation of the control measures recommended for application beyond manufacturing and distribution are the instructions provided to the user, either through product labelling (and/or separate written information), written procedures (e.g., in professional institutions) or through oral instructions and/or training. For parents, means of implementation other than labels/instructions are not practical or controllable.

Insufficient product information, and/or inadequate knowledge of general food hygiene, can lead to PF being mishandled at later stages in the food chain. Such mishandling could result in illness, even when adequate hygiene control measures have been taken earlier in the food chain.

9.1 LOT IDENTIFICATION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

9.2 PRODUCT INFORMATION

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003).

9.3 LABELLING

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition:

The label should contain appropriate instructions regarding the need for proper preparation, handling and storage of reconstituted PF to prevent or minimize bacterial growth. Where literacy may be low, pictograms may be useful.

9.4 EDUCATION

Health education programs should cover general food hygiene. The development and distribution of educational documents related to PF to caregivers of infants in the home, day care and health-care facilities and health-care professionals for infants should be encouraged. These programs should enable i) the understanding of the importance of product information, ii) following instructions accompanying products, and iii) making informed choices.

Guidelines for the safe preparation, storage and handling of powdered infant formula are being developed by the WHO/FAO and may be used as appropriate²³. Individual countries are encouraged to provide caregivers and parents with appropriate educational material.

Caregivers of infants in the home, day care and health-care facilities, and health-care professionals involved in caring for infants should be aware that PF is not a sterile product and may be contaminated with extremely low levels of pathogens that can cause serious illness (e.g., *Salmonella*, *E. sakazakii*). It should also be noted that other ingredients which are added to infant formula (whether in powder or liquid form) may not be sterile and thus, may also present the potential for contamination. Stringent hygienic preparation and storage conditions should be emphasized. Likewise, the water used to rehydrate PF will greatly impact the safety of the product. Appropriate preparation and handling, according to manufacturer's instructions reduces the risk of illness and should be emphasized by national governments. Additionally, experience has indicated that consumers and health care providers need to be periodically reminded that bottled water is not a sterile product unless specifically indicated as such on the product.

Information/education about necessary hygiene practices in relation to preparation, handling and storage at home, in hospitals, day care or other settings should be emphasized, particularly regarding the relationship between time/temperature control and foodborne illness.

It should be emphasized that the improper handling and storage of reconstituted PF can promote the growth of pathogens (e.g., *Salmonella*, *E. sakazakii*, and other microorganisms such as sporeformers) which may be present initially at low levels

The potential for cross contamination of the product from various sources, e.g., equipment, utensils, the preparation, environment, other ingredients/foods, etc., requires the implementation of good hygienic practices and this should be emphasized to caregivers.

Guidance on microbiological surveillance in infant formula preparation units in health care settings is provided in Annex IV and should be followed as appropriate.

²³ WHO/FAO Draft Guidelines for Safe Preparation, Storage and Handling of Powdered Infant Formula

In situations where the mother cannot breastfeed, chooses not to breastfeed or when banked human milk is not available, the information provided by WHO/FAO as well as information provided in Annex III may be communicated to caregivers of infants in the home, day care and health-care facilities and health-care professionals to increase awareness on the proper preparation, storage, handling and use of reconstituted formula.

SECTION X – TRAINING

Refer to the *General Principles of Food Hygiene* (CAC/RCP 1-1969, Rev. 4-2003). In addition, professional caregivers should receive or achieve adequate training in hygienic preparation, storage, handling and use of reconstituted PF.

ANNEX I

MICROBIOLOGICAL CRITERIA FOR POWDERED FORMULAE FOR INFANTS

Microbiological criteria should be established in the context of risk management options. A number of factors will have an impact on the level of microorganisms found in reconstituted powdered infant formula. Steps should be taken during manufacturing to minimize the likelihood that microorganisms of concern (e.g., *Salmonella* and *E. sakazakii*) will be present.

These criteria are to be applied to the finished product (powder form):

Microorganisms	N	C	m	M	Class Plan
Mesophilic Aerobic Bacteria*	5	2	[1000 -500]/g	[10,000 5000]/g	3
[Enterobacteriaceae]	10	0	0/10 g	NA	2
<i>Enterobacter sakazakii</i> **	[30]	0	0/10 g	N/A	2
<i>Salmonella</i> ***	60	0	0/25 g	N/A	2

* The proposed criteria for mesophilic aerobic bacteria are reflective of Good Manufacturing Practices and do not include non-pathogenic microorganisms that may be intentionally added such as probiotics. These criteria were revised from m=1000 and M=10,000 in order to reflect the need for improved general hygiene requirements of the product.

** The number of samples allocated for *E. sakazakii* was selected based on the preliminary risk assessment and would achieve a reasonable level of risk reduction while not unduly burdening the industry.

*** The current requirements for *Salmonella* are considered appropriate (International Commission on Microbiological Specifications for Foods, 2002, *Microorganisms in Foods 7: Microbiological Testing in Food Safety Management*, Kluwer Academic/Plenum Publishers).

Internationally recognized and validated methods, for example ISO methods, are to be used for all determination listed above.

ANNEX II

GUIDANCE FOR THE ESTABLISHMENT OF AN ENVIRONMENTAL MONITORING PROGRAM FOR *SALMONELLA*, *E. SAKAZAKII* AND ENTEROBACTERIACEAE IN HIGH HYGIENE PROCESSING AREAS

Even under adequate hygienic conditions, low levels of Enterobacteriaceae, including *E. sakazakii*, may be present in the plant environment. This could lead to the sporadic presence of low levels of Enterobacteriaceae in the finished product due to post-pasteurization recontamination from the environment. Tracking the level of Enterobacteriaceae in the plant environment is a useful means of verifying effectiveness of the hygienic procedures applied and also allows undertaking corrective actions in a timely manner. Environmental monitoring of Enterobacteriaceae provides baseline levels and therefore allows the tracking of changes over time. Although it was recognized that there is no demonstrated correlation to date between counts of Enterobacteriaceae and *E. sakazakii*/*Salmonella*, it may be reasonably anticipated that a reduction in the levels of the Enterobacteriaceae in the environment would correspondingly lead to lower levels of Enterobacteriaceae (including *E. sakazakii* and *Salmonella*) in the finished product.

Manufacturers of PF should consider the potential risks to consumers in the event their products contain either *Salmonella* or *E. sakazakii* when they are released for distribution. In view of the limitations of end product testing alone, the necessity for an environmental monitoring program for these products becomes evident, particularly since recontamination has led to several recognized outbreaks.

Such a monitoring program could be used to assess control of the processing environment in the high hygiene areas (dry areas) where recontamination might take place, and, thus, would be an essential food safety management tool.

The monitoring program should be part of a food safety control system incorporating prerequisite programs such as good hygienic practices and a HACCP program.

In order to design an appropriate monitoring program, it is important to understand the ecology of *Salmonella* and *E. sakazakii* as well as the ecology of Enterobacteriaceae (used as indicators of process hygiene).

- *Salmonella* is rarely found in dry processing areas and monitoring should be designed to assess whether the control measures to prevent entry have been effective. It should also allow one to assess whether, in case of entry, establishment in harbourage sites and spread throughout the area could be prevented or has taken place.
- *E. sakazakii* is widespread and therefore, also part of the normal flora in dry processing areas. It is found regularly when using appropriate sampling and testing methods. The monitoring program should, thus, be mainly designed to assess whether the control measures to prevent additional entry are effective and whether increases to higher levels are avoided.
- Enterobacteriaceae are widespread and therefore part of the normal flora in dry processing areas. They are found regularly when using appropriate sampling and testing (quantitative) methods. Enterobacteriaceae have been used for decades as indicators of process hygiene to detect deviations in good hygienic practices or the presence of water residues, e.g., after cleaning or due to the presence of condensation.

A number of factors (a – i) should be considered when developing the sampling program to ensure its effectiveness:

(a) Type of product and process/operation

The need for and extent of the sampling program should be defined according to the characteristics of the products and in particular of the consumer. While *Salmonella* is considered a pathogen for all categories of products included in this Code, *E. sakazakii* may only be relevant for specific products.

Monitoring activities should be focused in areas where recontamination is likely to occur, i.e., in the dry processing areas located in the high hygiene zones. Particular attention should be given to interfaces between these areas and external areas of a lower hygiene level as well as areas close to processing line and to equipment where contamination is more likely to occur, e.g., due to the design of equipment, presence of openings such as hatches which may be opened occasionally for inspections.

Sampling of areas far from the processing line or even external areas is of limited use.

(b) Types of samples

Environmental samples consist of both food contact and non food contact surface samples. Food contact surfaces, in particular those located after the dryer and prior to packaging, present a higher risk of directly contaminating the product. Examples are sifter tailings where product lumps will accumulate and which may be indicative of moisture uptake. In the case of non-food contact surfaces, the risk of contamination will depend on the location and the design of the processing line and equipment.

(c) Target organisms

While *Salmonella* and *E. sakazakii* are the main target organisms, industry has found it advantageous to include Enterobacteriaceae as indicators of process hygiene. Their levels are good indicators of conditions supporting the potential presence of *Salmonella* and the potential for growth of *Salmonella* and *E. sakazakii*. It is generally understood that the correlation between the presence of Enterobacteriaceae and the presence of *E. sakazakii* is much closer than with *Salmonella*. Even very low levels of Enterobacteriaceae do not necessarily imply an absence of *Salmonella*.

(d) Sampling locations and number of samples

The number of samples will vary with the complexity of the process and processing lines.

Information on appropriate locations can be found in the published literature, can be based on process experience and expertise, or on historical data gathered through plant surveys. Sampling locations should be reviewed on a regular basis and additional ones may need to be included in the program depending on special situations such as major maintenance or construction activities or where there is any observed indication of poor hygiene.

(e) Frequency of sampling

The frequency of environmental sampling for the different parameters should be based primarily on factors outlined under (a). It should be defined based on existing data on the presence of relevant microorganisms in the areas submitted to such a monitoring program. In the absence of such information, sufficient suitable data should be generated to correctly define the appropriate frequency. Such data should be collected over sufficiently long periods of time as to provide representative and reliable information on the prevalence and occurrence of *Salmonella* and/or *E. sakazakii* over time.

The frequency of the environmental monitoring program needs to be adjusted, usually increased, according to the findings and their significance in terms of risk of recontamination. The frequency needs also to be increased in situations where an increased risk of contamination can be expected, e.g. in case of maintenance or construction activities or following wet cleaning activities.

(f) Sampling tools and techniques

It is important to choose and adapt the type of sampling tools and techniques to the type of surfaces and sampling locations. For example, scrapings of residues or residues from vacuum cleaners provide useful samples, and humidified sponges may be more appropriate for larger surfaces.

Annex III

CONTROL MEASURES DURING THE RECONSTITUTION, STORAGE, HANDLING AND USE OF RECONSTITUTED POWDERED FORMULAE²⁴

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1. INTRODUCTION

Microbiological hazards are controlled through the appropriate selection and combination of control measures applied during the manufacture of powdered infant formula²⁵ (PIF) in combination with control measures applied during and after reconstitution.

PIF manufactured according to the guidelines in this code will enable compliance with the specifications in Annex I and the products will have a very low level of contamination. Other means of expressing similar or lower end product specifications include Performance Objectives (POs) applicable at the end of manufacture. For instance, products complying with the microbiological criterion (MC) for *E. sakazakii* will contain mean log concentrations $<10^{-3}$ - 10^{-4} CFU/g ($\approx <0.1$ to <1 CFU/kg) of powder. However, even when products have

²⁴ Based on data and information provided by JEMRA, May 2006

²⁵ See CODEX STAN 72-1981 (under revision) for definitions

been manufactured according to this Code and comply with the specifications in Annex I, a small number of servings will be initially contaminated with 1 CFU at the point immediately after reconstitution and prior to any handling and storage.

The stringency of MC (and/or POs) and the ability of the PF manufacturer to comply or be significantly below the mean log concentration influence the maximum tolerable frequency of servings initially contaminated with 1 CFU/serving and hence influence the control strategy to be applied during and after reconstitution. The ability of the caregiver to effectively apply individual control measures also impacts the strategy to be chosen.

For the purpose of this Annex, the means of implementation of the control measures selected to fulfill the control strategies are the instructions provided to the user (section 9.2), either through product labelling (and/or separate written information), written procedures (e.g., in professional institutions) or through oral instructions and/or training (section 9.4). For parents, means of implementation other than labels/instructions are not practical or controllable.

1.1 Purpose and scope of this Annex

To control the risk associated with the small number of contaminated servings and the additional risk associated with any recontamination of the formulae that may occur during the preparation steps, the way in which the PIF is reconstituted, handled, stored and used is very important. This annex addresses key control measures which can be implemented as control steps or as Good Hygienic Practices (such as personal hygiene, facility maintenance, etc.).

The information in this Annex is intended for:

- PIF manufacturers to use when establishing the usage instructions provided with the product to parents and professional caregivers (labelling, leaflets, etc) and/or to when their written instructions should be validated,
- Professional caregivers to use when establishing internal procedures for reconstitution, handling, storage and feeding and/or when these procedures are to be audited or validated, and
- Competent authorities to use when guidance is given to professional caregivers and parents and when established procedures and/or written instructions provided by PIF manufacturers are to be audited or validated.

The information is, however, not appropriate for direct distribution to parents.

1.2 Process description

A schematic flow of the process of reconstitution and subsequent steps up to consumption is presented in Fig. 1.

It should be noted that the figure does not represent all scenarios and is provided for illustration purposes, only.

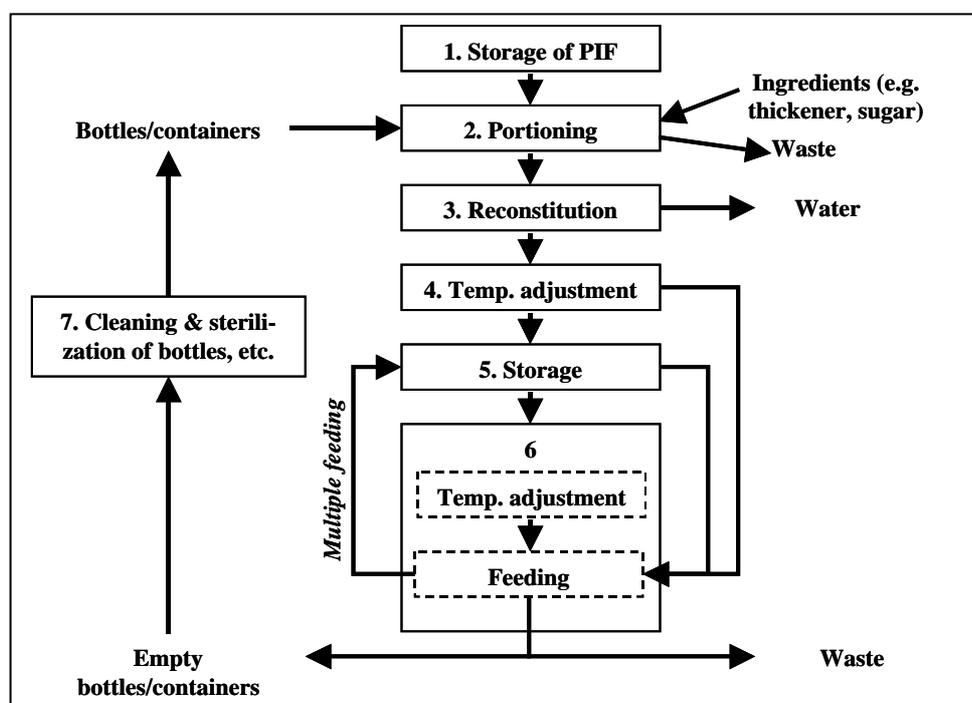


Fig. 1: Process flow chart for reconstituted powdered

1.3 Settings description

There are a wide variety of settings in which PIF is reconstituted, stored and used, in homes, hospitals and other institutions.

1.3.1 Homes

Practices vary according to local customs, availability of facilities (e.g., kitchens) and general level of education. Users are relying on general household skills and instructions provided by their medical advisers or health-care professionals (such as midwives) and/or by the PIF manufacturer (product labeling and inserts).

It may be the case that caregivers in the home do not follow recommendations for safe preparation and feeding of infant formulae, such as the recommendation to prepare fresh bottles for each feeding and use them immediately. Poor practices that can increase the risk of illness include advance preparation of the feeds and storage in the refrigerator storage of reconstituted formula at ambient temperature while traveling or out of the home and multiple feedings from the same bottle with in-between storage.

1.3.2 Care-giving institutions, day-care centres & hospitals

Practices will vary according to local organizations and availability of trained personnel and suitable facilities. Some settings have a centralized preparation unit from which ready-to-feed preparations are transported to the wards, whereas others have on-ward preparation of servings.

Infants at greatest risk are most often hospitalized. Feeding times can be prolonged in sick and hypotonic infants. In the case of immature or sick infants without coordinated sucking/swallowing, feeding by naso- or orogastric tube or gastrostomy tube is practiced. Formula can be applied continuously using a pump or by giving boluses which are adapted in volume to the tolerance of the infant (gastric volume and gastrointestinal

motility). Continuous infusion into the gastrointestinal tract by pump requires control of the time of administration of one selected syringe volume as well as observation of the homogeneity of the formula in the syringe, but pre-administrative warming can be omitted. It should be recognized that use of such feeding equipment that cannot be kept clean increases the relative risk to these infants.

2. AVAILABLE CONTROL MEASURES

The control measures options that can be applied at the various process steps are given below. These need not all be implemented, as their necessity depends on the control strategy applied (see 3.1 below), and hence the necessary combination of measures. These control measures are addressed in further detail in Appendix A.

Additional control measures that are recommended as Good Hygienic Practices are addressed in section 3.5 below.

Steps 1 & 2: Storage & portioning of PIF

The control objectives during initial storage of the powder and during portioning (i.e., measuring the amount of powder subject to reconstitution) are primarily to retain the low water activity of the powder and to minimize contact with and exposure to the environment, including air, and transfer of microorganisms from utensils, the environment and additions.

Control measure options that achieve or contribute to achieving these objectives include:

- Keeping the container tightly closed until use and between uses;
- Using the product within the designated shelf life;
- Finishing a package before opening the next;
- Minimizing the time of exposure to ambient air;
- Environmental control (including effective cleaning & drying out of surfaces in the area where portioning is made);
- Use of ingredients (e.g., thickeners, sugar) that comply with the same MC for *E. sakazakii* and *Salmonella* specified for PIF (Annex I);
- Sterilization of utensils, bottles and nipples immediately prior to portioning; and
- Use of ready-to-use liquid ingredients (e.g., thickeners, sugar) that have been subjected to microbiocidal treatments (e.g., commercially sterile).

Step 3: Reconstitution

The control objectives during reconstitution (i.e., mixing the powder and the water) are primarily to minimize contamination from the water added to the powder and to reduce the concentration of pathogens that may be initially present and/or which may have contaminated the formulae during steps 1 and 2.

Control measure options that achieve or contribute to achieving these objectives include:

- Use of potable tap water;
- Use of cold reconstitution water;
- Use of (cooled) water that has been subjected to heat treatment, UV-treatment etc.;

- Use of reconstitution water at 70 °C;
- Use of reconstitution water at 65-70 °C; and
- Simple heat treatment (holding at a temperature between 58 and 70 °C for a specified time) of the reconstituted formula, e.g., in a water bath.

Reduction of *E. sakazakii* (and *Salmonella*) occurs at temperatures from 58 °C and above, and the extent of reduction (expressed in log units) is time dependent. Use of reconstitution temperatures below 58 °C does not provide any reduction – on the contrary, when using water temperatures above 20 °C, the time needed to cool off (from the reconstitution temperature to the feeding or storage temperature) the formulae “uses up” the lag phase period²⁶ that, depending on the subsequent time control, may lead to enhanced growth prior to feeding.

Any combination of temperature and time that yields more than 6 log reductions will be sufficient to reduce the probability of survival of *E. sakazakii* and *Salmonella* to a level where no significant public health concern will exist.

Step 4: Cooling

The control objective during cooling is growth control and control measure options that achieve or contribute to achieving this include:

- Chilling (refrigerator);
- Small batch size (to enable more rapid cooling); and
- Cooling under cold water or using an alternative approach.

Step 5: Storage

The control objective during storage (typically 2-30 hours) is growth control in the reconstituted formulae. In some hospital, wards-reconstituted PIF is prepared on the morning of day 1 and kept refrigerated until the afternoon of day 2.

Control measure options that achieve or contribute to achieving this objective include storage temperature & time.

Step 6: Feeding

The control objective is growth control in the reconstituted formulae and the control measure options that achieve or contribute to achieving this include:

- Rapid rewarming to feeding temperature;
- Immediate feeding;
- Short feeding time (during which the formula may be kept at body or room temperature); and
- Discarding of leftovers after feeding.

²⁶ The time needed by bacteria to resume growth after reconstitution of their environment

Step 7: Cleaning and sterilization of bottles etc

The control objective is to avoid transfer of microorganisms (from old formula residues and adherent microorganisms) to freshly reconstituted formula, which can be achieved by a proper cleaning & sterilization procedure.

3. SELECTION AND COMBINATION OF CONTROL MEASURES

The control measures applied at this stage should be selected and combined to ensure that they deliver an appropriate outcome (i.e., a sufficient level of control) that corresponds to the level of protection desired, taking into account the strategies used and outcomes achieved earlier in the product chain (PIF manufacturing steps).

Where the tolerable level of risk is explicitly expressed, either in terms of ALOPs or in terms of FSOs as maximum frequency(ies) and maximum concentration(s) of hazards at the time of feeding, it is possible for the professionals providing guidance and instructions to caregivers to adapt the appropriate control strategy to specific purposes, target groups and/or usages, including the selection and combination of control measures that ensure that such targets can be met. The selected control measures should be appropriately described as instructions to the user, either provided through product labeling (and/or separate written information), written procedures (e.g. in professional institution) or through oral instruction and/or training (professional caregivers), and in a language suitable to the target group.

In other cases, it is necessary to adhere to default guidance and recommended practices by experts, e.g., as provided in section 3.3 of this Annex.

3.1 Control strategy considerations

The selection and combination needed to achieve the desired outcome strongly depends on a strategic decision whether there is a need/desire to aim for a reduction of *E. sakazakii* (and *Salmonella*) or whether it is sufficient to focus on controlling increases in levels during reconstitution, storage and use of formulae.

Which of these strategies are most feasible depends on a number of factors, in particular:

1. The expected level of *E. sakazakii* (and *Salmonella*) in PIF (expressed as *(i)* Mean Log Concentration (expected level), *(ii)* Performance Objectives (target), or *(iii)* a Microbiological Criteria (verification measure). The lower the level, the lower the need for a reduction strategy;
2. The dedication of the institution to take responsibility for the hygienic reconstitution, storage and use of PIF. The higher the dedication, the more resources (human, economic) that can be allocated;
3. The hygienic conditions of the facilities used to prepare and handle the formulae. The poorer the conditions are, the more that may be needed to compensate through a reduction strategy;
4. The skills of the caregiver (in terms of general education, instructions and training). The lower the skills, the less sophisticated the measures that can be applied. Different strategies for domestic practices compared to professional care-giving institutions should be implemented; and
5. The ability to control the fate of the PIF (lot/consignment), e.g., dedicated use for a specified group of consumers, such as infants at greatest risk. Where such ability exists, different strategies for different usages can be applied.

Stakeholders may, depending on their ability to design, assess and validate a proper design of control measure combinations, choose between:

- a **design approach**, where the control measure combination is designed in detail, taking into account the strategies used and outcomes achieved earlier in the product

chain (PIF manufacturing steps) and the end usage of the product (specified target groups); and

- a **default approach**, where a combination of default measures is followed, e.g., as developed by experts, the competent authority, WHO, etc.

Section 3.2 below provides examples on strategies for implementing a design approach whereas section 3.3 provides recommended combinations that would constitute a default approach as an alternative to a design approach.

3.2 Examples of appropriate combinations of control measures according to the “design approach”

The performance of the control measure combinations selected, including those that constitute the instructions to the end user, should be validated using procedures outlined in the *Guidelines for the Validation of Food Hygiene Control Measures* (in preparation). Results of validation studies will:

- either indicate that the combination is capable of providing the desired control within its predetermined context and, thus, the measures can be implemented (or maintained),
- or indicate that the combination is not capable of providing the desired control within its predetermined context and, therefore, cannot be relied upon and should not be implemented (or be maintained unchanged). This should lead to re-evaluation of the control measure combination (e.g., implementing increased intensities, additional or different measures)

The main means to implement the control measures are through instructions to the user (via product labeling, separate information, oral instruction and/or training). It is important that all control measures, from the manufacturer through to the feeding, be established in a consistent manner, considering the whole food chain.

Where labeling (and product inserts) constitutes the sole means to communicate the applicable control measures to the caregiver, it is the responsibility of the manufacturer (and/or employer) to ensure:

- that these measures (when adhered to) are able to deliver the controls needed, and
- that proper application is ensured through clear and unambiguous instructions.

3.2.1 Design approach strategy: Minimizing increase in the levels of *E. sakazakii* (and *Salmonella*)

This strategy is recommended for application where probability of recontamination at the facilities for preparation of the formulae is generally low and where:

- the level(s) of *E. sakazakii* (and *Salmonella*) in the powder is regulated (e.g. MC as in Annex I), or
- POs for *E. sakazakii* have been established at the corresponding level $<10^{-3}$ CFU/g or lower, and

The strategy objective is to control contamination and growth so that the increase in the levels of microorganisms is limited.

The combination of control measures includes an appropriate GHP program (see section 3.5) and a selection among the sets of control measures specified in Tables 1 and 2, depending on the initial levels in the powder. (Note that the values provided in Tables 1 and 2 relate only to *E. sakazakii* and that the values relating to *Salmonella* need be identified as well.).

Table 1: Initial level of *E. sakazakii* in PIF \approx MC (as specified in Annex I)

Reconstitution temp.	10-40°C									
Cooling (room temp.)	<6°C	≈ 20°C				≈ 30°C				
Storage time (at room temp.)	<30 hrs	<8 hrs	<4 hrs	<2 hrs	None	<4 hrs	<2 hrs	<1 hr	None	
Feeding time (at 37 °C)	<3 hrs	<1 hrs	<2 hrs	<2.5 hrs	<3 hrs	<0.5 hr	<1.8 hrs	<2.5 hrs	<3 hrs	
Reconstitution temp.	>40 - <58°C									
Cooling (room temp.)	<6°C	≈ 20°C				≈ 30°C				
Storage time (at room temp.)	<30 hrs	<8 hrs	<4 hrs	<2 hrs	None	<1 hr	None			
Feeding time (at 37 °C)	<3 hrs	<0.4 hrs	<1.5 hrs	<2.5 hrs	<3 hrs	<1 hr	<3 hrs			

Table 2: Initial level of *E. sakazakii* in PIF ≈ PO of max 10⁻⁵ cfu/g

Reconstitution temp.	10-40°C									
Cooling (room temp.)	< 6°C	≈ 20°C				≈ 30°C				
Storage time (at room temp.)	<45 hrs	<8 hrs	<4 hrs	<2 hrs	None	<4 hrs	<2 hrs	<1 hr	None	
Feeding time (at 37°C)	<3 hrs	<1.5 hrs	<2.5 hrs	<3.5 hrs	<3 hrs	<1 hr	<2 hrs	<2.7 hrs	<3.5 hrs	
Reconstitution temp.	>40 - < 58°C									
Cooling (room temp.)	< 6°C	≈ 20°C				≈ 30°C				
Storage time (at room temp.)	<45 hrs	<8 hrs	<4 hrs	<2 hrs	None	<1 hr	None			
Feeding time (at 37°C)	<3 hrs	<0.7 hrs	<2 hrs	<2.8 hrs	<3.5 hrs	<1.5 hr	<3.5 hrs			

3.2.2 Design approach strategy: Reducing the levels of *E. sakazakii* (and *Salmonella*)

This strategy is recommended for application to PIF intended for (or fed to) infants at greatest risk:

- where the level(s) of *E. sakazakii* (and *Salmonella*) in the powder is not regulated (i.e., no MC or PO established), or
- where the level is relatively high (e.g. PO for *E. sakazakii* >10⁻³ CFU/g),

and/or

- where probability of recontamination at the facilities for preparation of the formulae is generally high, or
- where the care-giving conditions do not allow for control of growth during storage and feeding

The strategy objective is to reduce expected initial levels of *E. sakazakii* (> 10⁻³/g) and/or to compensate for poor hygienic conditions during reconstitution, storage and use.

The combination of control measures includes a basic GHP program (see section 3.5) and a selection among the sets of control measures specified in Tables 3 and 4, which all include a heat treatment of the microorganisms to ensure a significant overall decimal reduction of any *E. sakazakii* present in the powder (and other ingredients) and contaminating the formula during its preparation (note that these tables do not take into account the lethal effect resulting from heating and cooling down from the treatment temperatures²⁷ and that the values provided relate only to *E. sakazakii*, as the values relating to *Salmonella* need be identified as well).

Table 3: Use of warm reconstitution water

		70°C	69°C	68°C	67°C	66°C	65°C
	Water temperature:						
Time to achieve < 6 log reductions	At 30°C room temp.	> 33 sec	> 51 sec	> 76 sec	> 140 sec	> 250 sec	> 420 sec
	At 20°C room temp.	> 35 sec	> 53 sec	> 80 sec	> 144 sec	> 155 sec	> 612 sec
Log reductions achieved after 15 minutes		53	36	24	16	11	7

Table 4: Simple heat treatment (e.g. water bath)

Temperature in bath:	70°C	69°C	68°C	67°C	66°C	65°C	64°C
Holding time* to achieve < 6 log reductions	0.5 sec	0.7 sec	1.1 sec	1.7 sec	2.5 sec	3.7 sec	5.6 sec
Temperature in bath:	63°C	62°C	61°C	60°C	59°C	58°C	
Holding time* to achieve < 6 log reductions	9 sec	13 sec	20 sec	29 sec	44 sec	66 sec	

* The time at which the all the formula content of the bottle is at the specified temperature

²⁷ The come-up time to reach 64 – 70°C is far longer than the holding time specified, in particular if the water bath is cramped with bottles. The effect can be calculated and taken into account. However, it is critical to ensure that the formula in the bottle is heated as specified and with no cold spots.

3.3 Examples of appropriate combinations of control measures according to the “default approach”

The recommended combination of control measures depends on the expected levels of pathogens in PIF, skills of the caregiver and the hygienic performance of the preparation procedure, as follows:

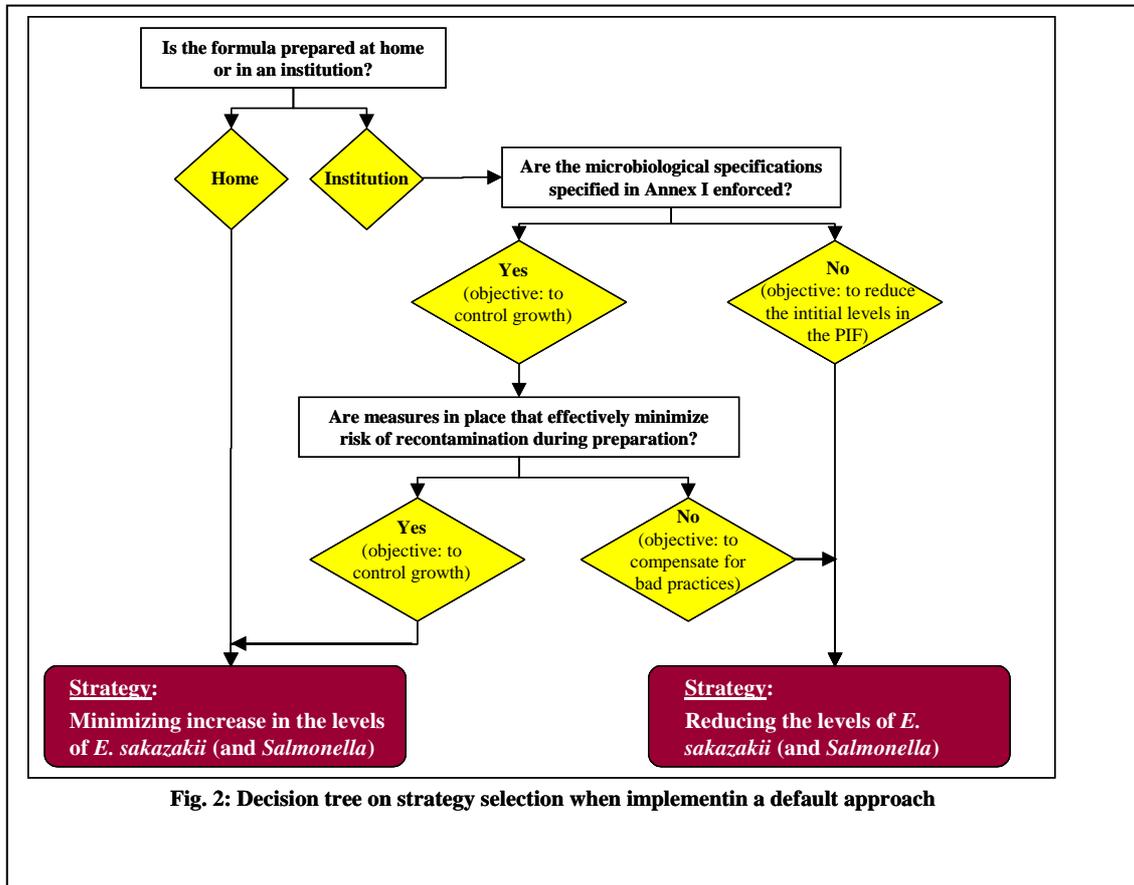


Fig. 2: Decision tree on strategy selection when implementing a default approach

3.3.1 Default approach strategy: Minimizing increase in the levels of E. sakazakii

Bottle feeding:		Assisted feeding	
Scenario 1:	Scenario 2:	Bolus feeding	Enteral feeding (tube & pump)
	Keep the container	tightly closed until and	between uses
	Do not	add any ingredients	thickeners or sugar)
	Finish a package	before opening the next	
Sterilize bottles/containers with boiling water immediately prior to use		Sterilize utensils immediately prior to use	Sterilize tubes and pumps immediately prior to use
Prepare only small	size batches (preferably, reconstitution	only single serving size), in particular if warm	
Reconstitute with cold water (<10°C) that has been previously boiled	Reconstitute with cooled water (10-40°C) that has been previously boiled	Reconstitute with cooled water (<40°C) that has been previously boiled	Reconstitute with water (<30°C) that has been previously boiled

	and cooled off (for 0.5-1 hrs)		
Warm quickly the bottle under hot tap water	If necessary, warm quickly the bottle under hot tap water	If necessary, adjust the temperature to feeding temperature	
	Feed	immediately	
Complete feeding within 3 hrs	Complete feeding within 2 hrs	Complete feeding within 2hrs	Complete feeding within 4 hrs
	Dispose any remaining	feed. Do not carry out	multiple feeding
Clean and rinse bottle and teats immediately after feeding		Clean and rinse utensils, tubes & pumps immediately after feeding	

3.3.2 Default approach strategy: Reducing the levels of E. sakazakii

Bottle feeding:	Assisted feeding:		
	Bolus feeding:	Enteral feeding (tube & pump):	
		Scenario 1:	Scenario 2:
	Sterilize utensils immediately prior to use	Keep container tightly closed	until and between uses
		Finish a package before	opening the next
		Do not add any ingredients	(e.g. thickeners, sugar)
		Sterilize tubes and pumps	immediately prior to use
Reconstitute	with hot water (70°C)	Reconstitute with	hot water (65-70°C)
Cool under tap water	Cool	to feeding temperature (lower,	if stored)
Refrigerated	storage (<6°C) for max 24 hrs	Refrigerated storage (<6°C) for max. 12 hrs	Refrigerated storage (<6°C) for max. 24 hrs
	If stored, rewarm	quickly to feeding temperature	
Complete feeding within 4 hrs	Complete feeding within 2 hrs	Complete feeding within 4 hrs	Complete feeding within 2 hrs
	Dispose any remaining	feed. Do not carry out multiple	feedings
Clean and rinse bottle and teats after feeding	Clean and rinse utensils after feeding	Clean and rinse tube & pump	after feeding

3.4 Handling of alternate risks

Reconstitution with hot water or heat treatment above 58°C results in alternate risks some of which are only controllable when performed by specifically trained staff (i.e., professional caregivers):

- **Risk of scalding**²⁸ of the caregiver during preparation and of the infants/children during feeding, which require effective cooling prior to feeding. The risk can be controlled through effective temperature adjustment (<43°C) prior to feeding. Pouring a few drops in the inside of the wrist can test this.
- **Likely activation and outgrowth of spores** present in the formulae, in particular spores of *B. cereus*: The practical means to counteract this is, in the context of infant formulae preparation only through a combination of:
 - control of the initial levels of spores in the powder by the manufacturer (spore content to be kept as low as possible);
 - effective growth control after reconstitution (storage temperatures of formulae below 4°C and a short storage period);
 - cleaning the bottles and utensils immediately after feeding; and
 - sterilizing the bottles and utensils prior to use.
- **Reduction of the content of water-soluble vitamins**, in particular vitamin C, and other heat-sensitive nutrients (amino acids, formation of blocked lysine, killing of probiotics, etc)²⁹. Compensation by a relevant increased content in the powder (preferably to be added by the PIF manufacturer, not the care-giver).
- **Recontamination with water** from the water bath, wherefore freshly cleaned and filled water baths are necessary.
- **Cracks of plastic bottles and shattering of glass bottles** due to (frequent) thermal shocks. The material of the bottle should be able to withstand such thermal conditions and the bottles should be checked before each use.

3.5 Good Hygienic Practices

3.5.1 Facilities

Domestic caregivers:

- Use a suitable area (e.g., not located next to the infants changing area) that has been properly cleaned; and,
- The work surface (usually the sink) and accessories located nearby should be regularly cleaned and disinfected.

²⁸ 120°F (49°C) for a few seconds cause 2nd or 3rd degree burns (<http://wisconsinmedicalsociety.org/uploads/wmj/100-6-SA-Stockhausen.pdf>). On the other hand the internal lining of mouth (mucosa) has a very rapid blood supply and blood flowing through the blood vessels in the lining of the mouth carries away some of the heat which allows for swallowing drinks at a temperature that would cause burns on skin. A safe temperature for hot water is 110 °F (43.3 °C), however exposure to water at this temperature is painful; the human pain threshold is around 41-42 °C. (Bynum, Petri, et. al (1998): Domestic Hot Water Scald Burn Lawsuits - The Who, What, When, Why, Where How; 1998 Annual ASPE Meeting; Indianapolis, Indiana.) See also: http://www.medbc.com/annals/review/vol_6/num_3/text/vol6n3p157.htm

²⁹ Current compositional standards, including the standard currently under revision by the CCNSFDU, specify maximum limits for contents of some of the affected components in infant formula. For vitamin C, the draft revised Codex Stan (ALINORM 06/29/26, Appendix IV(A), section 3.1(d) specifies a maximum of 30 mg/100 kcal, expressed as ascorbic acid. The Committee may consider raising this issue with the CCNSFDU.

Professional caregivers:

A specific sector/area should be provided for the preparation, handling and storage of feeding bottles and syringes for enteral nutrition that has:

- an adequate ventilation system that ensure a higher ambient pressure than the adjoining rooms;
- adequate lighting;
- floor and wall surfaces that are easy to clean and disinfect, with angles at the joins between floor and wall surfaces (to enable constant cleanliness);
- windows and other openings to the outside environment preventing the accumulation of dirt and fitted with insect proof screens, which can be removed for cleaning; the windows should remain closed during formula reconstitution; and
- ceilings, false ceilings and other overhead structures that enable constant cleanliness to be maintained, minimize condensation.

Facilities should be kept dry and cool (approximately 20°C) at all times.

The work surface for reconstitution (usually the sink) and accessories located nearby should be regularly cleaned and disinfected.

Refrigerators used to store reconstituted formulae should be dedicated to that purpose and should be frequently washed and disinfected. The frequency should be determined according to the number of bottles being operated, e.g., daily up to once a week.

Appropriate surfaces in the facilities (e.g., floors or drains, walls, ventilation systems) should be monitored for the presence of *E. sakazakii* and *Salmonella* (see Annex II for guidance).

3.5.2 *Water for reconstitution, if not hot*

- Tap water should be used as follows:
 - the water should run for at last 30 seconds before it is collected; and
 - the tap used should be regularly maintained (cleaning and descaling in particular),
- The water should be boiled and subsequently cooled.

3.5.3 *Storage of reconstituted PIF*

- Refrigerators should be designed to provide rapid cooling and normal household refrigerators may not be suitable in hospital settings
- Refrigerators should be kept clean. Cleaning as needed should be done with soapy water and rinsed. If needed, disinfection can be carried out.; and
- The temperature should be regularly checked, e.g., by frequently checking a thermometer placed in the refrigerator.

3.5.4 *Personal hygiene*

- Hands should always be washed thoroughly prior to cleaning (of utensils and bottles) and to mixing powder and water;

- Hand washing procedure should include the use of soap, warm ~~hot~~ water and clean dry cloth (in institutions, hot dry air or disposable tissue); and
- Short nails should be ensured.

Additionally, for professional caregivers:

- Light-colored clothing with short sleeves should be used;
- Clothing should be changed daily;
- Hair should be maintained clean, short or tied back;
- Protective hair net should be worn;
- Watches or jewelry should be avoided (hands and wrists); and
- Use of nail varnish and artificial fingernails should be avoided.

3.5.5 *Cleaning of bottles, etc.*

- The feeding bottle, rings, lids and silicone nipples should be rinsed in cold water then washed in a dishwasher using a complete cycle (at least 65°C and drying is important);
- Rubber nipples should be rinsed and washed carefully using a clean bottle-brush, turning them inside out;
- In the absence of a dishwasher, the bottles etc. should be rinsed with cold water and washed by immersion in water to which detergent product has been added (washing-up liquid) using a clean bottle brush; to remove detergents, the bottles etc. should then be rinsed; the feeding bottle and its accessories should be inverted and left to dry. Drying by the use of dishtowels should be avoided;
- After cleaning, the feeding bottles should be sterilized by boiling them, by pouring boiling water over them or by using microwave; Use of chemical disinfectants may or may not be effective (depending on concentration of active substance and time) and is therefore not recommended as best practice; Chemical disinfection should only be used by professional caregivers and only if the staff in question has received appropriate training;
- Bottles and utensils should be left to dry in a clean site (not toweled) or be covered by a clean towel to avoid dust collecting on them; and
- Sterilization that destroys bacterial spores (e.g., in pressure cooker or autoclave) may be needed for exceptionally fragile infants. For these infants, the use of commercially available sterilized liquid products or other infant feeding options which have undergone an effective point of use decontamination procedure, should be encouraged.

At hospitals, flushing of the naso- or orogastral tube or gastrostomy tubes after each feeding with sterile solutions reduces slightly the microbial contamination and the accumulation of adherent microorganisms within the feeding delivery systems. Cleanliness should be verified by testing for appropriate indicators for pathogens.

3.5.6 *Staff skills & training of professional caregivers*

- The staff involved in reconstitution and feeding should have access to professional food safety training, tailored to the operations to be carried out; and
- Training should include control of alternate risks related to the use of hot water.

APPENDIX A: DETAILS ON STEP CONTROL MEASURE OPTIONS

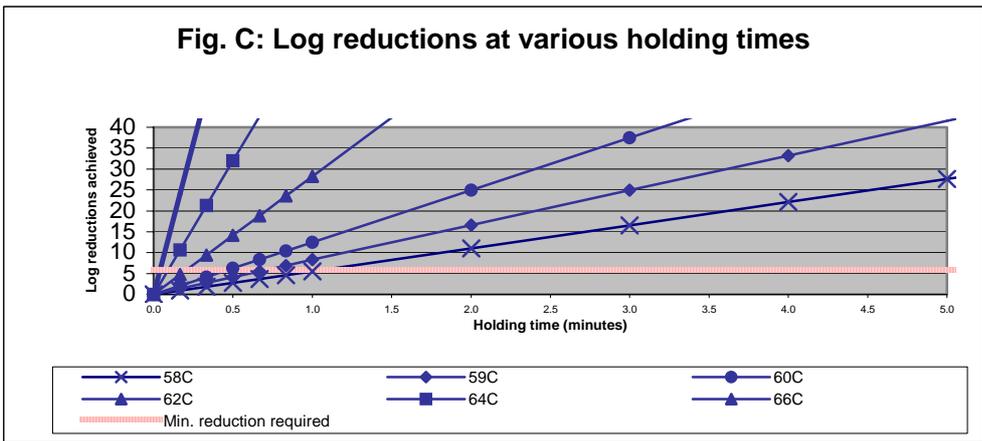
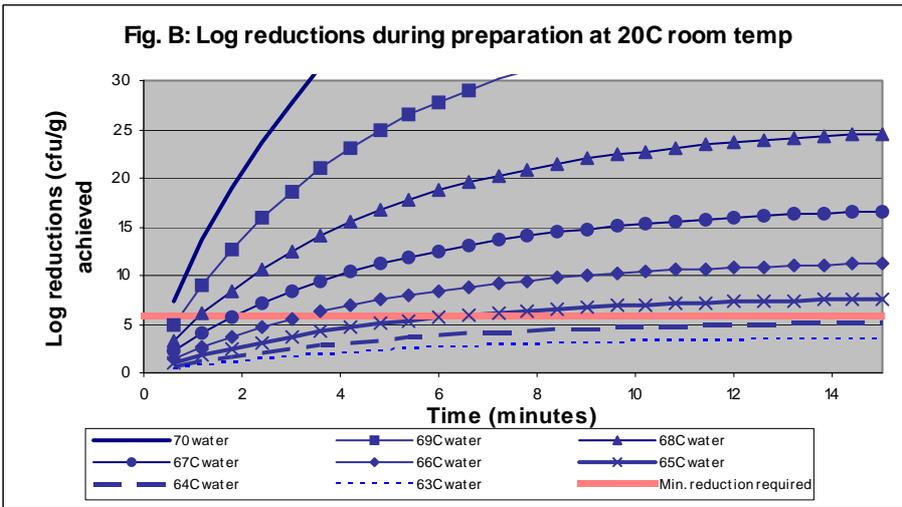
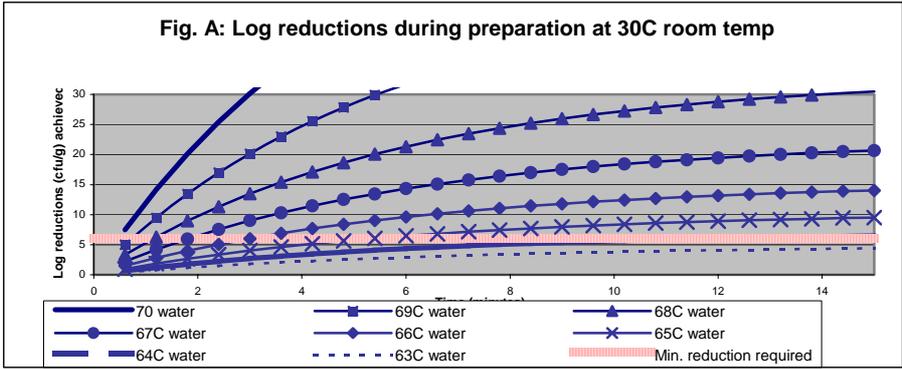
This appendix provides further details with regard to the nature and effects of various control measures that effectively impact the risk associated with *E. sakazakii* (and *Salmonella*) in infant formulae. Under each step, the control measures are listed in increasing order with respect to their effect (measures with lowest effect listed first).

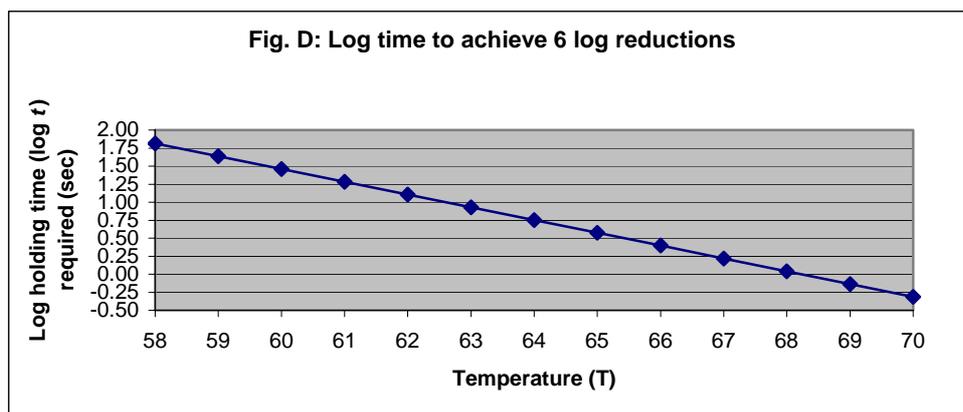
The information provided is primarily intended for assistance in following the design approach, as described in section 3.2 of the Annex III.

STEPS 1 & 2: CONTROL MEASURES THAT CAN BE APPLIED DURING STORAGE AND PORTIONING		
Control measure option	Effect on hazard/risk	Effectiveness of the measure
Keeping the container tightly closed until and between uses Finish a package before opening the next	Prevents growth effectively (i.e. no impact on initial level) Possibility of a few cells entering the package, when the container is open	Easy to implement and therefore effective
Minimizing the time of exposure to ambient air	Estimated contamination per minute of exposure is 1-3 ³⁰ cfu/container of the microorganisms present in the air (not specifically <i>E. sakazakii</i> – the types of organisms will reflect the flora present in the environment)	Contamination cannot be totally avoided. Effectiveness of the measure depends on ability of the care-giver to control the environment
Environmental control (including effective cleaning & drying of surfaces in the portioning area)	Low levels of microorganisms, (including <i>E. sakazakii</i>) may be present in the environment and can lead to sporadic contamination of the servings. Minimizing the number of habitats and the levels in the environment reduces the likelihood of such contamination.	Keeping the environment clean and as dry as possible everywhere will help keeping the levels low. However, monitoring is required to evaluating the effectiveness See Section 5.2.4 and Annex II. Monitoring is not possible in households. Environmental monitoring is currently not common practice in hospitals & institutions at large and requires proper training.
Use of ingredients (e.g. thickeners, sugar) that have been tested against <i>E. sakazakii</i> and <i>Salmonella</i> using the specifications for PIF	May assist in minimizing contamination from such ingredients	Testing of these ingredients by the user is unpractical and not reliable for this purpose. However, contracts for larger consignments could include provision of documentation in the form of testing results. Instead, consideration should be given to not adding any such ingredients unless medically advised, while weighing the benefits to increased risk, and the relative short period at which the infant is at greatest risk. Where such additions are medically advised, only ingredients complying with the microbiological specifications for PIF or alternatively, have been commercially sterilized should be used (see below)
Cleaning and sterilization of utensils, bottles and nipples prior to portioning	Both the frequency of contamination and the number of contaminating cells of pathogens can be minimized. Sterilization eliminates vegetative microorganisms.	Effectiveness of the measure depends on ability of the care-giver to clean and disinfect (see step 7), how it is done, what the initial level is (e.g. utensils need to be clean beforehand) and the time between sterilization and actual use (risk of recontamination). Dry heating of e.g. bottle nipples in homes may not be appropriate as the effect is close to zero. However, if wet heated, probability of post-contamination during subsequent drying exists.
Use of ingredients (e.g. thickeners, sugar) that have been subjected to microbiocidal treatments	Effective microbiocidal treatment reduces the levels as well as the probability of contamination. Commercially sterile ingredients should be aseptically packaged.	Ingredients that have been subjected to such treatments are not always available, in particular not in households. Instead, consideration should be given to not adding any such ingredients unless strictly medically advised

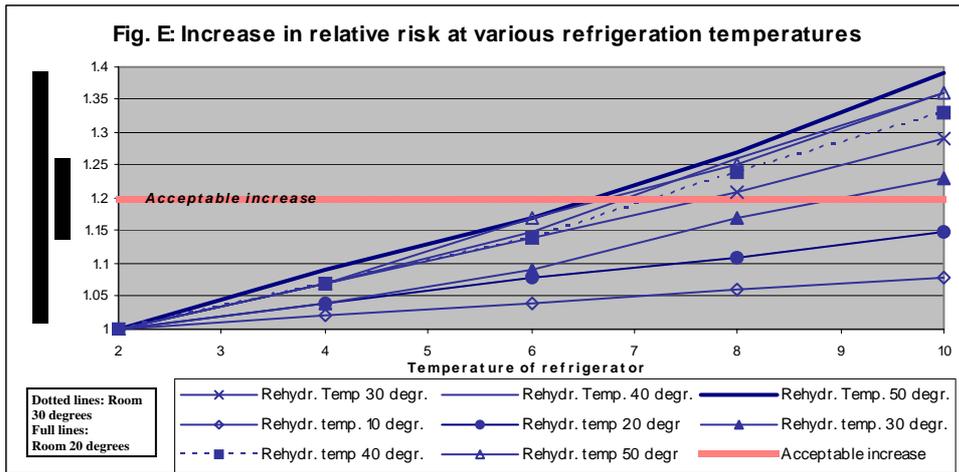
³⁰ Further guidance: Aantrekker et al. (2003): Estimating the probability of recontamination via the air using Monte Carlo simulation

STEP 3: CONTROL MEASURES THAT CAN BE APPLIED DURING RECONSTITUTION			
Control measure option	Effect on hazard/risk	Effectiveness of the measure	Alternate risk
Use of cold reconstitution water	Preparation with water at temperatures ranging below 10 °C reserves lag time that delays growth during later storage or feeding.	Easy to apply, but requires water of high microbiological quality and/or heat treatment of that water, to minimize the consequences of any recontamination with water. Some difficulties to dissolve the PIF may occur.	
Use of potable tap water	Untreated tap water may contain hazards. Potable water may be of appropriate quality but will not be sterile. Water quality can be verified by testing against the MC for drinking water as recommended by the WHO, but it should be observed that these MC are less stringent than those required for PIF.	Results of any testing are delayed and will therefore not relate to the water actually used. In households, testing is not possible.	
Use of (cooled) water that has been subjected to heat treatment, UV-treatment etc.	Heat treatment of water and subsequent cooling to reconstitution temperature destroys effectively any vegetative hazards present (not spores). Longer time boiling (10-20 minutes) destroys also any spores present UV reduces the content of <i>E. sakazakii</i> , if present	Simple heat treatment procedure (e.g. kettle boiling) is easy to implement and is thus highly effective. UV-treatment is only relevant at larger settings, such as hospitals	Water kept warm for long periods (such as in home water-heaters or “boilers”) should not be used
Use reconstitution water at 65-70 °C	Taking into account cooling rates from the point of water addition, estimates (Decision Analysis, based on JEMRA II) of log reductions during the assumed 15 minutes of preparation time are shown in Fig. A and B . At least 6 log reductions of <i>E. sakazakii</i> are achieved using temperatures from 65 °C (64 °C at high room temperatures).	Not recommended to domestic caregivers and professional caregivers that have not been properly trained, as:	
Simple heat treatment, e.g. in a water bath	The temperature of the formulae achieved by adding heated water is retained for a defined minimum period, e.g. in a water bath of the same temperature. Estimates of log reductions to be expected at various temperature/time combinations are shown in Fig. C . Holding periods at various temperatures that achieve at least 6 log reductions are shown in Fig. D .	1. To be effective, effective monitoring of the temperature of the water prior to addition is required. In case of water baths, monitoring of time is also required, in particular at temperatures below 62 °C. (Temperature monitors need to provide reliable results, but need not be subject to calibration procedures) 2. At high temperatures, clumps of powder may be formed which can be difficult to dissolve. If this happens, not all particles may be subjected to the same temperature as by the time clumps are dissolved, the temperature is down. This possible ineffectiveness factor can be eliminated by heat treatment in a water bath (see below).	See Annex III, section 3.4
Use of reconstitution water at 70 °C	70 °C yields 12-13 log reductions per minute of exposure (Decision Analysis, basing JEMRA II), which is far more than needed to eliminate any <i>E. sakazakii</i> present. Microorganisms are instantly heated to (almost) the temperature of the added water. However, the formulae starts cooling off immediately, the rate of which depends on the temperature of its surroundings (room temperature)		





STEP 4: CONTROL MEASURES THAT CAN BE APPLIED DURING COOLING OF RECONSTITUTED FORMULA		
Control measure option	Effect on hazard/risk	Effectiveness of the measure
Cooling at room temperature (when using relative high reconstitution temperatures)	Cooling at room temperature is not a control measure, but it is addressed here, as it is practiced in some parts of the world. It does generally not increase the relative risk provided the formula is used within an hour after reconstitution. However, if cooled at room temperatures above 30 °C the relative risk may increase up to 3-fold if the reconstitution temperature is above 40 (and below 58 °C) and if feeding is not initiated immediately after the feeding temperature has been achieved (< 1 hr).	Ambient room temperature is difficult to control, in particular in warm climate regions, where air conditioning is no option.
Chilling (refrigerator)	Chilling time in a refrigerator (<6 °C) for up to 4 hours does not increase the relative risk compared to the risk associated with use immediately after cooling (1 hour) (JEMRA II, tables 10-12). Where the temperature of the refrigerator exceeds 7 °C, an increase above 1.2-fold in the relative risk can be expected, where reconstitution temperatures exceed 30 °C (see Fig. 6). Once a temperature of <6 °C has been achieved in the formula, no growth should be expected.	Temperatures in refrigerators may vary from 2-10 °C or more, in particular if not monitored and corrected as appropriate. In hospitals and institutions, frequent monitoring is expected to be in place. However, at temperatures up to 10 °C, worst case scenarios would only result in max. 1.5-fold increase in relative risk.
Small batch size	Mixing water and powder in large volumes at the same time result in slower cooling rates and thus growth to higher levels of any microorganisms present. For instance, mixing the required amount of powder with 25 L of water at 30 °C and subsequent storage at 20 °C or 30 °C for 1 hour may result in 24- and 56-fold increases of the relative risk. If higher reconstitution temperatures (below 58 °C) are used, the increase will be much higher (several thousand fold). (JEMRA II; Table 19)	Large scale mixing should only be implemented if growth profiles during subsequent temperature adjustment and storage have been estimated and if storage conditions and time as well as feeding time are adjusted to compensate for the increased risks associated with this procedure
Cooling under cold water	Cooling of the bottle under cold tap water is the quickest way of cooling and within time to avoid any growth of microorganisms. Cooling in a cold water bath is less practical but also less effective. It requires that the amount of water in the bath significantly exceeds the volume of the bottle and that the surface level of the bath is higher than the surface level in the bottle.	Easy to carry out, including the identification when appropriate feeding temperature has been reached. The container must be well sealed.



STEP 5: CONTROL MEASURES THAT CAN BE APPLIED DURING STORAGE OF RECONSTITUTED FORMULA		
Control measure option	Effect on hazard/risk	Effectiveness of the measure
Cleanliness of chilling facilities	Low levels of microorganisms (including <i>E. sakazakii</i>) may be present in the chilling facilities and can indirectly lead to sporadic cross-contamination of the servings (e.g. via hands and utensils). Minimizing the number of habitats and the levels in the facilities/environment reduces the likelihood of such contamination.	Keeping the chilling environment (e.g. refrigerators) clean is possible everywhere. However, monitoring is required to evaluating the effectiveness. See Section 5.2.4 and Annex II. Monitoring is not possible in households. Environmental monitoring is currently not common practice in hospitals & institutions at large and requires proper training.
Storage temperature & time	<u>Under refrigerated conditions:</u> Once a temperature of <6 °C has been achieved in the formula (e.g. after 2 hours in refrigerator – after few minutes under cold tap water), no growth should be expected. Very slight growth should be expected with extension of storage time (e.g. approx. 1.2-fold increase in relative risk associated with <i>E. sakazakii</i> after 6 hours of extension – JEMRA II; Tables 17 & 18) <u>Under ambient temperature conditions:</u> Storage under ambient temperatures supports growth of <i>E. sakazakii</i> (and Salmonella) and should therefore be kept as short as possible (not more than 2 hours).	Temperatures in refrigerators may vary from 2-10 °C or more, in particular if not kept under appropriate control. In hospitals and institutions, frequent monitoring and corrections are expected to be in place.

STEP 6: CONTROL MEASURES THAT CAN BE APPLIED DURING FEEDING		
Control measure option	Effect on hazard/risk	Effectiveness of the measure
Rapid rewarming to feeding temperature	A rapid rewarming procedure of reconstituted formula after storage has, by itself, little impact on the microbial level. However, the longer it takes, the higher the potential for growth and/or consumption of lag phase and thus indirectly increasing the risk at other steps.	Rewarming may take longer in large scale operations
Immediately feeding after preparation	In the home it is possible to feed immediately after preparation. This allows no time for growth of microorganisms in the prepared formula.	Easy to practice
Short feeding time (where the formula is kept warm)	<p>During feeding, the formulae are usually kept at temperatures where growth rates of most pathogens are at the highest. Therefore minimizing the feeding time is the most important control measure as it impacts the relative risk significantly (only heat treatments above 58 °C have higher impact).</p> <p>Depending on the nature of the various factors involved, the relative risk associated with prolonged feeding may increase up to 250,000 folds compared to immediate feeding after rewarming) (JEMRA II, Tables 15 & 16).</p> <p>Feeding at 37 °C always involves an increase in the relative risk. What level that is acceptable/tolerated depends on the practical ability to shorten the feeding time.</p> <p>Where a decision has been taken with regard to the <u>tolerable risk</u> solely associated with the feeding step or where circumstances do not allow for adherence to the general guidance (e.g. in the case of NICUs), the following represent recommended limits of flexibility during feeding, which should be implemented together with stricter measures somewhere else along the preparation-to-feeding chain:</p> <ol style="list-style-type: none"> Where the tolerable increase in relative risk is max. 10-fold, or where other control measures compensate for such increase:: <ul style="list-style-type: none"> where not stored under refrigerated conditions; feeding time to be kept <2 hours; however, if reconstitution temperatures above 30 (but below 58) are used then <1 hour where not stored under refrigerated conditions; when fed in rooms at 20°C, feeding time to be kept <4 hours; however, if reconstitution temperatures above 30 °C (but below 58 °C) are used then <2 hours. When fed in rooms at 30 °C, feeding time to be kept <2 hours; however if reconstitution temperatures above 30 °C (but below 58 °C) are used then < 1 hour. Where higher risks are tolerated (e.g. avoiding only extreme increases in relative risks (>200-fold)) or where other control measures compensate for such increase: <ul style="list-style-type: none"> where not stored under refrigerated conditions, feeding time up to 4 hours (at cool ambient room temperature, i.e. 20 °C) and up to 2 hours (warm ambient room temperatures, i.e. 30 °C), respectively would be acceptable, also when reconstitution temperatures up to 58 °C are applied. where stored under refrigerated conditions, feeding time up to 6 hours (in rooms at 20 °C) and up to 3 hours (in rooms at 30 °C), respectively would be acceptable, if reconstitution temperatures up to 30 °C are applied. 	Limiting feeding time may be difficult due to medical necessity or the eating habits of the infant. Where control of feeding time is applied, exceeding the max. time established should lead to interruption and disposal of leftovers.
Discarding of leftovers after feeding	Microorganisms in leftovers continue to grow. Formula remaining in the bottle should be discarded if not feed within the specified time limit.	Easy to implement and therefore effective

STEP 7: CONTROL MEASURES THAT CAN BE APPLIED DURING CLEANING & STERILIZATION OF BOTTLES ETC.		
Control measure option	Effect on hazard/risk	Effectiveness of the measure
Cleaning & sterilization procedure	<p>Cleaning, by scrubbing of containers removes remaining product & microorganism adherent to the surface.</p> <p>Subsequent rinsing removes residues of cleaning agents.</p> <p>Sterilization by heating the bottle to temperature above 80 °C (in practice, to the boiling point) destroys effectively any vegetative cells present. Chemical sterilization that can only be done after cleaning and rinsing has little efficacy if not properly carried out and needs careful rinsing.</p> <p>Sterilization procedures that destroy bacterial spores (<i>e.g.</i> in pressure cooker or autoclave) are not needed except for exceptionally fragile infants.</p> <p>Flushing of the naso- or orogastral tube or gastrostomy tubes after each feeding with sterile solutions reduces slightly microbial contamination and the accumulation of adherent microorganisms within the feeding delivery systems.</p> <p>If stored (or not used) for a longer period prior to next use, sterilization should be carried out again.</p>	<p>Heat sterilization is easy to carry out and therefore effective. Chemical sterilization requires more skills and training</p> <p>The effective removal of residues of feeds in tube systems requires regularly testing for the presence of pathogenic bacteria.</p>

ANNEX IV

MICROBIOLOGICAL SURVEILLANCE IN INFANT FORMULA PREPARATION UNITS

The extrinsic microbiological contamination of infant formulae during preparation is a factor which needs to be taken into consideration in the design of preventive measures in health care facilities. Such measures are based, as in the case of the manufacture of the powdered formulae, on the application of Good Hygienic Practices as relevant for any establishment handling foods (Recommended International Code of Practice – General Principles of Food Hygiene (CAC/RCP 1-1969, Rev. 4-2003) and on the application of HACCP or similar systems to address specific hazards.

Such extrinsic microbiological contamination can occur either from the preparation environment, from preparation surfaces, and/or from utensils used during preparation. It is therefore important to assess and verify that the implemented measures are effective.

Microbiological surveillance of infant formula storage, preparation areas, and surfaces in direct contact with the product (e.g., utensils) represents an essential element of the quality assurance program.

Results from a properly designed monitoring program will assist in identifying potential sources of contamination and in demonstrating the efficacy of cleaning and disinfections procedures.

Such a surveillance program is best achieved through sampling and testing of environmental samples for relevant microorganisms such as *Salmonella* and *Enterobacter sakazakii* or hygiene indicators such as Enterobacteriaceae. It should include swabs from surfaces of preparation areas, sinks, equipment and utensils used as well as residues, for example from vacuum cleaners, collected in the area.

It is important that the sampling be done using appropriate sampling tools and from relevant sites which may, if contaminated, lead to (extrinsic) contamination of PF. It is important as well to document sampling activities and to use the data to initiate corrective actions where necessary. For this purpose, it is important to define targets to be achieved, e.g., in terms of acceptable levels of hygiene indicators or absence of pathogens. Such targets should be based on historical data or, if not available, on an initial survey that would permit one to define the normal microbiological status of the different sampling points.

It is important to review the surveillance program on a regular basis to take into account changes in the set-up, trends, etc.

ANNEX V: DIAGRAM SHOWING THE RELATION BETWEEN THE AGES AND THE PRODUCTS CATEGORIES (ISDI)

