



Public Health
England

Protecting and improving the nation's health

**Information for Duty Doctors and
Healthcare Professionals in relation to
Sainsbury's national recall of Deli
Filler products on 26/06/2017 due to
contamination with *Listeria
monocytogenes***

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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On 26th June 2017 Sainsbury's issued a recall of a number of pre-packaged Deli Filler ready-to eat food products due to the presence of *Listeria monocytogenes*. Affected products were produced between 16/06/2017 and 22/06/2017 with use by dates up to 04/07/2017. Details of the implicated products (a range of Sainsbury's Deli filler products) can be found on the Food Standards Agency Website:

<https://www.food.gov.uk/news-updates/news/2017/16284/sainsbury-s-recalls-several-of-its-deli-fillers-products-due-to-the-presence-of-listeria>

Listeria monocytogenes is a rare cause of food poisoning and though the exact infectious dose is unknown, a relatively high infectious dose is required to cause illness. Incubation period ranges from 24 hours to 70 days, so whilst a vast majority of cases are likely to be seen in the first week, a few may have a delayed presentation.

In the majority of fit and healthy individuals there may be no symptoms, some may experience mild self-limiting diarrhoea and abdominal cramps. No further medical interventions are required for such cases.

Invasive infection is extremely rare in healthy individuals, symptoms such as fever, severe body ache, headache and febrile gastroenteritis suggest invasive disease. Such cases should be referred to hospital for further blood tests including blood culture which is the best available test for detection of invasive listeriosis. Invasive disease should be treated according to standard protocols with intravenous antibiotics. Clinicians should consult their Microbiologist for advice.

Factors placing individuals Groups at high risk of symptomatic or invasive disease include:

Pregnancy, extremes of age (neonates, over 60 years of age), pre-existing medical conditions like cancer, HIV, solid organ or bone marrow transplantation, diabetes, iron overload, alcoholism, liver or kidney disease or those who are on immunosuppressive treatment ie oral steroids, chemotherapy, anti-TNF and immunomodulants etc.

The clinical presentation of listeriosis in such cases can include sepsis, encephalitis, meningitis, and miscarriage or stillbirth in pregnancy which may or may not be preceded by febrile gastroenteritis. Mortality of invasive disease is 20-30%.

Symptomatic cases belonging to vulnerable groups should be investigated for invasive disease with bloods cultures. Asymptomatic cases from high risk groups should be advised about the potentially long incubation period and advised to watch out for and report even mild symptoms.

Cases from high risk groups with suspected gastroenteritis due to *Listeria* without invasive disease can be treated with oral amoxicillin 1 g TDS for 14 days. In penicillin allergy, options include cotrimoxazole in non-pregnant adults. In cases of penicillin

allergy in pregnant women at risk contact your local Microbiologist for advice. The aim is to reduce risk of invasive disease by reduction of gastrointestinal carriage.

Cases with invasive disease should be treated with standard protocols with intravenous antibiotics. Clinicians should liaise with their Microbiologists for advice on management of patients admitted with suspected invasive disease or those with risk factors for severe disease. Advice is also available from the duty Medical Microbiologists at Colindale at ColindaleMedMicro@phe.gov.uk

Further information:

1. Brouwer MC, van de Beek D. MONALISA: a grim picture of listeriosis. *The Lancet Infectious Diseases* doi: 10.1016/S1473-3099(17)30054-3
2. Elinav H, Hershko-Klement A, Solt I, et al. Pregnancy-associated listeriosis: many beliefs, few facts. *The Lancet Infectious Diseases*;15(10):1128-30. doi: 10.1016/S1473-3099(15)00302-3
3. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases , 7th edition by Gerald L. Mandell, John E. Bennett, and Raphael Dolin. Chapter 207: *Listeria monocytogenes*
4. CDC <https://www.cdc.gov/listeria/index.html>