CODEX ALIMENTARIUS COMMISSION



Food and Agriculture Organization of the United Nations



Viale delle Terme di Caracalla, 00153 Rome, Italy - Tel: (+39) 06 57051 - E-mail: codex@fao.org - www.codexalimentarius.org
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# JOINT FAO/WHO FOOD STANDARDS PROGRAMME

# CODEX COMMITTEE ON PESTICIDE RESIDUES

49<sup>th</sup> Session Beijing, P.R. China, 24 - 29 April 2017

## COMMENTS OF THE UNITED STATES OF AMERICA

### Fluazifop-P-butyl (283)

The US delegation <u>supports the advancement</u> of all proposed MRLs, with the exception of the proposed MRLs for sweet potato and yams. The sweet potato MRL should be removed from the list of proposed MRLs, as a risk management measure. The yams MRL should be removed for formal reasons, as it was extrapolated from residue data on sweet potato.

This risk management decision will address the potential concerns noted by JMPR 2016 for chronic consumer risk; and hence will allow the advancement of the great majority of proposed Codex MRLs.

## **Background**

2016 JMPR proposed about 50 commodity MRLs following the review of fluazifop-P-butyl as a new compound. The ADI was proposed at an unprecedentedly low level of 0.004 mg/kg bw. This leads to a chronic consumer risk assessment exceeding 100% of the ADI, for one particular country cluster containing three countries. We strongly believe that this is an exaggerated worst-case outcome not reflecting a real concern for consumer health.

In this situation, the proposed Codex MRLs cannot be adopted by CCPR in 2017. This is a concern for global trade of commodities treated with fluazifop-P-butyl, which is a widely used herbicide registered in many countries globally and with no precedence of potential concerns for chronic consumer risk.

Chronic risk assessment results by JMPR (2016)<sup>1</sup> showed a range of IEDI (International Estimated Daily Intake) of 40 – 160% of the ADI proposed by JMPR (0.004 mg/kg bw). Only cluster G16 showed an intake exceeding the ADI, at 160%. Cluster G16 of the GEMS/food cluster diets comprises the countries Uganda, Rwanda and Gabon<sup>2</sup>.

The clusters with the next highest intakes were G10 and G11 with 90% of ADI. It can thus be concluded that the long-term dietary exposure to residues of fluazifop-P-butyl from uses that have been considered by the 2016 JMPR is unlikely to present a public health concern, for all clusters except G16.

For cluster G16, sweet potato is driving consumer exposure, with this crop alone resulting in an intake equivalent to 93% of the ADI proposed by JMPR.

Hence we are **proposing to the CCPR to remove the sweet potato Codex MRL, as a risk management measure**. The resulting intake for cluster G16 would be 67% of the ADI proposed by the JMPR (see table below). This result alleviates any potential concerns regarding chronic consumer risk.

The **proposed yams Codex MRL should also be removed**, as it was extrapolated from sweet potato data. It should be noted that the yams MRL did not drive consumer risk assessment in cluster G16.

<sup>&</sup>lt;sup>1</sup> JMPR (2016): Pesticide residues in food 2016. Report of the Joint Meeting of the FAO Panel of Experts on Pesticide Residues in Food and the Environment and the WHO Core Assessment Group on Pesticide Residues. Rome, Italy, 13–22 September 2016

<sup>&</sup>lt;sup>2</sup> WHO, 2012: GEMS/food cluster diets. Website accessed February 2017. https://extranet.who.int/sree/Reports?op=vs&path=/WHO\_HQ\_Reports/G7/PROD/EXT/GEMS\_cluster\_diets\_2012&useri d=G7\_ro&password=inetsoft123

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# Table: Risk management proposal for acceptable IEDI for fluazifop-P-butyl

Scenario	Intake for cluster G16, μg/person	Intake as % ADI ADI of 0.004 mg/kg bw or 240 µg/person <sup>*</sup> (JMPR proposal)
All commodities	384.1*	160%*
Sweet potato only	222.9 <sup>*</sup>	93%#
All commodities excluding sweet potato	161.2#	67%#

\* Values from Annex 3 of JMPR (2016)

<sup>#</sup> Values calculated here: Intake for all commodities excl. sweet potato was calculated by substracting intake for sweet potato from total intake for all commodities. Intake expressed as %ADI is proportional to intake in  $\mu$ g/person. Yams MRL should be removed as well, but was not considered here as not driving the consumer risk assessment.