CODEX ALIMENTARIUS COMMISSION E

Food and Agriculture Organization of the United Nations

World Health Organization

Viale delle Terme di Caracalla, 00153 Rome, Italy - Tel: (+39) 06 57051 - Fax: (+39) 06 5705 4593 - E-mail: codex@fao.org - www.codexalimentarius.org

**Agenda Item 5** **CX/CF 14/8/5-Add.1**
**March 2014**

**JOINT FAO/WHO FOOD STANDARDS PROGRAMME**

**CODEX COMMITTEE ON CONTAMINANTS IN FOODS**

**Eighth Session**
**The Hague, The Netherlands, 31 March – 4 April 2014**

# PROPOSED DRAFT REVISION OF THE MAXIMUM LEVELS FOR LEAD IN SELECTED COMMODITIES IN THE *GENERAL STANDARD FOR CONTAMINANTS AND TOXINS IN FOOD AND FEED* (CODEX STAN 193-1995)

*Comments at Step 3 received* by *Costa Rica, El Salvador, African Union and FoodDrinkEurope*

## COSTA RICA

Costa Rica does not have data to contribute in respect of the lead content in these food groups. We consider that the approach of the electronic Working Group is appropriate for the revision of the levels set in the General Standard for Contaminants in Foods, especially because this analysis was carried out with updated data, precisely in order to reduce the exposure levels to this contaminant.

## EL SALVADOR

El Salvador uses the Codex Alimentarius as one of its guidelines for the country's regulations. We support the recommendations made by the Electronic working group led by the United States in respect of the maximum levels (ML) for lead in the foods proposed in document CX/CF 14/8/5.

## AFRICAN UNION

**AU** DOES NOT SUPPORT the LOWERING of current MLs for lead from 0.2mg/kg to 0.1mg/kg for berries and other small fruits.

NEITHER DOES AU SUPPORT pursuing new work to set MLs from dried fruits without data from Africa.

The reason for establishing MLs is to protect the health of the consumer worldwide, in this case from lead which has been associated with a wide range of adverse health effects including various neurodevelopment effects, impaired renal function, hypertension, impaired fertility and adverse pregnancy outcomes. Due to the neuro developmental effects, foetuses, infants and children are the most vulnerable to lead. However, when data used to revise MLs have narrow geographical representation then the objective of setting world standards is defected.

AU AGREES that the current MLs for assorted (sub)tropical fruits, edible peel (0.1mg/kg), assorted (sub) tropical fruits, inedible peel (0.1mg/kg), citrus fruits (0.1mg/kg), pome fruits (0.1mg/kg) and stone fruits (0.1mg/kg) BE MAINTAINED.

With regards to vegetables, **AU** SUPPORTS THAT the current MLs for lead in bulb (0.1mg/kg), leafy (0.3mg/kg), legume (0.1mg/kg), and root and tuber (0.1mg/kg) vegetables be MAINTAINED but DOES NOT SUPPORT the LOWERING of MLs in brassica (from 0.3mg/kg to 0.1mg/kg), fruiting, curcurbits (from 0.1mg/kg to 0.05mg/kg), fruiting, other than curcurbits (from 0.1mg/kg to 0.05mg/kg) and legume (from 0.2mg/kg to 0.1mg/kg) vegetables. NEITHER DOES **AU** SUPPORT pursuing new work to set MLs for lead in stalk and stem vegetables without reference to information from Africa.

The whole data used for preparing the propose draft revision of MLs for lead in assorted (sub)tropical, edible peel (598), assorted (sub)tropical fruits, inedible peel (1742), berries and other small fruits (3104), citrus fruits (1283), pome fruits (3193), stone fruits (1488) and dried fruits (643) were drawn from America, Asia, Europe and Oceania.

Similarly, all the data considered in the work for vegetables were also from America, Asia, Europe and Oceania (brassica-2075, bulb-2256, fruiting vegetables, curcurbits-1744, fruiting vegetables, other than curcurbits-2616 leafy vegetables-4294, legume-1439, root and tuber vegetables-6876 and stalk and stem vegetables-1180).

While AU AGREES that the current MLs for lead in secondary milk products (0.1mg/kg) be maintained, **AU** also SUPPORTS the lowering of MLs for infant formula, including follow-on formulas and formula for special medical purposes, from 0.02mg/kg to 0.01mg/kg.

Although the data used for the proposed draft revision of MLs for lead in secondary milk products (386), powdered infant formula (308) and liquid infant formula (160) were drawn from only America (Brazil, Canada and USA), Asia (China, Japan and Singapore), Europe (Czech Republic, Germany, Italy, Slovakia and Spain) and Oceania (Australia and New Zealand), the high vulnerability of infants to lead informs our agreement for the lowering of MLs in secondary milk products and infant formulas as it will be protective of our infants and children from lead in imported products which are mostly from outside the continent.

**FOODDRINKEUROPE**

**Lead:**

While it was agreed that the proposed draft ML of 0.01 mg/kg for infant formula be postponed until CCCF8 and further data was collected, the proposed ML for infant formulae of 0.01 mg/kg is still only based upon data coming only from specific parts of the globe: From Latin America data comes only from Brazil; no data from Africa nor Middle east; in Asia, no data from big countries such as China and India. Therefore FoodDrinkEurope finds it wise that more representative data is requested before supporting the level of 0.01 mg/kg.

Further to this, FoodDrinkEurope believes it important to include the example of a dilution factor of 1:8, as this realistic figure adds clarity, and this example adds to the comprehensiveness of the paper, when discussing ML for infant formula, including follow-on formulas and formula for special medical purposes, and maintaining the current note that the ML applies to products “ready to use.” As has been included previously:

*‘It should be clarified in the GSCTFF that the ML applies to powdered infant formula with a dilution factor, e.g., 1:8’.*

The proposed retaining of ML for lead in secondary milk products 0.02 mg/kg is supported by FoodDrinkEurope.