



JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

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PROPOSED DRAFT ADDITIONAL OR REVISED NUTRIENT REFERENCE VALUES FOR LABELLING PURPOSES IN THE GUIDELINES ON NUTRITION LABELLING (OTHER VALUES THAN PROTEIN)

Comments of Brazil, Canada, Ghana, Malaysia, Mexico, New Zealand, Philippines, African Union, FoodDrinkEurope, ICBA and IFT

BRAZIL

SPECIFIC COMMENTS

RECOMMENDATION 1 – RASBs

That CCNFSDU accepts the six listed scientific bodies as RASBs in accordance with GP 3.1.2:

European Food Safety Authority (EFSA)

United States Institute of Medicine (IOM)

Australian National Health and Medical Research Council & New Zealand Ministry of Health (NHMRC/MOH)

Japanese National Institute of Health and Nutrition (NIHN)

International Zinc Nutrition Consultative Group (IZiNCG)

Nordic Council of Ministers (Nordic countries)

Brazil response:

Brazil agrees with the six listed scientific bodies as RASBs.

RECOMMENDATION 2 – Clarification of GP 3.2.1.1

That CCNFSDU agrees to the following clarification of GP 3.2.1.1:

GP 3.2.1.1 The NRVs-R should be based on Individual Nutrient Level 98 (INL98). In certain cases where there is an absence of, or an older, established INL98 for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.

Brazil response:

Brazil agrees with the proposed amendment to the section GP 3.2.1.1.

RECOMMENDATION 3 – NRV-R for Vitamin C

That CCNFSDU agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg.

Brazil response:

Brazil agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg, because it is a value close to the DIRV from EU which was updated in 2013 and was based on near saturation of body stores.

RECOMMENDATION 4 – NRV-R for Iron

That CCNFSDU agrees to:

A Modify the NRV-R for iron to refer to % dietary absorption.

B Revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption).

Brazil response:

Brazil agrees with the NRV-R for iron based on the DIRVs from WHO/FAO which establishes two values according to the % absorption considering that the dietary pattern varies among the countries. In Brazil, the dietary pattern is more similar to the diet with 10% absorption rather than the diet with 15% absorption, i.e., it is rich in cereals, with some meat and poultry and containing fruit and vegetables, according to the Brazilian National Household Budget Survey (POF, 2008-2009).

RECOMMENDATION 5 – NRV-R for Zinc

That CCNFSDU agrees to:

A Modify the NRV-R for zinc to refer to % dietary absorption.

B Revise the NRV-R from 15 mg to 11 mg (30% dietary absorption) and 14 mg (22% dietary absorption).

Brazil response:

Brazil agrees with the NRV-R for zinc based on the DIRVs from IZiNCG (two values according to the % absorption). It is important to take into account that the Joint WHO/UNICEF/IAEA/ IZiNCG interagency meeting on zinc status indicators recommended use of the IZiNCG nutrient reference values to assess population zinc intakes and considered these values to the “most appropriate for international use”.

RECOMMENDATION 6 – Dietary Description for Iron

Subject to agreement to Recommendation 4, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.

Brazil response:

Brazil agrees with the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.

RECOMMENDATION 7 – Dietary Description for Zinc

Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions from IZiNCG that correspond to the selected NRVs-R.

Brazil response:

Brazil agrees with the dietary descriptions from IZiNCG that correspond to the selected NRVs-R.

RECOMMENDATION 8 – Footnote for Iron and/or Zinc

Subject to agreement to Recommendations 4A and 5A, that CCNFSDU agrees to the following footnote attached to the NRV(s)-R for iron and zinc.

National authorities should determine an appropriate NRV-R that best represents the dietary absorption from national diets.

Brazil response:

Brazil agrees with the amendments proposed to the footnote for iron and/or zinc in order to be consistent with the preamble which states that national authorities may establish reference values for food labelling that take into account country or specific factors that affect nutrient absorption, utilization, or requirements.

RECOMMENDATION 9 – NRV-R for Selenium

That CCNFSDU agrees to establish the NRV-R for selenium at 60 µg.

Brazil response:

Brazil agrees with the NRV-R for selenium at 60 µg, because it is nearly the same as averaging the most recent values (Nordic INL₉₈; Draft EFSA AI) and all three DIRVs (INL₉₈) based on maximal saturation of GPX and SEPP1 selenoproteins (IOM, NHMRC/MOH, Nordic).

RECOMMENDATION 10 – NRV-R for Molybdenum

That CCNFSDU agrees to establish the NRV-R for molybdenum at 45 µg.

Brazil response:

Brazil considers that it is not necessary to establish an NRV-R for molybdenum given the paucity of data available, or given that molybdenum deficiency in otherwise healthy humans had not been observed, so far, and there are no biomarkers for molybdenum status.

RECOMMENDATION 11 – NRV-R for Manganese

That CCNFSDU agrees to establish an NRV-R for manganese at 3 mg.

Brazil response:

Brazil considers that it is not necessary to establish an NRV-R for manganese as there was generally limited evidence to support a recommendation.

RECOMMENDATION 12 – NRV-R for Fluoride

That CCNFSDU agrees that no NRV-R for fluoride should be established.

Brazil response:

Based on the role of fluoride in the risk reduction of dental caries that is a non-communicable disease and considering its international public health significance, Brazil thinks that CCNFSDU may wish to consider the development of an NRV-NCD for fluoride. It is important to take into account the risk of excess for young children and also the problem of fluorosis.

RECOMMENDATION 13 – Further Amend Working Definition of RASB

That CCNFSDU agrees to add a second **footnote to the working definition of RASB in Section 1.4c to explain the term *primary evaluation*:

**** Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.**

Brazil response:

Brazil agrees with the inclusion of the second footnote that explains the meaning of “primary evaluation” in order to prevent an erroneous interpretation.

CANADA**General Comments**

Canada thanks Australia for chairing the eWG and preparing this report. Canada supports the eWG recommendations for revised or additional NRVs-R and offers the following comments related to recommendations 1-13.

Specific Comments**2.1 NOMINATED RASBS (TOR 1)****RECOMMENDATION 1 – RASBs**

That CCNFSDU accepts the six listed scientific bodies as RASBs in accordance with GP 3.1.2:

- European Food Safety Authority (EFSA)
- United States Institute of Medicine (IOM)
- Australian National Health and Medical Research Council & New Zealand Ministry of Health (NHMRC/MOH)
- Japanese National Institute of Health and Nutrition (NIHN)
- International Zinc Nutrition Consultative Group (IZiNCG)
- Nordic Council of Ministers (Nordic countries)

Canada supports using these proposed RASBs and WHO/FAO as the source of DIRVs for NRVs-R.

2.2 FURTHER CONSIDERATION OF GENERAL PRINCIPLE 3.2.1.1 (TOR 3)**RECOMMENDATION 2 – Clarification of GP 3.2.1.1**

That CCNFSDU agrees to the following clarification of GP 3.2.1.1:

GP 3.2.1.1 The NRVs-R should be based on Individual Nutrient Level 98 (INL98). In **certain** cases where there is an absence of, **or** an **older**, established INL98 for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other **daily intake** reference values or ranges that have been **more recently** established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.

Canada supports revision to GP 3.2.1.1 to allow for consideration of other reference values. Canada supports the proposed text revision because it allows for consideration of both INL98s and AIs when the INL98s are older or when there is uncertainty related to the strength of evidence used to derive the INL98.

3.3 VITAMIN C NRV-R (TOR 1)

RECOMMENDATION 3 – NRV-R for Vitamin C

That CCNFSDU agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg.

Canada supports revision of the NRV-R for vitamin C to 100mg. This value was derived by averaging the EFSA (103 mg) and NINH (100 mg) DIRVs and rounding down. The EFSA and NINH DIRVs were both based on the physiological endpoint of near saturation of body stores and were derived using the most recent systematic reviews.

3.4 IRON NRV-R (TOR 1)

RECOMMENDATION 4 – NRV-R for Iron

That CCNFSDU agrees to:

- A Modify the NRV-R for iron to refer to % dietary absorption.
- B Revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption).

A Canada supports modification to the NRV-R for iron to refer to % dietary absorption.

B Canada supports revision of the NRV-R to 14 mg (15% absorption) and 22 mg (10% absorption) (WHO/FAO DIRVs).

3.5 ZINC NRV-R (TOR 1)

RECOMMENDATION 5 – NRV-R for Zinc

That CCNFSDU agrees to:

- A Modify the NRV-R for zinc to refer to % dietary absorption.
- B Revise the NRV-R from 15 mg to 11 mg (30% dietary absorption) and 14 mg (22% dietary absorption).

A Canada supports modification to the NRV-R for zinc to refer to % dietary absorption.

B Canada supports revision of the NRV-R to 11 mg (30% absorption) and 14 mg (22% absorption) (iZiNCG DIRVs).

3.6 DIETARY DESCRIPTIONS AND FOOTNOTE FOR IRON AND/OR ZINC (TOR2)

3.6.1 Iron dietary description

RECOMMENDATION 6 – Dietary Description for Iron

Subject to agreement to Recommendation 4, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.

Canada supports using the dietary descriptions adapted from WHO/FAO (2006) that correspond to the DIRVs at 15% and 10% absorption.

3.6.2 Zinc dietary description

RECOMMENDATION 7 – Dietary Description for Zinc

Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions from IZiNCG that correspond to the selected NRVs-R.

Canada supports using the dietary descriptions from IZiNCG that correspond to the selected NRVs-R at 30% and 22% absorption.

3.6.3 Footnote to NRVs-R for iron and zinc

RECOMMENDATION 8 – Footnote for Iron and/or Zinc

Subject to agreement to Recommendations 4A and 5A, that CCNFSDU agrees to the following footnote attached to the NRV(s)-R for iron and zinc:

“National authorities should determine an appropriate NRV-R that best represents the dietary absorption from national diets”

Canada supports the proposed footnote for the NRVs-R for iron and zinc.

3.7 SELENIUM NRV-R (TOR 1)**RECOMMENDATION 9 – NRV-R for Selenium**

That CCNFSDU agrees to establish the NRV-R for selenium at 60 µg.

Canada supports establishing the NRV-R for selenium at 60 ug since it is consistent with the five options for candidate DIRVs that fall within the range 55-65 ug.

3.8 MOLYBDENUM NRV-R (TOR 1)**RECOMMENDATION 10 – NRV-R for Molybdenum**

That CCNFSDU agrees to establish the NRV-R for molybdenum at 45 µg.

Canada supports establishing the NRV-R for molybdenum at 45 ug (the IOM DIRV).

3.9 MANGANESE (TOR 1)**RECOMMENDATION 11 – NRV-R for Manganese**

That CCNFSDU agrees to establish an NRV-R for manganese at 3 mg.

Canada supports establishing the NRV-R for manganese at 3 mg (average of all 4 AIs rounded down).

3.10 FLUORIDE NRV-R (TOR 1)**RECOMMENDATION 12 – NRV-R for Fluoride**

That CCNFSDU agrees that no NRV-R for fluoride should be established.

Canada agrees that no NRV-R for fluoride should be established because it is not an essential nutrient and because the IOM and EFSA DIRVs are AIs based on limited evidence for protection against dental caries, a chronic disease.

4 WORKING DEFINITION OF RASB (TOR 3)**RECOMMENDATION 13 – Further Amend Working Definition of RASB**

That CCNFSDU agrees to add a second **footnote to the working definition of RASB in Section 1.4c to explain the term *primary evaluation*:

**** Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.**

Canada supports the proposed second footnote to explain the term *primary evaluation*.

GHANA

Ghana supports the recommendations that;

1. That there should be no NRV-R for fluoride as fluoride is not an essential nutrient.
2. That the NRV-R for vitamin C, selenium and molybdenum be revised.
3. That NRV-R for iron and zinc be revised based on absorption.

MALAYSIA**Recommendation 1 – RASBs**

Malaysia has no objection to the RASBs listed.

Recommendation 2 – Clarification of GP 3.2.1.1

Malaysia is of the opinion that GP 3.2.1.1 is important because it considers the use of other reference values or ranges that have been established by recognized authoritative scientific bodies in the absence of INL98. Malaysia has no objection to the proposed text.

Recommendation 3 – NRV-R for Vitamin C

Malaysia follows the same principle of adopting a value which is closer to the WHO/FAO DIRV value (45 mg) but with additional intake of at least 25 mg ascorbic acid that promotes absorption of soluble non-haem iron (70 mg). The nearest to this would be 75 mg, the DIRV from the Nordic Council of Ministers.

Recommendation 4 – NRV-R for Iron

- A. Malaysia agrees with single percentage for iron at the international level. However, countries may determine if they want to have more than one percentage.

- B. Malaysia prefers WHO/FAO DIRV (14 mg), based on 15% of absorption. Malaysia is of the opinion that it is more practical to have only one international DIRV for the purpose of labelling.

If CCNFSDU decides to adopt two DIRVs according to % absorption, Malaysia proposes that there should be a footnote to allow countries to select either one of the DIRVs based on the needs of the country.

Recommendation 5 – NRV-R for Zinc

- A. Malaysia agrees with single percentage for zinc at the international level. However, countries may determine if they want to have more than one percentage.
- B. Malaysia prefers WHO/FAO DIRV (6.0 mg), based on 30% of moderate zinc absorption. Malaysia is of the opinion that it is more practical to have only one international DIRV for the purpose of labelling.

If CCNFSDU decides to adopt two DIRVs according to % absorption, Malaysia proposes that there should be a footnote to allow countries to select either one of the DIRVs based on the needs of the country.

Recommendation 6 – Dietary Description for Iron

Malaysia has no objection to the dietary descriptions for iron adapted from WHO/FAO (2006) as proposed.

Recommendation 7 – Dietary Description for Zinc

Malaysia has no objection to the dietary descriptions for zinc adapted from IZINCG as proposed.

Recommendation 8 – Footnote for Iron and/or Zinc

Malaysia agrees with single percentage for iron and zinc at the international level. However, if there is agreement to have multiple NRV-R for iron and zinc, Malaysia has no objection to the proposed footnote.

Recommendation 9 – NRV-R for Selenium

Malaysia prefers WHO/FAO DIRV (30 µg), consistent with our priority to use WHO/FAO DIRV, if it is available. Most dietary selenium is highly bioavailable, varying between 50% and 80%.

Recommendation 10 – NRV-R for Molybdenum

Since there is no DIRV from FAO/WHO, Malaysia prefers the average value from IOM and NIH (35.5 µg = 36 µg). Both values are based on INL₉₈. This has been the approach that we have taken.

Recommendation 11 – NRV-R for Manganese

Since there is no FAO/WHO DIRV and no established an INL₉₈, Malaysia prefers the average value from IOM, EFSA, NHMRC and NIH (3.5 mg). The available values are based on AI.

Recommendation 12 – NRV-R for Fluoride

Malaysia agrees that NRV-R for fluoride should not be established.

Recommendation 13 – Further Amend Working Definition of RASB

Malaysia has no objection to the proposed footnote to explain the term 'primary evaluation'.

MEXICO

Proposed Draft Additional or Revised Nutrient Reference Values for Labelling Purposes in the Guidelines on Nutrition Labelling Recommendations of the Electronic Working Group	COMMENTS BY MEXICO
RECOMMENDATION 1: RASB That the CCNFSDU accept the following six scientific bodies as RASB in line with General Principle 3.1.2: <ul style="list-style-type: none"> • European Food Safety Authority (EFSA) • Institute of Medicine (IOM) of the United States • National Health and Medical Research 	Mexico is in agreement with the Recognized Authoritative Scientific Bodies (RASB) proposed for this work.

<p>Council of Australia and the New Zealand Ministry of Health (NHMRC/MOH)</p> <ul style="list-style-type: none"> • National Institute of Health and Nutrition of Japan (NIHN) • International Zinc Nutrition Consultative Group (IZiNCG) • Nordic Council of Ministers 	
<p>RECOMMENDATION 2: Clarification of General Principle 3.2.1.1</p> <p>That the CCNFSDU accept the following clarification of General Principle 3.2.1.1:</p> <p>GP 3.2.1.1 The NRV-N should be based on individual nutrient level 98 (INL98). In certain cases in which an INL98 for a nutrient of a specific subgroup has not been established, or if this has become obsolete, it may be more appropriate to opt for the use of other daily intake reference values or intervals that have been established more recently by the recognized authoritative scientific bodies. The removal of these values should be reviewed on a case-by-case basis.</p>	<p>Mexico is in agreement with the proposed changes to General Principle 3.2.1.1, as we think that they clarify the text.</p>
<p>RECOMMENDATION 6: Nutritional description of iron</p> <p>That, provided Recommendation 4 is approved, the CCNFSDU accept the revised nutritional descriptions of the FAO/WHO (2006) that correspond to the selected NRV-Ns.</p>	<p>Mexico is in agreement with the acceptance of the revised nutritional descriptions of the FAO/WHO (2006), and we propose the following changes with the aim of further clarifying the text:</p> <p>“Diets rich in animal products (meat, fish and poultry) or rich in ascorbic acid (fruit and vegetables)”.</p>
<p>RECOMMENDATION 7: Nutritional description of zinc</p> <p>That, provided Recommendation 5 is approved, the CCNFSDU accept the nutritional descriptions of the IZiNCG that correspond to the selected NRV-Ns.</p>	<p>Mexico is in agreement with the acceptance of the nutritional descriptions of the IZiNCG that correspond to the selected NRV-Ns.</p>
<p>RECOMMENDATION 8: Footnote on iron or zinc</p> <p>That, provided Recommendations 4A and 5A are approved, the CCNFSDU accept the following footnote related to the NRV-Ns for iron and zinc.</p> <p>The national authorities should also determine the appropriate NRV-N that better represents the nutritional absorption of national diets.</p>	<p>In accordance with other discussions carried out at the last meeting of the CCNFSDU (REP 14/NFSDU, Topic 4, paragraph 61), it is proposed that the term "national authorities" be replaced with "national or competent regional authorities", as a result of which we propose the following footnote on iron:</p> <p>The national or competent regional authorities national authorities should also determine the appropriate NRV-N that better represents nutritional absorption based on national diets.</p> <p>We suggest adding the phrase en función (based on) to the Spanish translation to improve clarity.</p>
<p>RECOMMENDATION 10: NRV-N for molybdenum</p> <p>That the CCNFSDU accept the establishment of 45 µg as the NRV-N for molybdenum.</p>	<p>Mexico thinks there is insufficient information to decide whether it is for or against the establishment of an NRV-N for molybdenum, so we propose the establishment of this value when there is more evidence that allows for discussion in the future.</p>
<p>RECOMMENDATION 11: NRV-N for manganese</p> <p>That the CCNFSDU accept the establishment of 3 mg as the NRV-N for manganese.</p>	<p>Mexico thinks there is insufficient information to decide whether it is for or against the establishment of an NRV-N for manganese, so we propose the establishment of this value when there is more evidence that allows for discussion in the future.</p>

<p>RECOMMENDATION 12: NRV-N for fluorine</p> <p>That the CCNFSDU agree not to establish an NRV-N for fluorine.</p>	<p>Mexico agrees that an NRV-N should not be established for fluorine. We think that every country should establish an NRV-N based on its public health needs.</p>
<p>RECOMENDATION 13: New amendment of the definition of the work of the RASB</p> <p>That the CCNFSDU agree to add a second footnote (**) to the definition of the work of the RASB in section 1.4c to explain the expression "primary evaluation".</p> <p>** The primary evaluation involves a review and interpretation of the scientific evidence, the object of which is the establishment of daily intake reference values rather than accepting the advice of another RASB.</p>	<p>Mexico agrees with the inclusion of a second footnote (**), as we think that it provides better guidance for conducting a primary evaluation.</p>

NEW ZEALAND

Recommendation 1: RASBs

New Zealand accepts the inclusion of the six listed scientific bodies as RASBs in accordance with GP 3.1.2, noting that these scientific bodies are only a RASB when a primary evaluation of the scientific research has been conducted for the nutrient under consideration.

Recommendation 2: Clarification of GP 3.2.1.1.

Support the recommendation for improved clarity of GP 3.2.1.1.

Recommendation 3: NRV-R for Vitamin C

Support the revision of the NRV-R for vitamin C from 60 mg to 100 mg

Recommendation 4: NRV-R for Iron

Support the recommendation to modify the NRV-R for iron to refer to % dietary absorption and to revise the NRV-R to include two NRV-R's for iron representing diets with both 15% and 10% dietary absorption in accordance with the WHO/FAO iron requirements (2006).

The WHO/FAO DIRV for iron is relevant and consistent with those values more recently derived by other RASBs and is the only organisation to derive DIRVs for two different types of diets. There is also widespread support amongst the eWG to adopt the WHO/FAO DIRVs.

Recommendation 5: NRV-R for Zinc

Support the recommendation to modify the NRV-R for iron to refer to % dietary absorption and to revise the NRV-R to include two NRV-R's for zinc representing diets with both 30% and 22% dietary absorption in accordance with the IZiNCG requirements.

New Zealand notes that the EFSA opinion on zinc requirements is now available. Adult dietary requirements for zinc are based on a two-stage factorial approach. In the second stage the quantity of dietary zinc available for absorption are calculated based on phytate intakes that have been observed in Europe (ranging from 300 – 1200 mg/day). It is unclear how these requirement levels would be applied to diets containing higher intakes of phytate than those observed in Europe (e.g. 1700 mg/day in South Korea (Kwun & Kwon 2000¹)) if the EFSA values were to be considered for international use.

Recommendation 6: Dietary Description for Iron

Dietary descriptors are very useful in the interpretation of the percentage absorption values. New Zealand supports the adoption of the modified WHO/FAO (2006) text to simplify the descriptors. We note that there is a slight deviation in the modified description for the 15% absorption descriptor. It is useful to highlight the importance of a diversified diet for those diets which are able to attain higher dietary absorption of iron.

¹ In-Sook Kwun & Chong-Suk Kwon. Dietary molar ratios of phytate:zinc and millimolar ratios of phytate x calcium: zinc in South Koreans. Biological Trace Element Research 2000: 75; 29-41

Table 3.3. WHO/FAO (2006)	Diversified diet containing greater amounts of meat, fish, poultry and/or foods high in ascorbic acid
Table 7.2 WHO/FAO (2006)	For diets rich in vitamin C and animal protein
CX/NFSDU 14/36/5	Diets rich in meat, fish, poultry and/or rich in fruit and vegetables
Suggested modification	<u>Diversified</u> diets rich in meat, fish, poultry and/or rich in fruit and vegetables

Recommendation 7: Dietary Description for Zinc

It would be useful if the wording in the dietary descriptors for the percentage absorption of iron and zinc were similar. As such New Zealand would propose that a simplified version of the IZINCG descriptors were adopted.

IZINCG 30% absorption (phytate:zinc molar ratio 4-18)	Mixed diets, and lacto-ovo vegetarian diets that are not based on unrefined cereal grains or high extraction rate (>90%) flours
IZINCG 22% absorption (phytate:zinc molar ratio 19-30)	Cereal-based diets, with >50% energy intake from cereal grains or legumes and negligible intakes of animal protein
Suggested modification 30% absorption	Diversified diets which include animal protein and are not based on unrefined cereals
22% absorption	Cereal-based diets with very low intakes of animal protein

Recommendation 8: Footnote for Iron and/or Zinc

Support the recommendation to include the following footnote:

National authorities should determine an appropriate NRV-R that best represents the dietary absorptions from national diets

Recommendation 9: NRV-R for Selenium

New Zealand supports the recommendation of an NRV-R of 60 µg per day for the following reasons, assuming rounding:

- Application of selenium requirements to maximise SEPP1 on a bodyweight basis (0.85 µg/kg BW) to WHO reference bodyweight (60 kg) and adjustment for individual variation would result in an NRV-R of approximately 61 µg
- Taking an average of the EFSA draft DIRV and Nordic Council DIRV (same physiological endpoint maximal saturation of SEPP1) would result in an NRV-R of 62.5 µg.
- Average of all four DIRVs which are based on maximal saturation of selenoproteins GSHPx and SEPP1 (IOM, NHMRC/MOH, Nordic, EFSA) would result in an NRV-R of 61.3 µg
- Average of those RASBs which are presented in 2nd CP which are based on maximal saturation of selenoproteins (GSHPx and SEPP1) (IOM, NHMRC, Nordic) would result in an NRV-R of 58.3 µg.

Recommendation 10: NRV-R for Molybdenum

New Zealand maintains its reservations to establish an NRV-R for molybdenum due to the paucity of scientific data available to derive an NRV-R for labelling purposes, the lack of established dietary intake reference values from the WHO/FAO, and wide range of DIRVs established by RASBs. The need for a Codex NRV-R for molybdenum is questioned due to the diverging opinions amongst RASBs globally and it is considered premature to establish an NRV-R at this point in time. Notably, scientific bodies which are considered RASBs, including the Nordic Council, did not consider there to be sufficient evidence upon which to derive either an AI or INL₉₈.

Recommendation 11: NRV-R for Manganese

Although there is limited scientific data available to inform an NRV-R for manganese, of the four RASBs that have established recommendations these are all based on median population intakes are within an acceptable range. If the Committee agrees to the necessity of establishing an NRV-R for manganese, New Zealand would support the recommendation of 3 mg.

Recommendation 12: NRV-R for Fluoride

Support the recommendation that no NRV-R is established for fluoride as it is not considered an essential nutrient. Dietary intake reference values derived by RASBs are due to the role of fluoride in the prevention of dental caries. The derivation of an NRV for fluoride might be best suited as an NRV-NCD.

Recommendation 13: Definition of RASB

New Zealand considers that reference to primary evaluation in the definition without a footnote is sufficient, particularly when read in conjunction with GP 3.1.2, and that the addition of another footnote is unnecessary.

If the Committee considers that the term “primary evaluation” has the ability to be misunderstood then the provision of the footnote might be of assistance.

PHILIPPINES**POSITION**

The Philippines supports the proposed NRV-R for Vitamin C, Iron, and Molybdenum since the proposed values are identical if not closely similar to the values established by the Philippine Recommended Energy and Nutrient Intake. In addition, these NRVs-R were developed taking into account the roles of nutrients in eliminating nutritional deficiencies, safe upper intakes and upper level as a concept of risk.

RATIONALE

The Philippines supports the proposed NRV-R for Vitamin C (100 mg), Iron 14 mg [for 15% dietary absorption and 22 mg for 10% dietary absorption, and Molybdenum (45 ug) since the proposed values are identical if not closely similar to the values established by the Philippine Recommended Energy and Nutrient Intake. The basic concepts underpinning the establishment of each nutrient reference intake were that intakes would meet the needs of healthy people (Atkinson, 2011). The use of risk assessment aims to evaluate the extent to which excess consumption may lead to health problems.

Affirmation of support for these proposed NRVs-R are based on available scientific evidence. The review of epidemiologic studies by Carr and Frei (1999) suggests that an intake of 90–100 mg vitamin C/d is required for optimum reduction of chronic disease risk in nonsmoking men and women. Epidemiologic data provide the best available evidence for estimating vitamin C adequacy in humans. A dietary intake of up to 100 mg of vitamin C can result in a two to four fold enhancement of the intestinal absorption of dietary non-heme iron (Olson *et al.*, 1987).

We support the proposed NRVs-R for iron and their corresponding % absorption. According to Halber and Hulthen (2000), physiologic iron requirements should not be given as single values but rather different values adjusted by different types of diets (e.g. low-meat, and high meat). The amount needed for optimal human health will enhance reaction rates, promote health or prevent adverse events and have no toxicity. Evidence is presented that requirements for dietary iron must take into account increasing percentage absorbability of iron from plant foods as quantity of iron in such foods decreases and, also, toxicity of iron (Herbert, 1987).

Finally, we also based our support to the proposed minimal NRV-R for molybdenum since this trace mineral is very well absorbed (Turnland *et al.*, 1995).

We may not be in agreement with the proposed NRV-R for selenium. Tait *et al.* (2010) saw a clear need to review dietary recommendations in light of more recent data, in particular, information on dietary forms of selenium and the relationships between intake and health outcomes. Indiscriminate use of this mineral carries a risk of toxicity. Current recommendations on dietary intake of selenium are based on optimizing the activity of plasma glutathione peroxidases (Thompson *et al.*, 2008). Approximately 40 to 100 mcg/day of dietary selenium is needed to maintain a selenium plasma concentration of 70 to 135 ng/mL (NMCD, 2012). This is the concentration range needed for maximal activity of selenium dependent enzymes. The recommended intake for selenium that is estimated to be sufficient to meet the nutritional needs of nearly all healthy adults is 55 µg/d (Mateo *et al.*, 2006). Hence, we recommend that the Committee should consider reviewing more recent data to come up with an ideal recommended level which could be applicable to both developed and developing countries.

The proposed Nutrient Reference Value for zinc may not be supported by the Philippines at this point in time. IZiNC data for NRV is practically equal to UL (Upper Level) for 1-3/4-6 or 8 year old children. As intakes increase above the UL, the risk of adverse effects increases. Thus, it is a crucial priority to define the requirements for a trace mineral based on essentiality and health promotion, and the limits for toxicity (Fraga, 2005). However, we propose to the Committee to wait for the final publication of the EFSA Opinion and the corresponding value from this systematic review of the most recent data. Hunt *et al.* (2008) showed that current dietary recommendations for zinc rely on factorial estimates of the amounts of absorbed zinc needed to replace zinc excreted from the body daily and the amount of dietary zinc that needs to be absorbed from practical diets to provide that amount of absorbed zinc.

The Philippines supports Recommendation 1 listing the following recognized authoritative scientific bodies. These RASBs conform to the working definitions as agreed in the 2013 CCFSDU Session:

- European Food Safety Authority

- United States Institute of Medicine (IOM)
- Australian National Health and Medical Research Council & New Zealand Ministry of Health (NHMRC/MOH)
- Japanese National Institute of Health and Nutrition (NIHN)
- International Zinc Nutrition Consultative Group (IZiNCG)
- Nordic Council of Ministers (Nordic countries)

The Philippines is also supportive of Recommendation 2 clarifying General Principles 3.2.1.1 to wit “*NRV-R should be based on Individual Nutrient Level 98 (INL98). In certain cases where there is an absence of, or an older, established INL98 for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.*” We are of the opinion that periodic review of these nutrient reference values should be considered taking into account more recent values by RASBs.

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AFRICAN UNION

SECTION	AU POSITION	RATIONALE
<p>RECOMMENDATION 1: <i>That CCNFSDU accepts the six listed scientific bodies as RASBs in accordance with GP 3.1.2:</i></p> <ul style="list-style-type: none"> • <i>European Food Safety Authority (EFSA)</i> • <i>United States Institute of Medicine (IOM)</i> • <i>Australian National Health and Medical Research Council & New Zealand Ministry of Health</i> • <i>(NHMRC/MOH)</i> • <i>Japanese National Institute of Health and Nutrition (NIHN)</i> • <i>International Zinc Nutrition Consultative Group (IZiNCG)</i> • <i>Nordic Council of Ministers (Nordic countries)</i> 	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<ul style="list-style-type: none"> • These are recognized international scientific bodies. • They have acceptable scientific data.

<p>RECOMMENDATION 2 – Clarification of GP 3.2.1.1</p> <p>That CCNFSDU agrees to the following clarification of GP 3.2.1.1:</p> <p>GP 3.2.1.1 The NRVs-R should be based on Individual Nutrient Level 98 (INL98). In certain cases where there is an absence of, or an older, established INL98 for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>It is a scientifically justifiable to take in account Individual Nutrient Level 98 (INL98) or daily intake reference values where applicable.</p>
<p>RECOMMENDATION 3 – NRV-R for Vitamin C</p> <p>That CCNFSDU agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg.</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>Vitamin C is important in the metabolism of other nutrients e.g. iron absorption.</p> <p>Being a water soluble vitamin, excess amounts can easily be excreted from the body of healthy individuals.</p>
<p>RECOMMENDATION 4 – NRV-R for Iron</p> <p>That CCNFSDU agrees to:</p> <p>A Modify the NRV-R for iron to refer to % dietary absorption.</p> <p>B Revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption).</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>Quality of absorption of iron and zinc depends on the source (Animal sources is better absorbed as compared to plant sources e.g. the heme and non heme iron and similarly for zinc.)</p>
<p>RECOMMENDATION 5 – NRV-R for Zinc</p> <p>That CCNFSDU agrees to:</p> <p>A Modify the NRV-R for zinc to refer to % dietary absorption.</p> <p>B Revise the NRV-R from 15 mg to 11 mg (30% dietary absorption) and 14 mg (22% dietary absorption).</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	
<p>RECOMMENDATION 6 – Dietary Description for Iron</p> <p>Subject to agreement to Recommendation 4, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>Supported in line with recommendation 4</p>
<p>RECOMMENDATION 7 – Dietary Description for Zinc</p> <p>Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions from IZiNCG that correspond to the selected NRVs-R.</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>Supported in line with recommendation 5</p>
<p>RECOMMENDATION 8 – Footnote for Iron and/or Zinc</p> <p>Subject to agreement to Recommendations 4A and 5A, that CCNFSDU agrees to the following footnote attached to the NRV(s)-R</p>	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<p>Dietary absorption depends on the composition of local diet.</p>

for iron and zinc. National authorities should determine an appropriate NRV-R that best represents the dietary absorption from national diets.		
RECOMMENDATION 9 – NRV-R for Selenium That CCNFSDU agrees to establish the NRV-R for selenium at 60 µg.	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<ul style="list-style-type: none"> • This is average value generally acceptable derived from recent published data.
RECOMMENDATION 10 – NRV-R for Molybdenum That CCNFSDU agrees to establish the NRV-R for molybdenum at 45 µg.	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	<ul style="list-style-type: none"> • These nutrients are essential for the normal functioning of body organs. • We also note that diets of certain sections of our population are often deficient of most micronutrient or not well absorbed.
RECOMMENDATION 11 – NRV-R for Manganese That CCNFSDU agrees to establish an NRV-R for manganese at 3 mg.	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	
RECOMMENDATION 12 – NRV-R for Fluoride That CCNFSDU agrees that no NRV-R for fluoride should be established	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	It is not an essential nutrient and has a negative health effect on population (Fluorosis)
RECOMMENDATION 13 – Further Amend Working Definition of RASB That CCNFSDU agrees to add a second **footnote to the working definition of RASB in Section 1.4c to explain the term <i>primary evaluation</i> : ** Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.	<ul style="list-style-type: none"> • AU supports the adoption of the recommendation 	It is logical to have primary data from several RASBs to make an informed scientific decision.

FOODDRINKEUROPE

Recommendation		FoodDrinkEurope comments
1	That CCNFSDU accepts the six listed scientific bodies as RASBs in accordance with GP 3.1.2: <ul style="list-style-type: none"> • European Food Safety Authority (EFSA) • United States Institute of Medicine (IOM) • Australian National Health and Medical Research Council & New Zealand Ministry of Health (NHMRC/MOH) • Japanese National Institute of Health and Nutrition (NIHN) • International Zinc Nutrition Consultative Group (IZiNCG) • Nordic Council of Ministers (Nordic countries) 	We agree with the definition of RASB and support the recommendation.
2	That CCNFSDU agrees to the following	We support this recommendation, as it will give the

	<p>clarification of GP 3.2.1.1:</p> <p>GP 3.2.1.1 The NRVs-R should be based on Individual Nutrient Level 98 (INL98). In certain cases where there is an absence of, or an older, established INL98 for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.</p>	<p>possibility, when needed, to take into account the more recent values.</p>
3	<p>That CCNFSDU agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg.</p>	<p>We support this recommendation.</p> <p>In line with our previous input, we think that the option to take the average of 100+103, rounded to 100 mg, would be the best.</p> <p>FoodDrinkEurope supported values from EFSA and NIHN, which include the most recent data: 103 mg (EFSA) and 100 mg (NIHN). These 2 values are very close and the significance of the difference of 3 mg quite low. Furthermore, a majority of eWG members selected values closed to 100mg/day during the last consultation.</p> <p>In addition, as value from Nordic Council of Ministers is set on a different basis, for which there is not much available recent data, we are not convinced that this value could be used with the 2 other ones to obtain an average.</p> <p>Therefore, we recommend to take the rounded value of 100 mg.</p>
4	<p>That CCNFSDU agrees to:</p> <p>A. Modify the NRV-R for iron to refer to % dietary absorption.</p> <p>B. Revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption).</p>	<p>We do not support this recommendation.</p> <p>In line with our previous remarks, FoodDrinkEurope is still of the opinion that, for the time being, iron should have only one pNRV; we are concerned about the paucity of data underpinning the dietary absorption assumptions for iron. Data is not strong enough to support multiple pNRVs.</p> <p>A systematic review of iron absorption from whole diet (sponsored by the EURRECA project) has been published recently, concluding that the average absorption of non-haemic iron was ~5-8% across all studies, many of which used a low bioavailability diet (Collins R et al. AJCN, 2013, 98: 65-81). The review also highlighted that these values may not apply to populations of developing countries, which would require additional high-quality controlled trials.</p> <p>In addition, the Nordic Council of Ministers proposed value is at 12mg, which means a unique value quite close to the current one.</p> <p>In this context, we continue to say it is too early to change and set new NRV for this nutrient without evaluation of new data on dietary absorption. The current NRV for iron (i.e. 14 mg) could be acceptable while waiting for this new evaluation, as a pragmatic approach for labelling purposes.</p>
5	<p>That CCNFSDU agrees to:</p> <p>A Modify the NRV-R for zinc to refer to %</p>	<p>We do not support this recommendation.</p> <p>The International Zinc Nutrition Consultative Group</p>

	<p>dietary absorption.</p> <p>B Revise the NRV-R from 15 mg to 11 mg (30% dietary absorption) and 14 mg (22% dietary absorption).</p>	<p>(IZiNCG) has provided a good review in 2004, which concludes with a description of 2 different diet types (Zn absorption: 22% or 28 %) and different reference intake values accordingly.</p> <p>In addition, IZiNCG data for NRV is practically equal to UL 1-3/4-6 or 8 years. Besides that this does not sound logic from a biological point of view, it will result in operational issues concerning Zn fortification.</p> <p>We thank the European Commission for providing key information from Section 6.1 of the European Food Safety Authority (EFSA)'s draft Scientific Opinion, which has been published in the meantime. This systematic review does not mention IZiNCG's conclusions or its recommendations.</p> <p>EFSA concludes on 4 levels of requirements for zinc, according to 4 levels of dietary phytate:</p> <ul style="list-style-type: none"> • 4 levels of Average requirements (AR): from 6.3 to 10.2 mg/d for women and from 7.5 to 12.7 mg/ d for men; • 4 Population Reference Intakes (PRI): from 7.5 to 12.7 mg/d for women and from 9.4 to 16.3 mg/ d for men. <p>At this point in time, it is not clear how these values will be taken forward by the risk manager. We would in this context advise to wait with establishing the exact values.</p>
6	<p>Subject to agreement to Recommendation 4, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.</p>	<p>As we do not support Recommendation 4 and would like to keep the present and unique value at least for the time being, we cannot support this recommendation.</p>
7	<p>Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions from IZiNCG that correspond to the selected NRVs-R.</p>	<p>As we do not support Recommendation 5 and would like to keep the present and unique value at least for the time being, we cannot support this recommendation.</p>
8	<p>Subject to agreement to Recommendations 4A and 5A, that CCNFSDU agrees to the following footnote attached to the NRV(s)-R for iron and zinc.</p> <p>National authorities should determine an appropriate NRV-R that best represents the dietary absorption from national diets.</p>	<p>As we support to keep only one value, at least for the time being, we cannot support this recommendation.</p>
9	<p>That CCNFSDU agrees to establish the NRV-R for selenium at 60 µg.</p>	<p>We do not support this recommendation.</p> <p>For this nutrient, only limited data is currently available (2 studies for IOM, 2 for NHRMC/MOH, 1 for NIHN and only 1 for WHO/FAO). The Nordic Council of Ministers has undertaken one additional intervention study (based on the same Chinese study), but also these studies are relatively old.</p> <p>In addition, even if the value from Nordic Council of Ministers is the same as the one from IOM, the proposed values are heterogeneous. Due to the lack of evidence and these very different proposals, we believe that it is not possible to establish a value at this stage and suggest waiting for the EFSA review to benefit from a systematic review of the most recent data.</p>

10	That CCNFSDU agrees to establish the NRV-R for molybdenum at 45 µg.	<p>We do not support this recommendation.</p> <p>In line with our previous remarks, given that molybdenum deficiency in otherwise healthy humans has not been observed and there are no biomarkers of molybdenum status, we wonder if the work to set a NRV should be continued. In this context, for the time being, we still consider that a NRV for labelling is not needed for Molybdenum for the general population.</p>
11	That CCNFSDU agrees to establish an NRV-R for manganese at 3 mg.	<p>We would support using the EFSA value of 3 mg, which includes the most recent data and is based on a good and relevant parameter, corresponding to the recommendation because of the rounding rounded down to the nearest whole number.</p> <p>However, based on the fact that the Upper Limit (UL) in children is very close to this value, we wonder whether the work to set a NRV should be continued.</p> <p>Therefore, for the time being, we prefer not to establish a NRV for labelling for Manganese for the general population.</p>
12	That CCNFSDU agrees that no NRV-R for fluoride should be established.	<p>An NRV-R for fluoride may be difficult to establish, particularly as the range between safe and beneficial (caries prevention) and potentially harmful (fluorosis) intakes of fluoride is so narrow and of course varies for different age groups, that it is almost impossible to find a single value resulting in safe exposure for the whole population.</p> <p>If nevertheless an NRV for fluoride be further considered, its evaluation should take into account the impact on dental care and bone health. Body weight could be taken into account in order to avoid exceeding the UL in children.</p>
13	<p>That CCNFSDU agrees to add a second **footnote to the working definition of RASB in Section 1.4c to explain the term <i>primary evaluation</i>:</p> <p>** Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.</p>	<p>We support the additional explanation on the definition of RASB as per the recommended footnote.</p>

ICBA- International Council of Beverages Associations

ICBA supports work to consider revised or additional NRVs-R for vitamin C, zinc, iron, selenium, manganese, molybdenum, and fluoride, currently at Step 3. ICBA has the following comments with respect to the *Proposed Draft Additional or Revised Nutrient Reference Values for Labeling Purposes in the Guidelines on Nutrition Labelling*.

eWG Recommendations	ICBA Comments
<p>Recommendation 1: Recognized Authoritative Scientific Bodies: eWG recommends that CCNFSDU accept the following RASBs:</p> <ul style="list-style-type: none"> • European Food Safety Authority (EFSA) • United States Institute of Medicine (IOM) • Australian National Health and Medical Research Council & New Zealand Ministry of Health ((NHMRC/MOH) 	<p>ICBA supports the RASB list as proposed by the eWG.</p>

<ul style="list-style-type: none"> • Japanese National Institute of Health and Nutrition (NIHN) • International Zinc Nutrition Consultative Group (IZiNCG) • Nordic Council of Ministers (Nordic Countries) 	
<p>Recommendation 2: That CCNFSDU agrees to the following clarification of GP 3.2.1.1:</p> <p>GP 3I2I111 The NRVs-R should be based on individual Nutrient Level 98 (INL₉₈). In certain cases where there is an absence of, or an older, established INL₉₈ for a nutrient for a specific sub-group(s), it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.</p>	ICBA supports this amendment.
<p>Recommendation 3: That CCNFSDU agrees to revise the NRV-R for vitamin C from 60 mg to 100 mg.</p>	ICBA agrees that the NRV-R for vitamin C should be revised to 100 mg, with this level representing a rounding of values from EFSA (103 mg) and NIHN (100 mg).
<p>Recommendation 4: That CCNFSDU agrees to:</p> <p>A: Modify the NRV-R for iron to refer to % dietary absorption.</p> <p>B: Revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption).</p>	ICBA agrees with the values that have been proposed, with the two different levels based on differences in dietary absorption.
<p>Recommendation 5: That CCNFSDU agrees to:</p> <p>A: Modify the NRV-R for zinc to refer to % dietary absorption.</p> <p>B: Revise the NRV-R from 15 mg to 11 mg (30% dietary absorption) and 14 mg (22% dietary absorption).</p>	ICBA agrees with the values proposed (11 mg and 14 mg), with the two different levels based on differences in dietary absorption
<p>Recommendation 6: Subject to agreement to Recommendation 4, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.</p>	ICBA agrees to the dietary descriptions adapted from WHO/FAO.
<p>Recommendation 7: Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions from IZiNCG that correspond to the selected NRVs-R</p>	ICBA agrees to the dietary descriptions from IZiNCG.
<p>Recommendation 8 – Footnote for Iron and /or Zinc: Subject to agreement to Recommendations 4A and 5A, that CCNFSDU agrees to the following footnote attached to the NRV(s)-R for iron and zinc.</p> <p>National authorities should determine an appropriate NRV-R that best represents the dietary absorption from national diets.</p>	ICBA agrees with this footnote.
<p>Recommendation 9 – NRV-R for Selenium: That CCNFSDU agrees to establish the NRV-R for selenium at 60 µg.</p>	ICBA agrees with the proposed NRV-R for selenium (60 µg), with this level representing an average between DIRVs from the US IOM and the NHRMC/MOH.
<p>Recommendation 10 – NRV-R for</p>	ICBA agrees with the proposed NRV-R for

Molybdenum: That CCNFSDU agrees to establish the NRV-R for molybdenum at 45 µg.	molybdenum (45 µg), which is the DIRV from the US IOM.
Recommendation 11 – NRV-r for Manganese: That CCNFSDU agrees to establish an NRV-R for manganese at 3 mg.	ICBA agrees with the proposed NRV-R for manganese.
Recommendation 12 – NRV-R for Fluoride: That CCNFSDU agrees that no NRV-R for fluoride should be established.	ICBA agrees that an NRV-R should not be established for fluoride since fluoride is not an essential nutrient. ICBA suggests that consideration be given to developing and NRV-NCD for fluoride based on the demonstrated role of fluoride in helping to prevent dental caries. In considering an NRV-NCD, due consideration should be given to adverse effects that have been associated with fluoride consumption.
Recommendation 13 – Further Amend Working Definition of RASB: That CCNFSDU agrees to add a second **footnote to the working definition of RASB in Section 1.4c to explain the term <i>primary evaluation</i> : ** Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.	ICBA agrees with the addition of the second footnote.

IFT - Institute of Food Technologists

IFT notes its support for the proposed working definition of recognized authoritative scientific body (RASB) as clarified by the two footnotes shown in the second consultation paper.

IFT notes that Nutrient Reference Values (NRVs) being revised are for purposes of nutrition labelling and relevant claims. Given the limited amount of space on product labels, we are in agreement that values for nutrients for which there is strong and sound scientific basis for specific recommendations and for which significant global deficiencies (in the case of NRV-Rs) or excess or inadequate (malconsumption) intakes as relates to chronic diseases (in the case of NRV-NCDs) have been identified should be given priority for label inclusion. In part, IFT believes there would be limited consumer benefit in listing of all nutrients and that such a listing may imply equal importance among all nutrients, even those for which there is little evidence that deficiency or malconsumption occurs, or no available suitable biomarkers. Further, IFT is concerned that listing of all nutrients may potentially lead to marketing suggestions. IFT is also concerned that listing all nutrients on the label defeats the purpose of educating and informing consumers about specific nutrients that they need to monitor in their diet. Molybdenum appears to be such a nutrient, that is, one which does need to be on the label because deficiency in otherwise healthy humans has not been observed and there are no biomarkers to determine its status.

IFT agrees with the chair of the eWG, and others, that flouride appears to be best suited to an NRV-NCD declaration rather than a NRV-R. IFT agrees with the eWG Chair's suggestion for modification of General Principle 3.2.1.1.

While perhaps beyond the scope of the current document, IFT wonders whether WHO/FAO has informational resources that identify core foods that provide key vitamins or minerals (see J. A. T. Pennington & T. B. Hernandez (2002) Core foods of the US food supply, Food Additives& Contaminants, 19:3, 246-271, DOI: 10.1080/02652030110081164; link <http://dx.doi.org/10.1080/02652030110081164>) which could be noted in a footnote or General Principles for the Addition of Essential Nutrients to Foods text. The purpose of the citation would be to direct nations to suitable documentation to facilitate consideration of whether usual/traditional patterns of food intake are likely to create a labeling need for those nutrients pertinent to national discretion.

IFT appreciates the opportunity to submit these comments on the Proposed Draft Additional or Revised Nutrient Reference Values for Labelling Purposes in the Guidelines on Nutrition Labelling (Other values than protein).