

codex alimentarius commission



FOOD AND AGRICULTURE
ORGANIZATION
OF THE UNITED NATIONS

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HEALTH
ORGANIZATION



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ALINORM 08/31/20

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX ALIMENTARIUS COMMISSION

31st Session, Geneva, Switzerland, 30 June - 4 July 2008

**REPORT OF THE EIGHTH SESSION OF THE
CODEX COMMITTEE ON NATURAL MINERAL WATERS**

Lugano, Switzerland, 11 – 15 February 2008

Note: This report incorporates Circular Letter CL 2008/3-NMW.

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CX 5/40.2

CL 2008/3-NMW

February 2008

TO: - Codex Contact Points
- Interested International Organizations

FROM: Secretary,
Codex Alimentarius Commission
Joint FAO/WHO Food Standards Programme
Viale delle Terme di Caracalla,
00153 Rome, Italy

**SUBJECT: DISTRIBUTION OF THE REPORT OF THE EIGHTH SESSION OF THE CODEX COMMITTEE ON
NATURAL MINERAL WATERS (ALINORM 08/31/20)**

The report of the Eighth Session of the Codex Committee on Natural Mineral Waters will be considered by the 31st Session of the Codex Alimentarius Commission (Geneva, Switzerland, 30 June - 4 July 2008).

**MATTERS FOR FINAL ADOPTION BY THE 31ST SESSION OF THE CODEX ALIMENTARIUS
COMMISSION:**

- **PROPOSED DRAFT AMENDMENT TO SECTIONS 3.2 AND 6.3.2 OF THE CODEX
STANDARD FOR NATURAL MINERAL WATERS (CODEX STAN 108 – 1981):
(ALINORM 08/31/20, APPENDIX II).**

Governments and interested international organizations wishing to submit comments on the above amendment at Step 5/8 should do so in writing, preferably by email, to the Secretary, Codex Alimentarius Commission, Joint FAO/WHO Food Standards Programme, Viale delle Terme di Caracalla, 00153 Rome, Italy (e-mail: codex@fao.org ; fax: +39 06 57054593) **before 30 April 2008.**

SUMMARY AND CONCLUSIONS

The Eighth Session of the Codex Committee on Natural Mineral Waters reached the following conclusions:

MATTERS FOR ADOPTION BY THE COMMISSION

The Committee amended Section 3.2 containing levels of the Health-Related Limits for Certain Substances and Section 6.3.2 “Additional Labelling Requirements” of the *Codex Standard for Natural Mineral Waters* (CODEX STAN 108-1981) and agreed to forward them to the 31st Session of the Codex Alimentarius Commission for adoption at Step 5/8 by omitting Steps 6 and 7 (paras 14-81 and Appendix II).

MATTERS REFERRED TO CODEX COMMITTEES AND TASK FORCES

The Committee agreed to refer Section 3.2 “Health-Related Limits for Certain Substances” to the Committee on Contaminants in Foods for endorsement (para. 81).

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INTRODUCTION

1. The Codex Committee on Natural Mineral Waters held its Eighth Session in Lugano, Switzerland from 11 to 15 February 2008, at the kind invitation of the Swiss Government. The Session was chaired by Mrs Awilo Ochieng-Pernet, Codex Alimentarius, International Food Safety and Nutrition Issues, Division of International Affairs, Swiss Federal Office of Public Health. The Session was attended by 107 delegates and observers from 47 Members of the Commission and 2 international non-governmental organizations. A full list of participants, including members of the Secretariat, is given in Appendix I to this report.

2. Mrs Awilo Ochieng-Pernet while welcoming the delegates on behalf of the Swiss Government, recalled that the 30th Session of the Codex Alimentarius Commission (CAC) had reactivated the Committee in order to review certain health related substances in the Codex Standard for Natural Mineral Waters in the light of the 3rd Edition of the WHO Guidelines on Drinking Water Quality in order to protect the health of consumers and ensure fair practices in the food trade.

Division of Competence

3. The Committee noted the division of competence between the European Community and its Member States as presented in CRD 1 according to Rule II.5 of the Rules of Procedure and that 20 Member States of the European Community were present at the current session.

ADOPTION OF THE AGENDA (AGENDA ITEM 1)¹

4. The Committee adopted the Provisional Agenda as the Agenda for the Session.

MATTERS REFERRED TO THE COMMITTEE BY THE CODEX ALIMENTARIUS COMMISSION AND/OR OTHER CODEX COMMITTEES (AGENDA ITEM 2)²

5. The Committee noted matters referred by the Commission to the Committee which contained decisions in relation to the current work of the Committee.

6. The WHO Representative presented an overview of the WHO Guidelines for Drinking Water Quality (GDWQ) and its rolling revision process. He noted its long history, describing how it began as the International Standards for Drinking Water in 1958, its transition to "international guidelines" in 1984-85, and its latest status, which is captured in the 3rd Edition of Volume 1, including its first Addendum published in 2006.

7. He stressed the high demand and impact of the GDWQ as indicated by Internet downloads and search data from Internet search engines, and its influence on national drinking water standards setting. He emphasized that the GDWQ were kept up to date through a "rolling revision" process.

8. He noted that the primary purpose of the GDWQ was the protection of public health and that guidance is based upon the best available scientific evidence and scientific consensus. In addition, he pointed out that the GDWQ were not mandatory standards, but were used as a scientific point of departure for standards setting and regulation. They served as evidence-based guidance on reasonable minimum requirements of safe-practice to protect the health of consumers and progress towards improving water safety. They also contained numerical "guidelines values" for constituents of water or indicators of water quality.

9. The WHO Representative stressed that the GDWQ were intended to be applicable to water used for all usual domestic purposes, including consumption, bathing and food preparation. They were applicable to ice intended for human consumption. Explanation was provided in the GDWQ regarding their application in specific circumstances, such as for desalinated water, water for travellers, bottled/package water and water in health-care facilities. The GDWQ were applicable to large piped metropolitan supplies through to smaller piped supplies and non-piped sources (e.g. household supplies and rainwater harvesting).

¹ CX/NMW 08/8/1; CRD 1 (Division of competence between the European Community and its Member States).

² CX/NMW 08/8/2; CRD 2 (prepared by the WHO).

10. With regard to deriving Guideline Values, exposure assumptions were adapted from those in the Environmental Health Criteria (EHC) monograph 170. A 10 kg child is assumed to drink one litre of water per day and a 5 kg infant is assumed to consume 0.75 litres per day. A daily per capita consumption figure of two litres of drinking-water for adults weighing 60 kg was used in the calculation.

11. He then described in detail the process by which WHO derives its chemical Guideline Values, noting that this information was fully explained in the Guidelines themselves. He presented the GDWQ criteria for risk assessment, noting that where possible, internationally credible risk assessments were used.

12. Finally, he explained when provisional Guideline Values were used, noting that these could be due to analytical reasons (practical quantification limit), because of technical reasons (due to difficulty in catchment protection or treatment) or because of scientific uncertainties.

13. To the questions as to when the 4th Edition of the WHO Guidelines would be completed and how default assumptions of daily consumption of 2 litres was reached, the Representative informed that the 4th Edition would be due in late 2009 and that global data on the consumption of drinking water were limited, however in studies carried out in Canada, the Netherlands, the United Kingdom and the USA, the average daily per capita consumption was usually found to be less than 2 litres, but there was considerable variations between individuals. As water intake varied with climate, physical activity and culture, the above studies, which had been conducted in temperate zones, could give only a limited view of consumption patterns throughout the world, therefore in developing the guideline values for potentially hazardous chemicals, a daily per capita consumption of 2 litres by a person weighing 60 kg was generally assumed.

CONSIDERATION OF THE HEALTH-RELATED LIMITS FOR CERTAIN SUBSTANCES IN THE CODEX STANDARD FOR NATURAL MINERAL WATERS (CODEX STAN 108-1981) AT STEP 4 (AGENDA ITEM 3)³

14. Before examining, one-by-one, the health-related limits for sixteen substances in Section 3.2 of the Standard, the Committee agreed to have an exchange of views on general issues.

15. Some delegations expressed the view that they were generally in support of harmonising health-related limits for sixteen substances in Section 3.2 with the corresponding levels in the WHO Guidelines for Drinking Water Quality as much as possible, in order to ensure a higher level of public health protection. However these delegations were also of the opinion that it was not appropriate to systematically align the values in the Codex Standard with the WHO Guidelines and stressed that the Committee needed to consider, on a case-by-case basis, certain substances whose values in the Codex Standard were different from those in the WHO Guidelines, based on scientific evidence and the risk analysis principles of the Codex Alimentarius Commission.

16. It was further stated that consideration of the limits for these substances should take into account the specific characteristics of natural mineral waters such as their underground origin as well as technological constraints in their processing and handling.

17. It was further pointed out that the requirements for protection of sources from environmental contamination and the available data on consumption patterns of natural mineral waters should also be taken into account in considering alignment of the Codex values with the WHO Guidelines.

18. The Delegation of Canada, referring to its written comments, suggested that the situation for each substance should be analyzed in respect to whether the current Codex limit for these substances was higher

³ CL 2007/25 NMW; CX/NMW 08/8/3 (Comments of Australia, Brazil, Canada, Costa Rica, European Community, Mexico, Norway, Paraguay, Peru, United States of America, Vietnam, ICBA and ICBWA); CX/NMW 08/8/3-Add.1 (Comments of Australia, Cuba, Ghana, Kenya, Malaysia, Mexico, South Africa, United Arab Emirates, EFBW and ICBA); CX/NMW 08/8/3-Add.2 (Comments of Argentina, Brazil, Canada, Egypt, European Community, Georgia, Malaysia, Mali and Tunisia); CRD 2 (Submission from WHO); CRD 3 (Comments of Indonesia and Thailand); CRD 4 (Comments of Mexico).

than that in the WHO Guidelines or *vice versa*, highlighting that, apart from considering health and safety reasons, there was also the need to consider actual and potential problems in international trade.

19. The Delegation of Kenya proposed that the Committee also discuss other provisions of Section 3.2 of the Standard (i.e. pesticides, mineral oil) and Section 4.4 (microbiological requirements).

20. The Committee, while noting the importance of the above matters from the viewpoint of protecting consumer's health, recalled that the principal mandate given to the Committee by the Commission was to focus on the discrepancies in the levels of health-related substances between section 3.2 of the Codex Standard and the WHO Guidelines. The Committee therefore agreed that, if time allowed, it would have an exchange of views on other provisions of the Standard under Agenda Item 4 "Other Business" (see paras 82-88).

21. The Committee proceeded with further discussion, substance-by-substance and reached conclusions, as follows⁴.

Antimony

22. The Committee considered the current Codex level of 0.005 mg/l for antimony, which was lower than the level of 0.02 mg/l in the WHO Guidelines. Noting that the level of 0.005mg/l could be achieved in natural mineral waters and could offer a higher level of consumer's health protection, the Committee decided to maintain the current level of 0.005 mg/l.

Arsenic

23. The Committee noted that the current Codex level of 0.01 mg/l for arsenic was the same as the corresponding level in the WHO Guidelines.

24. With regard to a reference to "provisional guideline value" in the footnote P of the CL 2007/25 NMW, the Representative of WHO clarified that the provisional value of 0.01mg/l in the WHO Guidelines was based on available, limited scientific information and that arsenic was one of the most hazardous chemicals and potential risks have been identified at the very low levels of exposure.

25. The Committee decided to maintain the current Codex level of 0.01 mg/l, calculated as total arsenic

Barium

26. The Delegation of Georgia drew the attention of the Committee to the fact that barium naturally occurred in their natural mineral waters taken from very deep sources in amounts higher than the current limit set in the WHO Guidelines and that there was no proof that the consumption of such waters presented any health problems for many years. The Delegation indicated that there was established tradition of the use of these highly mineralized waters for the adult population and that these types of waters were not used to prepare ordinary foods or tea. The Delegation emphasized that the current WHO guideline value of 0.7 mg/l would create trade problems and would have a significant impact on their economy. The Delegation therefore proposed to increase the limit for barium in natural mineral waters to 2 mg/l. This view was supported by several delegations and observers.

27. One observer noted that the WHO guideline value was based on an epidemiological study in which no adverse effects had been observed.

28. Several other delegations were of the view that there was not enough scientific justification to increase the current value up to 2 mg/l and that the current Codex limit for natural mineral waters should be retained.

⁴ The discussion of the Committee on health-related substances is presented in this report in an alphabetical order (English) by substance names.

29. The Representative of WHO indicated that the current WHO Guideline value might be conservative, and the margin of safety was likely to be high, because the level at which effects would be observed might be significantly higher than no adverse effect level.
30. The Delegation of the European Community indicated that they were not in the position to support the increased limit to 2 mg/l and proposed to increase the limit to 1 mg/l. This proposal was supported by some delegations.
31. Other delegations and observers were not in favor of the level of 1 mg/l because the departure from the existing value had no scientific basis and there was not much difference between the current limit and proposed value.
32. The Delegation of France informed the Committee that the French Food Safety Agency (AFSSA) very recently (at the end of 2007) had published an opinion on the assessment of health risks associated with exceeded barium levels in water intended for human consumption and that AFSSA was of the view that it was not necessary to set a limit for barium.
33. The Committee had a lengthy debate on the proposed limits. It was also proposed to delete barium from the Codex Standard for Natural Mineral Waters until new international scientific evaluation would be completed, and add a footnote indicating that national authorities could establish their own limits for barium in natural mineral waters. This proposal however did not receive support as a number of delegations felt that harmonization of limits for health-related substances in natural mineral water was very important for international trade.
34. Some delegations and observers were of the opinion that given the availability of new national scientific evaluations, the Committee should propose to the Committee on Contaminants in Foods to request JECFA to carry out a risk assessment for this substance as natural mineral water was regarded as food.
35. The Committee noted clarification from the Codex Secretariat that WHO had served as the risk assessment body for drinking water, and its Guidelines as the point of scientific reference for Codex for a long time and that a number of Codex texts dealing with the water for human consumption or the water for use in food processing contained direct references to the WHO Guidelines for Drinking Water Quality and that the final decision on the most appropriate body to provide scientific advice rested with FAO/WHO.
36. Several delegations were of the view that, if new scientific risk assessment would be carried out, the specific conditions for natural mineral water such as different consumption patterns and natural presence of barium in highly mineralized waters should be taken into account.
37. The Delegation of the United States of America proposed to retain the current Codex limit of 0.7 mg/l for barium in natural mineral water as this value is consistent with the WHO guideline level and to add a footnote that the Codex limit should be subject to review, in the light of new scientific data, by the appropriate scientific body to be determined by FAO/WHO.
38. There was considerable debate about how to proceed, and the Chair recommended that the delegations discuss the three different proposals that is: not set a level, set a level at 1mg/l, or at 0.7mg/l, or with a footnote recommendation in an informal consultation.
39. After extensive discussions and consultations, the Committee agreed to retain the current limit of 0.7 mg/l in natural mineral waters and to add a footnote that the Codex limit should be subject to review in the light of the evaluation of new scientific data by an appropriate scientific body to be determined by FAO/WHO.
40. The Committee agreed to encourage governments to submit relevant scientific data for evaluation by FAO/WHO.

Borate/Boron

41. Several delegations and one observer proposed maintaining the current Codex standard limit of 5 mg/l as this value was achievable in natural mineral waters and in their view it also protected public health adequately. It was indicated that high levels of boron were found in highly mineralized natural mineral waters and that the pattern of consumption was significantly different for highly mineralized waters, compared to drinking water. They also noted that the level of 0.5 mg/l proposed by WHO would be very difficult to achieve because of the lack of selective treatment methods to reduce the content of boron in natural mineral waters.

42. To the question raised by one delegation regarding the current status of the WHO guideline value, the Representative of WHO indicated that the value contained in the 3rd Edition of the WHO Guidelines was provisional, as the value would be difficult to achieve in areas with high natural boron levels through practical treatment methods and that the substance was under revision, which could be completed in late 2009.

43. The Delegation of Tunisia expressed the view that the Codex standard should be aligned with the WHO provisional guideline value of 0.5 mg/l as boron in higher levels could have adverse effects for consumers.

44. The Delegation of the European Community drew the attention of the Committee to the fact that European Food Safety Authority (EFSA) had recently completed a risk assessment which indicated that there was no risk for the adult population at the highest level found in natural mineral waters in the EC but the outcome of the assessment raised concern about protection of children aged 14-years or younger. The Delegation therefore proposed to maintain the value of 5 mg/l in square brackets for further consideration by the Committee.

45. After intensive consultations among delegations, the Committee noted the following declaration of the European Community:

“The Delegation of the European Community noted that the European Food Safety Authority (EFSA) reviewed safe levels of boron in natural mineral waters and considered that the current Codex limit for boron may not be protective of children aged 14 years and younger. In the spirit of compromise, the Delegation did not wish to block the progress on the revision of this standard on the basis of this one substance. The Delegation will therefore not object to the current Codex limit being maintained. This is, however, in the expectation that the Codex limit for boron in natural mineral waters will be reviewed as soon as possible by competent scientific bodies, in particular after the WHO publishes their revised opinion on boron in the 4th Edition of the WHO Guidelines for Drinking Water Quality”.

46. The Committee agreed to retain the current limit of 5 mg/l for boron.

Cadmium

47. The Committee considered the level of 0.003 mg/l for cadmium, which was the same as in the WHO Guidelines, as appropriate, and decided to maintain the current value.

Chromium

48. The Committee considered the level of 0.05 mg/l for chromium, which was the same as in the WHO Guidelines, as appropriate, and decided to maintain the current value.

Copper

49. The Committee noted that the current Codex level of 1 mg/l was lower than the level of 2 mg/l in the WHO Guidelines.

50. Noting that the level of 1 mg/l was achievable for natural mineral water production, the Committee decided to maintain the current Codex level of 1 mg/l.

Cyanide

51. The Committee considered the level of 0.07 mg/l for cyanide, which was the same as in the WHO Guidelines, as appropriate, and decided to maintain the current value.

Fluoride

52. The Committee noted that in the current Codex Standard for Natural Mineral Waters there was no maximum limit set for fluoride and that the problem associated with the amount of fluoride in natural mineral waters was addressed via labelling provisions applicable to the natural mineral waters containing fluoride at a level exceeding 2 mg/l, while the WHO Guidelines set a level for fluoride for drinking waters at 1.5 mg/l.

53. Some delegations and one observer, while referring to national data and experiences, proposed to establish a maximum level for fluoride; different maximum values varying from 1.5 to 5 mg/l were suggested. Different threshold levels for labelling were also proposed, ranging from 0.6 to 1.5 mg/l.

54. Some delegations were of the opinion that there was no need to establish a maximum limit for fluoride in the Codex standard for Natural Mineral Waters in view of divergence in exposure through different routes among countries and that it was more suitable to address this issue through labelling provisions.

55. After some discussion the Committee agreed not to set a maximum limit for fluoride as was the case in the current Standard. The Committee also agreed to retain the first sentence in the labelling provisions (Section 6.3.2) unchanged and agreed to amend the second sentence to address concerns regarding an amount of fluoride for infants and children to read: "*the product is not suitable for infants and children under the age of seven years*" where the product contains more than 1.5 mg/l of fluoride. The new threshold corresponded to the WHO guideline value.

Lead

56. The Committee considered the level of 0.01 mg/l for lead, which was the same as in the WHO Guidelines, as appropriate, and decided to maintain the current value.

Manganese

57. The Committee noted that the current Code level of 0.5 mg/l for manganese was higher than the level of 0.4 mg/l in the WHO Guidelines.

58. Some delegations and an observer were in support of harmonizing the current Codex level with the corresponding WHO Guideline level, which, in their view, was achievable in natural mineral waters.

59. The Delegation of the European Community proposed to maintain the current level of 0.5 mg/l, pointing out that the level of 0.4 mg/l for drinking water seemed to be based not only on public health concerns but also on other non-health-related factors.

60. In this regard, the Representative of WHO clarified that the latest WHO Guideline level of 0.4 mg/l was not based on esthetic or quality criteria but aimed at public health protection, based on scientific data, the critical study being a dietary intake study. It was also clarified that the reference to appearance, taste or odour of the water, reproduced in CL 2007/25-NMW, was an explanatory note, complementary to the outcome of the risk assessment conducted on public health grounds.

61. After some discussion, the Committee decided to adopt the level of 0.4 mg/l for manganese, consistent with the WHO Guidelines. It agreed that the footnote C attached to the WHO Guideline level as indicated in CL 2007/25-NMW should not be carried to the Codex Standard, to avoid misunderstanding.

Mercury

62. The Committee considered the current Codex level of 0.001 mg/l for mercury.
63. It was noted that the current WHO Guideline value of 0.006mg/l for inorganic mercury, while the level for mercury in the previous edition of the WHO Guideline was for total mercury.
64. There was general support to maintaining the current Codex level of 0.001 mg/l for mercury since source of natural mineral water was protected from mercury contamination. In addition, the Committee agreed that it was not necessary to distinguish between total mercury and inorganic mercury contamination.
65. The Committee agreed to maintain the current limit of 0.001 mg/l for mercury.

Nickel

66. The Committee noted that the current Codex limit of 0.02 mg/l for nickel was lower than the corresponding WHO Guideline level of 0.07 mg/l.
67. Some delegations and observers were in favour to raise the limit to 0.07 mg/l in order to align the value in the Codex Standard to the WHO Guidelines.
68. Some other delegations were of the opinion that there was no need to increase the current value to the WHO Guideline level since the current Codex value was achievable through the protection of sources from environmental contamination.
69. The Representative of WHO informed that the level for nickel in the WHO Guidelines was under review and was likely to be revised in the near future.
70. Considering that it was premature to revise the Codex level at this stage in view of the ongoing process in WHO, the Committee decided to maintain the current Codex level of 0.02 mg/l for nickel.

Nitrate

71. The Committee considered the current level of 50mg/l (calculated as nitrate) for nitrate, which was the same as that in the WHO Guidelines (short-term exposure), as appropriate, and decided to maintain the current value.
72. The Representative of WHO drew attention of the Committee to the fact that nitrates and nitrites might need to be considered together, because of the possibility of simultaneous occurrence and because nitrate can be transformed to nitrite. He noted that the WHO Guidelines advise that the sum of the ratios of the concentration of each to its Guideline Value should not exceed 1 mg/l. However, he noted that if the Committee adopted a value for nitrite that was many times lower than its WHO Guideline Value, there would not be a need for consideration of a value for combined nitrate and nitrite.
73. The Committee agreed to revisit the proposed value for nitrate again after having considered the level for nitrite (see nitrite).

Nitrite

74. The Committee noted that the value of 0.02 mg/l for nitrite in the Codex Standard for Natural Mineral Waters had been set as a quality limit, except for infants, and that it was much lower than the provisional values proposed in the WHO Guidelines (3 mg/l, for short-term exposure and 0.2 mg/l for long-term exposure).
75. Some delegations proposed to retain the current value in the Standard for Natural Mineral Waters as in their view it was technologically achievable and as natural mineral waters had to be superior in quality compared to other drinking waters.

76. Other delegations and an observer were of the view that there was no scientific justification, on the ground of public health, to retain the current Codex limit and that many producers were facing difficulties in meeting the maximum limits of 0.02 mg/l because certain levels of nitrites were naturally present in natural mineral waters. Proposals were made to set a limit for nitrite somewhere between 0.05 and 0.2 mg/l.

77. The Delegation of Kenya proposed to introduce new labeling provisions regarding health protection of infants, however this proposal was not supported by the Committee as it was not practical to set a numerical threshold for labeling since some transformation could occur between nitrites and nitrate.

78. After some discussion the Committee agreed to increase the limit for nitrites in natural mineral waters from 0.02 to 0.1 mg/l, closer to the provisional WHO guideline value of 0.2 mg/l (long-term exposure), but significantly more protective than the WHO guideline value of 3 mg/l for short-term exposure set to protect against the primary health concern of methaemoglobinemia in infants. The Committee also agreed to delete the current footnote containing the reference to quality criteria as it was considered obsolete.

79. Given the low level of nitrite, the Committee confirmed its earlier decision on the limit of nitrate.

Selenium

80. The Committee considered the level of 0.01 mg/l for selenium, which was the same as in the WHO Guidelines, as appropriate, and decided to maintain the current value.

Status of the Proposed Draft Amendment to the Codex Standard for Natural Mineral Waters

81. The Committee agreed to forward the proposed draft amendment to Sections 3.2 and 6.3.2 of the Standard for final adoption by the 31st Session of the Commission at Step 5/8 with the recommendation to omit Steps 6 and 7 (see Appendix II). It was also agreed to refer Section 3.2 to the Committee on Contaminants in Foods for endorsement.

OTHER BUSINESS AND FUTURE WORK (AGENDA ITEM 4)

82. The Delegation of Kenya, referring to Footnotes 3 and 4 of the current Standard, drew the attention of the Committee to the fact that in the Standard there was no indication of specific methods of analysis and sampling available for surface active agents, pesticides and PCBs, mineral oil and polynuclear aromatic hydrocarbons and this created some problems in practical application of the Standard. The Delegation also proposed to review the section on hygiene as in their view it was not easy to interpret and apply the microbiological specifications as they stood in the Standard.

83. Some delegations were of the view that concern raised by Kenya on microbiological specifications have probably not related to the Standard itself but could rather be better addressed through technical assistance in order to facilitate the implementation and application of the Standard.

84. It was also proposed to review the Code of Hygienic Practice for Collecting, Processing and Marketing of Natural Mineral Waters (CAC/RCP 33-1985), adopted more than 20 years ago in order to make it up-to-date. It was also noted that both the Standard for Natural Mineral Waters (CODEX STAN 108-1981) and the Code of Hygienic Practice (CAC/RCP 33-1985) contained the provisions on microbiological requirements and that all these provisions could be streamlined and placed in the Code of Hygienic Practice for consistency and easier of reference, if the latter was to be revised.

85. The Delegation of Tunisia suggested that the Section on labelling of the Standard could be revised in order to include new provisions for the labeling of minor minerals (trace elements). In this regard, the Committee noted that the current provisions of the Standard were flexible and did not prevent producers from labeling the content of minor minerals (trace elements). Some delegations and observers stated that there was no need to update this section.

86. Several delegations drew the attention of the Committee to the fact that in their preparation for the present meeting they had concentrated on the mandate given by the 30th Session of the Commission to

review only the health-related substances in Section 3.2 of the Standard for Natural Mineral Waters and that they were not prepared to take any decision on further work on the Standard or on the Code of Hygienic Practice undertaken by the Committee, before examining concrete proposals in writing.

87. The Secretariat clarified that the final decision regarding commencement of new work rested only with the Codex Alimentarius Commission upon the advice of the Executive Committee which exercises the critical review and that any Member Government willing to propose new work should prepare a Project Document following process and format as described in the Codex Procedural Manual. Then it would be up to the Executive Committee and the Commission to decide upon the most appropriate course of action based on the view of Codex Members.

88. The Committee noted that due to lack of clear support it was not in a position to initiate new work at this stage, neither on the revision of the Standard for Natural Mineral Waters nor on the Code of Hygienic Practice for Natural Mineral Waters; however Codex members willing to propose new work could prepare Project Documents and send them to the Codex Secretariat by the end of March 2008, in order that such document be considered by the 61st Session of the Executive Committee (June 2008).

DATE AND PLACE OF THE NEXT SESSION (AGENDA ITEM 5)

89. The Committee noted that it had completed the work assigned to it by the 30th Session of the Commission, therefore the next session was not foreseen, subject to the final decision by the Codex Alimentarius Commission.

ANNEX I

SUMMARY STATUS OF WORK

Subject	Step	Action by	Reference in ALINORM 08/8/20
Proposed Draft Amendment to Sections 3.2 and 6.3.2 of the Codex Standard for Natural Mineral Waters (CODEX STAN 108-1981)	5/8	CCCF; Governments; 31 st CAC	Para. 81 and Appendix II

APPENDIX I

CHAIRWOMAN - PRESIDENTE - PRESIDENTA

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Proposed Draft Amendment to Sections 3.2 and 6.3.2 of the Codex Standard For Natural Mineral Waters (CODEX STAN 108 – 1981)

(Advanced for Adoption at Step 5/8)

3.2 HEALTH-RELATED LIMITS FOR CERTAIN SUBSTANCES

Natural mineral water in its packaged state shall contain not more than the following amounts of the substances indicated hereunder:

3.2.1	Antimony	0.005 mg/l
3.2.2	Arsenic	0.01 mg/l, calculated as total As
3.2.3	Barium	0.7 mg/l ¹
3.2.4	Borate	5 mg/l, calculated as B
3.2.5	Cadmium	0.003 mg/l
3.2.6	Chromium	0.05 mg/l, calculated as total Cr
3.2.7	Copper	1 mg/l
3.2.8	Cyanide	0.07 mg/l
3.2.9	Fluoride	See section 6.3.2
3.2.10	Lead	0.01 mg/l
3.2.11	Manganese	0.4 mg/l
3.2.12	Mercury	0.001 mg/l
3.2.13	Nickel	0.02 mg/l
3.2.14	Nitrate	50 mg/l, calculated as nitrate
3.2.15	Nitrite	0.1 mg/l as nitrite
3.2.16	Selenium	0.01 mg/l

The following substances shall be below the limit of quantification² when tested, in accordance with the methods prescribed in Section 7:

3.2.17	Surface active agents ³
3.2.18	Pesticides and PCBs ³
3.2.19	Mineral oil ³
3.2.20	Polynuclear aromatic hydrocarbons ³

6.3 ADDITIONAL LABELLING REQUIREMENTS

6.3.2

If the product contains more than 1 mg/l of fluoride, the following term shall appear on the label as part of, or in close proximity to, the name of the product or in an otherwise prominent position: "*contains fluoride*". In addition, the following sentence should be included on the label: "*The product is not suitable for infants and children under the age of seven years*" where the product contains more than 1.5 mg/l fluorides.

¹ Pending further review of new scientific evidence by an appropriate scientific body to be determined by FAO/WHO.

² As stated in the relevant ISO methods.

³ Temporarily endorsed pending elaboration of appropriate method(s) of analysis.