NEW ZEALAND
FOOD&GROCERYCOUNCIL

27 February 2015

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Dear Sir/Madam

Attached are the comments that the New Zealand Food & Grocery Council wishes to present on the ***Call for submissions – Application A1090: Voluntary Addition of Vitamin D to Breakfast Cereal.***

Yours sincerely

[redacted]

Katherine Rich
Chief Executive

Food Standards Australia New Zealand

CALL FOR SUBMISSIONS – APPLICATION A1090: VOLUNTARY ADDITION OF VITAMIN D TO BREAKFAST CEREAL

27 February 2015

The New Zealand Food & Grocery Council (the "NZFGC") welcomes the opportunity to comment on the ***Call for submissions – Application A1090: Voluntary Addition of Vitamin D to Breakfast Cereal.***

New Zealand Food & Grocery Council

NZFGC represents the major manufacturers and suppliers of food, beverage and grocery products in New Zealand. This sector generates over $34 billion in the New Zealand domestic retail food, beverage and grocery products market, and over $28 billion in export revenue from exports to 185 countries – some 61% of total merchandise exports. Food and beverage manufacturing is the largest manufacturing sector in New Zealand, representing 46% of total manufacturing income and 34% of all manufacturing salaries and wages. Our members directly or indirectly employ 370,000 people – one in five of the workforce.

The Application

The Application seeks to amend Standard 1.3.2 – Vitamins and Minerals of the Australia New Zealand Food Standards Code (the Food Standards Code) to permit the voluntary addition of vitamin D3 to breakfast cereal and to permit a maximum claim of 2.5 µg per normal serving of breakfast cereal as purchased. The maximum claim corresponds to 25% regulatory Recommended Dietary Intake (rRDI) of 10 µg/day.

Comments

Vitamin D is essential for bone health. A deficiency in vitamin D can cause weak and softened bones, which can lead to rickets in children, and osteomalacia and osteoporosis in adults. In children, lower bone mineral density (BMD) is the result of lesser degrees of vitamin D deficiency. In adults poor calcium absorption is attributable to vitamin D insufficiency leading to accelerated bone loss and risk of osteoporotic fracture. Vitamin D supplementation can reduce this risk.

NZFGC is aware that the vitamin D status of the New Zealand population shows a deficiency/insufficiency in vitamin D to a greater degree than previously thought (Ministry of Health, 2012).

NZFGC supports the addition of vitamin D to breakfast cereal.

The range of food products permitted to contain vitamin D in the Australia/New Zealand food supply is limited. Breakfast cereals are a commonly consumed food and the addition of vitamin D to this category of foods enhances the choices available to consumers to increase their intake of vitamin D. Around half the New Zealand population (children and adults) consume breakfast cereal and the permission to add vitamin D has the potential to reach this group.

NZFGC notes that the regulatory Recommended Dietary Intake (rRDI) is 10 µg. We understand that the Working Group of the Australian and New Zealand Bone and Mineral

Society, the Endocrine Society of Australia and Osteoporosis Australia recommended in 2012 that the RDI be set at 15 µg. The Working Group noted that vitamin D intake from dietary sources and supplementation be at least 15 µg per day for people aged less than 70 years and 20 µg per day for those aged above 70 years. This latter level is double the rRDI. We appreciate that recommendations take time to become regulatory RDIs but with the deficiency/insufficiency so widely prevalent in New Zealand (and even more prevalent in Australia), and particularly of concern for the vulnerable elderly group in the population, a maximum claim of 33% of the current rRDI might better future proof the level.

In any event, we would like to suggest that if the maximum claim remains at 2.5 µg, or 25% of the 10 µg of the rRDI, then if the rRDI was to change, FSANZ raise a proposal to amend the maximum claim.

REFERENCES

New Zealand Ministry of Health *Vitamin D of New Zealand Adults: Findings from the 2008/09 New Zealand Adult Nutrition Survey*, 2012

Nowson CA, McGrath JJ, Ebeling PR, Haikerwal A, Daly RM, Sanders KM, Seibel MJ, Mason RS (2012) (Working Group of Australian and New Zealand Bone and Mineral Society, Endocrine Society of Australia and Osteoporosis Australia) "Vitamin D and health in adults in Australia and New Zealand: a position statement". *Medical Journal of Australia* 196(11): 686-687