

# Application A1090 – Voluntary Addition of Vitamin D to Breakfast Cereal

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## Submitters: NSW Food Authority and NSW Health

NSW thanks FSANZ for the opportunity to provide a submission in regard to the voluntary fortification of breakfast cereals with Vitamin D. As recognised in the Administrative Assessment Report for this application<sup>1</sup>, there is a diverse range of positions in regard to fortification of foods with vitamins and minerals. NSW has reviewed the application against criteria provided in the *Policy Guideline Fortification of Food with Vitamins and Minerals*, with specific emphasis placed on ‘Specific Order Policy Principles - Voluntary Fortification’<sup>2</sup>.

NSW considers that sufficient information has been provided in the Application in order to determine that the following policy principles have been met:

*“Where there is a need for increasing the intake of a vitamin or mineral in one or more population groups demonstrated by actual or subclinical evidence of deficiency or by data indicating low levels of intake”*

NSW considers the application to support this principle and recognises that there is an established public health need for increased levels of vitamin D in certain populations. The Australian National Health Measures Survey (NHMS)<sup>3</sup> found that just under one in four (23%), or four million Australian adults, had a Vitamin D deficiency (which comprised 17% with a mild deficiency, 6% with a moderate deficiency and less than 1% with a severe deficiency) and therefore generally support the voluntary fortification of foods with Vitamin D as long as there is no risk of harm to the population.

*“Permissions to fortify should ensure that the added vitamins and minerals are present in the food at levels which will not have the potential to result in detrimental excesses”*

NSW considers the application to support this principle as the proposed target amount of Vitamin D to be added to cereal would be 12.5µg per serve. Research suggests there is no

evidence of toxicity, based on blood calcium concentrations, at vitamin D doses up to 5000 IU per day (125µg) or 50 000 IU per month<sup>4-6</sup> .

NSW considers that insufficient information has been provided in the Application in order to determine that the following policy principles have been met:

*“Permission to fortify should not promote consumption patterns inconsistent with the nutrition policies and guidelines of Australia and New Zealand” and*

*“Permission to fortify should not promote increased consumption of foods high in salt, sugar or fat, or foods with little or no nutritional value that have no other demonstrated health benefit”*

NSW considers that insufficient information has been provided in the application to make an assessment of compliance with the policy principle. NSW understands that the application, if approved, would provide for any breakfast cereal to be potentially fortified with vitamin D irrespective of its overall nutritional composition. NSW considers that a more exclusive approach ought be applied, in that fortification is restricted to cereals with a total sugar content of less than 30 g sugar per 100g or 35 g sugar/100g for cereals with added fruit. This threshold would then be consistent with the Australian Dietary Guidelines recommendations for consumption of ‘core foods’ as opposed to ‘discretionary foods’ and the principles for identifying ‘discretionary’ foods<sup>7</sup>.

*“The fortification of a food, and the amounts of fortificant in the food, should not mislead the consumer as to the nutritional quality of the fortified food”*

NSW acknowledges that many breakfast foods can provide a suitable vehicle for fortification. Many cereals are classified as core foods under the Australian Dietary Guidelines and the Australian Health Survey<sup>3</sup> summary results suggest that 36% of the population (≥2 years) consume ready to eat cereals with a further 7% consuming porridge. NSW also acknowledges that cereals making health claims will be required to meet the nutrient profiling scoring criterion (NPSC) thus assuring that products making these claims will have a positive nutritional profile.

However, NSW is concerned that under A1090, breakfast cereal products making nutrient content claims would not be required to meet the NPSC resulting in energy-dense, nutrient-poor cereals being able to carry a nutrient content claim for vitamin D. However this practice would be mitigated if the proposed compositional threshold with respect to sugar content suggested by NSW is adopted, as only those cereals complying with the definition of ‘core food’ under the Australian Dietary Guidelines would be permitted to carry a nutrition content

claim. Research suggests that breakfast cereals are one of the main food categories currently making claims<sup>8</sup> and that nutrient claims are a label element commonly used by consumers when choosing breakfast cereals<sup>9</sup>. Quantitative consumer research commissioned by FSANZ showed that 54% of those surveyed reported buying or consuming one or more foods for their added vitamins and minerals and one of the four food categories most commonly bought or consumed for their vitamin and mineral content was breakfast cereals<sup>10</sup>.

*“The permitted fortification has the potential to address the deficit or deliver the benefit to a population group that consumes the fortified food according to its reasonable intended use”.*

NSW considers that insufficient evidence has been provided to assure that the proposed fortification has the potential to address the deficit or deliver the benefit to a population group that consumes the fortified food according to its reasonable intended use. The Australian position statement on Vitamin D<sup>11</sup> highlights that Vitamin D deficiency may be more prevalent among those with darker skin (including Aboriginal people), those who cover their skin for cultural or religious reasons and their infants. The NHMS<sup>3</sup> showed that Vitamin D deficiency was much more common among those born in Southern and Central Asia (67%) as well as North East Asia (64%), South East Asia (58%) and North Africa and the Middle East (50%). This was despite the fact that those born in Southern and Central Asia and North Africa and the Middle East had relatively high rates of Vitamin D supplement use (14% and 15% respectively compared with 4% of those born in Australia). Rates of deficiency also remained very high even during the summer months, with 60% of people born in Southern and Central Asia and 50% of people born in South East Asia still being deficient in December to February. Those with a disability, especially those who are housebound or in residential care are another group at risk of Vitamin D deficiency as are older people who are house-bound or in residential care.

In order to assess the potential for the fortification to address vitamin D deficiency, data on intake of breakfast cereal in populations at-risk of deficiency is required. Since A1090 was released, two days of reported dietary intake data from the 2011-12 National Nutrition and Physical Activity Survey has become available making it possible to report on usual intakes of foods and nutrients in specific cultural and age groups. NSW would recommend that further analysis is undertaken to obtain data on intake of breakfast cereals in those sub-groups at risk of vitamin D deficiency.

*A permission to voluntary fortify should require that it be monitored and formally reviewed in terms of adoption by industry and the impact on the general intake of the vitamin/mineral”.*

NSW notes that the application, nor the FSANZ assessment, does not provide information concerning a monitoring and review strategy for vitamin D. NSW would ask FSANZ to consider including a framework and for review so that it might inform other potential applications or proposals for fortification of foods with Vitamin D.

## References

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2. Australian Department for Health and Ageing, 2009. *Policy Guideline for the Fortification of Food with Vitamins and Minerals*.  
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3. Australian Bureau of Statistics, 2014. 4364.0.55.006 - *Australian Health Survey: Biomedical Results for Nutrients, 2011-12. Feature Article: Vitamin D*.  
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4. Vieth R et al 2001. *Efficacy and safety of vitamin D3 intake exceeding the lowest observed adverse effect level*. American Journal of Clinical Nutrition; 73: 288-294.
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Accessed 27 February 2015.

10. FSANZ 2013. *Consumers' awareness, attitudes and behaviours towards food fortification in Australia and New Zealand*.  
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11. Nowson CA et al 2012. *Vitamin D and health in adults in Australia and New Zealand a position statement*, Medical Journal of Australia 196(11): 686-687.  
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## **ENDS**

**The views expressed in this submission may or may not accord with those of other NSW Government agencies. The NSW Food Authority has a policy which encourages the full range of NSW agency views to be submitted during the standards development stages before final assessment. Other relevant NSW Government agencies are aware of and agree with this policy.**