

REVIEW OF THE STANDARD FOR FOLLOW-UP FORMULA

(CODEX STAN 156-1987)

(Chaired by New Zealand and co-chaired by Indonesia and France)

Second Consultation Paper Submitters Response Form

June 2016

Please respond by **19th July 2016**

To: Jenny.Reid@mpi.govt.nz; Alice.STENGEL@dgccrf.finances.gouv.fr; codexbpom@gmail.com

Please provide your responses to the first consultation paper in the response form below. Note, to fill in a check box please right click on the box and select "Properties", under the "Default Action" sub-heading, select "Checked".

Name of Member Country/Organisation: CHINA

China would like to thank New Zealand, Indonesia and France for their work on the second consultation paper.

Chinese comments are included in the dedicated space after the corresponding question.

ESSENTIAL COMPOSITION OF FOLLOW-UP FORMULA FOR OLDER INFANTS (6-12 MONTHS)

In your responses to the following section please provide scientific justification for your response and where possible, references for the scientific rationale.

Protein

Protein			
No agreement was reached on the establishment of a minimum or maximum protein value. Please provide scientific rationale to support your preferred value:			
Unit	Minimum	Maximum	GUL
g/100 kcal	[1.8] or [1.65]	[3.5] or [3.0] or [2.5]	-
g/100 kJ	[0.43] or [0.39]	[0.84] or [0.72] or [0.60]	-
Minimum			
<input checked="" type="checkbox"/>	Codex Infant Formula standard 1.8 g /100 kcal 0.43 g /100 kJ	1.65 g /100 kcal 0.39 g /100 kJ	
<i>Please provide scientific justification and applicable references to support your response:</i>			
Maximum			
<input checked="" type="checkbox"/>	3.5 g /100 kcal 0.84 g /100 kJ	Codex IF std 3.0 g /100 kcal 0.72 g /100 kJ	EFSA 2.5 g /100 kcal 0.60 g /100 kJ
<i>Please provide scientific justification and applicable references for your response:</i>			
China strongly suggested keeping the minimum and maximum of protein as 1.8 g /100 kcal and 3.5 g /100 kcal.			
1) For older infant, it is suitable that protein contributes between 8 and 14% of energy, which were around			

<p>1.8 g /100 kcal to 3.5 g /100 kcal. 2) In china, the protein content in complementary food is low. And FUF still plays key role in protein intake. 3) 3.5 g/100 kcal enables to have overlap between current Codex Standard minimum (3 g/100 kcal) and revised maximum (3.5 g/100 kcal). Consider the current FUF production, the big change that former minimum value changes to maximum value may exert a negative influence on market.</p> <p>In summary, the minimum requirements proposed of 1.8 g protein/100kcal, maximum protein limit proposed of 3.5g protein/100kcal are suitable for older infant.</p>		
<p>Footnote 6 The majority of the eWG supported retaining elements of footnote 6. ⁶⁾Follow-up formula based on non-hydrolysed intact milk protein containing [less than 2 1.65 to 1.8 g protein/100 kcal] and follow-up [formula based on hydrolysed protein [containing less than 2.25 g protein/100 kcal] should be clinically evaluated</p>		
<p>Regarding formulas based on hydrolysed protein, please state whether you think that all, or only those containing less than [2.25 g/100 kcal] should be clinically evaluated.</p>		
<p>All formulas based on hydrolysed protein should be clinically evaluated</p>		<p>Formulas based on hydrolysed protein containing less than 2.25 g/100 kcal should be clinically evaluated</p>
<p><i>Please provide justification for your response.</i></p>		
<p>Regarding formulas based on intact/non-hydrolysed protein please note that your responses to these questions do not imply that you support a minimum of 1.8 g/100 kcal or 1.65 g/100 kcal. They will be used to refine the wording in square brackets if the eWG cannot come to agreement on a minimum value.</p> <p>Please state whether you support the proposal to amend the reference these types of formulas to intact milk protein.</p>		
<p>intact milk protein</p>		<p>non-hydrolysed milk protein</p>
<p><i>Please provide justification for your response.</i></p>		
<p>Regardless of the minimum protein level agreed to in Section 3.1, do you think that clinical evaluation would be required for any formulas based on intact/non-hydrolysed milk protein?</p>		
<p>Yes, all formulas containing 1.65-1.8 g/100 kcal require clinical evaluation</p>	<p>Yes, all formulas containing 1.65-2.0 g/100 kcal require clinical evaluation</p>	<p>no requirements for clinical evaluation of non-hydrolysed formulas would be required at 1.65-1.8 g/100 kcal</p>
<p><i>Please provide justification for your response.</i></p>		
<p>If the eWG and Committee supported adoption of a minimum of 1.65 g/100 kcal for formula based on intact/non-hydrolysed milk protein, do you support the recommendation that the minimum protein level which requires clinical evaluation is placed in the footnote, rather than in the table? See Error! Reference source not found. above</p>		
<p>Yes</p>		<p>No</p>
<p><i>Please provide justification for your response.</i></p>		

Vitamin K

<p>Vitamin K The Chairs propose that the following drafting of vitamin K requirements for follow-up formula for older infants is recommended for adoption by the Committee:</p>			
<p>Vitamin K Unit</p>	<p>Minimum</p>	<p>Maximum</p>	<p>GUL</p>
<p>mg/100 kcal</p>	<p>4</p>	<p>-</p>	<p>27</p>
<p>mg/100 kJ</p>	<p>1</p>	<p>-</p>	<p>6.5</p>
<p><i>Please comment on this proposal and provide your justification:</i></p>			

Yes

Vitamin C

Vitamin C			
No eWG consensus was reached on the establishment of a minimum vitamin C value. Based on the eWG responses, please provide rationale to support your preferred value in square brackets:			
Vitamin C ¹⁵⁾			
Unit	Minimum	Maximum	GUL
mg/100 kcal	[10] [4]	-	70 ¹⁶⁾
mg/100 kJ	[2.5] [0.96]	-	17 ¹⁶⁾
¹⁵⁾ expressed as ascorbic acid			
¹⁶⁾ This GUL has been set to account for possible high losses over shelf-life in liquid formulas; for powdered products lower upper levels should be aimed for.			
Minimum levels			
<input checked="" type="checkbox"/> Codex IF Standard 10 mg/100 kcal 2.5 mg/100 kJ Taking a precautionary approach and aligned with the Codex Infant Formula Standard		<input type="checkbox"/> EFSA 4 mg/100 kcal 0.96 kJ/100 kcal Based on vitamin C requirement levels established by EFSA, taking into account that complementary foods are consumed from six months.	
<i>Please provide your preferred response:</i> Based on vitamin C requirement, AI = 40mg/d in China, assuming an average intake of 500 kcal/d, meanwhile taking into account the iron absorption and shelf life stability, the minimum value 10 mg/100 kcal is suggested.			

Zinc

Zinc			
Based on the views of the eWG and evidence provided, the Chairs propose the following drafting of zinc requirements for follow-up formula for older infants is recommended for adoption by the Committee			
Zinc			
Unit	Minimum	Maximum	GUL
mg/100 kcal	0.5	-	1.5
mg/100 kJ	0.12	-	0.36
²⁰⁾ For Follow-up formula based on soy protein isolate a minimum value of 0.75 mg/100 kcal (0.18 mg/100 kJ).			
<i>Please comment on this proposal and provide your justification:</i> Zinc deficiency is still an important cause of morbidity and stunting and is widely prevalent in this age group, and in china Zinc intake from complementary food is limited, meanwhile taking into account the technological feasibility, China would like to agree this propose.			

Optional Ingredients: DHA

Docosahexaenoic acid (DHA)			
No consensus was reached on the need for a minimum level, as a compromise could you accept that a statement is included in the footnote stating that national authorities can establish minimum requirements for the optional addition of DHA at their discretion.			
Docosahexaenoic acid ²¹⁾			
Unit	Minimum	Maximum	GUL
% fatty acids	[-] or [0.3]	-	0.5
²¹⁾ If docosahexaenoic acid (22:6 n-3) is added to follow-up formula, arachidonic acid (20:4 n-6) contents should reach at least the same concentration as DHA. The content of eicosapentaenoic acid (20:5 n-3), which can occur in sources of LC-PUFA, should not exceed the content of docosahexaenoic acid. Competent national and/or regional authorities may deviate from the above conditions, as appropriate for the nutritional needs.			

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Optional Ingredients: L(+) lactic acid producing cultures

Optional addition L(+) lactic acid producing cultures		
[3.3.2.4 Only L(+) lactic acid producing cultures may be used]		
Several eWG members noted there are two purposes for the addition of L(+) lactic acid producing cultures referring to both the acidification of formula and supplementation with probiotics. Please indicate if you consider that the sub-Section 3.3.2.4 (Optional ingredients) should refer to one, or both types of addition.		
<input checked="" type="checkbox"/> Two purposes: acidification of formula and supplementation with probiotics	<input type="checkbox"/> For the purpose of acidification of formula only . Contains minimal amounts of viable bacteria.	<input type="checkbox"/> For the purpose of supplementing with probiotics only
<i>Please provide justification for your preferred response:</i>		
If you consider that standard should allow for both types of addition, please indicate if you think that this should be captured within 3.3.2.4, or as two separate clauses within the Optional Ingredients Section (Section 3.3.2).		
Based on your response above, and considering that principles for optional addition of ingredients (3.3.2.1 and 3.3.2.2) apply, do you consider that any of the following additional concepts need to be included in any proposed amended wording, please tick all that apply.		
<input checked="" type="checkbox"/> The safety and suitability of the addition of strains shall be demonstrated by generally accepted scientific evidence <input checked="" type="checkbox"/> Follow-up formula prepared ready for consumption must contain significant amounts of the viable bacteria <input checked="" type="checkbox"/> For the purpose of producing acidified formulas <input checked="" type="checkbox"/> Non-pathogenic lactic acid cultures may be used OR <input type="checkbox"/> No additional wording is required. Alignment with the Codex Infant Formula Standard		
<i>Please provide justification for your response and any proposed draft text:</i>		

ESSENTIAL COMPOSITION OF FOLLOW-UP FORMULA FOR OLDER YOUNG CHILDREN (12-36 MONTHS)

Proposed approach

Mandatory (core) composition
Do you support the approach taken for determining the mandatory (core) composition, as well as identifying those nutrients requiring specific compositional parameters, that is : <ul style="list-style-type: none"> • Evidence to support nutritional issues for young children of global concern; • Contribution to the overall nutritional quality/integrity of the product; • The contribution of key nutrients from cows milk for equivalence; and • The strength of committee support for including in the core composition.
<i>Answer:</i> Yes
Should there be a minimum number of principles that each nutrient must meet in order for it to be considered part of the mandatory (core) composition, or requiring specific compositional parameters in follow-up formula for young children? Please state what this should be.
<i>Answer:</i>

Yes
<p>Voluntary Nutrient Additions <i>Further to the mandatory (core) composition, other essential nutrients may be added to follow-up formula for young children, either as a mandated addition to the (core) composition required by national authorities, or as a voluntary addition by manufacturers. These nutrients can be chosen from the essential composition of follow-up formula for older infants. The nutrient levels must be:</i></p> <ul style="list-style-type: none"> • <i>as per the min, max, GULs stipulated for follow-up formula for older infants; or</i> • <i>based on the min, max, GULs stipulated for follow-up formula for older infants, and amended if the nutritional needs of the local population and scientific justification warrants deviating from the level stipulated for older infants, or,</i> • <i>in conformity with the legislation of the country in which the product is sold.</i> <p><i>Note: all footnotes relevant to these listed essential nutrients, also apply when added to follow-up formula for young children</i></p>
<p>QUESTION: Please comment on the proposed approach presented above for the voluntary addition of other essential nutrients. If you do not support this approach, please present an alternative approach with justification.</p>
<p>Answer: Please provide justification for your answer: Agree.</p>
<p>QUESTION: Are there any essential nutrients that are not part of the proposed mandatory (core) composition, where the levels would need to be different to that for follow-up formula for older infants, noting that the principles would allow for deviating from the level stipulated for older infants if the nutrient needs of the local population and scientific justification warrants this? Please provide justification for your answer.</p>
<p>Answer: Please provide justification for your answer:</p>
<p>Optional Ingredients</p> <ul style="list-style-type: none"> • In addition to the [mandatory (core)] compositional requirements [and voluntary essential nutrient provisions] listed under [insert appropriate subsection] to [and] [insert appropriate subsection], other ingredients or substances may be added to follow-up formula for older infants [young children] where the safety and suitability of the optional ingredient for particular nutritional purposes, at the level of use, is evaluated and demonstrated by generally accepted scientific evidence. • When any of these ingredients or substances is added, the formula shall contain sufficient amounts to achieve the intended effect, [taking into account levels in human milk]. • [The following substances may be added in conformity with national legislation, in which case their content per 100 kcal (100kJ) in the Follow-up Formula ready for consumption shall not exceed the levels listed below. This is not intended to be an exhaustive list, but provides a guide for competent national and/or regional authorities as to appropriate levels when these substances are added]. The Chairs propose deleting the third bullet point in preference for a principles based approach rather than inclusion of any substances in a list.
<p>QUESTION: Please comment on the proposed approach and principles presented above for the voluntary addition of optional ingredients and substances to follow-up formula for young children. If you do not support this approach, please present an alternative approach with justification.</p>
<p>Answer: Please provide justification for your answer:</p>
<p>QUESTION: Please comment on whether the second principle (bullet point 2) should include the requirement that levels of optional ingredients or substances should 'take into account levels in human milk' for follow-up formula for young children. Please provide justification for your answer.</p>
<p>Answer: Please provide justification for your answer:</p>
<p>QUESTION: Do you support deletion of the third bullet point for follow-up formula for young children?</p>

Charlotte Channer (Char..., 14/6/16 10:32)
Deleted: .

Answer:

Please provide justification for your answer:

Energy contribution from macronutrients

Energy contribution from macronutrients

Please provide comment and justification as to whether it is necessary to define specific macronutrient percentage contribution to overall energy.

Answer:

YES. China would like to suggest to set the requirements on contribution of protein to energy due to negative influence due to high protein intake for infant and young children, such as high body weight gain and obesity etc.

Energy

Energy

Members of the eWG have recommended that the energy density of follow-up formula for young children should be established, and the following levels proposed:

Energy

Unit	Minimum		Maximum
kcal/100 ml	[60]	[45]	[70]
kJ/100 ml	[250]	[188]	[293]

Should the range for the energy density of follow-up formula for young children accommodate the energy content of full fat cows' milk *and* reduced fat cows' milk, or align with the minimum energy density of follow-up formula for older infants?

<input checked="" type="checkbox"/> FUF-older infants & full fat cows' milk 60 kcal/100ml 250 kJ/100 ml	<input type="checkbox"/> Reduced fat cows' milk (~1.5-2% fat) 45 kcal/100 ml 188 kJ/100 ml
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Please provide justification for your answer

Do you support establishing a maximum energy density for follow-up formula for young children? If so, do you have suggestions as to how this level should be derived?

Answer:

Protein

Protein

Considering the eWG's varied views, are minimum and maximum requirements necessary? If so, please state your preferred approach on how to establish protein requirements?

Please provide justification for your answer

Should there be requirements for protein quality? If so how this might be achieved? Please consider both the current Follow-up formula standard, and proposals within the draft standard for older infants.

Please provide justification for your answer

Protein

Considering the eWG's varied views, please your preferred approach on how to establish protein requirements? Please comment also if there should be a recommended appropriate contribution of protein to energy of follow-up formula for young children.

Please provide justification for your answer

Yes. China would like to suggest to set the requirements on contribution of protein to energy due to negative influence due to high protein intake for infant and young children, such as high body weight gain and obesity etc.

Total Fat

Total fat	
Based on the eWG recommendation to establish total fat requirements, please state your preferred minimum total fat value?	
<input type="checkbox"/> Current Codex FUF standard 3.0 g/100 kcal 0.7 g/100 kJ	<input type="checkbox"/> Proposed Codex FUF standard for older infants 4.4 g/100 kcal 1.1 g/100 kJ
<input type="checkbox"/> Reduced fat cows' milk 3.5 g/100 kcal 0.8 g/100 kJ	<input type="checkbox"/> Alternative value, please specify
<i>Please provide justification for your answer</i>	
Based on the eWG recommendation to establish total fat requirements, please state your preferred maximum total fat value?	
<input type="checkbox"/> Proposed FUF-older infants & cows' milk 6.0 g/100 kcal 1.4 g/100 kJ	<input type="checkbox"/> Alternative value, please specify
<i>Please provide justification for your answer</i>	

Lipids

Lipids	
Based on the eWG recommendation to give consideration to the fatty acid profile of follow-up formula for young children, including maximum levels for trans fat, and noting the levels in full fat and reduced fat cows' milk, please state your preferred levels (with justification) as below:	
Should levels for linoleic acid, α -linolenic acid and phospholipids be established for follow-up formula for young children? Please stipulate what these levels should be; min, max, GUL.	
<i>Please provide justification for your answers.</i>	
Should a range for the ratio of linoleic: α -Linolenic acid be established for follow-up formula for young children?	
<input type="checkbox"/> Yes Should this be a minimum of 5:1 and a maximum of 15:1 as per the Codex Infant Formula Standard, the proposed Standard for Follow-up Formula for Older Infants and the recommendations of the 2015 IEG? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternative, please specify and provide justification for your answer.	<input type="checkbox"/> No
Should a maximum percentage fat for lauric and myristic acid be established for follow-up formula for young children?	

<input type="checkbox"/> Yes Should this level be $\leq 20\%$ of fat as per the Codex Infant Formula Standard, and the proposed Standard for Follow-up Formula for Older Infants, and noting this would accommodate full fat and reduced fat cows' milk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternative, please specify and provide justification for your answer.	<input type="checkbox"/> No
Should a maximum level for trans fat be established for follow-up formula for young children? If you support a maximum level, please state what percentage of fat this should be.	
<input type="checkbox"/> Yes Please state what the maximum level should be, and provide justification for your answer.	<input type="checkbox"/> No
Should the proposed footnote 7 for the Codex Standard for Follow-up Formula for older infants (<i>Commercially hydrogenated oils and fats shall not be used in follow-up formula</i>) also apply to follow-up formula for young children? <i>Please provide justification for your answer.</i>	

Carbohydrates

Total Available Carbohydrates	
Is a minimum available carbohydrate level required, if a consensus is reached on establishing minimum and maximum levels for energy, protein and total fat?	
Yes	No
<i>Please provide your rationale:</i>	
If you support establishing a minimum available carbohydrates level, what level do you support?	
Full fat cows' milk 5 mg/100 kcal 1.8 mg/100 kJ	IEG 2015 and proposed Codex FUF-OI 9.0 mg/100 kcal 2.2 mg/100 kJ
<i>Please provide your rationale:</i>	
If limits are established for sugars, is there a need to also set a maximum/GUL for total available carbohydrates?	
<input type="checkbox"/> Yes	No
<i>Please provide your rationale:</i>	
If you support a limit for total available carbohydrates, should a maximum level or GUL be established?	
Yes, a maximum level should be established	Yes, a GUL level should be established
<i>Please provide your rationale:</i>	

If you support establishing a maximum/GUL, do you support 14 mg/100 kcal (3.3 mg/100 kJ)?	
Yes	No (please specify your alternative).
<i>Please provide your rationale:</i>	

Carbohydrates footnote		
<i>Free sugars</i>		
While there was widespread support for compositional requirements that limit the addition of free sugars, there was no consensus on an approach. Please select your preferred approach from the below options.		
Proposed Codex FUF-OI Standard	IEG 2015	An alternative level (please specify)
Sucrose and/or fructose should not be added, unless needed as a carbohydrate source, and provided the sum of these does not exceed 20% of available carbohydrate.	Sugars other than lactose should be ≤ 10% of total carbohydrates or 5% of total energy content	
<i>Please provide your rationale:</i>		
<i>Lactose</i>		
Proposed Codex FUF-OI Standard and Codex IF Standard	IEG 2015	
Lactose and glucose polymers should be the preferred carbohydrates in formula based on cows' milk protein and hydrolysed protein.	The main source of carbohydrates should be lactose, which should provide not less than 50% of total carbohydrates, equivalent to 4.5 g/100 kcal.	
<i>Please provide your rationale:</i>		
<i>Other permitted carbohydrates</i>		
Proposed Codex FUF-OI Standard	IEG 2015	Something else (please specify)
Only precooked and/or gelatinised starches gluten-free by nature may be added. (NB Glucose polymers are preferred carbohydrates along with lactose).	Oligosaccharides, glucose polymers, maltodextrin and pre-cooked or gelatinised starches can be added to provide energy. Non-digestible carbohydrates and fibres that proven to be safe and suitable for the age group may be added.	
<i>Please provide your rationale:</i>		

Iron

Iron
While a consensus was reached on the minimum compositional requirements for iron in follow-up formula for young children, there were differing opinions on a maximum or GUL.
Iron

Unit	Minimum	Maximum	GUL
mg/100 kcal mg/100 kJ	1.0 [0.25]	[2.0] [0.3]	[3.0] [0.7]
Should a maximum level or GUL be established for iron?			
<input checked="" type="checkbox"/> Yes, a maximum level should be established Yes, a GUL level should be established		No	
<i>Please provide your rationale:</i>			
If you support establishing a maximum or GUL, please select your preferred value, providing scientific rationale to support your preferred choice.			
<input checked="" type="checkbox"/> Maximum (Proposed Codex FUF-OI) 2.0 mg/100 kcal 0.5 mg/100 kJ		GUL (IEG 2015) 3.0 mg/100 kcal 0.7 mg/100 kJ	
Alternative value (please provide level (max/GUL))			
<i>Please provide your rationale:</i>			
Should separate minimum and maximum/GUL levels be established for soy protein isolate formulae?			
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
<i>Please provide your rationale:</i>			
If you support establishing separate minimum and maximum/GUL levels for soy protein isolate formulae, should it be the same as the proposed Codex Standard for Follow-up Formula for older infants (a minimum of 1.5 mg/100 kcal (0.36 mg/100 kJ) and maximum of 2.5 mg/100 kcal (0.6 mg/100 kJ)?			
Yes		<input checked="" type="checkbox"/> No (please provide alternative values, with justification for your response)	
<i>Please provide your rationale:</i>			

Calcium

Calcium			
No consensus was reached on the requirements for calcium in follow-up formula for young children. Noting that full fat cows' milk contributes 190 mg calcium/100 kcal (range 184 - 201 mg/100 kcal) and the average amount of calcium in reduced fat cows' milk is 259 mg/100 kcal (range 240 – 280 mg/100 kcal), Please provide comment on the below options:			
Calcium Unit	Minimum	Maximum	GUL
mg/100 kcal mg/100 kJ	[50] [90] [200] [18] [22] [24] [48]	[N.S.]	[180] [NS] [43]
Minimum:			
<input checked="" type="checkbox"/> Current Codex FUF standard 90 mg/100 kcal 22 mg/100 kJ		<input type="checkbox"/> Proposed Codex FUF standard for older infants 50 mg/100 kcal 12 mg/100 kJ	
<input type="checkbox"/> IEG 2015 200 mg/100 kcal		<input type="checkbox"/> Alternative value, please specify	
<i>Please provide justification for your answers.</i>			
Maximum/GUL:			

<input type="checkbox"/> Current Codex FUF standard Maximum: N.S.	<input type="checkbox"/> Proposed Codex FUF standard for older infants GUL: 180 mg/100 kcal GUL: 43 mg/ 100 kJ
<input type="checkbox"/> IEG 2015 GUL: N.S.	<input type="checkbox"/> Alternative value, please specify

Calcium	
Should the ratio for calcium-to-phosphorous included in the Codex Standard for Infant Formula and as proposed for FUF-OI be included? Ratio calcium/phosphorus	
Min	Max
1:1	2:1
<input checked="" type="checkbox"/> Yes	No
<i>Please provide your rationale:</i>	

Vitamin A

Vitamin A			
No consensus was reached on the establishment of a minimum or maximum vitamin A value. Please provide scientific rationale to support your preferred value: Vitamin A ^{x)}			
Unit	Minimum	Maximum	GUL
µg RE/100 kcal	[75] [60] [50]	[225] [180]	[200] [180]
µg RE/100 kJ	[18] [14] [12]	[54] [43]	[48] [43]
^{x)} expressed as retinol equivalents (RE). 1 µg RE = 3.33 IU Vitamin A= 1 µg all trans-retinol. Retinol contents shall be provided by preformed retinol, while any contents of carotenoids should not be included in the calculation and declaration of vitamin A activity.			
Minimum			
Current Codex FUF Std & proposed Codex FUF-OI 75 µg RE/100 kcal 18 µg RE/100 kJ	IEG 2015 / Codex IF Std 60 µg RE/100 kcal 14 µg RE/100 kJ	WHO/FAO 15% of RNI 50 µg RE/100 kcal 12 µg RE/100 kJ	
<i>Please provide your rationale:</i>			
Maximum			
Codex FUF std 225 µg RE/100 kcal 54 µg RE/100 kJ	Proposed Codex FUF-OI 180 µg RE/100 kcal 43 µg RE/100 kJ		
<i>Please provide your rationale:</i>			
GUL			
WHO/FAO GUL of 3-5 times minimum 200 µg RE/100 kcal 54 µg RE/100 kJ	IEG 2015 180 µg RE/100 kcal 43 µg RE/100 kJ		
<i>Please provide your rationale:</i>			
Do you support the footnote below, agreed to by the Committee for follow-up formula for older infants (REP16/NFSDUE Appendix III)?			
^{x)} expressed as retinol equivalents (RE). 1 µg RE = 3.33 IU Vitamin A= 1 µg all trans-retinol. Retinol contents shall be provided by preformed retinol, while any contents of carotenoids should not be included in the calculation and declaration of			

vitamin A activity.	
Yes	No

Vitamin D

Vitamin D	
Do you support that mandatory addition of vitamin D to follow-up formula for young children?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you support mandatory addition, please state what the minimum level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether vitamin D should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

Zinc

Zinc	
Do you support that mandatory addition of zinc to follow-up formula for young children?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you support mandatory addition, please state what the minimum level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether zinc should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

Vitamin C

Vitamin C	
Do you support that mandatory addition of vitamin C to follow-up formula for young children?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you support mandatory addition, please state what the minimum level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether vitamin C should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

Vitamin B12

Vitamin B12	
Do you support that mandatory addition of vitamin B12 to follow-up formula for young children?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you support mandatory addition, please state what the minimum level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether vitamin B12 should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

Riboflavin

Riboflavin	
Do you support that mandatory addition of riboflavin to follow-up formula for young children?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you support mandatory addition, please state what the minimum level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether riboflavin should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

Sodium

Sodium	
Should specific parameters for sodium levels in follow-up formula for young children be set?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Should a minimum level of sodium be established? If yes, please state what this level should be and provide justification for your answer.	
<i>Answer:</i>	
Please state whether sodium should have a maximum level or a GUL set and provide information on what this level should be with justification for your answer.	
<i>Answer:</i>	

SCOPE & LABELLING

Scope & Labelling
When answering the questions below relating to Scope and Labelling, please give consideration to whether your response covers both follow-up formula for older infants and follow-up formula for young children, or whether different approaches should be considered for these different product categories.
Do you consider that any of the current labelling provisions for follow-up formula can be adopted as is? If so, which provisions?
<i>Please provide justification for your answer.</i>

Are there any labelling areas where different provisions may be required for the two age groups? <i>Please provide justification for your answer.</i>
Are you aware of further issues and/or evidence that need to be considered to inform the review of the scope and labelling section of the Codex Standard for Follow-up Formula? Please state the specific provisions within the Scope or Labelling section which would be informed by your response. <i>Answer:</i>
Do we need to make specific reference to WHA resolutions in the Codex Standard for Follow-up Formula, and if so, how and where? For example in the Scope and Labelling sections. <i>Answer:</i>
Please comment on how CCNFSDU should 'give full consideration' to Resolution (A69/A/CONF.17 Rev 1) for 'Ending inappropriate promotion of foods for infants and young children' and the associated technical guidance document. Please be specific in your response and comment on what aspects of the resolution or guidance should be captured within the Standard for Follow-up Formula and within what subsection it should be reflected. <i>Answer:</i>
Taking into consideration relevant WHA resolutions and accompanying documents (section 6) and the role of product in the diet, are changes required to the current drafting of Section 9.6 of the current follow-up formula standard? Please consider both follow-up formula for older infants and for young children when answering this question and comment on whether there would may need to be different approaches for the different product categories. <i>9.6 The products covered by this standard are not breast-milk substitutes and shall not be presented as such.</i> <i>Answer:</i>