

# **Minutes for item 3 - these were previously reserved**

## **Item 3: Matters arising from the meeting held on 7th of December 2021**

### Vitamin D in infant formula (TOX/2022/01)

1. No interests were declared.
2. This topic was first discussed by the Committee in December 2021 in paper TOX/2021/62, which focused on assessing the health risk to infants as a result of the increase in the minimum amount of vitamin D in infant formula as required by UK legislation. Following the Committee's review and request that other dietary sources of vitamin D should be considered, the paper was updated to include exposure to vitamin D from other food sources and was presented as TOX/2022/01.
3. The Secretariat clarified that the last row of Tables 2-3 (4 -<12 month-olds) used the minimum concentration of vitamin D in infant formulas for 4 -<6 month-olds, and the maximum concentration of vitamin D in infant formulas 6 -<12 month-olds. Thus the age range of 4 -<12 month-olds covers both of these age groups.
4. The Committee noted that in Table 2, where the estimated exposures were compared against the original EFSA TUL of 25 µg/day, there were no exceedances for 4 - <6 month-olds at the maximum exposure. However, there was an exceedance of the TUL of 25 µg/day for 6 - <12 month-olds at the maximum exposure; but there would not have been no exceedance of the recently revised EFSA TUL of 35 µg/day. Therefore, the Secretariat were asked to determine EFSA's rationale for increasing their TUL from 25 to 35 µg for 6-12 month-olds, to be reviewed by the COT.
5. Members asked whether infant exposure to vitamin D through consumption of breast milk could be assessed, particularly where the mother was taking vitamin D supplements. It would be helpful to include data on average vitamin D concentration in breast milk, if available. However, it was noted that infants consuming breast milk were likely to be consuming less solid

food.