Summary & conclusions -Statement on vitamin D Exposure Levels in Formula Fed Infants and Children

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33. In this statement, infants' (0-12 month-olds) and children's (1 to 4 year-olds) exposures to vitamin D have been estimated from their consumption of infant and follow-on formulae and vitamin D supplements (alone and in combination). For 0-12 month-olds, vitamin D exposure from food (including

breast milk) has also been estimated.

34. For 0-6 month-olds, an exceedance of the TUL of 25 µg/day occurs when 1000 ml or more of infant formulae are consumed daily at the maximum vitamin D limits of 2.5 µg/100 kcal (Table 5, values shown in bold). However, the Committee is reassured that this exceedance (which only occurs when infants consume ≥1000 ml of infant formula per day in addition to vitamin D supplements) occurs under an exposure scenario which goes against current NHS advice (that “babies fed infant formula should not be given a vitamin D supplement if they're consuming more than 500ml (about a pint) of infant formula a day”). Therefore, as long as the advice is followed, it is expected that infants will not exceed the TULs (given the new minimum vitamin D content used in infant formulae products).

35. As shown in Tables 9 and 10 for infants, the estimated mean and 97.5th percentile levels of chronic exposure to vitamin D (from consumption of food including breast milk, and infant formula/follow-on milk) are below the TULs of 25 µg/day (for 4-6 month-olds) and 35 µg/day (for 6-12 month-olds). If an additional vitamin D intake of 10 µg/day is added (highest recommended intake from a vitamin D supplement) (data not shown), then:

- for 4-6 month-olds, there would be exceedances of the TUL of 25 µg/day, but only at and above the 97.5th percentile exposures; and
- for 6-12 month olds, there would be exceedances of EFSA’s TUL of 35 µg/day, but only at the maximum estimated exposure.

36. The Committee noted that UK government guidance on vitamin D supplementation includes consideration of the nutritional recommendations of the Scientific Advisory Committee on Nutrition. It would therefore not be appropriate for the COT to make any specific recommendation for a change in the UK guidance, based purely on consideration of the possibility of adverse effects from high intakes. However, the Committee did conclude that the mandatory increase in the minimum vitamin D content of infant and follow-on formula to 2 µg/100 kcal did not give rise to any toxicological concerns.