

# Iodine fortification in Australia and New Zealand

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In the recent decade several studies have shown mild iodine deficiency in school children and pregnant women in Australia. The Australian National Iodine Nutrition Study (NINS) revealed that the median urinary iodine concentration (UIC) of school aged children from 5 states on mainland Australia was 104 µg/L and it was 98 µg/L after weighting for population size. The situation in New Zealand appears very similar to that in Australia. The two countries share a common food standards authority (Food Standards of Australia and New Zealand, FSANZ) so any changes to legislation regarding mandatory food fortification with iodine will need to be agreed between the two countries.

In May 2004 the Ministerial Council asked FSANZ to investigate mandatory fortification of foods with iodine and came up with an Initial Assessment Report. Since then there have been several rounds of public consultations and interest parties' discussions.

The Final Assessment Report is to be considered by the FSANZ Board in late July, 2007. To increase iodine intake, earlier proposals had focused on the possibility of iodizing all salt, along with biscuits and breakfast cereals. But the final proposed standard is the mandatory replacement of salt with iodized salt in bread, the sole vehicle, with a salt iodization range from 35-55 mg of iodine per kilogram of salt. According to

FSANZ dietary estimates, 88% of Australians over the age of two consume bread, with 87% of people in New Zealand above the age of 15 also eating the product.

While this is a major step forward, it is an inadequate response to solve the problem of iodine deficiency in Australia and New Zealand. For more information on the issue of iodine fortification in Australia and New Zealand see:

## Can even minimal news coverage influence consumer health-related behavior?

A case study of iodized salt sales, Australia. Li M et al. *Health Educ Res.* 2007 Jul 16; [Epub ahead of print]

While iodized salt has been retailed in Australia since the 1960s, sales have remained low, at approximately 10% of total edible salt sales. Salt has never been promoted, advertised or discounted by retailers or manufacturers. Extensive news coverage of health issues has often been shown to influence consumer behavior. But can even modest news coverage generate changes in consumer health-related behavior? The authors reported a significant increase (5.2%) in national iodized salt sales after a brief period of television and newspaper reports about IDD and the benefits of using iodized salt during and after the Australian National Iodine Nutrition Study in 2003 and 2004. They concluded that even brief news media exposure can influence health-related decisions.

## A case for universal salt iodization to correct iodine deficiency in pregnancy: another salutary lesson from Tasmania.

Burgess JR et al. *Med J Aust.* 2007;186(11):574-6.

The aim of this study was to assess the impact of iodine fortification of bread on the iodine status of pregnant women, and to determine if studies of iodine levels in school-age children were indicative of women's gestational iodine status. A urinary iodine survey was done of pregnant Tasmanian women before and after bread was fortified with iodine in October 2001, including 285 women before and 517 afterward. The results showed that before fortification, the median urinary iodine concentration (UIC) was 76 µg/L, while after supplementation, median UICs were 81-88 µg/L. Differences in median UIC were not significant before and after fortification. The authors concluded that iodine deficiency in pregnancy persists despite being corrected in Tasmanian children. A robust national program for correcting iodine deficiency is urgently needed. Mandatory universal salt iodization has international endorsement, and should be considered the preferred strategy for eliminating iodine deficiency in Australia.