Allergy & Anaphylaxis Australia

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Food Standards Australia New Zealand (FSANZ)
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Allergy & Anaphylaxis Australia (A&AA) Submission: P1028 - Infant formula

Labelling of infant formula

A&AA agrees with the FSANZ proposal that IFPSDU products remain in standard 2.9.1, and that there is no need to repeat the requirements of standard 1.2.3 for warning statements, advisory statements, and declarations in standard 2.9.1.

A&AA notes that products regulated by standard 2.9.5 are generally exempt from the labelling requirements under Part 1.2 of chapter 1 (see section 2.9.5—3) except when specifically required. See section 2.9.5—10 (2) and (3). This approach seems unduly cumbersome. If IFPSDU products were to be relocated to standard 2.9.5, A&AA would expect standard 1.2.3 as a whole, and the relevant parts of standard 1.2.1 plus the relevant schedules to apply to such products. In general, there seems no obvious reason why all products falling under standard 2.9.5 should not be subject to standard 1.2.3 in full.

Question 4

Are definitions needed for any of the new terms proposed to be introduced as conditions for the use of food additives in CP1 such as gastrointestinal reflux, gastrointestinal disorders, or impairment of the gastrointestinal tract, inborn errors of metabolism etc.?

A&AA encourages clear identification and definition of food additives used in infant formula. As there are several allergy related gastrointestinal disorders such as Food Protein Induced Enterocolitis Syndrome (FPIES) and Eosinophilic Oesophagitis (EoE), A&AA recommends that FSANZ engage with the Australasian Society of Clinical Immunology and Allergy (ASCIA) for expert advice.

Question 5

To health professionals: Is there any evidence that current practice in relation to low lactose products or the manganese content of products for metabolic, immunological, renal, hepatic and malabsorptive conditions pose a health concern or risk? If you consider that there is a health concern or risk, please provide relevant details and data, where available.

The question posed asks, in part, whether there any evidence that current practice in relation to low lactose products…..pose a health concern or risk.

A&AA is aware that some parents/carers of children newly diagnosed with milk allergy and staff in some childcare facilities believe that products labelled as low in lactose and particularly labelled as lactose free, are suitable and safe for infants and young children that have a dairy/milk allergy. Recognising that where such products contain milk or ingredients derived from milk the label would be required to make the appropriate declarations in the ingredient statement and the summary statement, A&AA is aware that such information can be overlooked. Especially in a busy environment and or by people who are not well informed.

Accordingly, A&AA considers that infant formula described as low in lactose, or lactose free, and where milk components are present, should include in the label a prominent warning statement to the effect that the product is not suitable for infants or young children with a milk allergy.

Whilst recognising that P1028 is concerned with infant formula, A&AA holds the same concerns with respect to the plethora of formulas in the market which are promoted to toddlers and older children, and also with respect to other foods for infants, and for older children. Such products would also benefit from a prominent warning statement.

A&AA encourages FSANZ to liaise with ASCIA for expert advice on issues regarding manganese content in infant formula.

Question 8

To health professionals: You have told us that partially hydrolysed IFP are not efficacious in preventing allergy; are they useful in the dietary management of allergy? Please provide supporting detail and data, where available.

FSANZ appears to have taken on board the health professionals' view, which was clearly stated in the previous round, that partially hydrolysed IFPs are not efficacious in *preventing* food allergy. A&AA assumes that this view prevails, and that no further comment is sought on this aspect.

Question 15

Do you support FSANZ's preliminary views for IFPSMP labelling? Why or why not? Please provide supporting detail and data for your position, where available.

A&AA supports ASCIA's stance on restricting these products to pharmacy only products to help manage risk associated with unsupervised or inappropriate use. Use of novel proteins sources in infant formula need to be proven to support growth. Infants and children with allergies often have limited choices of formula and complementary foods so it is essential that the formula supports their nutritional and growth needs.

With respect to the management of food allergy, A&AA has had access to the draft submissions of both the NAS and ASCIA and supports and endorses their submissions.

Please do not hesitate to contact A&AA for further information as required.

Yours faithfully

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