MYANMAR STANDARD (DRAFT) DMMS CXS 72:1981

Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants

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2023 Amendments

Following decisions taken at the Forty-sixth Session of the Codex Alimentarius Commission in December 2023, the food additives provisions were amended in this standard and have been included in the *General Standard for Food Additives* (GSFA) (CXS 192-1995)[1] in line with the process of alignment of all food additive provisions with the GSFA. Amendments were also made in Section 7 Packaging.

SECTION A: STANDARD FOR INFANT FORMULA

PREAMBLE

This standard[i] is divided into two sections. Section A refers to infant formula, and Section B deals with formulas for special medical purposes intended for infants.

1. SCOPE

1.1 This section of the standard applies to infant formula in liquid or powdered form intended for use, where necessary, as a substitute for human milk in meeting the normal nutritional requirements of infants.

1.2 This section of the standard contains compositional, quality and safety requirements for infant formula.

1.3 Only products that comply with the criteria laid down in the provisions of this section of this standard would be accepted for marketing as infant formula. No product other than infant formula may be marketed or otherwise represented as suitable for satisfying, by itself, the nutritional requirements of normal healthy infants during the first months of life.

1.4 The application of this section of the standard should take into account the recommendations made in the *International Code of Marketing of Breast-milk Substitutes* (WHO, 1981),[2] the *Global Strategy for Infant and Young Child Feeding and World Health Assembly resolution WHA54.2* (2001).[3]

2. DESCRIPTION

2.1 Product definition

2.1.1 Infant formula means a breastmilk substitute specially manufactured to satisfy, by itself, the nutritional requirements of infants during the first months of life up to the introduction of appropriate complementary feeding.

2.1.2 The product is so processed by physical means only and so packaged as to prevent spoilage and contamination under all normal conditions of handling, storage and distribution in the country where the product is sold.

2.2 Other definitions

The term *infant* means a person not more than 12 months of age.

3. ESSENTIAL COMPOSITION AND QUALITY FACTORS

3.1 Essential composition

3.1.1 Infant formula is a product based on milk of cows or other animals or a mixture thereof and/or other ingredients which have been proven to be suitable for infant feeding. The nutritional safety and adequacy of infant formula shall be scientifically demonstrated to support growth and development of infants. All ingredients and food additives shall be gluten free.

3.1.2 Infant formula prepared ready for consumption in accordance with instructions of the manufacturer shall contain per 100 ml not less than 60 kcal (250 kJ) and not more than 70 kcal (295 kJ) of energy.

3.1.3 Infant formula prepared ready for consumption shall contain per 100 kcal (100 kJ) the following nutrients with the following minimum and maximum or guidance upper levels (GULs),[ii] as appropriate. The general principles for establishing these levels are identified in Annex II of this standard.

[i] Formerly CAC/RS 72-1972.

[ii] Guidance upper levels are for nutrients without sufficient information for a science-based risk assessment. These levels are values derived on the basis of meeting nutritional requirements of infants and an established history of apparent safe use. They may be adjusted based on relevant scientific or technological progress. The purpose of the GULs is to provide guidance to manufacturers and they should not be interpreted as goal values. Nutrient contents in infant formulas should usually not exceed the GULs unless higher nutrient levels cannot be avoided due to high or variable contents in constituents of infant formulas or due to technological reasons. When a product type or form has ordinarily contained lower levels than the GULs, manufacturers should not increase levels of nutrients to approach the GULs.

a) Protein[1), 2), 3)]

Unit	Minimum	Maximum	GUL
g/100 kcal	1.8[4), 5)]	3.0	-
g/100 kJ	0.45[4), 5)]	0.7	-

1) For the purpose of this standard, the calculation of the protein content of the final product prepared ready for consumption should be based on N x 6.25, unless a scientific justification is provided for the use of a different conversion factor for a particular product. The protein levels set in this standard are based on a nitrogen conversion factor of 6.25. The value of 6.38 is generally established as a specific factor appropriate for conversion of nitrogen to protein in other milk products, and the value of 5.71 as a specific factor for conversion of nitrogen to protein in other soy products.

2) For an equal energy value the formula must contain an available quantity of each essential and semi-essential amino acid at least equal to that contained in the reference protein (breastmilk as defined in Annex I); nevertheless for calculation purposes, the concentrations of tyrosine and phenylalanine may be added together. The concentrations of methionine and cysteine may be added together if the ratio is less than 2:1; in the case that the ratio is between 2:1 and 3:1 the suitability of the formula has to be demonstrated by clinical testing.

3) Isolated amino acids may be added to infant formula only to improve its nutritional value for infants. Essential and semi-essential amino acids may be added to improve protein quality, only in amounts necessary for that purpose. Only L-forms of amino acids shall be used.

4) The minimum value applies to cows' milk protein. For infant formula based on non-cows' milk protein other minimum values may need to be applied. For infant formula based on soy protein isolate, a minimum value of 2.25 g/100 kcal (0.5 g/100 kJ) applies.

5) Infant formula based on non-hydrolysed milk protein containing less than 2 g protein/100 kcal and infant formula based on hydrolysed protein containing less than 2.25 g protein/100 kcal should be clinically evaluated.

b) Lipids

Total fat[6), 7)]

Unit	Minimum	Maximum	GUL
g/100 kcal	4.4	6.0	-
g/100 kJ	1.05	1.4	-

6) Commercially hydrogenated oils and fats shall not be used in infant formula.

7) Lauric and myristic acids are constituents of fats, but combined shall not exceed 20 percent of total fatty acids. The content of trans fatty acids shall not exceed 3 percent of total fatty acids. Trans fatty acids are endogenous components of milkfat. The acceptance of up to 3 percent of trans fatty acids is intended to allow for the use of milkfat in infant formulae. The erucic acid content shall not exceed 1 percent of total fatty acids. The total content of phospholipids should not exceed 300 mg/100 kcal (72 mg/100 kJ).

Linoleic acid

Unit	Minimum	Maximum	GUL
mg/100 kcal	300	-	1 400
mg/100 kJ	70	-	330

α-Linolenic acid

Unit	Minimum	Maximum	GUL
mg/100 kcal	50	N.S.*	-
mg/100 kJ	12	N.S.	-

*N.S. = not specified

Ratio linoleic/α-linolenic acid

Min	Max
5:1	15:1

c) Carbohydrates

Total carbohydrates[8)]

Unit	Minimum	Maximum	GUL
g/100 kcal	9.0	14.0	-
g/100 kJ	2.2	3.3	-

[8)] Lactose and glucose polymers should be the preferred carbohydrates in formula based on cows' milk protein and hydrolysed protein. Only precooked and/or gelatinized starches gluten free by nature may be added to infant formula up to 30 percent of total carbohydrates and up to 2 g/100 ml.

Sucrose, unless needed, and the addition of fructose as an ingredient, should be avoided in infant formula because of potential life-threatening symptoms in young infants with unrecognized hereditary fructose intolerance.

d) Vitamins

Vitamin A

Unit	Minimum	Maximum	GUL
µg RE[9)]/100 kcal	60	180	-
µg RE[9)]/100 kJ	14	43	-

[9)] 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.

Vitamin D_3

Unit	Minimum	Maximum	GUL
µg[10)]/100 kcal	1	2.5	-
µg[10)]/100 kJ	0.25	0.6	-

[10)] Calciferol 1 µg calciferol = 40 IU vitamin D

Vitamin E

Unit	Minimum	Maximum	GUL
mg α-TE[11)]/100 kcal	0.5[12)]	-	5
mg α-TE[11)]/100 kJ	0.12[12)]	-	1.2

[11)] 1 mg α-TE (alpha-tocopherol equivalent) = 1 mg d-α-tocopherol.

[12)] Vitamin E content shall be at least 0.5 mg α-TE per g PUFA, using the following factors of equivalence to adapt the minimal vitamin E content to the number of fatty acid double bonds in the formula: 0.5 mg -TE/g linoleic acid (18:2 n-6); 0.75 α-TE/g α-linolenic acid (18:3 n-3); 1.0 mg α-TE/g arachidonic acid (20:4 n-6); 1.25 mg α-TE/g eicosapentaenoic acid (20:5 n-3); 1.5 mg α-TE/g docosahexaenoic acid (22:6 n-3).

Vitamin K

Unit	Minimum	Maximum	GUL
µg/100 kcal	4	-	27
µg/100 kJ	1	-	6.5

Thiamine

Unit	Minimum	Maximum	GUL
µg/100 kcal	60	-	300
µg/100 kJ	14	-	72

Riboflavin

Unit	Minimum	Maximum	GUL
µg/100 kcal	80	-	500
µg/100 kJ	19	-	119

Niacin[13)]

Unit	Minimum	Maximum	GUL
µg/100 kcal	300	-	1 500
µg/100 kJ	70	-	360

[13)] Niacin refers to preformed niacin.

Vitamin B_6

Unit	Minimum	Maximum	GUL
µg/100 kcal	35	-	175
µg/100 kJ	8.5	-	45

Vitamin B_{12}

Unit	Minimum	Maximum	GUL
µg/100 kcal	0.1	-	1.5
µg/100 kJ	0.025	-	0.36

Pantothenic acid

Unit	Minimum	Maximum	GUL
µg/100 kcal	400	-	2 000
µg/100 kJ	96	-	478

Folic acid

Unit	Minimum	Maximum	GUL
µg/100 kcal	10	-	50
µg/100 kJ	2.5	-	12

Vitamin C[14)]

Unit	Minimum	Maximum	GUL
mg/100 kcal	10	-	70[15)]
mg/100 kJ	2.5	-	17[15)]

[14)] Expressed as ascorbic acid

[15)] 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.

Biotin

Unit	Minimum	Maximum	GUL
µg/100 kcal	1.5	-	10
µg/100 kJ	0.4	-	2.4

e) Minerals and trace elements

Iron

Unit	Minimum	Maximum	GUL[16)]
mg/100 kcal	0.45	-	-
mg/100 kJ	0.1	-	-

[16)] Levels may need to be determined by national authorities.

Calcium

Unit	Minimum	Maximum	GUL
mg/100 kcal	50	-	140
mg/100 kJ	12	-	35

Phosphorus

Unit	Minimum	Maximum	GUL
mg/100 kcal	25	-	100[17)]
mg/100 kJ	6	-	24[17)]

[17)] This GUL should accommodate higher needs with soy formula.

Ratio calcium/phosphorus

Min	Max
1:1	2:1

Magnesium

Unit	Minimum	Maximum	GUL
mg/100 kcal	5	-	15
mg/100 kJ	1.2	-	3.6

Sodium

Unit	Minimum	Maximum	GUL
mg/100 kcal	20	60	-
mg/100 kJ	5	14	-

Chloride

Unit	Minimum	Maximum	GUL
mg/100 kcal	50	160	-
mg/100 kJ	12	38	-

Potassium

Unit	Minimum	Maximum	GUL
mg/100 kcal	60	180	-
mg/100 kJ	14	43	-

Manganese

Unit	Minimum	Maximum	GUL
µg/100 kcal	1	-	100
µg/100 kJ	0.25	-	24

Iodine

Unit	Minimum	Maximum	GUL
µg/100 kcal	10	-	60
µg/100 kJ	2.5	-	14

Selenium

Unit	Minimum	Maximum	GUL
µg/100 kcal	1	-	9
µg/100 kJ	0.24	-	2.2

Copper[18)]

Unit	Minimum	Maximum	GUL
µg/100 kcal	35	-	120
µg/100 kJ	8.5	-	29

[18)] Adjustment may be needed in these levels for infant formula made in regions with a high content of copper in the water supply.

Zinc

Unit	Minimum	Maximum	GUL
mg/100 kcal	0.5	-	1.5
mg/100 kJ	0.12	-	0.36

f) Other substances

Choline

Unit	Minimum	Maximum	GUL
mg/100 kcal	7	-	50
mg/100 kJ	1.7	-	12

Myo-Inositol

Unit	Minimum	Maximum	GUL
mg/100 kcal	4	-	40
mg/100 kJ	1	-	9.5

L-Carnitine

Unit	Minimum	Maximum	GUL
mg/100 kcal	1.2	N.S.	-
mg/100 kJ	0.3	N.S.	-

3.2 Optional ingredients

3.2.1 In addition to the compositional requirements listed under Section A 3.1.3, other ingredients may be added in order to provide substances ordinarily found in human milk and to ensure that the formulation is suitable as the sole source of nutrition for the infant or to provide other benefits that are similar to outcomes of populations of breastfed babies.

3.2.2 The suitability for the particular nutritional uses for infants and the safety of these substances shall be scientifically demonstrated. The formula shall contain sufficient amounts of these substances to achieve the intended effect, taking into account levels in human milk.

3.2.3 The following substances may be added in conformity with national legislation, in which case their content per 100 kcal (100 kJ) in the infant formula ready for consumption shall not exceed:

Taurine

Unit	Minimum	Maximum	GUL
mg/100 kcal	-	12	-
mg/100 kJ	-	3	-

Total nucleotides

Levels may need to be determined by national authorities.

Docosahexaenoic acid[19)]

Unit	Minimum	Maximum	GUL
% of fatty acids	-	-	0.5

[19)] If docosahexaenoic acid (22:6 n-3) is added to infant 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. National authorities may deviate from the above conditions, as appropriate for the nutritional needs.

3.2.4 Only L(+) lactic acid-producing cultures may be used.

3.3 Fluoride

Fluoride should not be added to infant formula. In any case its level should not exceed 100 µg/100 kcal (24 µg/100 kJ) in infant formula prepared ready for consumption as recommended by the manufacturer.

3.4 Vitamin compounds and mineral salts

Vitamins and minerals added in accordance with Section A 3.1.3 (d and e) and other nutrients added in accordance with Section A 3.2.1 should be selected from the *Advisory Lists of Nutrient Compounds for Use in Foods for Special Dietary Uses Intended for Infants and Young Children* (CXG 10-1979).[4]

3.5 Consistency and particle size

When prepared according to the label directions for use, the product shall be free of lumps and of large coarse particles and suitable for adequate feeding of young infants.

3.6 Purity requirements

All ingredients shall be clean, of good quality, safe and suitable for ingestion by infants. They shall conform with their normal quality requirements, such as colour, flavour and odour.

3.7 Specific prohibitions

The product and its component shall not have been treated by ionizing irradiation.

4. FOOD ADDITIVES

4.1 Acidity regulators, antioxidants, carriers, emulsifiers, packaging gases and thickeners used in accordance with Table 1 and Table 2 of the *General Standard for Food Additives* (CXS 192-1995)[1] in food category 13.1.1 (Infant formulae) are acceptable for use in foods conforming to this standard.

4.2 Only the food additives listed in food category 13.1.1 (Infant formulae) of the above-mentioned standard (CXS 192-1995)[1] may be present in the foods conforming to this standard, as a result of carry-over from a raw material or other ingredient (including food additive) used to produce the food, subject to the following conditions:

a) the amount of the food additive in the raw materials or other ingredients (including food additives) does not exceed the maximum level specified; and

b) the food into which the food additive is carried over does not contain the food additive in greater quantity than would be introduced by the use of the raw materials or ingredients under good manufacturing practice, consistent with the provisions on carry-over in the preamble of the *General Standard for Food Additives* (CXS 192-1995).[1]

5. CONTAMINANTS

The products covered by this standard shall comply with the maximum levels of the *General Standard for Contaminants and Toxins in Food and Feed* (CXS 193-1995).[5]

The products covered by this standard shall comply with the maximum residues limits for pesticides established by the Codex Alimentarius Commission.

6. HYGIENE

6.1 It is recommended that the product covered by the provisions of this standard be prepared and handled in accordance with the appropriate sections of the *General Principles of Food Hygiene* (CXC 1-1969),[6] and other relevant Codex texts such as the *Code of Hygienic Practice for Powdered Formulae for Infants and Young Children* (CXC 66-2008).[7]

6.2 The products should comply with any microbiological criteria established in accordance with the *Principles and Guidelines for the Establishment and Application of Microbiological Criteria Related to Food* (CXG 21-1997).[8]

7. PACKAGING

7.1 The product shall be packed in containers which will safeguard the hygienic and other qualities of the food. When in liquid form, the product shall be packed in hermetically sealed containers.

7.2 The containers, including packaging materials, shall be made only of substances which are safe and suitable for their intended uses. Where the Codex Alimentarius Commission has established a standard for any such substance used as packaging materials, that standard shall apply.

8. FILL OF CONTAINER

In the case of products in ready-to-eat form, the fill of container shall be:

(i) not less than 80 percent v/v for products weighing less than 150 g (5 oz);

(ii) not less than 85 percent v/v for products in the weight range 150–250 g (5-8 oz); and

(iii) not less than 90 percent v/v for products weighing more than 250 g (8 oz) of the water capacity of the container. The water capacity of the container is the volume of distilled water at 20 °C which the sealed container will hold completely filled.

9. LABELLING

The requirements of the *General Standard for the Labelling of Pre-packaged Foods* (CXS 1-1985),[9] the *Guidelines on Nutrition Labelling* (CXG 2-1985)[10] and the *Guidelines for Use of Nutrition and Health Claims* (CXG 23-1997)[11] apply to infant formula and formula for special medical purposes for infants. These requirements include a prohibition on the use of nutrition and health claims for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation. In addition to these requirements the following specific provisions apply:

9.1 The name of the food

9.1.1 The text of the label and all other information accompanying the product shall be written in the appropriate language(s).

9.1.2 The name of the product shall be either "Infant formula" or any appropriate designation indicating the true nature of the product, in accordance with national usage.

9.1.3 The sources of protein in the product shall be clearly shown on the label.

9.1.4 If cows' milk is the only source of protein, the product may be labelled "Infant formula based on cows' milk".

9.1.5 A product which contains neither milk nor any milk derivative shall be labelled "contains no milk or milk products" or an equivalent phrase.

9.2 List of ingredients

9.2.1 A complete list of ingredients shall be declared on the label in descending order of proportion except that in the case of added vitamins and minerals, these ingredients may be arranged as separate groups for vitamins and minerals. Within these groups the vitamins and minerals need not be listed in descending order of proportion.

9.2.2 The specific name shall be declared for ingredients of animal or plant origin and for food additives. In addition, appropriate class names for these ingredients and additives may be included on the label.

9.3 Declaration of nutritive value

The declaration of nutrition information shall contain the following information which should be in the following order:

a) the amount of energy, expressed in kilocalories (kcal) and/or kilojoules (kJ), and the number of grams of protein, carbohydrate and fat per 100 grams or per 100 millilitres of the food as sold as well as per 100 millilitres of the food ready for use, when prepared according to the instructions on the label.

b) the total quantity of each vitamin, mineral, choline as listed in Section A 3.1.3 and any other ingredient as listed in Section A 3.2 of this standard per 100 grams or per 100 millilitres of the food as sold as well as per 100 millilitres of the food ready for use, when prepared according to the instructions on the label; and

c) in addition, the declaration of nutrients in a) and b) per 100 kilocalories (or per 100 kilojoules) is permitted.

9.4 Date marking and storage instructions

9.4.1 The date of minimum durability (preceded by the words "best before") shall be declared by the day, month and year in uncoded numerical sequence except that for products with a shelf life of more than three months, the month and year will suffice. The month may be indicated by letters in those countries where such use will not confuse the consumer.

In the case of products requiring a declaration of month and year only, and the shelf life of the product is valid to the end of a given year, the expression "end (stated year)" may be used as an alternative.

9.4.2 In addition to the date, any special conditions for the storage of the food shall be indicated if the validity of the date depends thereon.

Where practicable, storage instructions shall be in close proximity to the date marking.

9.5 Information for use

9.5.1 Products in liquid form may be used either directly or in the case of concentrated liquid products, must be prepared with water that is safe or has been rendered safe by previous boiling before feeding, according to directions for use. Products in powder form should be reconstituted with water that is safe or has been rendered safe by previous boiling for preparation. Adequate directions for the appropriate preparation and handling should be in accordance with good hygienic practice.

9.5.2 Adequate directions for the appropriate preparations and use of the product, including its storage and disposal after preparation, i.e. that formula remaining after feeding should be discarded, shall appear on the label and in any accompanying leaflet.

9.5.3 The label shall carry clear graphic instructions illustrating the method of preparation of the product.

9.5.4 The directions should be accompanied by a warning about the health hazards of inappropriate preparation, storage and use.

9.5.5 Adequate directions regarding the storage of the product after the container has been opened, shall appear on the label and in any accompanying leaflet.

9.6 Additional labelling requirements

9.6.1 Labels should not discourage breastfeeding. Each container label shall have a clear, conspicuous and easily readable message which includes the following points:

a) the words "important notice" or their equivalent;

b) the statement "Breastmilk is the best food for your baby" or a similar statement as to the superiority of breastfeeding or breastmilk; and

c) a statement that the product should only be used on advice of an independent health worker as to the need for its use and the proper method of use.

9.6.2 The label shall have no pictures of infants and women nor any other picture or text which idealizes the use of infant formula.

9.6.3 The terms "humanized", "maternalized" or other similar terms shall not be used.

9.6.4 Information shall appear on the label to the effect that infants should receive complementary foods in addition to the formula, from an age that is appropriate for their specific growth and development needs, as advised by an independent health worker, and in any case from the age over 6 months.

9.6.5 The products shall be labelled in such a way as to avoid any risk of confusion between infant formula, follow-up formula, and formula for special medical purposes.

10. METHODS OF ANALYSIS AND SAMPLING

For checking the compliance with this standard, the methods of analysis contained in the *Recommended Methods of Analysis and Sampling* (CXS 234-1999)[12] relevant to the provisions in this standard, shall be used.

Annex I

Essential and semi-essential amino acids in breastmilk*

For the purpose of this standard, the essential and semi-essential amino acids in human milk from published studies which report measurements of the total nitrogen content and/or the calculation method of the protein content, expressed as mg per g of nitrogen and as mg per 100 kcal are listed.

The average level of an amino acid (mg per g of nitrogen) from each study was used to calculate the corresponding amino acid content per 100 kcal of an infant formula with the minimum protein content of 1.8 g/100 kcal accepted in this standard (mg amino acid/g nitrogen in breastmilk divided by the nitrogen conversion factor of 6.25 and multiplied by 1.8).

The mean of the sums of the average amino acid levels from all studies was converted in the same manner to the average amounts of an amino acid per g of protein (total nitrogen x 6.25) and per 100 kcal of energy (columns 19 and 20 of the table).

National authorities may use all of the listed values.

* *Adapted from Koletzko, Baker, Cleghorn,* et al. *(2005)*[13]

	Lönnerdal and Forsum (1985)		**Darragh and Moughan (1998)**		**Bindels and Harzer (1985)**		**Janas *et al*. (1987)**		**Villalpando *et al*. (1998)**				**Räihä *et al*. (2002) mod Nayman *et al*. (1979)**		**Yonekubo *et al*. (1991)**		**Mean of all amino acids contents**		
	Pooled banked milk at 4–16 weeks		**Pooled over 20 days at 10–14 weeks (n=20)**		**24 hours, pooled at 5 weeks (n=10)**		**24 hours, pooled at 8 weeks (n=10)**		**24 hours, pooled at 4–6 months**				**Pooled banked milk at > 1 month**		**Milk at 21 days – 2 months**				
									Mexico (n=40)		**Houston (n=40)**								
mg amino acid per	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 kc al**	**g N**	**100 kc al**	**g N**	**100 kcal**	**g N**	**100 k cal**	**g nitroge n**	**g protei n**	**100 kc al**
Cysteine	111	*32*	173	*50*	108	*31*	101	*29*	167	*48*	134	*39*	133	*38*	118	*34*	131	21	*38*
Histidine	111	*32*	156	*45*	255	*73*	112	*32*	112	*32*	108	*31*	122	*35*	150	*43*	141	23	*41*
Isoleucine	242	70	333	96	376	108	306	88	292	84	331	95	300	86	374	108	319	51	92
Leucine	457	*132*	598	*172*	713	*205*	611	*176*	528	*152*	541	*156*	572	*165*	667	*192*	586	94	*169*
Lysine	314	*90*	406	*117*	522	*150*	365	*105*	366	*105*	408	*118*	361	*104*	421	*121*	395	63	*114*

	Lönnerdal and Forsum (1985)		Darragh and Moughan (1998)		Bindels and Harzer (1985)		Janas *et al*. (1987)		Villalpando *et al*. (1998)				Räihä *et al*. (2002) mod Nayman *et al*. (1979)		Yonekubo *et al*. (1991)		Mean of all amino acids contents		
	Pooled banked milk at 4–16 weeks		Pooled over 20 days at 10–14 weeks (n=20)		24 hours, pooled at 5 weeks (n=10)		24 hours, pooled at 8 weeks (n=10)		24 hours, pooled at 4–6 months				Pooled banked milk at > 1 month		Milk at 21 days – 2 months				
									Mexico (n=40)		Houston (n=40)								
mg amino acid per	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 k cal**	**g N**	**100 kc al**	**g N**	**100 kc al**	**g N**	**100 kcal**	**g N**	**100 k cal**	**g nitroge n**	**g protei n**	**100 kc al**
Methionine	78	*22*	90	*26*	89	*26*	73	*21*	99	*29*	76	*22*	83	*24*	92	*26*	85	14	*24*
Phenylalanine	153	*44*	243	*70*	344	*99*	183	*53*	440	*127*	439	*126*	217	*62*	240	*69*	282	45	*81*
Threonine	217	*62*	316	*91*	344	*99*	251	*72*	248	*71*	242	*70*	256	*74*	269	*77*	268	43	*77*
Tryptophan	NA		NA		172	*50*	79	*23*	112	*32*	89	*26*	111	*32*	122	*35*	114	18	*33*
Tyrosine	201	*58*	241	*69*	369	*106*	191	*55*	292	*84*	299	*86*	233	*67*	249	*72*	259	42	*75*
Valine	253	*73*	327	*94*	376	*108*	267	*77*	286	*82*	331	*95*	317	*91*	364	*105*	315	50	*90*

References

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Annex II

GENERAL PRINCIPLES FOR ESTABLISHING MINIMUM AND MAXIMUM VALUES FOR THE ESSENTIAL COMPOSITION OF INFANT FORMULA

1. The goal of establishing minimum and maximum values is to provide safe and nutritionally adequate infant formula products that meet the normal nutritional requirements of infants.

2. A nutritionally adequate infant formula will promote growth and development consistent with science-based standards and meet the nutritional requirements of infants when fed as a sole source of nutrition during the first months of life up to the introduction of appropriate complementary feeding.

3. The values to be established are based on an independent evaluation, in particular of the scientific evidence of the amounts needed to meet the nutritional requirements of infants, considering relevant human infant studies and the composition of breastmilk.

4. In addition to the principles set out in No. 3, when setting minimum and maximum values, consideration will also be given to the safety of such values.

For nutrients with a documented risk of adverse health effects the upper levels to be taken into account will be determined using a science-based risk assessment approach. Where scientific data are not sufficient for a science-based risk assessment, consideration should be given to an established history of apparently safe use of the nutrient in infants, as appropriate. Values derived on the basis of meeting the nutritional requirements of infants and an established history of apparently safe use should be considered as interim GULs. The approach to setting maximum and upper guidance values shall be made transparent and comprehensible.

5. When establishing minimum and maximum amounts, the following should also be taken into account:

a) bioavailability, processing losses and shelf-life stability from the ingredients and formula matrix;

b) total levels of a nutrient in infant formula, taking into account both naturally occurring nutrients in the ingredients and added nutrients; and

c) the inherent variability of nutrients in ingredients and in water that may be added to the infant formula during manufacture.

6. Averages for individual nutrients, as appropriate, to ensure that the required minimum levels are met throughout the shelf-life of the formula, will be included in the maximum value.

7. In establishing minimum or maximum amounts of nutrients per 100 kcal (or per 100 kJ) of infant formula based on consideration of reference values for the nutrients expressed as units per daily intake or per kilogram of body weight, the following assumptions will be considered:

a) the mean intake of prepared formula for infants from birth to six months of age is 750 ml per day;

b) a representative body weight for an infant over this period is 5 kg; and

c) a representative caloric intake of an infant over this period is 500 kcal per day (or 100 kcal/kg/day).

Modifications of the approach may be needed when there is justification for deviating from one or more of these assumptions with regard to the specific formula product or specific infant population group.

SECTION B: FORMULA FOR SPECIAL MEDICAL PURPOSES INTENDED FOR INFANTS

1. SCOPE

1.1 This section of the standard applies to formula for special medical purposes intended for infants in liquid or powdered form intended for use, where necessary, as a substitute for human milk or infant formula in meeting the special nutritional requirements arising from the disorder, disease or medical condition for whose dietary management the product has been formulated.

1.2 This section of the standard contains compositional, quality, labelling and safety requirements for formula for special medical purposes intended for infants.

1.3 Only products that comply with the criteria laid down in the provisions of this section of this standard would be accepted for marketing as formula for special medical purposes intended for infants.

1.4 The application of this section of the standard should take into account, as appropriate for the products to which the section applies and the special needs of the infants for whom they are intended, the recommendations made in the *International Code of Marketing of Breast-milk Substitutes* (WHO, 1981),[2] the *Global Strategy for Infant and Young Child Feeding and World Health Assembly resolution WHA54.2* (2001).[3]

2. DESCRIPTION

2.1 Product definition

2.1.1 Formula for special medical purposes intended for infants means a substitute for human milk or infant formula that complies with Section 2, Description, of the *Standard for the Labelling of and Claims for Foods for Special Medical Purposes* (CXS 180-1991)[14] and is specially manufactured to satisfy, by itself, the special nutritional requirements of infants with specific disorders, diseases or medical conditions during the first months of life up to the introduction of appropriate complementary feeding.

2.1.2 See Section A 2.1.2

2.2 Other definitions

See Section A 2.2

3. ESSENTIAL COMPOSITION AND QUALITY FACTORS

3.1 Essential composition

3.1.1 Formula for special medical purposes intended for infants is a product based on ingredients of animal, plant and/or synthetic origin suitable for human consumption. All ingredients and food additives shall be gluten free.

3.1.2 The composition of formula for special medical purposes intended for infants shall be based on sound medical and nutritional principles. The nutritional safety and adequacy of the formula shall be scientifically demonstrated to support growth and development in the infants for whom it is intended, as appropriate for the specific products and indications. Their use shall be demonstrated by scientific evidence to be beneficial in the dietary management of the infants for whom it is intended.

3.1.3 The energy content and nutrient composition of formula for special medical purposes intended for infants shall be based on the requirements for infant formula as given in Sections A 3.1.2 and 3.1.3, except for the compositional provisions which must be modified to meet the special nutritional requirements arising from the disease(s), disorder(s) or medical condition(s) for whose dietary management the product is specifically formulated, labelled and presented.

3.1.4 In addition to the requirements in Section 3.1.3 the following requirements shall also be taken into account, where appropriate:

Chromium

Unit	Minimum	Maximum	GUL
μg/100 kcal	1.5	-	10
μg/100 kJ	0.4	-	2.4

Molybdenum

Unit	Minimum	Maximum	GUL
μg/100 kcal	1.5	-	10
μg/100 kJ	0.4	-	2.4

3.2 Optional ingredients

3.2.1 In addition to the compositional requirements listed under Section 3.1.3, other ingredients may be added in order to provide substances ordinarily found in human milk or required to ensure that the formulation is suitable as the sole source of nutrition for the infant and for the dietary management of his/her disease, disorder or medical condition.

3.2.2 The suitability for the intended special medical purpose, the suitability for the particular nutritional use of infants and the safety of these substances shall be scientifically demonstrated. The formula shall contain sufficient amounts of these substances to achieve the intended effect.

3.2.3 Only L(+) lactic acid-producing cultures may be used in formulas for special medical purposes for infants if shown to be safe and appropriate for use in these vulnerable populations.

3.3 Vitamin compounds and mineral salts

See Section A 3.4

3.4 Consistency and particle size

See Section A 3.5

3.5 Purity requirements

See Section A 3.6

3.6 Specific prohibitions

See Section A 3.7

4. FOOD ADDITIVES

4.1 Acidity regulators, antioxidants, carriers, emulsifiers, packaging gases and thickeners used in accordance with Table 1 and Table 2 of the *General Standard for Food Additives* (CXS 192-1995)[1] in food category 13.1.3 (Formulae for special medical purposes intended for infants) are acceptable for use in foods conforming to this standard.

4.2 Only the food additives listed in food category 13.1.3 (Formulae for special medical purposes intended for infants) of the *General Standard for Food Additives* (CXS 192-1995)[1] may be present in the foods conforming to this standard, as a result of carry-over from a raw material or other ingredient (including food additive) used to produce the food, subject to the following conditions:

a) the amount of the food additive in the raw materials or other ingredients (including food additives) does not exceed the maximum level specified; and

b) the food into which the food additive is carried over does not contain the food additive in greater quantity than would be introduced by the use of the raw materials or ingredients under good manufacturing practice, consistent with the provisions on carry-over in the preamble of the *General Standard for Food Additives* (CXS 192-1995).[1]

5. CONTAMINANTS

See Section A 5.

6. HYGIENE

See Section A 6.

7. PACKAGING

See Section A 7.

8. FILL OF CONTAINER

See Section A 8.

9. LABELLING

See introductory paragraph of Section A 9.

9.1 Name of the food

9.1.1 See Section A 9.1.1

9.1.2 The name of the product shall be "Formula for special medical purposes intended for infants" or any appropriate designation indicating the true nature of the product, in accordance with national usage.

9.1.3 If cows' milk is the only source of protein, the product may be labelled "Formula for special medical purposes intended for infants based on cows' milk".

9.2 List of ingredients

See Section A 9.2

9.3 Declaration of nutritive value

Formula for special medical purposes intended for infants shall be labelled with complete nutrition labelling according to Section 4.2 of *Standard for the Labelling of and Claims for Foods for Special Medical Purposes* (CXS 180-1991).[14]

9.4 Date marking and storage instructions

See Section A 9.4

9.5 Information for use

See Section A 9.5

9.6 Additional labelling requirements

9.6.1 Formula for special medical purposes intended for infants shall be labelled with the additional information as specified in Sections 4.4.1, 4.4.3, 4.4.4, 4.5.1 and 4.5.5 of *Standard for Labelling of and Claims for Foods for Special Medical Purposes* (CXS 180-1991).[14]

9.6.2 A prominent statement indicating that the product is intended as the sole source of nutrition shall appear on the label.

9.6.3 In addition, the information specified in Sections 4.5.2, 4.5.3 and 4.5.6 of *Standard for Labelling of and Claims for Foods for Special Medical Purposes* (CXS 180-1991)[14] shall be included on the label or be provided separately from the package.

9.6.4 Labels and information provided separately from the package should not discourage breastfeeding, unless breastfeeding is contraindicated on medical grounds for the disease(s), disorder(s) or medical condition(s) for which the product is intended.

9.6.5 See Section A 9.6.5

10. Methods of analysis

See Section A 10.

NOTES

[1] FAO and WHO. 1995. *General Standard for Food Additives.* Codex Alimentarius Standard, No. CXS 192-1995. Codex Alimentarius Commission. Rome.

[2] World Health Organization (WHO). 1981. *International Code of Marketing of Breast-milk Substitutes*. Geneva. 9241541601.pdf (who.int)

[3] WHO and UNICEF. 2003. *The Global Strategy for Infant and Young Child Feeding and World Health Assembly resolution WHA54*. Geneva. 9241562218.pdf (who.int)

[4] FAO and WHO. 1979. *Advisory Lists of Nutrient Compounds for Use in Foods for Special Dietary Uses Intended for Infants and Young Children*. Codex Alimentarius Guideline, No. CXG 10-1979. Codex Alimentarius Commission. Rome.

[5] FAO and WHO. 1995. *General Standard for Contaminants and Toxins in Food and Feed*. Codex Alimentarius Standard, No. CXS 193-1995 Codex Alimentarius Commission. Rome.

[6] FAO and WHO. 1969. *General Principles of Food Hygiene*. Codex Alimentarius Code of Practice, No. CXC 1-1969. Codex Alimentarius Commission. Rome.

[7] FAO and WHO. 2008. *Code of Hygienic Practice for Powdered Formulae for Infants and Young Children*. Codex Alimentarius Code of Practice, No. CXC 66-2008. Codex Alimentarius Commission. Rome.

[8] FAO and WHO. 1997. *Principles and Guidelines for the Establishment and Application of Microbiological Criteria Related to Foods.* Codex Alimentarius Guideline, No. CXG 21-1997. Codex Alimentarius Commission. Rome.

[9] FAO and WHO. 1985. *General Standard for the Labelling of Pre-packaged Foods*. Codex Alimentarius Standard, No. CXS 1-1985. Codex Alimentarius Commission. Rome.

[10] FAO and WHO. 1985. *Guidelines on Nutrition Labelling.* Codex Alimentarius Guideline, No. CXG 2-1985. Codex Alimentarius Commission. Rome.

[11] FAO and WHO. 1997. *Guidelines for Use of Nutrition and Health Claims*. Codex Alimentarius Guideline, No. CXG 23-1997. Codex Alimentarius Commission. Rome.

[12] FAO and WHO. 1999. *Recommended Methods of Analysis and Sampling*. Codex Alimentarius Standard, No. CXS 234-1999. Codex Alimentarius Commission. Rome.

[13] Koletzko B, Baker S, Cleghorn G *et al.* 2005. *Global standard for the composition of infant formula: Recommendations of ESPGHAN coordinated international expert group*. Journal of Pediatric Gastroenterology and Nutrition. 2005;41:584–599.

[14] FAO and WHO. 1991. *Standard for the Labelling of and Claims for Foods for Special Medical Purposes*. Codex Alimentarius Standard, No. CXS 180-1991. Codex Alimentarius Commission. Rome.