

From the Chairman, Sir John Krebs FRS

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Deputy Minister for Health and Community Care
Room 1E10
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Sear Mary

FORTIFICATION OF FLOUR WITH FOLIC ACID: PREVENTION OF DISEASE

As you will be aware the Food Standards Agency was asked to consider the issues relating to the implementation of folic acid fortification of flour, and to give advice to Health Ministers in the UK on the way forward on possible action. I am now able to report back to you with the Agency's advice which you will wish to consider in conjunction with advice from your Chief Medical Officer.

After careful consideration the Agency is unable at the current time to recommend implementation of folic acid fortification on a mandatory basis. The attached Annex A sets out the full terms of the Agency's advice. Annex C records the Board's discussion and indicates that the recommendation is a majority decision, with a minority of members favouring mandatory fortification.

The issues relating to folic acid fortification are both complex and sensitive. The Agency has worked closely with officials of all of the four health Departments to consult stakeholders on these issues. This has involved formal and informal consultation, and a major stakeholder meeting, before the FSA board considered the matter. The Board discussion paper and the note of the discussion in full open public session on 9 May are attached at Annex B and C and have been placed on the FSA website.

In arriving at its advice the Agency has not attempted to second guess the basis of COMA's original conclusion in favour of universal fortification of flour with folic acid. However, the

Agency was able to consider further evidence which has emerged since COMA reported in 2000. An important part of that new evidence was provided by Sir John Grimley Evans, past chairman of COMA, that the incidence of vitamin B12 deficiency in older people which could be masked by folic acid was three times greater (500,000) than known to COMA. The implications of this are commented on specifically in the attached advice.

The Board also had available to it the views of the Advisory Committees in Scotland, Wales and Northern Ireland. The Scottish Food Advisory Committee had taken the view that, whilst recognising the health benefits that could be obtained in relation to NTD reduction, more scientific evidence was needed on the masking effects of fortification before proceeding with a universal fortification of flour with folic acid. The Northern Ireland Advisory Committee tended to favour an option that promoted individual uptake of supplements rather than mandatory fortification. The Advisory Committee for Wales, whilst accepting that an element of consumer choice would be excluded, broadly supported mandatory fortification of flour with folic acid and were keen to see enhanced screening arrangements introduced in relation to vitamin B12 deficiency in older people. These views were taken into account by the Agency Board in formulating the advice set out in Annex A.

The evidence base on folic acid fortification has moved since COMA last looked at the issue. Subject to your decision on how you wish to proceed on fortification, the Agency will be proactive in working with your officials to gather and assess new evidence as it emerges. In particular, this is likely to focus on the impact of fortification on older people, but also potential benefits of fortification in relation to cardiovascular disease prevention and Alzheimer's disease. We would do this with the aim of coming back to you with revised advice on folic acid fortification if that is appropriate.

I am writing in similar terms to Hazel Blears, Jane Hutt, and Bairbre de Brun. I am also copying this to Professor Liam Donaldson, Dr E Armstrong, Dr Ruth Hall and Dr Henrietta Campbell.



JOHN KREBS