



*International Baby Food Action Network
Red internacional de grupos pro alimentación infantil
Réseau international des groupes d'action pour l'alimentation infantile*

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c/o GIFA Geneva Infant Feeding Association
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Babies cannot wait

WHA delegates urged to support parents' rights to full information on possible contamination of powdered formulas for infants.

The 58th World Health Assembly is meeting now in Geneva. Members of IBFAN, a network of over 200 groups in more than 100 countries¹, are urging delegates to adopt an unambiguous international recommendation that powdered infant formula be labelled with clear and easily understood wording that this is not a sterile product, and that careful preparation and use is needed to reduce the risk of illness and death. The proposed resolution is based on the outcome of the FAO/WHO Joint Expert Workshop² on *Enterobacter sakazakii* and other microorganisms in powdered infant formulas held in 2004. The report of this workshop, as well as the WHO INFOSAN³, underscore the need to alert regarding the potential harm of powdered infant formula. *Enterobacter sakazakii* in powdered infant formula products has been implicated in outbreaks causing sepsis, meningitis or necrotising enterocolitis, leading to severe lasting complications including neurological disorders and in some cases to death.

The urgency of this problem was again highlighted recently in France. In 2004 infection in premature babies caused by the bacteria *Enterobacter sakazakii* in the product Pregestimil led to the death of 2 babies and disease and infection in 13 others. On May 3, 2005 the French authorities announced an epidemic of *Salmonellosis* in 123 babies fed on the Picot, Gallia/Blédina and Blédilait/Blédina brands⁴. In this latest outbreak the incriminated product was exported to 11 countries and territories.

The full magnitude of the problem remains unknown because of significant under-reporting and lack of facilities for testing in developing countries. The FAO/WHO Report⁵ notes that many developing countries import powdered infant formula from processing plants in a few countries, for example, Bangladesh. The report also notes the lack of surveillance on this disease burden in developing countries where the population at risk is higher than developed countries. “*This is the tip of the iceberg because the presence of *E. sakazakii* in infant formula and its potential effects in infants could well kill thousands of babies worldwide and be a significant public health problem in both developed and developing countries*”, says Elisabeth Sterken, a nutritionist, the Director of INFACt Canada.

“*Young parents when interviewed are unaware of this risk. Decades of promotion have reinforced perceptions that the product is safe and hygienic*”, says Dorothée Haller, the President of IBFAN-GIFA, the IBFAN office in Geneva. The magnitude of the problem is revealed in the Report by the WHO Secretariat to the 58th WHA, which states that, “*E. sakazakii has caused disease in all age groups. From the age distribution of reported cases it is deduced that infants (less than one year old) are at particular risk. Powdered infant formula that meets current standards is not a sterile product and may occasionally contain pathogens. The WHO/FAO Joint Workshop did not identify a feasible method, using current technology, to produce commercially sterile powders or completely eliminate the potential for contamination*”.

The contamination of powdered infant formula occurs during the manufacturing process and cannot be entirely eliminated during preparation. Many countries have now issued warnings to care givers about the potential contamination of the product and the caution needed to use and prepare powdered infant formula to minimize the risk: such as, to prepare only one bottle at a time and to discard after every feed.

Parents, therefore, have the right to information that the product is not sterile. This information is necessary to make fully informed decisions about infant feeding. The infant formula industry is refusing to place warnings on product labels stating that the product is not sterile, and that extra precautions must be taken. Yet at this 58th WHA they are demanding to have nutrition and health claims on their products.

WHO as a global public health measure recommends exclusive breastfeeding for the first six months of life. Breastfeeding provides the immunological protection infants need to prevent disease.

Because babies continue to die from intrinsically contaminated formula, the French delegate to WHO’s Executive Board stated in January 2005, “***All these babies were hospitalized in special units that were meant to protect them. We need to act now and to act fast***”.

IBFAN urges delegates to adopt a strong resolution now and asks; ***How much longer do babies have to wait?***

Notes for Editors:

1. IBFAN – The International Baby Food Action Network, www.ibfan.org
2. Joint FAO/WHO Workshop on Enterobacter sakazakii and other Microorganisms in Powdered Infant Formula, Geneva, 2-5 February 2004: <http://www.who.int/foodsafety/micro/meetings/feb2004/en>
3. International Food Safety Authorities Network, INFOSAN, Information Note No. 1/2005, *Enterobacter sakazakii* (in English, French, Spanish and Arabic): <http://www.who.int/foodsafety/micro/meetings/feb2004/en>
4. French Institut de Veille Sanitaire, Point InVS 3 mai 2005: http://www.invs.sante.fr/presse/2005/le_point_sur/salmonella_agona_040505/
5. *Enterobacter sakazakii* and other microorganisms in powdered infant formula. Geneva, FAO/WHO, 2004 (Microbiological Risk Assessment Series, No. 6): <http://www.who.int/foodsafety/publications/micro/en/es.pdf>
6. WHO Infant and young child nutrition, Report of the Secretariat. A58/15, May 2005: http://www.who.int/gb/ebwha/pdf_files/WHA58/A58_15-en.pdf

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