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## Letters to the Editor

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### Reply to A Olivieri et al.

Dear Editor:

With regard to the comment on our article by Olivieri et al. (1), we wish to point out that the recruitment of our national sample of Italian schoolchildren and adolescents (aged 6–18 y) for the assessment of dietary iodine intake using 24-h urine collections took place in 2012 and thus our conclusions refer to that time (2). We appreciate that Olivieri et al. (1) report results of an independent survey conducted between 2007 and 2012 in another population of schoolchildren residing in 9 Italian regions, showing that in fact most of those regions appeared to be iodine deficient based on a different criterion [i.e., median spot urinary iodine concentration (UIC) < 100  $\mu\text{g/L}$ ] (3).

Of course, inferring information about a population's "iodine status" by the measurement of UIC in spot urine samples and approaching the knowledge of "true" habitual dietary iodine intake of a population through the collection of 24-h urine samples are 2 different things and we believe that both may be useful and necessary in different settings and to different purposes. Indeed, as mentioned in our article, just based on iodine intakes ensuring a UIC ( $\geq 100 \mu\text{g/L}$ ) associated with the lowest prevalence of goiter in school-aged children, the European Food Safety Authority (EFSA) set age-specific Adequate Intakes (AIs) of iodine ranging between 70  $\mu\text{g}/24 \text{ h}$  for schoolchildren and 150  $\mu\text{g}/24 \text{ h}$  at the end of adolescence (4). Using the EFSA AIs as a reference, we found out that 47.2% of our young Italian population sample had a lower than adequate iodine intake and the situation was particularly critical for children below the age of 8 y.

We are happy to learn that a further survey initiated in 2015 by Olivieri et al. (1) and still in progress seems to suggest a marked improvement with regard to the iodine status of the young Italian population: although we look forward to the publication of their results once the study is completed, we think that a new assessment of actual iodine intake in a representative sample of the young population in Italy using the gold-standard assessment of 24-h urinary iodine excretion would be more than appropriate to find out whether the percentage of nutritional inadequacy detected in our survey of 2012 has been reduced thanks to the public

campaigns undertaken in the interim. One reason for concern in our opinion is that these campaigns addressed almost exclusively a more widespread discretionary use of iodized salt at home and in collective catering, whereas much less emphasis was put on the need to increase the use of iodized salt in artisanal and industrial food products and on the promotion of milk and fish consumption among children and adolescents as important additional sources of dietary iodine.

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