Iodine deficiency in Europe

A continuing public health problem







Iodine Deficiency in Europe: A continuing public health problem

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This report is dedicated to the late François Delange who relentlessly dedicated his energy and expertise to combat iodine deficiency throughout the world and especially in Europe. He was eagerly anticipating the release of this report, which he believed would be critical in focusing the attention of the European public health community on the significance of iodine deficiency, the main cause of preventable cognitive impairment in children.

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Foreword

Despite a worldwide application of successful iodine supplementation programs over the last four decades, iodine deficiency remains a major public heath problem in Europe. In 2004, it was estimated that of the 2 billion people around the world at risk of iodine deficiency, 20 percent live in Europe, Eastern and Western Europe being both affected. While cretinism, the most extreme expression of iodine deficiency, has become very rare and even disappeared in Europe, of considerably greater concern are the more subtle degrees of mental impairment associated with iodine deficiency that lead to poor school performance, reduced intellectual ability, and impaired work capacity. For iodine-deficient communities, between 10 and 15 IQ points may be lost when compared to similar but non-iodine-deficient populations. Iodine deficiency is the world's greatest single cause of preventable brain damage. This fact is the driving force that led the international community and more specifically the World Health Assembly to adopt a resolution in 1990 to eliminate iodine deficiency. This resolution was reaffirmed in 1998, 2003, and 2007.

The main strategy for the control of iodine deficiency disorders (IDD) – salt iodization – was adopted by the World Heath Assembly in 1993 and established as a UN General Assembly's Special Session on Children goal in 2002. Salt has been chosen as a vehicle because of its widespread consumption and the extremely low cost of iodization. However, where the prevalence of iodine deficiency is high and where salt iodization is not feasible, the alternative is to administer iodine directly, either as iodide or iodized oil, focusing on women and young children. In the early 1960s, only a few countries had IDD control programmes; most of them in the United States of America and Europe. Since then, and especially over the last two decades, extraordinary progress has been achieved by increasing the number of people with access to iodized salt and reducing the rate of iodine deficiency in most parts of the world. However, this has not been the case in several industrialized countries, especially in Europe. Compared to other regions in the world, iodized salt coverage is not as high in Europe, reaching only 27% of households. In addition, there is growing evidence that iodine deficiency has reappeared in some European countries where it was thought to have been eliminated. This underscores the need for sustaining current programmes. Further-

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