# **USDA, FDA, and ODS-NIH Database for the Iodine Content of Common Foods Release 4.0**

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#### **Introduction**

Iodine is an essential mineral for human health, functioning as a component of thyroid hormones with important roles in growth and maturation, neurologic development, reproduction, and energy metabolism (Lee et al., 2016a; Rohner et al., 2014). Severe iodine deficiency during pregnancy and early childhood has serious effects on the developing fetus and infant and can cause permanent damage (Swanson et al., 2012). Goiter, enlargement of the thyroid gland, and other disturbances of thyroid function can be seen at all ages in individuals whose diets lack iodine at needed levels.

Adequate dietary iodine intake is crucial, with  $150 \mu g/day$  as the daily recommended dietary allowance (RDA) for ages 14 years and older, 220  $\mu$ g/day for pregnant women, and 290  $\mu$ g/day for lactating women (Institute of Medicine, 2001; Rohner et al., 2014). On the other end of the spectrum, the tolerable upper intake level for iodine is 1100 μg/day for adults (Institute of Medicine, 2001). Excessive intake also can result in adverse health effects such as thyroid dysfunction (e.g., goiter, hyperthyroidism), autoimmune thyroid disease, and cancer (Luo et al., 2014; Ershow et al., 2016).

Iodine intake in the U.S. population overall is generally considered sufficient, but subgroups identified as at-risk for iodine insufficiency include women of reproductive age, young adults, and non-Hispanic blacks, with a trend of increasing deficiency over a 12-year period of the National Health and Nutrition Examination Survey (NHANES) from 2001-2012 (Lee et al., 2016a). Iodine insufficiency in the U.S. is a public health concern especially in pregnant women (Pearce, 2015). NHANES 2007-2010 results suggested that 55% of pregnant women and 37% of non-pregnant women of childbearing age had inadequate iodine intakes as measured by urinary iodine (Caldwell et al., 2013).

In 2023, the USDA-ARS MAFCL Food and Nutrient Research (FNR) group evaluated several chemicals possessing the ability to inhibit iodine uptake in the thyroid gland, including perchlorate and thiocyanate. Scientific background regarding these two iodine inhibitors is available in Appendices A and B.

To assess iodine status, iodine intake must be estimated, which necessitates the availability of data on iodine content and variability for individual foods (Swanson et al., 2012). Workshops that were convened by the Office of Dietary Supplements, National Institutes of Health (NIH) with other scientists in 2011 and 2014 confirmed the need for food composition tables on iodine content (Swanson et al., 2012; Ershow et al., 2018). Thus, the impetus for this project has been the need for updated and expanded data on the iodine content of foods to address continued public health concerns. The database presented here has been developed, through collaboration between the U.S. Department of Agriculture (USDA) Methods and Application of Food Composition Laboratory (MAFCL) in Beltsville, MD, the U.S. Food and Drug Administration (FDA) Center for Food Safety and Applied Nutrition in College Park, MD and the Office of Dietary Supplements, National Institutes of Health, Bethesda, MD. This release includes 478 foods.

# **Background**

The FDA collects about 100 kinds of food and beverage samples regionally and about an additional 190 foods nationally as part of its Total Diet Study (TDS) and analyzes these samples for nutrient elements, including iodine. These data are available on-line (FDA, 2023). The TDS program began in 1961, and analysis of TDS samples for iodine began in 1973. The TDS currently monitors levels of over 400 contaminants and nutrients in the average U.S. diet; the number varies slightly from year to year. Juan et al. (2016) used the TDS data and data on iodine concentrations in supplements, water, and salt, along with

What We Eat In America (WWEIA), the dietary intake interview portion of NHANES, to estimate intakes of iodine from foods, water, and supplements for the U.S. population. Abt et al. (2018) used updated TDS iodine concentration data to estimate intakes of iodine from food sources.

More recently, the USDA has also been analyzing iodine in foods and dietary supplements obtained via nationwide sampling (Pehrsson et al., 2016; Ershow et al., 2016; USDA, 2017). These have included important dietary food sources of iodine e.g., seaweed, fish and other seafood, dairy foods, iodized salt, eggs, (Rohner et al., 2014; Lee et al., 2016b; Pehrsson et al., 2016) as well as multivitamin-multimineral dietary supplements for adults, children, and pregnant women (USDA, 2017).

A wide range of iodine concentrations in individual foods and variable use of iodized salt at the table and in food preparation make intake assessment especially challenging (Swanson et al., 2012). Varying levels in foods are due to factors such as the amount of iodine in soil where crops are grown, extent of iodine supplementation to animals, use of iodophors as sanitizing agents, and iodine-containing ingredients in processed foods (Ershow et al., 2018). Iodine is present naturally at relatively high levels in seaweed, many saltwater fishes, and other seafood due to the ability to concentrate iodine from their seawater environment (Rohner et al., 2014).

# **Analytical methodology and quality control**

Samples were purchased and analyzed by scientists from two sources (the FDA and the USDA) providing data for the database. FDA's Kansas City Laboratory (Lenexa, KS), FDA's Center for Food Safety and Applied Nutrition laboratory (College Park, MD), and the USDA contract laboratory analyzed the foods for iodine using inductively coupled plasma mass spectrometry (ICP-MS). The USDA samples were solubilized using a strong base; a stabilizer was added followed by dilution and filtration prior to iodine analysis (Sullivan and Zywicki, 2012). The limit of quantitation (LOQ) for the analyses was 10 mcg/100g of iodine for most of the foods and 50 mcg/100g for the salt samples. FDA solubilized TDS samples using tetramethyl-ammonium hydroxide and a hot block extraction system at 85˚C was used to extract the available iodine (Todorov and Gray 2017). In 2016 and 2017, FDA's limit of detection (LOD) for iodine in TDS samples ranged from  $0.01 - 0.04$  mcg/100g; the LOQ ranged from  $0.1 - 0.5$  mcg/100g. In 2018-2020, FDA set Reporting Limits (RLs) for TDS iodine analyses, to account for variability in LODs and LOQs between analyses performed at different times. The TDS iodine RLs ranged from  $0.3 - 2.5$  mcg/100 g. In 2023-2024, the FDA's Center for Food Safety and Applied Nutrition laboratory LOD for iodine in USDA samples ranged  $0.01 - 0.08$  mcg/100g and the LOQ ranged from  $0.1 - 0.6$  mcg/100g.

Quality control materials used for analysis of the USDA samples included certified standard reference materials (SRMs) from the National Institute of Standards and Technology (NIST, Gaithersburg, MD 20899): SRM 1548a (a material representing a typical diet), SRM 1549 (non-fat milk powder), SRM 1849 (nutritional formula), and SRM 3530 (iodized table salt). Secondary reference materials from Virginia Tech (Phillips et al., 2006) that have been cross-validated against the SRMs were also used. FDA used SRM 1549a (whole milk powder) as a reference material for quality control of their iodine analyses. All data from the analysis of samples and their reference materials were reviewed by internal quality control review committees at USDA and FDA before acceptance. Data were accepted only by consensus among the committees after thorough consideration. As a crucial aspect of the data review process, a conservative approach was used, e.g., every value that seemed questionable was investigated and was rejected or retested at the lab, if possible.

## **Source and handling of samples: USDA**

Many of the samples analyzed by USDA came from the National Food and Nutrient Analysis Program (NFNAP) (Haytowitz and Pehrsson, 2018). The foods collected under this study and other related studies were processed by Virginia Tech, Blacksburg, VA. Foods that required preparation were made using directions on the packages. For most of the foods, other than milk, eggs, salt, almond beverage, and soy beverage, described below, samples from more than one location were combined.

Where appropriate, the samples were processed with liquid nitrogen, frozen and sent out for analysis with additional aliquots of the food samples stored long-term at -60°C. It was determined that iodine in the samples remains stable under such conditions, by having five samples with different matrices sent for iodine analysis and five years later analyzing aliquots of the same samples. The results did not show any loss of iodine over time and were within the limits of analytical uncertainty.

While the NFNAP program has been running for over 20 years, many of the food samples are more recent. For example, whole raw fresh eggs were collected and analyzed in 2019, and two other types of eggs, dried and frozen, primarily for commercial use, were collected in 2017. Non-flavored fluid milks as well as salt samples (including iodized table salt, iodized sea salt, and non-iodized sea salt) were also collected and analyzed in 2018-2019.

In addition to examining the uptake of sodium by pasta boiled in salted water, Virginia Tech scientists had the pasta analyzed for iodine uptake since iodized salt was used during cooking (Bianchi et al., 2019). Included in the data are replicate samples using the recommended amount of salt in the cooking water based on the label instructions.

Some samples of white bread, whole wheat bread, and hamburger/hot dog rolls that were obtained in 2019 had labels listing potassium iodate or calcium iodate as a dough conditioner. These baked products were analyzed for iodine to provide information on the amount derived from the dough conditioner.

In an earlier study to determine the fluoride content of tap water in the U.S. (Pehrsson et al., 2006), USDA collected tap water samples from 144 locations around the country. A random subset of 40 of these archived water samples was analyzed for iodine by the FDA laboratory.

More recently, USDA samples were acquired in conjunction with the FoodData Central (FDC) Foundation Foods (FF) program, a new food composition datatype designed to provide expanded metadata on a diverse number of raw foods and ingredients (USDA ARS, 2024). Although sample processing is identical to the NFNAP program described above, foods are primarily convenience-sampled with the goal of collecting a diverse and representative number of samples from manufacturers and distributors. Release 4.0 includes new analytical data for a total of 14 raw seafood and dairy samples that were collected and analyzed by FDA's Center for Food Safety and Applied Nutrition laboratory in 2023-2024 under this program.

# **Source and handling of samples: FDA**

TDS data included in this iodine content database were limited to results for samples collected beginning in 2016 because of a change in analytical methodology at that time. Prior to 2016, TDS samples were analyzed for iodine concentrations using ultraviolet-visible (UV-VIS) spectrophotometry through the catalysis of the Cesium +4/Arsenic +3 reaction (adapted from Fischer et al., 1986). The ICP-MS method in use for iodine analysis since 2016 has limits of detection (LODs) and LOQs that are lower (i.e., better) than the older

method, and there is less interference from other signals; these factors affect estimates of element concentrations and exposures.

After receipt of samples, FDA prepares foods as for consumption; for example, apples are washed, bananas are peeled, and oatmeal is cooked. Deionized water is used in washing, cooking, and beverage preparation. Non-iodized salt was used in cooking food mixtures (e.g., cornbread, scrambled eggs, tuna casserole), but no salt was used in cooking single items (e.g., cooked cereals, vegetables).

Prior to the 2018 fiscal year (October 2017 – September 2018), TDS foods were obtained in four regional market basket (MB) collections per year. For each regional collection, products purchased in each of the three cities within the region were composited to form single analytical samples. All TDS foods were collected in each MB.

The TDS food list and sampling plan were modified at the beginning of the 2018 fiscal year as part of FDA's modernization of the program. Some TDS foods were dropped, and others were added. TDS foods were categorized as "regional" foods (possibly varying in nutrient or contaminant concentrations by region or season) or "national" foods (less likely to vary in nutrient and contaminant concentrations by region or season). Under the sampling plan that began in 2018, regional TDS foods are collected in each of six U.S. regions, in each of two time periods (November – April and May – October); results are presented as collection #1 (October) through collection #12 (September). For each regional collection, products purchased in each of the three cities within a collection region are composited to form single analytical samples. National foods are collected once per year, in Lenexa, KS; the results are presented as collection #13.

In anticipation of the upcoming major change to the TDS sampling plan, FDA conducted a pilot study of the new sampling procedures in the last market basket of 2017 (July). Available data include results for 86 regional foods.

Soy beverages and almond beverages sampled by USDA were analyzed by FDA as described above. Convenience samples of 5 different brands of shelf stable soy beverage and 6 different brands of shelf stable almond beverage were obtained at large grocery stores in Columbia, MD, and College Park, MD, in August 2021. Likewise, 7 dairy samples (yogurt and cheeses) and a total of 7 different types of raw seafood were obtained via convenience sampling at large grocery stores throughout Maryland and Virginia under FDC's FF program described above. Dairy samples were purchased in January 2023, and the raw seafood samples were purchased in September and October 2023. These samples were analyzed along with reference materials at FDA's Center for Food Safety and Applied Nutrition laboratory in College Park, MD. These results, some of which were combined with data from FDA's TDS, were used to obtain mean, standard deviation (SD), and range for each of the two beverage types. See the Data Discussion section below concerning these listings in the datasets.

#### **Database formats, procedures, and notes**

The tables provide a description for each food. The Nutrient Data Bank (NDB) numbers familiar to those using USDA's National Nutrient Database for Standard Reference (SR) file and the TDS food numbers from FDA are each shown for reference purposes. Database identification numbers are also provided in column "DB\_ID." These numbers are internal USDA identifiers that do not represent the total number of

foods. Descriptions of foods provided in the table may not exactly match SR or TDS descriptions. Foods listed without an SR or TDS number are foods that have not previously been reported in USDA or TDS composition data tables.

SR did not include data on the iodine content of foods. However, as previously noted, USDA arranged for stored NFNAP samples to be analyzed for iodine, focusing primarily on foods likely to have appreciable amounts of iodine. The results of those analyses are included in FoodData Central. FDA posts TDS data on iodine concentrations on its TDS website along with concentrations of other nutrient elements and contaminants (FDA, 2023).

When both FDA and USDA data were available for the same food types, the data were combined, as indicated in Data Source(s) column in the tables. Where only USDA or FDA is indicated, the data are solely from that source. The year in which the samples were chemically analyzed is shown, which is typically within a year of when the respective food samples were procured.

Footnotes are given where further descriptions or explanations of specific food descriptions are needed. For example, a footnote was applied to all foods analyzed by FDA's Center for Food Safety and Applied Nutrition laboratory to indicate these analyses were conducted separately from the TDS. The datasets also provide means, standard deviations, value ranges, and sample sizes (n). Data are depicted in two different formats: 1) per 100 grams of food and 2) per serving. Per 100g of food is the unit used both in USDA's previous SR file (Haytowitz and Pehrsson, 2018) and in the current FoodData Central (USDA ARS, 2024). For amounts per serving, the reference which was used for determining each serving size is shown in the "Serving Size Reference" column. Serving sizes were determined primarily by using the FDA's Reference Amounts Customarily Consumed (RACC) (FDA, 2024a). For items not specified in RACC guidance, other references were consulted including USDA FoodData Central's SR Legacy, FNDDS and Branded Foods databases (USDA/ARS, 2024), American Egg Board (American Egg Board, 2021), the U.S. Dietary Guidelines for Americans (USDA/USHHS, 2020) and serving sizes from product labels (e.g., infant formulas). "Similar USDA item" is referenced for a few foods where the weight of an identical food was not available in SR Legacy, so the weight of a comparable food in SR Legacy was used. For ease of use, some item weights per serving are rounded within a few grams.

In Release 4.0, several amendments were made to the iodine dataset to harmonize analytical values across the previous releases. First, standard deviations were removed for a total of 13 foods with small sample sizes  $(n = 2)$ . This change was made after consultation with USDA-ARS's Director of the Statistics Group (Northeast Area) who agreed that the samples means and ranges adequately describe their sampling distribution. Significant figures for all foods were also reduced to one digit after the decimal point to adjust for ICP-MS's level of analytical precision and to correct Excel rounding errors after descriptive statistics were calculated. Finally, the serving size reference "RACC" was replaced with "FDA" in the per serving data format for 14 foods. The former was repetitive terminology because FDA is already denoted as "FDA= Food and Drug Administration's Reference Amounts Customarily Consumed" throughout the documentation and as a dataset footnote.

#### **Data discussion**

Care should be taken in using data means, especially where the number of analytical samples (n) is very low. As seen in foods having very large numbers (n) of samples analyzed, the variability in the iodine content can be high. However, even where the number of food samples is small, these data provide an

estimate of the iodine content and indicate where additional data would be useful, or conversely, where it would not be productive to allocate research resources.

Also affecting the reporting of data on variability is the combining of food samples. In some cases, FDA and/or USDA laboratories composited sample material from the same food together prior to analysis. Subsequently, the composite samples were analyzed for iodine content. The resulting mean values are the best estimates of content but lack information on variability. For the FDA national samples (n=1) and for the milk, egg and salt data reported by USDA, samples were collected from one geographic region and not combined with any other samples before analysis.

Reported iodine estimates assumed FDA measurements below the LOD or RL as zero (0), with trace values between the LOD and LOQ reported as the detected iodine concentrations. In previous database releases (Release 1.0 – Release 3.0), USDA reported data below their LOQ as "<." Similarly, when the USDA's LOQ was the only information available for a food, "<" along with the LOQ was given, but if FDA had data on the same food type, an estimate of the USDA value was made based on the FDA data and included in the calculations. Using only the higher numbers would have biased the values, so the values below LOQ were estimated using business rules established for the USDA previous database for foods, SR. Release 4.0 expanded the business rule to all USDA values below the LOQ to improve calculated estimates. Values "<" USDA's LOQ are now presented as "7.4", and "<" the LOD as "1.5." Consequently, the values for a total of 73 samples representing 35 foods were revised, resulting in slightly lower iodine content for some foods.

It is clear from the data that when iodate dough conditioner is used in bakery production of breads, iodine content is far higher than when that conditioner is not used. Therefore, we separated out the data for breads known or suspected to contain iodate conditioners from those that did not and gave them separate entries in the database. These are white bread, whole wheat bread, white bread buns, and one type of fast-food sandwich bun. All of these have descriptions indicating iodate dough conditioner has been used or is likely to have been used and have an NDB and/or TDS number with an asterisk. While high, none of the iodine values for these breads exceed the regulatory maximum based on the amount of iodate allowed by the FDA (FDA, 2024b).

Our analyses of the convenience sampling of shelf-stable soy beverages revealed two samples were considerably higher in iodine content than the other four samples. The ingredient labels of the higher-iodine samples indicated the presence of seaweed or its derivative, thus influencing iodine levels. Therefore, the seaweed-containing soy beverages have been reported separately in the datasets.

We have excluded a number of foods with high iodine levels that were likely due to presence of erythrosine (also known as FD&C Red No. 3). Erythrosine is a cherry-colored dye used in foods such as decorating gels, glace cherries and other fruits, some candies, salmon spreads, bakery and snack foods, jellies, ice creams, and popsicles (Gupta et al., 2006; Wenlock and Buss, [1](#page-7-0)982).<sup>1</sup> Most forms of iodine in food are generally considered very bioavailable (easily absorbed), as high as 99% (Gonzali et al., 2017). The iodine content of erythrosine, however, has been found to have low bioavailability and thus is unlikely to be a significant contributor to iodine status (Jahreis et al., 2001).

These data contain only analytical data for iodine content of the foods. In some cases, the food described may not be in the form as consumed, e.g. raw rather than cooked. A direct estimate from raw to prepared is

<span id="page-7-0"></span><sup>&</sup>lt;sup>1</sup> Another widely used red food dye, FD&C Red No. 40, contains no iodine.

difficult since iodine could, for example, be lost during heating or by moving into cooking water. Estimated prepared values would need to be calculated by the researcher. A retention factor is a way to quantitate the amount of a nutrient remaining in the food after preparation. The principle of using a nutrient retention factor is based on investigations by Reinivuo et al., 2009; Schakel et al., 1997; and Murphy et al., 1975. The appropriate retention factor reflects the effects of food preparation on the food's nutrient content (USDA, 2007). For foods of significant iodine content with only raw data available, additional studies are planned to obtain cooked data for future releases of this database as well as to determine retention factors.

## **Conclusions**

The iodine dataset containing a total of 478 entries is a compilation of both USDA and FDA data for a wide variety of foods. As more data become available, subsequent releases with additional foods are anticipated. These data provide guidance for selecting additional foods for iodine analysis. These data also show where expanding the sample size with more analyses for foods with substantial iodine content would be beneficial.

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# **Appendix A: Perchlorate**

Perchlorate (ClO<sub>4</sub>) is a stable anion which forms naturally in the atmosphere. It is postulated that perchlorate may deposit in trace levels via precipitation to arid US regions such as the Texas Panhandle (Dasgupta et al., 2005). Perchlorate is also synthetically manufactured for use in solid rocket propellants, fireworks, and safety flares (Dasgupta et al., 2006). The U.S. Environmental Protection Agency (EPA) does not regulate perchlorate in drinking water, but based on current epidemiological evidence, maintains a daily oral exposure reference dose of 0.007 mg/kg-day (Greer et al., 2002; EPA, 2005; EPA, 2022a).

The thyroid gland is responsible for regulating metabolism and is critical during pregnancy for the growth and development of newborns. Excessive perchlorate exposure causes disruption to the sodium/iodide symporter (NIS), the plasma membrane glycoprotein involved with the production of thyroid hormones (Wolff, 1998; Pleus and Corey, 2018). Perchlorate has the highest potency of all known iodine uptake inhibitors and competes against iodide to block the NIS directly, resulting in the depletion of thyroid hormones (Tonacchera et al., 2004). Because of its effectiveness, perchlorate has been used historically as a drug to treat hyperthyroidism (Wolff, 1998). Perchlorate's thyroid-suppressing effects are temporary and subside once exposure is removed.

Due to monitoring efforts by the U.S. EPA, perchlorate drinking water levels are of minimal public health concern (EPA, 2022b). Therefore, dietary perchlorate is proposed as the main exposure source in the United States. The FDA maintains the largest dataset of perchlorate in foods and beverages. Perchlorate has been detected in many food categories including dairy, fruits, vegetables, meats, and legumes and grains (FDA, 2017; FDA, 2018) although amounts are very small.

In conclusion, current evidence suggests that nearly all exposure to dietary perchlorate is below the current reference dose and thus at safe levels (Abt et al., 2018). Furthermore, scientific evidence suggests no causal relationship exists between changes in thyroid hormone levels of the US population and environmental perchlorate exposure levels (Pleus and Corey, 2018; Charnley, 2008). Therefore, despite perchlorate's potency and thyroid disruption potential, it is likely a minor contributor to iodine inhibition in the thyroid gland.

The MAFCL FNR group's research will continue to evaluate the assessment of iodine uptake inhibitors for health outcomes.

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# **Appendix B: Thiocyanate**

Thiocyanate (SCN- ) is a moderately potent iodine uptake inhibitor and biotransformation metabolite (Tonacchera et al., 2004). Exposure sources conducive to thiocyanate generation are cyanide produced during cigarette smoking and the ingestion of two plant products: cyanogenic glycosides and glucosinolates (Laurberg et al., 2009). Thiocyanate is not subject to regulation in the United States because it is a naturally occurring metabolite.

Detoxification from exposure sources into thiocyanate occurs via three metabolic routes:

- 1. Cyanide from cigarette smoke is primarily hydrolyzed in the cyanide metabolic pathway, facilitated by the enzyme rhodanese, to produce thiocyanate (Logue et al., 2010).
- 2. Cyanogenic glycosides are a naturally occurring class of plant toxins. Disruption to plant tissue creates hydrogen cyanide (cyanogenesis) which is principally detoxified to thiocyanate (Gleadow and Møller, 2014).
- 3. Glucosinolates, secondary plant metabolites found in the Brassicaceae family, are complex compounds hypothesized to offer many protective health benefits. Plants in the Brassicaceae family also contain a defensive enzyme called myrosinase which breaks down glucosinolates. When Brassicaceae plant tissue is disrupted, myrosinase hydrolyzes glucosinolates to produce several compounds, including thiocyanate (Barba et al., 2016). Myrosinase is denatured when plants are cooked; therefore, glucosinolates may also be broken down naturally by gut microbiota (Barba et al., 2016; Agerbirk et al., 2008).

The thyroid gland is responsible for regulating metabolism and is critical during pregnancy for the growth and development of newborns. Thiocyanate disrupts at least two thyroid processes (Willemin and Lumen, 2017). High levels of thiocyanate compete against iodide to temporarily block the sodium/iodide symporter (NIS) channel, the plasma membrane protein complex involved in the production of thyroid hormones. Excess thiocyanate also disrupts biochemical processes in the thyroid gland involving iodine (organification). Thiocyanate's thyroid-suppressing effects are temporary and subside once exposure is removed.

Due to their ubiquity in food, research suggests dietary exposure to thiocyanates far outweighs dietary exposure to perchlorate (De Groef et al., 2006; Eisenbrand and Gelbke, 2016). However, quantitative data are scarce because thiocyanate is only formed after disrupting plant cells through chopping, cooking, and other processes. Thiocyanate has been detected in dairy products, infant formula, and vegetables (Laurberg et al., 2002; Niemann and Anderson, 2008; Sanchez et al., 2007). Epidemiological evidence suggests no association between thyroid function and urinary thiocyanate (Mortensen et al., 2016; Horton et al., 2015; Leung et al., 2011; Pearce et al., 2010; Steinmaus et al., 2013; Lewandowski, Peterson, and Charnley, 2015). Furthermore, negative effects of dietary thiocyanate may be mitigated by modest iodine fortification (Agerbirk et al., 2008). Therefore, dietary consumption levels of thiocyanates do not appear to pose an adverse effect to human health and are likely of low concern when evaluating the risk of iodine uptake inhibition.

The MAFCL FNR group's research will continue to evaluate the assessment of iodine uptake inhibitors for health outcomes.

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\* TDS and/or NDB identifiers with asterisks indicate products that differ from the generic product in that they contain iodate dough conditioners

<sup>A</sup>A six-digit code is used for Foundation Foods in parentheses to distinguish items from Standard Reference legacy

BMeasurements below the LOD or RL are displayed as zero (0), with trace values between the LOD and LOQ reported as the detected iodine concentrations <sup>C</sup>Dataset includes samples analyzed by the FDA's Center for Food Safety and Applied Nutrition laboratory in College Park, Maryland

<sup>1</sup>Omitted sample with value of 64 mcg I/100g as an outlier

<sup>2</sup>USDA water samples analyzed by FDA

<sup>3</sup>Grain products prepared without salt unless otherwise noted

<sup>4</sup>Omitted sample with 386 mcg I/100g – value probably from FD&C Red No. 3 food coloring

<sup>5</sup>Omitted 3 samples with values from 72 – 224 mcg I/100g – probably mixture of breads with and without iodate dough conditioners

<sup>6</sup>Omitted 6 samples with values from 130 – 416 mcg I/100g – probably mixture of breads with and without iodate dough conditioners

 $^7$ Omitted 11 samples with values from 38 – 310 mcg I/100g – probably mixture of breads with and without iodate dough conditioners

<sup>8</sup>Omitted 10 samples with values from 110 – 290 mcg I/100g – probably mixture of breads with and without iodate dough conditioners

<sup>9</sup>Omitted sample with 92.4 mcg I/100g – value probably from FD&C Red No. 3 food coloring

<sup>10</sup>Omitted sample with 120 mcg  $1/100g -$  value probably from FD&C Red No. 3 food coloring

<sup>11</sup>Omitted 3 samples with 310 and 335 mcg I/100g – values probably from FD&C Red No. 3 food coloring

<sup>12</sup>Omitted 2 samples with 42 and 973 mcg I/100g – values probably from FD&C Red No. 3 food coloring

<sup>13</sup>Omitted 9 samples from 150 to 621 mcg I/100g – values probably from FD&C Red No. 3 food coloring

<sup>14</sup>Omitted sample with 545 mcg I/100g - value probably from FD&C Red No. 3 food coloring

<sup>15</sup>Omitted samples with values of 38 and 42 mcg I/100g – values may reflect the use of disinfectant

during poultry cleaning, but we were unable to confirm this use

<sup>16</sup>Omitted sample with value of 1000 mcg I/100g as an outlier, although value was confirmed by the lab