

Press Kit

25 June 2019

Dietary guidelines for specific population groups

Children, pregnant & breastfeeding women and the elderly

ANSES 2019 expert appraisal





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Press release

Nutrition of children, the elderly and pregnant and breastfeeding women: ANSES warns about excess sugar intake in children and underlines the benefits of physical activity for the elderly

Infants, children and adolescents, pregnant and breastfeeding women, postmenopausal women and the elderly have specific physiological needs that call for appropriate diets. Today, ANSES is publishing four expert opinions on the nutrition of these population groups and is proposing dietary guidelines taking into account their specific needs to supplement the 2017 guidelines established for the general adult population. These guidelines constitute scientific bases that will enable public health measures to be taken in order to guarantee quality nutrition for the prevention of certain chronic diseases. As part of upcoming work by the High Council for Public Health and the French Public Health Agency, ANSES's guidelines will be translated into recommendations and then health messages tailored to each category of the population in order to ensure their dissemination and adoption.

As part of the National Health and Nutrition Programme (PNNS), ANSES is responsible for establishing dietary guidelines for the adult population and specific population groups. These guidelines provide scientific bases for public health policies and recommendations related to nutrition.

In 2017, ANSES established new guidelines for the main food groups enabling the nutritional requirements of the general adult population to be met while preventing risks of chronic diseases and limiting exposure to certain chemical contaminants found in food.

Today, to supplement them, the Agency is publishing four new opinions on dietary guidelines for specific population groups, i.e. children aged zero to three years, children aged four to 17 years, menopausal women & the elderly, and pregnant & breastfeeding women. ANSES's experts have taken into account the specific characteristics and nutritional requirements of each of these groups, as well as epidemiological data and data on the nutrient intakes currently observed in France for the population over the age of three years.

The expert appraisal results underline that health risks related to nutrition are specific to each of the studied population groups and that these risks can be limited by eating a healthy and varied diet.

The Agency concludes that, from a qualitative point of view and from the age of four years, the dietary guidelines defined for adults can cover the nutritional requirements of specific population groups, provided that some often simple adjustments are made. ANSES therefore proposes specific guidelines in order to meet the needs of all of these groups.

Complementary feeding in infants: an essential stage

The feeding of newborns and young children includes several transitional stages: umbilical feeding, oral feeding with milk only, the introduction of various foods, in particular solid foods (first diversification phase), and lastly the shift to family foods (second diversification phase).

In its opinion on children aged zero to three years, ANSES sets out diversification practices that promote the acceptance of new foods:

- Starting diversification between the ages of four and six months;
- Introducing the widest possible variety of foods between the ages of five and 18 months, which is a favourable window for the acceptance of new foods;

- Continuing to offer any foods that are initially rejected;
- Giving priority to mealtimes.

Moreover, numerous products targeting young children can contribute to supplying them with excess quantities of total sugar. Thus, ANSES stresses the importance of establishing sugar content criteria to ensure that these products are suitable for young children.

Children aged four to 17 years: warning about excess sugar consumption

For children over the age of four years, ANSES warns about excess sugar intakes, in particular for younger children, and calls on the public authorities to urgently take risk reduction measures.

The Agency specifically focuses on two priority levers, sugar-sweetened beverages and pastries/biscuits/cakes, which are frequently offered as afternoon snacks. These foods are high in sugar and have low nutritional benefits. They should be replaced with other higher-quality foods such as sugar-free dairy products or other calcium-rich foods as well as fresh (unprocessed) fruits and nuts.

ANSES also draws attention to the need to reduce “added sugars” contained in numerous processed products and underlines the benefits of “home-made” preparations which help people be aware of and control their sugar intakes.

Pregnant and breastfeeding women: foods that are beneficial for the health of mothers and children

In its opinion, ANSES highlights some food groups that offer specific health benefits for mothers and children during pregnancy or breastfeeding: these include dairy products, fruits and vegetables, and fish. The consumption of these foods also helps cover requirements for certain nutrients essential to these populations such as iron, iodine, vitamin B9 (folic acid) and, for breastfeeding women only, vitamins A and C.

The Agency recommends that women of childbearing age take care to eat a balanced diet without waiting until they become pregnant, in order to ensure that from conception, their nutritional status is satisfactory and compatible with the needs of the foetus and mother.

Physical activity protects against age-related diseases

ANSES stresses benefits associated with physical activity to ensure balanced nutrition for the elderly and prevent certain age-related diseases. In view of the decrease in energy requirements with age, the quantities usually consumed to meet nutritional needs can be maintained provided that physical activity is slightly increased. This also contributes to protecting against a large number of non-communicable diseases. More specifically, it helps protect against pathophysiological effects of ageing such as sarcopenia, osteoporosis and cognitive decline.

However, for people who are unable to increase physical activity and reduce sedentary time, the Agency recommends slightly reducing serving sizes for certain foods, with the exception of fruits, vegetables, fish, molluscs, crustaceans and wholegrain starches, in order to cover nutritional requirements.

A scientific expert appraisal to adapt the dietary guidelines for specific population groups

In 2017, ANSES published new dietary guidelines as well as guidelines relating to physical activity that constitute the scientific bases for the public health recommendations of the French National Health and Nutrition Programme (PNNS). This major expert appraisal work took into account French consumption habits as well as all of the new scientific data acquired in the last decade.

These consumption guidelines were established for the various food groups. They cover the nutritional requirements of almost the entire adult population while preventing the risk of chronic diseases and limiting exposure to certain contaminants found in food.

This expert appraisal entailed some major changes, in particular by proposing new dietary guidelines for certain food groups: higher consumption of pulses, wholegrain starches, vegetables, fruits and certain vegetable oils, and limited consumption of meat, except for poultry, and especially delicatessen meat, and also of sugar-sweetened beverages.

Dietary guidelines for the adult population in France (ANSES 2017 guidelines)

Group	Dietary guidelines
Fruits and vegetables	Current average consumption of fruits and vegetables should be increased considerably, giving preference to fresh fruits (unprocessed fruits) and vegetables.
Starches	Current average consumption of refined starches should be reduced. Conversely, consumption of wholegrain starches should be increased considerably, to become daily, which would result in an increase in total starch consumption.
Pulses	Current average consumption of pulses should be increased considerably. They should be consumed several times a week.
Fats	Current average consumption of vegetable oils and margarines poor in alpha-linolenic acid (ALA) should be reduced. Conversely, consumption of vegetable oils rich in ALA should be increased considerably, which would result in an increase in the total consumption of vegetable oils. Consumption of vegetable oils rich in ALA (such as walnut and rapeseed oils) should be daily.
Meat excluding poultry	Consumption of meat excluding poultry (or “red meat”) should remain below 500 g/week.
Delicatessen meats	Current average consumption of delicatessen meats should be reduced considerably. It should remain below 25 g/day.
Oily fish	Current average consumption of oily fish should be increased. Eat two servings of fish per week, one of which is high in eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), varying species and supply locations.
Sugar-sweetened beverages	Current average consumption of sugar-sweetened beverages such as soda should be reduced considerably. Consumption of sugar-sweetened beverages, including fruit juices, should remain below one glass per day.

Four expert opinions dedicated to population groups with specific nutritional needs

Certain population groups have particular physiological characteristics requiring appropriate dietary guidelines. To best meet the nutritional needs of these population groups, ANSES conducted an expert appraisal aimed at adapting the new dietary guidelines established for the adult population for four specific population groups: children aged zero to three years, children aged four to 17 years, pregnant

and breastfeeding women, and the elderly and postmenopausal women. These four expert opinions provide scientific bases for the dietary recommendations that will later be issued as part of the PNNS, based on additional work undertaken by the High Council for Public Health and the French Public Health Agency.

ANSES's expert appraisal consisted in determining to what extent the new PNNS guidelines defined for adults in 2017 could also cover the nutritional requirements of specific population groups, with the exception of children aged zero to three years, who have very particular diets. The experts thus studied the specific characteristics of these population groups to assess whether certain food groups should be consumed differently compared to the adult population.

A two-step method:

1. Analysis of epidemiological links between the food groups consumed and the health status of the specific population groups that may justify adaptation of the guidelines;
2. Transposition of adult nutrient intakes to the specific population groups in proportion to their energy requirements. When transposition showed that requirements for certain nutrients could not be met, ANSES proposed additional guidelines relating to food consumption and physical activity based on a list of food vectors for these nutrients, in order to cover the nutritional requirements.

An expert appraisal based on the most recent scientific knowledge and supplemented by hearings with professionals

ANSES took into account:

- recent dietary recommendations issued by health agencies in France and Europe;
- the data from the work to revise ANSES's dietary guidelines (2017);
- the dietary reference values established by EFSA (2017);
- scientific studies dealing with relationships between the consumption of food groups and the risk of diseases;
- studies on the nutrient intakes and dietary practices currently observed in the population (especially the INCA 3 and iTDS studies undertaken by ANSES).

Did you know?

A dietary reference value is a reference value for a nutrient.

E.g. The dietary reference value for iodine for pregnant women is 200 µg/day.

A dietary guideline corresponds to the level of consumption of a food or food group or another consumption characteristic that is beneficial to health.

E.g. Consumption of delicatessen meats should remain below 25 g/day.

A dietary recommendation is a recommendation for consumption of a food or food group to achieve a dietary guideline level.

E.g. Current average consumption of oily fish is insufficient and should be increased.

ANSES and the French National Health and Nutrition Programme

In France, recommendations relating to nutrition and physical activity are defined and disseminated by the public authorities (Ministry of Health) as part of the National Health and Nutrition Programme (PNNS) created in 2001. Recommendations have been defined for five categories of the population: adults, pregnant women, people over the age of 55, children and adolescents.

As part of the PNNS, ANSES is responsible for providing the scientific principles and guidelines serving as bases for dietary recommendations and health messages. Through a collective expert appraisal taking into account the available scientific data, the Agency establishes dietary guidelines to meet the PNNS's objectives, which are to improve the state of the population's health by acting on diet, which is a major determinant.

Concretely, ANSES specifies a quantity and frequency of consumption for each food group. To do so, it relies on the dietary reference values and takes into account the most recent food consumption studies as well as all of the data relating to links between nutrition and health and relationships between physical activity, sedentarity and health.

Children aged zero to three years: complementary feeding as an essential stage

Babies are born physically and mentally immature and early childhood is a period of intense development of immune, neurological, gastrointestinal and cognitive functions and oral capacities. During this period, the body is particularly susceptible to the effects of its environment in all its forms, especially those of its nutritional environment. The conditions in which an individual **grows – from birth, and even from conception, onwards** – influence his long-term health. Major dietary changes also occur during this period between the ages of zero and three years.

Milk-based diet: breastfeeding can favour the acceptance of new foods

In its expert appraisal, ANSES notes a positive effect of breastfeeding on the acceptance of new foods during complementary feeding. Breastfeeding can favour the acceptance of flavours when they are varied with each feeding. In addition, it enables the child to develop better oral capacities that he will later use to feed himself. Several studies have shown a link between the duration of breastfeeding and a healthier and more varied diet at the age of two years.

Recommendations relating to infant formulas

- >> “Hypoallergenic” formulas are not suitable for children allergic to cow’s milk protein.
- >> Avoid formulas containing soy protein before the age of six months.
- >> For children under one year of age, do not replace infant formulas and follow-on formulas with “plant-based milks”.

Scientific bases indicate that the optimum age for complementary feeding is between four and six months

Complementary feeding is a transitional step leading the child from exclusive consumption of breast milk or formula to a “family” diet. At the start of complementary feeding, breast milk or infant formula and then follow-on formula remain the basis of the child's diet. The amounts then gradually decrease between the ages of one and three years in favour of solid foods.

ANSES's expert appraisal relied on the most recent scientific data relating to complementary feeding practices. These data show that the optimum window for starting complementary feeding is between the ages of four and six months.

Once complementary feeding has begun, it is recommended that major food allergens such as dairy products, eggs and peanuts be introduced without delay, whether or not the child is at risk of allergy due to family history.

Two complementary feeding phases

Between four and six months: introduction of solid foods with simple textures (purées) and a variety of flavours.

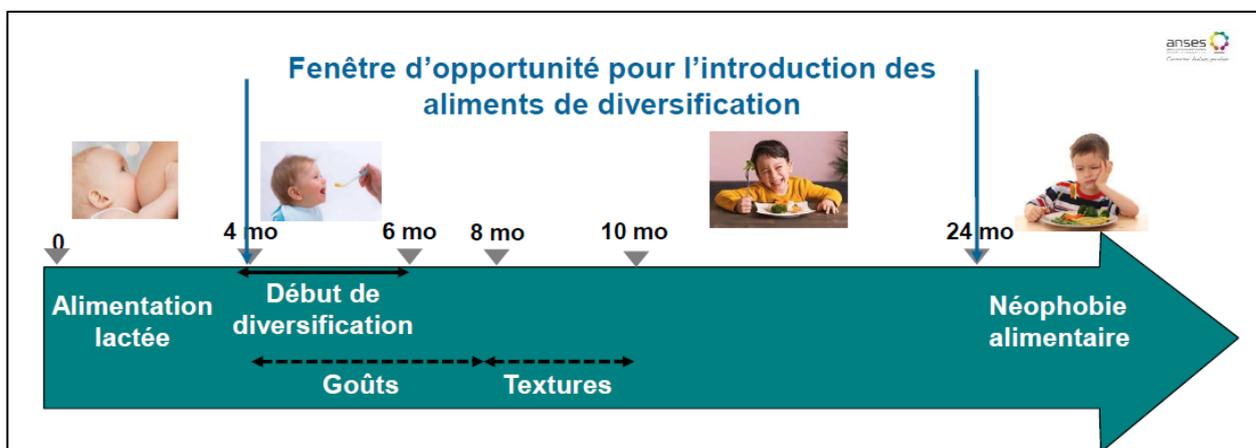
Then gradually transition to family foods, needing to be cut into smaller pieces, avoiding foods not suitable for children under the age of three years.

From five to 18 months: a favourable window for varying and expanding the range of foods for young children

The period of food neophobia starts at the age of two years and is characterised by a lower acceptance of some new foods and the refusal of others. Previously accepted foods can also be rejected: the child becomes selective. The refusal of new foods occurs not during consumption but before, mainly on the basis of visual characteristics.

The period between five and 18-24 months is thus a favourable window for the child to discover as many foods as possible, especially vegetables, which are the least well accepted foods when the child is older. Complementary feeding practices, like breastfeeding, can promote this acceptance. This is all the more important because eating behaviours acquired during the first years of life can predict eating behaviour into adulthood.

The Agency thus stresses the importance of promoting the discovery and acceptance of healthy foods during the period between the start of complementary feeding and the age of 18-24 months; it also sets out practices facilitating complementary feeding.



Fenêtre d'opportunité pour l'introduction des aliments de diversification	Window of opportunity for the introduction of new foods
Alimentation lactée	Milk-based diet
Début de diversification	Start of complementary feeding
Goûts	Tastes
Textures	Textures
Néophobie alimentaire	Food neophobia
mo	months

Complementary feeding practices promoting a healthy and varied diet were identified by ANSES:

- Repeatedly exposing children to initially rejected foods: it may be necessary to expose a child to an initially rejected food up to eight times in order for it to be accepted at the start of complementary feeding.
- Offering children a wide variety of foods: exposure to a variety of vegetables for example promotes the acceptance of new foods.
- Introducing coarse textures from eight months and not after 10 months, varying the textures of the foods offered and adapting the size and hardness of the pieces to the child's oral abilities.
- Identifying and respecting the child's hunger and satiety cues, regardless of age.
- Not introducing high-sugar foods such as confectionery, sugar-sweetened beverages or cakes at an early age, and limiting their consumption in order to promote healthy eating habits in adulthood.

Why is the meal context important?

All sources of distraction, such as a television kept on during mealtime, can divert the child's attention from his plate and his satiety cues and feelings, and can also limit the child's ability to observe other diners and their eating behaviour.

Key practices to reduce the impact of neophobia:

- Familiarity with the food: sight, touch, by cooking, gardening, etc.
- The importance of the meal context: it should take place in a calm and warm environment, without any distractions such as screens.
- Examples set by other diners and encouragement to taste without forcing the child to eat.

Foods to avoid

- Small cylindrical or spherical foods that resist mashing;
- Coffee, tea, soda and other caffeinated drinks;
- Artificial sweeteners and artificially sweetened beverages.

Foods to limit

- Soy-based products, to be limited due to exposure to phyto-oestrogens;
- Chocolate, to be limited due to its high contribution to children's exposure to nickel (see the iTDS study).

Moreover, according to a recent study by the European Commission on the baby foods available on the European market, some food categories, in particular biscuits and rusks, can contribute to supplying children with excess quantities of total sugars. Thus, ANSES stresses the importance of establishing sugar content criteria to ensure that these products are suitable for consumption by young children.

Children and adolescents aged four to 17 years: growth-supporting foods and less sugar

Throughout childhood, growth is a physiological condition that exposes the child to additional risks in the event of inadequate intakes of certain nutrients. It is also during this period that certain behaviours and habits are acquired, which will be maintained throughout the individual's life. Lastly, certain diet-related diseases, such as obesity, type-2 diabetes and atherosclerosis, may be partly favoured by nutritional imbalances from early childhood to late adolescence.

Following its expert appraisal work, ANSES concludes that, from a qualitative point of view, the dietary guidelines for adults enable the nutritional needs of children in all age groups to be met, without exceeding the safety limits. However, since the energy requirements of children are different from those of adults, serving sizes should be adapted: they should be reduced for young children and increased for adolescents, if necessary.

Inadequate nutrient intakes for calcium and iron

ANSES's experts identified inadequate nutrient intakes for children regarding certain nutrients such as calcium and iron, posing risks to their growth and health. Thus, ANSES is issuing specific recommendations to cover the nutritional requirements of children.

Calcium: 57% of boys aged 13-15 years and 80% of girls aged 16-17 years are at risk of inadequate intake

- The main foods to favour: fresh dairy products that are either plain or slightly sweetened, in quantities similar to those of adults;
- Other dietary sources of calcium for children who consume few dairy products: leafy vegetables, pulses and certain mineral waters.

Iron: 25% of girls aged 13 to 17 are at risk of inadequate intake

- The main foods to favour: meat, fish and eggs, in proportions similar to those of adults;
- Other sources: wholegrain bread, pulses, nuts and dried fruits.

An urgent need to reduce sugar consumption by children

ANSES notes that sugar intakes are excessive for the majority of children and are particularly of concern for younger children: this is the case for 75% of those aged 4-7 years, 60% of those aged 8-12 years, and 25% of those aged 13-17 years. In view of the health risks associated with this consumption, ANSES considers it is urgent that effective measures be implemented to reduce the consumption of total sugars.

Based on an analysis of children's eating habits, the experts identified two priority levers to reduce these excess sugar intakes: sugar-sweetened beverages (cold non-alcoholic beverages and fruit juice) and pastries/biscuits/cakes. ANSES recommends limiting the consumption of these foods frequently offered as afternoon snacks. They can be replaced with foods lower in sugar such as plain dairy products, fresh fruits, nuts and water. Moreover, ANSES recommends limiting “added sugars”, of which compotes, breakfast cereals and certain dairy products can be vectors.

Furthermore, the Agency reiterates its general recommendation for sugar intakes that aims to limit the consumption of sugars (excluding lactose and galactose), which also includes limiting the consumption of sugar-sweetened beverages, including fruit juice. It should be noted that fruit juices are classified in the sugar-sweetened beverages category and should therefore not be counted as a serving of fruit. Consumption of sugar-sweetened beverages, which include fruit juices, should remain occasional and be limited to less than one glass per day.

Why should “home-made” foods be preferred?

It is easier for people who prepare their own meals to have an idea of quantities of sugars, especially added sugars, and be aware of all of their daily intakes. In processed industrial products, added sugars are not easily identifiable by consumers because they may be included in various ingredients used for their sweetening power (glucose-fructose syrups, syrups or concentrated fruit juices, fruit musts, etc.) and are not covered by specific labelling, limiting the capacity of consumers to take into account intakes.

Pregnant and breastfeeding women: foods that are beneficial for mothers and children

Energy and nutritional requirements increase during pregnancy and breastfeeding. Thus, specific dietary reference values are established for pregnant and breastfeeding women in order to meet their higher needs, in particular for minerals and vitamins. Moreover, certain micronutrient deficiencies can lead to risks of foetal birth defects or obstetric complications.

The expert appraisal was based on an analysis of the epidemiological data, taking into account the weight of evidence on the link between the nutrition and health of mothers and children. This analysis showed that there are specific benefits associated with the consumption of certain foods: fruits and vegetables, dairy products and fish. One study confirmed, for example, the benefits of omega-3 long-chain polyunsaturated fatty acids supplied by oily fish in reducing the risk of premature delivery and low birth weight.

Furthermore, the analysis of the nutrient intakes currently observed in France in women of childbearing age (INCA 3 study) and in pregnant women (ELFE study) revealed inadequate intakes of certain nutrients essential for pregnant and breastfeeding women: iron, iodine and vitamin B9 (folic acid), as well as vitamins A and C for breastfeeding women only. These nutritional requirements can be met by increasing the consumption of foods supplying these nutrients and by monitoring the iodine status of pregnant and breastfeeding women (in combination with the measures already in place for vitamin B9 and iron).

Specific dietary guidelines:

- Vegetables and pulses are rich in vitamin B9;
- Certain meat, fish and seafood products are rich in iron;
- Oily fish, egg yolk and dairy products are sources of iodine.

For breastfeeding women:

- Vegetables and fruits are sources of beta-carotene and vitamin C;
- Egg yolk, cheese, butter and fresh cream are sources of vitamin A.

Important!

- Eating more frequent meals should not be a source of extra calories, to avoid excessive weight gain.
- A snack such as a fruit and a dairy product such as yoghurt or *fromage blanc* can contribute to improving the coverage of needs during pregnancy.

Lastly, the Agency insists on the fact that the nutritional balance of women of childbearing age, even before they become pregnant, can help ensure that from conception, especially for vitamin B9, their nutritional status is favourable and compatible with the needs of the foetus and mother.

Postmenopausal women and the elderly: beneficial effects related to physical activity

In postmenopausal women, the decline in hormonal levels, for progesterone and later oestrogen, causes physiological changes and exposes women to an increased risk of health problems, osteoporotic fractures and cardiovascular diseases, which can partly be prevented by eating a balanced diet and regularly engaging in physical activity.

Ageing is associated with an increase in the risk of chronic diseases, fragility, and physical and cognitive disabilities.

The experts analysed the connections between physical activity, the consumption of certain foods, and the most frequently observed age-related diseases, which are:

- sarcopenia;
- osteoporosis;
- age-related macular degeneration;
- the impairment of cognitive functions in general and Alzheimer's disease in particular.

There are now numerous epidemiological data underlining the role of physical activity in protecting against age-related diseases. Therefore, ANSES reiterates the importance of limiting sedentary time and regularly engaging in activities improving cardiorespiratory capacities, muscle strength, balance and flexibility at all ages, including during menopause and old age, in order to prevent the risk of sarcopenia, osteoporosis and cognitive decline.

A balanced diet to meet all nutritional requirements

The expert appraisal showed that for postmenopausal women under the age of 60, the dietary guidelines defined for adult women enable the nutritional targets to be achieved for all nutrients.

However, for older people – women over the age of 60 and men over the age of 65 –the decline in resting energy expenditure results in reduced coverage of the nutritional requirements for iodine, EPA, DHA, zinc and, for women only, iron and vitamin C.

The data on nutrient intakes currently observed in France confirm low coverage of the requirements for these nutrients and also indicate that a high proportion of people over the age of 65 have a level of physical activity considered as low and high amounts of sedentary time.

To enable the dietary reference values to be reached for these population groups, the Agency showed that the quantities usually consumed to meet nutritional needs can be maintained provided that physical activity is slightly increased. This also contributes to protecting against non-communicable diseases and the age-related diseases mentioned above.

If the level of physical activity cannot be increased, energy intake should be reduced in relation to that of adults. In this case, ANSES recommends slightly reducing serving sizes except for fruits, vegetables, fish, molluscs, crustaceans, bread and other wholegrain starches, which help supply nutrients for which the requirements have been identified as difficult to meet.

Specifically avoiding or limiting certain foods to reduce risks related to chemical and microbiological contaminants

To supplement these dietary guidelines, ANSES provides a number of recommendations to help control risks related to chemical substances and pathogenic bacteria found in food.

Regarding the consumption of fish for example, the recommendation for the general population remains valid, i.e. two servings of fish per week, including an oily fish, but for children as well as pregnant and breastfeeding women, consuming certain species of fish is discouraged to avoid risks associated with mercury. To learn more, the specific recommendations for susceptible population groups are available [here](#).

ANSES also recommends limiting the consumption of certain foods in children, such as chocolate due to exposure to nickel and soy-based products due to exposure to isoflavones (genistein).

Moreover, because they have weaker immune defences or a particular physiological status (pregnancy in particular), specific population groups are more susceptible to certain microbiological hazards.

ANSES is therefore reiterating its main general recommendations to prevent microbiological risks:

- Wash hands (after using the toilet, before and while preparing food, before eating, after contact with animals, etc.).
- People experiencing symptoms of gastroenteritis should avoid preparing meals for others.
- Frequently clean and maintain work surfaces, equipment and utensils.
- Refrigerator hygiene: clean the refrigerator whenever food has soiled the surface.
- Compliance with the cold chain: keep the temperature at 4°C maximum in the coldest part of the refrigerator and verify the door seals.
- Comply with the UBD for packaged products and rapidly consume (within three days of purchase) retail foods sold without a stated UBD.
- Quickly refrigerate cooked dishes (resting time at room temperature <2h).
- Separate raw and cooked foods:
 - use a separate cutting board for raw meat and fish,
 - dishes and utensils used in the seasoning of raw meat or fish should be cleaned before being reused for cooked foods.

More specifically, in its four opinions, ANSES reiterates its consumption recommendations to prevent risks of food poisoning in each age group. For children, pregnant women and the elderly, it mainly recommends avoiding the consumption of certain raw foods of animal origin. ANSES specifies foods that susceptible population groups should avoid to reduce the risk of food poisoning.

Population category	Foods to be avoided
Pregnant women	<p>All raw or undercooked meats.</p> <p>Cooked delicatessen meat products requiring cold storage (e.g. rillettes, pâtés, jellied products).</p> <p>Delicatessen meat products containing raw pork liver (e.g. figatelli, liver sausage), raw or undercooked pork liver.</p> <p>Raw milk.</p> <p>Cheeses made from raw milk with the exception of hard pressed cheeses (such as gruyère or comté). Soft cheeses with a surface mould (such as camembert or brie) or washed rind (such as munster or pont l'évêque), cheeses sold grated.</p> <p>Raw eggs and products containing raw or undercooked eggs.</p> <p>Raw shellfish, raw fish (sushi, sashimi, taramasalata), smoked fish.</p> <p>Shelled crustaceans sold cooked and requiring cold storage.</p>
Elderly people	<p>Cooked delicatessen meat products requiring cold storage (e.g. rillettes, pâtés, jellied products).</p> <p>All raw or undercooked meats.</p> <p>Raw milk and cheeses made from raw milk (with the exception of hard pressed cheeses such as gruyère or comté).</p> <p>Raw eggs and products containing raw or undercooked eggs.</p> <p>Raw fish (sushi, sashimi, taramasalata), smoked fish.</p> <p>Shelled crustaceans sold cooked and requiring cold storage.</p>
Children aged 0-5 years	<p>Honey (infants under one year of age).</p> <p>All raw or undercooked meat (cook minced meat and minced meat products thoroughly).</p> <p>Raw milk and cheeses made from raw milk (with the exception of hard pressed cheeses such as gruyère or comté).</p> <p>Raw eggs and products containing raw or undercooked eggs.</p> <p>Raw shellfish, raw fish.</p>
Children aged 6-10 years	<p>All raw or undercooked meat (cook minced meat and minced meat products thoroughly).</p> <p>Raw milk and cheeses made from raw milk (with the exception of hard pressed cheeses such as gruyère or comté).</p>

Who we are

ANSES is a public administrative institution (EPA) founded in 2010 and accountable to five ministries: the Ministries of Agriculture, Consumer Affairs, the Environment, Health and Labour.

ANSES's expert appraisals involve health risk assessment in the areas of food, the environment and labour, with a view to informing the public authorities on health issues, supported by a network of nine laboratories.

The Agency is responsible for issues of human, animal and plant health, subscribing to the concept of one health for the benefit of all.

It thus assesses all of the chemical, biological and physical risks to which humans can be exposed, at all ages and times of their lives, whether at work, while travelling, while engaging in leisure activities, or via their food.

It relies on a form of governance that is open to all stakeholders, and on dialogue bodies whose mission is to inform the Agency about society's expectations in terms of risk assessment and research.

