



International Zinc Association

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Editor in Chief
ConsumerReports.org

Dear Sir or Madam:

I am writing in response to an article that was published online on December 8, 2014 titled “6 reasons not to take zinc for your cold” by Lauren Cooper. I represent the International Zinc Association, a non-profit organization dedicated to the interests of the zinc and its users. In the matter of full disclosure, I also take zinc supplements to reduce the duration of a cold and have personally found them quite effective in doing so.

The intent of this letter is not to debate the efficacy of zinc lozenges; as the author notes there are a number of studies already doing that. It is also not in defense of a zinc application as the pharmaceutical sector – all uses – is an insignificant portion of global zinc consumption (far less than 1%). I do, however, have concerns about some of the misleading statements made in the article, especially as they relate to the toxicity of zinc interventions and dietary zinc status.

Zinc is essential for all living things and plays a key role in numerous aspects of cellular metabolism. It is required for the catalytic activity of approximately 100 enzymes and it plays a role in immune function, protein synthesis, wound healing, DNA synthesis, and cell division. Zinc also supports normal growth and development during pregnancy, childhood, and adolescence. A daily intake of zinc is required to maintain a steady state because the body has no specialized zinc storage system. ⁽¹⁾ As an essential micronutrient, the US Food and Drug Administration (FDA) set a recommended daily intake (RDA) for zinc – both a *minimum* and *maximum* level - that varies by age and gender.

My first issue with this article is the statement that the RDA for zinc is “easily obtained in a healthy diet.” While this may hold largely true for a ‘Western’ diet rich in red meat, poultry and shellfish, there are many in the world not privy to this luxury. Zinc deficiency is an enormous problem impacting an estimated 2 billion people worldwide. Children under five years of age are affected most suffering from a poor performing immune system; high susceptibility to infectious diseases; and retarded growth and development. An estimated 450,000 children between the ages of one and five die each year due to complications arising due to early childhood zinc deficiency. ⁽²⁾ Even in areas where zinc deficiency is uncommon, there are still groups at higher risk such as the elderly, pregnant and lactating women and vegetarians, among others. Therefore, a blanket statement that you can easily get all your required zinc through diet is not necessarily true for everyone.

I would also like to call out your use of hyperbolic section titles like “it has side effects’, “it can be toxic’, ‘zinc preparations can be dangerous’, etc. These and the general dismissive tone of the article imply that there is a high risk/limited benefit to zinc treatments and supplements in general. Posting such



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alarmist statements in the public domain potentially undermines very legitimate zinc supplementation and treatment programs around the world.

Diarrhea remains a leading cause of death globally among children under five years of age, accounting for 9% of child mortality, second only to pneumonia. Zinc supplementation has been shown to reduce the duration and severity of diarrhea, and to prevent subsequent episodes. Zinc is the only promoted adjunct treatment to oral rehydration salts for childhood diarrhea episodes. In addition to being effective and safe, it is also inexpensive and has been touted as one of the “best buys” in child health ⁽³⁾ ⁽⁴⁾. The World Health Organization, UNICEF and others have strong outreach programs aimed specifically at including zinc on country national Essential Medicines Lists and incorporating zinc as part of the routine public sector care offered to children with diarrhea.

I am disappointed that ConsumerReports.org turned an analysis of zinc cold studies into a general condemnation of zinc interventions and while doing so failed to provide more balanced coverage of the life-saving role zinc treatments and supplements play in the public health sector.

Sincerely,

Stephen Wilkinson
Executive Director,
International Zinc Association

References:

- (1) National Institutes of Health – Office of Dietary Supplements
- (2) World Health Organization – Zinc Supplementation for Diarrhoea Treatment
- (3) Zinc Task Force: <http://www.zinctaskforce.org>
- (4) Copenhagen Consensus: <http://www.copenhagenconsensus.com/guide-giving/micronutrient-supplements-vitamin-and-zinc>