Iodine deficiency disorders (IDD) have been recognized as a public health problem in the world since the 1920s. In Tunisia, the NW region has been recognized as an IDD area since the 70s. A national survey conducted in 2012 among Tunisian school children (SAC) showed that 11.4% had iodine deficiency.

The salt iodization for food use is obligatory and generalized. The iodization range is 35 ppm of potassium iodate (KIO3) at production with a tolerance decrease of 10 ppm at distribution levels. A national survey conducted in 2012 among Tunisian school children (SAC) showed that 11.4% had iodine deficiency and 4.2% excess status.

Our objective was to assess the relation between dietary intake patterns and iodine status of SAC with deficiency or excess urinary iodine concentration.

RESULTS AND DISCUSSION

- No associations were found between iodine status and macronutrients intake.
- Iodine intake was significantly higher among SAC having iodine excess.
- No associations were found between iodine status and other minerals.
- Low selenium intake (43.7% percent of coverage) was found among both groups which may exacerbate the goiter formation.
- SAC achieved satisfactory coverage percentage of iron intake (124.4%).

CONCLUSION

- Strengthening the monitoring system of salt iodization program to ensure the sustainability of IDD elimination.
- Tracking both iodine deficiency and excess as 25.1% of SAC had median UI ≥ 300 and 4.2% ≥ 500 µg/L in 2012.
- Conducting periodic surveys on a representative sample of target groups to monitor the sustained production and use of adequately iodized salt. 