foodcortex

COMPLIANCE BRIEF

Nutrition and Health Claims: Requirements for Food Supplements

Practical regulatory guidance for Great Britain,
with Northern Ireland, Ireland and European Union considerations.

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At a glance

A food supplement may satisfy all compositional and mandatory-labelling requirements yet remain non-compliant because of its commercial claims. Nutrition and health claims require a **separate, evidence-based assessment** against the legislation applicable in each intended market. Great Britain operates a distinct claims regime from the European Union, including Northern Ireland for relevant EU rules, and divergence must be considered at the outset of copy development.

- Identify every express or implied nutrition or health claim across labels, websites, listings, imagery and advertising.
- Check the authorised wording, scope, restrictions and conditions against the correct **GB** or **EU/Northern Ireland** regime.
- Distinguish nutrition claims, specific health claims, non-specific benefits and prohibited medicinal claims.
- Calculate whether the finished product meets any nutrient-level or consumption conditions at its recommended daily portion.
- Include additional mandatory information triggered by health claims and ensure evidence and approvals cover every channel.

How to use this brief

Apply this brief to pre-launch copy approval, digital merchandising, sales materials and change control. The examples are illustrative only. The guidance reflects official legislation and regulatory materials reviewed in October 2026.

1. What counts as a claim?

1.1 Nutrition claims

Regulation (EC) No 1924/2006 governs voluntary claims that state, suggest or imply that a food has particular beneficial nutritional properties due to its energy or nutrients/other substances. Examples include “source of vitamin C” and “high in fibre”. Only permitted nutrition claims may be made, subject to their prescribed conditions. [1]

The permitted list and conditions of use are set out in the Annex to Regulation (EC) No 1924/2006, as amended and applicable to the jurisdiction. Particular care is required with expressions such as “contains”, “source of” and “high in”, which may constitute regulated nutrition claims depending on context. Where a product is presented as a food supplement, the mandatory identification of characterising substances should not be confused with permission to make a separate voluntary nutrition claim.

1.2 Health claims

A health claim is any statement, illustration or other representation that states, suggests or implies a relationship between a food or one of its constituents and health. Assessment extends to brand names, imagery, testimonials, retailer content and the overall impression conveyed to the average consumer. Evidence that a phrase appears in another advertiser’s material is not evidence of authorisation. For each claim, distinguish the underlying legal authorisation, the permitted relationship, the conditions of use and the meaning of the proposed marketing wording. [1,2]

Claims referring to the reduction of disease risk and children’s development or health have additional authorisation requirements. Do not confuse an authorised reduction-of-risk claim with a claim that a food can prevent, treat or cure a disease.

2. GB, Northern Ireland and EU: which register?

2.1 Great Britain

For England, Scotland and Wales, use the **Great Britain nutrition and health claims register** and the GB-applicable version of Regulation (EC) No 1924/2006, together with relevant domestic legislation and decisions. The official GB register was updated in **May 2026**; using an older copy may miss changes in authorisation status. [1,3]

2.2 EU and Northern Ireland

For EU Member States and Northern Ireland, use the EU regulatory framework and its authorised-claims legislation. The European Commission maintains an informative EU register with permitted claims, conditions, restrictions and non-authorised decisions, but the relevant EU legal acts remain determinative. [1,2,4]

Do not assume that a GB authorisation or GB wording variant is automatically valid in Ireland or another EU market. Country-specific language and enforcement issues may add further controls.

3. Check the exact conditions of use

3.1 Claim-substance relationship

Confirm that the claim applies to the **actual nutrient or other substance** present, that it has the required characterised identity and that the product meets the prescribed amount and other conditions at the stated serving. Where a condition refers to "source of" a nutrient, the applicable food information rules must be used to establish whether the level is met.

Claims for a nutrient do not automatically extend to every botanical, isolate or finished product containing it. Any scope restrictions, categories, target audiences and warnings must be checked. [1,4]

3.2 Wording and consumer meaning

The meaning conveyed to the average consumer must be consistent with the authorised claim. Alternative consumer wording should be evaluated against the **same-meaning principle**, including whether it changes the claimed physiological function, strengthens the degree of benefit or introduces a disease implication. Translation is likewise a regulatory assessment, not solely a linguistic exercise. Claims appearing alongside an authorised claim may still be misleading when the overall presentation suggests a broader or different benefit.

3.3 Illustrative vitamin C example

The authorised health claim **"Vitamin C contributes to the normal function of the immune system"** is not a blanket licence to say that a product "prevents colds". The relevant nutrient amount, applicable conditions, presentation and required accompanying information must all be verified. [1,4]

4. Mandatory information accompanying health claims

Article 10(2) of Regulation (EC) No 1924/2006 requires, when health claims are used, information concerning the importance of a varied and balanced diet and healthy lifestyle; the quantity and pattern of consumption needed for the benefit; and, where appropriate, information for persons who should avoid the food and warnings where excess consumption could present a risk. [1]

These are **additional** to the mandatory food supplement statements. Some information may be conveyed together if appropriately drafted, but the legal obligations should be tracked separately and checked on the final artwork or, where there is no labelling, relevant presentation and advertising.

Article 10(3) governs references to general, non-specific benefits for overall good health or health-related wellbeing. Such references may be used only where **accompanied by a relevant specific authorised health claim** under Article 13 or 14, in compliance with the Regulation's other requirements. This is not satisfied merely by including an unrelated authorised claim somewhere on the pack. [1,9]

5. General health claims and the accompanying requirement

5.1 Recognising general health references

Expressions including **“superfood”**, **“healthy”** and **“wellbeing”** may amount to references to general, non-specific health benefits depending on the commercial context. Phrases such as “energy support”, “immune support”, “bone support” or “antioxidant” require particularly careful classification: some may convey a specific physiological effect and therefore require an appropriate authorised specific claim rather than treatment as harmless general promotional language. Words, graphics and the impression created by the whole presentation are relevant. The UK Government's official guidance expressly identifies “super food” as an example of an overall health-related reference subject to the claims framework. [1,10]

A non-specific claim must be supported by a **relevant**, specific authorised claim concerning a constituent present in the product. The claim-specific conditions must be satisfied by the product at its recommended daily portion, including any minimum amount and other restrictions. Where a permitted nutrient claim depends on the food qualifying as a source of that nutrient, that condition must be verified using the applicable nutrition reference and serving rules. General benefit language must not imply broader effects than the supporting claim authorises. [1,4]

5.2 Meaning of "accompanied": CJEU Case C-524/18

In D*r. Willmar* Schw*abe* G*mb*H & *Co.* KG *v* Q*ueisser* Ph*arma* G*mb*H & *Co.* KG (C-524/18, 30 January 2020), the Court of Justice addressed Article 10(3)'s accompanying requirement. It identified both a **substantive dimension** (the specific claim must support the subject matter of the general claim) and a **visual dimension** (the average consumer must be able to perceive the link between the claims). The specific claim should, in principle, appear immediately adjacent to or following the general reference. [9]

The Court found that placing a general claim on the front of a supplement and an authorised specific claim on the back, **without a clear link**, did not satisfy Article 10(3). In exceptional circumstances, where a complete specific claim cannot appear on the same side due to its size or length, an explicit reference such as an asterisk may provide the necessary clear and comprehensible connection. Such a device is not a general exemption from the proximity requirement; its adequacy depends on the overall presentation. [9]

5.3 Flexibility of authorised wording

The Department of Health and Social Care guidance recognises that some flexibility in the wording of authorised health claims may be appropriate to aid consumer understanding. Flexibility is confined to wording that conveys the **same meaning** to consumers; it does not authorise a different physiological relationship, a greater promised benefit or a medicinal implication. Marketing copy should therefore be checked against the exact registered claim, its subject and conditions, and the wording principles referenced in government guidance. [10,11]

6. Prohibited and high-risk statements

6.1 Disease and medicinal presentation

Article 7(3) of Regulation (EU) No 1169/2011 generally prohibits food information from attributing to food properties of preventing, treating or curing human disease. Separately, a product may fall within medicines legislation through its presentation or function. **MHRA Guidance Note 8, A G*uide to* Wh*at* I*s a* M*edicinal* P*roduct*,** explains the UK borderline assessment and includes examples of wording and presentation that may indicate medicinal claims. Those examples must be evaluated in their full context; the presence of a word alone is not always determinative. [5,6]

Avoid treatment vocabulary, disease imagery and testimonials that imply medicines-like effects. Where a claim sits near the boundary between reducing a risk factor and preventing a disease, escalate the exact proposed wording and context.

6.2 Specific prohibitions

Article 12 of Regulation (EC) No 1924/2006 prohibits specified health claims including statements suggesting health may be affected by non-consumption, claims referring to the **rate or amount of weight loss**, and certain endorsements by individual doctors or health professionals. These are distinct from claims that are merely unauthorised. [1]

6.3 Botanicals and on-hold claims

Health claims relating to botanicals require particular care because certain claims remain subject to transitional arrangements rather than a completed authorisation decision. In Great Britain, the Department of Health and Social Care publishes an **on-hold claims list and interpretative guidance** explaining the circumstances in which claims may continue to be used pending further decisions. This is not equivalent to unrestricted authorisation and does not displace Articles 3, 5, 6 and other general requirements of the claims legislation. [1,7,8]

For EU Member States and Northern Ireland, examine the applicable EU transitional provisions together with relevant national enforcement interpretations. The precise botanical preparation, proposed wording, evidence supporting the claimed relationship and consumer presentation may be material. A business should not treat a status of “on hold” in a database as sufficient, on its own, to approve a claim.

7. Channel-wide application

7.1 Claims and evidence retained

Maintain an approved claim schedule identifying the product, constituent, claimed effect, legal source, market, amount supplied at the recommended intake, approved wording and relevant limitations. Record the basis for any permissible wording adaptation and any mandatory warning or accompanying information. Documentary substantiation is required even where the claim appears on an authorised list: the finished product must actually satisfy its conditions.

7.2 Control of third-party content

Commercial communications include on-pack claims, retail listings, websites, social media, paid advertisements and point-of-sale material. A label-only check is therefore incomplete. Platform metadata, search terms, before-and-after imagery, influencer scripts and consumer testimonials may convey claims even where the product description appears restrained.

Control agencies and distributors through a claims library that records exact approved language, market, supporting authorisation, conditions, warnings and approved channels. Review local translations for **meaning**, not merely linguistic accuracy.

8. Practical claims approval workflow

1. Collect the full campaign context and every claim or implied benefit.
2. Categorise each statement as nutrition, specific health, non-specific health, disease, or non-claim information.
3. Select the correct GB or EU/NI legal instruments and live register.
4. Verify the precise authorised claim, any conditions, warnings and composition calculations.
5. Review surrounding imagery, testimonials and product names for misleading implications.
6. Confirm Article 10(2) accompanying particulars where required.
7. Approve an exact version of the copy and record review ownership and next-change trigger.

9. Example: one product, three channels

An illustrative vitamin C supplement is sold with a lawful nutrient health claim on pack, a webpage headed “Immune defence”, and a retailer image implying protection against influenza. Reviewing only the pack may overlook a misleading or prohibited implication in the wider commercial communication. The correct outcome is a documented, market-specific assessment of **all three** claim contexts, followed by corrections where necessary.

10. Pre-publication claims checklist

- Each statement and relevant implied message has been identified.
- GB and EU/NI authorisations are not conflated.
- Ingredients, daily servings and calculations meet conditions of use.
- Claims remain within the authorised meaning and permitted scope.
- Health-claim accompanying information is complete.
- Non-specific and comparative claims have been reviewed.
- Disease, weight-loss and endorsement restrictions are checked.
- Website, marketplace, influencer and translated copies are controlled.
- The exact approved version is traceable to its legal source and reviewer.

11. Official legislation and registers

The sources below set out the principal legislation, authorised claims and official guidance considered in this brief.

1. Regulation (EC) No 1924/2006 on nutrition and health claims
2. European Commission: EU Register of nutrition and health claims
3. UK Government: Great Britain Nutrition and Health Claims Register
4. Regulation (EU) No 432/2012: list of permitted Article 13 health claims
5. Regulation (EU) No 1169/2011 on food information to consumers
6. MHRA: A guide to what is a medicinal product
7. Department of Health and Social Care: on-hold health claims for GB
8. UK Government: nutrition and health claims compliance guidance
9. Court of Justice: Case C-524/18 Schwabe v Queisser Pharma, Article 10(3)
10. UK Government: Nutrition legislation information sheet and flexibility of wording
11. DHSC: Official guidance on nutrition and health claims, including general references

Conclusion

A claim is not lawful solely because it is scientifically plausible, commonly used in the sector or associated with a permitted ingredient. Authorisation, exact wording, conditions of use, mandatory particulars and the broader consumer impression must align in **every** market and marketing channel.