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**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB/T 16006-2025

Replacing GB 16006-2008

Elimination of iodine deficiency disorders

碘缺乏病消除

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Foreword

This document complies with the provisions of GB/T 1.1-2020 "Standardization Work Guidelines Part

1. Structure and Drafting Rules of Standardization Documents". Drafting. This document replaces GB 16006-2008 "Standards for the Elimination of Iodine Deficiency Disorders". Compared with GB 16006-2008, the only changes are structural adjustments and editing. Aside from the sexual alterations, the main technical changes are as follows:

---The requirement that "iodized salt coverage rate $\geq 95\%$ " has been removed (see section 3.1 of the 2008 version);

---The requirement of "no new cases of endemic cretinism" has been added [see 4.1a)];

---The requirements for the rate of goiter in children have been changed [see 4.1b, 3.2 in the 2008 edition];

---The name and requirements for the edibility of qualified iodized salt have been changed [see 4.1c,

3.1 in the 2008 edition];

---The requirements for urinary iodine in children have been revised [see 3.3 in the 2008 edition];

---Added requirements for urinary iodine in pregnant women [see

---The safeguards have been removed (see Chapter 5 of the 2008 edition);

---Added decision rules (see 4.2);

1 Scope

GB/T 16006-2025 is the Chinese national standard on elimination of iodine deficiency disorders, in the field of health care technology. The /T suffix marks it as a recommended

standard: it is not compulsory by itself, but it becomes binding as soon as a contract, a tender or a customer specification calls it up - which in practice is how most foreign buyers meet it. It was issued on 31 October 2025 by the State Administration for Market Regulation; Standardization Administration of China, and has been in force since 1 May 2026. Classification: ICS 11.020, CCS C61. This page is published from the official record of the standard held by the Chinese standards administration: the identification, the dates, the classification and the issuing body are taken from there. The clause text, the tables and the numeric limits are in the document itself, which is delivered complete in English translation.

This document specifies the elimination indicators and judgment rules for iodine deficiency disorders in iodine-deficient areas, and describes the detection and judgment methods for elimination indicators. This document applies to the evaluation of the elimination status of iodine deficiency disorders in iodine-deficient areas.

2 Normative references

The contents of the following documents, through normative references within the text, constitute essential provisions of this document. Dated citations are not included. For references to documents, only the version corresponding to that date applies to this document; for undated references, the latest version (including all amendments) applies. This document.

GB/T 13025.7 General Test Methods for the Determination of Iodine in Salt Production Industry

GB 16005 Classification of Iodine Deficiency Disorders

GB 26878 National Food Safety Standard - Iodine Content in Edible Salt WS/T 104
Diagnosis of Endemic Cretinism and Endemic Subclinical Cretinism WS/T 107.1
Determination of iodine in urine - Part

1.Arsenic-cerium catalytic spectrophotometric method WS/T 107.2 Determination of iodine in urine - Part

2.Inductively coupled plasma mass spectrometry WS/T 669 Delineation of Iodine-Deficient and Iodine-Sufficient Areas WS/T 10027 Diagnostic criteria for endemic goiter

3 Terms and Definitions

The terms and definitions defined in GB 16005 and the following terms and definitions apply to this document.

3.1 The percentage of salt samples collected from users whose iodine content is within the national standard range is the percentage of all salt samples tested.

3.2 Iodine can be obtained through consuming iodized salt, iodine supplements (such as iodized oil capsules, iodine tablets, and iodine-containing multivitamins), and iodine-rich foods (such as kelp, nori, and seaweed). The proportion of pregnant women who received iodine supplementation (etc.) was among all pregnant women surveyed.

Note. Consuming iodine-rich foods refers to consuming kelp, nori, and seaweed with a dry weight of 50g or more (more than 50g per serving) once or more per month.

4 Elimination Indicators and Judgment Rules

4.1 Elimination Indicators In iodine-deficient areas (defined according to WS/T 669), the following indicators shall be used to evaluate whether the surveyed areas have achieved elimination status.

- a) No new cases of endemic cretinism were reported;
- b) The rate of thyroid enlargement diagnosed by ultrasound in children aged 8-10 years was $< 5\%$;
- c) Qualified iodized salt coverage rate (total salt samples from the homes of children aged 8-10 years and pregnant women) $> 90\%$;