TSD type	Organisation (year) (reference)	Country/ Region	Infants and young children Age in months													Older children									Adolescents				
																Age in years													
			0 1	2	3	4	5	6 7	7	8	9	10	11	12mo/1yr	2	3	4	5	6	7	8	9	10	11	12	13	14 1	5 16	3 17
International DRV (≥2 countries)	Food and Agriculture Organisation (FAO) (2010) ⁽²²⁾	Global	AI: 0.1-0.18 %	%E (0.2	20-0.36%	% FA) [DHA*	Al: 10-12 mg/kg DHA‡							00-150 DHA ^{†‡}					Al: 200-250 mg EPA+DHA‡			AMDR: 250 mg–2 g/day E (2 g/day is for secondary preve						
	Ministry of Health (2006) ⁽³¹⁾	Australia and New Zealand		recomm	mendation					AI: 40 EPA+D	Al	Al: 55 mg/day EPA+DPA+DHA Al:					70 mg/day EPA+DPA+DHA			Al: M 125 mg/day; F 85 mg/day EPA+DPA+DHA Suggested dietary target M 610 mg/day; F 430 mg/day									
	European Food Safety Authority (EFSA) (2010) ⁽⁴⁶⁾	Europe	No recommendation					Al: 100 mg DHA							The currently available evidence does not permit to define an age specific quantitative estimate of an adequate dietary intake for EPA and DHA for children aged 2 to 18 years. However, dietary advice for children should be consistent with advice for the adult population (i.e., 1 to 2 fatty fish meals per week or ~250 mg of EPA plus DHA per day)														
	Institute of Medicine (IOM) (2005) ⁽²¹⁾	US and Canada	No recommendation										Up to 10% of the AMDR for ALA (0.6-1.2 %E) given can be consumed as EPA and/or DHA§																
National DRV	Agence Francaise de Securite Sanitaire des Ailments (AFSSA) (2010) ⁽⁴⁰⁾	France	ANC: 0.32 % of total FA DHA. EPA intake must be < DHA					ANC: 70 mg/day DHA, No data to establis for EPA						lish requiren	ments ANC: 125 mg/day DHA, 25					250 mg/	0 mg/day EPA+DHA			ANC: 250 mg/day DHA,			500 mg/day EPA+DHA		
	Ministry of Health and Welfare (2022) ⁽⁵⁰⁾	Korea	Al: 200 mg/day DHA					Al: 200 mg/day DHA					does not age-speci adequate	The currently available does not permit the defir age-specific quantitative adequate dietary intake for DHA for children under 6				inition of an e estimate of for EPA and Al: 200 mg/day EPA+DHA				_			Al: M 230 mg/ ay; F 210 mg/day EPA+DHA		lay; F 10	230 mg/ 00 mg/day -DHA ^{II}	
	Federal Food Safety and Veterinary Office (FSVO) (2022) ⁽⁵³⁾	Switzerland	Not w	TSD	Al: 100 mg/day DHA							Al: 250 mg/day EPA+DHA																	
National FBDG scientific review	Scientific Committee of the Food Safety Authority of Ireland (FSAI) (2020) ⁽⁵⁵⁾	Ireland		cope of the TSD					AI: 100 mg DHA	AI: 250 mg EPA+DHA					Not within the scope of the TSD														
	Ministry of Health (2012) ⁽⁵²⁾	New Zealand	Not within the scope of the TSD										Al: 40 mg/ day EPA+DPA+ DHA Al: 55 mg/day EPA					PA+DPA	\+DHA	A Al: 70 mg/day EPA+DPA+DH/				+DHA	Al: M 125 mg/day; F 85 mg/day EPA+DPA+DHA Suggested dietary target: M 610 mg/day: F 430 mg/day				
	Department of Health (2013) ⁽⁵⁸⁾	South Africa	Not within the scope of the TSD														250-500 mg/day EPA+DHA												
	Ministry of Health (2016) ⁽⁴²⁾	Turkey	No recommendation										250 mg/day EPA+DHA																
Expert body	Norwegian Scientific Committee for Food and Environment (2021) ⁽²⁵⁾	Norway		No recommendation										Safe intake: 250 mg/day EPA+DHA¶															

Different reports used different approaches to age categorisation with some using an inclusive upper age boundary (i.e. where the last value of one category matches the first value of the next e.g. FAO), whilst others used an exclusive upper age boundary (i.e. where the last value of one category is one less than the first value of the next e.g. Korea) or a mixture of both approaches (e.g. France). Increasing colour density denotes increasing recommended intake amounts with increasing age. TSD, technical and scientific document; DRV, dietary reference value; AI, adequate intake; %E, percent energy; FA, fatty acids; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; AMDR, acceptable macronutrient distribution range; CHD, coronary heart disease; DPA, docosapentaenoic acid; ANC, apports nutritionnels conseillés; FBDG, food based dietary guideline.

*Evidence level: Convincing; *age adjusted for chronic disease prevention; *evidence level: Probable; *range of n-3 fatty acid intakes as % energy only given for ages 1 year+; *note reduced Korean AI for F 9-11 years and F 15-18 years compared to younger age category; *considered by report as safe intakes as focus of report was safety.