



Vitamin D and Respiratory Tract Infections: Does the sun's vitamin chase the cold?

CLINICAL QUESTION

Does Vitamin D supplementation prevent acute respiratory tract infections?

BOTTOM LINE

Vitamin D supplementation does not decrease the risk of developing respiratory tract infections, regardless of vitamin D level or age. This is supported by several large randomized controlled trials (RCTs).

EVIDENCE

- Results statistically significant unless indicated.
- Four systematic reviews of RCTs, past 5 years.¹⁻⁴ Most comprehensive (various doses, follow-up 7 weeks-5 years):⁴
- Proportion of participants with ≥ 1 respiratory infection:⁴
 - 49% (vitamin D) versus 50% (placebo): not statistically different (40 RCTs, 61,589 participants).⁴
 - Largest five RCTs (>1000 events each): No difference.⁴
 - No effect regardless of baseline vitamin D levels, examples:⁴
 - Baseline vitamin D <25nmol/L: 73.3% (vitamin D) versus 73.6% (placebo): Not statistically different.
 - Baseline vitamin D >75nmol/L: 25% both groups.

- Sub-group analyses sometimes show positive effects.
 - Limitations: Risk of spurious results due to multiple comparisons, publication bias (results skewed by small positive trials), improbable results (example: Vitamin D doses 400-1000IU would have benefits but doses 1000-2000IU would not),⁴ inconsistency within and across systematic reviews (example: subgroup ages 1-15 shows possible benefit but meta-regression analysis does not;⁴ other review shows no benefit for age group 1-18).¹
- Adverse events:⁴
 - Serious: 6.9% versus 7.3%: no difference.
 - Renal stones: 2% both groups.
- Other systematic reviews similar.¹⁻³

CONTEXT

- Subgroup analyses suggest patients with low vitamin D levels get more respiratory infections; however since supplementation does not improve outcomes, this suggests low vitamin D level is likely a surrogate marker for poor health.⁴
- Cows milk in Canada is fortified with Vitamin D.⁵
- Guideline (based on low certainty evidence) indicates that supplementation may prevent respiratory infections in children,⁶ but accompanying systematic review did not find a significant difference (12 RCTs, 12,951 children aged 1-18).¹

REFERENCES

1. Shah VP, Nayfeh T, Alsawaf, *et al.* J Clin Endocrinol Metab. 2024 Jul 12;109(8):1961-1974.
2. Jia H, Sheng F, Yan Y *et al.* PLoS One. 2024 May 24;19(5):e0303495.
3. Wang CH, Porta L, Yang TK *et al.* Nutr J. 2024 Aug 14;23(1):92.
4. Jolliffe DA, Camargo CA, Sluyter JD *et al.* Lancet Diabetes Endocrinol. 2025 Apr;13(4):307-320.
5. Government of Canada: Fortified foods: Canada's approach to fortification. Available at: <https://www.canada.ca/en/health-canada/services/fortified-food/canadas-approach.html>. Accessed on April 3rd-2025.
6. Demay MB, Pittas AG, Bikle DD, *et al.* J Clin Endocrinol Metab. 2024 Jul 12;109(8):1907-1947.

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*Authors do not have any
 conflicts of interest to declare.*

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