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FASD **AR** | **Fetal Alcohol Spectrum Disorder** **Australian Registry**

Biannual Data Summary Report

June 2026

National surveillance of Fetal Alcohol Spectrum Disorder (FASD)

1 January 2015 to 30 June 2026

The FASDAR houses national surveillance of de-identified cases of FASD in children aged less than 15 years by the Australian Paediatric Surveillance Unit (APSU). From study inception on 1 January 2015 to 30 June 2026, 2109 notifications of FASD have been made to the APSU and 1970 (93.4%) of these notifications had a case report form providing sufficient FASD data. After removal of duplicates and internal verification of data using the Australian Guide to the diagnosis of FASD, there were 1575 confirmed cases of FASD during this period.

Sociodemographic characteristics

The median age of diagnosis was 8.5 years, with 63.7% of the sample being male. A total of 52.1% identified as Aboriginal and/or Torres Strait Islander, and 45.7% were in foster care. Notified cases were from Victoria (24.8%), New South Wales (24.7%), Western Australia (18.1%), Queensland (17.9%), Northern Territory (7.5%), South Australia (4.3%), Tasmania (1.8%), and Australian Capital Territory (0.9%). Almost half of the children lived in major cities (48.5%), and remote/very remote areas were overrepresented (13.7%).

FASD diagnosis

FASD with 3 sentinel features was diagnosed in 16.0% of children and microcephaly was reported in almost one-fifth of children (18.4%).

Prenatal alcohol exposure

Prenatal alcohol exposure was confirmed in the vast majority of children (97.3%) with most having high or very high-risk prenatal alcohol exposure.

Neurodevelopment¹

The most common domains of severe neurodevelopmental impairment were attention (82.6%); executive function, including impulse control and hyperactivity (76.5%); adaptive behaviour, social skills or social communication (75.9%); language (63.4%); academic achievement (59.7%); cognition (50.0%); and motor skills (45.4%).

Comorbidities

Comorbidities were frequently reported, the most common being attention deficit hyperactivity disorder (ADHD; 72.7%), communication disorders (56.1%), trauma, stress-related or attachment disorders (46.2%), motor disorders (28.1%), sleep disorders (28.0%), intellectual disabilities (27.1%), anxiety (26.0%), autism spectrum disorder (25.8%), and specific learning disorders (21.8%).

It should be noted that reporting by clinicians to the APSU is voluntary. Most reports come from specialist FASD assessment clinics. FASD is likely under-recognised and under-diagnosed. Underreporting has been identified from some states.

¹ The above terminology used for neurodevelopmental domains are in accordance with the 2020 Updated Australian Guide to the Diagnosis of FASD. Work is planned to align subsequent data reports to the most recent 2025 Australian Guidelines for Assessment and Diagnosis of FASD.

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Contact

Fetal Alcohol Spectrum Disorder Australian Registry (FASDAR)

Professor Elizabeth Elliott
Chief Investigator

Dr Helen Cheng
Registry Manager
helen.cheng@health.nsw.gov.au

Dr Carlos Nunez
Research Fellow & Registry Co-manager
carlos.nunezmiranda@health.nsw.gov.au

Australian Paediatric Surveillance Unit
Locked Bag 4001
Westmead 2145, NSW Australia

fasdregistry.org.au
sydney.edu.au

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