

• 系統編號	RG9201-0160	
• 計畫中文名稱	九二一大地震災難醫學資料庫之建立	
• 計畫英文名稱	The Establishment of the Data Bank of Disaster Medicine in Ji Ji Earthquake	
• 主管機關	行政院衛生署	• 計畫編號 DOH90-TD-1060
• 執行機構	台北醫學大學	
• 本期期間	8911 ~ 9012	
• 報告頁數	55 頁	• 使用語言 中文
• 研究人員	邱文達；林茂榮；劉見祥；白璐；邱弘毅 Chiu, Wen-Ta；Lin, Mau-Roung；Liu, Jian-Shiang；Pai, Lu；Chiou, Hung-Yi	
• 中文關鍵字	集集大地震；災難醫學資料庫；外傷	
• 英文關鍵字	Chi-Chi earthquake；Disaster medical databank；Trauma	
• 中文摘要	<p>背景：1999年9月21日凌晨1時47分臺灣發生近百年來島內最大的地震---集集大地震，地震強度達芮氏規模7.3級。造成全台2,347人死亡8,722人受傷，房屋全倒44,338間半倒41,633間，財務損失高達新台幣三千多億，更有許多人在一夕間喪失財產和家園。當地震發生時很多人及很多個單位均投入救災及復健的行列，然而在各個單位間並沒有一致的作業模式，以致於資源重複利用，無法發揮最佳效果，因此建立一套共通的標準作業模式是必需的。研究目的：此次研究目的是建立一個標準資料庫建置流程，並實際操作此一建置流程以利將來相似災難發生時可以利用此一標準模式來進行資料收集。研究方法及步驟：(1)收集國外重大災難之傷亡情形及其他資料，作一統整、分析以利參考；(2)收集衛生署死亡資料、當地衛生局重傷患者就醫資料以及當地醫療院所和健保局傷者就診資料，以身份證字號做為篩選標準並扣除重覆名單；(3)自各層級醫院、衛生署災難服務計畫、救難隊...等，取得民間資料。資料分析：將自健保局、各地衛生局及醫療院所收集訪視的問卷資料以ACCESS軟體鍵入，再以SPSS軟體進行檢定分析。將資料庫名單以電腦隨機篩選出700位民眾，以結構式問卷進行訪視，實地訪查傷者受傷住院以骨折為最多。結論及建議事項：當災難來時應有一個標準災難醫學資料庫收集作業流程，即當災難發生時當地醫療機構或醫療隊應將死亡、傷害名單以傳真方式直接將資料傳至地區指揮所，再由地區指揮所將統整之資料傳到中央指揮所，以利政府即時掌握第一手傷情資料，並成立初期的災難醫學資料庫。並在災後一個月內以任務編組方式委託專業學術機構針對災難醫學資料庫名單進行災民訪視，以進一步瞭解傷情資料並安撫人們受傷的心靈。</p>	
• 英文摘要	<p>The Chi-Chi Earthquake caused 2,347 deaths and injured 11,305 persons. The total economic loss from this disaster at US\$11.5 billion, including US\$8.4 billion in loss of properties and US\$3.1 billion in loss of potential revenues. A lot of people and teams devoted themselves in rescue, and try to rehabilitate the community after the disaster. However, there is no uniform operation procedure existence, and resources were over-consuming. Thus, it is necessary to build a wildy-accept standard operation procedure. Purpose: The purpose of this study is to build a standard flow of setting up a disaster databank and define the common variables. Material and methods: (1) Collect and analysis domestic and foreign disaster event; (2) comparing and matching the records from Department of Health, Bureau of Health, and Bureau of National Health Insurance in damaged county; (3) collect information of US&R and disaster plan. Data analysis: Enter the data by Access and then analysis with SPSS</p>	

to understand the injury pattern of disaster. We randomly selected 700 cases and then interviewed with structure questionnaire to understand the causes of injury. 560 cases were found but only 339 cases were successfully interviewed. The response rate is about 60%. There has been numerous references published internationally, however, only little and sporadic research results are published domestically. The emphasis on disaster prevention was not being sincerely considered by the government prior to Chi-Chi Earthquake. But ever since Chi-Chi Earthquake, there has been total of 50 ongoing research project supported by the Department of Health, without doubt, it is beneficial to the development of disaster prevention in our country. During Chi-Chi Earthquake, the rapid deployment of international teams from 37 nations and 2 international bodies provide the most promptly assistance. And, among all rescue equipment, rescue dogs and detective devices are the most two preferable. Analysis has shown that although male has higher rate of injury, mortality rate is higher in female population. Also, age distribution of the mortality has highest ratio at 60 and above, followed by 20 and under. Among the injured and dead, their mean of age is 42.51 and 50.15, respectively. As indicated by other references, lower limbs are frequent part of lesion and it is often due to bone fracture or confusion. In comparison, Chi-Chi Earthquake has caused great disability due to lower limb lesion and bone fracture is most frequent type of lesion. However, traumatic brain injury is the most frequent cause of death in Chi-Chi Earthquake and open fracture of skull is dominant type of lesion. In conclusion, it is necessary to establish a central data bank registry that will collect data from all disaster and continuously follow up the prognosis and psychological well-being of the survived. By the registry, not only experts can use the information for establishing better prevention strategy; government can also use the information for sufficient rehabilitation.