

2011高级笔译考试备考：英译汉(1) PDF转换可能丢失图片或格式，建议阅读原文

[https://www.100test.com/kao\\_ti2020/646/2021\\_2022\\_2011\\_E9\\_AB\\_98\\_E7\\_BA\\_A7\\_c95\\_646730.htm](https://www.100test.com/kao_ti2020/646/2021_2022_2011_E9_AB_98_E7_BA_A7_c95_646730.htm) Virus 911 By STEVEN H.

HINRICHS Omaha WIRETAPPING without a warrant isn't the only surveillance controversy we have to worry about. There is an even more dangerous one. Few people, even lawmakers, realize that federal law does not mandate that any doctor, hospital, laboratory, city or state report human diseases directly to the Centers for Disease Control and Prevention, our nation's medical counterpart to the Pentagon and Department of Homeland Security wrapped into one. And that applies to diseases as potentially devastating as avian flu. Instead the C.D.C. relies on a voluntary surveillance system that varies across 50 states and territories. Here's how it works. Doctors and laboratories report certain infectious diseases judged to be important for public health to local health authorities or state epidemiologists. Subsequently, the states send reports to the federal government, some electronically, some through the mail. The list of diseases required to be reported is typically written into state law. Over time, the typical list has grown from tuberculosis and syphilis to more than 50 diseases, including those caused by salmonella and certain antibiotic-resistant strains of bacteria. But different states have different lists: Nebraska has 68 diseases on its list, while Iowa has 48, even though they are separated by no more than a river. In October 2001, following the post-9/11 discovery of human exposure to anthrax in Florida, state authorities called up the C.D.C., which was

able to respond relatively quickly. But "relatively quickly" may not be fast enough in situations when a disease can be transmitted from human to human (as opposed to the anthrax case, in which the disease was limited to individuals who had direct contact with contaminated mail). In the case of potential avian influenza infecting humans, containment will depend on our ability to detect the disease and then rapidly introduce antiviral therapy and vaccines. The federal government recognizes the importance of surveillance for infectious diseases that may represent a bioterrorist attack and has created programs to collect data without involving local or state government health officials. But unfortunately, it has done so without any legislative guidelines on how this data is to be collected or used. 参考译文 未经授权而进行窃听并不是我们在监视方面必须担心的唯一争论的问题。还有比这更危险的。很少有人，甚至是立法者，认识到联邦法律并没有规定任何医生、医院、实验室、城市或州直接将疾病报告给疾病控制和预防中心。该中心为我国卫生领域类似于“国防部”和“国安部”双重身份的部门。甚至是象禽流感这种潜在破坏性极大的疾病。疾病控制和预防中心依靠的是一个自发性的监视系统，50个州和地区各有不同。它的运行方式如下：医生和实验室将那些认为危及大众健康的传染性疾病向当地卫生权威机构和流行病学家进行报告，随后，各州通过电子方式（电话、电子邮件等）或普通邮件方式上报给联邦政府。各州法律都列举了必需上报的典型传染病。随着时间的推移，名单已经从肺结核和梅毒增加到50多种典型的传染病，包括那些由沙门氏菌引发的和一些对抗生素有抵抗作用的细菌系列引发

的疾病。但不同的州有不同的名单，内布拉斯加州的名单上有68种疾病，而爱荷华州只有48种，虽然两州只是一河之隔。2001年10月，继9.11恐怖袭击后佛罗里达州有人被发现感染了炭疽热，州政府立刻召集疾病控制和预防中心，中心做出了相当快反应。但如果出现遇到疾病在人与人之间大肆传播的情况，这种“相当快”可能还是不够快。（与炭疽热病不同，因为炭疽病只是发生在那些与感染了炭疽病病毒的邮件有直接接触的个人）。而对于感染了禽流感，有效的防治只能靠我们快速诊断并拿出抗病毒治疗方案和疫苗。联邦政府意识到对这些可能引起生化恐怖袭击的传染性疾病进行监视的重要性，在没有地方和州政府卫生官员的参与下，提出了收集病毒数据的方案。但遗憾的是，关于如何采集和使用数据，并没有相应的法律规范。相关推荐：[#0000ff>汉译英：中国明年将结束宽松货币政策](#) [#0000ff>汉译英：中国打击热钱的原因](#) [#0000ff>汉译英：中国该如何应对美联储QE2的影响](#)

100Test 下载频道开通，各类考试题目直接下载。详细请访问 [www.100test.com](http://www.100test.com)