### TECHNICAL (MEASLES PASSAGE)

(only most recent version of translations given)

**A. Министерство здравоохранения Иркутской области доводит до сведения, что эпидемиологическая обстановка по заболеваемости населения корью продолжает ухудшаться.**

<table>
<thead>
<tr>
<th>Jen 2: The Irkutsk Oblast Ministry of Health is hereby providing notice that the epidemiological situation continues to deteriorate with regard to measles morbidity.</th>
<th>Shelley 1/2: This is an official notice from the Irkutsk Province Ministry of Health that the epidemiological situation regarding measles (morbidity) in the population continues to worsen.</th>
</tr>
</thead>
</table>

**B. В связи с осложнением на территории г.Иркутска эпидемиологической обстановки по кори, в целях повышения настороженности медицинских работников в отношении коревой инфекции, министерство здравоохранения Иркутской области предлагает главным врачам медицинских организаций, подведомственных министерству здравоохранения Иркутской области, провести следующие мероприятия:**

<table>
<thead>
<tr>
<th>Jen 2: Given the worsening epidemiological situation with measles in the city of Irkutsk, and in order to increase the vigilance of medical personnel with regard to measles infection, the Irkutsk Oblast Ministry of Health requests that chief physicians of medical facilities under the Irkutsk Oblast Ministry of Health take the following actions:</th>
<th>Shelley 2 In connection with the exacerbation of the epidemiological situation regarding measles in the city of Irkutsk, and with the goal of increasing vigilance by medical personnel with respect to measles infection, the Irkutsk Province Ministry of Health recommends that head physicians of all medical organizations subordinate to the Irkutsk Province Ministry of Health take the following steps:</th>
</tr>
</thead>
</table>

**C. Немедленно провести дополнительное обучение медицинских работников по клинике, дифференциальной диагностике и профилактике кори;**

<table>
<thead>
<tr>
<th>Jen: Immediately conduct additional training for medical staff regarding the clinical presentation, differential diagnosis, and prophylaxis of measles;</th>
<th>Shelley: Immediately conduct additional training of medical personnel on the clinical treatment, differential diagnostics, and prevention of measles;</th>
</tr>
</thead>
</table>

**D. 2. Мотивировать медицинских работников на тщательный сбор эпиданамнеза у больных с клиникой, не исключающей диагноз «корь» (характерные изменения слизистой различного характера высыпания на кожных покровах, прибывших из стран ближнего зарубежья, и центральных регионов Российской Федерации в последние 30 дней;**

<table>
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<tr>
<th>Jen 1: Encourage medical personnel to be meticulous when taking the history of patients with a clinical presentation that does not preclude a diagnosis of measles (various characteristic changes in the mucosa, skin rashes) and who have arrived from the near abroad or the central regions of the Russian Federation within the past 30 days;</th>
<th>Shelley 2. Motivate medical personnel to carefully compile disease histories when clinical findings indicate a measles diagnosis cannot be ruled out (various characteristic changes in mucus membranes and eruptions on the skin), who have arrived from countries in the near abroad and from central regions of the Russian Federation in the past 30 days;</th>
</tr>
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</table>

**E. 3 Продолжить оперативное проведение (в течение 72 часов) иммунизации контактных прививочными бригадами непосредственно в очагах кори, ежедневное медицинское наблюдение за контактными, своевременное выявление и изоляцию больных;**

<table>
<thead>
<tr>
<th>Jen 2: Continue prompt (within 72 hours) immunization of exposed persons by vaccination teams directly at the outbreak sites, daily medical monitoring of exposed persons, and timely identification and isolation of ill persons;</th>
<th>Shelley 2: Continue to conduct vaccinations, in a timely manner (within 72 hours), by on-the-ground vaccination brigades directly in measles hotspots; continue daily medical observation of high-contact workers; identify and isolate the patients in a timely manner;</th>
</tr>
</thead>
</table>

**F. 4. Запретить плановую госпитализацию контактных лиц из очагов кори в медицинские организации неинфекционного профиля в течение всего периода медицинского наблюдения за очагом.**

<table>
<thead>
<tr>
<th>Jen 2. Throughout the medical surveillance period of the outbreak, do not allow exposed persons from a measles outbreak site to be electively hospitalized in medical facilities not equipped to handle communicable diseases.</th>
<th>Shelley 2: Forbid planned hospitalization for the contact individuals from measles热点 in medical institutions for non-communicable diseases for the entire period of medical observation at the hotspot.</th>
</tr>
</thead>
</table>

**G. 5. Усилить работу по организации проведения профилактических прививок против кори лиц от 26 до 35 лет, ранее не привитых, не имеющих сведений о прививках против кори, имеющих одну вакцинальную прививку против кори;**

<table>
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<tr>
<th>Jen 1/2. 5. Increase efforts to arrange for prophylactic measles vaccination in persons aged 26 to 35 who were not previously vaccinated, do not have documentation of measles vaccination, or have received just one measles vaccination;</th>
<th>Shelley 2: 5. Intensify work to organize preventive vaccinations against measles for individuals aged 26-35 who were previously unvaccinated, who have no information about measles vaccinations?, or who have had one vaccine against measles;</th>
</tr>
</thead>
</table>

**H. 6. Организовать разъяснительную работу среди руководителей предприятий, организаций и учреждений всех форм собственности о необходимости проведения прививок против кори и предоставления списков работников с указанием прививочного анамнеза;**

| Jen 2: Set up educational outreach to the heads of businesses, organizations, and facilities, irrespective of the form of ownership, regarding the need to vaccinate for measles and to provide employee rosters indicating vaccination history; 273 words, 5/8 sentences changed in second pass | Shelley 1/2: Organize outreach efforts among the directors of enterprises, organizations and institutions with all forms of ownership about the necessity of measles vaccinations and the need to provide lists of workers indicating immunization history[.278 words, 5/8 sentences changed in second pass |
### GENERAL (PUNISHMENT) PASSAGE

(only most recent version of translation given)

<table>
<thead>
<tr>
<th>A. As in the case world over, in Russian the average inhabitant is very un forgiving and the less knowledgeable he is, the more punishment he demands.</th>
<th>Shelley 1: Just like everywhere else* in the world, the average resident* of Russia is extremely strict, and the less he knows, the greater a punishment he demands.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Именно поэтому строить политику жестокости наказаний исходя из того, что думает средний человек, нельзя категорически – это политика на основании мнения тех, кто почти ничего не знает.</td>
<td>Shelley 1: That is why it is categorically inadvisable* to build a policy of harsh punishment* on the basis of what the average person thinks: it would be a policy based on the opinion of people who know almost nothing.</td>
</tr>
<tr>
<td>C. И, как везде в мире, средний обыватель в России очень суров, причем чем меньше он знает, тем больших наказаний он требует.</td>
<td>Shelley 1: And, for the same reason, decent* public discussion/reporting* about how the criminal justice system and the criminal environment operate (not a romanticization, but reporting) is a vitally important task if we are thinking about the development of society.</td>
</tr>
</tbody>
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**Jen:** As is true anywhere in the world, our country’s citizens are very un forgiving when it comes to criminals. Shelley: Russian citizens, like those elsewhere in the world, have a very strict attitude toward criminals.

**Jen:** That is why it is categorically inadvisable* to build a policy based on the opinion of those who are the least informed.

**Jen:** On average, they have had fewer encounters with criminals, and have more rarely turned to law enforcement agencies for help.

**Jen:** Surveys indicate that almost regardless of the aspect of life, the harsher a policy he thinks is preferable.

**Jen:** In other words, the further a person is from this side of life, the harsher the policy he or she demands.

**Jen:** A similar situation applies, for instance, to fast food.

**Jen:** Someone who lives in a big city likely knows that there are different kinds of fast food, and to declare it all unhealthy and dangerous would be a strange approach.

**Jen:** Surveys show that the least well informed are the most unforgiving (repeated error would not be marked).

**Jen:** Even in the medium regime直辖市 with prisons, citizens are extremely strict, and the less he knows, the greater a punishment he demands.

**Jen:** Or rather, if we have a respondent who has only heard of fast food from the television, and often in the context of “America,” “unhealthy eating,” etc., he is more likely to demand something like a complete ban.

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**Jen:** If a person lives in a big city, he may know that there are different types of fast food, and declaring all of it unhealthy and dangerous would be a strange decision.

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**Jen:** As is true anywhere in the world, our country’s citizens are very un forgiving when it comes to criminals.

**Jen:** And, for the same reason, decent* public discussion/reporting* about how the criminal justice system and the underworld operate (not romanticization, but education) is a very important objective.

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**Jen:** Surveys show that the least well informed are the most unforgiving (omission: their country’s) the criminal code, and the code is harsher than the courts.

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**Jen:** For precisely this reason, policy regarding the criminal code, and its criminal code is crueler than its criminal code, and its criminal code is crueler than its criminal code.

**Shelley:** To think otherwise is to romanticize, but education is a very important objective.